



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

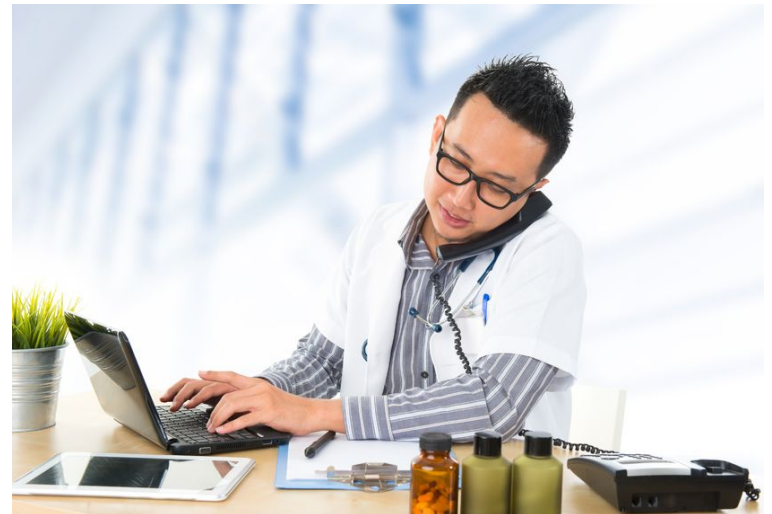
Karen Sax McLoughlin

Nov 8, 2017



Objective

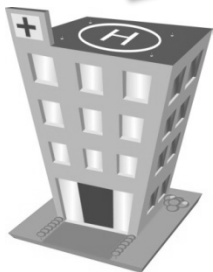
- Overview of RIQI tools that close health information gaps
 - Care Management (CM) Dashboards
 - CurrentCare for Me Designee Alerts



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)

Patient is
registered in an
ED, hospital, or
SNF



ADT



Alerts
Dashboards



**Real-time CM Alerts
Received by Care
Team**



Practices, ACOs

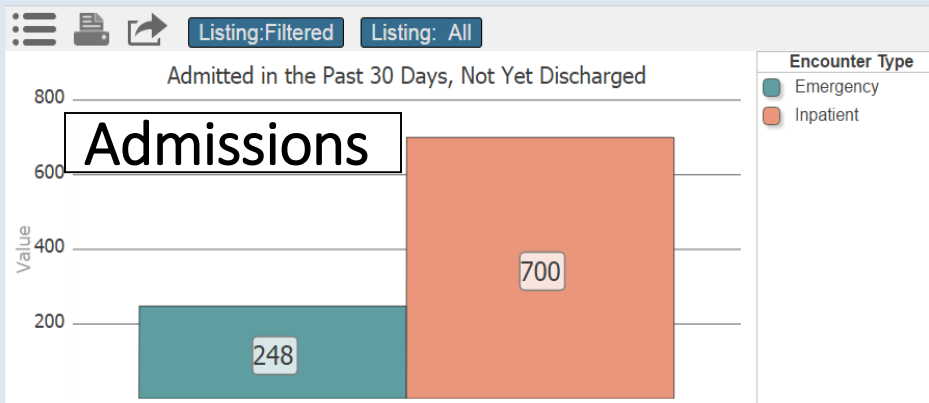
**Real-time CM
Dashboards
Available
to Care Team**



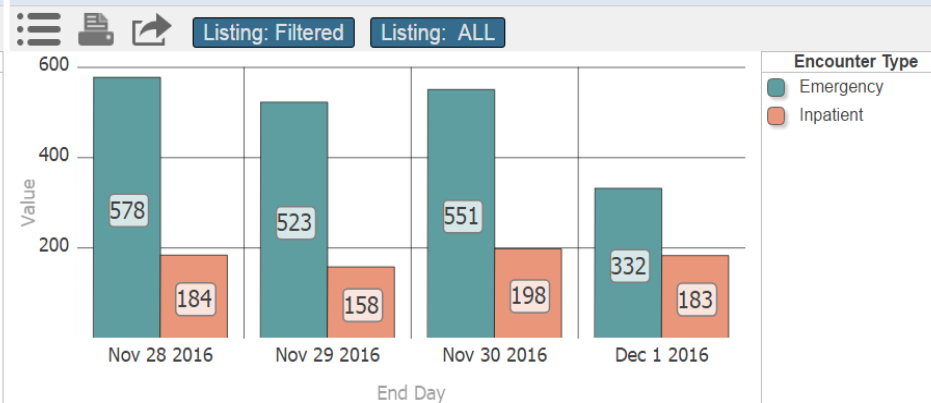
Care Management Dashboard

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

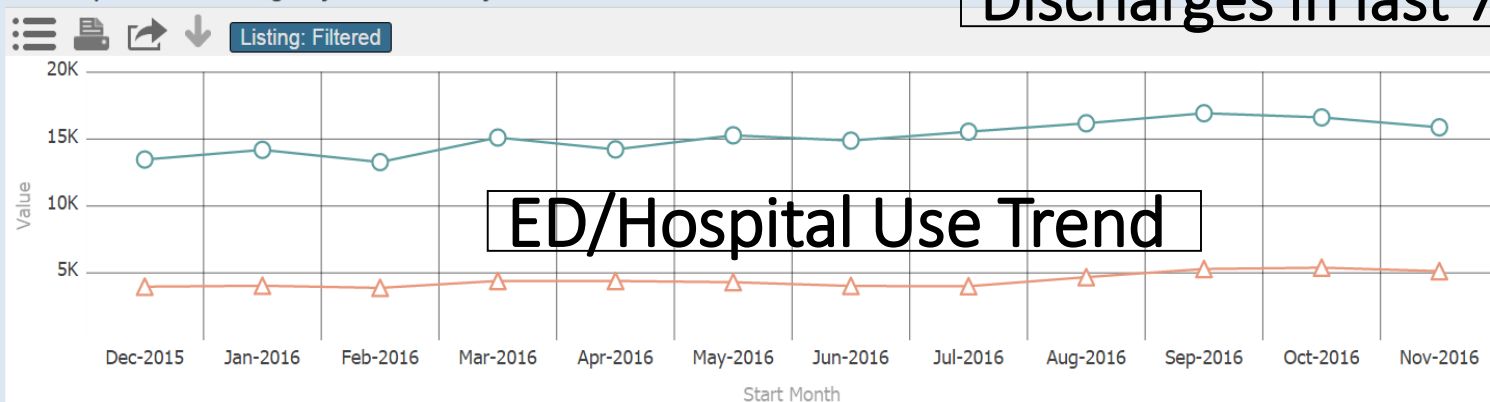
Patients Currently Inpatient or In The ER



