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!
Welcome from all of us!

Collaborators:
- Alabama Hospital Association
- Alliant Quality
- Comagine Health
- Georgia Hospital Association
- KFMC Health Improvement Partners
- Kentucky Regional Extension Center
- Konza

Making Health Care Better Together

Hospital Quality Improvement
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

1. **ED presentation**
   - Seeking Treatment
   - Screen Positive (see TAPS)
   - Complication of Drug Use
     - Withdrawal
     - Overdose
     - Injection site abscess
   - Identified during the course of the visit

2. **Assess**
   - For OUD based on DSM-5
   - For Withdrawal
     - Clinical Opioid Withdrawal Scale (COWS)

3. **Treat**
   - Continue with algorithm

4. **Discharge & Refer to Treatment**
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:

- Normalize brain chemistry
- Relieve physiological cravings
- Block the euphoric effects of opioids
- Normalize body functions without withdraw

Source: Substance Abuse and Mental Health Services Administration
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.

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.

![Graph showing relapse rates for Buprenorphine and Abstinence-Based treatments. Buprenorphine has a 20.7% relapse rate, compared to 43.7% for abstinence-based treatments.]


Graphics by Alexandra Kardi.
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_____________________

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## MAT Provider Example

### MAT Medications

<table>
<thead>
<tr>
<th>MAT Medications</th>
<th>Approved Treatment</th>
<th>Location</th>
<th>Provider Name</th>
<th>Phone Number</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methadone</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Buprenorphine</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Suboxone</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### Provider by County Example

#### Coastal Healthcare Center – Buprenorphine/Suboxone

**Address:** 301 Commercial St., Daytona Beach, FL 32114
**Phone:** (386) 255-6555
**Services:** Buprenorphine, Suboxone

### Opioid Treatment Providers

**Benzodiazepine Antagonist – Naltrexone/Suboxone**

**Address:** 420 Medical Office Bldg., Daytona Beach, FL 32114
**Phone:** (386) 255-6555
**Services:** Naltrexone, Suboxone

### Contact Information

**Email:** naltrexone.suboxone@fhsd.gov
**Website:** www.fhsd.gov/naltrexone

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**Note:** For more information, please visit the website provided for contact details.
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

• ED-Initiated Buprenorphine Information
  – [https://medicine.yale.edu/edbup/](https://medicine.yale.edu/edbup/)

• Report on Lessons Learned from Rural Opioid Overdose Reversal Grant Recipients

• Medication-Assisted Treatment for Opioid Use Disorder in Rural America
  – [https://www.ruralhealthinfo.org/rural-monitor/medication-assisted-treatment/](https://www.ruralhealthinfo.org/rural-monitor/medication-assisted-treatment/)

• Image and Information Permissions
  – [https://medicine.yale.edu/privacy/](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
Making Health Care Better Together

Hospital Quality Improvement

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

Alliant Quality

Collaborators:
Alabama Hospital Association
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Comagine Health
Georgia Hospital Association
KFMC Health Improvement Partners
Kentucky Regional Extension Center
Konza

The Quality Improvement Services Group of ALLIANT HEALTH SOLUTIONS
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