



RWJ Barnabas Health Peer Recovery Program Tackling Addiction Together

Driving Outcomes via TigerConnect

TigerConnect East Coast User Group Meeting
Philadelphia, PA, October 15, 2019

Today's **Speaker Lineup**



Michael Litterer, CHES, CPS

Director of Prevention &
Recovery,
RWJ Barnabas Health



Elliott Liebling, MPH

Manager of Research &
Development,
RWJ Barnabas Health

Health System Overview



Copyright 2019 | Proprietary & Confidential





Peer Recovery Program Tackling Addiction Together

Program Overview

Corporate Tackling Addiction Task Force (TATF)

Vision

RWJBarnabas Health will treat substance use disorder as a chronic disease with appropriate medication, without stigma, and with recovery support services.



Mission

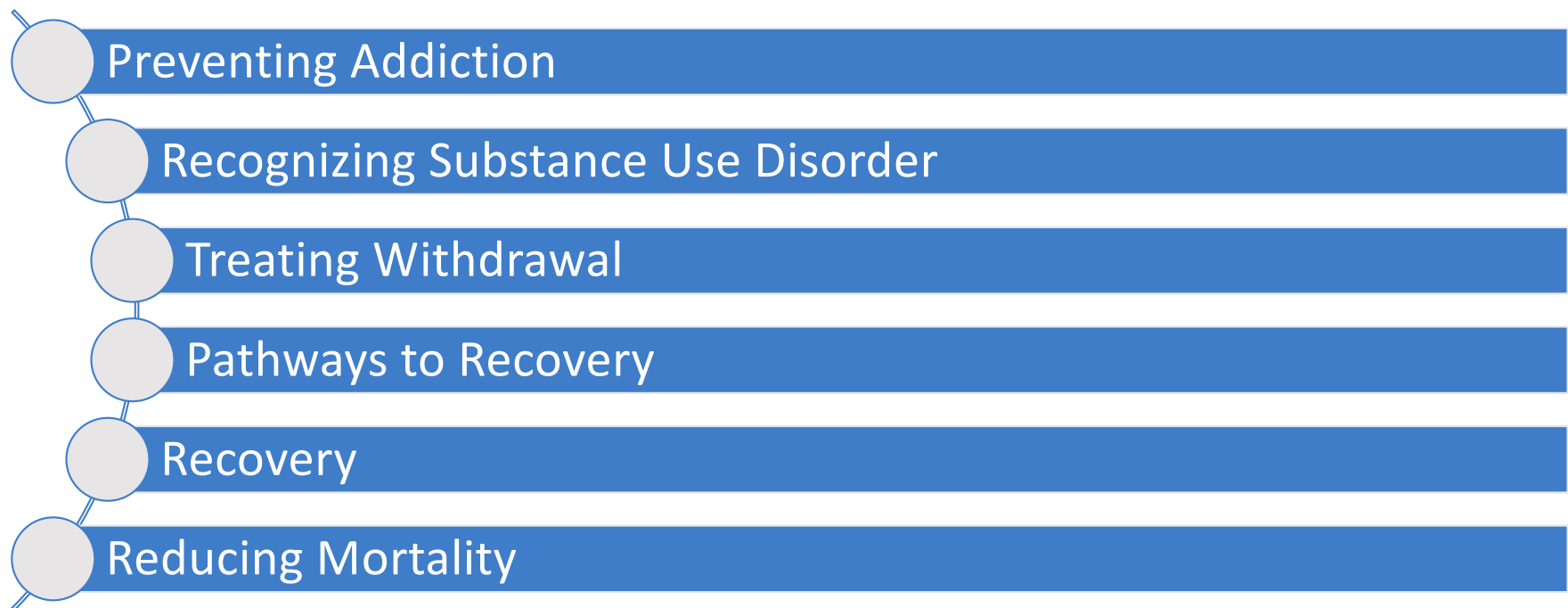
Establish best practices, ensure the highest level of quality care is delivered to patients with substance use disorder and provide the necessary tools to promote evidence-based and comprehensive substance use disorder services throughout the RWJBarnabas Health system

