

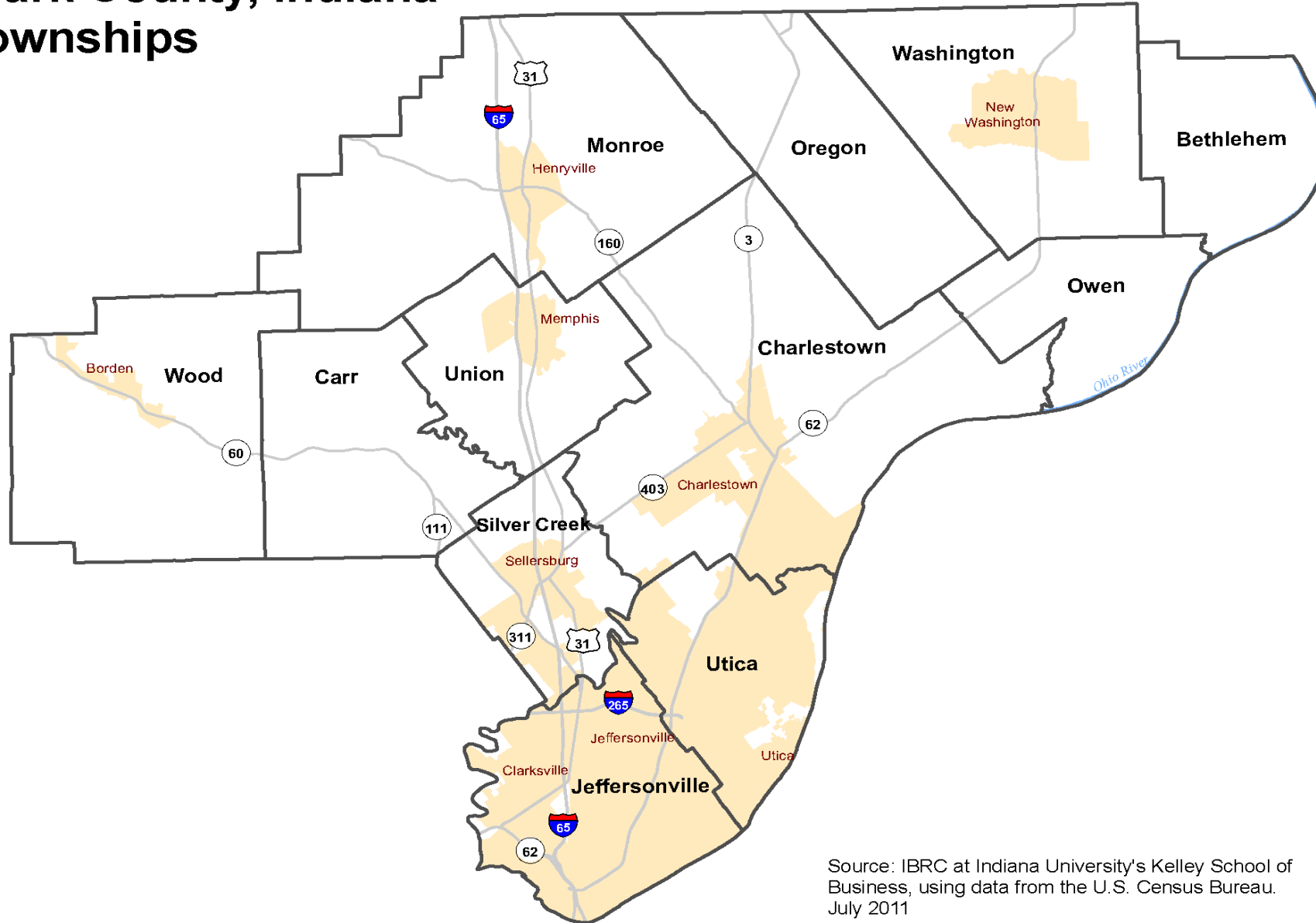
MAT in the ED: What are Best Practices?

