

Addressing Substance Use Disorders In Primary Care

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Why is this important for our program?

- Colorado is 2nd in the nation for prescription opiate dependence (SAMSHA, The NSDUH Report, January 8, 2013)
- Opioid abuse in Colorado: deaths related to opioid analgesics tripled from 2000 (87 deaths) to 2012 (295). (Colorado Department of Public Health and Environment, Health Statistics Section (2012))

Substance use detection



- Clients often minimize or hide their substance use to mental health clinicians.
- More than 90% of patients who meet the criteria for SU disorder may not independently perceive a need for specialty treatment and therefore do not seek it. (SAMSHA, Office of Applied Studies, 2008)
- Primary care providers are often the first to identify medication overuse and the physical effects of SU



What Primary Care May See before Mental Health

- Sequelae from substance use
- Overuse of abusable medications
- Untreatable psychiatric symptoms (this is why they may refer to mental health)

Treating substance use disorders improves Health

- Smoking cessation
- Sequelae from drug and alcohol use
- Studies show that when a person with substance use disorder achieves abstinence the health of the entire family improves (Weisner, Parthasarathy, Moore, & Mertens 2010)
- Less trauma in the family
- Patient may be masking trauma issues



Jefferson Center and MCPN
partnered with Arapahoe
House, the substance use
disorder treatment center to
provide a Clinical Specialist in
the Primary Care Clinic.



Clinical Specialists

- Are well versed in Motivational Interviewing
- Can help the PCP gain confidence in addressing substance use disorders and treating chronic pain without the use of abusable substances
- Understand the community resources well
- Can take the time to spend with patients that primary care providers can't spare



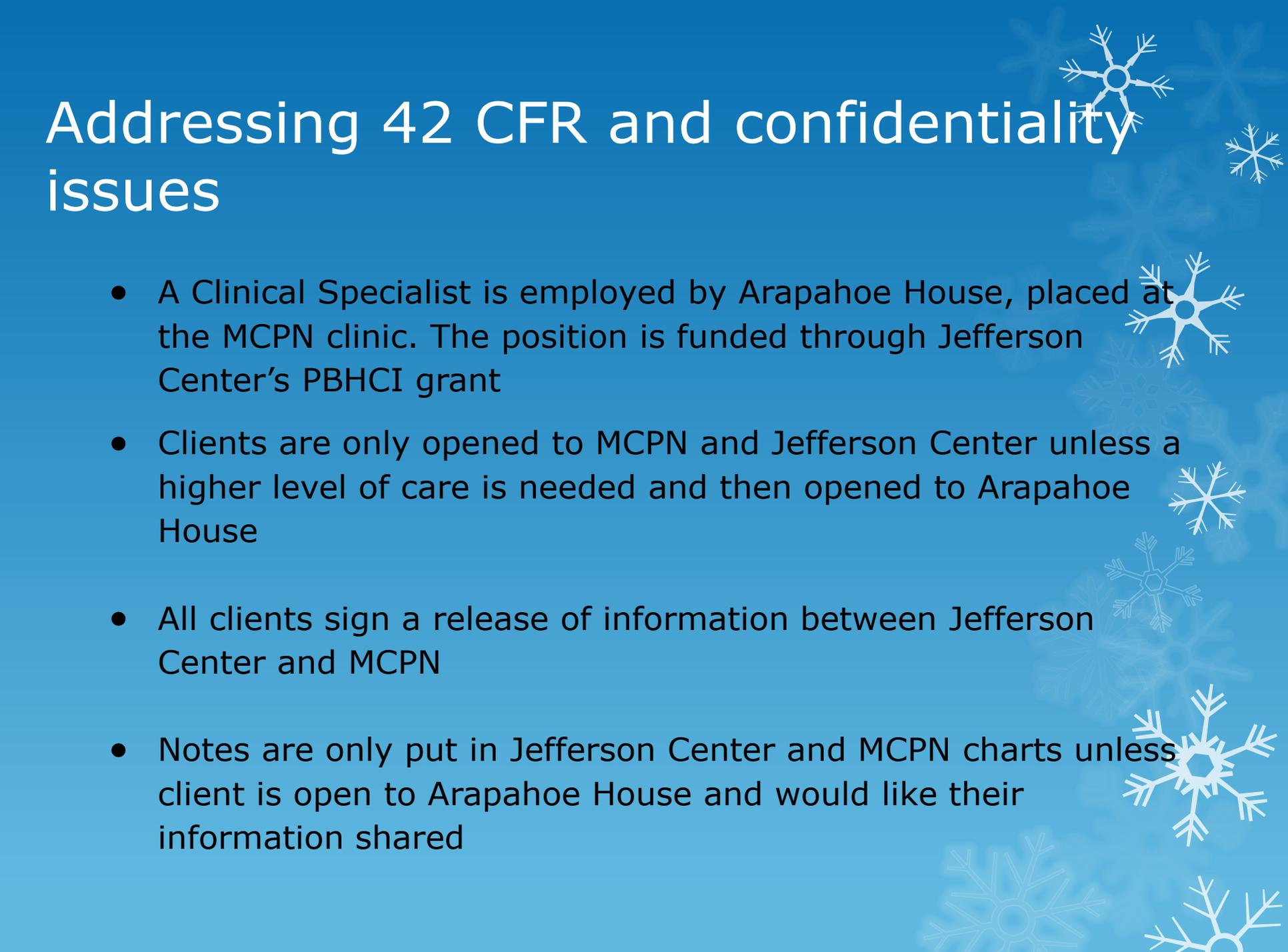
Screening

- SBIRT is administered to all patients by the Care Coordinator or the MA
- Union Square substance use screen is administered to all patients by the Care Coordinator

Clinical Specialists meets with the client if

- Positive for tobacco
- Positive for prescription opiate use
- Positive for alcohol
 - AUDIT administered
- Positive for drug use
 - DAST administered
- If the PCP identifies opiate use problems
- Referred to chronic pain classes

Addressing 42 CFR and confidentiality issues



- A Clinical Specialist is employed by Arapahoe House, placed at the MCPN clinic. The position is funded through Jefferson Center's PBHCI grant
- Clients are only opened to MCPN and Jefferson Center unless a higher level of care is needed and then opened to Arapahoe House
- All clients sign a release of information between Jefferson Center and MCPN
- Notes are only put in Jefferson Center and MCPN charts unless client is open to Arapahoe House and would like their information shared

Jefferson Center developed a 2 session chronic pain class to teach clients how to live with chronic pain and educate them on the nature of chronic pain and on opiate use



The Clinical Specialist can meet with a patient up to 5 times



- If the patient needs more
 - Referral to a dual diagnosis trained CAC at Jefferson Center
 - Referred to more intensive inpatient or outpatient treatment through our partner Arapahoe House, Our Partner Substance Use Disorder Center
 - Inpatient detox
 - Works with the PCP to provide outpatient detox
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