Strategies

- Reduce stigma associated w/ substance use disorder
- Train all medical staff
- Create treatment guidelines & order sets



TATF Dashboard Dimensions



RWJBH Institute for Prevention & Recovery

Peer Recovery Program

→ Goals

- ✓ Provide bedside intervention at the point of care
- ✓ Link individuals to the appropriate level of care prior to discharge
- ✓ Continue to provide recovery support at 30/60/90 day intervals

→ Team members include

- ✓ Recovery specialists
- ✓ Patient Navigators

→ Services are provided 24/7/365 across 19 hospitals

→ Services include recovery support

- Minimum of eight weeks post-deployment and
- Conduct structured follow-up at 3, 6, 9, and 12 months.

→ Program is funded by the Department of Human Services



Peer Recovery Program Tackling Addiction Together

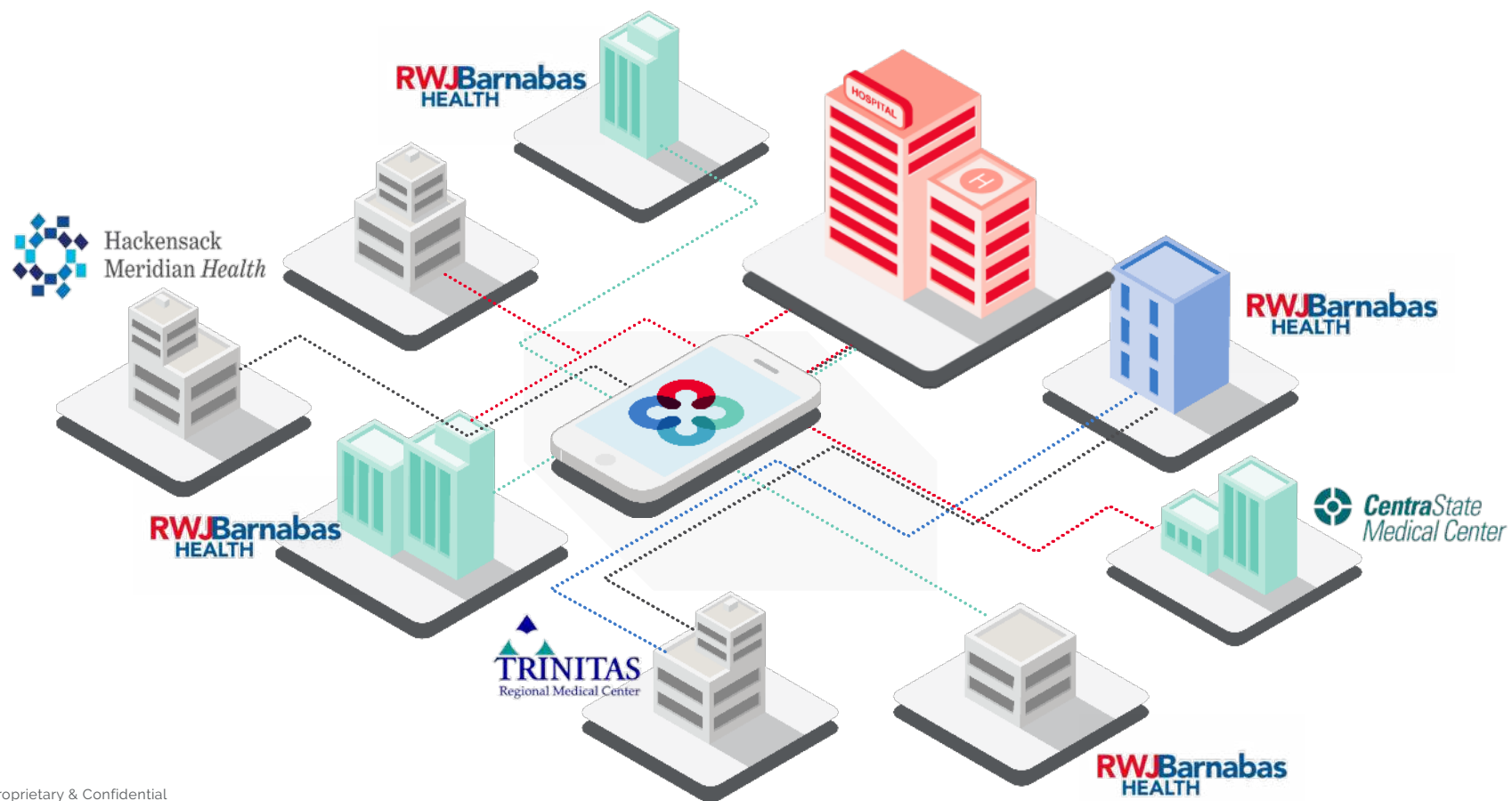
Scope of the Problem

Peer Recovery Program Hospitals

Community Partners



Connecting the Community



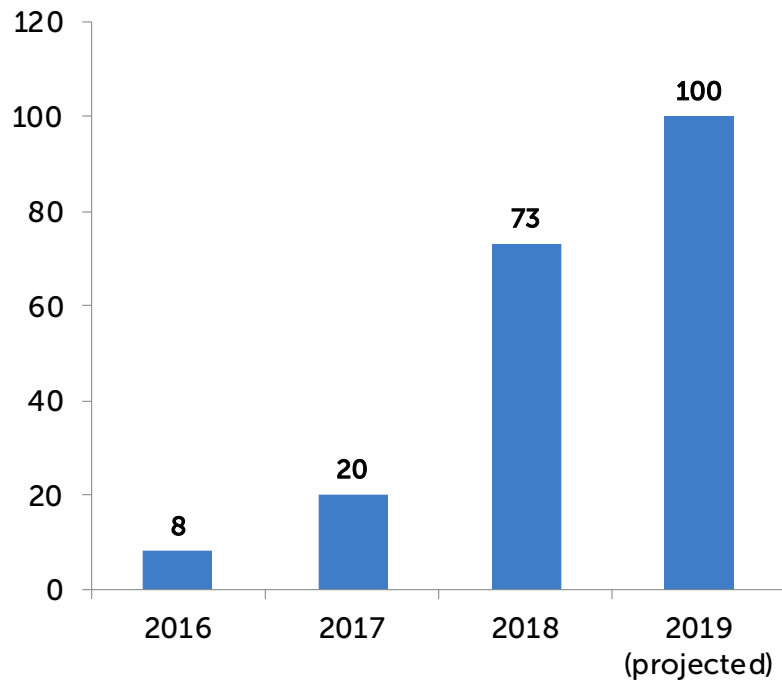
Improving intervention for Opioid dependent patients

