

Case Study

Flagging and Coordinating Care for Overdoses in Vulnerable Populations with Substance Use Disorders

At Community Hospital of the Monterey Peninsula (CHOMP) in Monterey, California, use of real-time notifications is empowering care teams with the ability to identify, collaborate on, and intervene for individuals with substance use disorders who are at-risk for an overdose.



I know when my patient has been at my facility. But when I'm also able to know when my patient has been at other facilities—whether with a complex medical need, seeking treatment for addiction, or presenting with an overdose—it aids my knowledge base for caring for that patient. And that is why it's helpful for multiple stakeholders to be using a common platform.

Reb Close

MD and Attending Emergency Physician at CHOMP

The Challenge

When it comes to treating addiction, there is no straightforward solution. Continually evolving changes in environment, economy, and even drug of choice, make successful tracking and addressing of substance use disorder nuanced and difficult—especially drug overdoses. Currently, much of the data for tracking overdoses often comes from coroner's or public health reports, resulting in reactionary strategies rather than real-time interventions and prevention.

For example, a 2020 report published by the Substance Abuse and Mental Health Services Administration cites prescription drug misuse as the second most common form of illegal drug use, with roughly 9.3 million individuals admitting to some form of prescription drug misuse. In one state, data shows that fentanyl-related overdoses increased 97% in just two years, and statements from the Drug Enforcement Administration suggest the trend will continue to expand nationwide. As such, it is not enough to rely solely on national data to predict trends in overdose and addiction. Instead, real-time data is necessary to understand how certain drugs are growing in popularity by community, allowing for a proactive response that anticipates and addresses these emerging trends.

Unfortunately, simply increasing drug screenings will not accurately reflect trends in drug and alcohol use—with 1 in 5 patients stating they have lied to their providers about their addictions due to shame or fear of retribution. But the complex and nuanced coordination otherwise required for immediate

identification and intervention can prove overwhelming, leading many hospitals to shy away from providing specialized substance-use services at all. **Casey Grover, MD and Chair of the Division of Emergency Medicine at Community Hospital of the Monterey Peninsula (CHOMP)** shares:

“When I first started my education in Emergency Medicine, I was taught, by watching how the more senior physicians treated patients with substance use disorders, that patients who suffered from addiction were to be judged, stigmatized, and treated poorly. I routinely saw patients with addiction rapidly discharged from the Emergency Department and told not to come back. I had, after completing my training, to learn how to take care of patients with addiction on my own. The diagnosis and treatment of addiction, unfortunately, has not been part of the traditional core knowledge that physicians have been given.”

Until patients can feel safe disclosing substance or alcohol use, hospitals run the risk of misdiagnosing or undertreating substance use—ultimately increasing the chance of an overdose that is preventable. Knowing this, leaders at CHOMP are advocating for more sensitivity toward individuals with substance-use disorder and utilizing a platform that allows for real-time overdose identification based on symptoms, not just a diagnosis.



Fentanyl-related overdoses increased



lied to their providers about addiction

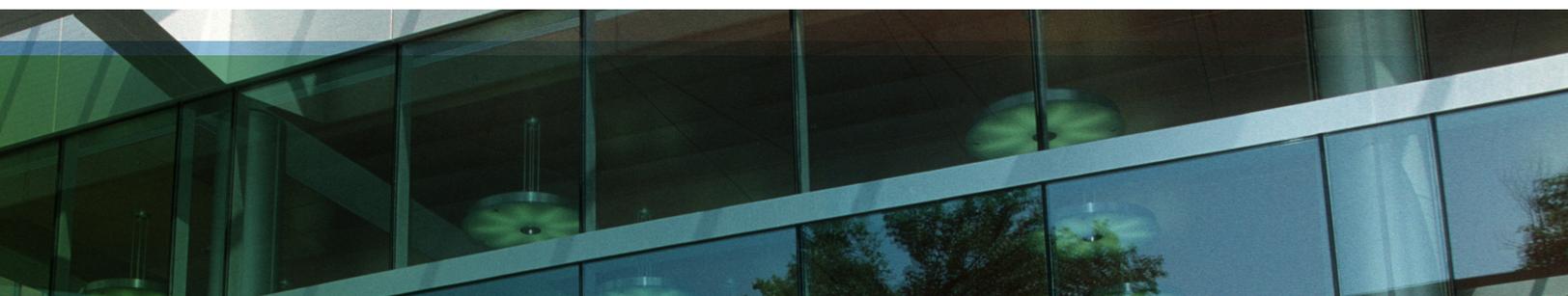
The Solution

CHOMP partnered with PointClickCare to implement collaborative technology that identifies patients at risk for overdose, facilitates contact with them, and coordinates appropriate care—all in real-time.

With the platform, patients with certain diagnoses or symptoms that could signify an occurring or imminent overdose are flagged, and appropriate care team members are alerted to review the case. This automated expansion of screening means that physicians or social workers are pushed information in real time that the patient may be at risk for or experiencing an overdose. Indicators such as altered mental status or confusion can alert care team members that additional support and substance-use-specific follow-up might be required.

The platform also facilitates confidential coordination between care teams beyond hospital doors. For example, CHOMP regularly works closely with a substance use response team, which uses the notifications to follow-up with individuals at risk for an overdose and meet them where they are, when they need it most. In these instances, the real-time notifications become even more important as they allow for intervention when individuals are most likely to be receptive. **Reb Close, MD and Attending Emergency Physician at CHOMP** explains:

“Many of the individuals we see with substance-use disorder are incredibly high-risk. They’re also the patients that we’ve tried three different phone numbers to reach and haven’t been able to connect. When I’m able to receive a notification about a potential overdose or a substance-related event, I can immediately let our social worker and substance use response team know and they can go to where that individual was just seen. This has ultimately helped us connect with patients that would otherwise be missed or lost to follow up”



Outcomes

With the platform, CHOMP has been able to improve identification of individuals at risk for an overdose.

Close continues:

“Data from the coroner’s office or the California Department of Public Health has its limitations when it comes to tracking and trending overdoses. In the past, data on overdoses relied primarily on diagnosis, so other instances of substance use that were masked by additional complications may have been un-reported or under-reported.”

By automating flagging for potential overdoses based on symptoms as well as diagnoses through the platform, CHOMP has been able to increase identification of previously undiagnosed overdoses. Additionally, they have been able to coordinate interventions that have supported traditionally difficult-to-reach patients at critical moments.

A social worker at CHOMP was looking to connect with patient “Bob” but had been unsuccessful reaching him by phone. There was no address on file. When the street team encountered Bob, they were able to see that the social worker needed to talk with him, and they were able to alert her that he would be in the Emergency Department shortly. The social worker was able to go and meet him while he was there and coordinate the necessary follow-up for medication-assisted treatment.

Finally, the platform has supported a larger-scale effort at CHOMP to implement a system that ensures fairer treatment of individuals with substance-use disorders. By providing the technology and framework for cuing assessment and coordination based on protocol, not personal opinion, CHOMP hopes to create a safer treatment environment for those with substance-use disorders. **Grover** concludes:

“By providing the right training and scaffolding, we can overcome neglect stemming from stigma and start embracing best practices in addiction medicine for better treatment and better outcomes.”

About PointClickCare

PointClickCare is a leading healthcare technology platform enabling meaningful collaboration and access to real-time insights at any stage of a patient’s healthcare journey. PointClickCare’s single platform spans the care continuum, fostering proactive, holistic decision-making and improved outcomes for all. Over 27,000 long-term post-acute care providers, and 2,700 hospitals use PointClickCare today, enabling care collaboration and value-based care delivery for millions of lives across North America.

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