

# Quality Report Card

Licking Memorial Health Systems



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BEHAVIORAL HEALTH CARE

## Reducing Stigma of Substance Use Disorder

A substance use disorder (SUD) is a biological and biochemical disease in which the reward circuitry in the brain is impaired. Chemicals such as alcohol and drugs damage the brain's ability to control the reward mechanism. SUD is a combination of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite harmful consequences. SUDs can range in severity from mild to severe and can affect people of any race, gender, income level, and social class.

One in seven individuals in the United States reports experiencing an SUD, and there are many driving factors that can lead to addiction. Some may use drugs or alcohol to help cope with stress, trauma, or to help with mental health issues. Others may develop an opioid use disorder after misusing opioids prescribed by their physician. In 2021, the National Survey on Drug Use and Health reported that 46.3 million Americans, age 12 and older, had an SUD.

Stigma is a major barrier that many people have in overcoming the challenges of addiction and SUD. It is rooted in the belief that addiction is a personal choice and often viewed as a result of moral weakness and flawed character among the general public and in the healthcare industry. Research shows that stigma has an adverse effect on people who seek

treatment for SUD and leads to negative health outcomes.

Nearly 90 percent of individuals with SUDs do not receive treatment. Many feel that they do not need treatment, and others may avoid seeking help because they are afraid of judgement from their workplace, family, or friends. They may also fear legal ramifications. Stigma-related bias among healthcare workers can contribute to a negative mindset about giving proven methods of treatment, such as medications that relieve withdrawal symptoms. As a result, people with SUDs will internalize the stigma, leading to low self-esteem and feelings of shame or hopelessness. This can cause a person to return to using drugs and increase the risk of overdose and death.

One way that people can help to reduce stigma and improve how people with SUDs are treated in society and healthcare settings is to use appropriate language to describe drug use and addiction. Research shows that using language that focuses on the person and not their condition is essential in helping to reduce stigma about SUDs. Instead of using negative connotations such as substance abuser, drug abuser, or junkie to describe an individual, referring to them as a person with an SUD helps to lessen the stigma.

Treatment for SUD involves the process of assisting an individual from actively

using substances to enrolling in a recovery program. Interventions such as cognitive behavioral therapy, medication, and digital therapeutics, are safe and effective strategies for treating SUD.

Licking Memorial Behavioral Health and Addiction Services offers treatment programs through Shepherd Hill, a nationally accredited treatment facility. Treatment team members help patients to recover in a dignified manner using four primary treatment goals, including education, self-diagnosis, self-responsibility, and self-treatment. Patients learn about their disease, understand how safe and unsafe behaviors affect their substance use, and are taught how to change behavioral and environmental factors to remain abstinent.

In addition, Shepherd Hill offers education sessions for families and the general public to increase their knowledge and understanding of the chronic, progressive nature of SUDs. The Ask a Doc sessions are held on the fourth Saturday of each month, beginning at 10:00 a.m., in the Shepherd Hill Auditorium. Attendees may ask questions of a physician knowledgeable in the field of SUDs. The sessions are free and open to the community. Registration is not required. Individuals seeking treatment or additional information about SUDs can call (220) 564-4877.

# Patient Story – Mike\*

Growing up in Central Ohio, Mike was focused on school work and sports. At the age of 17, Mike sustained a back injury while playing football. He spent months in a brace and participated in physical therapy to regain his strength. At the time, he was not offered an opioid-based pain medication. Mike knew little about substance use. He felt as though he were living in a protective bubble with few temptations and little opportunity to participate in such risky behaviors.

Attending college offered more freedom and enticements which led Mike to begin experimenting with drinking and recreational drug use. He felt using substances was a form of entertainment and not harmful to his overall goals. He did not believe that he suffered from a substance use disorder. However, in his senior year of college, Mike again injured his back and was able to obtain a prescription for pain medicine. He soon became addicted to the opioid.

“Pill mills were rampant back then making opioids readily available. It did not take much to find a physician willing to prescribe pain medication. It seemed like everyone had a prescription,” Mike shared. “After I was able to receive a script, I was off and running.”