Project Echo

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Clark County, Indiana Townships



Source: IBRC at Indiana University's Kelley School of Business, using data from the U.S. Census Bureau. July 2011

Background

- Clark County, Indiana population 125,000
- 376 square miles, yet 80% within ten miles of the Ohio River
- Located between major urban area in Louisville, and Scott County
- EMS coverage issues with greater than 15 min response times the norm in numerous areas of the county
- One of the lowest public health funded counties in one of the lowest public health funded states

Numbers

- Baseline overdose death rate in Clark County was 25-30 until 2014
- 2014 53
- 2015 53
- 2016 89

Numbers

- ED visits with 'opiate' in the diagnosis
- 2014 49
- 2015 51
- 2016 182

Past Barriers

- Limited public understanding of substance use disorder
- Stigma
- Limited treatment options
- Public Health issues (HIV, Hepatitis C, Infections) with little clinical experience or support
- 100M impact on the economy in Clark County

So Where Do You Start?

- Clark County Cares- a grassroots organization composed of community members from all walks of life
- Support community activities related to recovery- treatment options, narcan training, syringe service programs, residential recovery, job skills
- Must have community support!!!!!!

Who Is Represented

- Concerned Citizens
- Law Enforcement
- Judges
- Recovery Organizations
- Healthcare
- Elected Officials
- Business Leaders
- Media

Activities

- Core group meets every Monday morning
- Goals, event planning, upcoming events, troubleshoot
- Keeps momentum going
- Monthly meetings- testimonials, updates on recovery options, etc.
- Retreats, trips, etc
- Drug Awareness week

Response Phases

- Phase 1- Acute Use to Entry Into the Healthcare System
- Phase 2- Entry Into the Healthcare System into Stable Recovery
- Phase 3- Stable Recovery to Integration Back to Everyday Life

So What's the Plan

- Pulse Point
- Everbridge
- MAT from the ED
- Addiction Transition Team
- Threat Matrix/Rapid Notification Protocol

Pulse Point

- County by County: Clark County went live in December 2018
- Shows a running log of various incidents in the county- Medical Emergencies, Motor Vehicle Accidents, Fires, etc.
- If you are within a certain radius of a patient that is in cardiac arrest, it will notify you with an alarm. It walks you directly to the patient
- Also has an AED map that walks you to the nearest AED for the patient

Pulse Point

- You will not receive a notification if does not go out as unresponsive
- Outside the radius, you will not receive a notification
- Public places only
- Totally anonymous- we get no info on who responded
- Can still sign up to help even if not CPR trained
- Covered by Good Samaritan Law

What else goes out as unconscious/unresponsive??

- We train for CPR and Narcan delivery at the same time
- Only place in the country dispatching narcan trained providers directly to the site of an overdose in real time
- Decreases lag time from respiratory arrest to delivery by several minutes, which can be life or death

Everbridge

- Previous notification system involved multiple steps and multiple agencies
- One touch system that allows rapid notification
- Can use ESSENCE alert to notify first responders, local ER, and behavioral health entities of an overdose cluster and each can implement their response plan
- Also keep local providers updated on issues, trends, etc

Addiction Transition Team

- Multidisciplinary team of community stakeholders that meet monthly to discuss treatment options and new services in community, minimizing duplication and improving communication
- Patient is given a handout that shows up to date options in the community as well as a survey to help identify needs and strengths/weaknesses of the program'
- ER Follow-up Clinic is the backbone of this program

