



# Overdose Prevention and Intervention Task Force

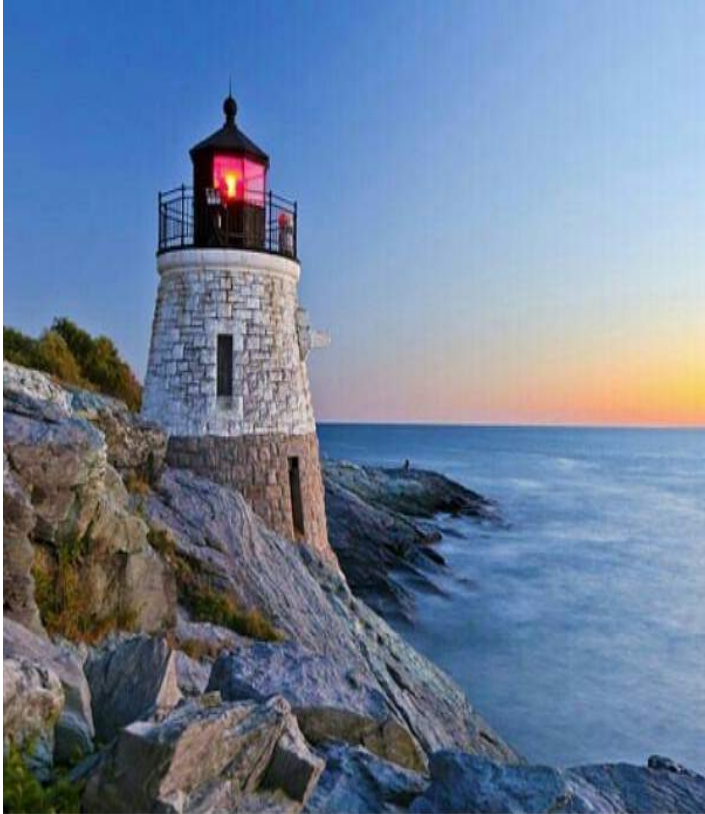
November 8, 2017

## **CO-CHAIRS:**

**DIRECTOR NICOLE ALEXANDER-SCOTT, MD, MPH,** RHODE ISLAND DEPARTMENT OF HEALTH

**DIRECTOR REBECCA BOSS, MA,** RHODE ISLAND DEPARTMENT OF BEHAVIORAL HEALTHCARE,  
DEVELOPMENTAL DISABILITIES, AND HOSPITALS

# Closing Health Information Gaps



Rhode Island  Quality Institute

## *Care Management Alerts & Dashboard*

**Karen Sax McLoughlin**

Nov 8, 2017



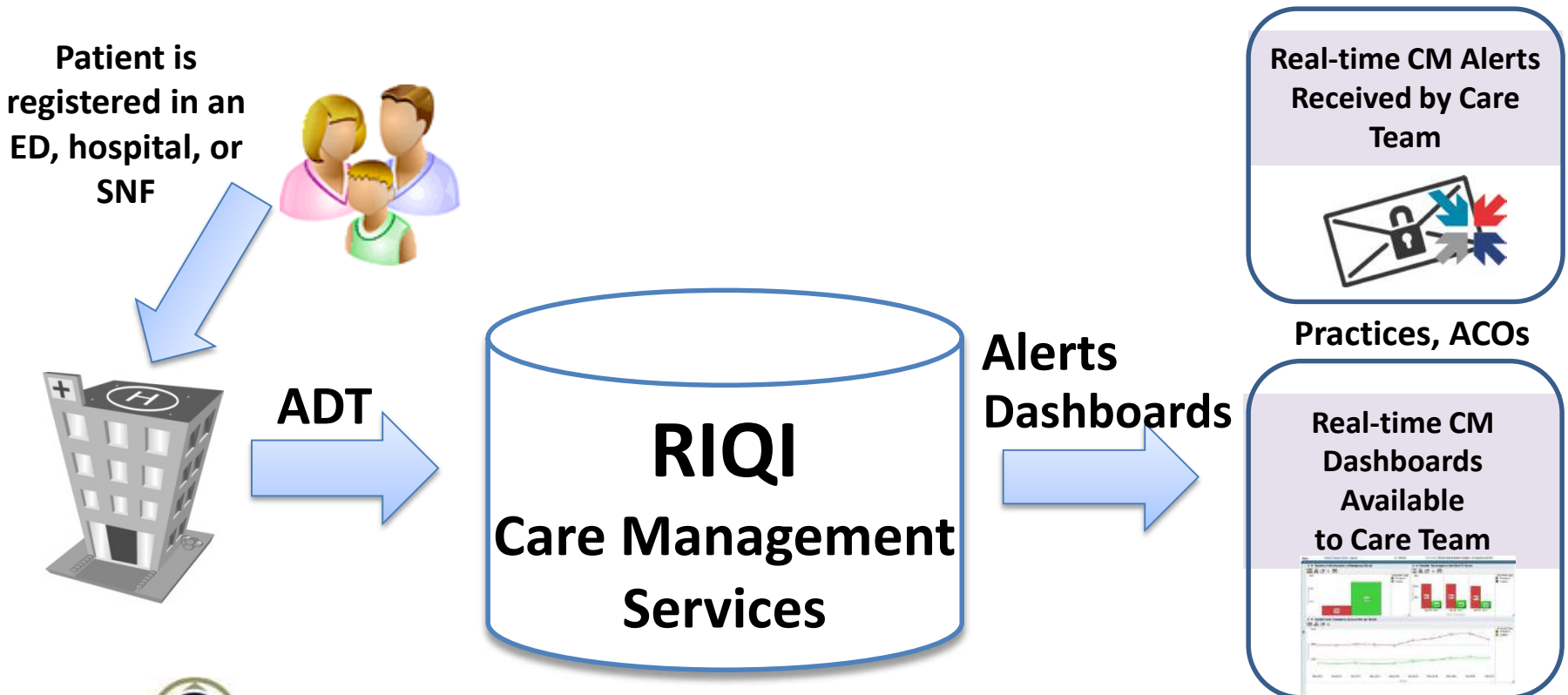
# Objective

- Overview of RIQI tools that close health information gaps
  - Care Management (CM) Dashboards
  - CurrentCare for Me Designee Alerts



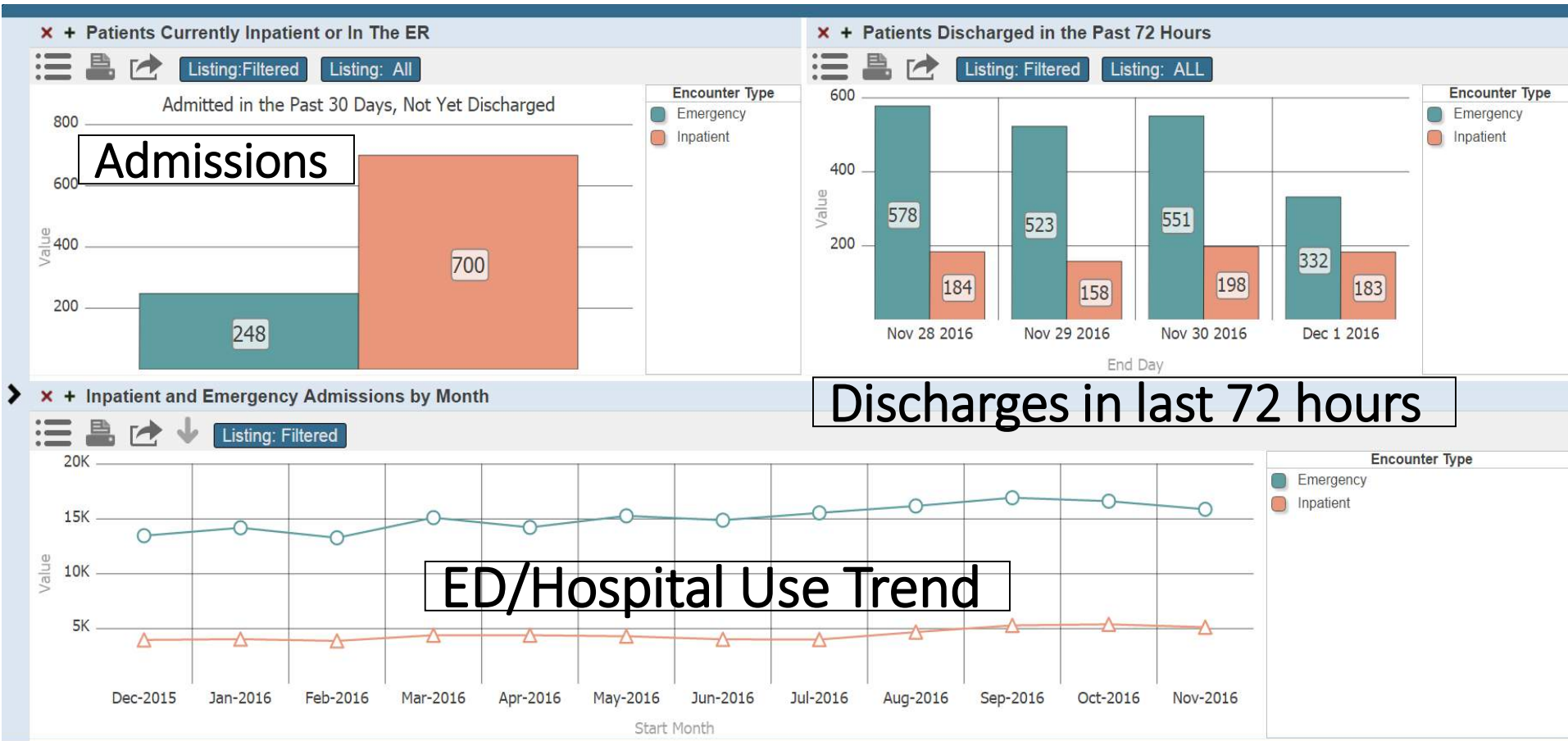
# Care Management Dashboards and Alerts

- RIQI has connected 20 practices- ~230,000 patients – to 14 Rhode Island acute care hospitals and nine Genesis Skilled Nursing Facilities (SNFs)