Patients Discharged in the Past 72 Hours



Inpatient and Emergency Admissions by Month



Discharges in last 72 hours



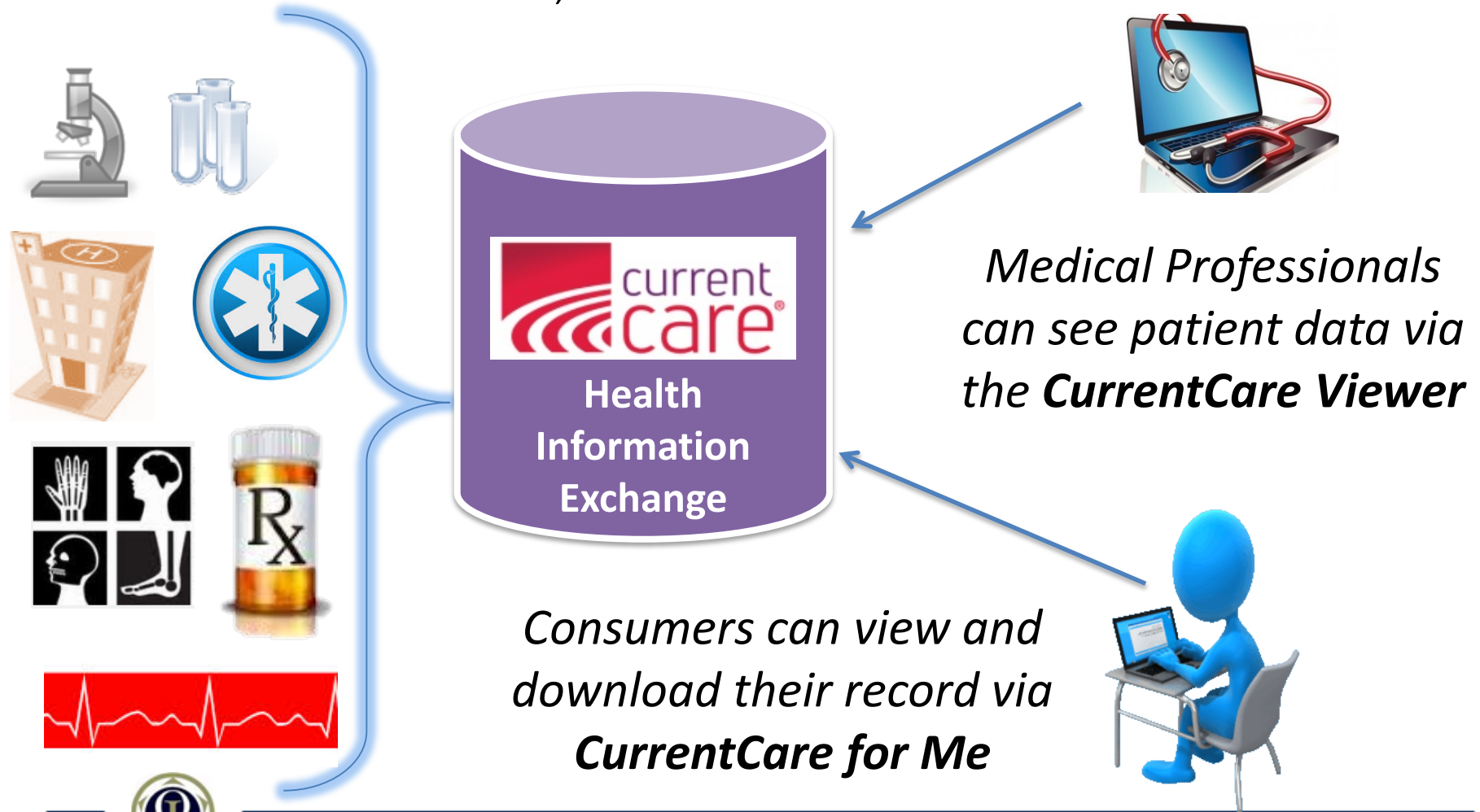
Care Management Dashboard Detail

Admit Reason	Admit Description	Referring Clinician	Discharge Location	Discharge Disposition	ERVisits 6moTotal	Inpatient 6moTotal
painful urination	E	GOOD		1	1	1
alcohol withdrawal uncomplicated	I		CNE Home Care VNA	6	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](#)

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



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

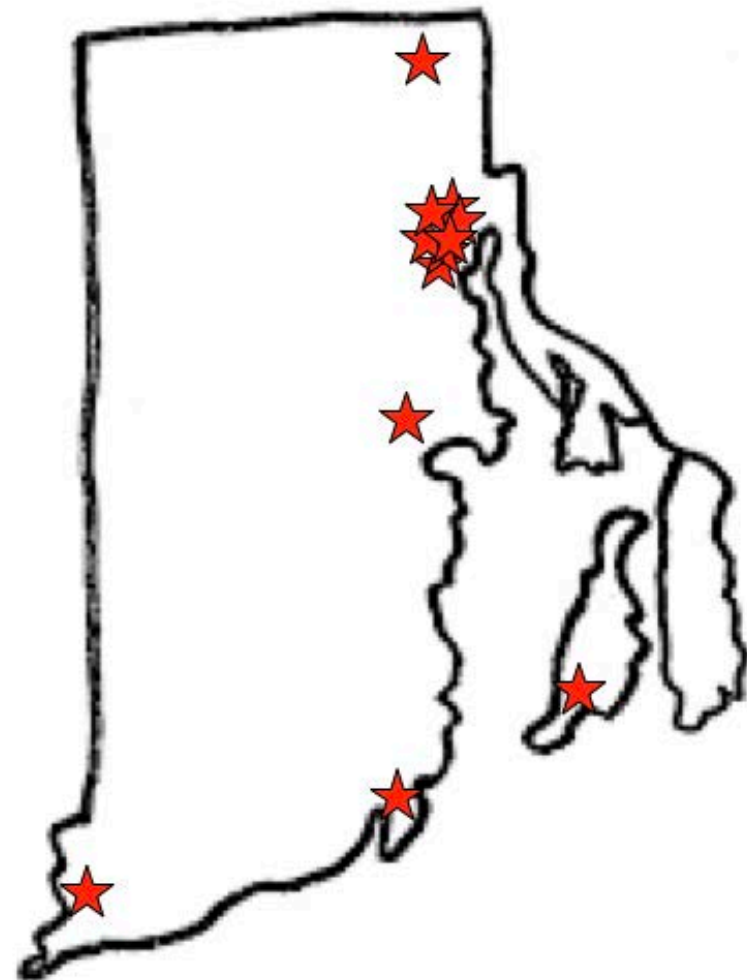
In process

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



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



Lifespan
Delivering health with care.™



The
Providence
Center

MAT



Lifespan Recovery Center
A program of Rhode Island Hospital



**KENT
HOSPITAL**
A CARE NEW ENGLAND HOSPITAL



BUTLER HOSPITAL
a Care New England Hospital

Next Steps

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



Levels of Care 1 Designation



Levels of Care 2 Designation





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



Brandon DL Marshall, PhD

Associate Professor of Epidemiology
Brown University School of Public Health

Today's Objectives



What's the state of the epidemic?

