The Staying Healthy Assessment (SHA) and Opioid Use Disorder in a County Health Care System

Monday, August 22nd, 2022

Project ECHO®

University of California Los Angeles
Integrated Substance Abuse Programs

Speakers: Cheryl Ho, MD

Jasser Khairallah, DO

MAT ECHO™ Staff: Gloria Miele, PhD, Thomas E. Freese, PhD, and Beth Rutkowski, MPH

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Indigenous Land Acknowledgement

- We respectfully acknowledge that we live and work in territories where Indigenous nations and Tribal groups are traditional stewards of the land.
- Please join us in supporting efforts to affirm Tribal sovereignty across what is now known as California and in displaying respect, honor and gratitude for all Indigenous people.

Whose land are you on?
Option 1: Text your zip code to 1-855-917-5263
Option 2: Enter your location at https://native-land.ca
Option 3: Access Native Land website via QR Code:

What we say and how we say it inspires the hope and belief that recovery is possible for everyone.

Affirming, respectful, and culturally-informed language promotes evidence-based care.

PEOPLE FIRST

Language Matters

in treatment, in conversation, in connection.

Pacific Southwest (HHS Region 9)
ATTC
Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

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All of the relevant financial relationships listed for this individual have been mitigated.

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American Medical Association (AMA)

Stanford Medicine designates this Live Activity for a maximum of 1 *AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

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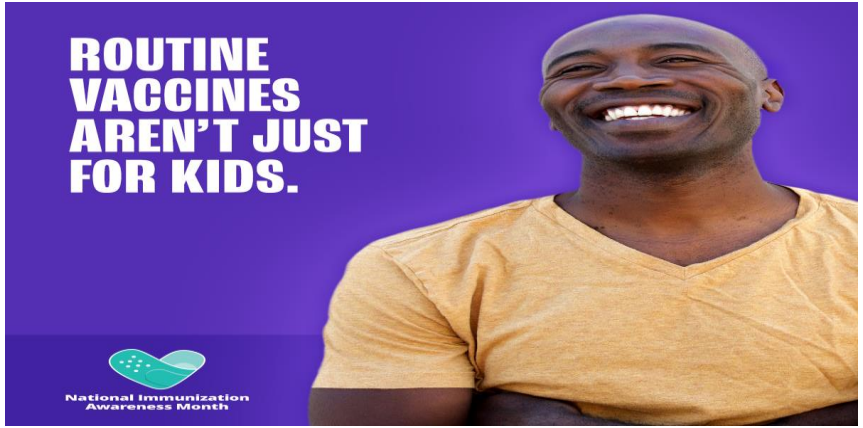
August is National Immunization Awareness Month



Other Notable August Recognitions

8/9 – International Day of the World's Indigenous People

8/21 – Fentanyl Awareness Day

8/26 – Women's Equality Day

8/31 International Overdose Awareness Day

Learning Objectives:

1) Learn about statistics related to opioid use disorder (OUD) in Santa Clara County
2) Review of the California Staying Healthy Assessment (SHA)
3) Analyze and discuss possible reasons for discrepancies in OUD diagnosis and Buprenorphine prescriptions between patients identifying as BIPOC vs Caucasian
4) Understanding the effect of SHA implementation on OUD diagnosis and Buprenorphine prescriptions
5) Discuss next steps and share group experiences

REACH
Recognizing and Eliminating disparities in Addiction through Culturally informed Healthcare

Background on REACH

"The overall goal of the REACH training program is to:
(1) Increase the overall number of racial and ethnic minoritized addiction specialists in the Addiction Psychiatry and Addiction Medicine workforce and (2) increase the number of addiction specialists adequately trained to work with racial and ethnic minoritized patients with substance use disorders (SUD)."

