

Colorado AIM Substance Use Disorder Learning Collaborative
End of Year Report
2021

Thank you to the Colorado AIM: Substance Use Disorder Expert Faculty Group for the review of this document and their support of the Learning Collaborative.

Fourteen teams from Colorado and Montana participated in the first year of the Colorado AIM Substance Use Disorder Learning Collaborative. This community of practice will guide teams in implementation of best practices for universal screening, brief intervention, and referral to treatment (SBIRT) for substance use and mental health conditions among patients admitted for birth.

Participating teams will implement the Alliance for Innovation on Maternal Health's Obstetric Care for Birthing People with Substance Use Disorder patient safety bundle, with an emphasis on universal screening and maternal care. The high rate of co-occurrence of mental health, anxiety, and substance use disorders is well documented, and incorporating maternal mental health into this project is a natural fit to address the two leading causes of maternal death in Colorado.

There are seemingly infinite ways to address the challenges of maternal mental health and substance use disorders in prenatal care. Hospital and outpatient teams will be supported in addressing their unique needs. Key opportunity areas for improvement addressed through this collaborative include:

- Development and implementation of universal screening protocols using validated tools.
- Training staff and providers in reducing stigma and implicit bias.
- Outlining best practices for implementing patient-center, trauma-informed care.
- Connecting hospital teams with outpatient resources to ensure continuity of care after discharge.

Project Goals:

Project Goal 1: By December 31, 2021, 100% of CO AIM: SUD hospital teams will implement a universal, evidence-based, and patient-centered SBIRT protocol for addressing substance use and mental health for all patients admitted for birth.

Progress Towards Project Goal 1:

While the ambitious goal of 100% of hospitals was not met, we are pleased with the success of teams in what was another challenging year for healthcare workers. After our first year of implementation, we also now understand that 100% was not a realistic goal. We have since learned more about the challenges that hospitals encounter in creating and implementing universal screening protocols, including the need to continuously educate staff (during a time where travel nurses were common), change EMRs and workflows, and create new documentation processes. The biggest hurdle being the unit's challenges with capacity during the SARS-Cov-2 pandemic. However, we are proud of the work teams have done! At the end of the year, teams increased their screening rates by an average of 47.2% for SUD. 64% of teams had a validated screening tool in place for SUD.

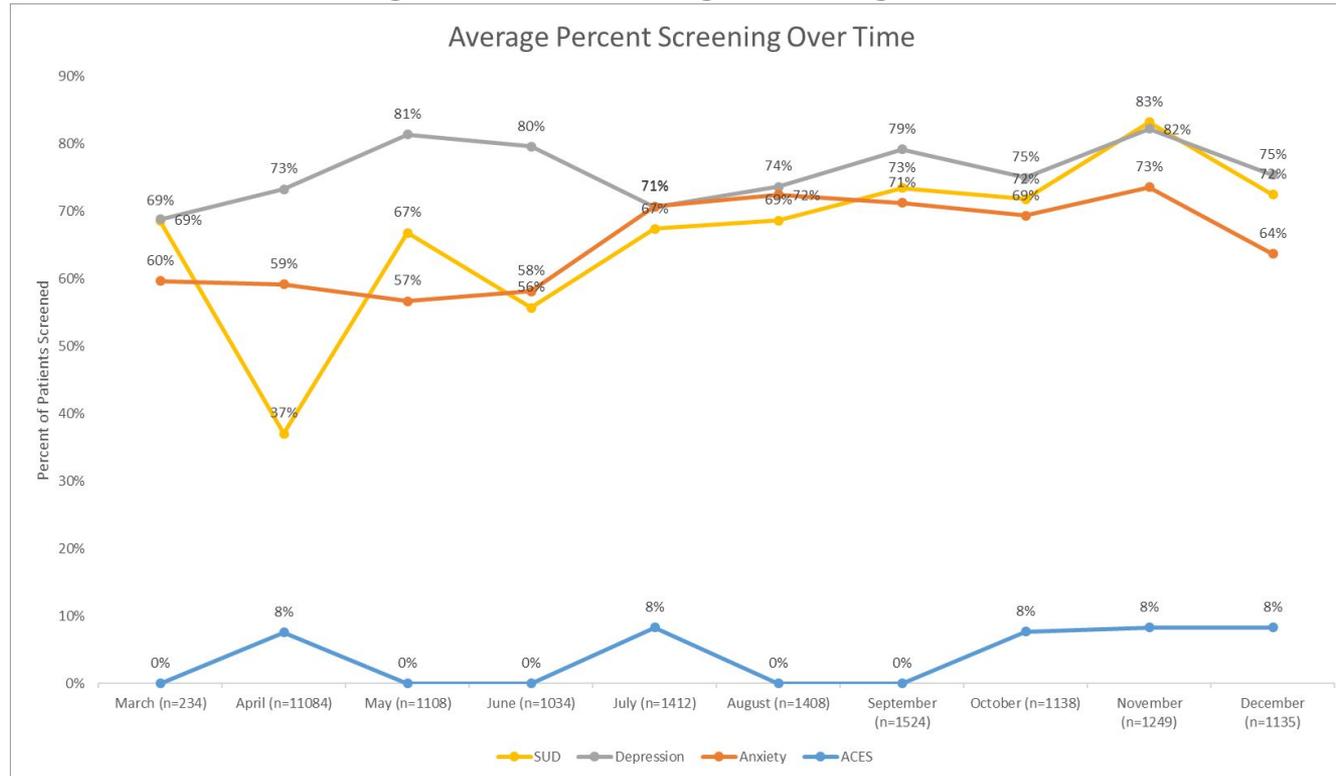
- **9/14 (64%) teams had a validated screening tool implemented for SUD.**
- **4/14 (29%) teams had a validated screening tool implemented for OUD.**
- **11/14 (79%) teams had a validated screening tool implemented for depression.**
- **9/14 (64%) teams had a validated screening tool implemented for anxiety.**
- **1/14 (7%) teams had a validated screening tool implemented for ACEs.**