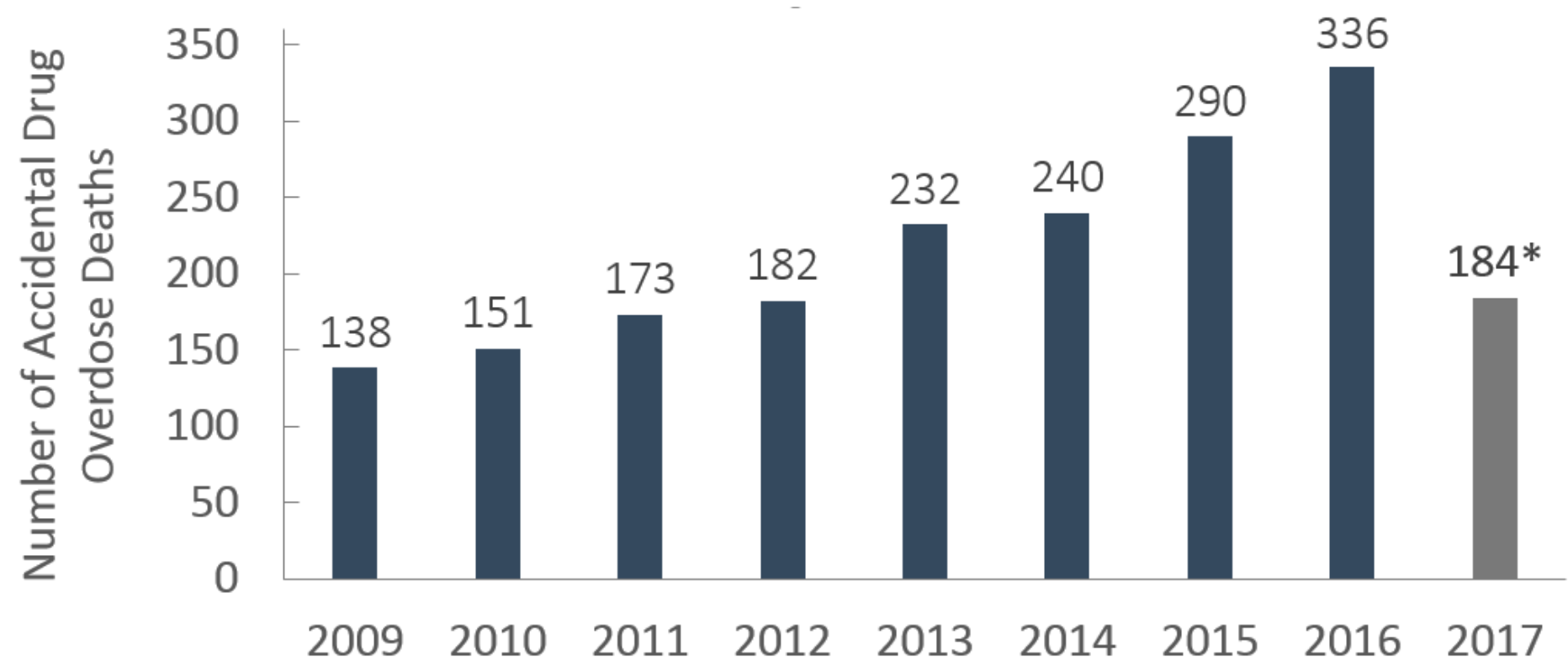


How are we tracking progress?

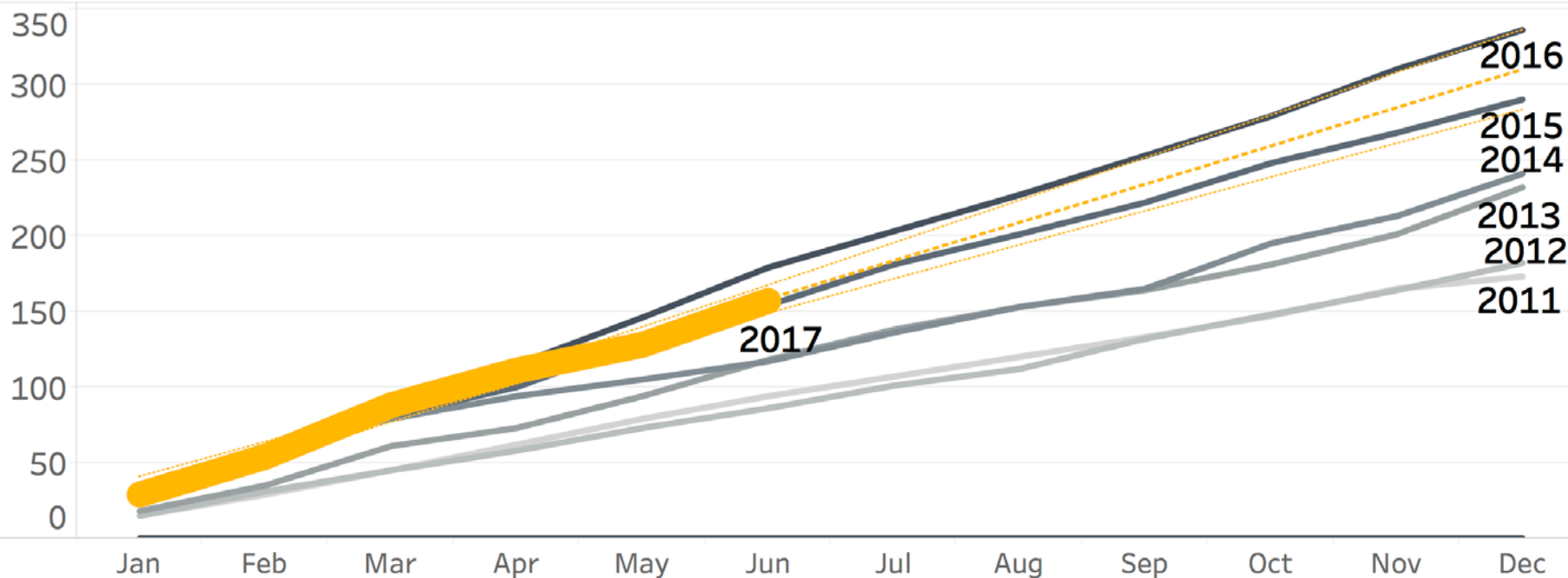


Where are we making progress?

Drug Overdose Deaths in Rhode Island (2009-2017)



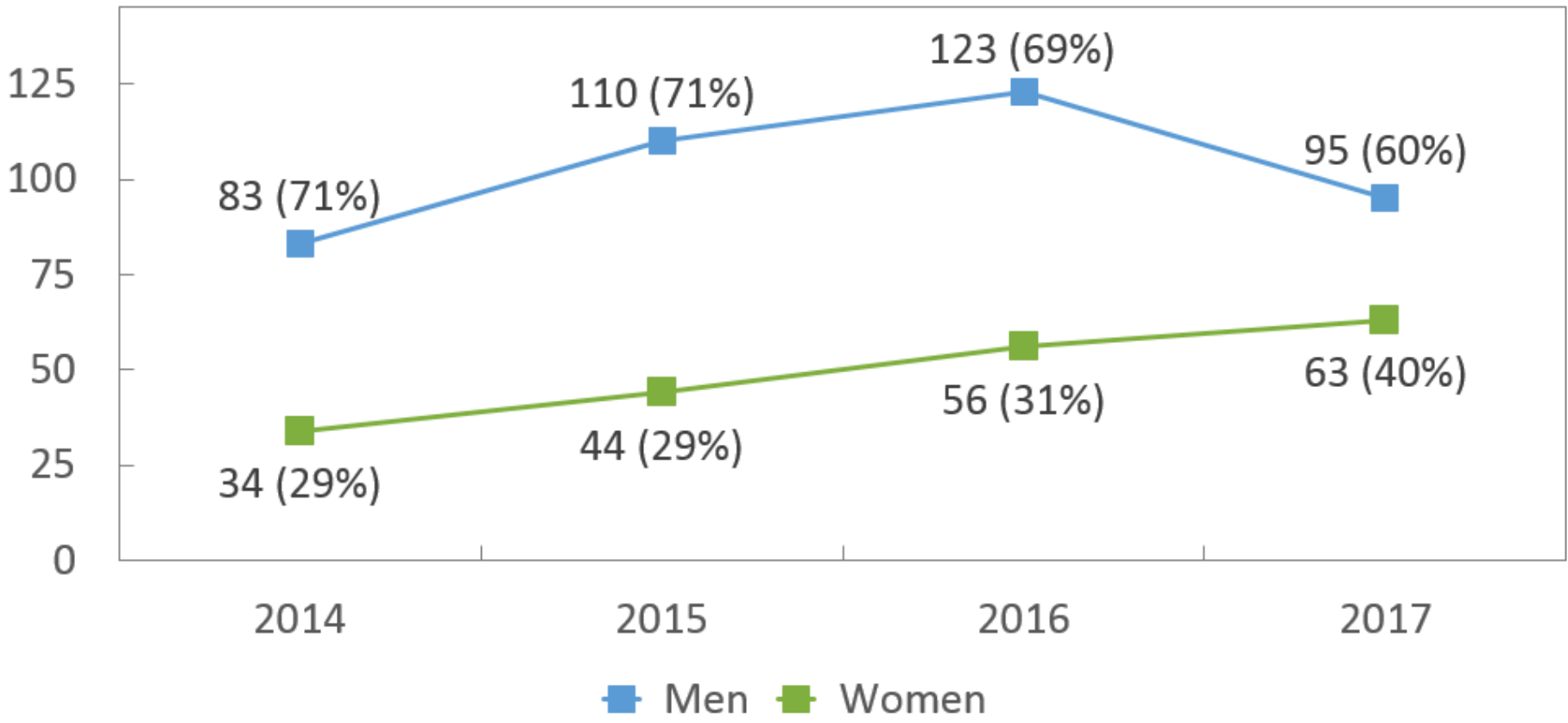
*As of October 30th, 2017.
2017 numbers are preliminary and subject to change.
Source: Rhode Island Office of the State Medical Examiners & www.PreventOverdoseRI.org



