Overdose Prevention and Intervention Task Force

August 9, 2017

CO-CHAIRS:

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48-hour Overdose Reporting System Data, 2nd Quarter 2017

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August 9, 2017

Overview

- Under regulation **R23-1-OPIOID**, the Rhode Island Department of Health requires every health professional and hospital in Rhode Island to report all opioid overdoses or suspected overdoses within 48 hours.
- Online Data collection began October 2015
  - Previous paper reports back-entered
- Reporting completeness, accuracy, and timeliness varies by hospital

48-hour Overdose Reports by Week

Quarter 1 2017 (January 1-March 31): 333 overdoses were reported.
Quarter 2 2017 (April 1-June 30): 424 overdoses were reported.

48-hour Overdose Reports By Week, 2017

Week	Reports
1/1-1/7	32
1/8-1/14	24
1/15-1/21	24
1/22-1/28	30
1/29-2/4	30
2/5-2-11	25
2/12-2/18	23
2/19-2/25	31
2/25-3/4	34
3/5-3/11	19
3/12-3/18	18
3/19-3/25	18
3/26-4/1	29
4/2-4/8	46
4/9-4/15	44
4/16-4/22	25
4/23-4/29	26
4/30-5/6	31
5/7-5/13	32
5/14-5/20	29
5/21-5/27	15
5/28-6/3	37
6/4-6/10	26
6/11-6/17	31
6/18-6/24	39
6/25-7/1	45
7/2-7/8	35
7/9-7/15	35
7/16-7/22	28
7/23-7/29	25

Data Source: 48-hour Overdose Reporting System, Rhode Island Department of Health

Demographics: Gender

Overdose by Gender, Quarters 1 and 2 2017

Gender	Percent
Female	32%
Male	68%

Data Source: 48-hour Overdose Reporting System, Rhode Island Department of Health

Demographics: Overdose by Age

40%
35%
30%
25%
20%
15%
10%
5%
0%

	24 and under	25-34	35-44	45-54	55+
Quarter 1	14%	38%	22%	15%	11%
Quarter 2	18%	37%	18%	13%	12%

Data Source: 48-hour Overdose Reporting System, Rhode Island Department of Health

Naloxone at Discharge

Quarter 1:. 234 of the 333 OD reports were discharged.
Quarter 2: 262 of the 424 OD reports were discharged.

Data Source: 48-hour Overdose Reporting System, Rhode Island Department of Health

On-site Counseling

	Quarter 1	Quarter 2
No, onsite counseling was not offered	8%	8%
The patient refused	45%	45%
Unknown	10%	10%
Yes, patient received on-site counseling	37%	37%

Data Source: 48-hour Overdose Reporting System, Rhode Island Department of Health

48-hour Overdose Reporting

- Quarter 1: 43% of reports met the 48-hour requirement
- Quarter 2: 89% of reports met the 48-hour requirement

- Quarter 1: 71% of reports were made within 7 days
- Quarter 2: 99% of reports were made within 7 days

48-hour Overdose Reporting by Hospital

Hospital	Total Number of Reports Quarter 1	Percent of Reports within 48 Hours of Overdose Quarter 1	Total Number of Reports Quarter 2	Percent of Reports within 48 Hours of Overdose Quarter 2
Butler	0	-	<5	100%
Hasbro	Less than 5	0%	0	-
Kent	73	77%	107	87%
Landmark	17	100%	36	100%
Memorial	27	52%	37	62%
Newport	11	0%	12	100%
Our Lady of Fatima	15	100%	19	100%
Rhode Island Hospital	127	7%	114	91%
Roger Williams	17	100%	23	96%
South County	7	57%	10	100%
Miriam	17	5%	34	94%
Westerly	19	47%	31	84%
Women and Infants	Less than 5	100%	0	-

Data Source: 48-hour Overdose Reporting System, Rhode Island Department of Health

Health Equity Zone:

Local Plan to Impact Rhode Island's Opioid Overdose Epidemic

August 9, 2017

Presented by:

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Community Strategy Overdose Prevention and Recovery Local Implementation of Governor's Task Force on Overdose Prevention Action Plan

Prevention

Co-prescribe Naloxone Barriers:
- Highest risk patients do not fill Naloxone scripts
- Naloxone POC

Rescue

- Police Pilot – Naloxone initiative, behavioral health navigator
- Community Naloxone Strategy
- MOON Study