Project Goal 2: By December 31, 2021, all CO AIM: SUD hospital teams will complete brief substance use, maternal depression, and maternal anxiety screens using a validated tool for 100% of patients admitted for birth.

Progress Towards Project Goal 2:

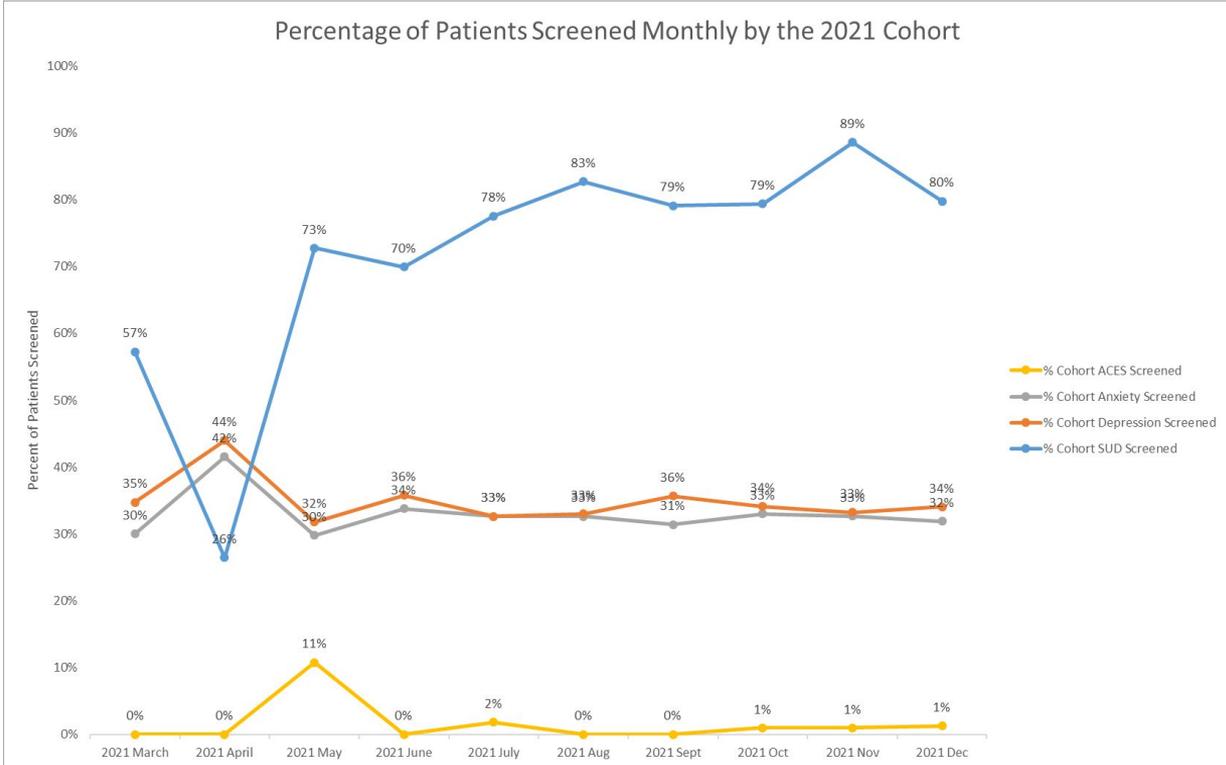
Again, after a year of implementation we realize that the goal of 100% of patients admitted for birth, across all screening domains, was not realistic. However, we are pleased with the progress teams have made!