Key challenges prior to TigerConnect

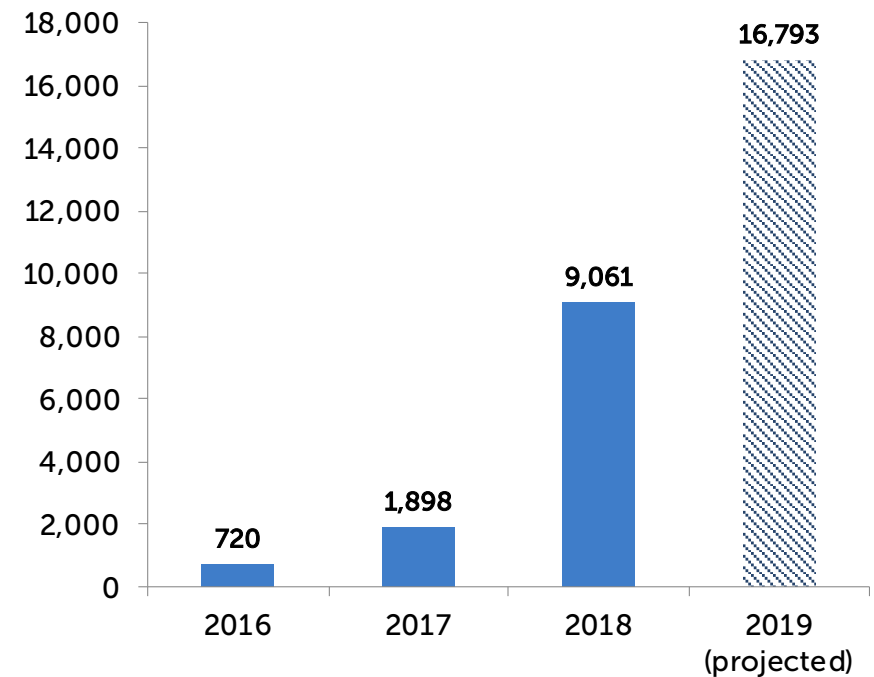
- Communication delays leading to
 - ✓ Patients leaving AMA before intervention
 - ✓ Repeated admissions to the ED
 - ✓ Death
- Disjointed communications
 - ✓ Lack of information to properly prepare for the bed-side intervention
 - ✓ Lack of coordination among team members
 - ✓ Delays from identification of patient to the recovery specialist to bed-side
- Inability to scale rapidly growing need
- Automation critical to expediting communications

Managing Scale via TigerConnect

Number of Peer Recovery Program
Recovery Specialists (2016-2019)



Number of Peer Recovery Program
Deployments per Year (2016-2019)