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Inspiration for this project

Ms. D

Federally Qualified Health Center (FQHC)

- Patient care centers that receive federal funding and predominantly treat underserved patients
- ***~ 50% report no standard tool for substance use screening***
- ***FQHCs in communities with patients of color are LESS likely to offer medication assisted treatment***

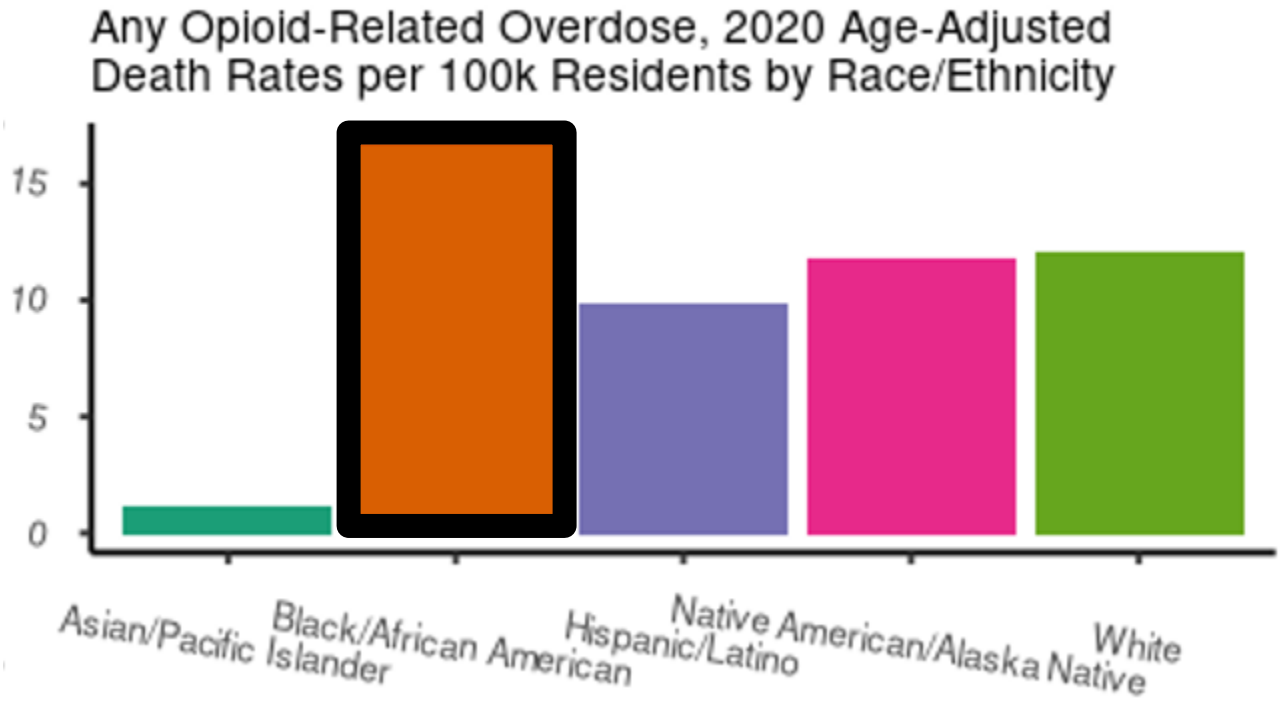
Haley et.al (2019), Cummings et.al (2014), CMS.gov (2022)

Santa Clara County Demographics

- White, alone: **52.4%**
- Asian, alone: **39.0%**
- White alone, non-Hispanic or Latino: **30.6%**
- Hispanic or Latino: **25.0%**
- Two or more races: **4.2%**
- Black or African American, alone: **2.8%**
- Native American and Alaska Native, alone: **1.2%**
- Native Hawaiian or Pacific Islander, alone: **0.5%**