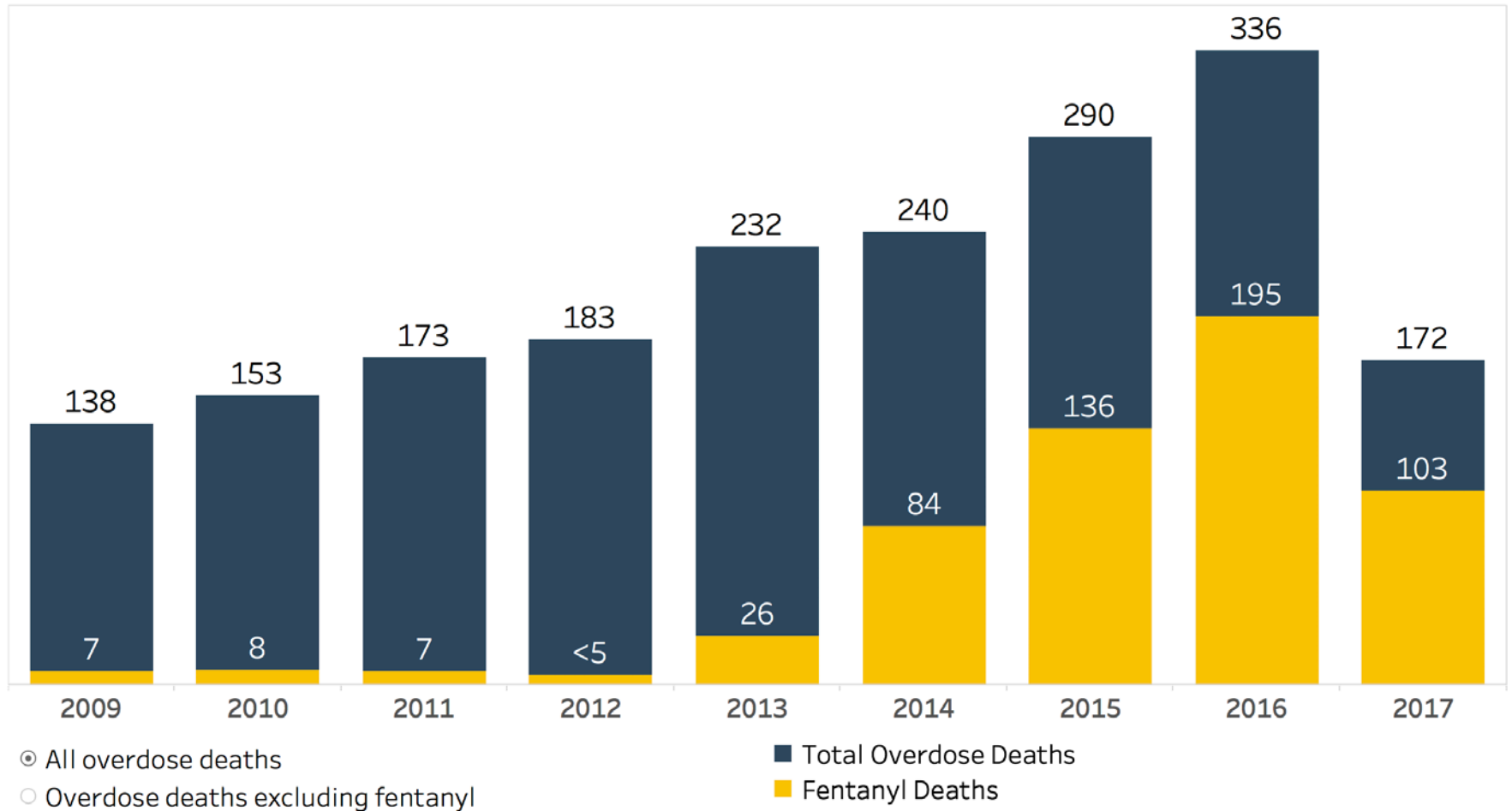
Note: July, August, and September numbers for 2017 are preliminary and have been suppressed

