Mobile Integrated Healthcare
SUBSTANCE USE DISORDER (SUD)

POLICY
This policy outlines the minimal procedures during a Mobile Integrated Health (MIH) encounter for a patient with Substance Use Disorder (SUD).

PURPOSE
Provide baseline guidance for the MIH provider on management of patients with Substance Use Disorder.

BASIC MEDICAL CARE
Reference and apply all applicable OEM standards of care. Identify, treat, and attempt to stabilize any patient who is identified as acutely ill. Activate the municipal transport service if indicated. The most relevant standards of care are as follows:

- Universal Care
- Poisoning Care Universal
- Opioid Withdrawal MIH
- Medication List

SOCIAL DETERMINENTS OF HEALTH (SDOH)
Reference and apply all applicable patient assessment screens in addition to OEM MIH Standards of Care. An emphasis should be placed on the following SDOH:

- Access to healthcare
- Understanding condition and care plan
- Use or exposure to tobacco or other substances

STANDARD OF CARE
1. Apply General MIH Operational Guidelines.
2. Review history and conduct an appropriate physical examination with specific consideration of the following:
    a. Mental health symptoms, confusion, forgetting events or time periods, fatigue, fever, chest pain, shortness of breath, body pain, vomiting, or poor appetite
    b. Signs of trauma, mental health symptoms, track marks, signs of infection, or impairment
3. An MIH visit is ideally conducted within the first 48 hours of an EMS/911 identified substance misuse with earlier evaluation being preferred if operationally feasible.
4. An MIH visit with the assistance of a SUD specialist, mental health partner, social worker, or peer support personnel is ideal if operationally feasible.
5. Discuss with patient the pathophysiology of SUD and the risks of SUD particular to their substance(s) currently. being used, current barriers to receiving treatment, and desired next steps utilizing motivational interview with core concepts listed in the supplemental documents below.
6. Review medical provider orders including medication administration and adherence.
7. Provide patient with the following if clinically indicated and operationally feasible:
    a. Education on harm reduction materials and stigma reduction
    b. A harm reduction kit
    c. Connection to support/sobriety groups

d. Connection with Medication-Assisted Treatment facilities
e. Access to prehospital Buprenorphine induction
f. Access to detox facilities, us of an emergency department, or outpatient facility

8. Note and record patient's concerns about current treatment, medications, barriers to care.
9. Provide corrective action for the patient if indicated.

REFERRALS

- Milwaukee County Resources: OEM MIH Resource Contact List
- Department Specific Resources: Department Specific Operational Guidelines

EMS AGENCY ADDITIONAL POLICIES

Individual EMS Agencies within Milwaukee County are afforded the flexibility to add additional aspects to each MIH guideline. These additional aspects shall be approved by the OEM Medical Direction Team.

SUPPORTING DOCUMENTS

Examples of Motivational Interview core concept on following pages

Motivational Interviewing: The Basics, OARS

Motivational Interviewing is an "empathic, person-centered counseling approach that prepares people for change by helping them resolve ambivalence, enhance intrinsic motivation, and build confidence to change" (Kraybill & Morrison, 2007).

Open questions, affirmations, reflective listening, and summary reflections (OARS) are the basic interaction techniques and skills that are used "early and often" in the motivational interviewing approach.

OARS: Open Questions

Open questions invite others to "tell their story" in their own words without leading them in a specific direction. Open questions should be used often in conversation, but not exclusively. Of course, when asking open questions, you must be willing to listen to the person's response. Open questions are the opposite of closed questions. Closed questions typically elicit a limited response such as "yes" or "no." The following examples contrast open vs. closed questions. Note how the topic is the same, but the responses will be very different:

- Did you have a good relationship with your parents?
- What can you tell me about your relationship with your parents?

More examples of open questions:

- How can I help you with ___?
- Help me understand ___?
- How would you like things to be different?
- What are the good things about ___ and what are the less good things about it?
- When would you be most likely to___?
- What do you think you will lose if you give up ___?
- What have you tried before to make a change?
- What do you want to do next?
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OARS: Affirmations

Affirmations are statements and gestures that recognize client strengths and acknowledge behaviors that lead in the direction of positive change, no matter how large or small. Affirmations build confidence in one's ability to change. To be effective, affirmations must be genuine and congruent

Examples of affirming responses:

- I appreciate that you are willing to meet with me today.
- You are clearly a very resourceful person.
- You handled yourself really well in that situation.
- That's a good suggestion.
- If I were in your shoes, I don't know if I could have managed nearly so well.
- I've enjoyed talking with you today.

OARS: Reflective Listening

Reflective listening is a primary skill in outreach. It is the pathway for engaging others in relationships, building trust, and fostering motivation to change. Reflective listening appears easy, but it takes hard work and skill to do well. Sometimes the "skills" we use in working with clients do not exemplify reflective listening, but instead serve as roadblocks to effective communication. Examples are misinterpreting what is said or assuming what a person needs. It is vital to learn to *think* reflectively. This is a way of thinking that accompanies good reflective listening. It includes interest in what the person has to say and respect for the person's inner wisdom. Listening breakdowns occur in any of three places:

- Speaker does not say what is meant
- Listener does not hear correctly
- Listener gives a different interpretation to what the words mean

Reflective listening is meant to close the loop in communication to ensure breakdowns don't occur. The listener's voice turns down at the end of a reflective listening statement. This may feel presumptuous, yet it leads to clarification and greater exploration, whereas questions tend to interrupt the client's flow. Some people find it helpful to use some standard phrases:

- So you feel…
- It sounds like you…
- You're wondering if…

There are three basic levels of reflective listening that may deepen or increase the intimacy and thereby change the affective tone of an interaction. In general, the depth should match the situation. Examples of the three levels include:

- **Repeating or rephrasing**: Listener repeats or substitutes synonyms or phrases, and stays close to what the speaker has said
- **Paraphrasing**: Listener makes a restatement in which the speaker's meaning is inferred
- **Reflection of feeling**: Listener emphasizes emotional aspects of communication through feeling statements. This is the deepest form of listening.

Varying the levels of reflection is effective in listening. Also, at times there are benefits to overstating or understating a reflection. An overstated reflection may cause a person to back away from their position or belief. An understated reflection may help a person to explore a deeper commitment to the position or belief.

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OARS: Summaries

Summaries are special applications of reflective listening. They can be used throughout a conversation but are particularly helpful at transition points, i.e., after the person has spoken about a particular topic, has recounted a personal experience, or when the encounter is nearing an end.

Summarizing helps to ensure that there is clear communication between the speaker and listener. Also, it can provide a stepping stone towards change.

Structure of Summaries

1) Begin with a statement indicating you are making a summary. For example:

- Let me see if I understand so far…
- Here is what I've heard. Tell me if I've missed anything.

2) Give special attention to **Change Statements**. These are statements made by the client that point towards a willingness to change. Miller and Rollnick (2002) have identified four types of change statements, all of which overlap significantly:

- **Problem recognition**: "My use has gotten a little out of hand at times."
- **Concern**: "If I don't stop, something bad is going to happen."
- **Intent to change**: "I'm going to do something, I'm just not sure what it is yet."
- **Optimism**: "I know I can get a handle on this problem."

3) If the person expresses ambivalence, it is useful to include both sides in the summary statement. For example: "On the one hand…, on the other hand…"

4) It can be useful to include objective information in summary statements from other sources (e.g., your own clinical knowledge, research, courts, or family).

5) Be concise.

6) End with an invitation. For example:

- Did I miss anything?
- If that's accurate, what other points are there to consider?
- Is there anything you want to add or correct?