https://www.census.gov/quickfacts/santaclaracountycalifornia

Santa Clara County, CA



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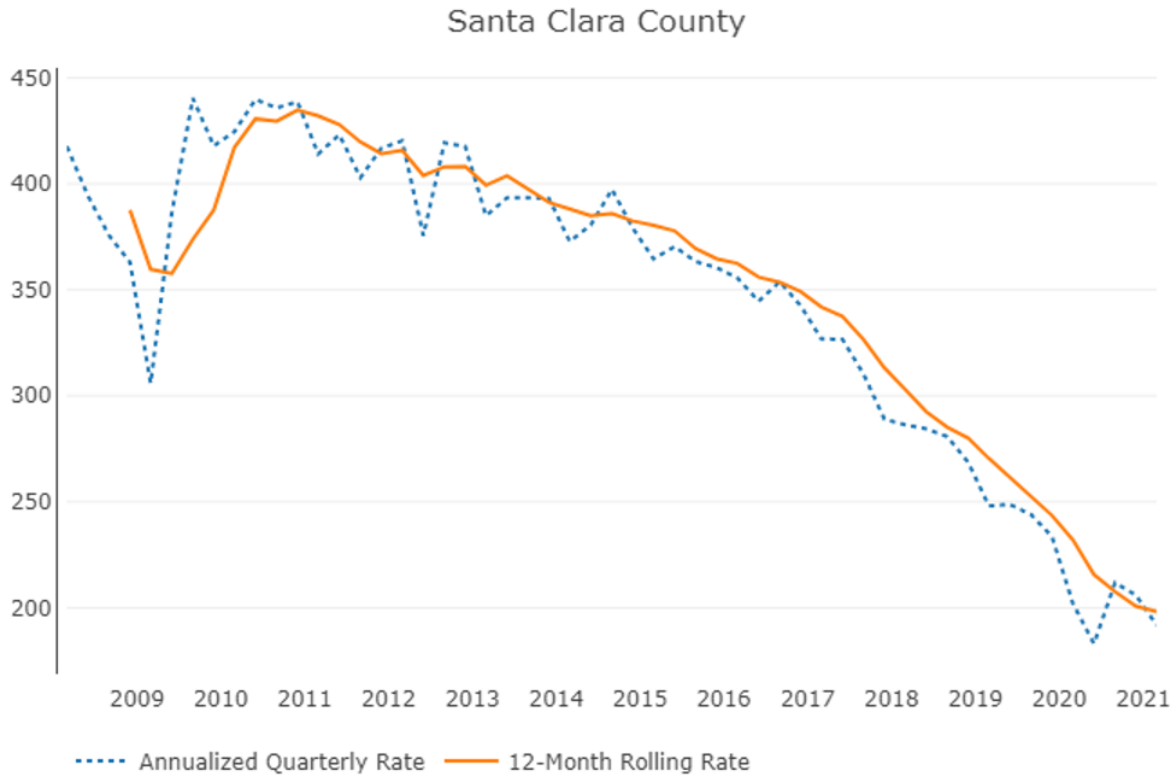
Opioid Prescription Rates per 1000 residents