Increasing Burden of Overdose Death among Women

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

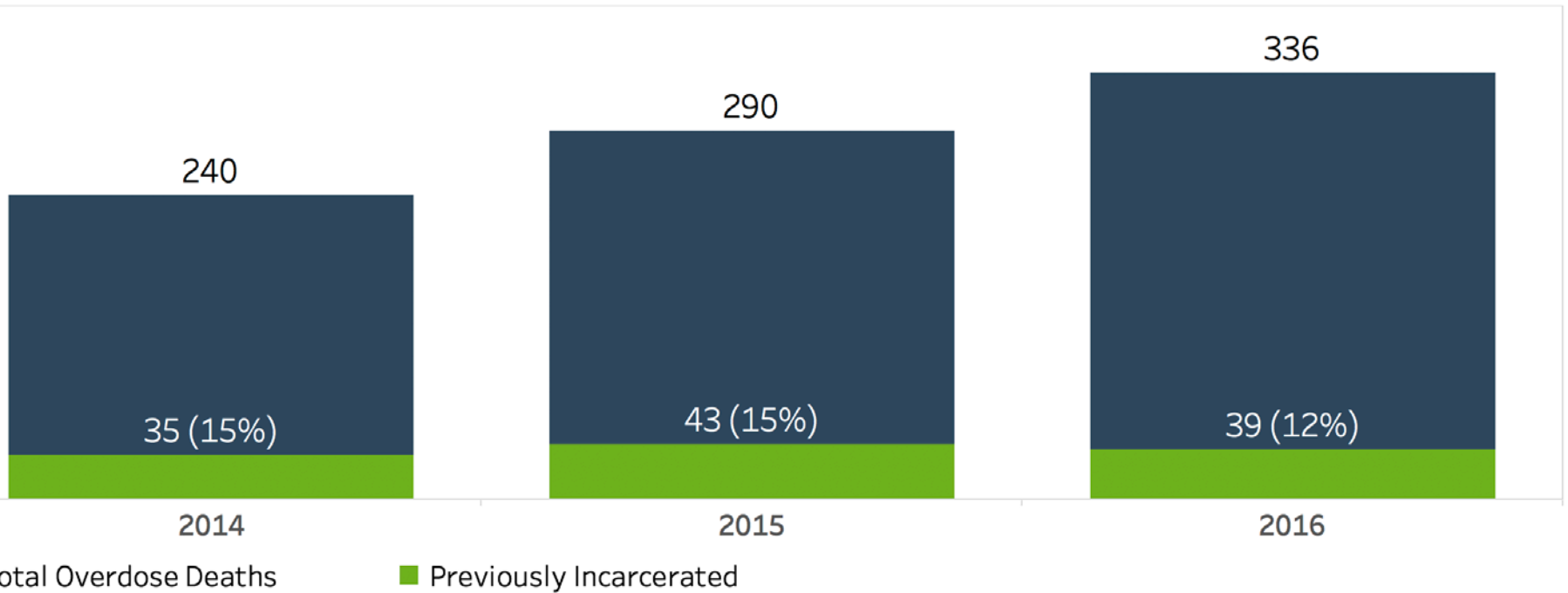


Fentanyl Involvement among Overdose Deaths



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

There are treatments
in Rhode Island. **help.**

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

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



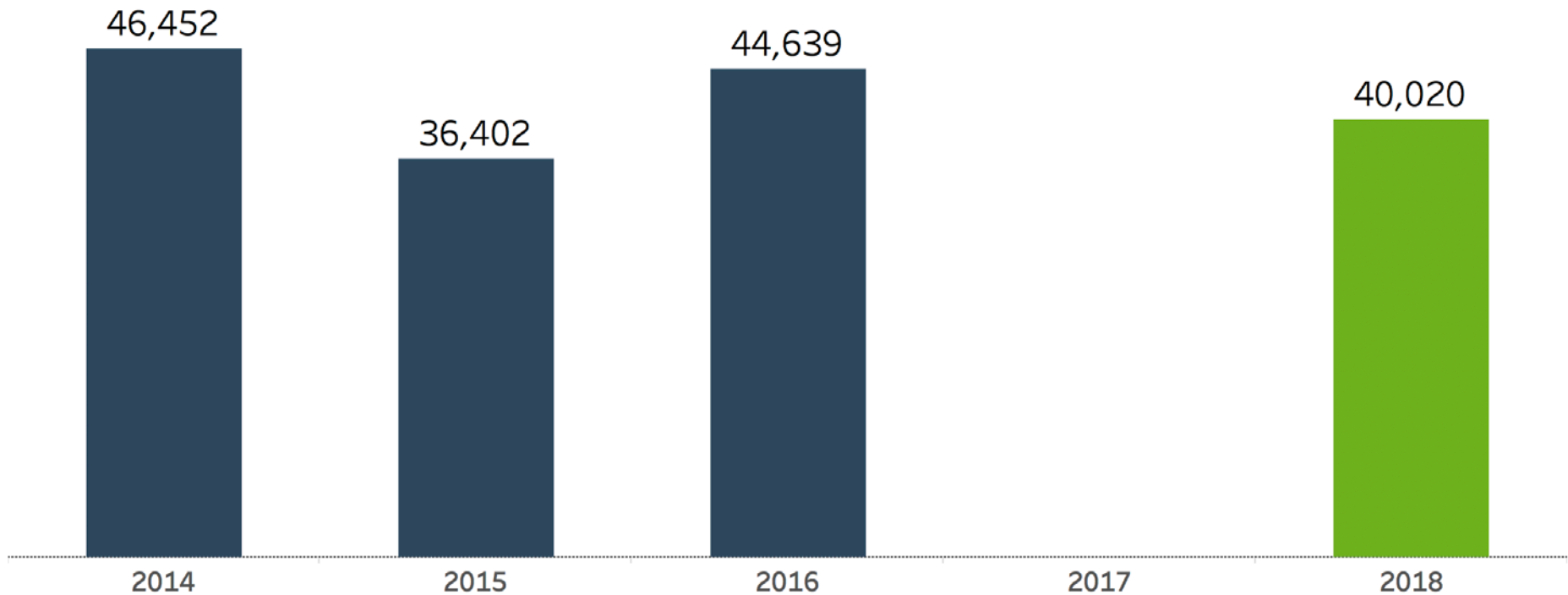
Expand peer recovery services and treatment options that help people start recovery.

Fact

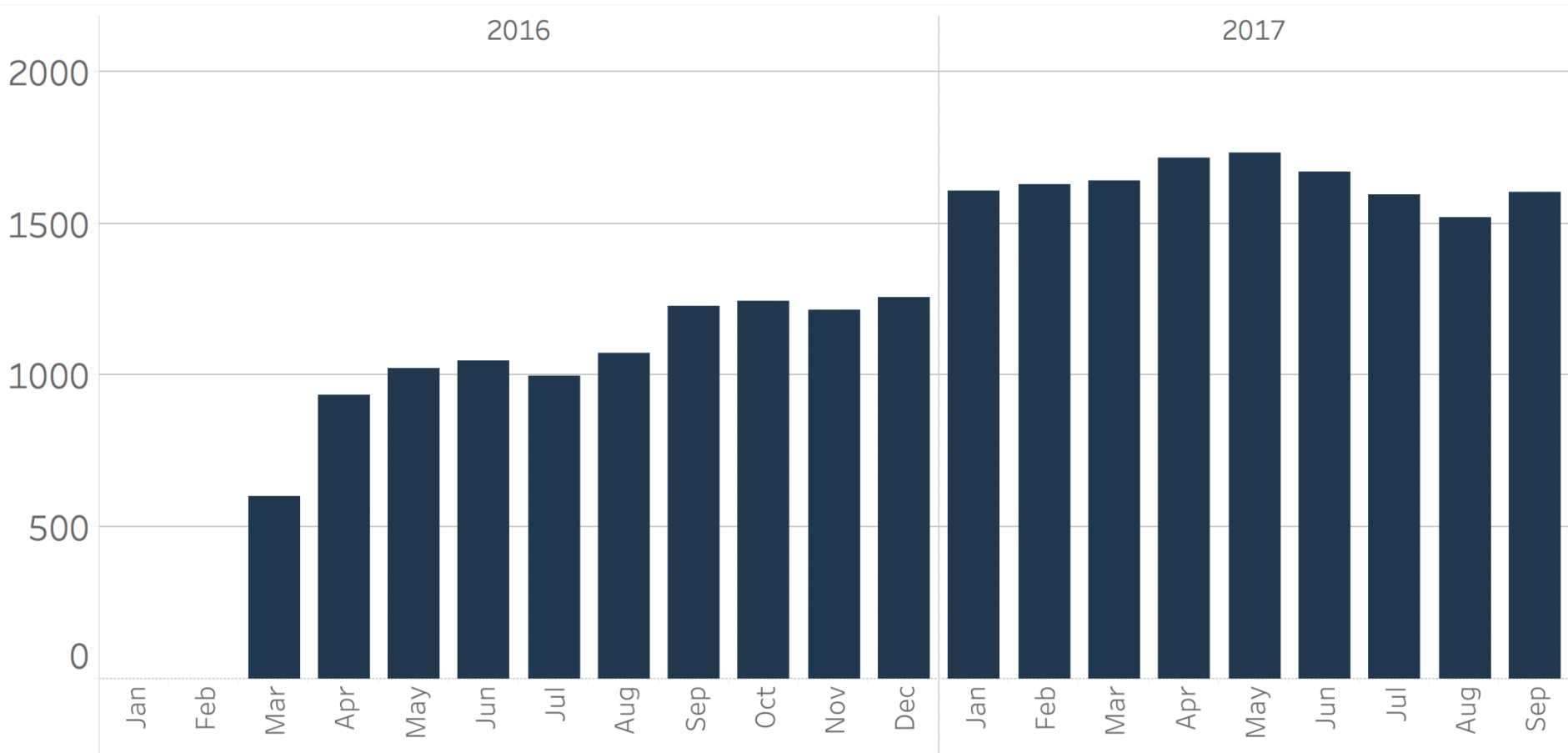
We're making sure that all patients treated for addiction have a long-term recovery plan.