Recovery

- Anchor Recovery
- Educate Community

Treatment

- SBIRT
- MAT expansion
- PharmD pilot
- Develop Nurse-led model

Priority Area: Overdose Prevention & Recovery
Overarching Goal: Save Lives

Indicator	Strategies /Supporting Activities	Target
Number of overdose deaths	Health Equity Zone Collective Impact Data Source: RIDH Medical Examiner	Reduce by 25% by 3/31/2019

Partnerships for Collective Impact: Shared Workplan, Goals, and Measurement

- Anchor/The Providence Center
- West Warwick Police Department
- Thundermist Health Center
- Kent Hospital Emergency Department
- Community Ambassadors
- Town of West Warwick
- PONI
- Probation and Parole

Rescue Goal: Naloxone as Standard of Care

Lead Partners: West Warwick Police, The Providence Center

Indicator	Strategies/Supporting Activities	Target
Number of Naloxone kits distributed	Training in Naloxone Rescue Data Source: PONI, ANCHOR, Thundermist	500 trained by 3/31/19 Minimum 30 kits distributed per 10,000 annually
	Point of Care Naloxone Distribution	TBD
Number of ED visits for overdose	Health Equity Zone Collective Impact Data Source: Kent Hospital; TPC Anchor ED (# home address WW)	TBD
First responder PD/EMS use of Naloxone (Number times/year)	WWPD/TPC Diversion Partnership WWPD Naloxone Program EMS Data Source: WW Police Department	100% of first responders trained

Local Plan to Impact Rhode Island's Opioid Overdose Epidemic

Rescue: Police Ride Along Behavioral Health Navigator

Data Points:

December 2016 – February 2019

Training
Number of law enforcement officers trained

Ride Alongs
Number of behavioral health navigator ride alongs

Location
Number of calls for SUD issues, percentage of more than once to same address/location

Substance Use Disorder
Percentage of individuals who received outreach for substance use disorder issues

Outreach
Number of individuals who received outreach

Events
Number of clinician "patrol" or outreach events conducted with the officers

Encounters
Types of encounters

Treatment
Of individuals outreached, number who self-report connecting with treatment or recovery support services

Self-Initiated
Number of encounters with "self-initiated" contact

The Providence CENTER
Healthy minds for healthy lives

Recovery

Lead Partner: Anchor Recovery Center

# Engaged # Diverted	Strategies /Supporting Activities	Target
# of people connected to recovery # of coaches trained and employed	Recovery Coach Academy at HEZ Recovery Leader/Advocate training Weekly All Recovery meeting and other volunteer led weekly groups (e.g., Alateen, Naranon, etc.) at West Warwick HEZ location Weekly wellness/physical activity sessions or special events designed and implemented by and/or for people in recovery Data Source: TPC/Anchor	200 individuals served by 3/31/19 12 Recovery Coaches Trained 6 placed in employment

Treatment Goal: Everyone Who Needs it Has Access
Lead Partner: Thundermist Health Center