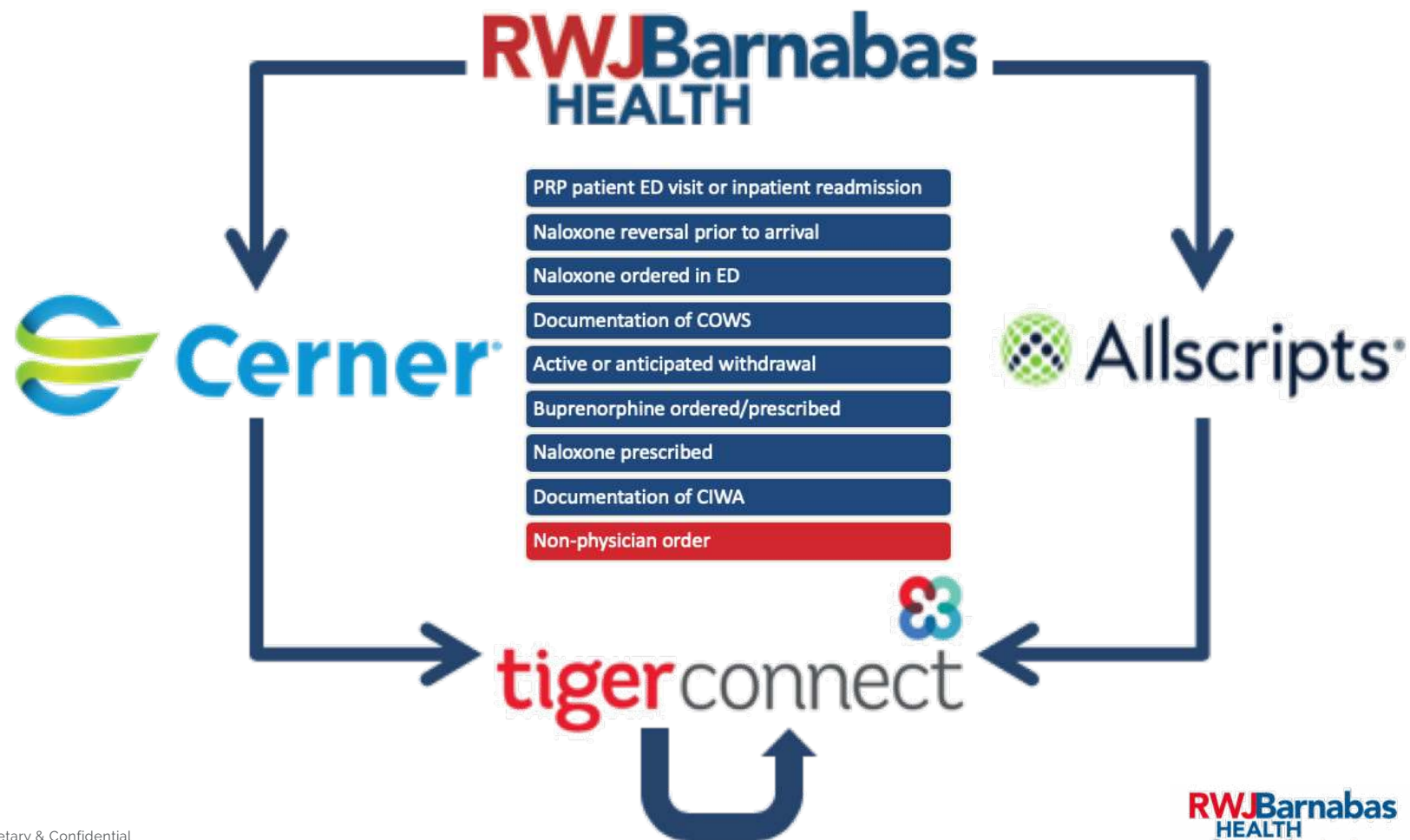




Peer Recovery Program

Integration Strategy

PRP Workflow



Workflow Communications

CN

Cerner Notifications

CIWA Score of 13 for [Name] | CMC | 3C | 3305 | [MRN]

8:59 AM · 5 days left

CN

Cerner Notifications

ED Narcan (Naloxone) reversal consult for [Name]
[Name] | CMC | MINOR | [MRN]

8:52 AM · 5 days left

CN

Cerner Notifications

Substance Use Referral for [Name] | CMC | 3C | 3301 | [MRN]

8:28 AM · 5 days left

Daniel Carroll Recovery Specialist CMC

1. Date of Deployment 9/23
2. Patient Name [REDACTED]
3. Patient Contact Number N/A
4. Name of Medical Staff RN Barbara
5. Tentative D/C date N/A
6. Insurance Status Medicare
7. What did the patient accept?
 - Recovery Support Services
 - PN to reach out to Client
 - Client to reach out to PN
 - Refused
 - Incoherent
 - Inappropriate Referral
 - Provided Education ✓

11:56 AM · 3 days left



CMMC CLIENT OUTCOMES

P

Paris Branda Patient Navigator CMC

PN assessed [Name] and referred to New Directions for IOP. Intake appointment is for Tuesday 10/01 at 09am

11:30 AM · 4 days left

P

Paris Branda Patient Navigator CMC

[Name] assessed by PN and referred to new directions for IOP. Intake appointment for Monday at 09am

8:00 AM · 5 days left

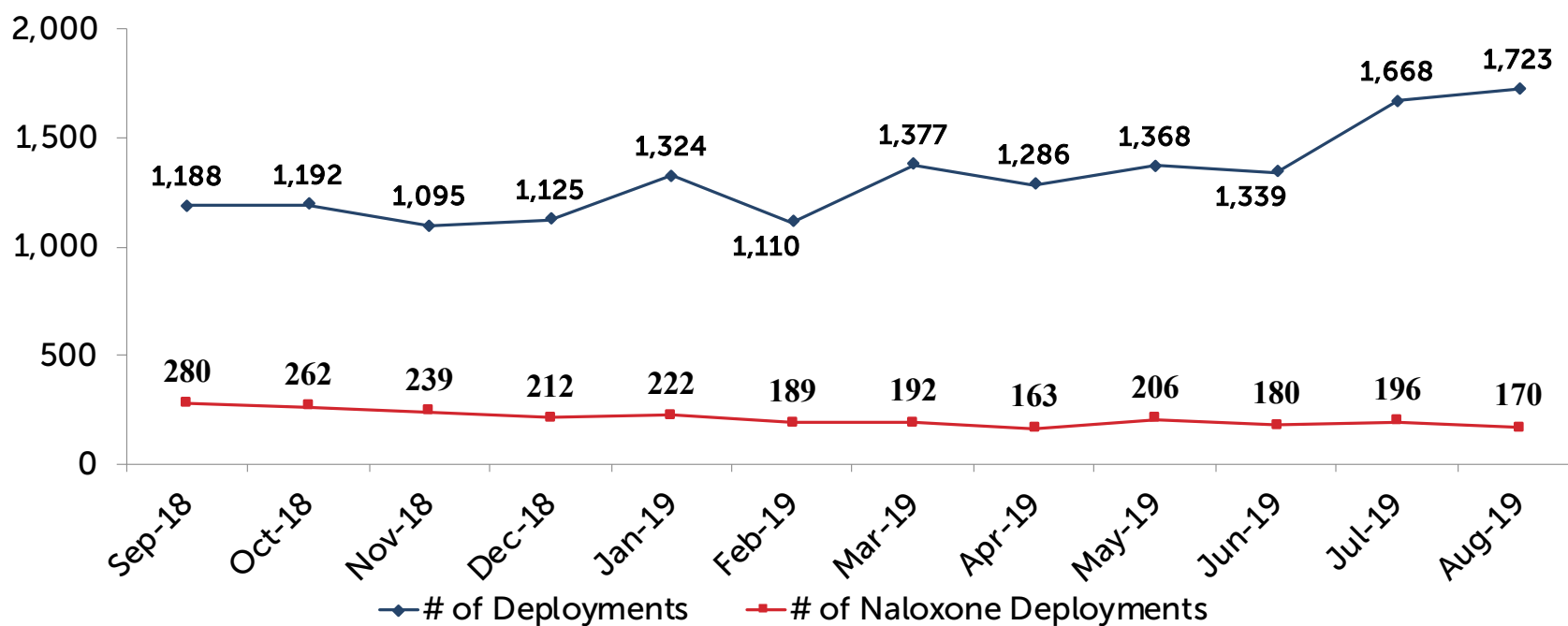


Peer Recovery Program Tackling Addiction Together

Clinical Outcomes

TigerConnect Supporting Scale

Number of Peer Recovery Program Deployments (September 2018-August 2019)

