

Opioid Use Disorder: Closing the Loop Between Hospital and Community

Welcome!

- All lines are muted, so please ask your questions in Q&A
- For technical issues, chat to the 'Technical Support' Panelist
- Please actively participate in polling questions that pop up on the lower right-hand side of your screen

We will get started shortly!

Opioid Use Disorder: Closing the Loop Between Hospital and Community



Presented by:

Jennifer Massey, PharmD

Vera Reinstein, PharmD, BCPS

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Hospital Quality Improvement

Welcome from all of us!



The Quality Improvement Services Group of
ALLIANT HEALTH SOLUTIONS



Jennifer Massey, PharmD

TECH ADVISOR, MEDICATION SAFETY

Jennifer is the hospital quality medication safety technical advisor and the North Carolina community coalition coordinator for Alliant Quality. She has over 10 years experience in the acute care hospital setting as a clinical staff pharmacist; including code response, ICU, emergency department, pediatrics and the operating room pharmacy in hospitals across Arkansas, Alabama, and North Carolina. Her background gives her a unique perspective on medication safety and adverse drug events. She earned her PharmD from the University of Arkansas for Medical Sciences in Little Rock, Arkansas. She is a member of the North Carolina Association of Pharmacists and is part of their opioid transformation team.

Contact: Jennifer.Massey@AlliantQuality.org



Vera Farkas Reinstein, PharmD, BCPS

PHARMACY PROGRAM DIRECTOR, ALLIANCE HEALTH

Dr. Vera Reinstein is the Clinical Pharmacist with Alliance Health the public behavioral health services managed care organization (MCO) for Medicaid and uninsured consumers in Wake, Johnston, Cumberland and Durham counties in North Carolina. Dr. Reinstein is a proud gator, having earned her Doctor of Pharmacy degree at the University of Florida and completed her pharmacy residency at the Moses H. Cone Memorial Hospital in Greensboro. She has been credentialed as a Board Certified Pharmacotherapy Specialist since 1994. Dr. Reinstein has practiced in various settings including academia, industry, and hospitals, which included Ambulatory Care in the VA in Florida. Before Alliance, Dr Reinstein worked with Community Care of North Carolina (CCNC) at Duke University's Division of Community Health where she became interested and involved with CCNC's Chronic Pain Initiative, Project Lazarus as well as the Community Pharmacy Enhanced Services Network and recognized the need to enhance pharmacy awareness and support for the use of naloxone and other harm reduction strategies to help save lives. Since then, she has been working with pharmacists and other community partners around education, overdose prevention, and increasing access to MOUD.



Contact: vreinstein@alliancehealthplan.org

Learning Objectives

- Learn Today:
 - Defining and understanding opioid use disorder (OUD)
 - Understand the process and benefits initiating buprenorphine in the emergency department
 - Review the basics of building a strong community partnership with behavioral health treatment programs to promote long term recovery
- Use Tomorrow:
 - Recognize the importance of buprenorphine initiation and knowledge of local substance abuse treatment services available

Why Focus On The ED?