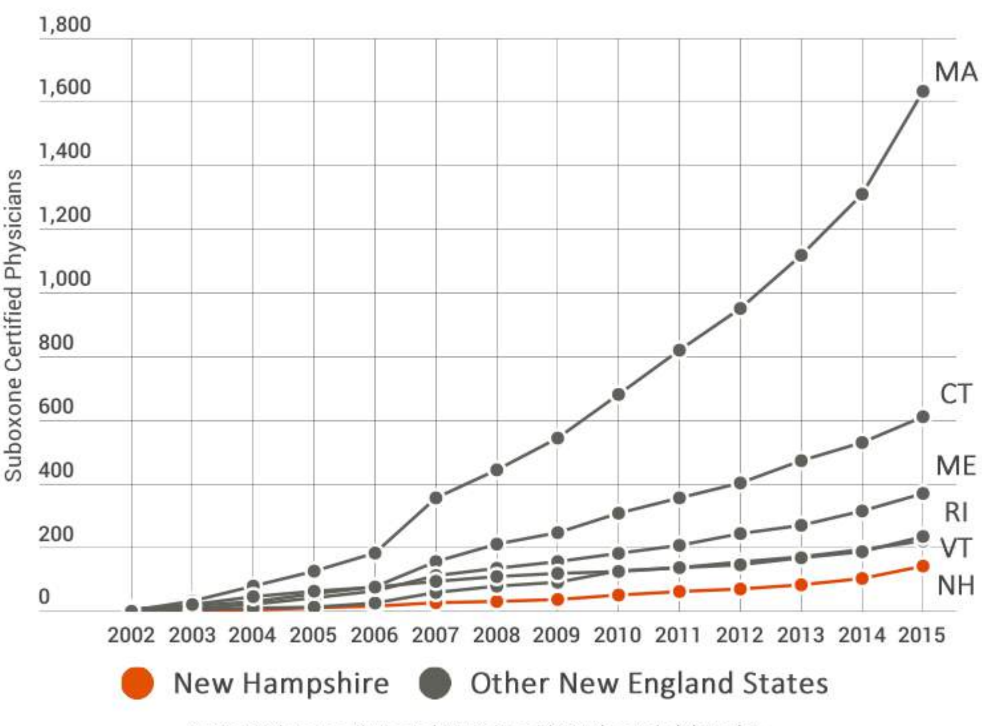
Indicator	Strategies /Supporting Activities	Target
Number of persons receiving MAT	Thundermist Medication Assisted Treatment (MAT) Expansion Data Source: Thundermist Health Center	Double patient capacity by 3/31/2019
Number of persons retained in MAT at 6 months	Thundermist Medication Assisted Treatment (MAT) Expansion Data Source: Thundermist Health Center	TBD

Funding instability and mid-year funding cuts place strategy at risk.

MEDICATION ASSISTED TREATMENT

- Access to Medication Assisted Treatment
- Access to Naloxone

There has been a marked increase of DATA 2000 Waivered Providers



However, the pace of overdoses still increases

Monthly Accidental Drug-Related Overdose Deaths

Number of Deaths

40
30
20
10
0

Jan 2014 Jul 2014 Jan 2015 Jul 2015 Jan 2016 Jul 2016 Jan 2017 Jul 2017

Month/Year

Deaths | Trend | Data for the most recent 3 months are not complete

Why?

- Impediments to Medication Assisted Treatment
- Need for more access to Naloxone

Impediments to Medication Assisted Treatment

The choke point for taking on new MAT patients occurs at approximately 23% of total waiver.

Causes:

- Scheduling three induction days in first week
- Average number of annual visits:
  - General patients receive 4 visits
  - MAT patients require 18 visits

Waiver Utilization

Thundermist Location	Number of Providers/ Waiver Amount	Total MAT Panel Size	Percent of Waiver Used
Woonsocket	6/290	98	34%
West Warwick	**9/1070**	**186**	**17%**
Wakefield	2/130	62	48%
Combined	**18/1490**	**346**	**23%**

Panel Size Significantly Decreases as Number of MAT Patients Increases

	MAT Panel of 0	MAT Panel of 30	MAT Panel of 100
Available Visits [1]	3168 (100%)	3168 (100%)	3168 (100%)
MAT Patients	0	30	100
Number of Annual Visits For MAT Patients [2]	0	540 (17%)	1800 (56.8%)
Balance	3168 (100%)	2628 (83%)	1368 (43%)
Non-MAT Pts at 4 Visits Per Year [3]	792 (100%)	657 (83%)	342 (43%)
Unique Patient Capacity	**792 (100%)**	**687 (-13.3%)**	**442 (-44.2%)**

Follow Through/Dropout at Outside Providers

60% of next day inductions referred to CODAC do not attend

- Patients cite difficulties with transportation, going to an unknown agency, a general loss of motivation and related issues

Lack of Near Real-Time Induction Resources for the Commercially Insured

- COEs accept only Medicaid products.
- Other opioid treatment programs are cash-only.
- The only option is for these patients to go on our wait lists.

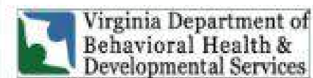
So, what are our options?

Opportunities to Maximize Access

1. Sustainable funding
2. More waivered providers
3. Treatment programs that accept all insurances
4. Team-based and enhanced practice models
   - Multi-disciplinary team (based on the Massachusetts Model)
   - Recovery Peer Support Specialist

Sustainable Funding

- PM/PM or other population based payment
- Bundled payments that truly meet costs
- Additional codes for FQHCs and private providers
  - Recovery specialists (Virginia, Minnesota, Tennessee)
  - Nursing codes
  - Modified Intensive Outpatient Program
  - Others?



