Hospitals’ Role in Addressing the Opioid Crisis

Webinar 4: Overdose Survivors Outreach Project

October 18, 2017
Agenda

• Overdose Survivors Outreach Project (OSOP) Background
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  Maryland Department of Health, Behavioral Health Administration
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  Senior Health Consultant, Mosaic Group

• MedStar Harbor Experience
  Cara S. Miller, RN, BSN
  Assistant Director of Nursing Emergency Department
  MedStar Harbor Hospital

• Anne Arundel Medical Center Experience
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  Program Manager-Recovery Support Services, Anne Arundel County
  Department of Health, Bureau of Behavioral Health Services
Opioid - Overdose Survivors Outreach Project (OSOP)

MARYLAND Department of Health
Behavioral Health Administration

In partnership with

Behavioral Health System
Baltimore

mosaic GROUP

Anne Arundel County
MARYLAND Department of Health
A MODEL FOR RESPONDING TO OPIOID OVERDOSES IN MARYLAND HOSPITAL EMERGENCY DEPARTMENTS
Maryland Intoxication Deaths

Source: CDC, Vital Signs, 2013
Intoxication deaths by jurisdiction

Figure 2. Total Number of Intoxication Deaths Occurring in Maryland by Place of Occurrence, 2016.
Currently, OSOP has been implemented by expanding on two different hospital-based Peer led intervention models, one in Anne Arundel County, and the other in hospitals throughout Baltimore City.
OSOP

- First implemented in 2016
  - Anne Arundel Medical Center
  - Bon Secours Baltimore Hospital
  - Mercy Medical Center
  - MedStar Harbor Hospital
  - University of Maryland Medical Center

- Implmented and managed through the Anne Arundel County Health Department and the Mosaic Group
## Unintentional Deaths

### 10 Leading Causes of Injury Deaths by Age Group Highlighting
Unintentional Injury Deaths, United States – 2015

| Rank | Age Groups  | <1  | 1-4 | 5-9 | 10-14 | 15-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65+   | Total  |
|------|-------------|-----|-----|-----|-------|-------|-------|-------|-------|-------|-------|-------|--------|
| 1    | Unintentional Suffocation | 1,729 |     |     |       |       |       |       |       |       |       |       |        |
| 2    | Homicide Unspecified | 1,765 |     |     |       |       |       |       |       |       |       |       |        |
| 3    | Homicide Unspecified, Classifiable | 69    |     |     |       |       |       |       |       |       |       |       |        |
| 4    | Unintentional Motor Vehicle Traffic | 131   |     |     |       |       |       |       |       |       |       |       |        |
| 5    | Undetermined Suffocation | 50    |     |     |       |       |       |       |       |       |       |       |        |
| 6    | Unintentional Drowning | 30    |     |     |       |       |       |       |       |       |       |       |        |
| 7    | Homicide Fire/ Burn | 24    |     |     |       |       |       |       |       |       |       |       |        |
| 8    | Unintentional Fire/Burn | 22    |     |     |       |       |       |       |       |       |       |       |        |
| 9    | Undetermined Unspecified | 21    |     |     |       |       |       |       |       |       |       |       |        |
| 10   | Fall Unspecified | 12    |     |     |       |       |       |       |       |       |       |       |        |

Data Source: National Center for Health Statistics (NCHS), National Vital Statistics System.
Produced by: National Center for Injury Prevention and Control, CDC using CDC WONDER.”
Intoxication deaths by substance

Figure 5. Total Number of Drug- and Alcohol-Related Intoxication Deaths by Selected Substances\(^1\), Maryland, 2007-2016.

Since an intoxication death may involve more than one substance, counts of deaths related to specific substances do not sum to the total number of deaths. \(^2\)Includes deaths caused by benzodiazepines and related drugs with similar sedative effects.
Comprehensive Hospital Substance Use Response Program

- **SBIRT** – Screening, Brief Intervention and Referral to Treatment in the Emergency Departments

- **OSOP** – Opiate Overdose Survivor’s Outreach Program that includes Community Recovery Coaches to conduct in-reach/outreach and care management with survivor’s while in the hospital and once they are discharged

- **Buprenorphine Administration in the ED** – initiating medication-assisted treatment while patient is in the ER and referring them for maintenance therapy upon release
Integrating OSOP in 4 existing hospitals plus 5 additional hospitals

**Goal:**
Educate overdose survivors about their risk for additional overdoses and keep them alive

**Program Components:**
1. Brief Intervention from Peer Recovery Coach in ER
2. Overdose prevention education and provision of naloxone
3. Intensive and ongoing outreach from Community Recovery Coach
OSOP – FY17 Pilot