Because that's where the patients are



Overdose



Seeking Treatment

Screening

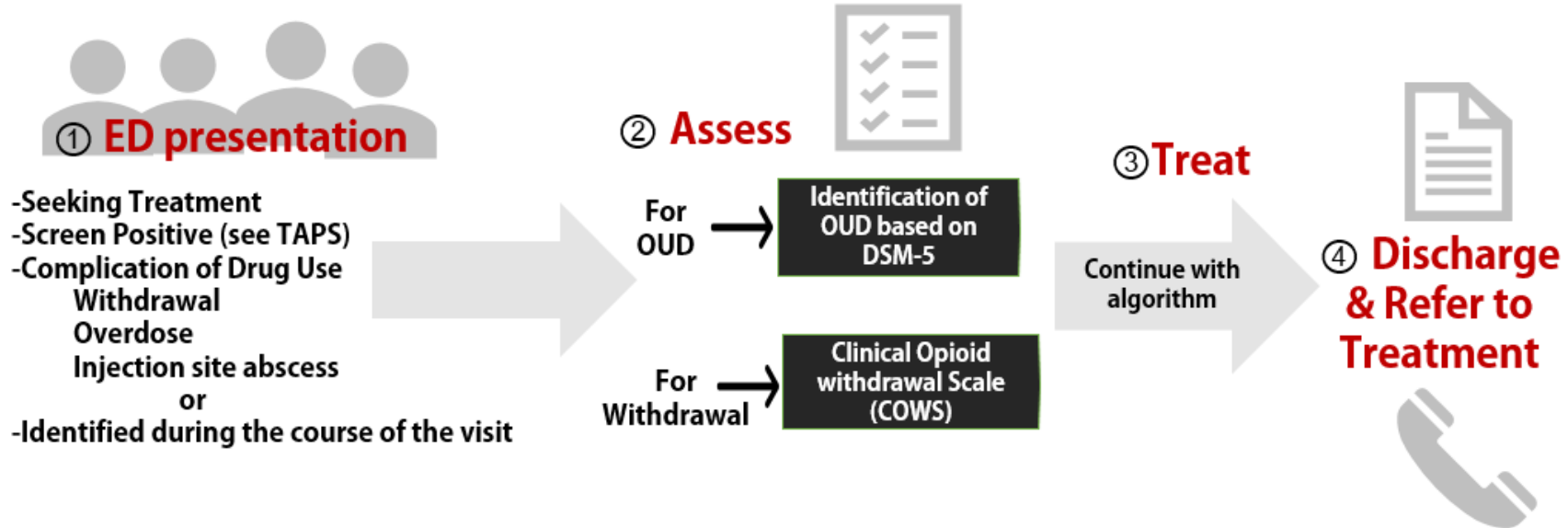


Eds and Emergency Physicians can...

- Identify patients with OUD
- Provide treatment
 - Initiate buprenorphine
 - Overdose education and naloxone distribution
- Directly link patient to continued opioid agonist therapy & preventive services



ED Initiated Buprenorphine



What About Buprenorphine

- MAT = Medication Assisted Treatment
- MOUD = Medication for Opioid Use Disorder (OUD)
- Buprenorphine is not SIMPLY replacing one addiction for another
- MOUD are THE evidence based treatment for OUD
 - ↓risk of overdose and death
 - ↓ use of illicit opioids
 - ↓IDU and its complications (HIV/Hep C/abscesses/endocarditis)
 - ↓contacts with criminal justice system

Medication Assisted Treatment (MAT)

How It Works

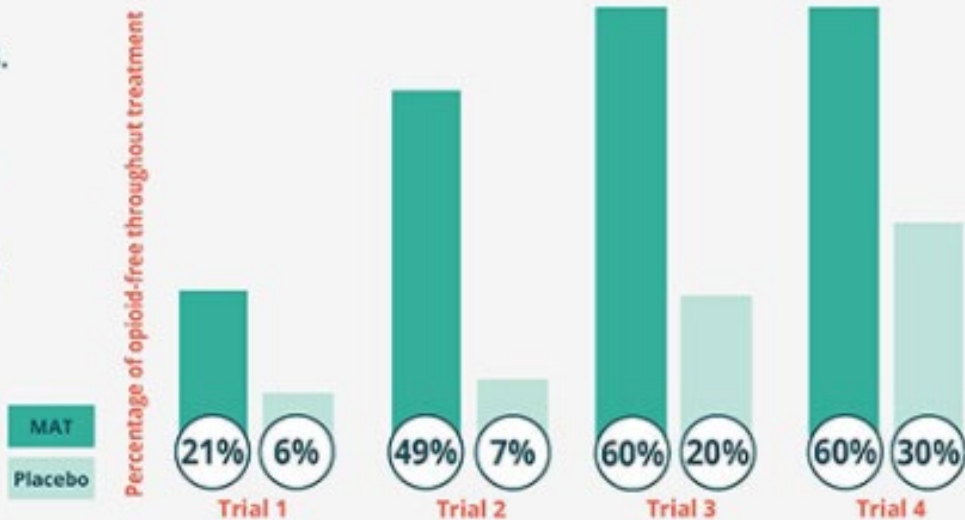
The prescribed medication operates to:



