Rural Innovations In Addiction Care

North Star Recovery

There is Help. There is Hope.

Our Community

- Fayette County Population: 23,209 (7/2017)

- Median Income: $40,851

- Unemployment Rate: 4.4% (3/2018)

- FRHS is the 2nd largest employer in the county

- 2nd poorest county in Indiana

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Small Town Care

- 4 Star Ranking with CMS
- 7th Safest Hospital in Indiana per Consumer Reports
- Sustained with 87% Medicaid/care payor mix
- Compassion & Quality Care for our friends, families, and neighbors
- Tough decisions made and most of us wear many hats

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North Star Recovery Center

- 46 bed State of the Art Detoxification Unit for adults
- LEVEL 4.0 ASAM Guidelines
  - Med-Surg Capable with Psychiatric Safety Measures
  - No Exclusionary Policies
  - Priority Admission to those with HIV

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Innovations

- Medical Director is a psychiatrist partnered with acute care NP's

- Treatment of expecting mothers
  – Waivered Pediatrician & Obstetrician

- Permitted smoking during treatment

- Intensive discharge planning
  – Linkage for medical management for patients with co-occurring conditions

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North Star
Mission & Values

Mission:

To be the guiding light to recovery through improved physical, spiritual, and emotional health to those suffering from the disease of addiction through an integrated system of compassionate, holistic care

Values:

- *Innovation & Excellence*
- *Education*
- *Empathy*
- *Diversity*
- *Dignity*

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Rural Challenges

- Funding
- Lack of Transportation
- Staffing
  - Recruitment & Retention
  - Access to Qualified Providers for pain & addictions
- Community Values
  - Including our other departments such as ER

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ROAD TO RECOVERY

BLUE: North Star Recovery:
Detoxification Services/Stabilization
5-7 Days

GREEN: North Star Residential Services
21-28 Days
Structured Programming;
Address Underlying Issues Leading to
Addiction; Begin Process of Long Term Recovery

ORANGE: North Star Transitional Living
6-24 Months
Highly Structured Programming Provides
Services, Support & Life Skills Training to
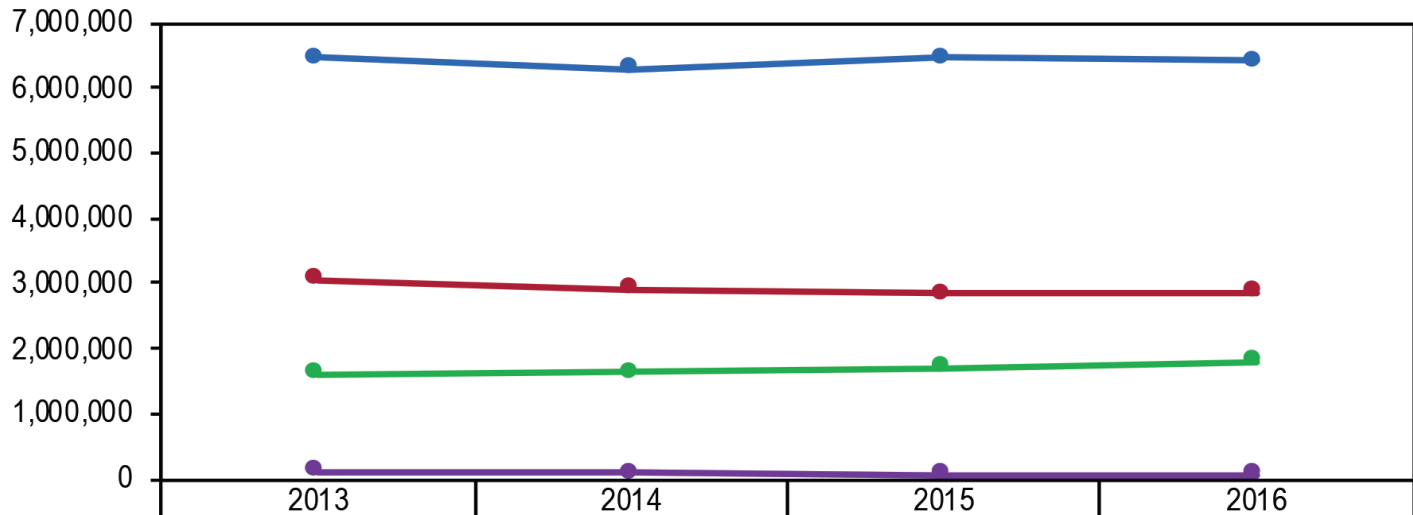Increase Protective Factors