# Care Management Dashboard

- Clinicians get snapshot of hospital and Emergency Department (ED) admissions/discharges



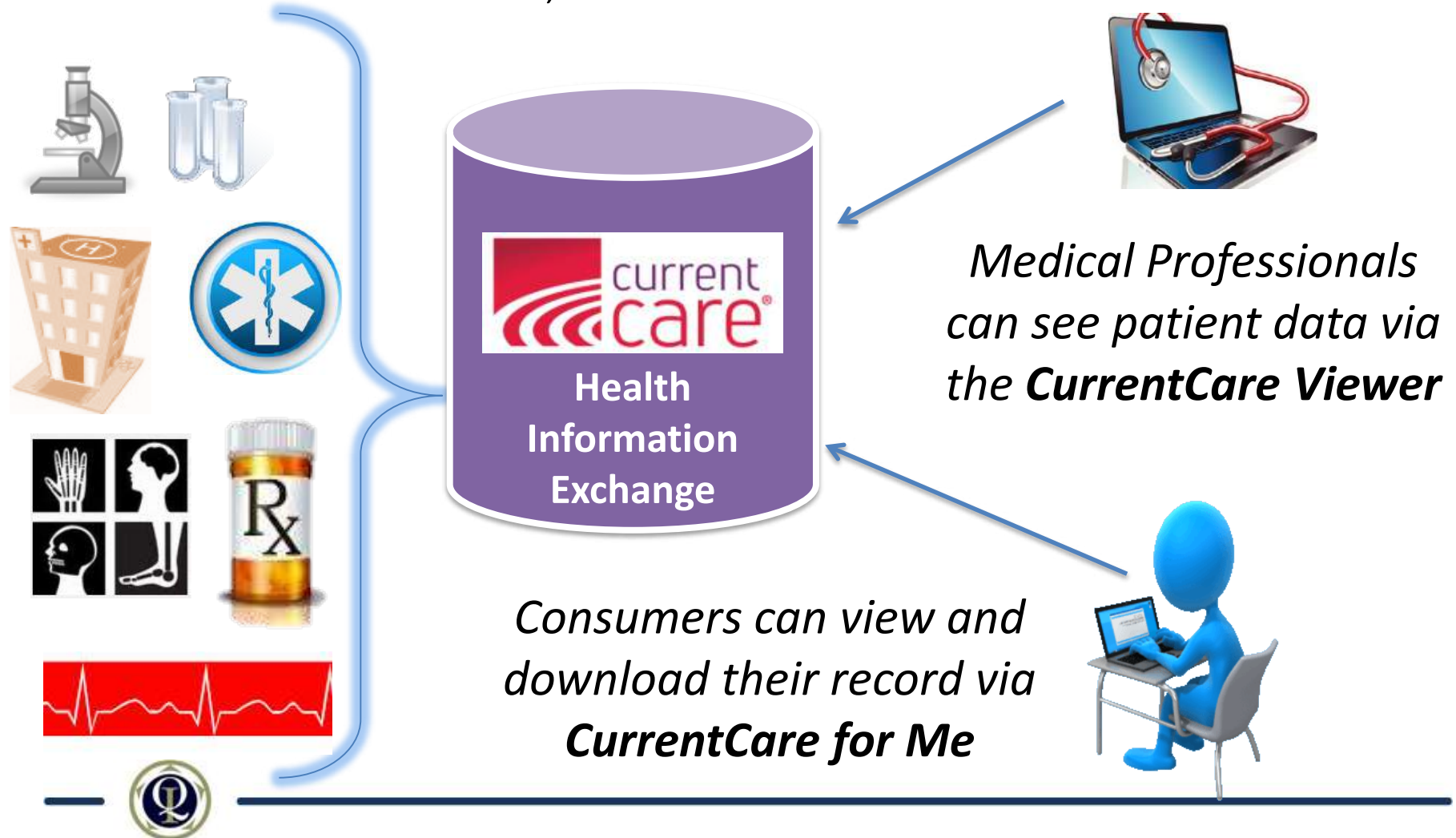
# Care Management Dashboard Detail

Admit Reason	Admit Description	Referring Clinician	Discharge Location	Discharge Disposition	ERVisits 6moTotal	Inpatient 6moTotal
painful urination	E	GOOD			1	1
alcohol withdrawal uncomplicated	I		CNE Home Care VNA		90	2
LOW BACK PAIN, FEVER		SMITH			2	3
ABD PAIN, BACK PAIN	ER	EDDY	HOME	HOME-HEALTH	26	8
RASH	ER	DOE	RI Sub Acute	REHAB	1	0
Sprain	I		RI Skilled N	HOSPICE	1	0
STOMACH LOWER BACK PAIN	DIS IN	SAD		HOME	2	2
Vertigo	I			3	1	3
Shortness of breath	3 - Elective		VNA OF CARE NEW ENGLAND		3	1



# CurrentCare = Health Information Exchange

- Rhode Island is an “Opt-In” state
- ~500,000 Rhode Islanders have enrolled



# CurrentCare For Me Designee Alerts

- One feature of “CurrentCare For Me” is the ability to assign a ‘designee’ to receive alerts if a patient registers in an ED or hospital in Rhode Island.
- The alerts close communication gaps between hospitals and family and friends.

Who can [access your records](#) via CurrentCare for Me?

[Add A Designee](#)

Complete this form to allow this person to receive email and/or text messages when you go to participating hospitals or skilled nursing facilities.

Amanda Stoneworth

<b>Email:</b>	<b>Enable Alerts:</b>	<input checked="" type="checkbox"/>	<input type="text" value="AStoneworth@riqi.org"/>
<b>Phone:</b>	<b>Enable Alerts:</b>	<input checked="" type="checkbox"/>	<input type="text" value="4015551212"/> <input type="text" value="Verizon Wireless"/>

[Cancel Changes](#) [Save Changes](#)





# A Few Notes About Designee Alerts

- Conducted a soft launch so we can understand the use cases and collect data for enhancements and improvements
  - Over 4,000 “CurrentCare For Me” users with 120 signed up for Designee Alerts
- Designees currently have access to the full record.
  - Revising access level to include an option for alerts only.



**Questions?**





Update:

# Levels of Care for Rhode Island Emergency Departments and Hospitals for Treating Overdose and Opioid Use Disorder

Elizabeth A. Samuels, MD, MPH

November 8, 2017

Governor's Task Force For Overdose Prevention and Intervention

# Levels of Care



# Levels of Care



## LEVEL 3

1. Follows discharge planning per law
2. Administers standardized substance use disorder screening for all patients
3. Educates all patients who are prescribed opioids on safe storage and disposal
4. Dispenses naloxone to patients at risk, according to clear protocol
5. Offers peer recovery support services
6. Provides active referral to appropriate community provider(s)
7. Complies with 48-hour reporting of overdose to RIDOH
8. Performs laboratory drug screening that includes fentanyl on patients who overdose

## LEVEL 2 Meets all criteria of Level 3 and:

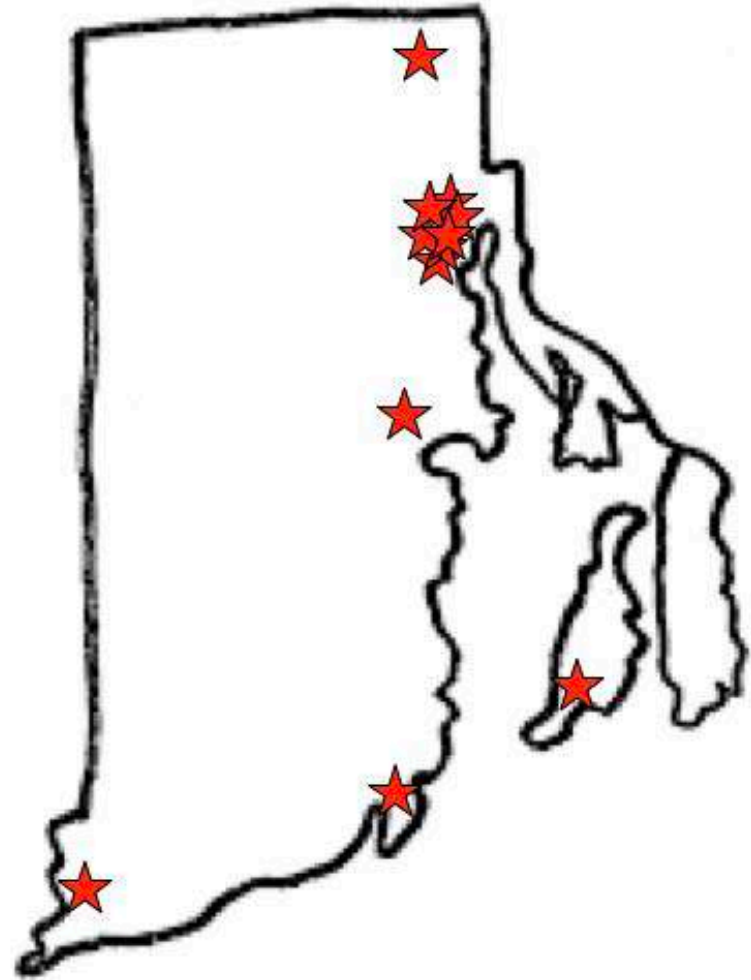
1. Conducts comprehensive, standardized substance use assessment
2. Maintains capacity for evaluation and treatment of opioid use disorder using support from addiction specialty services