Figure 1: Cohort Average Screening Rates



Note. Teams focused on implementation of validated screening tools for substance use disorder, anxiety and depression. ACEs was an optional screening that some teams began to implement at the end of 2021.

Figure 2: Overall Cohort Percentage Screenings



Note. Of the total number of patients screened in the cohort from March 2021 through December 2021, the above chart shows the actual percentage of patients screened for SUD, Depression, Anxiety, and ACES.

Validated Screenings Administered in 2021

Number of patients screened for Substance Use Disorder: 8,328 | 73.5% of admitted patients

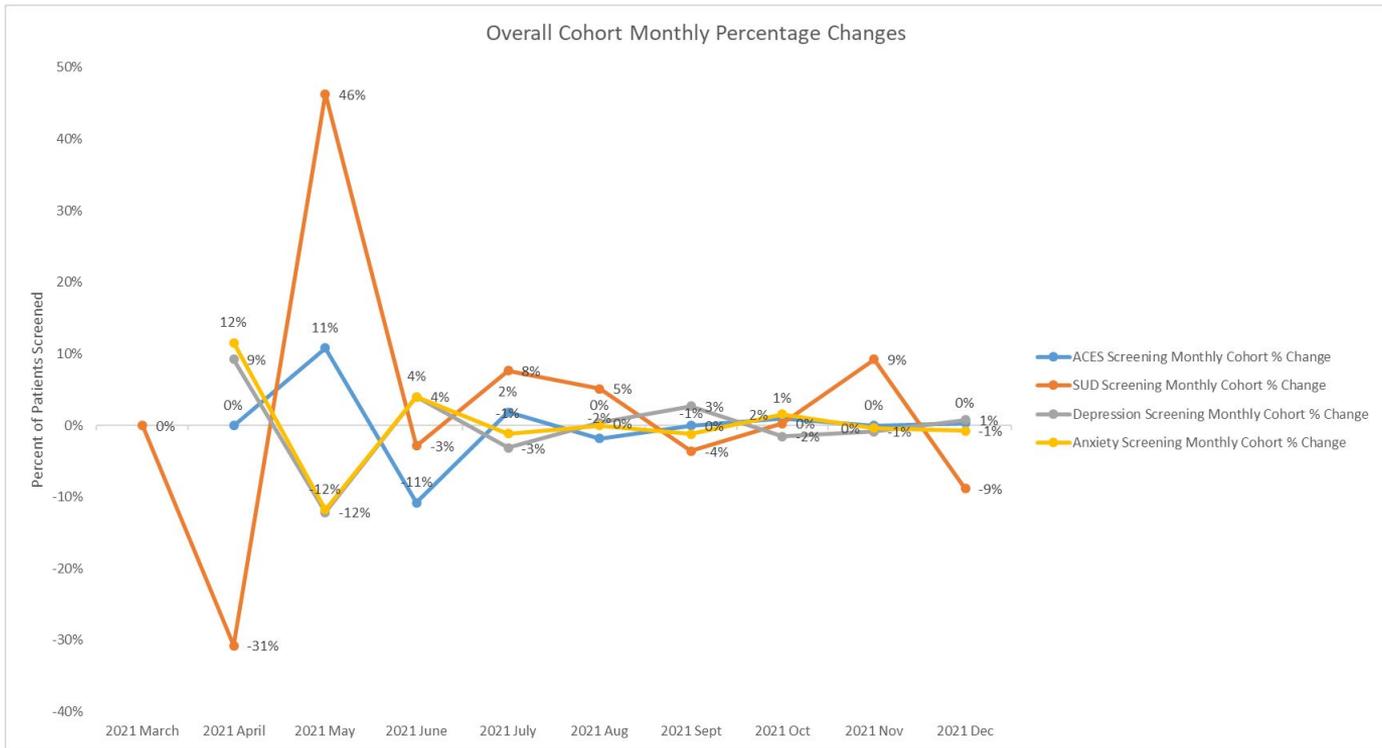
Number of patients screened for depression: 9,306 | 82.2% of admitted patients