RED: Intensive Outpatient Services
Approx. 12 wks/3x per
Comprehensive Outpatient
Programming; Support, Guidance,
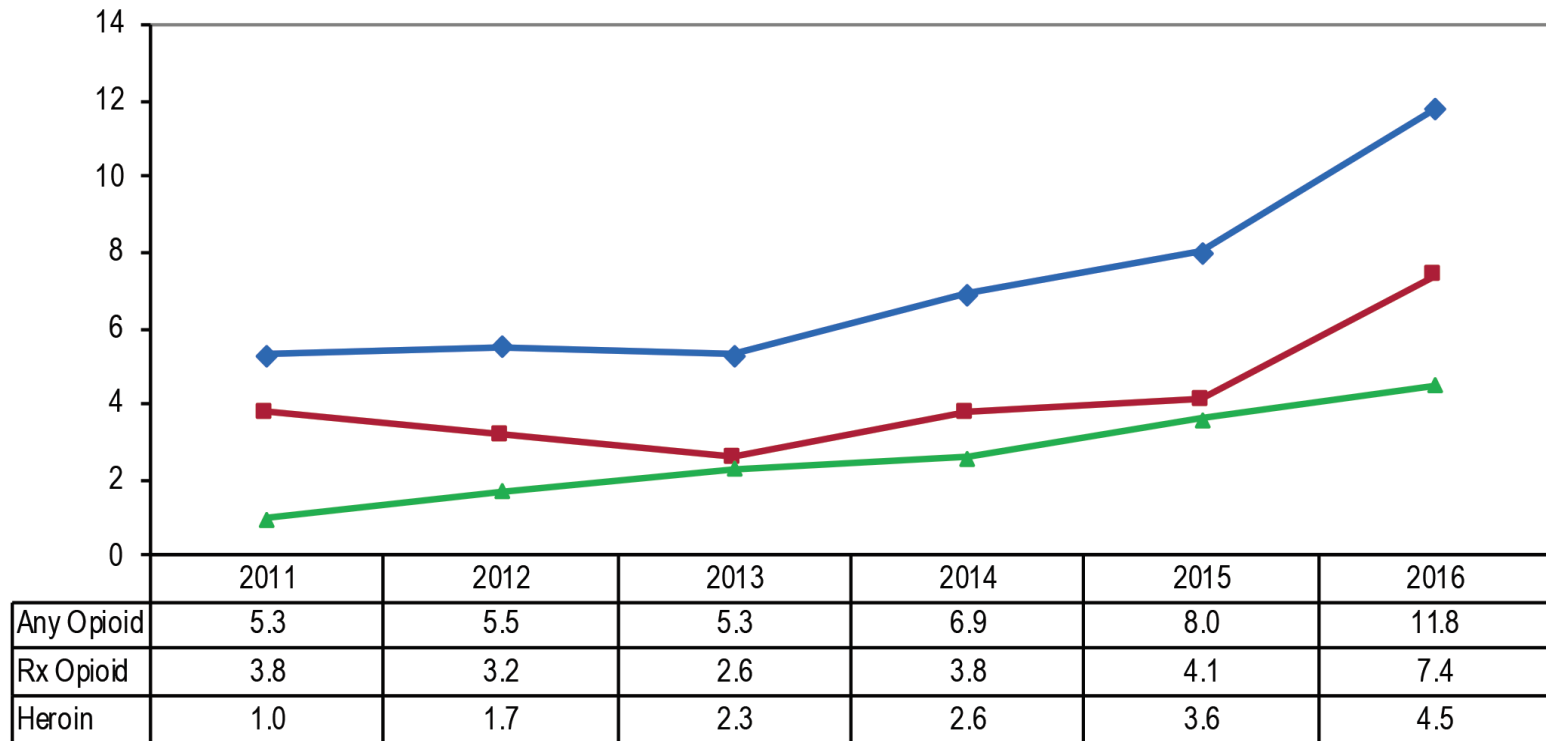Medication Management & Therapy

Continuum
of Care

Scope of the Problem

RX prescribing
2013-2016 (INSPECT)

	2013	2014	2015	2016
Opioids	6,450,083	6,284,664	6,459,599	6,417,413
Benzodiazepnies	3,068,891	2,925,495	2,842,022	2,867,573
Stimulants	1,607,601	1,646,314	1,715,653	1,812,813
Muscle Relaxants	111,458	85,713	73,685	61,493

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Drug Overdose Deaths Involving Opioids, Rate per 100,000 Population (Indiana, 2011-2016)

	2011	2012	2013	2014	2015	2016
Any Opioid	5.3	5.5	5.3	6.9	8.0	11.8
Rx Opioid	3.8	3.2	2.6	3.8	4.1	7.4
Heroin	1.0	1.7	2.3	2.6	3.6	4.5

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HIV in Indiana

- As of December 31, 2017, a total of 12,635 individuals in Indiana were living with HIV or AIDS