## LEVEL 1 Meets criteria of Level 3 and Level 2 and also:

1. Maintains a Center of Excellence or comparable arrangement for initiating, stabilizing, and re-stabilizing patients on medication assisted treatment
  - Ensures transitioning to/from community care to facilitate recovery
  - Evaluates and manages medication assisted treatment

# Levels of Care

<b>1. Care New England</b>	
▪ Butler Hospital	Level 1 Certified
▪ Kent Hospital	Level 3 - <i>In review</i>
▪ Women & Infants	
▪ Memorial Hospital	Level 2 Certified
<b>2. Charter CARE</b>	
▪ Fatima Hospital	Level 1 Certified
▪ Roger Williams Hospital	
<b>3. Landmark Hospital</b>	<i>In process</i>
<b>4. Lifespan</b>	
▪ The Miriam Hospital	Level 1 Certified
▪ Newport Hospital	
▪ Rhode Island Hospital	
<b>5. Providence Veterans Affairs</b>	<i>In process</i>
<b>6. South County Hospital</b>	Level 3 Certified
<b>7. Westerly Hospital</b>	<i>In process</i>



# Implementation Challenges



- Stakeholder engagement
- 48-hour overdose reporting
- Naloxone cost
- Availability of Medication Assisted Treatment (MAT)
- Stigma



## Rhode Island Opioid Overdose Case Report

Please report all cases of suspected opioid overdose to the Rhode Island Department of Health within 48 hours.

Patient medical record number \*

Must be between 1 and 11 characters. *Currently Used: 0 characters.*

Patient city or town of residence \*

Patient gender \*

Patient age \*

Patient race (self reported) \*

Patient ethnicity (self reported) \*

Does the patient self report to be gay, lesbian, bisexual, and/or transgender? \*

In what city/town did the overdose occur? \*

# Implementation Facilitators





# Implementation Facilitators



# Implementation Highlights



## Community Partnerships



## Social Work



## MAT



# Next Steps



- Complete implementation
- Improve efficiency and timeliness of data surveillance
- Evaluation
  - Implementation
  - Outcomes



# Levels of Care 1 Designation



# Levels of Care 2 Designation



**MEMORIAL HOSPITAL  
OF RHODE ISLAND**



Elizabeth A. Samuels, MD, MPH  
Levels of Care Implementation Lead  
Rhode Island Department of Health  
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# Tracking Overdose Metrics on [www.PreventOverdoseRI.org](http://www.PreventOverdoseRI.org)



Brandon DL Marshall, PhD

Associate Professor of Epidemiology  
Brown University School of Public Health



# Today's Objectives



What's the state of the epidemic?



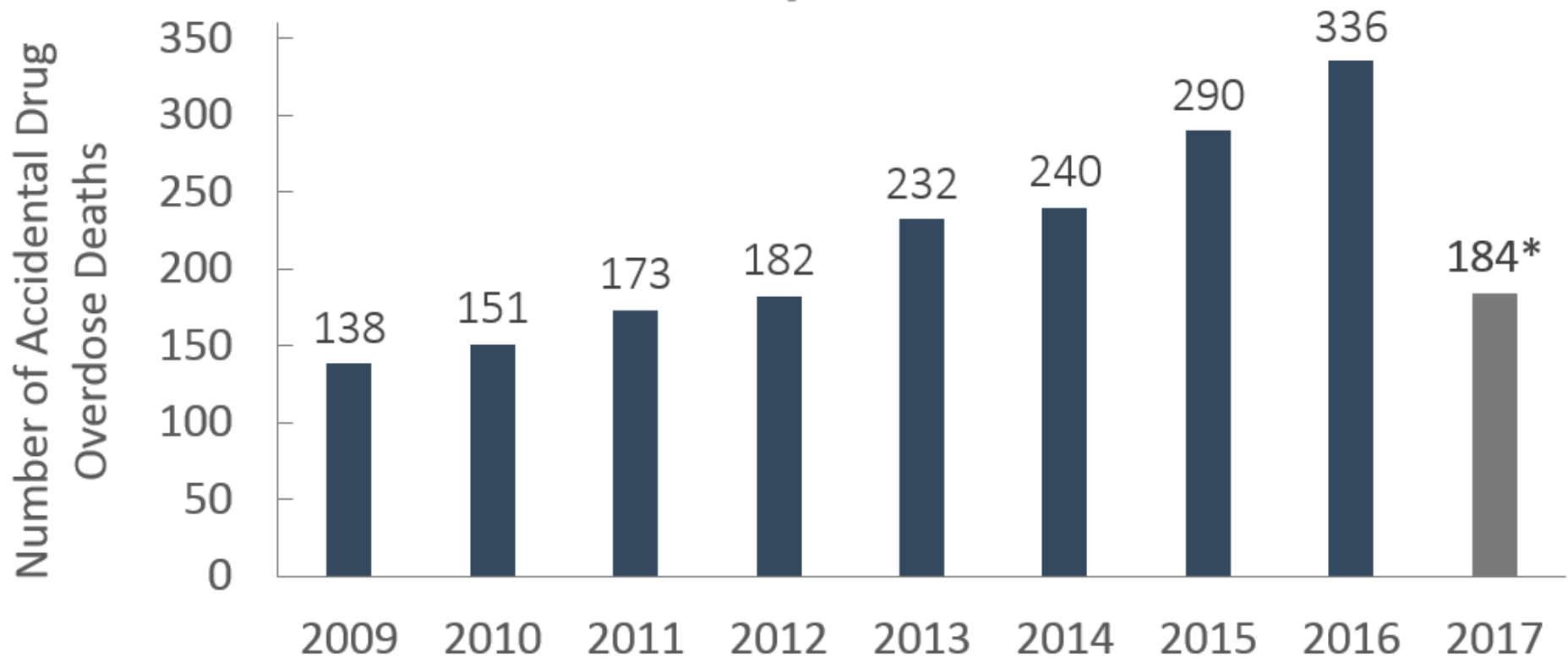
How are we tracking progress?



Where are we making progress?



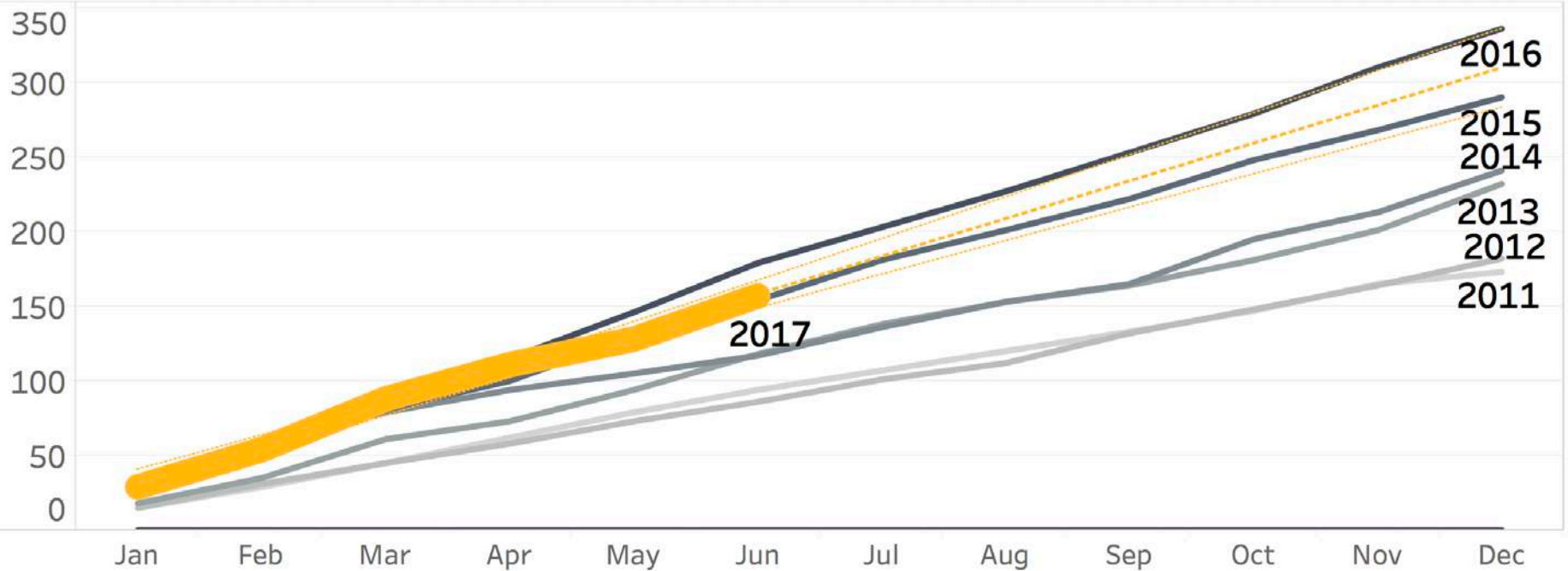
# Drug Overdose Deaths in Rhode Island (2009-2017)



\*As of October 30<sup>th</sup>, 2017.

