Implementing Peer Recovery Support:
5 Innovative Strategies

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Objectives

- Describe how RWJBarnabas Health uses Peer Recovery Support
- List key roles of the Peer Recovery Program
- Recognize how the Tackling Addiction Taskforce impacts the system and community
- Identify how Peer Recovery Specialist are triggered through the EMR
- Identify how the Peer Recovery Program tracks Social Determinants of Health
- List the benefits of continuing education and how it influences stigma
RWJBarnabas Health
System Overview – Formula for Change

Institute for Prevention and Recovery
Peer Recovery Program
Tackling addiction together.
A Recovery Specialist is deployed to the patient’s bedside to provide a peer intervention and open a window to recovery.

A patient navigator provides a clinical screening using American Society of Addiction Medicine (ASAM) criteria and refers the patient to the appropriate level of care.
Peer Recovery Program (PRP): Yearly Deployments

Number of PRP Deployments (2016-2019)

- 2016: 720
- 2017: 1,898
- 2018: 9,062
- 2019 (Projected): 15,346
Peer Recovery Program (PRP) Recovery Specialists

Number of PRP Recovery Specialists (2016-2019)

- 2016: 8
- 2017: 20
- 2018: 73
- 2019 (Projected): 100
Peer Recovery Program Deployments

Number of Deployments (2019 Q1-Q3)

- # of Deployments
- # of Naloxone Deployments
Type of Deployment

Received Naloxone (2019 Q1-Q3)

- Yes: 13.0%
- No: 81.8%
- Unknown: 5.2%
Deployment Per Location

Deployment Location (2019 Q2-Q3)

- 70.3% Inpatient
- 29.7% Emergency Department
PRP Bedside Interventions

Bedside Deployment Outcomes (2019 Q1-Q3)

- Accepted Bedside: 89.1%
- Refused Bedside: 10.9%
PRP Bedside Outcomes

Bedside Intervention Outcomes (2019 Q1-Q3)

- 53.2% Accepted Treatment
- 35.3% Accepted Recovery Support Only
- 8.6% Accepted Patient Navigator Services
- 1.8% Accepted Withdrawal Management
- 1.1% Refused
Corporate Tackling Addiction Task Force

Jennifer Velez
Executive Vice President
Community and Behavioral Health

Christopher Freer, DO
Clinical Chairperson
Emergency Medicine

Chief Pharmacy Officer

Chief Nursing Office
Southern Region

Vice President
Public Relations and Marketing

Vice President
Women’s Services

Chief Information Medical Officer

Enterprise Manager
Clinical Information Systems

Vice President of Patient Care Services and Chief Nursing Officer

Chief Medical Officer
Behavioral Health

Chief Nursing Office
Northern Region

Senior Vice President
Policy Development and Government Affairs

Assistant Vice President
Services Line Marketing Communications

Vice President
Institute for Prevention and Recovery

Director of Prevention and Recovery Programs
Institute for Prevention and Recovery

Director, Client Solutions
Envision

Assistant Director, Recovery Support Services
Institute for Prevention and Recovery

Chief Medical Officer
Primary Care, Physician Services

Program Supervisors,
Institute for Prevention and Recovery

Assistant Director, Clinical Services
Institute for Prevention and Recovery
A consult is generated by placing a non-physician order into the EMR under: Substance Use Disorder Recovery Support

The response time for a consult is approximately 15 minutes
Appropriate referrals include:

• If there is a suspicion a patient may have a substance use disorder
• If the patient verbalizes the need for assistance
• If a family member expresses a concern

PRIOR DISCUSSION WITH THE PATIENT IS NOT NECESSARY
Automatic Triggers:

• NARCAN Reversal prior to arrival or in the ED
• COWS Assessment
• CIWA Assessment
• Buprenorphine (Order, RX)
• PRP Readmissions
Do you regularly take or use any narcotics/opioids such as Percocet/Vicodin/Oxycodone/Heroin/Methadone?

1. Yes  
2. No

Do you feel you will be going into withdrawal or actively in withdrawal?

1. Yes  
2. No

Triage question links to C.O.W.S. Scale:

- Complete paralysis or immobility
- More than 1 fall within 6 months prior to arrival
- Pt has fallen during this admission
- Seizure precautions
- Seizure activity during admission
- Alcohol/Substance Abuse diagnosis (for first 72 hrs)
- None of the above
Medication Assisted Treatment (MAT)

- Methadone
- Buprenorphine
- Naltrexone
Pharmacology

% Efficacy

Log Dose of Opioid

Full Agonist (Methadone)

Partial Agonist (Buprenorphine)

Antagonist (Naloxone)
A consult is generated by placing an order into the EMR under:

ORDER: Consult to Physician – drop down – Gordon MD. Alan
Identifying Barriers

SDOH

Neighborhood and Built Environment

Economic Stability

Stable Housing

Health and Health Care

Education

Social and Community Context

Transportation

Access to Services
# System-Wide Education

## Preferred Language

<table>
<thead>
<tr>
<th><strong>POSITIVE LANGUAGE</strong></th>
<th><strong>NEGATIVE LANGUAGE</strong></th>
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<tbody>
<tr>
<td>A Patient with Substance Use Disorder</td>
<td>Addict, Alcoholic, Junkie</td>
</tr>
<tr>
<td>Person who Uses Substances</td>
<td>Substance Abuser</td>
</tr>
<tr>
<td>Positive Urinalysis, Positive Toxicology</td>
<td>Dirty Drug Screen, Dirty Urine</td>
</tr>
<tr>
<td>Maintaining Recovery, In Recovery</td>
<td>Clean, Sober</td>
</tr>
<tr>
<td>Recurrence of Use, Returned to Using</td>
<td>Relapse, Slip, Lapse</td>
</tr>
<tr>
<td>Treatment that Includes Medication</td>
<td>Medication is a Crutch</td>
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All Recovery Meetings
Thank You