ER Follow-up Clinic- LifeSpring FQHC

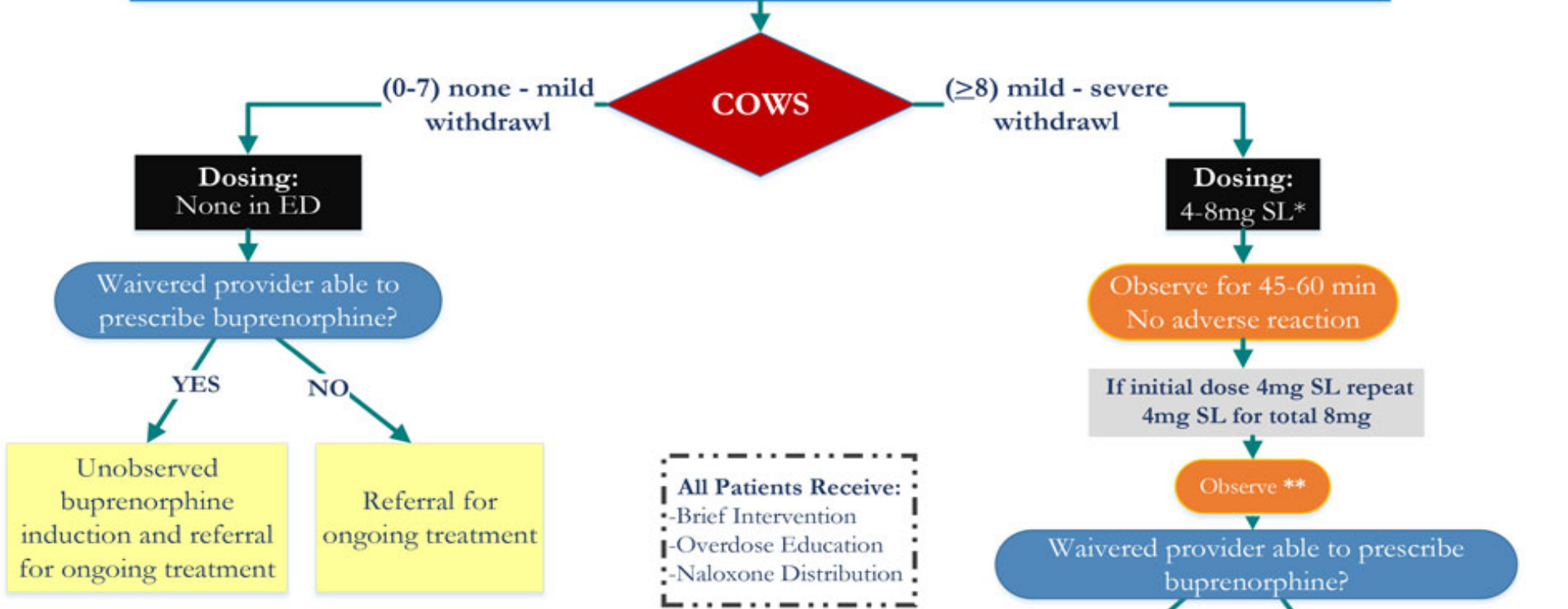
- Once weekly clinic where anyone who has been seen in the ER can follow-up on a walk-in basis, regardless of ability to pay
- Patient receives medical treatment, medication to assist withdrawal symptoms, scheduling for behavioral health appointment, basic need assessment- clothing, food, housing assistance, as well as Narcan training for patient and family
- Revisit the different community resources as outlined in the Addiction Transition Team handout
- Are welcome to return on an as needed basis until are stable inpatient or outpatient management
- Huge for the MAT program

MAT from the ED

- Have begun the process on a limited bases
- 2 years in the making
- Still building framework

ED-Initiated Buprenorphine

Diagnosis of Moderate to Severe Opioid Use Disorder
Assess for opioid type and last use
 Patients taking methadone may have withdrawal reactions to buprenorphine up to 72 hours after last use
 Consider consultation before starting buprenorphine in these patients



Notes:

***Clinical Opioid Withdrawal Scale (COWS) ≥ 13** (Moderate-Severe) consider starting with 8 mg buprenorphine or buprenorphine/naloxone SL

** Patient remains in moderate withdrawal may consider adding additional 4mg and observation for 60 minutes

Warm hand-offs with specific time & date to opioid treatment providers/ programs within 24-72 hours whenever possible

All patients should be educated regarding dangers of benzodiazepine and alcohol co-use

Ancillary medication treatments with buprenorphine induction are not needed

ED Partners

- Must get buy in from MOST partners
- Encourage waiver training regardless (Overdose Lifeline)
- Prior Methadone experiences
- “Not an ER problem”
- “If they go overdose, gonna come back on me”
- Time/Throughput issues
- Fear

ED Staff/Management

- Throughput
- Education
- Provider fatigue/Transference
- “People will be coming from everywhere”
- Payee mix

Ok, Induction Done, Now What?