Number of patients screened for anxiety: 8,854 | 78.2% of admitted patients

Number of patients screened for Adverse Childhood Experiences (ACEs): 473 | 4.2% of admitted patients

From baseline, teams increased screening rates on average 66.4% for SUD, 75.8% for depression, 65.4% for anxiety and 4.0% for ACEs. At baseline, teams had a higher screening rate for depression in comparison to SUD and anxiety, resulting in lower percent increases for those measures.

Figure 3: Overall Cohort Monthly Percentage Changes

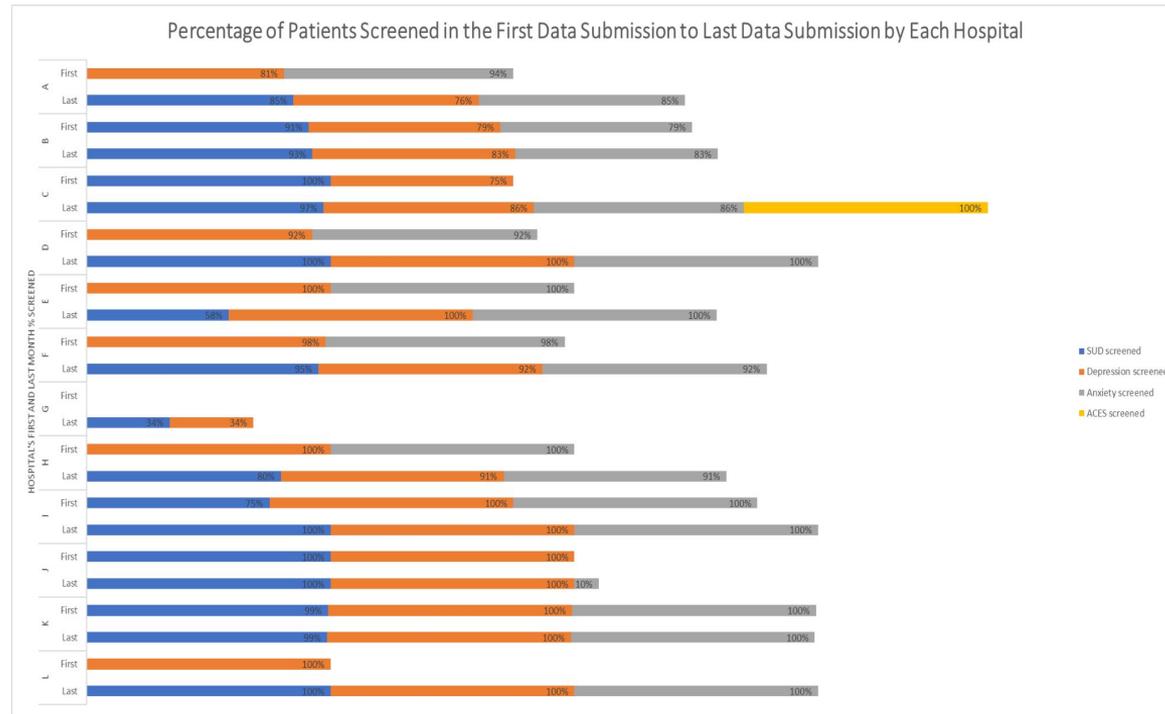


Note. The above chart shows the overall cohort month-to-month screening percentage changes from March 2021 through December 2021 for the percentage of patients screened for Anxiety, Depression, SUD, and ACES. Data collection began in March 2021; however, not all hospitals submitted data in March 2021. The reason that it appears as though the screening rates for SUD decreased by 31% between March and April 2021 is that the cohort submitted more complete data for April 21, which reflected a decrease in screening rates from March. We can think of April 2021 as closer to a "baseline" for the Collaborative.