Source: Substance Abuse and Mental Health Services Administration

Success Rate

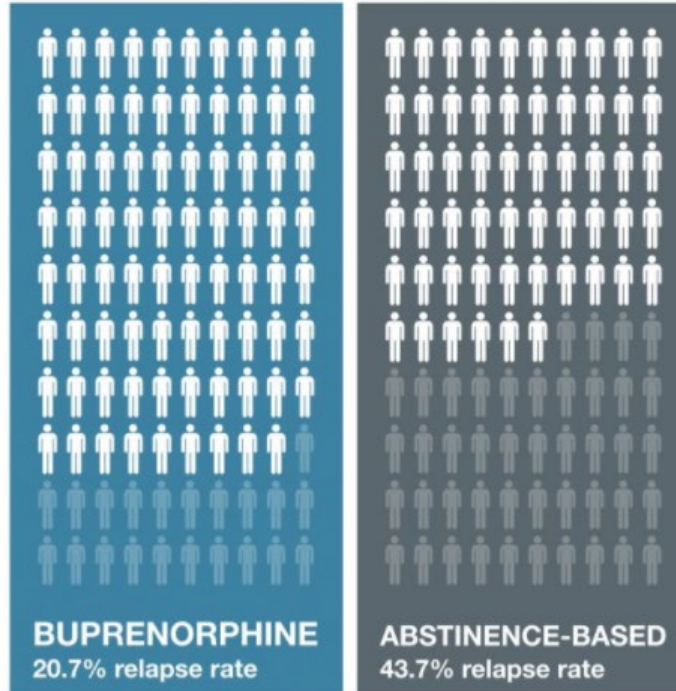
Medication-assisted treatment works. Clinical trials on methadone, buprenorphine, and naloxone show that twice as many patients have curbed their opioid use as compared to a placebo.



Source: Connery's 2015 study in the *Harvard Review of Psychiatry*. <https://www.ncbi.nlm.nih.gov/pubmed/25747920>

Treating Addiction

Relapse is a common problem in addiction treatment. Studies show that treatments involving medications, like buprenorphine, are more effective in reducing relapse rates than abstinence-based treatments.



Source: Journal of Substance Abuse Treatment, Risk Factors for Relapse and Higher Costs Among Medicaid Members with Opioid Dependence or Abuse: Opioid Agonists, Comorbidities, and Treatment History, 2015
Graphic by Alexandra Kanik

Strong Community Partnerships

- Identify local opioid/behavioral health community coalitions
 - Hospital, EMS, MAT providers, substance abuse treatment centers, law enforcement, naloxone/harm reduction, peer support, pharmacies
- Starting the Conversation
 - Identify community partners and available resources, establish communication channels, track and share progress

Strong Community Partnerships

- Warm handoffs
 - Opioid Treatment Programs, primary care providers, FQHCs, counseling centers...
 - What services do they offer?
 - Do they take insurance/Medicare/Medicaid?
 - Is there a mandatory waiting period?
 - Telepsychiatry/Telebehavioral Health
- Create a useable resource

Considerations for an ED resource

- Site address
- Site contact
- Hours of operation
- Phone Contact information
 - For new clients
 - Health care professionals (referrals, questions, etc from hospitals, EDs)
- Insurances accepted
 - Medicaid
 - Medicare (new for 2020!)
 - Private insurance
 - Self-pay
 - Initial Intake (start-up) cost?
 - Maintenance (list daily and weekly costs, if applicable)
 - Methadone
 - Buprenorphine
 - Naltrexone
 - Oral?
 - Injectable (Vivitrol)
 - Is self-pay rate dose dependent?
 - Sliding scale offered for self-pay?
- What is included in rate (especially if self-pay)
 - Counseling (individual or groups) - # visits per week or month
 - Doctor visits (# visits per week or month)
 - Urine Drug Screens
 - Other
- New patient
 - Intake DAYS of the week
 - First dosing day (specific days of the week?)
- Requirements (counseling X times/week or month, and consequences if not adherent etc)
- Benzo policy
- Extras offered (examples listed below)
 - Free transportation
 - On bus line
 - Lock boxes
 - Other_____