- Care Coordination is key
- Shelter, transportation, food, etc.
- Have to anticipate all barriers
- Shift time burden off the providers
- Key to the 'warm handoff'
- Dialogue with your local pharmacies

‘Warm Handoff’

- Have to find a willing, invested partner
- Both MAT and Behavioral therapy in a timely manner
- Understanding of the issues unique to the ED
- QA and daily working relationships/communication paramount

Clark Program Overview

- Patient medically stabilized in ED. If appropriate, MAT induced
- COWS score documented, usually start at 8mg
- Patient observed 1-2 hours
- Care Coordination assesses for follow-up barriers

Clark Program Overview

- Care Coordination contacts LifeSpring Health Services for either an acute medical appointment or patient is sent to the next ED follow-up clinic
- Goal is no longer than 24-48 hours
- If after hours, ED staff leaves contact info, and care coordinator follows-up in the am
- Once at LifeSpring, patient is transitioned to their MAT provider there for continued treatment, and begins behavioral health within 1 week at same facility

Trouble Spots

- Polysubstance abuse
- What if follow-up not for several days?
- “Boomerangs” – return to ED despite follow-up arrangements available
- Acute pain management in MAT patients- use your alternatives as you should when reasonable
- As programs build, issues we haven’t even considered
- QA and stakeholder meetings are huge

Close the loop

- You have had Pulse Point notification
- You communicated via Everbridge
- Patient has been stabilized in the ED
- Treatment initiated
- Referral made
- Done?

When to Notify Public

- Periodic spikes in overdose activity, especially as fentanyl becomes more ubiquitous
- Now have the ability to synthesize this data in real time, not retrospectively
- But what do we do with it? How, What, When, etc
- Politics and perceptions
- Use Everbridge

Threat Matrix

- Anecdotal reports from users
- Increase supply reports from law enforcements
- Overdose fatality
- Multiple fatality at same site
- Reports from local healthcare facilities of increased overdoses
- Reports from EMS of increased naran use and overdose activity
- Reports from local recovery organizations of increased activity, overdoses etc

Threat Matrix

- Must tailor it to the resources and info available in your community
- Monitor it at least weekly, preferably biweekly
- Establish a baseline, then use upward deviations to guide your notifications

Public Notifications

- Social Media, Social Media, Social Media
- Must develop a robust page with active followers and entertaining posts so when you actually need to deliver information they will pay attention
- When you do deliver important information, the news media and other sources will follow-up and help get your story out
- Keeps public motivated, trained, and engaged
- Can't overuse it, public will get notification fatigue
- Does not always reach homeless and incarcerated- vulnerable populations

Data

- Overdose Death Total in Clark County for 2017- 59 (34% decrease)
- 2018- 50 (15% decrease from 2017, and 44% decrease from 2016)
- Lowest death total since 2013
- ED visits – 171 in 2017 (8% decrease)
- 2018 – 103 (43% decrease from 2016)

Pulse Point - Successes

- 483 Private CPR incidents
- 182 Public
- Over 800 citizens signed up
- 5 successful resuscitations by Pulse Point responders
- Huge increase in CPR training across the county
- Narcan training numbers have tripled

ED Follow-up Clinic Success

- Saw over 200 unique patients
- Data quality limited but estimated decreased ED return rate by 30% and prevented numerous hospital re-admits for our patient population
- Funneled numerous patients into primary care and intensive outpatient treatment programs
- Become the safety net for ED induction MAT patients

Public Notification Successes

- Our first rapid response notification was in March of this year
- Everbridge notified first responder, healthcare, recovery communities within 5 minutes of determination
- Social media push reached 50k people
- Newspapers, TV stations picked up within 24 hours
- Overdose activity normalized within 24 hours, surrounding areas continued to see a spike

MAT?

- Still in infancy, collecting data
- Closes the loop in the rapid response process
- Once funded, will begin to promote
- