

Why and How to Integrate CRS's Into the Whole Continuum of Care

Pamela Vasquez, CRS, R.O.S.E Program Certified Recovery Specialist, The Council of Southeast Pennsylvania

Sheila Armstrong, MHS, R.O.S.E Program Supervisor, The Council of Southeast Pennsylvania

Patrick Vulgamore, MPH, Project Manager, Temple University Health System

Danny Rivera, Drug and Alcohol Clinical Supervisor, Temple University Health System



Objectives:

- Storytelling: Strengthen your understanding of OUD patient experiences
- Understand the importance of certified recovery specialist services
- Learn about a collaboration between a Philadelphia health system and a community based organization to embed CRS services
- Understand how a health system can overcome barriers to establishing best practice treatment of Opioid Use Disorder



Presenters:

- Pamela Vasquez - CRS
- Sheila Armstrong – CRS Supervisor
- Patrick Vulgamore – Project Manager
- Danny Rivera – Drug/Alcohol Clinical Supervisor



Pam's Story

*A Certified Recovery
Specialist's
Perspective on
Health Care*



PRO-ACT

- Program History
- Connection to Community Resources
- Mobility to Meet the Patient Where they Are
- Overcoming the Largest Challenge – Convincing People to Seek Recovery



System-Wide Needs Assessment TEMPLE HEALTH

- One of the major needs identified in a health-system wide needs assessment was additional support to link OUD patients to care.
- These needs were identified on all levels of healthcare professionals.
- Based on these needs, the following system-wide goals were established:



Temple Goals



- **Goals/Objectives:**

- Establish 24/7 Certified Recovery Specialist (CRS) coverage in all of TUHS ED's
 - Work with ED leadership to ensure effective patient flow.
- Deploy the level of care pre-assessment (LOC) in the CRS workflow.
- Engage the EMR team to review the current SUD monitoring infrastructure and modify based on specified needs.
- Launch the “SUD Warm Handoff Collaborative”, consisting of key stakeholders from all levels of care, inclusive and external to the Temple Health System.
- MAT induction in the CRC and utilize 23 hour observation status for the purpose of improving patient recovery.

Resources Afforded

- ROSE program was established (on a limited basis) at our Episcopal Campus.
- We were informed about funding made available through the SCA to expand the program.
- We dedicated resources to improve processes, integration and the quality of care provided.



Barriers We've Overcome TEMPLE HEALTH

- Notification of our CRS team that an OUD patient needs to be seen.
- Obtaining access to EPIC for the CRS team.
- Acceptance of the expertise that the CRS team brings.
- Authorizing CRS team to be able to access ED, Inpatient and Outpatient sites.



How to Measure

- Now that the CRS team has their own role in EPIC, we will be able to hone in on workflow issues., i.e., why would a patient with OUD not be seen by a CRS.
- We have integrated the LOC into EPIC, so we'll be able to track completion.



Related Efforts

- We've just launched a "Temple SUD Warm Handoff Taskforce"
- Participants were selected based on the health system goals from slide 6 and include representatives from:
 - ED and Hospital Sites
 - Case Management Leadership
 - Office-Based Outpatient Treatment Programs
 - Inpatient Rehab Programs
 - Certified Recovery Specialist Team Leadership
 - City Representatives



GROUP THINK TIME

Related Efforts

- Mission:
 - Standardize and sustain best practices for warm handoff processes and quality monitoring throughout the entire continuum of care
- Goals:
 - Standardize bi-directional warm handoff procedures between the ED's/Hospitals to all sites
 - Includes contingencies based on day/time
 - Includes site specific requirements such as insurance, type of treatment provided, etc.
 - Review the current SUD data from ED/Hospital
 - Volume
 - Length of stay
 - Level of care assessments
 - Review warm handoff effectiveness rate (patient attended appointment within 7 days of discharge)
 - Review quality data of referral sites
 - Treatment plan adherence
 - Readmission rate of each site
 - Current capacity
 - Educational opportunities
 - Understand the need of the group, and facilitate expert speakers around the needs



Next Steps for Us

- Refine CRS Workflow Processes
- Expand CRS Coverage, Reach and Referral Options
- Work with Referral Sites to Refine Handoff Processes
- Monitor Quality Metrics, Iterate as Needed



Questions?

