



CHAMP BHCM Support Call

February 2, 2022


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1

CMTS Modifications and Review

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2




CMTS Minimum Data Elements for Control Clinics

- **Purpose:** Define the minimum patient treatment data needed in CMTS for CHAMP study patients with the goal to compare patient outcomes by treatment model.
- **Who:** All CHAMP Study enrolled patient encounters for active and inactive patients who were seen by the BHCM or the PCP
- **Frequency:** All data that meets the below qualifications for inclusion in CMTS – ie. Symptom Monitoring Tool was done or medications added/updated

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3




Note Types

- **Initial Care Manager Encounter** (even if the BHCM never sees the patient)
 - This records the dx and the meds
- **Care Manager Encounter**
 - If completed, enter Symptom Monitoring scores (even if the BHCM never sees the patient)
 - Enter BA elements (or no BA materials Delivered if not done)
 - Enter Mental health meds
- **6M MOUD Summary** (for all completed patients– just ONE entry)

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4

 CMTS Job Aid for “Ghost” Care Manger Encounter

- If you notice the patient has had a symptom scale (PHQ9, GAD 7, PCL 5) entered at their PCP visit in the EHR, please record this in CMTS as a “ghost” Care Manager encounter with the following details:
 - Open a CM encounter
 - Enter date of provider encounter
 - Enter PHQ9, Gad 7/ PCL 5 score as noted
 - Enter psychotropic medications with dose (no need to enter adherence details)

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5

 CMTS Job Aid for “Ghost” Care Manager Encounter continued...

- Enter no BA material covered in BA Element Delivered
- Close note by checking “PCP Contact” as visit type and the appropriate PCP as *attributed provider* (if the actual provider is not listed in the drop-down list (resident, locum, etc.) just choose the patient’s normal PCP.) This session was *with PCP with J.S. and took 5 minutes.*

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6

 Note types – NOT required

- Screening Encounter** (*for recording Symptom Monitoring Tool that were done before Initial Assessment only*)- not for SM tool scores done post IA which should be documented in care manager encounter notes.
- No shows:** if it is helpful to the BHCM – great – but we are not using this for the research data.

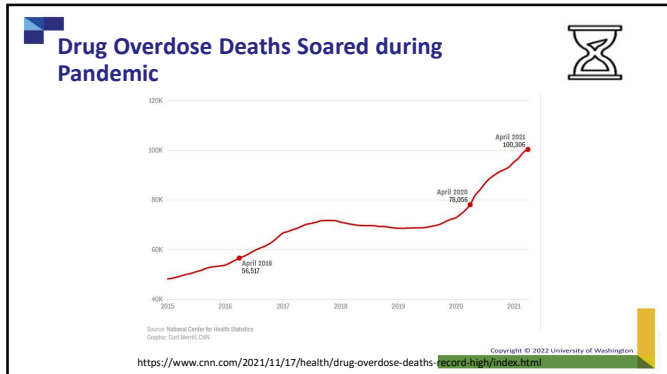
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7

 Opioid Epidemic Update

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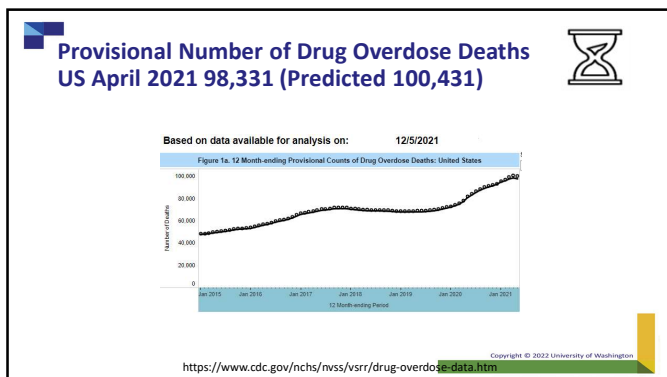
9

