

## Provider Team Meeting

Wednesday, February 11, 2009  
12:00 to 1:30

Present at the meeting: Yvette Marthaler (Rice County Social Services), Kathleen Meier (Northfield Hospital), David Oliver (Northfield Hospital), Susan Lohman (Northfield Hospital), Zach Pruitt (Northfield HCl), Chuck Johnson (University of MN), Anne Meyer Ruppel (Allina Clinic), Kathy Anderson (District One Hospital), Shelly Cole (Family Focus), Sue Fillipi (West Hills Lodge), Kathy Sandberg (Rice County Family Services Collaborative), Michelle Murphy (St. Joseph's Hospital), Jim Evans (retired family physician), Sandy Wetzel (Community member), Dorothee Ischler (Center for Human Resources).

Guest: Alison Pence, North Memorial Medical Center

### Introductions and updates:

#### North Memorial Hospital program (Alison):

Trauma centers have started addressing alcohol use because alcohol is the cause of about half of the traumas seen in the hospital. Their experience and research bear out the effectiveness of brief interventions. North Memorial is the first trauma center in the country to re-verify under the new rules requiring this intervention. This part of patient care is presented as a part of their routine medical care. NM gets a lot of trauma patients from this area. When a patient is admitted, they do a blood screening including BAC. They see a lot of youth who come in with pretty high BACs. Anyone with a BAC above .01 is referred for a brief screening intervention and this is flagged in their chart. Usually a day or two before discharge, every patient who had alcohol in their blood will receive a screening and possibly a brief intervention. We attempt to use the AUDIT with these patients and only have about a 10% refusal rate. A score of 0 to 7 is considered low risk drinking; a score from 8 to 18 is considered moderate and moderate drinkers are prime for brief interventions. The brief interventions are essentially discussions with the patients and, at times, their families. The discussion includes what their BAC was, the results of the AUDIT and a conversation about if and how patients might modify their drinking. For patients who need further care, we refer to other agencies. Everyone goes home with a brochure from NIAAA.

North Memorial has had 125 patients complete the process. Forty patients scored in the 0-7 category; 67 patients fell into the middle category; 19 patients exhibited signs alcoholism. Patients from this area are generally in their 30's; BAC's average about .21 after arrival at North Memorial. The process seems to be working well with young males. In addition to a copy of their AUDIT, patients also get a handout about standard drinks and the pyramid of alcohol problems. Patients seem to respond well to the pyramid. It has really worked well to have providers who have already been providing care doing the screening because patients already have a relationship with those providers. The staff at North Memorial has learned that patients often don't tell the truth. At this point, they are only working on alcohol and only with trauma patients. There has been some discussion that JCAHO is considering requiring this process of other hospitals.....beyond the ones with Level 1 and 2 Trauma Center designations.

The Drug Free Communities grant is working with the primary care providers to do screenings with their patients. They are exploring using the CRAFFT survey for adolescents. They also provide information in a pamphlet "Tips for Cutting Down on Drinking".

The blood draw panel includes drugs but they are only focusing on alcohol in the brief interventions and do not address drugs at this point. The BAC is kept in the medical record as is the use of the screening information. A copy of the AUDIT is not kept in the permanent medical record. The screening is really valuable in guiding the conversation and in determining the need for an assessment.

Blue Cross Blue Shield will reimburse primary care providers for doing alcohol screenings on their patients.

North Memorial used, as a guide, materials from the American College of Surgeons – Committee on Trauma COT Quick Guide, “Alcohol Screening and Brief Intervention (SBI) for Trauma Patients”

They have also used materials from the University of Wisconsin, Madison where a lot of research in this area has been done.

#### Provider Team Initiatives Updates

- Buprenorphine Update: The OAT clinic at Northfield Hospital has been very helpful to people dealing with opiate addiction because they are able to establish a solid recovery here in the community. It is important to make sure we have access in the emergency room as well. The clinic is using Suboxone. Michelle mentioned their services at Health East include both inpatient and outpatient services and with follow up in the clinic. There is a possibility that Michelle could see patients in Rice County at Northfield and/or District One; the respective hospital contacts will check (Kathy S. will provide contact information.)
- Youth 12 Step Program: This group continues to run but has changed locations to First UCC and is currently meeting weekly.
- Physician Education: Northfield Hospital recently received a Rural Flex grant that will help Northfield hospital with education for medical providers, students and community; a prescription take-back program; and other activities. One of the big components is physician education in the region. Dr. Reznikoff has agreed to do some training. There will also be training for EMS staff.
- Adolescent outpatient treatment: The group is still running on Monday and Wednesday afternoons.
- Grief Support group: New people are welcome to this group which meets the 3<sup>rd</sup> Monday of the month at 7:30 at 713 Division.
- Parent Support group: Continues to meet the first Tuesday of the month at 7:30 at Omada. This is an open meeting but not a 12 step meeting. New members are welcome. The needs and questions of those in attendance guide the discussion at each meeting.
- Sober housing: We are working on establishing a halfway house in Northfield. West Hills is working on an application for the licensing in Rice County including a statement of need, a host county contract and other details. There is a long delay at the state level. There has been a trend in the past three months of a significant decrease in the number of women seeking treatment. The needs assessment will be presented to the County Board in May. Following that, there will be a need to present information to the community and would appreciate the help and support of members.
- Resources to local schools/School interventions: Dr. Reznikoff is presenting to the staff at the Northfield High School on Monday, February 16<sup>th</sup>. The meeting will include the high school,

ARTech and the ALC. Shelly shared information about a young woman who talked to treatment groups at Family Focus. Shelly asked if she had thought about contacting schools about her message. She had tried both Faribault and Northfield and had been turned down.

Provider Team Year End Evaluations:

Results of the evaluation were share with members.

Next meeting: Wednesday, May 13