

# Treating Substance Use in Collaborative Care (CoCM) Settings

Date: June 4, 2024

The logo for PRISM, featuring the word "PRISM" in a bold, orange, sans-serif font. The text is positioned in the bottom right corner of the slide, overlaid on a decorative graphic of overlapping, semi-transparent blue and purple geometric shapes that resemble a prism or a cluster of crystals.

**PRISM**

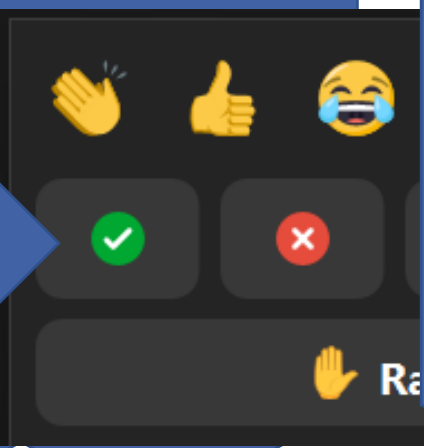
# Thank you to Blue Cross Blue Shield of Michigan

Blue Cross Blue Shield of Michigan has contracted PRISM to provide training and implementation support on the Collaborative Care model to primary care practices across Michigan.



# Zoom features

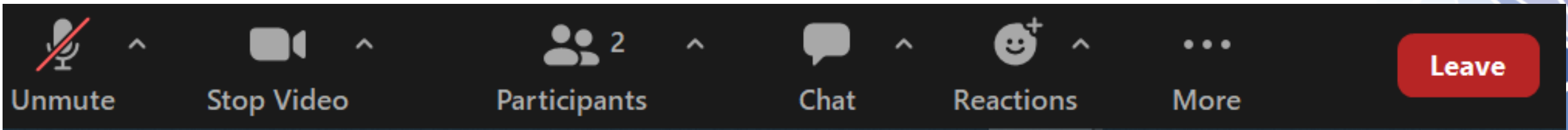
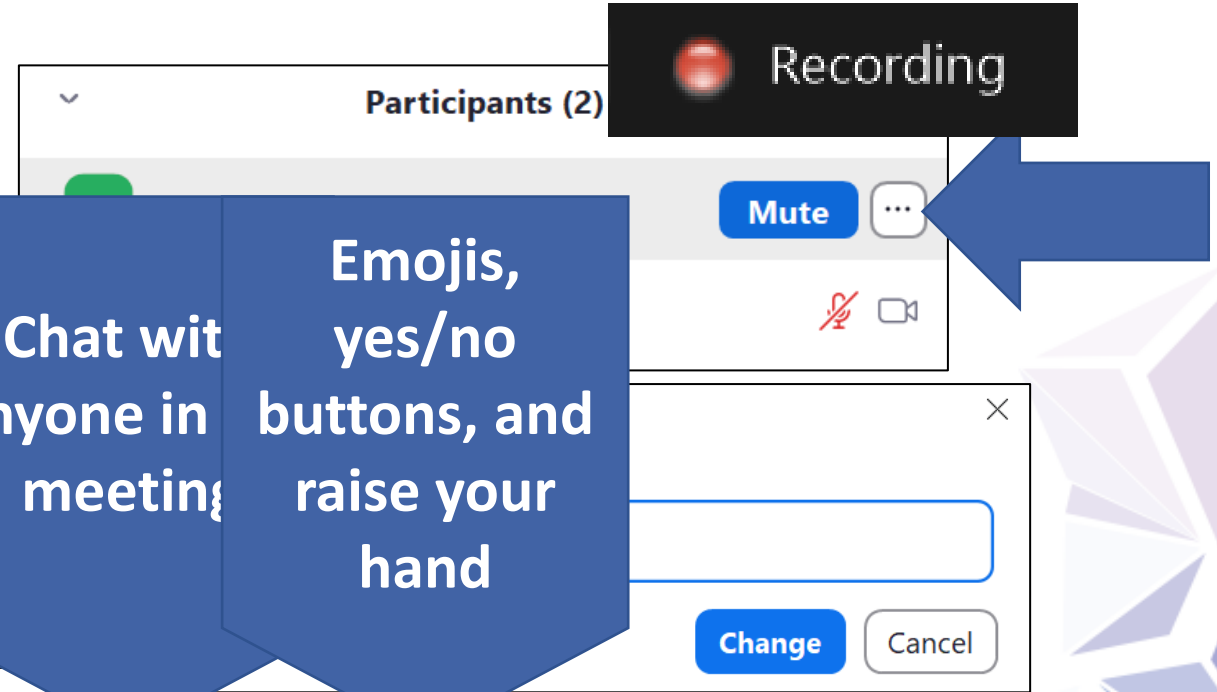
Mute yourself when you don't want to speak