Mike graduated college and was preparing to begin his career in the fall. While living at home, he was spending a good deal of money on pain medication and alcohol. When asked by his parents about his spending and activities, Mike was able to maneuver around the subject and avoid answering their questions. He tried several times over a four to five month period to stop using opioids, but the withdrawal symptoms and illness caused him too much discomfort, and he would take the pills to end his suffering.

As his father became more suspicious about Mike’s change in character and spending habits, he decided to search his room while he was out. His parents discovered a stash of pills. The couple

decided an intervention was necessary and when Mike returned home, they confronted him. “My dad made it clear that I had to stop using drugs or I would not be joining him in the family business. I would have to find work elsewhere,” Mike said. “My mom insisted that I call my family physician as soon as possible and find an appropriate rehabilitation program.”

After discussing his addiction with his primary care provider, which happened to be the pediatrician he had visited since his childhood, the physician recommended he seek inpatient treatment at Shepherd Hill. “My physician said Shepherd Hill had the best addiction services available, and that he had personally known people who found success in overcoming their own addictions through the programs offered.”

Mike spent 94 days at Shepherd Hill undergoing intensive therapy including detoxification. During the first few weeks of the program, Mike felt he did not belong in a rehabilitation facility. He envisioned his counselors and nurses as parole officers, keeping him imprisoned for minor offenses. However, as he began to realize the damage and hazards of substance use, Mike accepted the assistance offered and understood that the staff at Shepherd Hill were allies, not jailers.

“I still keep in touch with the nurses and counselors including Eric Hockenberry, B.S.N., R.N., and Michelle Gilbert, B.S.N., R.N. They were a godsend to me, and assisted in building a foundation of coping skills to replace my dependence on opioids and other substances,” Mike remembered. “Richard N. Whitney, M.D., played a very large part in my recovery as well. He evaluated me often and knew I was not ready to leave the facility after just 30 days.” Dr. Whitney served as the Medical Director of Addiction Services for 17 years before retiring in 2018.

While participating in the program, Mike witnessed several people smoking outside, and felt compelled to join them. He had never smoked before, but thought maybe the nicotine would assist in alleviating some of his discomfort. One of his counselors saw Mike smoking and immediately approached him. She explained to him that the program was meant to assist in eliminating the need for all addictive substances including nicotine and caffeine and strongly suggested that he work toward following the program as closely as possible.

“Dr. Whitney was right to insist that I stay at Shepherd Hill,” Mike said. “At first, I felt as though I did not belong in the facility, and I was not fully prepared to follow the program. I was actually very upset when the staff member crushed out the cigarette I had been smoking and told me it was not good for me. It took time for my brain to heal, to accept the assistance, and start building the coping mechanisms that I needed to battle the addiction.”

Since September 1, 2012, Mike has been drug- and alcohol-free. He now serves as a sponsor to others participating in rehabilitation programs at Shepherd Hill. As part of his aftercare, Mike visited Shepherd Hill often to continue his counseling and recovery. Even after 10 years, he still visits the facility at least once a quarter. Listening to others share their struggles assists Mike to stay focused on his own goals and not to take his recovery for granted.

Mike highly recommends the programs at Shepherd Hill and appreciates the staff including the medical director, W. Andrew Highberger, M.D. He is grateful that his parents intervened and insisted that he receive assistance in controlling his substance use disorder. Mike has found much success working for the family business, and enjoys mentoring others through their own recovery journey.

*\*Mike is not the patient’s real name.*

# Behavioral Health Care – How do we compare?

At Licking Memorial Health Systems (LMHS), we take pride in the care we provide. To monitor the quality of that care, we track specific quality measures and compare to benchmark measures. Then, we publish the information so you can draw your own conclusions regarding your healthcare choices.