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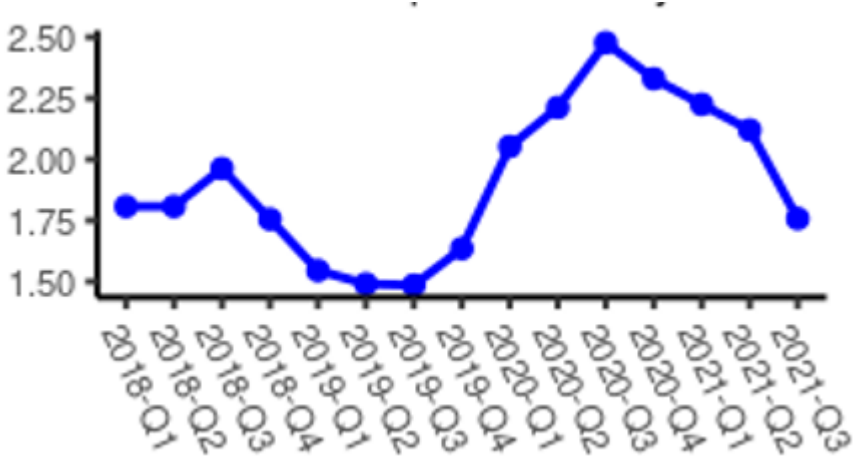
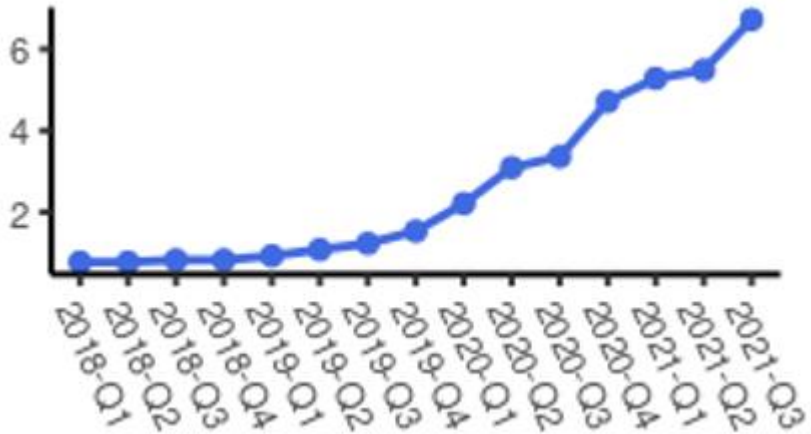
12-mo Prescription Overdose Rates



12-mo Synthetic Overdose Rates



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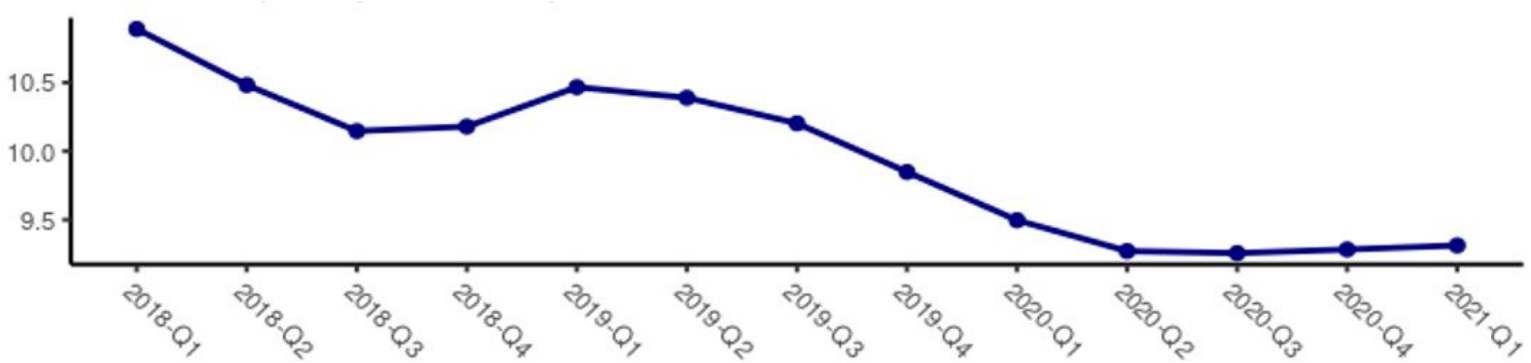
12-mo Buprenorphine prescription rates per 1000 residents



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Staying Healthy Assessment (SHA)

- Developed in the late 90's
- PCPs are required by Dept of Health Care Services (DHCS) to administer the SHA to all patients on Medi-Cal as a part of their initial assessment and periodically from there
- Different depending on age
- Available in 12 languages