View a list of everyone in the training, rename yourself

Chat with anyone in meeting

Emojis, yes/no buttons, and raise your hand

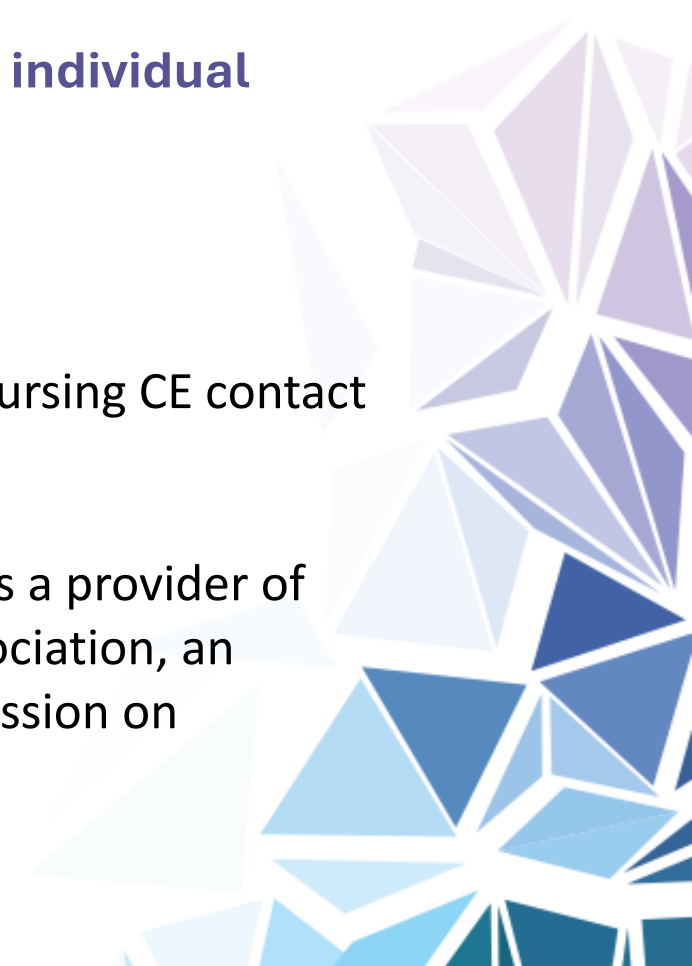


# Instructions for behavioral health care managers and other practice staff

- **Following the course completion on 6/4/2024**, you will receive an email from the Michigan Institute for Care Management and Transformation
- Please allow up to 24 hours to receive the email. If you do not receive within 24 hours, please submit an inquiry via the [MICMT contact form](#).
- Please follow the link to complete the evaluation within (5) business days for each session you attend to earn credit.