MAT Provider Example

<u>MAT--Medication Assisted Treatment</u>	Morse Clinic of North Raleigh	Michelle Kornegay -- Director 3209 Gresham Lake Road Building 10, Suite 113 Raleigh, NC 27615 919-977-5993	Medicaid, Cure's Grant, self pay	Methadone \$80/week; Buprenorphine \$120/week; \$50 intake fee Provides inhouse therapy including MH/minimum x2 per month No groups offered at this time
	Morse Clinic of Zebulon	Michelle Kornegay Director 877 East Gannon Avenue Suite 103 Zebulon, NC 27597 919-269-7343	Medicaid, Cure's Grant, self pay	Methadone \$80/week; Buprenorphine \$120/week; \$50 intake fee Provides inhouse therapy including MH/minimum x2 per month No groups offered at this time
	Southlight	Carol Lundsford -- all referrals send her 919-832- 4453 x1429 2101 Garner Road Raleigh, NC 27610	Medicaid, Cure's Grant, self pay	Methadone \$77/week; Buprenorphine \$112/week SA groups and individuals offered; will treat MH as well; multiple groups offered Benzo free clinic
	BAART	800 North Mangum St. Suite 400 Durham, NC 27701 919-683-1607	Medicaid, Cure's Grant, self pay	Methadone \$12/day; \$60/week; \$220/monthly. No Suboxone or Subutex Fee includes counseling services and UA's Benzos permitted with a max dose of 40mg of methadone
	Carolina Treatment Center	Louise Leake -- Director 3427 Melrose Road Fayetteville, NC 28304 910-864-8739	Medicaid, Cure's Grant, self pay	Methadone \$14/day; Subutex/Buprenorphine \$15.50-18.50/day; Suboxone \$260.00 per month plus prescription Provides SA only including groups and indiv; all MH referred out
	Johnson Reecover Services	1699 Old US Highway 70 West Clayton, NC 27520 919-359-1699	Medicaid, Cure's Grant, self pay	Methadone \$80/week; Buprenorphine \$110/week; \$10 take home fee All MH referred out; minimal groups offered Benzos permitted with script and doc to doc collaboration
	Raleigh Methadone Clinic	6118 Gilles St. Raleigh, NC 919-781-5507	Self pay	methadone

Opioid Treatment Resources

Brunswick County

Brunswick Cardiology -- Buprenorphine/Suboxone

(910) 755-7192
20 Medical Campus Dr. NW, Suite 303, Supply, NC 28462
M - TH 8:30a - 5:00p, F 8:30a - 2:00p
Self-pay only; \$250 initial visit, \$225 additional for induction, \$115
each follow-up

Capeside - Buprenorphine/Suboxone

(910) 791-6767
12 Medical Center Dr., Supply, NC 28461
M 8:00a - 5:00p, TH 8:00a - 5:00p
Self-pay only; \$370 initial, \$200 doctor visit, \$40 each group therapy
(must attend group 2x/mo.)

Carter Clinic -- Buprenorphine/Suboxone

(910) 550-2332
1022 Grandiflora Dr. Unit 120, Leland, NC 28451
Contact provider for hours
Medicaid accepted; contact provider for self-pay rates

Coastal Horizons Center -- Buprenorphine/Suboxone

(910) 754-4515
120 Coastal Horizons Dr., Shallotte, NC 28470
M - F 8:00a - 7:00p
Medicaid, Medicare, private insurance, self-pay. May have funding
for uninsured. Sliding fee scale based on income and availability of
funds.

Coastal Southeastern United Care - Buprenorphine/Suboxone

(910) 755-5222
3640 Express Dr., Shallotte, NC 28459
Tuesday 8:00a - 5:00p
Self-pay only; \$250 initial visit, \$135 each follow-up

Waterford Wellness

(910) 376-8118
1003 Old Waterford Way, Suite 1-C, Leland, NC 28451
M - TH 10:00a - 6:00p; F 10:00a - 2:00p
No insurance accepted; \$200.00 per visit

New Hanover County

Addictionologist and Pain Management - Buprenorphine/Suboxone

(910) 254-1414
1201 Medical Center Drive, Wilmington, NC 28401
M - W 9:00a - 3:00p; TH 12:00p - 4:00p
Medicaid, TRICARE, private insurance, self-pay; self-pay rates \$390
initial, \$125 follow-up

Anjan Medical, Coastal MDs - Buprenorphine/Suboxone

(910) 793-4311
1098 Medical Center Dr., Suite A, Wilmington, NC 28401
Contact provider for hours
Medicaid, Medicare, TRICARE, private insurance, self-pay; self-pay
rates \$350 initial, \$150 follow-up

Ave Maria Family Practice- Buprenorphine/Suboxone

(910) 799-5452
1280 Medical Center Dr., Wilmington, NC 28401
M - F 8:00a - 5:00p
Medicaid, private insurance, self-pay \$450/wk.