2017 numbers are preliminary and subject to change.

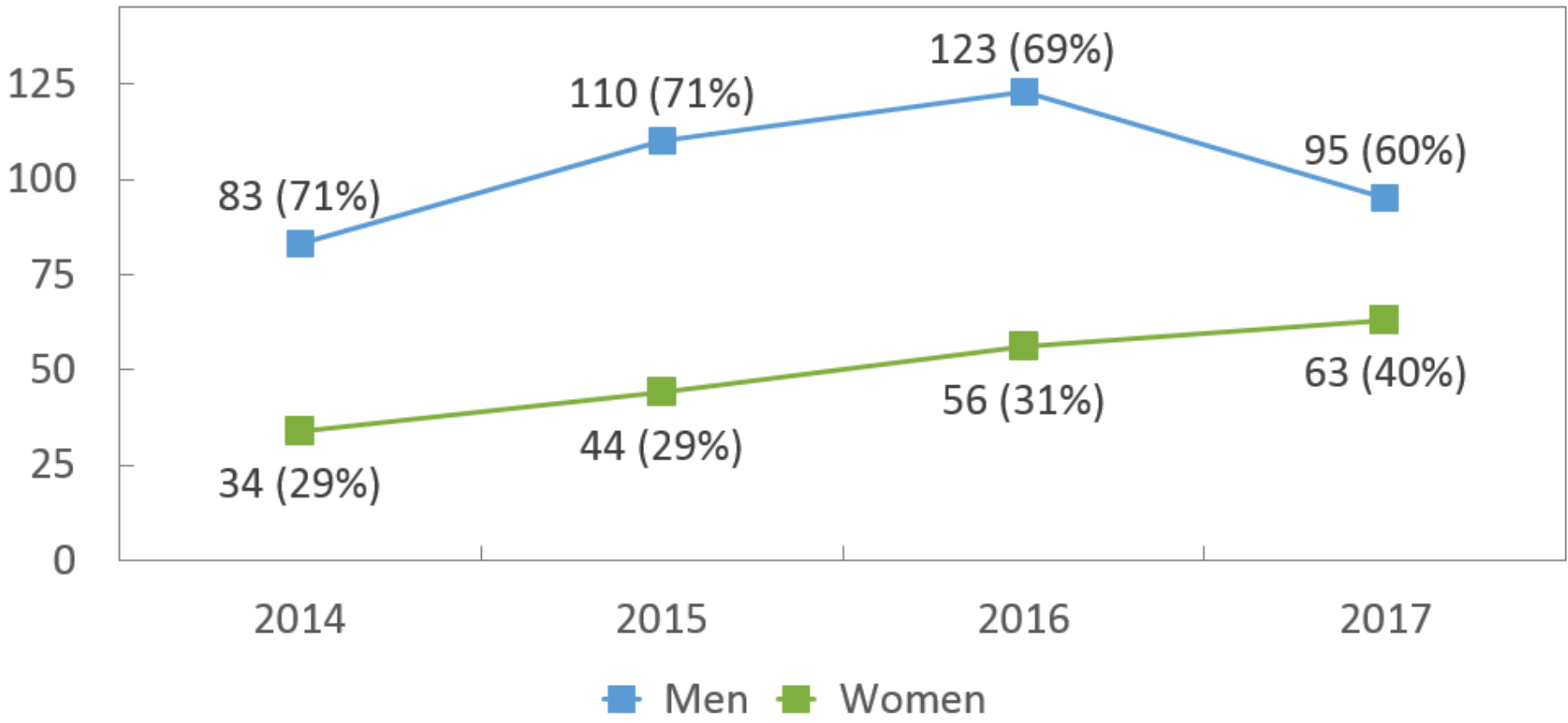
Source: Rhode Island Office of the State Medical Examiners & [www.PreventOverdoseRI.org](http://www.PreventOverdoseRI.org)



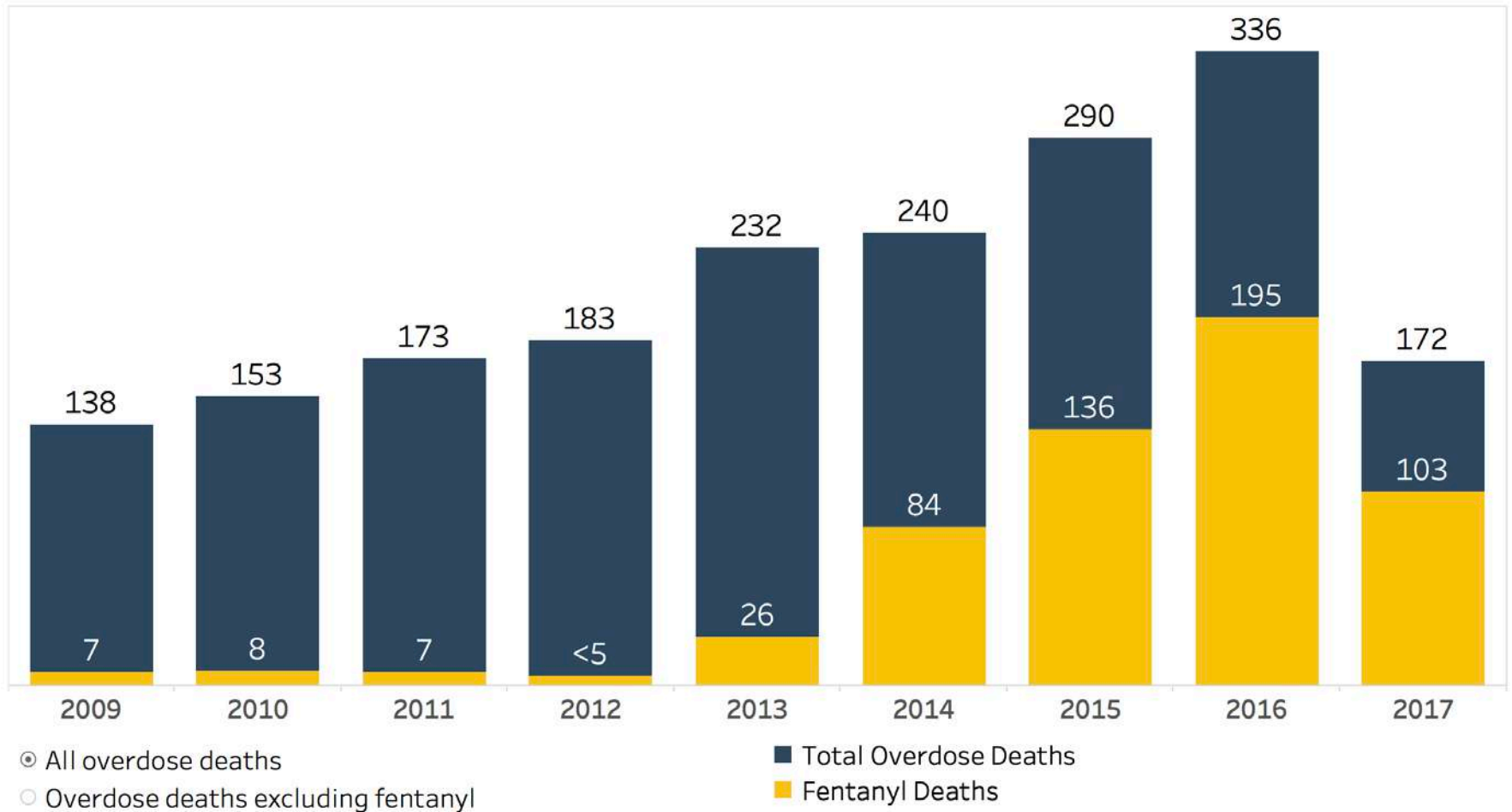
**Note:** July, August, and September numbers for 2017 are preliminary and have been suppressed

# Increasing Burden of Overdose Death among Women

Number of Overdose Deaths, Jan – Jun (2014-2017)