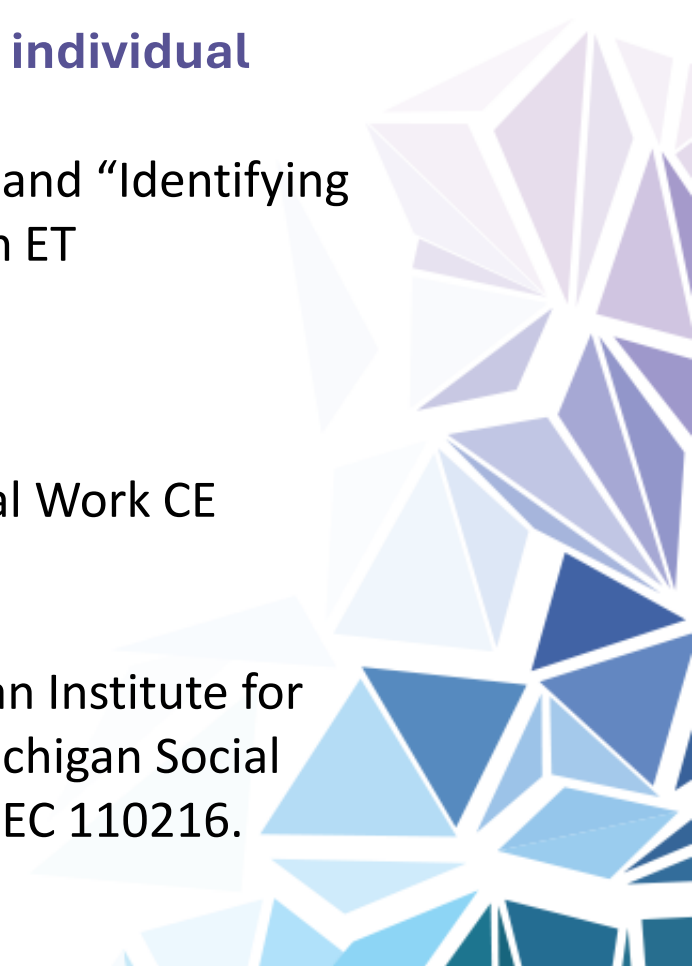
# Disclosures for nursing participants

- No one in control of content has relevant financial relationships with ineligible companies.
- To successfully complete the course, **participants must listen to the audio while viewing the slides live and access the course from their individual computer.**
  - attend the entire session(s)
  - credit awarded as commensurate with participation
- Upon successful completion, the participant may earn a maximum of 3.0 Nursing CE contact hours.
- Michigan Institute for Care Management and Transformation is approved as a provider of nursing continuing professional development by the Wisconsin Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.



# Disclosures for social work participants

- No one in control of content has relevant financial relationships with ineligible companies.
- To successfully complete the course, **participants must listen to the audio while viewing the slides live and access the course from their individual computer.**
  - must attend “Collaborative Care and Substance Use” 12:30-1:00pm ET and “Identifying and referring appropriate patients to Collaborative Care ” 1:00-2:00pm ET
  - thereafter attend the entire session(s)
  - credit awarded as commensurate with participation
- Upon successful completion, participants may earn a maximum of 3.0 Social Work CE contact hours.
- This course is approved by the NASW-Michigan CE Approving Body. Michigan Institute for Care Management and Transformation is an approved provider with the Michigan Social Work Continuing Education Collaborative. Approved provider Number: MICEC 110216.