- 4 hospitals & 2 outpatient treatment programs
  - 279 referrals
  - 30% engaged with Community Recovery Coach
  - 64% received referral to treatment
  - 63% linked to care
- Consent difficult to obtain
- Communication barriers
- Care coordination fragmented
- Limited resources for larger geographic coverage
• Hospital-based Community Recovery Coaches
• Improved engagement
• EHR documentation
• Improved care coordination
• CRISP utilization
OSOP: MedStar Harbor Hospital

- **Patient population**
  - 4300 average ED Visits monthly / 3100 unique patients
  - 450 patients screen positive for risky substance use
  - SBIRT coaches conduct brief interventions on roughly 50%
  - Refer approximately 25% of patients to treatment
  - 50% of patients link to treatment

- **OSOP**
  - 67 referrals to Family Health Centers of Baltimore
  - 66% engaged with outreach
  - 41% referred to treatment
  - 56% linked to treatment
Workflow

- Screening completed by RN
- Brief Intervention performed by Coach with attempt to obtain consent for OSOP
- Referral Form completed by Coach
- Referral Form and Consent emailed (encrypted) to Family Health Centers of Baltimore and placed in hospital chart
- Standard follow up care with the patient by in-hospital Coach scheduled
- Weekly call prescheduled for review of all cases with on-site Coach, ADON and OSOP provider
MedStar Successes & Challenges

• Successes
  ○ Improved referrals and linkages to treatment
  ○ Increased awareness in the community
  ○ Two coaches following from different avenues
  ○ Improved communication with closest treatment center

• Challenges
  ○ Start up-education for nurses, coaches and OSOP worker
  ○ Obtaining consent
  ○ Technology
  ○ Communication/ Information-sharing
Importance of brief intervention and trust formed with SBIRT Peer Recovery Coach
Weekly phone meetings improve engagement
Aggressive outreach improves patient outcomes
Education for coaches assists with the success
Communication between SBIRT team and OSOP worker is key
Goals:
- To identify people seen in an ED setting after an overdose OR other opioid-related issue
- To link them to medication-assisted treatment or other SUD treatment.

Program Services
- Substance Use Disorder screening and referral
  - Medication-assisted treatment screening and referrals
- Naloxone kit dispensed by hospital pharmacy to each person on discharge (May 2017)
- Peer support services
  - Twice a month contact for all who are referred (up to 12 months)
  - Case management for those who consent

Program Staff
- 1 FTE nurse coordinator
- 2 FTE peer support specialists
Anne Arundel Medical Center
OSOP Services Flow Chart

ED will contact Peer Support Specialist via fax a list/face sheets of patients needing OSOS outreach. Peer will contact AAMC Patient Care Secretary

Peer Support Specialist will be dispatched to AAMC ED and DOH Nurse will assign patients for peers to meet with

If patient is not interested in MAT, peers will provide outreach materials (i.e. MARS) and follow up with patient post discharge

Peers will meet with CD patients

If patient leaves AMA or discharged before meeting with peer, ED staff will provide contact information for peers to do follow up calls

If patient is interested in MAT, peers will provide the Nurse Coordinator with name of patient

Nurse Coordinator will meet with the patient to do initial paperwork (assessment) and gather all required medical labwork, etc.

Patient will be referred to Inpatient or MAT and appointment will be scheduled

Patient will be referred to SCC, MDRN and other recovery support services as needed

Peers will conduct follow up calls to patients 12 months post discharge
OSOP- Anne Arundel Medical Center

- Began taking patients July 11, 2016
- As of October 13, 2017
  - 368 people referred to the program
  - 35 people (9%) readmitted for an overdose
  - 100% receive peer outreach
  - 44 people (12%) admitted into a Medication-Assisted Treatment (MAT) program
- **Highlights:**
  1. A patient was enrolled in MAT following an overdose. The spouse saw the positive changes happening with the patient as a result of treatment and peer support. She also decided to enroll into an MAT program. With the support of the ODSOS team, both the patient and spouse are doing well in treatment.
  2. The peer support specialist developed a healthy, mentoring relationship with a patient to assist him in early recovery as he was adjusting to MAT while also preparing for a cardiac procedure. Procedure was successful and the patient is healthy and drug free!
Questions?
Schedule of Webinars

June 28  New Opioid-Related Requirements
July 11  Naloxone Prescribing and Dispensing
September 12  Alcohol and Drug Use Screening
October 18  Overdose Survivors Outreach Project
November 14  Buprenorphine in the Emergency Department

Materials will be posted at: http://www.mhaonline.org/resources/opioid-resources-for-hospitals

All webinars are 8:30 – 9:30 a.m.