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)

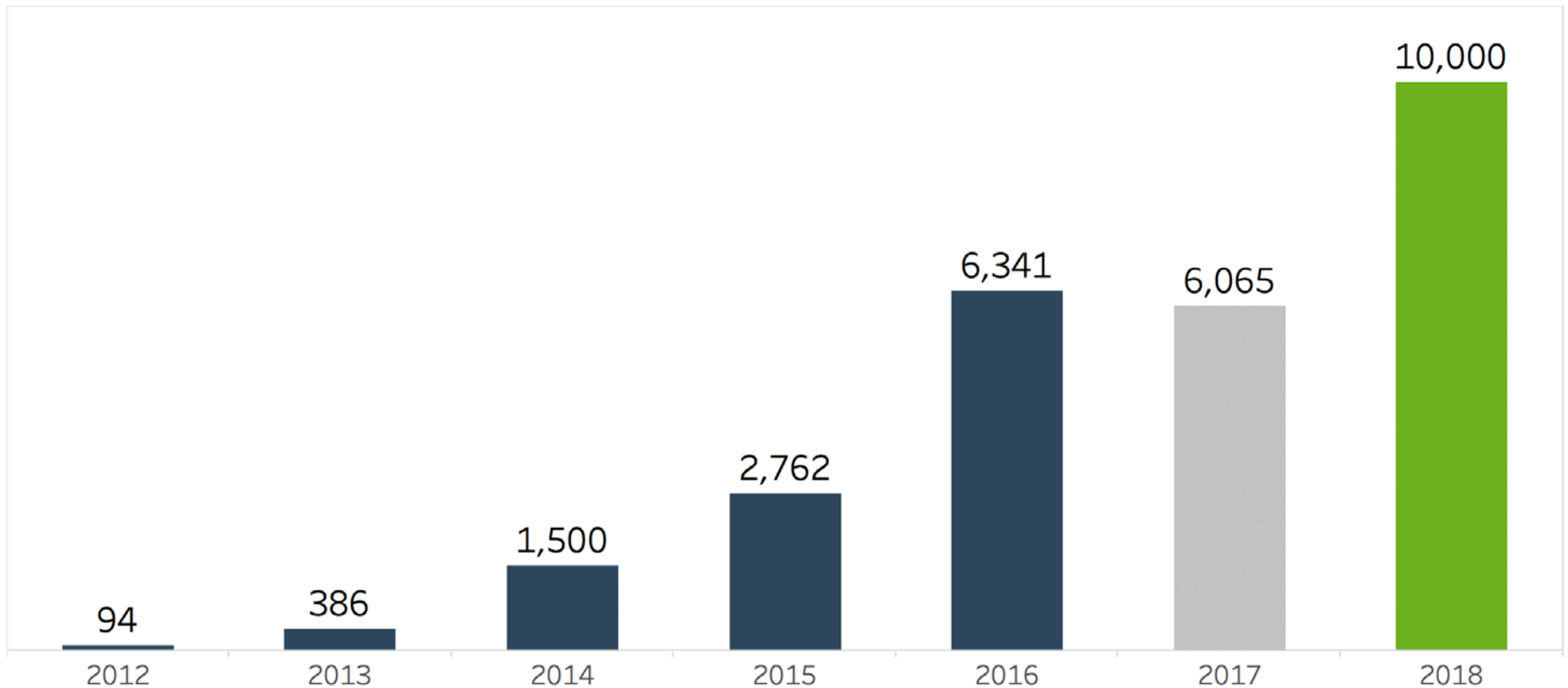


Number of Unique Rhode Island Prescribers ho Checked the PDMP

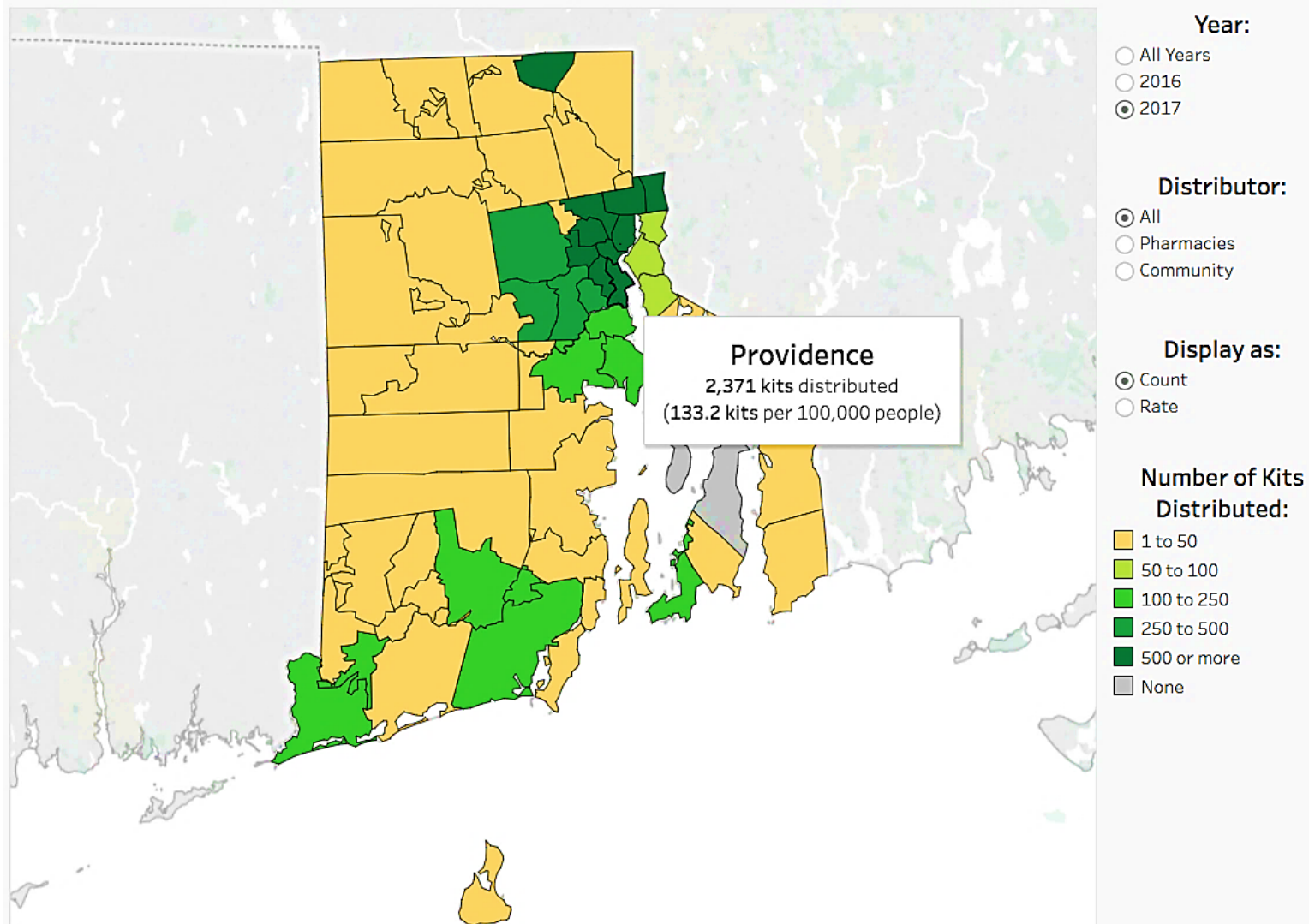


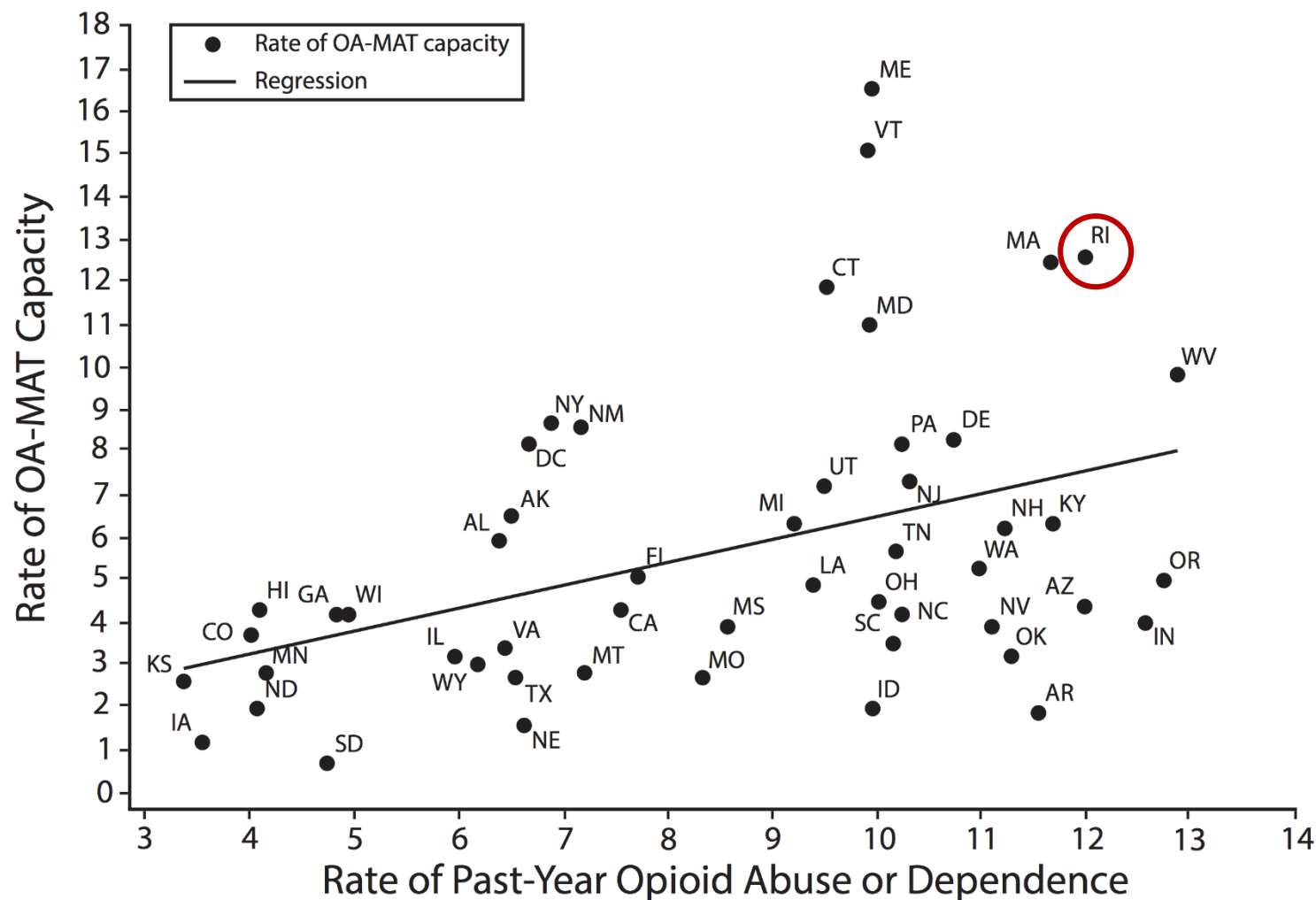