Driving Force of Drug Overdose Deaths

- **Rise in use of Fentanyl**
 - Stronger and fast acting than natural opioids
 - Easier to manufacture
 - Lower prices
 - Illicit opioid supply (in U.S.) increasingly adulterated with fentanyl
- **The Covid-19 pandemic**
 - Big jump in overdose deaths April and May of 2020
 - Fear and Stress
 - Job losses
 - Strick lockdown measures – use of drugs alone, from less reliable sources
 - Treatment centers and drop-in centers cut back services or closed for periods of time

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10



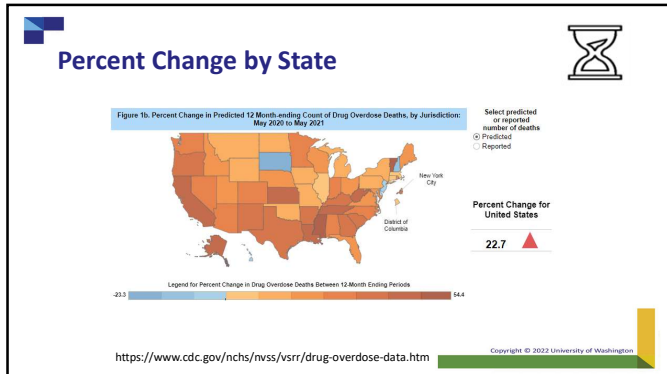
11

Shift in Demographics

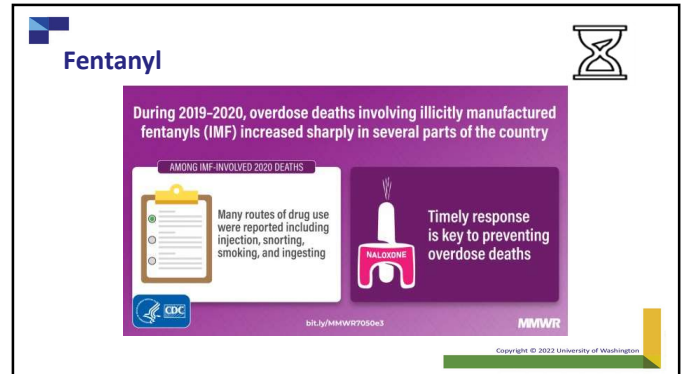
- **The Black American population has seen the highest increase in mortality from opioids (primarily driven by fentanyl) since the pandemic.**
- Fentanyl now wide-spread across geographic regions.

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12



13



14

Illicitly Manufactured Fentanyls

- (IMFs), were involved in 64% of >100,000 estimated U.S. drug overdose deaths during May 2020–April 2021.
- 40% of IMF-involved deaths also involved stimulants, and 56% of decedents had no pulse when first responders arrived.
- Injection drug use was reported in 25% of deaths, and non-injection routes of drug use in 27% of deaths.

O'Donnell et al, December 2021
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15

Fentanyl Detection in the Body

- **Highly Transitory**, making it very addictive
- **Long half-life**, fat soluble
 - Fentanyl molecule enters fat cells in the body – the fat cells then slowly release it over time as the concentration in the blood goes down
 - Fentanyl clearance in persons with OUD is considerably longer than the typical 2–4 day clearance of other short-acting opioids
- **Drugs metabolize differently** based on genetics, overall health, age, amount of body fat, amount used, medications, smoking status, etc.
- **Difficult to initiate patients on MOUD** due to long half-life

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16

Response Efforts to IMFs

- "If we really want to turn the corner, we have to get to a point where treatment for opioid addiction is easier to access than fentanyl, heroin or prescription opioids." McPhillips, D.
- Adapting overdose prevention and response efforts to address risk factors associated with IMFs and using innovative approaches to address the endemic nature of IMFs, various routes of IMF use, and frequent polysubstance use could slow increases in IMF-involved deaths.
- Recent federal funding now can be used to buy rapid fentanyl test strips.

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17

Discussion and Questions



- How does this update relate with your current work and CHAMP patients?

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18

References



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- <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

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19