Overdose Prevention and Intervention Task Force
November 8, 2017

CO-CHAIRS:

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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

Admissions

Discharges in last 72 hours

ED/Hospital Use Trend
<table>
<thead>
<tr>
<th>Admit Reason</th>
<th>Admit Description</th>
<th>Referring Clinician</th>
<th>Discharge Location</th>
<th>Discharge Disposition</th>
<th>ER Visits 6moTotal</th>
<th>Inpatient 6moTotal</th>
</tr>
</thead>
<tbody>
<tr>
<td>painful urination</td>
<td>E</td>
<td>GOOD</td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>alcohol withdrawal uncomplicated</td>
<td>I</td>
<td></td>
<td>CNE Home Care VNA</td>
<td>HOME</td>
<td>90</td>
<td>2</td>
</tr>
<tr>
<td>LOW BACK PAIN, FEVER</td>
<td>SMITH</td>
<td></td>
<td></td>
<td>HOME-HEALTH</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>ABD PAIN, BACK PAIN</td>
<td>ER</td>
<td>EDDY</td>
<td>HOME</td>
<td></td>
<td>26</td>
<td>8</td>
</tr>
<tr>
<td>RASH</td>
<td>ER</td>
<td>DOE</td>
<td>RI Sub Acute</td>
<td></td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Sprain</td>
<td>I</td>
<td></td>
<td>RI Skilled N</td>
<td></td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>STOMACH LOWER BACK PAIN</td>
<td>DIS IN</td>
<td>SAD</td>
<td>HOME</td>
<td></td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Vertigo</td>
<td>I</td>
<td></td>
<td>VNA OF CARE NEW ENGLAND</td>
<td></td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Shortness of breath</td>
<td>3 - Elective</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>
CurrentCare = Health Information Exchange

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

Medical Professionals can see patient data via the CurrentCare Viewer

Consumers can view and download their record via CurrentCare for Me
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

Amanda Stoneworth

Email:  Enable Alerts:  
AStoneworth@riqi.org

Phone:  Enable Alerts:  
4015551212  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 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

**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 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
Levels of Care

1. Care New England
   - Butler Hospital
   - Kent Hospital
   - Women & Infants
   - Memorial Hospital
   - Level 1 Certified
   - Level 3 - In review
   - Level 2 Certified

2. Charter CARE
   - Fatima Hospital
   - Roger Williams Hospital
   - Level 1 Certified

3. Landmark Hospital
   - In process

4. Lifespan
   - The Miriam Hospital
   - Newport Hospital
   - Rhode Island Hospital
   - Level 1 Certified

5. Providence Veterans Affairs
   - In process

6. South County Hospital
   - Level 3 Certified

7. Westerly Hospital
   - In process
Implementation Challenges

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

Community Partnerships

South County Hospital

SKPP

Social Work

Lifespan

The Providence Center

MAT

Lifespan Recovery Center

A program of Rhode Island Hospital

KENT HOSPITAL

A CARE NEW ENGLAND HOSPITAL

Butler Hospital
Next Steps

- Complete implementation
- Improve efficiency and timeliness of data surveillance
- Evaluation
  - Implementation
  - Outcomes
Levels of Care 1 Designation

KENT HOSPITAL

A CARE NEW ENGLAND HOSPITAL
Elizabeth A. Samuels, MD, MPH
Levels of Care Implementation Lead
Rhode Island Department of Health
Liz.Samuels@health.ri.gov
Tracking Overdose Metrics on www.PreventOverdoseRI.org
Today’s Objectives

- What’s the state of the epidemic?
- How are we tracking progress?
- Where are we making progress?

*As of October 30th, 2017.
2017 numbers are preliminary and subject to change.
Source: Rhode Island Office of the State Medical Examiners & www.PreventOverdoseRI.org
Note: July, August, and September numbers for 2017 are preliminary and have been suppressed.
Increasing Burden of Overdose Death among Women


- **2014**:
  - Men: 83 (71%)
  - Women: 34 (29%)

- **2015**:
  - Men: 110 (71%)
  - Women: 44 (29%)

- **2016**:
  - Men: 123 (69%)
  - Women: 56 (31%)

- **2017**:
  - Men: 95 (60%)
  - Women: 63 (40%)

Legend:
- Blue: Men
- Green: Women
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)

- **2014**: 240 Total Overdose Deaths, 35 (15%) Previously Incarcerated
- **2015**: 290 Total Overdose Deaths, 43 (15%) Previously Incarcerated
- **2016**: 336 Total Overdose Deaths, 39 (12%) Previously Incarcerated
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
There are treatment options in Rhode Island. Call 942-7867 for 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)

- 2014: 46,452
- 2015: 36,402
- 2016: 44,639
- 2017: 40,020
- 2018: 40,020
Number of Unique Rhode Island Prescribers who Checked the PDMP

- **2016**
  - January: 500
  - February: 600
  - March: 700
  - April: 800
  - May: 900
  - June: 1000
  - July: 1100
  - August: 1200
  - September: 1300
  - October: 1400
  - November: 1500
  - December: 1600

- **2017**
  - January: 1700
  - February: 1800
  - March: 1900
  - April: 2000
  - May: 2100
  - June: 2200
  - July: 2300
  - August: 2400
  - September: 2500
Rescue Strategy: Increase the number of naloxone kits distributed in the community each year.

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

- 2012: 94
- 2013: 386
- 2014: 1,500
- 2015: 2,762
- 2016: 6,341
- 2017: 6,065
- 2018: 10,000
Pharmacy and Community-Based Naloxone Distribution in Rhode Island (2016 - September 2017)

Providence
2,371 kits distributed
(133.2 kits per 100,000 people)
Rate of OA-MAT Capacity

Rate of Past-Year Opioid Abuse or Dependence

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

Source: Rhode Island Prescription Drug Monitoring Program (PDMP)
Treatment Strategy: Increase the number of people receiving Medication Assisted Treatment each year.

Source: Rhode Island PDMP (buprenorphine) & BHDDH (methadone)
Recovery Strategy: Increase the number of peer recovery coaches and contacts each month.
Acknowledgements

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

What’s yours?