Rescue Strategy: Increase the number of naloxone kits distributed in the community each year.

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



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





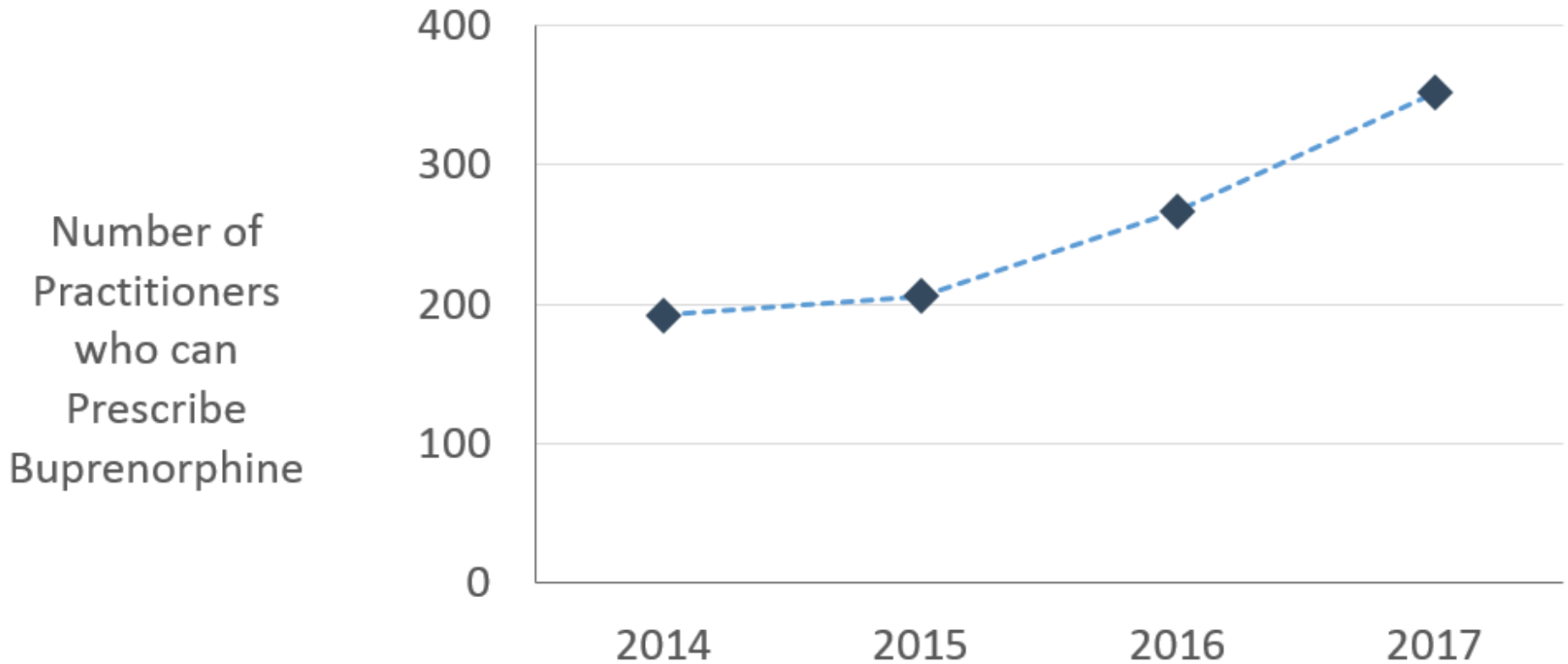
Note. OA-MAT = opioid agonist medication-assisted treatment.

