

## Bree Collaborative Implementation Survey Results | Medical Group Addiction and Dependence Treatment

This report summarizes adoption of the Bree Collaborative Addiction and Dependence Treatment Recommendations, completed by Washington State medical groups in 2016. We measured adoption of specific recommendations using 0-3 point scale, self-assessed by each medical group.

### **Results: 9 Medical Groups Responding**

0 -No action taken; 1 -Actively considering adoption; 2 -Some/similar adoption; 3 -Full adoption

	AVERAGE SCORE
All patients over age 13 are screened for alcohol and other drug misuse at the first visit and annually using a validated and scaled screening tool or pre-screen followed by a validated full screen	1.11
<b>Staff are educated on:</b>	
a) The prevalence of alcohol and other drug misuse	1.44
b) Current trends in alcohol and other drug misuse	1.44
c) The impact of alcohol and other drug misuse on health conditions	1.44
d) That substance use disorder is a chronic, relapsing-remitting disease on a continuum	1.33
e) The importance of screening for alcohol and other drug misuse	1.56
Health care providers are trained how to have non-judgmental, empathetic, culturally competent, and accepting conversations about alcohol and other drug misuse	1.56
Primary care providers and other appropriate staff are trained to provide brief intervention and if possible brief treatment	1.44
Patient results from alcohol and other drug misuse screens are tracked over time	1.00
Follow-up takes place with patients who have received brief intervention or brief treatment, as appropriate	1.44
Providers able to triage patients to appropriate level of care if not improving	1.50
Providers have access to qualified behavioral health providers	1.89
Providers are knowledgeable of appropriate chemical dependency treatment facilities	1.67
Adolescents with addictions are managed collaboratively with child and adolescent addiction specialists, if available	1.63
Coordinated, wrap-around care for pregnant women is provided with appropriate primary, addiction, obstetric, and pediatric providers, wherever possible	1.57
Staff are trained how to do a 42 CFR part 2 compliant release of information	1.33
Working relationships are established and maintained with chemical dependency treatment facilities to facilitate referrals and ensure appropriate communication	1.89
Patient referrals to a chemical dependency treatment facility are facilitated	1.78

Read the full report here: [www.breecollaborative.org/wp-content/uploads/ADT-Final-Report.pdf](http://www.breecollaborative.org/wp-content/uploads/ADT-Final-Report.pdf)

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Patients are contacted after they have been referred to chemical dependency treatment to address any barriers to accessing treatment	0.89
Verbal communication takes place with the chemical dependency treatment facility to follow-up on any referrals and assess whether treatment was initiated and/or completed	0.78
When provided with a patient's hospital discharge information, results are recorded of screening, brief intervention, brief treatment and/or referral to treatment and follow-up with the patient and the chemical dependency treatment facility to which the patient has been referred to assess whether treatment was initiated and/or completed	1.44
The patient's perspective is included as work is done to increase the capability of the chemical dependency system	0.78
Staff are educated about opioid use disorders	1.33
Staff are educated about medication-assisted treatment and appropriate counseling	1.22
Primary care providers have increase capacity to prescribe medication-assisted treatment for alcohol and other drug misuse as for other chronic conditions (e.g., increase Buprenorphine, Methadone, Naltrexone including extended-release injectable, treatment availability)	1.22
Inappropriate opioid prescribing has been decreased for non-cancer, non-terminal pain	1.67
Appropriate staff are trained to screen, engage, and facilitate both on-site opioid medication-assisted treatment and/or facilitate coordinated care with offsite specialized chemical dependency treatment	1.22
The Prescription Monitoring Program is utilized to evaluate a patient's controlled substance history for potential risks	1.89

**Scale**

We measured adoption of specific recommendations using 0-3 point scale, self-assessed by each medical groups.

0 - No action taken	<ul style="list-style-type: none"> <li>No leadership awareness of Bree Collaborative Topics</li> <li>No team formed</li> </ul>
1 - Actively considering adoption	<ul style="list-style-type: none"> <li>Bree topics, aims and components have been discussed</li> <li>Education, assessment, information gathering</li> <li>Changes planned but not tested</li> <li>Information gathering and baseline measurement begun</li> </ul>
2 - Some/similar adoption	<ul style="list-style-type: none"> <li>Initial test cycles completed for more than one element</li> <li>Quality metrics and data available demonstrating adoption/effectiveness</li> <li>Other similar (Bree-like) changes adopted for this topic</li> </ul>
3 - Full adoption	<ul style="list-style-type: none"> <li>Changes implemented in all areas</li> <li>All components integrated into care process (i.e. orders, etc.)</li> <li>Partial or complete closure of gap between baseline &amp; target outcomes</li> </ul>

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**Participating Medical Groups**

Confluence Health	Providence: Pacific Medical Centers
The Everett Clinic	Providence Medical Group: SE Region
Evergreen Health Partners	Providence: Swedish Medical Group
Group Health Cooperative	Vancouver Clinic
Northwest Physicians Network	Virginia Mason
Polyclinic	MultiCare