Addiction Recovery Support: Connecting Primary Care Providers and Community Resources

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Addiction Recovery Support:
Connecting Primary Care Providers and Community Resources

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Family Medicine, April 2017
Springfield Health Center, Springfield, VT
Preceptor: Dr. Barbara Dalton, MD
The Problem: Addiction is Pervasive and Undertreated

• Addiction to drugs and alcohol is a pervasive public health crisis, and there is a large unmet need for addiction recovery services:
  • In 2013, 21.6 million Americans age 12 or over (8.2% of the population) abused or were dependent on alcohol, illicit drugs or both within the past year. Of those, 4.1 million Americans (1.5% of the population) were treated. ¹
  • In Vermont, 35% of adults age 18-24 and 20% of adults age 65 or older report drinking at risky levels. ²
• Of those needing but not receiving treatment for substance abuse, 95.5% do not feel they need treatment. ¹
• 56% of treatment is in the form of Self-Help Groups, making this the most widely utilized treatment modality. ¹
• Of Vermonters receiving treatment for addiction, only 42% cite completion or transfer as their reason for ceasing treatment, and only 17% are leaving with more social supports than when they started. ²
The Problem: Many Healthcare Providers Are Not Prepared to Adequately Screen and Refer for Addiction Services

• Most admissions to substance abuse treatment programs are self-directed (35.8%) or legally mandated (33.9%), with only 16.5% of referrals coming from substance abuse or health care providers.  

• Physicians report a lack of preparedness in identifying and assisting patients with substance abuse disorders. 

• Recognizing that Family Medicine Providers are statistically likely to be caring for many patients with substance abuse problems who may be reluctant or unable to seek help themselves, this project aims to improve provider familiarity with local resources. In particular, this project focuses on promoting long-term retention in self-help group programs, as these have been demonstrated to be the most approachable form of help for many presenting in the primary care setting.
The Public Health Cost of Drug & Alcohol Abuse:

• Nationwide:
  • According to the CDC, excessive alcohol consumption cost the US $249 Billion in 2010.  
  • In 2009, substance abuse prescription medicine cost $866 million nationwide. 
  • Despite high costs of opioid Medication Assisted Treatment, overall healthcare costs have been found to be 29% lower for those being treated versus those who aren’t, demonstrating the ultimate cost-effectiveness of treating addiction.

• In Vermont:
  • Vermont Medicaid spends $12,985 annually for each buprenorphine client, and $13,523 for each methadone client, constituting a grand total of $34,675,475.

• Loss of Life:
  • Excessive alcohol and drug consumption significantly contributes to morbidity and mortality.
  • In 2015, a reported 66 Vermonters lost their lives to opioids alone.
Community Perspectives:

• Interview with 2 Directors of Turning Point Recovery Center, Springfield, VT:

  • Directors Michael Johnson and Brandy Cheney emphasized the ongoing magnitude of the opioid crisis in Springfield, suggesting that the *true impact of opioid abuse is not reflected in our current data.*

  • Stressed the *goal of complete recovery* from addiction as opposed to long-term pharmacologic maintenance

  • Consider the social support offered by group sessions to be instrumental in helping people commit to their recovery in the long-term

  • Feel that community support, including from healthcare providers, is essential to reversing the stigma that so often prohibits people from seeking services they need

  • State that up to 1,000 people utilize their services each month, illustrating their immense importance in Springfield

• Turning Point Offers A Comprehensive Array of Groups and Services for Recovering Addicts:

  • In addition to AA and NA groups, they offer their own Personal Recovery Coach program for individualized support, an All Addicts group, a Family Addiction and Recovery group, youth Peer-to-Peer services, an introductory “Making Recovery Easier” group, as well as assistance with coordinating Medicaid coverage, transportation, employment and housing.

  • Their headquarters serves as a sober hub to hang out at, and offers computer services for those who might not otherwise have access.

(Please see attached flyer for a more complete review of local resources)
Community Perspectives:

**Meeting with the Prevention, Treatment and Recovery (PTR) Group:**
- This group of local community leaders is currently surveying people in recovery as to what resources might be lacking in Springfield
- I was able to interview two medical providers about their perceptions of resources in the area, and provide their feedback to the PTR Group for further research
- The results of the surveys will be used to inform the committee of potential areas within the addiction support infrastructure that need improvement

**Themes from Clients Surveyed:**
- There was frustration expressed that more PCPs couldn’t prescribe medications to support their recovery, instead forcing them into very inconvenient situations for care coordination
- People wished there were more sober events, age-related support groups and retreat weekends
- Better availability of sober housing was a common topic cited for improvement
- The scarcity of local NA programs was repeatedly pointed out

**Themes from PCPs Surveyed:**
- PCPs cited a lack of inpatient beds and poor ED coordination as points of frustration
- Providers also wished that there were more local drug counselors, providers and local therapists
Intervention and Methodology:

• In order to increase provider familiarity with local addiction recovery resources, a dual sided handout with a comprehensive listing of groups and services was compiled

• The information gleaned from client and PCP surveying informed the content contained within the resulting flyer

• The handout was designed to be informative for both providers and patients seeking information about addiction resources

• Resources listed included AA, NA, Marijuana Anonymous, Al-Anon, Family Addiction Recovery, Making Recovery Easier, Wit’s End, Personal Wellness Coaching, Youth Recovery and relevant resources and hotlines

• This handout is now readily available in the clinic for use on demand, and can be given to any patient who presents with ongoing addiction issues, or who expresses a readiness to attend group meetings