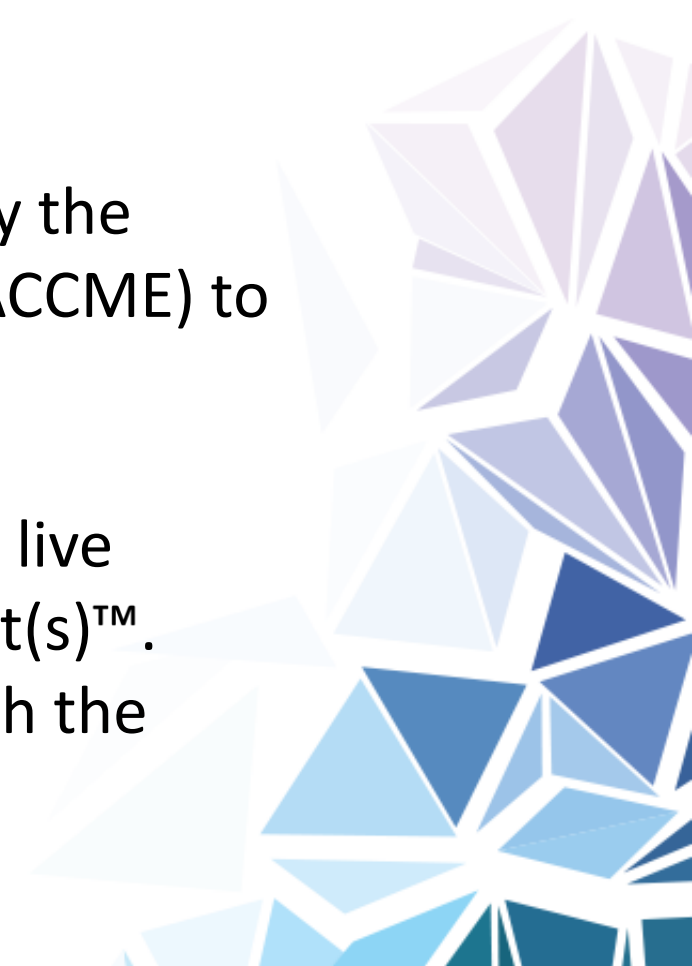


# Instructions for physicians

- We urge you to claim your credits for this CME activity by **July 8, 2024**, to have a seamless process of transferring your CME credit to your transcript.
  - University of Michigan CME is transitioning to a new platform. Unclaimed CME credits for activities prior to July 8, 2024, will require a special request for recording in the new platform.
- Please complete the following steps to fill out the course evaluation and print your certificate:
  - Login to your account at MiCME at <https://micme.medicine.umich.edu/>
    - You must have a MiCME account to claim credit for any University of Michigan Medical School CME activity.
    - Don't have an account? Click on the "Login or Create a MiCME Account" link at the top of the page and follow the instructions.
- See CME Activity Information “Treating Substance Use in Collaborative Care Settings” 6.4.24 handout for full details.

# Disclosures for physician participants

- There are no relevant financial relationships with ACCME-defined commercial interests to disclose for this activity.
- The University of Michigan Medical School is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.
- The University of Michigan Medical School designates this live activity for a maximum of 3.75 AMA PRA Category 1 Credit(s)<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.





# Learning outcome

- Participants will be able to incorporate workflows and other operational techniques unique to Collaborative Care within their practice to address the behavioral health needs of patients with substance use disorders with fidelity to the Collaborative Care Model.



# Presenters

- **Sarah A. Bernes, MPH, LMSW, MBA, Lead Training and Implementation Specialist**
- **Jonathan D. Morrow, MD, PhD, Associate Professor**
- **Debra Snyder-Sclater, MS, LLP, CAADC, CCS, Project Manager**



# Today's agenda (Eastern time)

Time	Topic	Participants
12:30-1:00pm	Collaborative Care and Substance Use	PCP, PC, BHCM
1:00-2:00pm	Identifying and referring appropriate patients to Collaborative Care	PCP, PC, BHCM
2:00-2:15pm	<b>BREAK</b>	PCP, PC, BHCM
2:15-2:45pm	Non-pharmacological treatment and intervention	PCP, PC, BHCM
2:45-4:30pm	Pharmacological Treatment and Intervention	PCP, PC, BHCM

