

Hospitals' Role in Addressing the Opioid Crisis

Webinar 4:
Overdose Survivors Outreach Project

October 18, 2017



Maryland Hospital Association

Agenda

- **Overdose Survivors Outreach Project (OSOP)
Background**

*Barry Page, Director of Early Intervention & Wellness Services
Maryland Department of Health, Behavioral Health Administration*

*Sadie Smith, MSW
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**

*LaToya Nkongolo, LCSW-C, LCADC, RPS
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



OSOP

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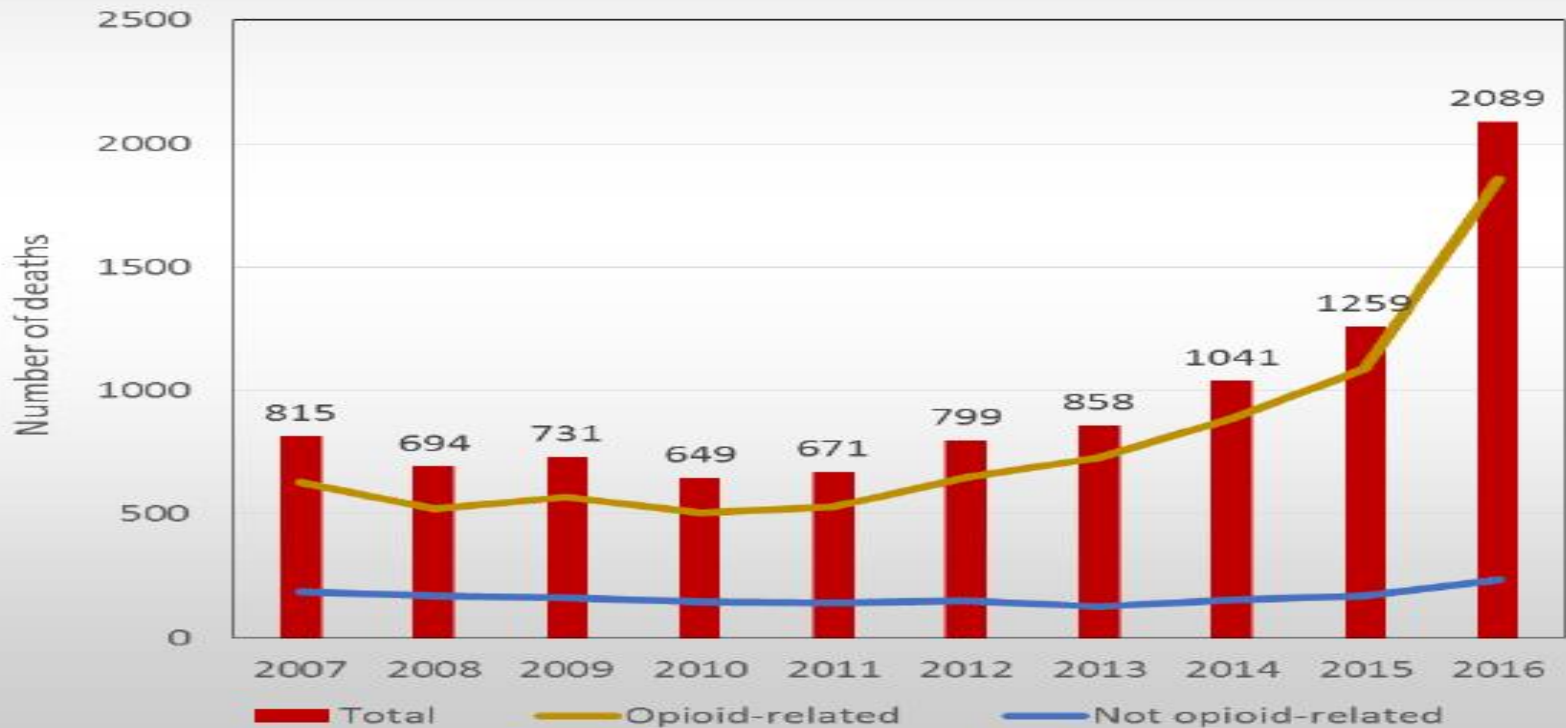
A MODEL FOR RESPONDING TO OPIOID OVERDOSES IN MARYLAND HOSPITAL EMERGENCY DEPARTMENTS