• Family and friends of those struggling with addiction can also benefit from the flyer listings
**Intervention and Methodology:**

**Local Addiction Recovery Resources**

**Spring 2017**

### Alcoholics Anonymous:

- **Springfield:**
  - Turning Point Recovery Center, 7 Morgan Street
  - Monday: 7:30pm, 7pm (C)
  - Tuesday: 12:15pm, 7pm (B), 8pm
  - Wednesday: 7pm
  - Thursday: 7pm
  - Friday: 7pm
  - Saturday: 7pm
  - Sunday: 7pm

- **North Springfield:**
  - North Springfield Baptist Church, 89 Main Street
  - Sunday: 7:30pm
  - Wednesday: 6:30pm

- **Burlington Falls:**
  - 165 Main Street Church
  - Sunday: 9:30am
  - Tuesday: 6:30pm

- **Essex Falls:**
  - Episcopal Church, 27 Church Street
  - Sunday: 8pm
  - Monday: 9pm
  - Tuesday: 6:30pm
  - Wednesday: 4:30pm
  - Thursday: 7pm
  - Friday: 7pm

- **Lyndon:**
  - Fletcher Memorial Library, 58 Main Street
  - Monday: 7pm
  - Friday: 7pm

- **Shelburne Falls:**
  - 100 Main Street Church
  - Sunday: 7:30pm
  - Thursday: 1:30pm
  - Saturday: 7:30pm

### Narcotics Anonymous:

- **White River Junction:**
  - Upper Valley Turning Point, 200 Oxford Drive
  - Monday: 7pm
  - Thursday: 7pm
  - Saturday: 4pm

### Marijuana Anonymous:

- **White River Junction:**
  - Upper Valley Turning Point, 200 Oxford Drive
  - Monday: 7pm

### Making Recovery Easier:

- (For more information, please contact the recovery center nearest to you.)

**Support for Family and Friends:**

- **Family Addiction Recovery:**
  - (Support group for families of addicts)

- **Additional Turning Point Resources:**
  - (Contact information for additional support resources)

**Additional Turning Point Resources:**

- **Individual Recovery Coaches:**
  - (Contact information for individual coaches)

- **Youth Recovery:**
  - (Information for youth recovery programs)

**Helpful Resources:**

- **Vermont Crisis Line:**
  - (24-hour hotline for crisis intervention)

- ** également disponible en français:**
  - (Additional resources available in French)

**Contact for More Information:**

- Turning Point Recovery Center (802) 237-4500

**Front of Flyer**

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**Back of Flyer**

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Response:

• Providers at Springfield Health Center responded quite favorably to the flyer and will begin referring to it routinely. More specifically, PCPs:

  • Considered the specific listing of dates, times and locations to be helpful for on the spot referrals

  • Were unfamiliar with many of the resources listed, including the Personal Recovery Coach program, Peer-to-Peer youth counseling, and Wit’s End, a parental support group

  • Were surprised to learn about the lack of Narcotics Anonymous groups in Springfield

  • Requested to have the digital version of the handout, so that any updates can be made over time and the flyer maintained for use in the office
Evaluation of Effectiveness and Limitations:

Assessing Efficacy:

• In order to evaluate the effectiveness of this intervention, it would be best to assess Springfield practitioners’ knowledge of local support groups before and after reading the educational handout.

• In particular, familiarity with lesser well-known services such as the Personal Wellness Coaching and Youth Peer-to-Peer Mentoring programs would need to be evaluated.

• Ultimately, an increase in the number of patients referred to and actually utilizing these Springfield recovery services would be an excellent indication of this project’s efficacy.

Limitations:

• The potential effectiveness of the handout is limited in that it is simply a list of resources, and providers will have to take it upon themselves to truly become familiar with the programs, their benefits and drawbacks, and to whom they should be offered.

• The flyer does not solve the issue of screening for drug and alcohol abuse, though having the papers readily available (for example in the waiting area) might help to reach patients who are reluctant to talk to their provider.

• This list is also limited to community support programs, and does not consider local inpatient, MAT, or rehabilitative services which may be more appropriate for some patients.
Recommendations for Future Interventions:

**Optimizing the Flyer’s Utility:**
- This handout could be considered for display in the waiting room or brochure rack, as opposed to handed out on an individualized basis. This would likely increase the number of patients benefiting from the information.
- Identifying the number of patients requesting information and utilizing services, as well as gaining patient feedback, would help to quantify the level of need and practicality of recommendations.

**Filling In the Gaps Identified by Surveying:**
- Helping to form a Narcotics Anonymous group in Springfield
- Promoting and advertising the availability of Turning Point’s sober hang out space and events

**Community Collaboration:**
- Continuing collaboration with Springfield’s PTR group members, who have data describing the surveyed needs of recovering addicts in the area and will undoubtedly have upcoming improvement projects
- Supporting Turning Point in their current campaign to expand transitional sober housing
References:


Interview Consent Form

• Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work. The interviewer affirms that he/she has explained the nature and purpose of this project. The interviewee affirms that he/she has consented to this interview. Yes ___MJ___ / No _____ If not consenting as above: please add the interviewee names here for the department of Family Medicine information only. Name: ______________ Michael Johnson __________

• Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work. The interviewer affirms that he/she has explained the nature and purpose of this project. The interviewee affirms that he/she has consented to this interview. Yes ___BSC___ / No _____ If not consenting as above: please add the interviewee names here for the department of Family Medicine information only. Name: ______________ Brandy S.Cheney ______________