Rate Structure for ASAM Level 1.0 Peer Support Services

ASAM Level	Code	Service	Description	Unit	Rate/ Unit
1	H0038	Peer support services	Self help/Peer Services. Peer provided services to initiate clinical service utilization and self-determination strategies	1 unit = 15 min	**$13.50**
1	S9445	Peer support services Patient education - individual	Patient education; non-physician provider, individual, per session	1 unit = 15 min	**Pending**
1	S9446	Peer support services Patient education - group	Patient education; non-physician provider, group, per session	1 unit = 15 min	**Pending**

http://www.dmas.virginia.gov/

More Waivered Providers/More Waiver Use

- State loan repayment priority to providers willing to waiver and see 75% of waiver

- Modified HPSA scores in areas hard hit
  - PCP/patient ratio must be dropped as 1 MAT patient = 4.7 non MAT patients

- Resources for team-based care to support PCPs

Treatment Programs that Accept all Insurances

Require COEs to accept and insurances to pay for COEs, including commercial and Medicare plans as allowable by law.

Multi-Disciplinary MAT Team

- Allied staff will perform most tasks in the 3-day induction
- Add recovery support specialists

Increase Access to Naloxone

- Standing order
  - Stigma
- PONI
  - Limited supply and resources
- Co-prescribing
  - Risk stratification
    - High doses or chronic use of opioids
    - High risk prescription medication combinations
    - Illicit drug use

Increase Access to Naloxone

But, prescription ≠ receiving

Increase Access to Naloxone

Barriers to pharmacy model:

- Cost
  - Uninsured patients
  - Non-Medicaid plans and deductibles
  - Needle phobia
  - Prohibitive pharmacy policies
- Perception
  - Both pharmacy and patient
- Lack of counseling/instructions on use
- Transportation
- Nature of addiction

Increase Access to Naloxone
Point-of-Care Model

- Get Naloxone into patients' hands
- Risk stratification
  - Not likely to go to pharmacy
  - Not able to afford copay/cost
  - Extremely high risk
    - Heroin use +/- Fentanyl
    - Previous overdose
    - Address/location
    - Polysubstance abuse
    - Family/friend of someone high risk

Increase Access to Naloxone Point-of-Care Model

How can we do this?

- **Funding for state supply - similar to vaccines**
- Billing codes for distribution and counseling
- VNA model?
- Continued provider education

Questions?

Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals

State Targeted Response Grant

August 9, 2017

MICHELLE BROPHY, MS

Overview: State Targeted Response Grant

- The Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH) **State Targeted Response (STR) Grant** supplements existing opioid program activities and supports a comprehensive response to the opioid epidemic through integrated planning and monitoring.
  - STR Grant funding is equivalent to $2,167,007/year for potentially two years with a maximum total of $4,334,014.