Maryland Intoxication Deaths

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Drug- and Alcohol-Related Intoxication Deaths in Maryland, 2016

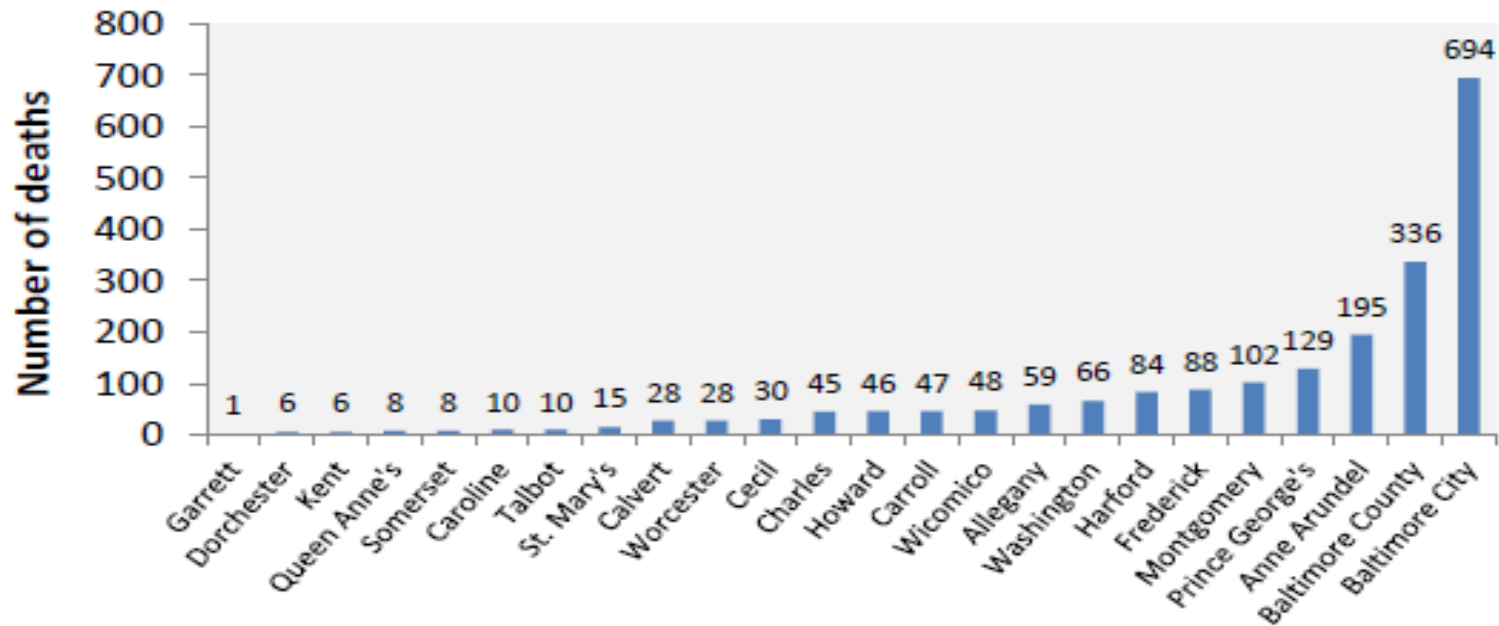


Source: CDC, Vital Signs, 2013

Intoxication deaths by jurisdiction

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Figure 2. Total Number of Intoxication Deaths Occurring in Maryland by Place of Occurrence, 2016.