Staying Healthy Assessment

SBIRT Brief Screening			
	How many times in the past year, have you tried: For **men:** 5 or more alcoholic drinks in one day? For **women:** 4 or more alcoholic drinks in one day?	None	1 or more
Drugs: Recreational drugs include methamphetamines (speed, crystal), cannabis (marijuana, pot), inhalants (paint thinner, aerosol, glue), tranquilizers (Valium), barbiturates, cocaine ecstasy, hallucinogens (LSD, mushrooms), or narcotics (heroin).			
2.	How many times in the past year have you used a recreational drug or used a prescription medicine to help you for nonmedical reasons (ie. sleep, relax, calm down, feel better, or lose weight)?	None	1 or more

https://www.dhcs.ca.gov/formsandpubs/forms/Forms/DHCS_7098_H_English_SHA_Adult.pdf

Research Questions

1. Does Opioid Use Disorder (OUD) diagnosis prevalence change pre and post SHA implementation amongst patients identifying as BIPOC (black, indigenous, or person of color)?
2. Do Buprenorphine/Naloxone prescription rates change pre- and post-SHA by race?

Hypothesis

Implementation of a standardized screening questionnaire for substance use disorders **will increase the diagnosis and treatment of opioid use disorder.**

However, despite implementation of screening questionnaires, we believe there will still be **discrepancies in diagnosis and treatment of OUD in patients identifying as BIPOC.**

Methods

- Retrospective study design at FQHC system
- Data pulled from electronic medical record (EMR) database, Epic, at Valley Homeless Health Program (VHHP) and ambulatory clinics through Valley Medical Center before and after April of 2017
- Health analytics system called “Slicer Dicer”
  - Opioid use disorder related diagnosis (ICD-10 code F11.*)
  - Identified race/ethnicity
  - Clinic location
- Charts categorized by search criteria for comparison
- Repeated for Buprenorphine/Naloxone prescriptions before and after April 2017