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

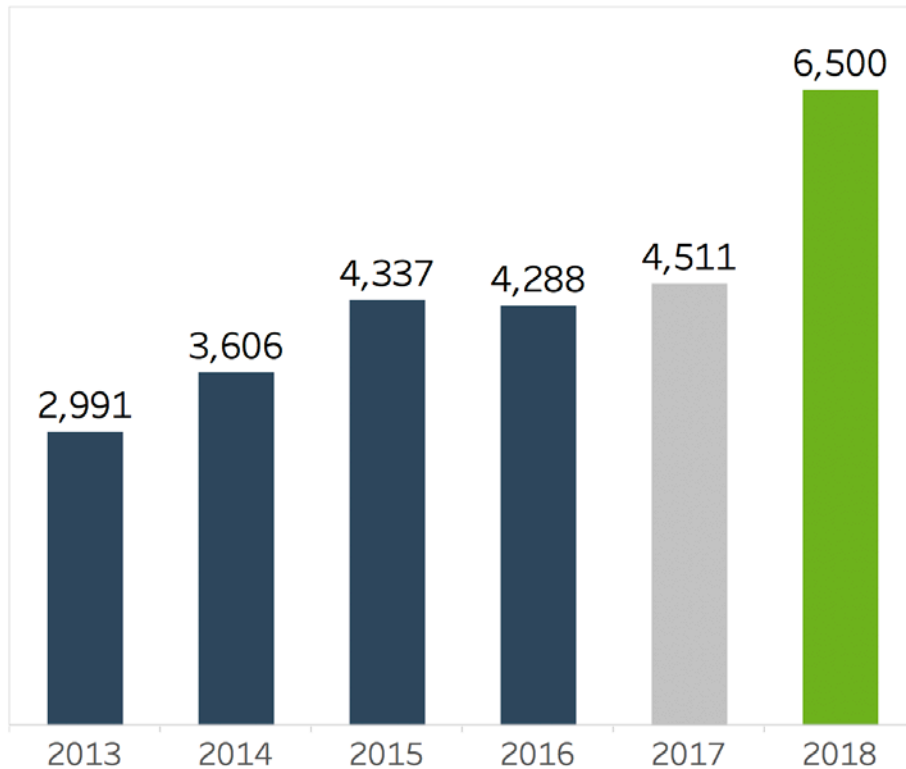


Increasing Buprenorphine Treatment Capacity

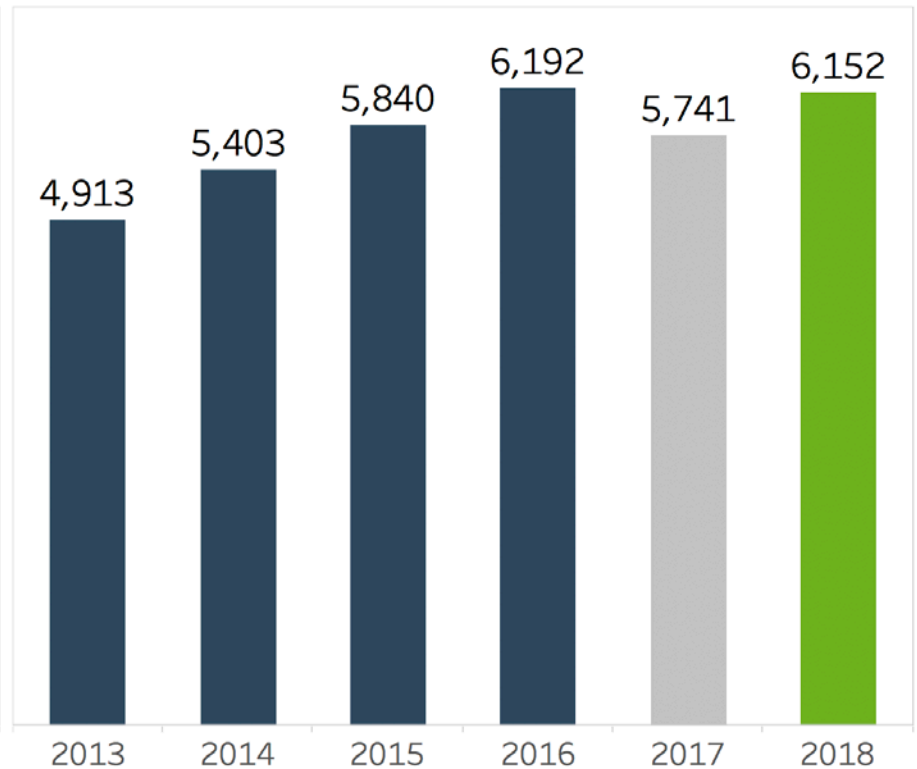


Treatment Strategy: Increase the number of people receiving Medication Assisted Treatment each year.

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



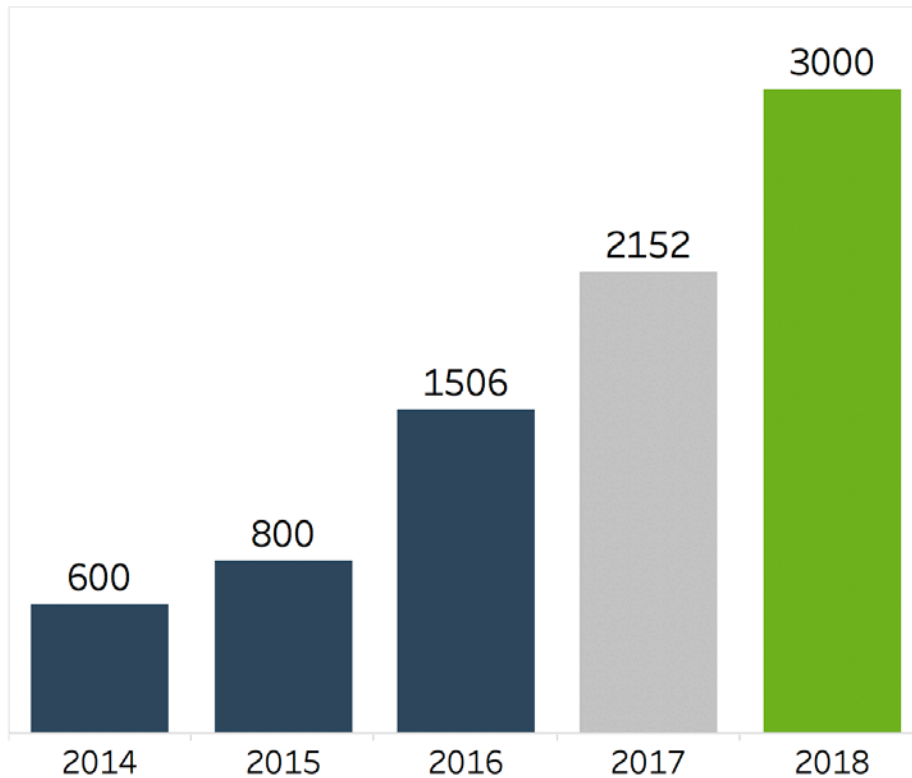
Annual cumulative number of people receiving methadone (2013 - September 2017)



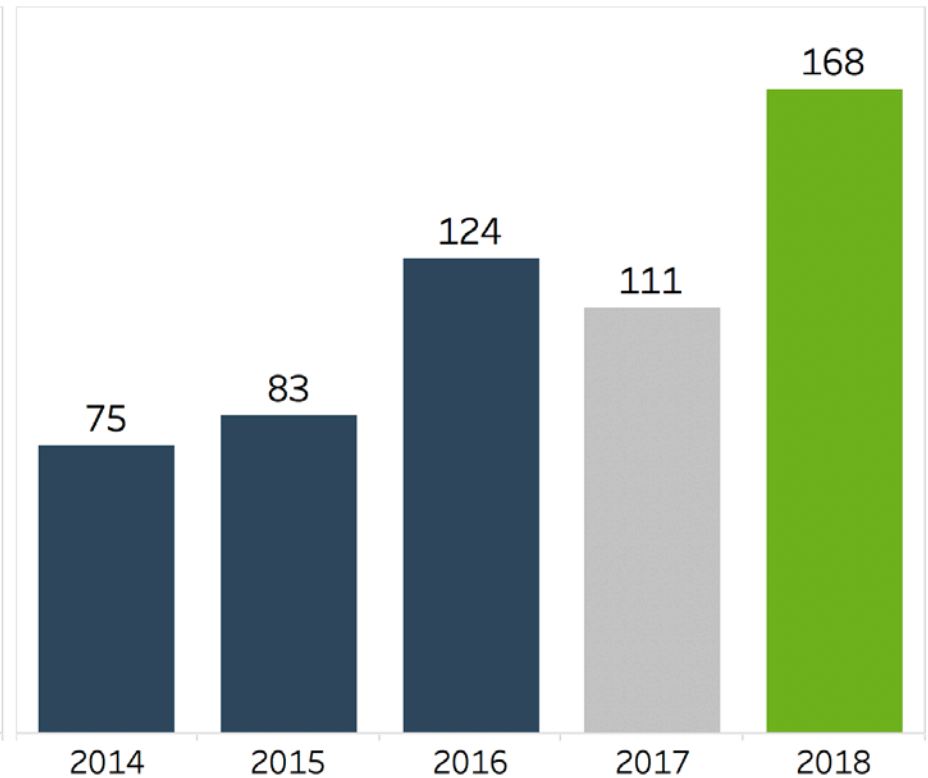
Source: Rhode Island PDMP (buprenorphine) & BHDDH (methadone)

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