# Collaborative Care and substance use

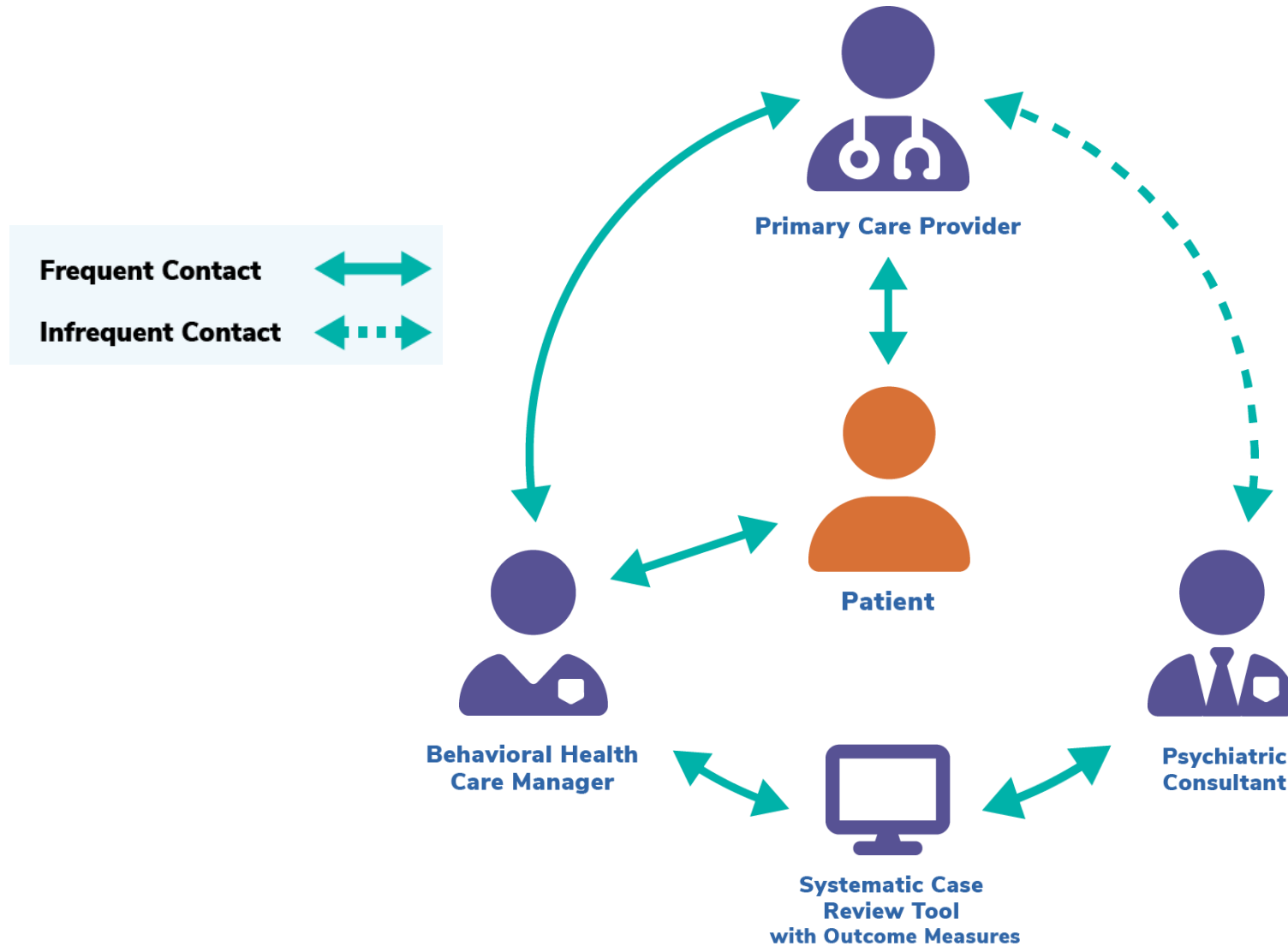


# Learning objectives

- Summarize how collaborative care is different when treating substance use.



# Collaborative Care treatment team



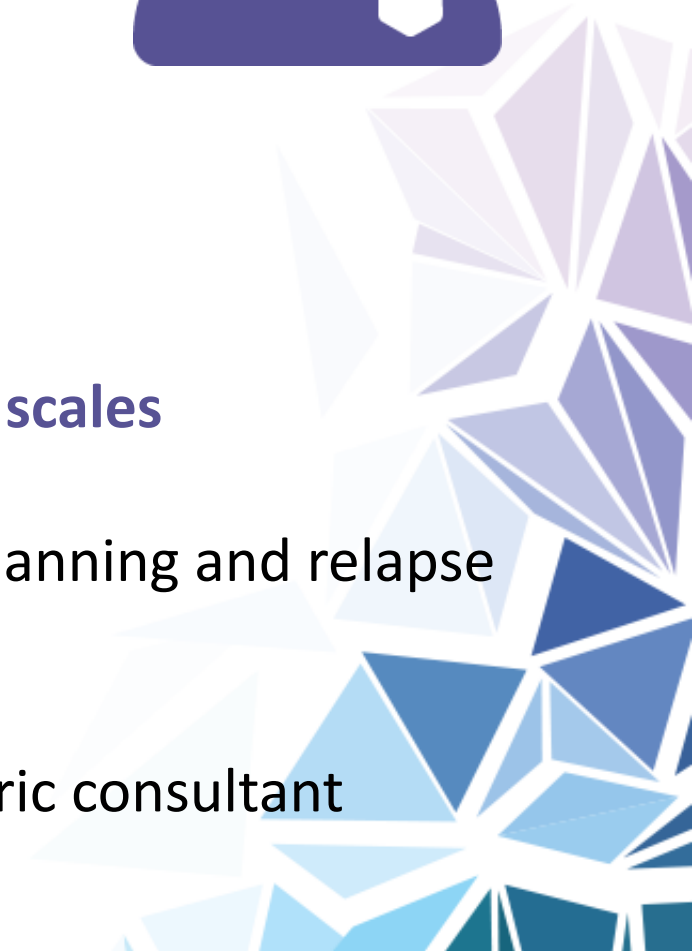
# Role of the treating or specialty care provider in CoCM

- **Oversees all aspects of patient care**
- Screens for common mental health issues
- Introduces collaborative care and refers patients to the program
- Receives recommendations from the psychiatric consultant and determines whether to accept them
- **Prescribes medications as needed**