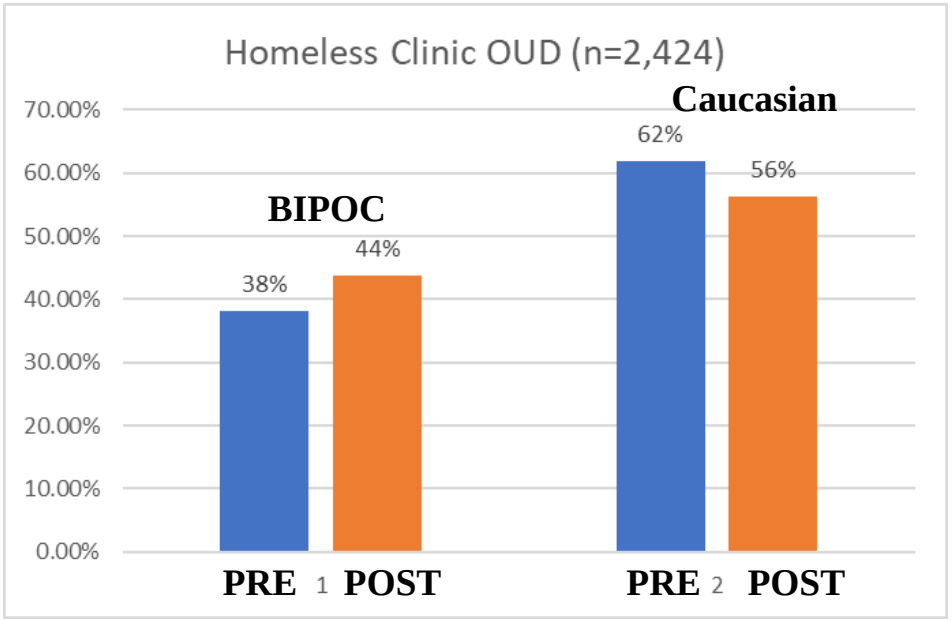
Inclusion Criteria

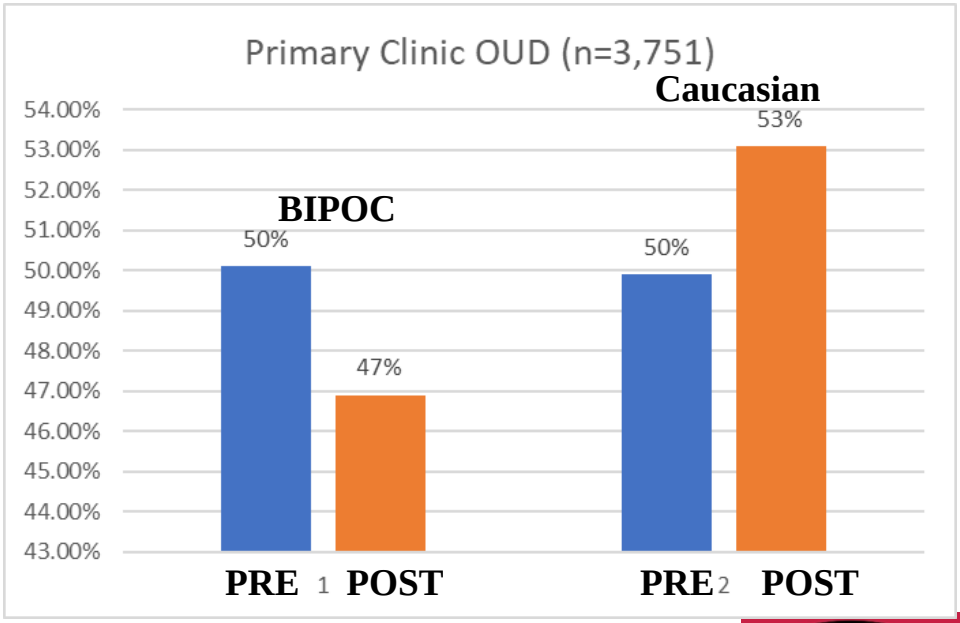
- Patients, over the age of 18, with diagnosis of OUD

Exclusion Criteria

- Patients, under the age of 18
- Patients over the age of 18 without a diagnosis of OUD

