

2017

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Recommended Citation

Meservey, Amber J., "Addiction Recovery Support: Connecting Primary Care Providers and Community Resources" (2017). *Family Medicine Clerkship Student Projects*. 256.

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Addiction Recovery Support:

Connecting Primary Care Providers and Community Resources

Amber Meservey, MSIII

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.** ³
- Physicians report a **lack of preparedness in identifying and assisting** patients with substance abuse disorders. ⁴
- 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. ⁵
- In 2009, substance abuse prescription medicine cost **\$866 million nationwide**. ⁶
- 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 ⁷, 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. ⁹

- **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. ¹⁰

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
<p>Alcoholics Anonymous:</p> <p><u>Springfield:</u> Turning Point Recovery Center, 7 Morgan Street Sunday, 10am Monday, 7 pm (C) Wednesday, 12noon, 7pm (B), 8pm Saturday, 7pm</p> <p>Congregational Church, 77 Main Street Tuesday, 6 pm Thursday, 7pm Saturday, 9 am</p> <p>Springfield Hospital, Ridgewood Road Monday, 12pm Friday, 12pm</p> <p>St. Mark's Episcopal Church, 33 Fairgrounds Road Friday, 7pm</p> <p><u>North Springfield:</u> North Springfield Baptist Church, 69 Main Street Sunday, 7:30pm Wednesday, 6:30pm (W)</p> <p><u>Bellows Falls:</u> Park Place, 44 School Street Sunday, 9:30am Tuesday, 6:30pm</p> <p>Episcopal Church, 20 Church Street Sunday, 8pm Monday, 8pm</p> <p>Health Center of Bellows Falls Wednesday, 6:30pm Thursday, 7pm Friday, 7pm</p> <p><u>Ludlow:</u> Fletcher Memorial Library, 88 Main Street Monday, 7pm Friday, 7pm</p> <p>Senior Center, 10 High Street Tuesday, 7:30pm Wednesday, 7:00pm Saturday, 7:30pm</p> <p><u>Ascutney:</u> Ascutney Union Church, Route 5 Monday, 6:45 am Wednesday, 6:45 am Friday, 6:45 am</p> <p><u>White River Junction:</u> Upper Valley Turning Point, 200 Olcott Drive Tuesday, 5:30pm (C, M)</p>	<p>All Recovery Meetings: <i>(Everyone is welcome to these hour long sessions, facilitated by trained people in recovery themselves)</i></p> <p><u>Springfield:</u> Turning Point Recovery Center, 7 Morgan Street Monday, 6pm</p> <p>Narcotics Anonymous:</p> <p><u>White River Junction:</u> Upper Valley Turning Point, 200 Olcott Drive Sunday, 8pm</p> <p><u>Rutland:</u> Turning Point Center of Rutland, 141 State Street Sunday, 7pm Wednesday, 12:30pm Thursday, 7pm Friday, 7pm</p> <p>Marijuana Anonymous:</p> <p><u>Rutland:</u> Turning Point Center of Rutland, 141 State Street Monday, 5:35pm</p> <p>Making Recovery Easier: <i>(These six week sessions help newcomers or those with previously disappointing experiences understand the benefits and myths of structured community groups)</i></p> <p><u>Springfield:</u> Turning Point Recovery Center, 7 Morgan Street Wednesday, 5:30pm</p>

C= Closed to those with a desire to stop drinking, B= Beginners, S=SOS, W= Women's Meeting, M= Men's Meeting