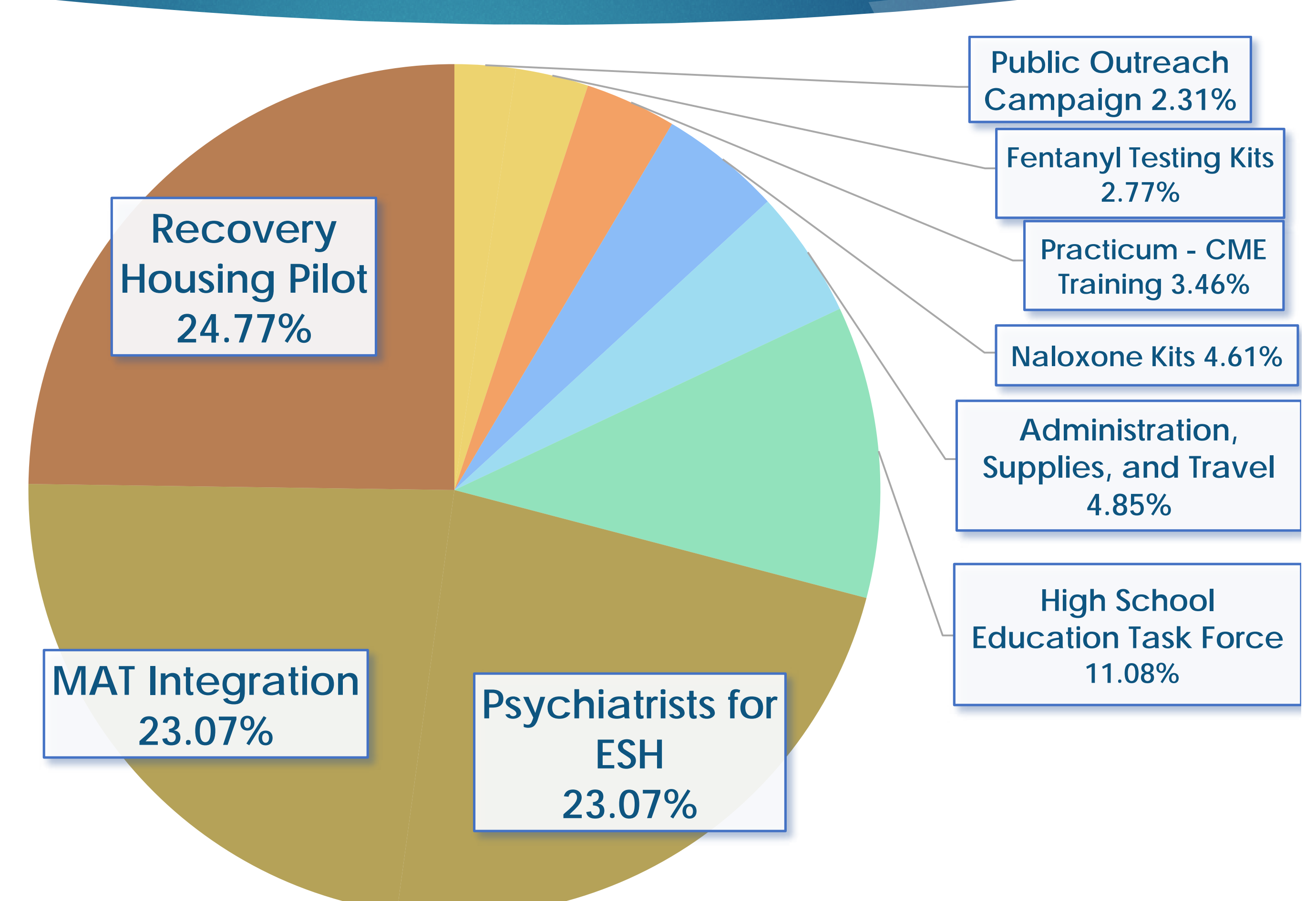
Overview: State Targeted Response Grant

- **Funds five nurse care managers** to five high-risk communities selected by the Screening, Brief Intervention, and Referral to Treatment (SBIRT) program.
- **Provides psychiatry staff for the Rhode Island Centers of Excellence (COE) at Eleanor Slater Hospital (ESH)** and enhances the Hospital's connection with the Opioid Treatment Health Home.
- **Implements a Recovery Housing Pilot** with 40 Level three beds for those at risk while transitioning from prisons to the community to prevent prison to addiction pipeline.

Overview: State Targeted Response Grant

- **Provides Opioid Treatment Programs (OTP) Health Home (HH)** with fentanyl testing kits for regular screenings
- **Incentivizes providers to become DATA-waivered** and adds a practicum to the ESH COE
- **Enhances opioid education statewide** and local communication strategies to the five at-risk communities
- **Distributes naloxone kits** to the Department of Corrections and to Rhode Island's Mobile Outreach and Education Program for distribution in targeted at-risk locations
- **Supplements funding** to the RIDOH Communications operations to boost awareness

Budget Breakdown: Year 1 of 2



Primary Outcomes: Year 1

- Several key outcomes have been highlighted in the grant, including:
  - Monthly number of accidental overdose deaths (Center for the Office of the State Medical Examiner)
  - Monthly number of overdose deaths due to fentanyl (RIDOH)
  - Monthly number of overdoses at Emergency Department (ED) admissions (RIDOH)
  - Number of naloxone kits distributed per year (Rhode Island Naloxone Distribution program)

Primary Outcomes: Year 1

- Cumulative number of persons receiving methadone treatment (BHDDH)
- Unique monthly contacts; number of persons who accept to meet with a peer recovery specialist in the ED (BHDDH)
- Total number of persons enrolled in substance use treatment programs per month (BHDDH)

PUBLIC COMMENT