Percentage Change from March 2021- December 2021

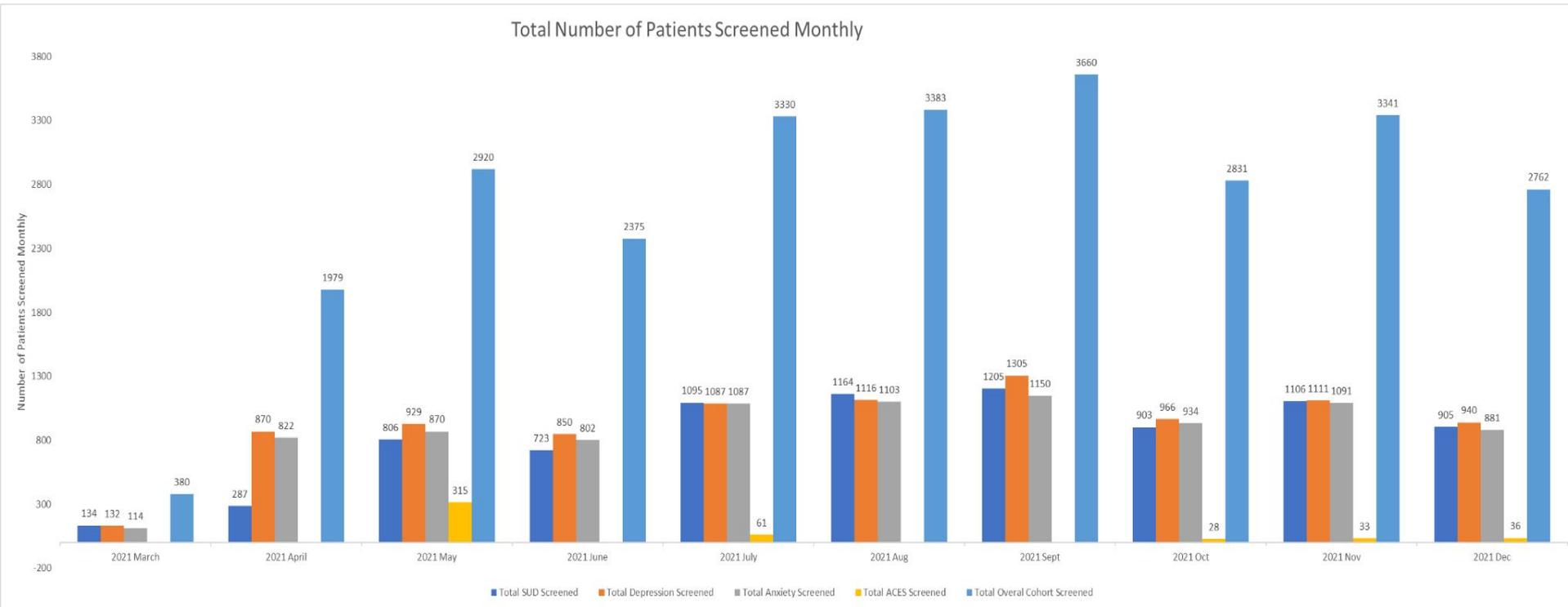
Month	SUD % change	Depression % change	Anxiety % change	ACES % change	Total Cohort % change
2021 March	--				
2021 April	-30.8%	9.2%	11.5%	0.0%	20%
2021 May	46.3%	-12.1%	-11.7%	10.8%	81%
2021 June	-2.8%	4.0%	4.0%	-10.8%	-34%
2021 July	7.6%	-3.1%	-1.1%	1.8%	6%
2021 Aug	5.1%	0.3%	0.0%	-1.8%	4%
2021 Sept	-3.6%	2.7%	-1.2%	0.0%	0%
2021 Oct	0.3%	-1.5%	1.6%	1.0%	9%
2021 Nov	9.2%	-0.9%	-0.3%	0.0%	19%
2021 Dec	-8.8%	0.8%	-0.8%	0.3%	-24%

Figure 4: Hospital Percentage Changes From First Data Submission to Last Data Submission



Note. The above chart shows each individual hospital's percentage of patients screened for SUD, Depression, Anxiety, and ACES; from the hospitals' first data submission to their last data submission.