Front of Flyer

Local Addiction Recovery Resources	Spring 2017
<p>Support for Family and Friends:</p> <p>Family Addiction Recovery: <i>(All are welcome in this group led by both family members and recovering addicts themselves)</i></p> <p><u>Springfield:</u> Turning Point Recovery Center, 7 Morgan Street Tuesday, 7:30pm</p> <p>Al-Anon:</p> <p><u>Springfield:</u> Congregational Church, 77 Main Street Tuesday, 12pm Thursday, 12pm</p> <p><u>Ascutney:</u> Ascutney Union Church, Route 5 Tuesday, 6pm</p> <p><u>White River Junction:</u> United Methodist Church, 106 Gates Street Saturday, 8:30am</p> <p>Wit's End:</p> <p><u>White River Junction:</u> Upper Valley Turning Point, 200 Olcott Drive Monday, 6pm</p> <p><u>Rutland:</u> Grace Congregational Church Tuesday, 6:30pm</p> <p>Helpful Resources:</p> <p>Vermont Crisis Line: 211 Vermont's 24hr NA Helpline: (802) 773-5575 Headrest 24hr Hotline: (802) 273- TALK</p> <p>AA VT Area Website: www.aavt.org Comprehensive Review of Resources in VT: https://www.vtlawhelp.org/sites/default/files/Consumer_Guide_to_Substance_Use_Treatment_2015.pdf</p>	<p>Additional Turning Point Resources:</p> <p>Individual Recovery Coaches:</p> <p>Turning Point Recovery Center in Springfield offers an individualized Personal Recovery Coach program. A recovery coach can help you identify your goals for recovery and provide one-on-one insight and support for getting there. This program is at no cost to the participant and can be a great option for those less interested in attending a group meeting upfront.</p> <p>Youth Recovery:</p> <p>Turning Point of Springfield offers youth-specific recovery programs, emphasizing peer-to-peer support.</p> <p>Also Available:</p> <ul style="list-style-type: none"> • Sober hangout area & events • Assistance with arranging recovery services, job assistance, transportation coordination • Computer services • Narcan training <p>Contact for More Information: Springfield Turning Point: (802) 885-4668 Turning Point Website: www.turningpointvt.org</p>

Back of Flyer

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:

1. Substance Abuse and Mental Health Services Administration, *Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings*, NSDUH Series H-48, HHS Publication No. (SMA) 14-4863. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.
2. Alcohol & Other Drug Use Scorecard. Vermont Department of Health. Retrieved April 09, 2017, from <http://healthvermont.gov/scorecard-opioids>
3. Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. Treatment Episode Data Set (TEDS): 2002-2012. National Admissions to Substance Abuse Treatment Services. BHSIS Series S-71, HHS Publication No. (SMA) 14-4850. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.
4. Shapiro, B., Coffa, D., & McCance-Katz, E. (2013). A primary care approach to substance misuse. *American Family Physician*, 88(2), 113-121.
5. Mohlman, M. K., Tanzman, B., Finison, K., Pinette, M., & Jones, C. (2016). Impact of Medication-Assisted Treatment for Opioid Addiction on Medicaid Expenditures and Health Services Utilization Rates in Vermont. *Journal of Substance Abuse Treatment*, 67, 9-14. doi:10.1016/j.jsat.2016.05.002
6. Excessive Drinking is Draining the U.S. Economy. (2016, January 12). Retrieved April 09, 2017, from <https://www.cdc.gov/features/costsofdrinking/index.html>
7. Baser, O., Chalk, M., Fiellin, D., & Gastfriend, D. (2011). Cost and utilization outcomes of opioid-dependence treatments. *The American Journal of Managed Care*, 17(8), S235-48.
8. Mansfield, E. (2016, March 7). Medicaid by the Numbers: Vermont Pays Top Dollar for Opiate Addiction Drugs, Antipsychotics and Antidepressants. Retrieved April 9, 2017, from <https://vtdigger.org/2016/03/07/medicaid-by-the-numbers-vermont-pays-top-dollar-for-opiate-addiction-drugs-antipsychotics-and-antidepressants/>
9. Medication Assisted Treatment Program for Opioid Addiction. ASTHO. Retrieved April 09, 2017 from <http://www.astho.org/Health-Systems-Transformation/Medicaid-and-Public-Health-Partnerships/Case-Studies/Vermont-MAT-Program-for-Opioid-Addiction/>
10. Opioids Scorecard. Vermont Department of Health. Retrieved April 09, 2017, from <http://healthvermont.gov/scorecard-opioids>

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