# Role of the behavioral health care manager (BHCM) in CoCM

- **Manages caseload** of enrolled patient using the systematic case review tool
- Provides **brief behavioral interventions** and supports medication management
- Tracks treatment response and side effects using **standardized scales**
- Supports patient through **self-management planning**, safety planning and relapse prevention planning
- Participates in **weekly caseload consultation** with the psychiatric consultant





# Role of the Psychiatric Consultant (PC) in CoCM

- Participates in **weekly caseload consultation** with the behavioral health care manager
- **Recommends treatment adjustments**, including medications and other interventions
- Educates the rest of the team on psychopharmacology
- **Does not see patient directly**
- **Does not prescribe medications**



# Role of the patient in CoCM

- Consents to enrolling in collaborative care
- Reports **symptoms and side effects**
- Learns about the nature of their mental health condition
- Determines which types of **treatments to accept**
- Creates self-management and relapse prevention plans with the behavioral care manager



# Evidence for addressing substance use in CoCM

- SUMMIT Trial (2017): CoCM for opioid and alcohol use disorders<sup>1</sup>
  - At 6 months, the proportion of participants who received any treatment for OAUDs was higher in the CoCM group compared with usual care
- Opioid use disorder treatment using CoCM (2022)<sup>2</sup>
  - 180-day treatment retention was 53%
  - 81% of patients had consistently negative urine drug testing



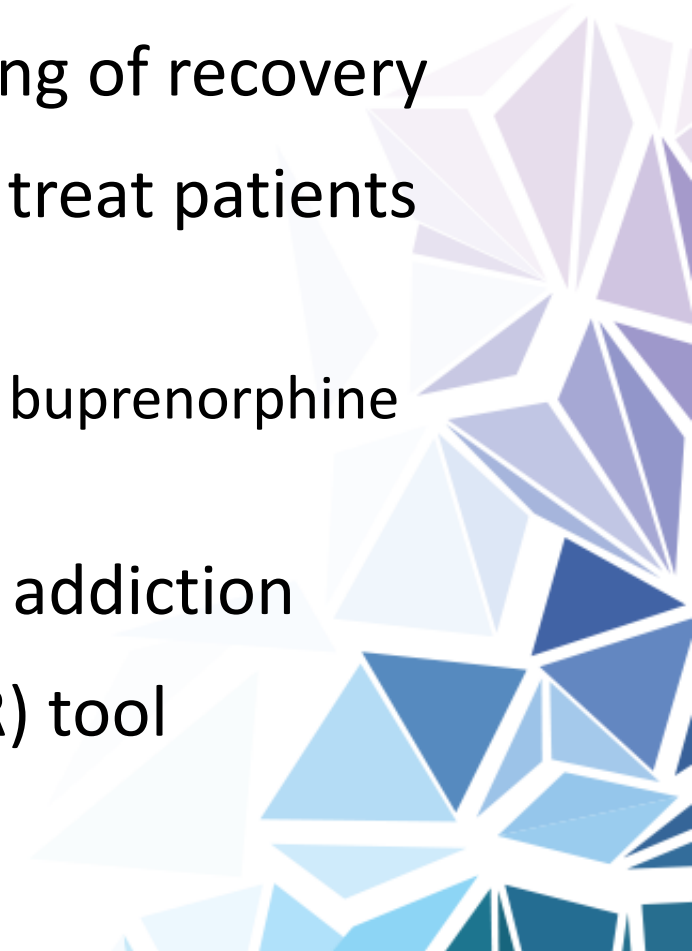
# Health care providers as a source of stigma

- Health care professionals are the most cited source of stigma for patients receiving treatment for substance use disorders<sup>3</sup>
- Effects of stigma tend to start when people enter treatment and are labeled within the health care system<sup>4</sup>
- Stigma is worst among seasoned clinicians<sup>5,6,7</sup>
  - Regard substance use patients as unimportant, poorly motivated, manipulative, violent
  - Leads to lower empathy, less provider involvement, shorter visits, lower patient engagement and retention