- In 2017, there were 547 new cases of HIV/AIDS.
    - 9% of these new cases, injection drug use (IDU) was reported (ISDH, 2017)

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Hepatitis in Indiana

- Injection drug use (IDU) is a major risk factor for both acquiring and transmitting HBV and HCV.
- It is estimated that each injection drug user infected with HCV
  - Likely to infect 20 other people, extending the risk of infection far beyond the individual using the drug (NIDA, 2018d).
- In 2016
  - 957 cases of hepatitis B (168 acute and 789 chronic cases)
  - 8,352 cases of hepatitis C (181 acute and 8,171 chronic cases) (ISDH, 2017).

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How We Got Started…

- Utilized Community Needs Assessment
- Community Opioid Task Force
  - Community (Regional) Stakeholders, Staff, & Families
  - Reviewed data from NIDA, ISDH, DCS, and FSSA
- Worked with our Legislators & Funding Sources

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Some things we did...

- Community Education Forums
  - Hospital Employees
  - Open to the Community
  - Partnered with other efforts
  - Examples: Alliance for Healthier Indiana & IRHA
- Anti-Stigma Event
  - The Anonymous People at our local theatre
- Community Support Group
- Trainings
  - Narcan & Addiction 101 trainings
- Stakeholder Presentations
  - County Commissioners, Probation
  - Lions, Kiwanis, etc.
  - Faith Based Organizations

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Community Leadership Approach

- The model has two primary goals:
  - Leadership Competence: the capacity to mobilize oneself and others to serve and work collaboratively.

  - To facilitate positive social change at the institution or in the community. That is, to function more effectively and humanely.

  Leadership is a PROCESS not a position

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Communities Combating the Issue

- ❑ Education to Community, Staff, & Families
- ❑ Working with your Legislators
- ❑ Community Task Forces (coalitions)
- ❑ Providing Treatment Options in your Region
- ❑ Prevention Programs for Youth

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Evidence Based Treatment Modalities

- Use of MAT's

- Ala carte options for patient autonomy
  - Better outcomes from this option

- Motivational Interviewing, ACT, & CBT

- Change Company Curriculum specifically outlines materials to ASAM criteria

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Culture of High Performance

- Strategy and culture is the foundation for high performance in healthcare
- Culture must be dynamic and receptive to change and innovation while focused relentlessly on achieving excellence (Cochrane, 2017)

- Culture is learned assumptions on which people base their behavior
  - "How we do things around here"
  - Goals
  - Roles
  - Communications
  - Be the person you want to follow in care

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Remember the Why

Why do we do what we do?

 – Every day, every employee needs to ask themselves this question.

It becomes more than just words in our mission/vision statements but reinforces the core of what we do

 – *What can we do daily to help people understand they can TRUST us?*

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Ongoing Outcome & Quality Measurements

- We have ongoing measurements of our successes/failures

- Constant Performance Evaluations & Improvements
  - Observations & Leader Rounding (followed by reports to the team)
  - Camera Reviews

- Patient and Family Surveys

- Two Primary Goals:
  - Provide Compassionate Care during hospitalization at all levels of care
  - Appropriate Referral to Step Down Care with Follow Up

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Supporting the Core Components

- Employee & Provider engagement with patients
- Striving for Improving the patient experience
- Quality & Safety on the floor

Aligning the Goals and Components creates the mindset of "always, for every patient, every time" mentality

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Why This Matters for Us?

- This is our workforce
  - Economical impact is huge
  - Kelley School of Business pegged the annual loss of Indiana's GSP between $1.25 -1.8 BILLION (Ober, 2018)
- This is our State's burden
  - Effects Law Enforcement, County Leaders, Employers, Tax Payers, and Families
- These are our communities, our children, and our future

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Resources

ASAM Criteria. Retrieved from https://www.asam.org/resources/the-asam-criteria/about

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Indiana State Epidemiology Profile (2017). Retrieved from https://fsph.iupui.edu/research-centers/centers/health-policy/epi-reports.html.

Ober, A. (2018). *Community is the Answer to Opioids*. Retrieved from www.insideindianabusiness.com

Reid, J V. (2005). *Creating a performance culture.* Ivey Business Journal. 69(4):1.

Rural Project Summary. (2016). Retrieved from www.ruralhealthinfor.org/community-health/project-examples/870.

SAMHSA KAP Keys for Clinicians
              Tip 57: Trauma-Informed Care in Behavioral Health Services

Substance Abuse Trends in Indiana: A 10-Year Perspective retrieved from
http://drugs.indiana.edu/publications/etc_pdf/Substance%20Abuse%20Trends%20in%20Indiana.pdf

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