Patient Care Team Perspective:
The Powerful Integration of Addiction into Primary Care

Dr. Linda Thomas-Hemak, The Wright Center
Our Perception of Addiction and Treatment is Ever-Changing
Don’t Go At It Alone…

As an individual entity, don’t assume all responsibility for the problems in your community.

Put the pots of money together, give control locally and allow your customer-owners to propose back structures and processes they’d like to use. Listen closely to the voices of your community and keep the stakeholders aligned.

— Doug Eby, VP of Medical Services, Southcentral Foundation —
Who Am I Personally?

Wife, Mother, Animal Lover

Nature and Change Enthusiast

Deep Roots, Global Context

Educator, Lifelong Learner
Who Am I Professionally?
Formative Years: Small Town Primary Care

Vocation

Hometown Practice

“Off Track” Team

The Lonely Expert in Charge
The Wright Center Context

- Mission: Non-discriminatory Safety Net Services, Graduate Medical Education and Inter-Professional Workforce Development
- More effective, multi-dimensional care delivery
- Cultural Transformation: Quality, Safety and Accountability
- “Teamness”: Entire cohorts of people and organizations collaborating for impact
- Strategic workflow: NCQA PCMH certification, EMR Meaningful Use and integration of ready-made tools
When Did Behavioral Health/Suicide Become a Primary Care Concern?

- 45% of people who died by suicide had contact with primary care providers in the month before death
- 19% of people who died by suicide had contact with mental health services in the month before death
- We have new knowledge about detecting and treating mental health / behavioral challenges
- Need to move from reactive/tragedy to proactive prevention
- Not about any one thing but a combination of tools and a systematic clinical approach for collective action
What Catalyzed The Wright Center’s Commitment to Behavioral Health Integration?

- Garrett Lee Smith Youth Suicide Prevention in Primary Care
  - 3rd leading cause of death among ages 10-14
  - 2nd leading cause of death among ages 15-34
  - Higher than national average completion rate in Lackawanna County, PA
    - National 12.97; Pennsylvania 13.3; Lackawanna County 13.64 - per 100,000
  - The Wright Center concurrent immersion in medical home redesign efforts through the Pennsylvania Chronic Care Initiative and EMR MU

- Non-profit identity and Mission
  - Patient care
  - Workforce development

- Community Health Needs Assessment

- Medical Home Transformation
I'm sure if my patient had an issue with mental health they'd let me know. Is it really up to me to ask my patients about their mental health?

I practice Primary Care, not Psychiatry.

Most guidelines say evidence to screen for suicide is insufficient.
We Have Serious Problems and Care Gaps

- 60% of females in PA report history with substance abuse
- 52% of females in PA carry a mental health history
- 58% of males in PA report history with substance abuse
- 52% of males in PA carry a mental health history
- 28% of males in PA carry a mental health history
- 14.5 per 100,000 in NEPA counties end their life by suicide
- 18.3% depression rate in PA and 18.7% nationally
- 32.4% diagnosed with depression in Lackawanna County
- 1 in 10 in Lackawanna County needs, but cannot secure, counseling services
- 20% in Luzerne County prisons diagnosed with mental illness
- #1 state in the nation for opioid deaths

18.5 per 100,000 in NEPA counties end their life by suicide.
What Will Happen When We Open Pandora’s Box?
The Zero Suicide Approach

- A national strategy for suicide prevention
- A lofty, probably unobtainable goal
- A focus on quality and safety in health care systems
- A set of best practices and tools: the Chronic Care framework for promoting systematic, clinical suicide prevention efforts into health systems
Intentional Integration of Behavioral and Mental Health Services into Primary Care Settings

Full-time Social Worker

Full-time Psychiatric CRNP

Contracted Psychiatrist

Pediatric Behavioral Health Specialist

Partnership for Drug and Alcohol Treatment Services

Psychiatry Residency Program

*How can we better engage our patients and families and organically grow and nurture enriched community networks to optimize our interventions?*
The Big Challenge of Lurking and Looming Addictions
"Opioid drug abuse is a devastating epidemic facing our nation," Burwell said in the news release. "I have seen firsthand in my home state of West Virginia, a state struggling with this very real crisis, the impact of opioid addiction. That's why I'm taking a targeted approach to tackling this issue focused on prevention, treatment and intervention.

"I also know we can't do this alone. We need all stakeholders to come together to fight the opioid epidemic."
The Wright Center’s COE Model and Our Engaged, Committed Team
Connecting the Dots and Pulling Patients to Home Base

Empowered by longitudinal relationships, PCMH is a core, intentional patient advocacy platform.
The **Chronic Care Model** (CCM) is an organizational approach to caring for people with **chronic disease** in a **primary care** setting. The system is population-based and creates practical, supportive, evidence-based interactions between an informed, activated patient and a prepared, proactive practice team.
Chronic Care Model

Community Resources and Policies

Health System Health Care Organization

- Self-Management Support
- Delivery System Design
- Decision Support
- Clinical Information Systems

Informed, Activated Patient

Productive Interactions

Prepared, Proactive Practice Team

Functional and Clinical Outcomes

Medication-Assisted Treatment Summit: An Opioid Addiction Response
Primary Care is a Perfect Venue; Chronic Care Management (CCM) is a Powerful Framework

- Recognizing addiction as a chronic illness to be “managed” never “cured”
- Addiction fits into the CCM and impacts public health statistics
- CCM has been proven in depression, anxiety and phobias and now being explored in addiction
- MAT services integrates well within the framework of PCMH team-based, Primary Care environments, along with EMR MU and CCM
What is Screening, Brief Intervention, and Referral to Treatment (SBIRT) and Where Does it Work Best?*

* According to American Society of Addiction Medicine
Patient Screening

- Low or No Risk
  - Moderate Risk
    - Certified Recovery Specialist
    - Social Work
  - Moderate to High Risk
    - COE
    - Outpatient
    - Recovery Supports
  - High Risk
    - Community Partners
    - MAT
    - Inpatient Detox
    - Residential

It Takes A Village
Collective Genius is > Sum of Individual IQs
Enriched, collaborative community social networks are vital to resilience and recovery.
Medication-Assisted Treatment Summit: An Opioid Addiction Response

Community-Based Psychiatry Residency

Behavioral Health Initiative (BHI)
AllOne Foundation
Scranton Counseling Center
Geisinger CMC
A culture of safety is essential to mitigate risk, preserve the assets of the organization and implement strategies in an effort to protect patients from avoidable harm.

This site provides a tool for Wright Center employees to be active participants in creating a culture of safety.

Employees of The Wright Center understand that our mission, vision and core values empower them to be brave and speak up in instances where patient quality or safety may ever be compromised, where the dynamic of the learning environment becomes unhealthy or in situations where any moral or ethical principles of our medical profession are ever in question.

The Wright Center’s policy on anonymous reporting states “I understand I play a vital part in anonymous reporting and will report swiftly and as frequently as possible when I see a need for improvement in patient care or medical education.”
Driving a Culture of Quality, Safety and Learning

Discover the knowledge, tools, skills necessary for leading the innovation and continual improvement of health and healthcare.
A New Culture:
The Voice of the Uncomfortable Topics Rather than the Shock of the Tragedies

- Catastrophes mobilize people
- Fleeting moments of enlightenment
- This is OUR public problem
- We need to intentionally *stop reacting* and *choose resiliency* within enriched community networks
  - Talk about the unthinkable and collectively brainstorm
  - Never say “Never My Kid”
  - Define a long-view collaborative tragedy prevention strategy
Closing Reflection

Thank You. Questions?