OSOP

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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

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- **First implemented in 2016**
 - Anne Arundel Medical Center
 - Bon Secours Baltimore Hospital
 - Mercy Medical Center
 - MedStar Harbor Hospital
 - University of Maryland Medical Center
- **Implemented and managed through the Anne Arundel County Health Department and the Mosaic Group**

Unintentional Deaths

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

Rank	Age Groups										Total
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Unintentional Suffocation 1,125	Unintentional Drowning 390	Unintentional MV Traffic 351	Unintentional MV Traffic 412	Unintentional MV Traffic 6,787	Unintentional Poisoning 11,231	Unintentional Poisoning 10,580	Unintentional Poisoning 11,670	Unintentional Poisoning 7,782	Unintentional Fall 28,486	Unintentional Poisoning 47,478
2	Homicide Unspecified 135	Unintentional MV Traffic 332	Unintentional Drowning 129	Suicide Suffocation 234	Homicide Firearm 4,140	Unintentional MV Traffic 6,327	Unintentional MV Traffic 4,686	Unintentional MV Traffic 5,329	Unintentional MV Traffic 5,008	Unintentional MV Traffic 6,860	Unintentional MV Traffic 36,161
3	Homicide Other Spec., Classifiable 69	Homicide Unspecified 153	Unintentional Fire/Bum 72	Suicide Firearm 139	Unintentional Poisoning 3,920	Homicide Firearm 3,996	Suicide Firearm 2,952	Suicide Firearm 3,882	Suicide Firearm 3,951	Suicide Firearm 5,511	Unintentional Fall 33,381
4	Unintentional MV Traffic 64	Unintentional Suffocation 131	Homicide Firearm 69	Homicide Firearm 121	Suicide Firearm 2,461	Suicide Firearm 3,118	Suicide Suffocation 2,219	Suicide Suffocation 2,333	Unintentional Fall 2,504	Unintentional Unspecified 5,204	Suicide Firearm 22,018
5	Undetermined Suffocation 50	Unintentional Fire/Bum 100	Unintentional Other Land Transport 32	Unintentional Drowning 87	Suicide Suffocation 2,119	Suicide Suffocation 2,504	Homicide Firearm 2,197	Suicide Poisoning 1,835	Suicide Poisoning 1,593	Unintentional Suffocation 3,837	Homicide Firearm 12,979
6	Unintentional Drowning 30	Unintentional Pedestrian, Other 75	Unintentional Suffocation 31	Unintentional Other Land Transport 51	Unintentional Drowning 504	Suicide Poisoning 769	Suicide Poisoning 1,181	Homicide Firearm 1,299	Suicide Suffocation 1,535	Unintentional Poisoning 2,198	Suicide Suffocation 11,855
7	Homicide Suffocation 24	Homicide Other Spec., Classifiable 73	Unintentional Natural/Environment 24	Unintentional Fire/Bum 41	Suicide Poisoning 409	Undetermined Poisoning 624	Undetermined Poisoning 699	Unintentional Fall 1,298	Unintentional Suffocation 777	Adverse Effects 1,721	Unintentional Unspecified 6,930
8	Unintentional Fire/Bum 22	Homicide Firearm 50	Unintentional Pedestrian, Other 20	Unintentional Poisoning 36	Homicide Cut/Pierce 312	Unintentional Drowning 445	Unintentional Fall 492	Undetermined Poisoning 828	Unintentional Unspecified 696	Unintentional Fire/Bum 1,171	Unintentional Suffocation 6,914
9	Undetermined Unspecified 21	Homicide Suffocation 31	Unintentional Poisoning 17	Unintentional Suffocation 26	Undetermined Poisoning 234	Homicide Cut/Pierce 399	Unintentional Drowning 374	Unintentional Suffocation 469	Homicide Firearm 681	Suicide Poisoning 1,005	Suicide Poisoning 6,816
10	Four Tied 12	Unintentional Fall 30	Unintentional Struck by or Against 17	Suicide Poisoning 23	Unintentional Fall 217	Unintentional Fall 324	Homicide Cut/Pierce 291	Unintentional Drowning 450	Two Tied: Undet. Poisoning, Unint. Fire/Bum 565	Suicide Suffocation 908	Unintentional Drowning 3,602

Data Source: National Center for Health Statistics (NCHS), National Vital Statistics System.