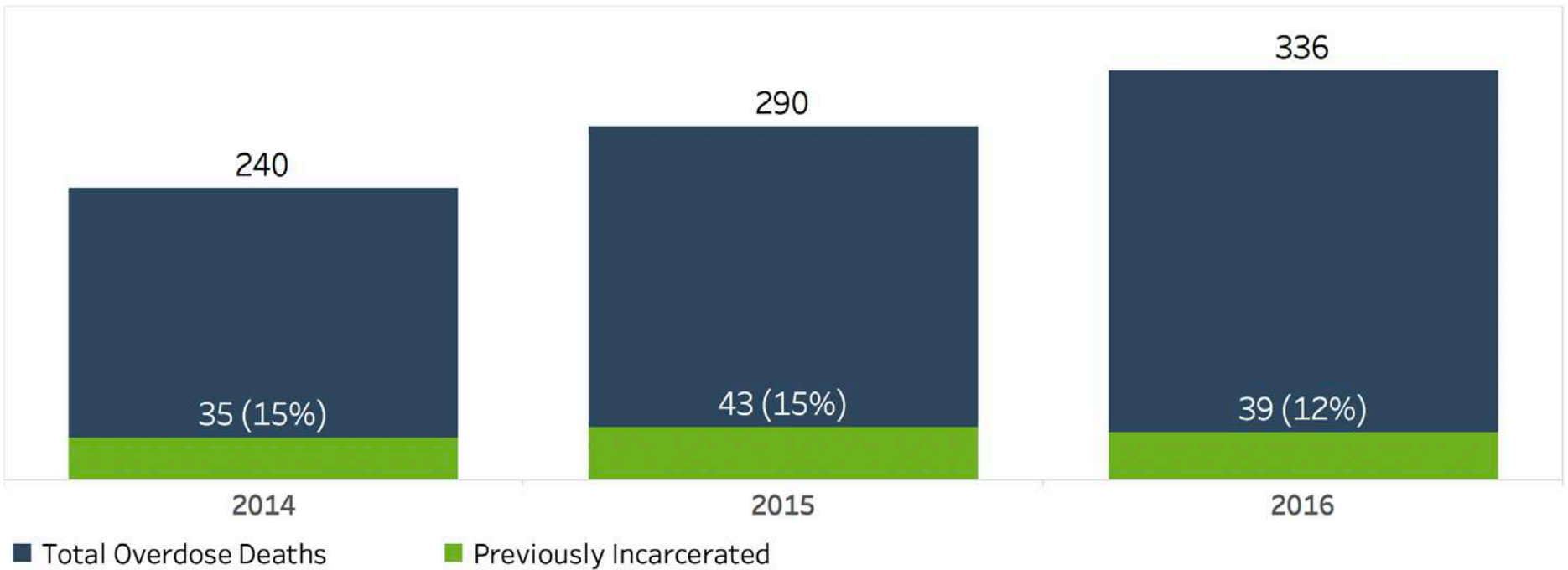


# Fentanyl Involvement among Overdose Deaths



# Former Inmates are at High Risk of Overdose

Proportion of Overdose Decedents Released from the Rhode Island Adult Correctional Institutes within 1 Year of Death (2014 to 2016)





## How are we tracking progress?

- Data is transferred to PreventOverdoseRI (PORI) team on a set, regular schedule (monthly, quarterly, biannually, annually)
- Transfer procedures meet all state and federal regulations regarding privacy and confidentiality of data
- In collaboration with participating agencies and organizations, PORI team analyzes data and pushes visualizations to PORI website

- TRACK OUR ACTION PLAN
- OVERDOSE DEATHS
- EMERGENCY DEPARTMENT VISITS
- TREATMENT ADMISSIONS
- MEDICATION-ASSISTED THERAPY
- NALOXONE DATA

There are treatment options  
in Rhode Island. **help.**

Call  
**942-7867**



Family & Friends



First Responders



Providers



Get Help

# Here's how we plan to do it:

## Prevention



Help doctors protect their patients by using safe prescribing practices.

### Fact

It's time to change how we treat pain — opioids don't need to be the first line of defense.

## Rescue



Make sure everyone has access to naloxone.

### Fact

Nearly every opioid overdose death is preventable with naloxone.

## Treatment



Make sure everyone who needs it can get medication-assisted treatment (MAT), like methadone or buprenorphine.

### Fact

MAT lowers the risk of both relapse and death.

## Recovery



Expand peer recovery services and treatment options that help people start recovery.

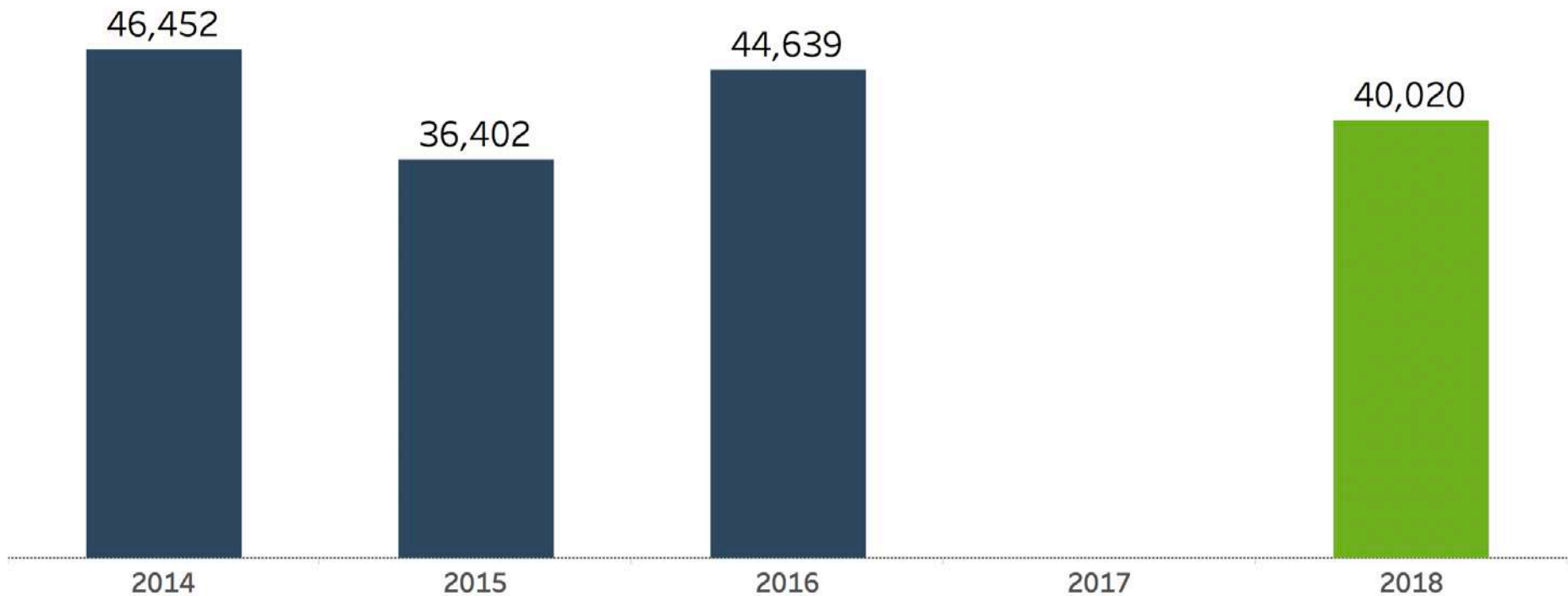
### Fact

We're making sure that all patients treated for addiction have a long-term recovery plan.