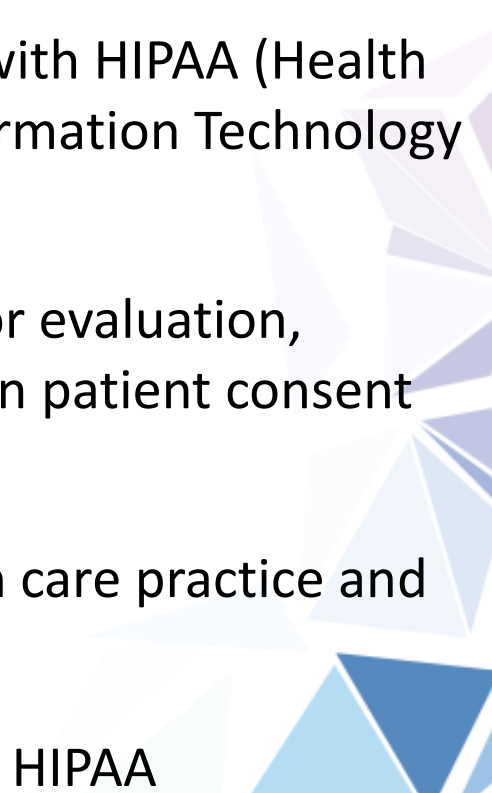


# Challenges to treating SUD in CoCM

- Patients may not want to discuss substance use
- Polarizing opinions on treatment goals and the meaning of recovery
- PCPs and BHCMS may feel unprepared or not want to treat patients with substance use disorders
  - PCP willingness and authority to prescribe medications like buprenorphine and naloxone
- No clear consensus on an equivalent of the PHQ-9 for addiction
- Necessary changes to the systematic case review (SCR) tool



# Protection of patient SUD information

- 42 CFR Part 2 governs the confidentiality of SUD patient records
  - On February 8, 2024, substantial changes were made to better align with HIPAA (Health Insurance Portability and Accountability Act) and HITECH (Health Information Technology for Economic and Clinical Health Act)
  - Patient SUD treatment records, including those obtained in an audit or evaluation, cannot be used to investigate or prosecute the patient without written patient consent or a court order
  - Consideration of these regulations should be incorporated into health care practice and appropriate safeguards of patient information should be put in place
  - Most primary care settings are exempt from CFR 42 and would follow HIPAA
- 

# Disclaimer

Each physician organization and/or practice is solely responsible for all billing practices and medical care and services delivered to its patients and all decisions related to such medical care and services. Neither MICMT or the Regents of the University of Michigan shall be responsible for any delivery of medical care or other services to any patient, or any decisions, acts or omissions of persons in connection with the delivery of medical care or other services to any patient.

**PRISM**



**MICMT**  
Michigan Institute for Care Management & Transformation

# Resources

- [AIMS Center: Evidence Base for Integrated and Collaborative Care and Substance Use Disorders](#)





# References (1 of 2)

1. Watkins KE, Ober AJ, Lamp K, et al. Collaborative care for opioid and alcohol use disorders in primary care: The SUMMIT randomized clinical trial. *JAMA Intern Med.* 2017;177;1480-1488.
2. Brackett CD, Duncan M, Wagner JF, Fineberg L, Kraft S. Multidisciplinary treatment of opioid use disorder in primary care using the collaborative care model. *Subst Abus.* 2022;43(1):240-244. doi:10.1080/08897077.2021.1932698
3. Luoma JB, Twohig MP, Waltz T, et al. An investigation of stigma in individuals receiving treatment for substance abuse. *Addict Behav.* 2007;32(7):1331-1346. doi:10.1016/j.addbeh.2006.09.008
4. Link, B. G., Cullen, F. T., Struening, E., Shrout, P. E., & Dohrenwend, B. P. (1989). A Modified Labeling Theory Approach to Mental Disorders: An Empirical Assessment. *American Sociological Review*, 54(3), 400–423. <https://doi.org/10.2307/2095613>
5. Avery J, Han BH, Zerbo E, et al. Changes in psychiatry residents' attitudes towards individuals with substance use disorders over the course of residency training. *Am J Addict.* 2017;26(1):75-79. doi:10.1111/ajad.12406

## References (2 of 2)

6. Gilchrist G, Moskalewicz J, Slezakova S, et al. Staff regard towards working with substance users: a European multi-centre study. *Addiction*. 2011;106(6):1114-1125. doi:10.1111/j.1360-0443.2011.03407.x
7. Lindberg M, Vergara C, Wild-Wesley R, Gruman C. Physicians-in-training attitudes toward caring for and working with patients with alcohol and drug abuse diagnoses. *South Med J*. 2006;99(1):28-35. doi:10.1097/01.smj.0000197514.83606.95