- Behavioral health is a broad term that refers to psychiatric illnesses and/or substance use disorders. Inpatient hospitalization for either condition is often necessary for effective intervention. LMH provides a wide range of services for people with behavioral health illnesses at its Shepherd Hill facility. One goal is to transition patients into outpatient settings where they can continue treatment, decreasing the need for readmission.

	LMH 2020	LMH 2021	LMH 2022	National <sup>(1)</sup>
Behavioral Health patients readmitted within 7 days	0.7%	0.9%	1.3%	1.6%

- Outcome studies are conducted to monitor and measure the treatment success of addictive disease. Our data shows how patients are doing up to two years after completing the program. Information regarding abstinence one year after completing the program is self-reported by patients.

	LMH 2020	LMH 2021	LMH 2022	Goal
Patients remaining abstinent	96%	97%	90%	greater than 85%
Improvement in quality of relationships	99%	100%	99%	greater than 85%
Improvement in overall physical and mental health	100%	92%	100%	greater than 85%
Improvement in overall quality of life	97%	100%	100%	greater than 85%

- Withdrawal management, the safe and medically supervised elimination of addictive substances from the body, is the most intensive care offered for patients with addictive disease. Acute withdrawal symptoms are managed by the use of appropriate medications specific for each patient's situation. The length of stay for detoxification depends upon the drug of choice and the severity of the withdrawal.

	LMH 2020	LMH 2021	LMH 2022	Goal
Average length of stay – alcohol treatment	2.6 days	2.4 days	2.9 days	less than 3 days
Average length of stay – opiate treatment	1.4 days	N/A*	2.5	less than 4 days
Average length of stay – tranquilizer (benzodiazepines) treatment	2.2 days	1.0 days	4.0 days**	less than 5 days

\*In 2021, an accurate representation of the length of stay for opiate treatment could not be obtained due to fewer patients visiting Licking Memorial Behavioral Health.  
\*\*Shepherd Hill has implemented a new treatment protocol for benzodiazepine addiction that requires a longer stay at the facility.

- Education is considered an essential component of providing complete behavioral health care. A thorough understanding of the diagnosis, the purpose of medications, side effects to medications and the expected response to treatment leads to decreased relapse and readmission rates and increased long-term compliance with medication on an outpatient basis.

	LMH 2020	LMH 2021	LMH 2022	Goal
Medication education provided for patients and/or family	100%	100%	100%	greater than 97%

- In mental health, aftercare programs are recommended for patients who have completed intense treatment programs as well as hospitalization. At Shepherd Hill, follow-up appointments are required in order to continue monitoring patients for continued symptoms and medication effectiveness.

	LMH 2020	LMH 2021	LMH 2022	Goal
Aftercare appointment scheduled within 2 weeks of treatment	99.3%	100%	99.6%	100%

Behavioral Health Care – How do we compare? (continued on back)



Check out our Quality Report Cards online at [LMHealth.org](http://LMHealth.org).

**6.** Family participation is an important component in patients’ recovery. For continuity of care, a licensed professional clinical counselor or social worker will initiate contact with family members of Shepherd Hill psychiatric inpatients and encourage them to participate in a family meeting completed during the period of inpatient treatment.

	LMH 2020	LMH 2021	LMH 2022	Goal
Social work/family meeting during patient stay	97%	97%	86%	greater than 95%

**7.** Valproic acid and lithium are two common medications used to treat multiple behavioral health diagnoses. These medications can facilitate control of symptoms and assist in recovery, but both have potentially dangerous side effects. Licking Memorial Behavioral Health professionals monitor their patients’ blood at specified intervals to ensure therapeutic levels of the medications and to observe for toxicity or other negative effects on vital organs.