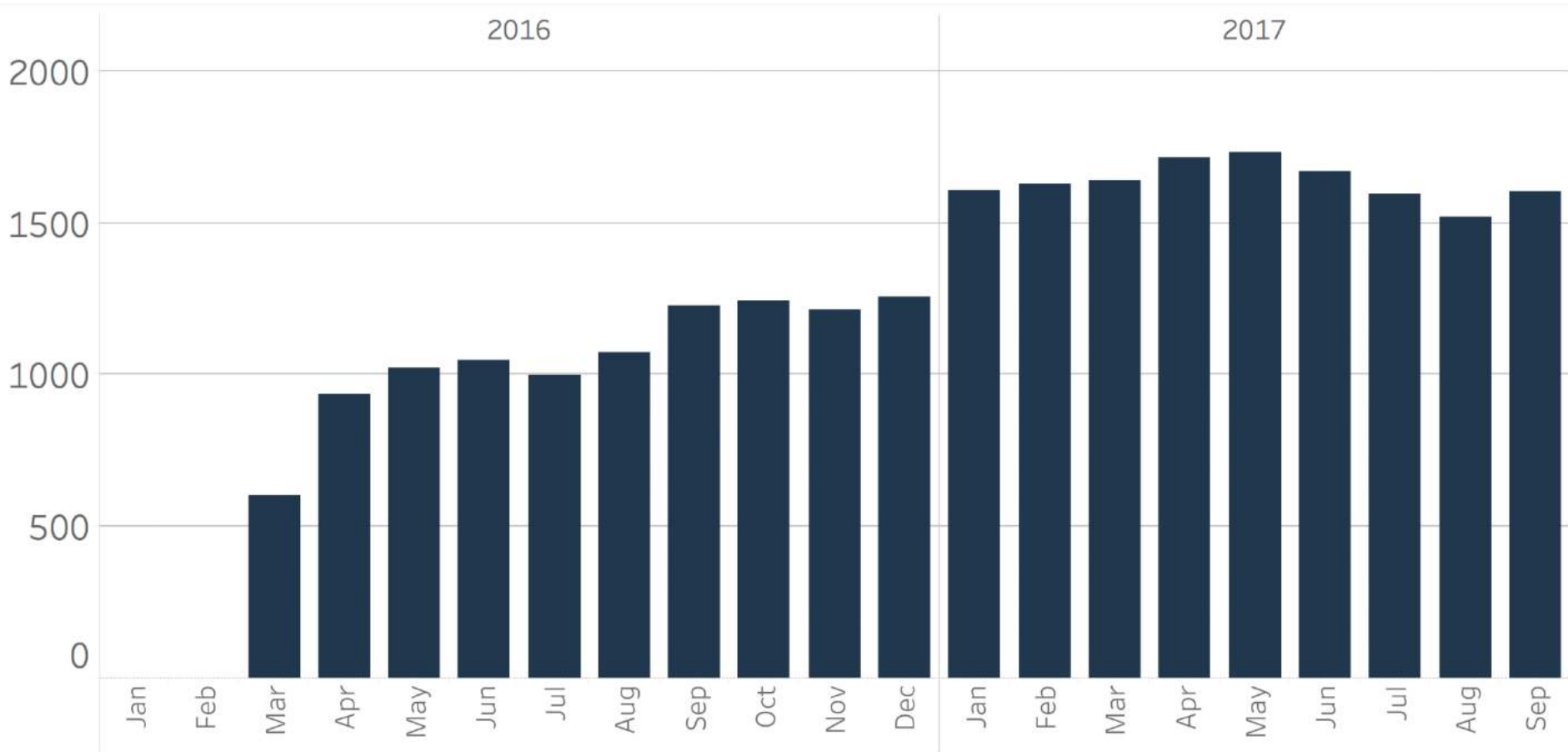


## Prevention Strategy: Decrease the number of patients receiving opioid/benzodiazepine prescriptions.

Number of patients who received an opioid and benzodiazepine co-prescription within 30 days (2014 - 2016)