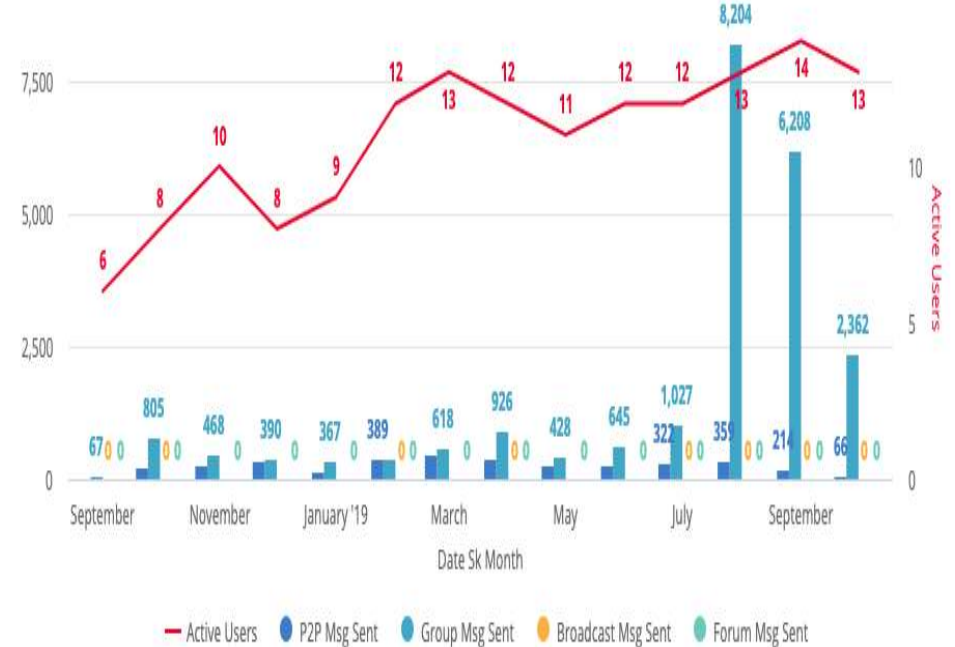


Driving Communications via TigerConnect Integration

Recovery Specialists

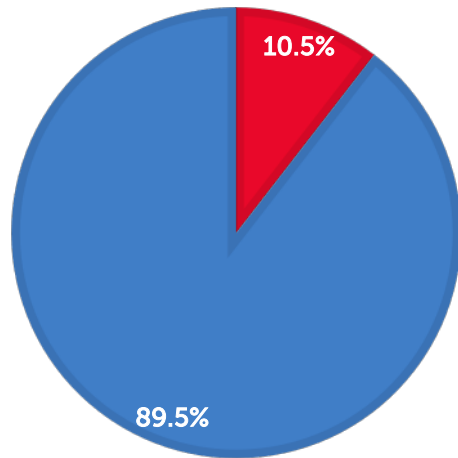


Patient Navigators



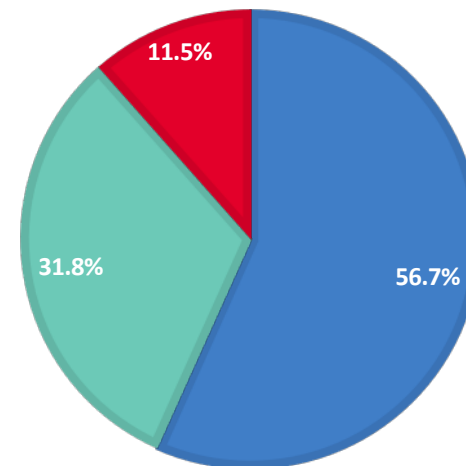
Patient Engagement Outcomes

BEDSIDE DEPLOYMENT OUTCOMES
(AUGUST 2019)



■ Refused Bedside
■ Accepted Bedside

BEDSIDE INTERVENTION OUTCOMES
(AUGUST 2019)



■ Accepted Recovery
■ Accepted Patient Navigator Services
■ Refused

TATF Dashboard Measures

Preventing Addiction

- % of patients that are discharged with an opioid prescription
- % of ED patients that are discharged with an opioid prescription
- # of morphine milligram equivalents used per 1,000 inpatient days
- % of available educational opportunities provided by PRP and DROP

Recognizing Substance Use Disorder

- # of patients who say yes to naloxone, opioid, and withdrawal triage screens
- # of patients who received naloxone in ED
- # of patients with COWS completed
- # of Recovery Specialist bedside visits

TATF Dashboard Measures

Treating Withdrawal

- # of patients with COWS ≥ 8
- # of patients who received buprenorphine
- % of patients with COWS ≥ 8 who received buprenorphine

Pathways to Recovery

- # of patients who received a prescription for buprenorphine
- % of patients with COWS ≥ 8 who received a prescription for buprenorphine
- # of patients who received a prescription for naloxone
- % of patients accepting recovery support services
- % of patients accepting Patient Navigator services

TATF Dashboard Measures

Recovery

- # of Recovery Specialist follow-ups
- # of patients referred to treatment by Patient Navigators
- Recovery assessed by PRP at three-month intervals
- # of 30-day hospital readmissions

Reducing Mortality

- # of drug overdose deaths
- # of naloxone deployments