	LMHP 2020	LMHP 2021	LMHP 2022	Goal
Appropriate testing complete for patients taking lithium (such as Lithobid)	75%*	85%*	80%*	greater than 90%
Appropriate testing complete for patients taking valproic acid (such as Depakote)	88%*	89%*	92%	greater than 90%

*\*Due to telehealth visits and concerns about COVID-19, fewer patients visited Licking Memorial Behavioral Health to have blood testing.*

**Data Footnotes:**

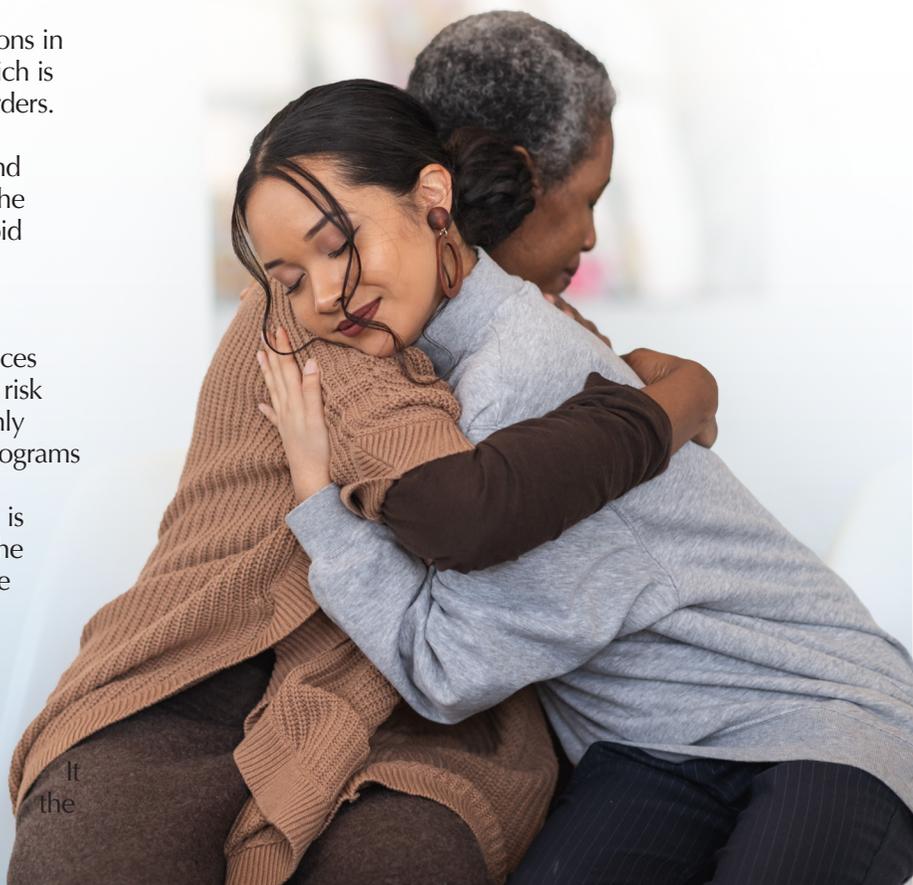
(1) Comparative data from the Midas Comparative Database.

# Medication-assisted Treatment

Medication-assisted treatment (MAT) is the use of medications in combination with counseling and behavioral therapies, which is effective in the treatment of opioid and substance use disorders. The medications used are approved by the Food and Drug Administration and help to relieve withdrawal symptoms and psychological cravings that cause chemical imbalances in the body. Medications are also used to prevent or reduce opioid overdose.

Drugs commonly used in MAT include the following:

- Methadone is used to treat opioid use disorder. It reduces withdrawal symptoms and cravings, and decreases the risk of overdose and return to opioid use. Methadone is only dispensed from federally approved opioid treatment programs and is not available at Shepherd Hill.
- Buprenorphine, also known as Suboxone and Zubsolv, is an opioid that partially blocks and partially stimulates the receptors in the brain that are involved in substance use disorders. This results in a reduction in cravings and compulsions to use an opioid.
- Naltrexone is used to treat both alcohol and opioid use disorders. Available as a daily pill or a monthly injection, it blocks opioid receptors in the brain responsible for euphoria, reduces cravings for both substances and decreases risk of opioid overdose.



Please take a few minutes to read this month’s report on **Behavioral Health Care**. You will soon discover why Licking Memorial Health Systems is measurably different ... for your health!

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