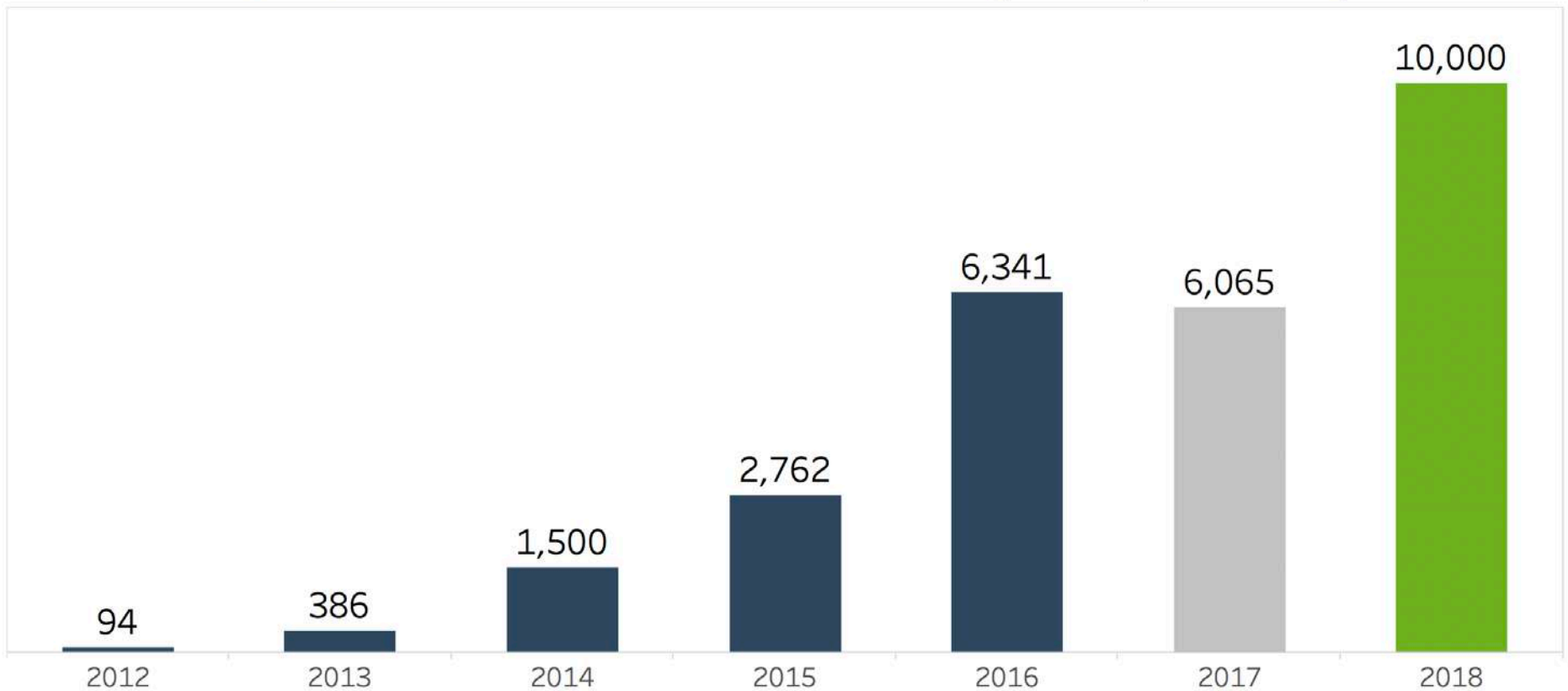


# Number of Unique Rhode Island Prescribers ho Checked the PDMP

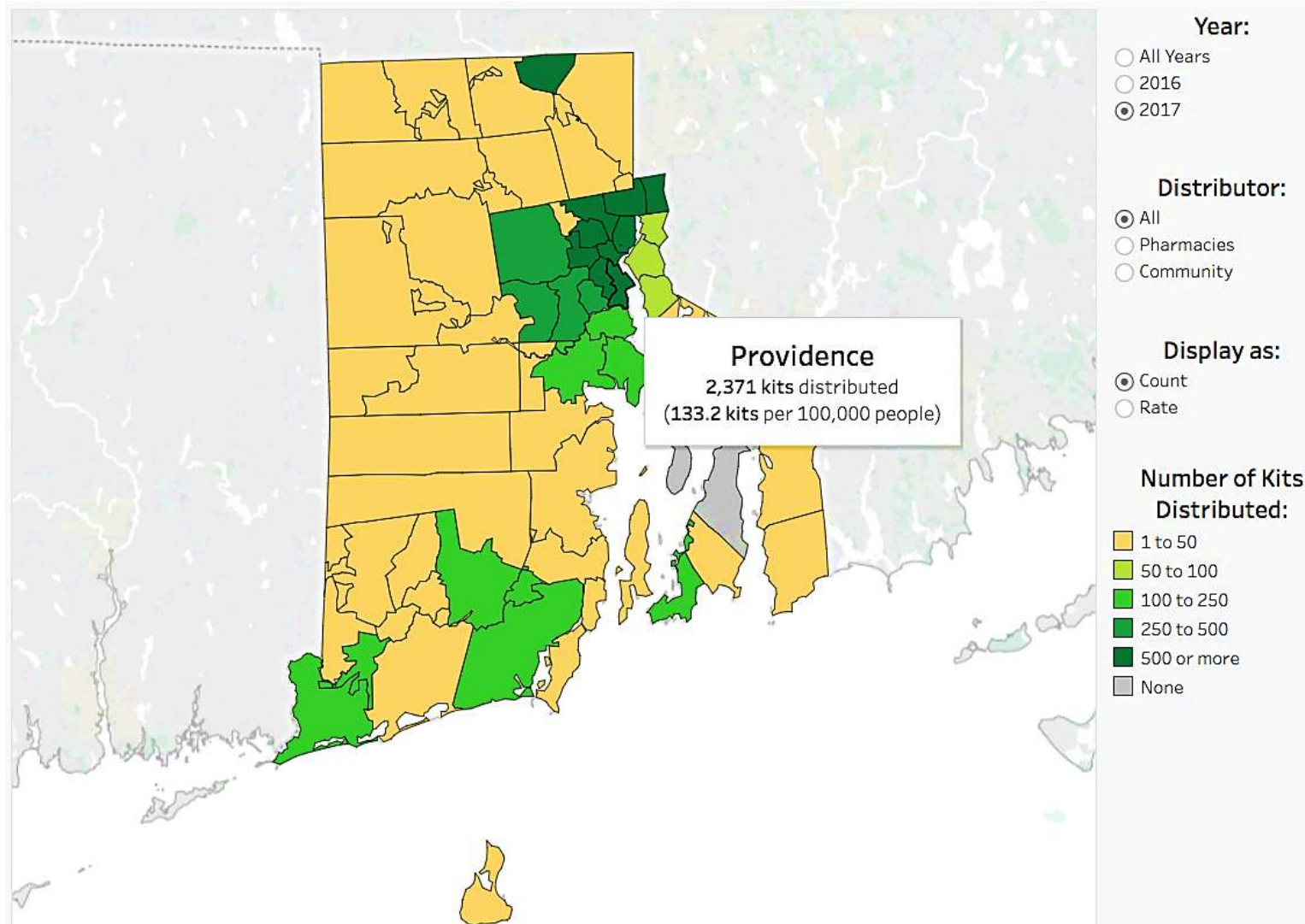


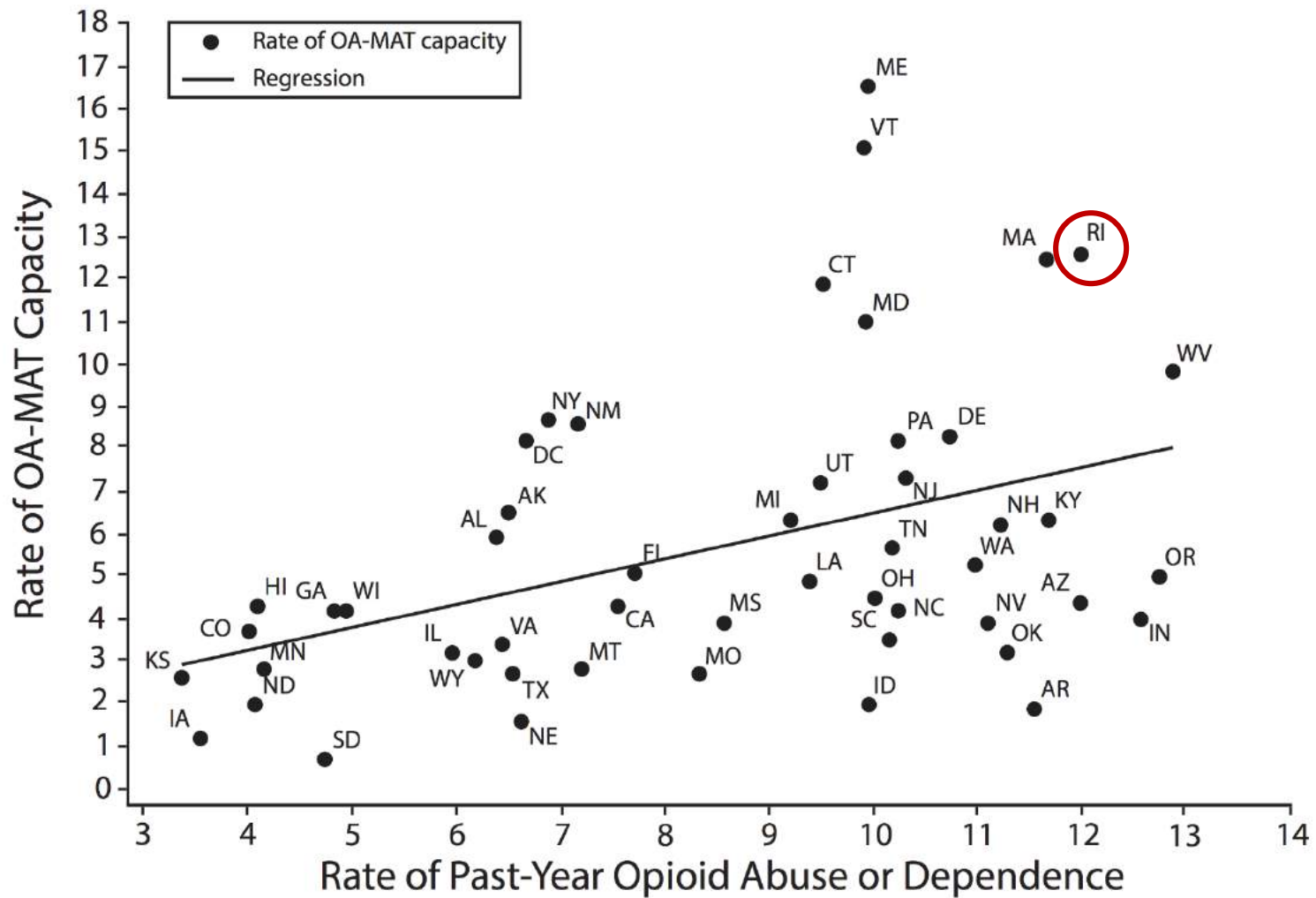
# Rescue Strategy: Increase the number of naloxone kits distributed in the community each year.

Annual number of naloxone kits distributed statewide (2014 - September 2017)



# Pharmacy and Community-Based Naloxone Distribution in Rhode Island (2016 - September 2017)





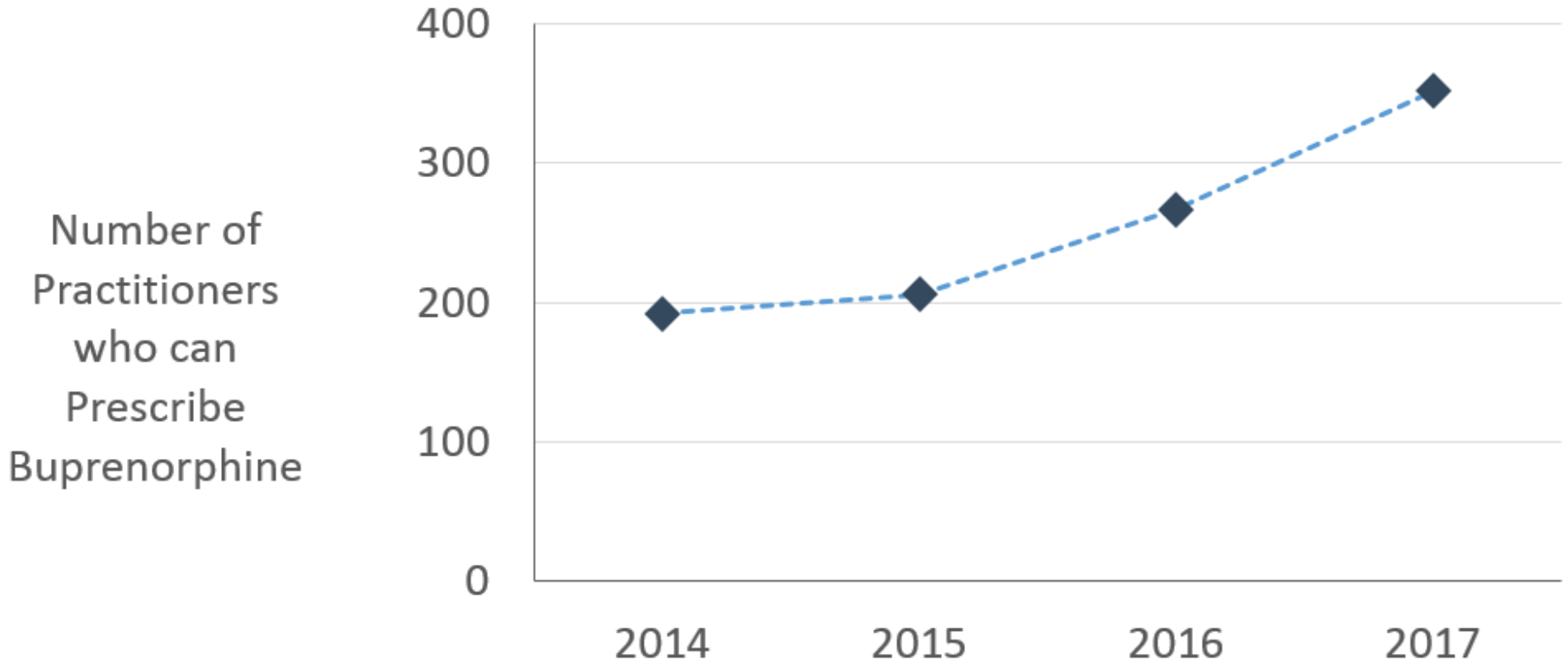
Note. OA-MAT = opioid agonist medication-assisted treatment.

**FIGURE 2—Comparison of state rates of past-year opioid abuse or dependence and capacity for opioid agonist medication-assisted treatment: United States, 2012.**