Capeside - Buprenorphine/Suboxone

(910) 791-6767
311 Judges Rd., Suite 4E, Wilmington, NC 28405
M 8:00a - 5:00p, TH 8:00a - 5:00p
Self-pay only; \$370 initial, \$200 doctor visit, \$40 each group therapy
(must attend group 2x/month)

Carolina Beach Counseling - Buprenorphine/Suboxone

(910) 707-1224
1328 N Lake Park Blvd., #109, Carolina Beach, NC 28428
M - F 9:00a - 6:00p
Self-pay only; \$1120 first month, \$295 after; weekly therapy

Coastal Horizons Center -- Methadone, Buprenorphine/Suboxone

(910) 343-0145
615 Shipyard Blvd., Wilmington, NC 28412
M - F 8:00a - 4:00p
Medicaid, Medicare, private insurance, self-pay. May have funding
for uninsured. Sliding fee scale based on income and availability of
funds.

Haven -- Buprenorphine/Suboxone

(910) 399-3927; (910) 465-1935 (text line)
20 S. 16th St., Wilmington, NC 28401
M - F 9:00a - 12:00p
Medicaid, Medicare, self-pay; self-pay rates \$175 initial, \$100
follow-up, \$15 individual counseling, \$10 group
Faith-based; must attend group daily

Odibo Medical Group

(910) 228-5894
1099 Medical Center Dr., #100A, Wilmington, NC 28401
M-F 9:00a - 5:00p
Medicare, Medicaid, private insurance, self-pay

Provider by County Example

Anticipate Challenges

- Hospital
 - Waivered physicians
 - Buprenorphine accessibility
 - Increased staff workload
- Patient
 - Lack of adequate insurance
 - Transportation
 - Family Support

Moving Forward

- Engaging stakeholders transforms practice
- Make it a 'light lift' for physicians, staff, and patients
- Progress takes time
 - Plan, Do, Study, Act

Resources

- Comprehensive Hospital Preparedness Checklist
 - https://www.cdc.gov/coronavirus/2019-ncov/downloads/HCW_Checklist_508.pdf
- ED-Initiated Buprenorphine Information
 - <https://medicine.yale.edu/edbup/>
- Report on Lessons Learned from Rural Opioid Overdose Reversal Grant Recipients
 - https://nosorh.org/wp-content/uploads/2017/05/ROOR-Report_R7.pdf
- Medication-Assisted Treatment for Opioid Use Disorder in Rural America
 - <https://www.ruralhealthinfo.org/rural-monitor/medication-assisted-treatment/>
- Image and Information Permissions
 - <https://medicine.yale.edu/privacy/>

Key Takeaways



- Learn Today:
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How will this change what you do? Please tell us in the poll...

Questions?



Email us at HospitalQuality@AlliantQuality.org or call us 678-527-3681

HQIC Goals



Behavioral Health Outcomes & Opioid Misuse

- ✓ Promote opioid best practices
- ✓ Decrease high dose opioid prescribing and opioid adverse events in all settings
- ✓ Increase access to behavioral health services



Patient Safety

- ✓ Reduce risky medication combinations
- ✓ Reduce adverse drug events
- ✓ Reduce *C. diff* in all settings



Quality of Care Transitions

- ✓ Convene community coalitions
- ✓ Identify and promote optimal care for super utilizers
- ✓ Reduce community-based adverse drug events

Upcoming Events



April 27, 2021 2:00 p.m. EST

Digital Health Equity Breast Cancer Screening

Sarah de Ramirez, MD, MPH, MSc

Chief Medical Officer & Vice President of Clinical Innovation OSF HealthCare

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Thank you for joining us!
How did we do today?



Alliant Quality



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