Produced by: National Center for Injury Prevention and Control, CDC using WISQARS™.

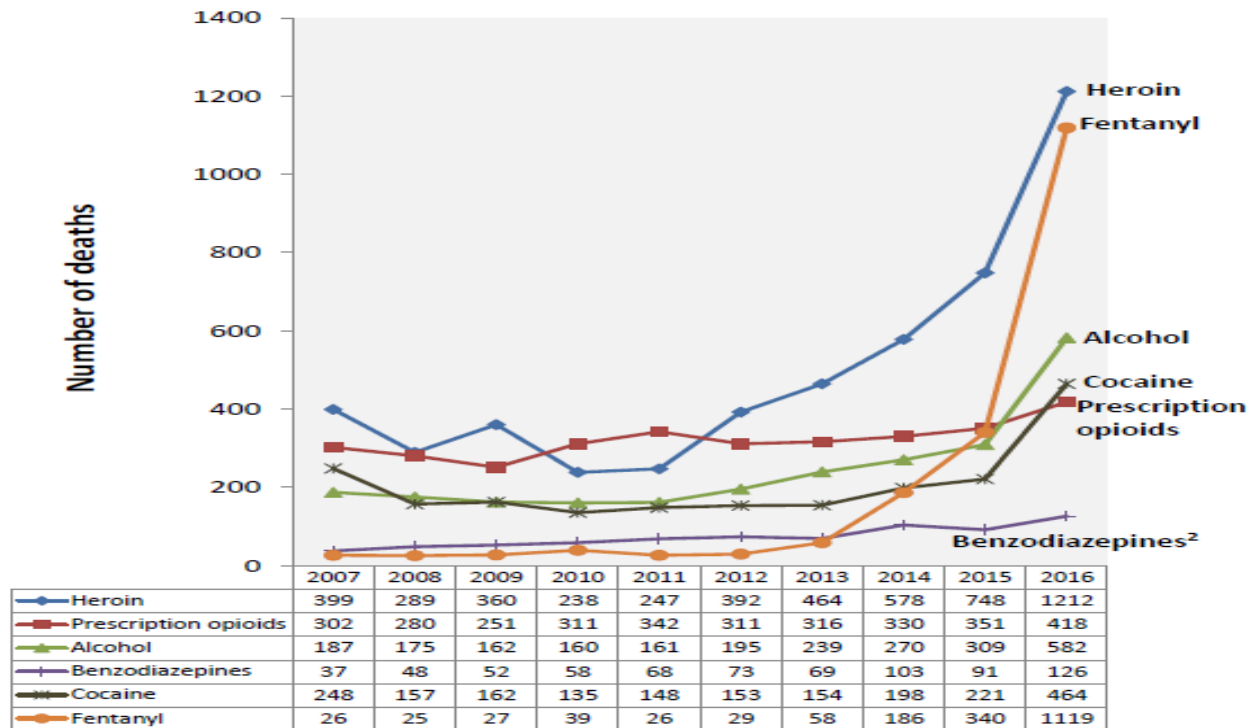


Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

Intoxication deaths by substance

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Figure 5. Total Number of Drug- and Alcohol-Related Intoxication Deaths by Selected Substances¹, Maryland, 2007-2016.



¹Since 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.

²Includes deaths caused by benzodiazepines and related drugs with similar sedative effects.

Comprehensive Hospital Substance Use Response Program

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- **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

OSOP - Baltimore

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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

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- 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

OSOP FY 18 Model Enhancements

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- Hospital-based Community Recovery Coaches
- Improved engagement
- EHR documentation
- Improved care coordination
- CRISP utilization

OSOP: MedStar Harbor Hospital

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- **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

OSOP: MedStar Harbor Hospital

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- **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

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- **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

MedStar Lessons Learned

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- 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

OSOP: Anne Arundel Medical Center

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- **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 ODSOS 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



Peers will meet with OD patients



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



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



Peers will conduct follow up calls to patients 12 months post discharge ev. 2 weeks minimum

OSOP- Anne Arundel Medical Center


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- 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?

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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.