Source: Jones et al., *Am J Public Health*, 2015

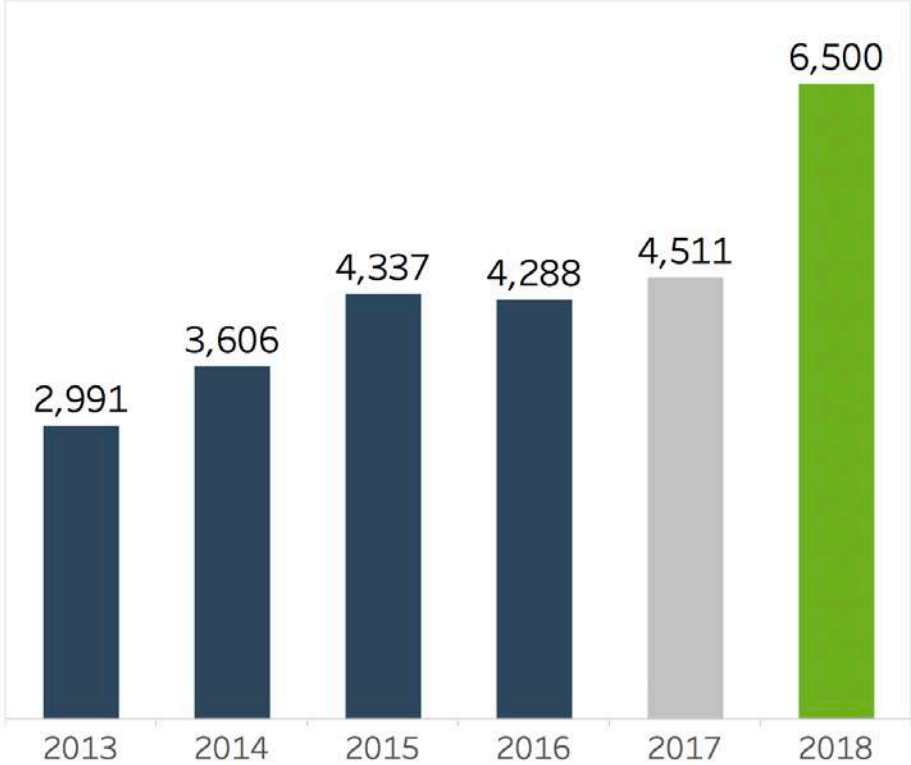


# Increasing Buprenorphine Treatment Capacity

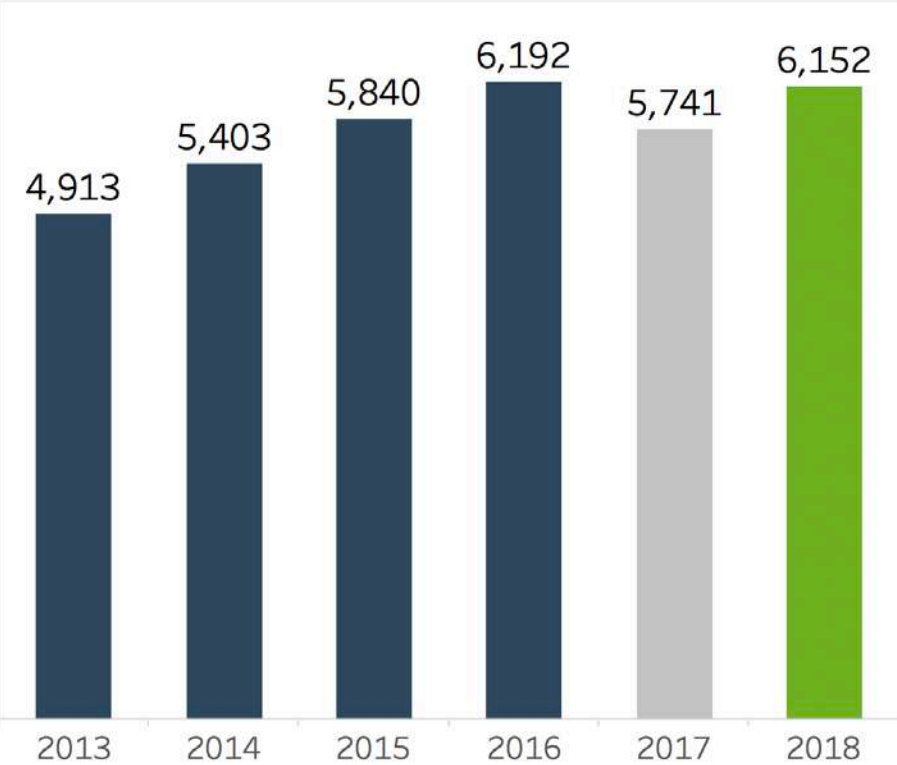


# Treatment Strategy: Increase the number of people receiving Medication Assisted Treatment each year.

Monthly average number of people receiving buprenorphine (2013 - September 2017)



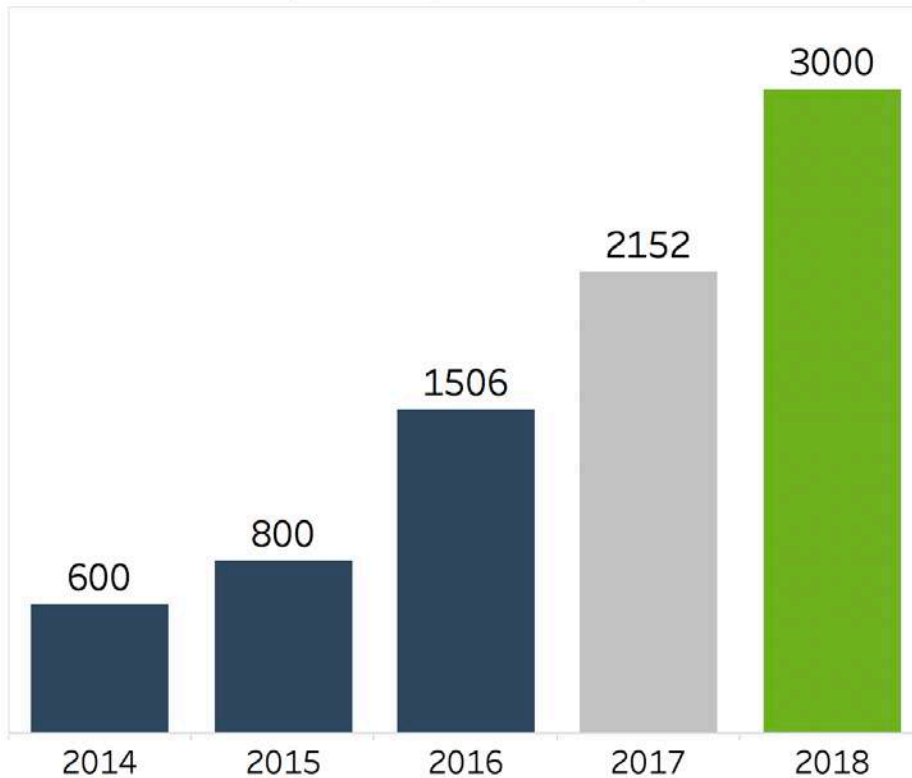
Annual cumulative number of people receiving methadone (2013 - September 2017)



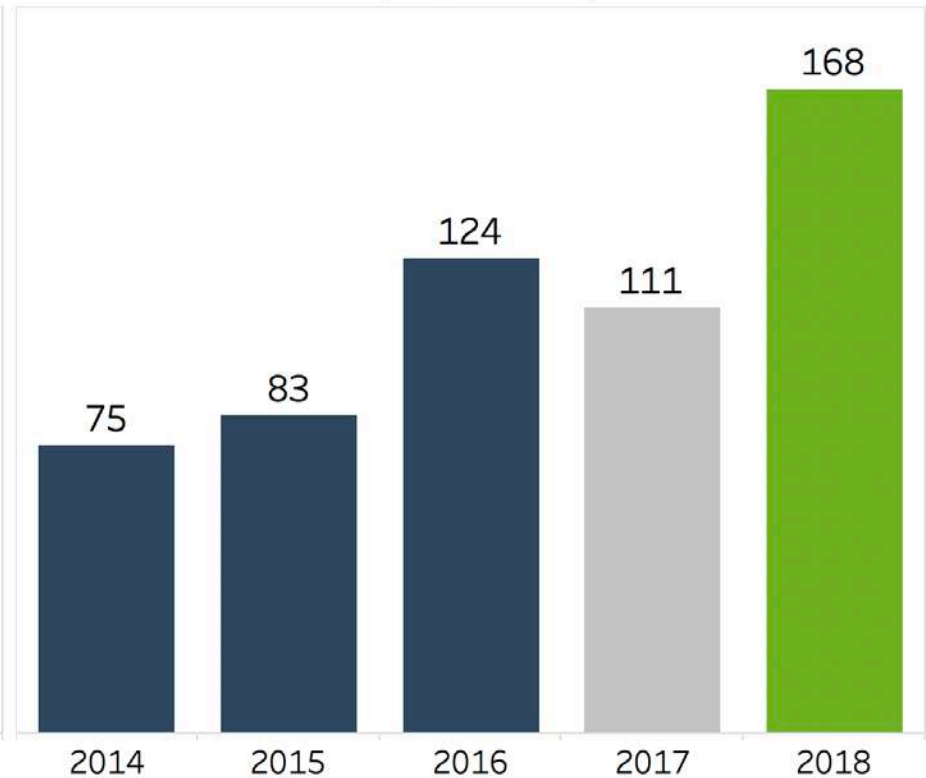
Source: Rhode Island PDMP (buprenorphine) & BHDDH (methadone)

# Recovery Strategy: Increase the number of peer recovery coaches and contacts each month.

New client enrollments in peer recovery specialist services (2014 - September 2017)



Number of Newly Trained Peer Recovery Specialists (2014 - September 2017)





# Acknowledgements

- ✓ Jesse Yedinak, MPA, Maxwell Krieger, BS, Todd Hampson, BA, and our dedicated team of Brown University students
- ✓ Jennifer Koziol, MPH & Meghan McCormick, MPH
- ✓ Nicole Alexander-Scott, MD, MPH, Director, RIDOH
- ✓ Rebecca Boss, MA, Director, and staff at BHDDH
- ✓ Staff at the Rhode Island Office of the State Medical Examiners
- ✓ Traci Green, PhD and Josiah Rich, MD
- ✓ Funding from the Centers for Disease Control and Prevention (CDC RFA-CE15-1501)

We all have a role to play in ending  
Rhode Island's overdose crisis.

**What's yours?** ...



Family & Friends



First Responders



Providers



Get Help



# PreventOverdoseRI.org Community Data Challenge



# PUBLIC COMMENT