Diagnosis of Opioid Use Disorder Pre- and Post-SHA implementation

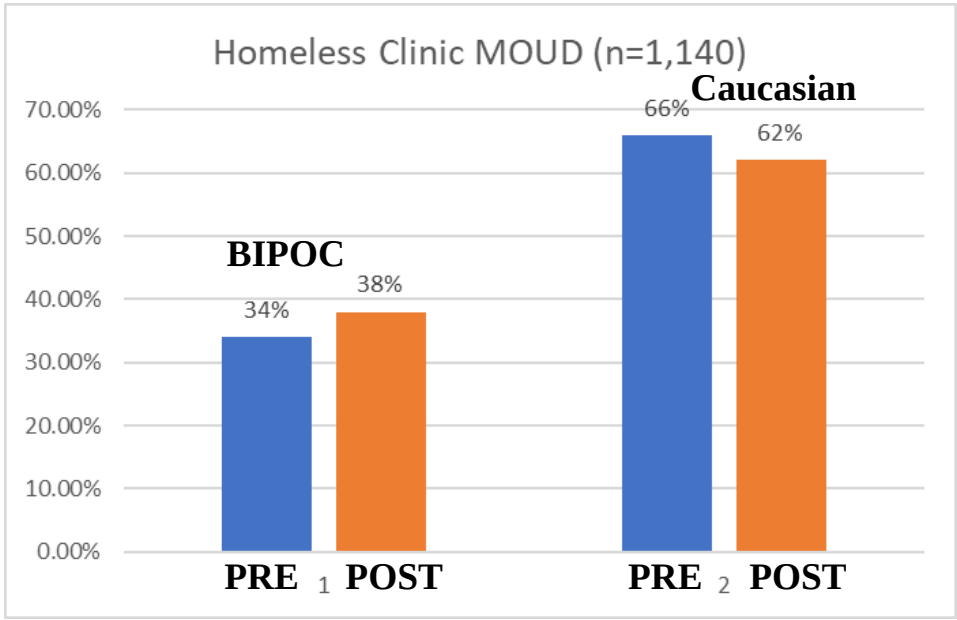


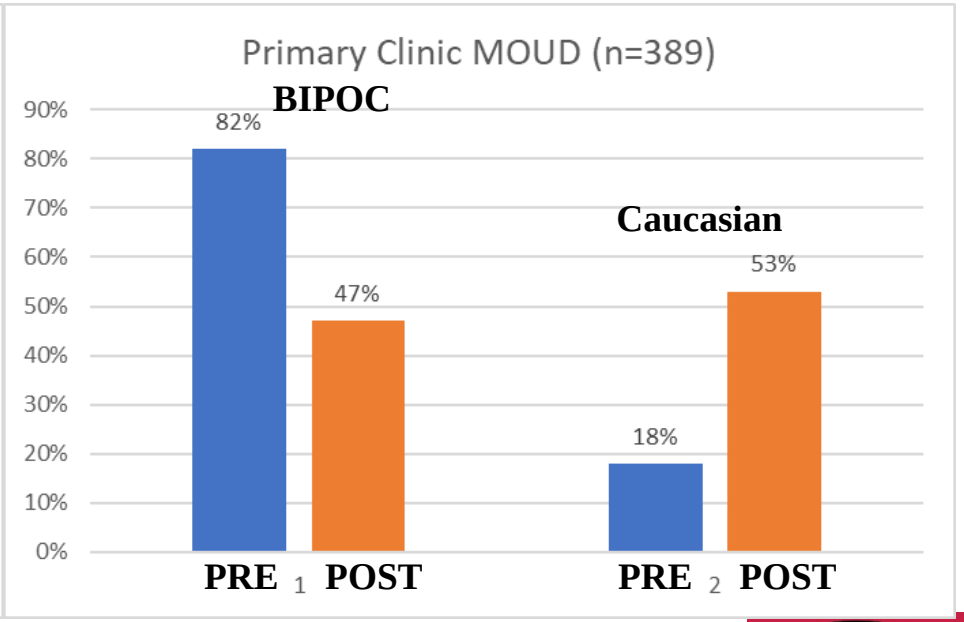


Post-SHA changes in Diagnosis of Opioid Use Disorder

	BIPOC	Caucasian
Homeless Clinic	+ 91%	+52%
Primary Clinic	+15%	+31%

Buprenorphine/Naloxone Prescriptions
Pre- and Post-SHA implementation





Post-SHA changes in Buprenorphine/Naloxone Rx

	BIPOC	Caucasian
Homeless Clinic	+ 146%	+107%
Primary Clinic	+208%	+1482%

Discussion

- Screening was associated with increased diagnoses and prescribing in BOTH patients identifying as BIPOC and Caucasian
- Setting matters!!!
  - Higher rates of diagnoses & prescribing for patients of color in homeless clinic compared to primary care
    - Provider attitudes in these settings differ
    - *However*, education on medication assisted treatment CAN lead to increased prescribing

Limitations

- Two of the clinics included in data for VHHP are Re-entry and Backpack clinics where it is more challenging to administer screening questionnaires
- Smaller sample size in primary care w/ # of Rx
- The pandemic also severely limited face-to-face follow-up
- The slicer dicer tool does not allow us to sift out patients identifying as more than one race, so this has the potential to skew data

Future Studies

- Replicate study with inclusion of dual-diagnoses *(in process)*
- Provider perception focus group currently *(in process)*
    - Some early comments have included poor diagnostic utility of SHA and feeling it was unnecessary with established patients
- Patient perception focus group/survey
- Replication of study in a different geographical area with different demographics or resource access
- Implementation of screening tools that are also diagnostic for OUD

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Thank You!

SAMHSA
Substance Abuse and Mental Health Services Administration

American Academy of Addiction Psychiatry
Translating Science. Transforming Lives.

American College of Academic Addiction Medicine
ACAAM

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