Figure 5: Overall Cohort Total Patients Screened Over Time



Note. The above chart shows the total number of patients screened from March 2021 through December 2021 for SUD, Depression, Anxiety, and ACES. It also shows the overall number of patients screened in the cohort.

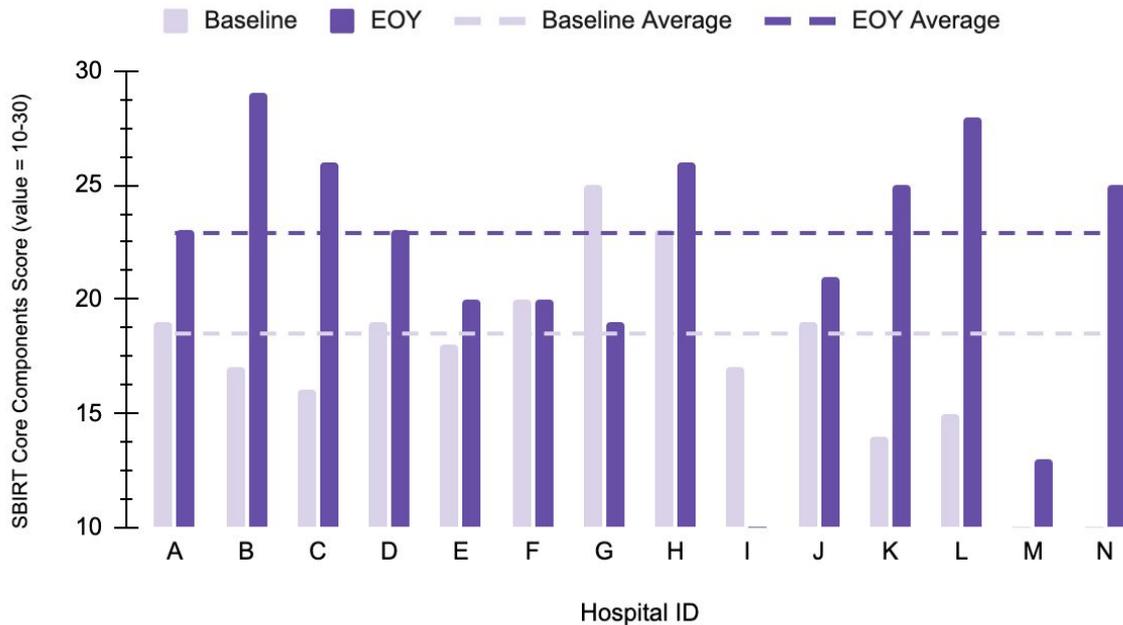
Project Goal 3: By December 31, 2021, the average SBIRT Core Components Readiness Assessment score for participating CO AIM: SUD hospital teams will increase by 29% relative to the pilot teams' baseline average (from 17 to 22).

Progress Towards Project Goal 3: *This goal was met!*

The SBIRT Core Components Readiness Assessment assesses organizations on their implementation of SBIRT. The scores range from 10-30 on ten topics. The goal for the Learning Collaborative in 2021 was an average increase of 29% from baseline. The end of year SBIRT scores showed an average increase of 33%.

Figure 6: 2021 SBIRT Core Components Survey Results

SBIRT Core Components Readiness Assessment 2021



Note. Some teams' scores decreased from baseline. CPCQC hypothesizes this discrepancy is due to an increase in knowledge of competencies of effective implementation of SBIRT from baseline to end of year data collection.

Other Protocols:

- 6/14 (43%) teams had completed a Local Treatment Resources Document to map local community resources for pregnant and postpartum people with SUD.
- 6/14 (43%) teams implemented a guideline/protocol for post-delivery and discharge pain management prescribing practices for routine vaginal and cesarean births focusing on limiting opioid prescription.
- 3/14 (21%) teams implemented procedures to distribute Naloxone in their labor and delivery units.

Sustainability

In 2021, we had 4 teams reach sustainability with SUD, depression and anxiety. One team reached sustainability with ACEs screening. CPCQC defines sustainability as consistently screening at 90% for three consecutive data collection cycles.

Next Steps:

In 2022, the Colorado AIM: Substance Use Disorder Learning Collaborative is planning to recruit more teams, improve the cadence of the Learning Collaborative to better meet needs of hospital teams to improve participation, and continue to improve screening rates across Colorado and Montana.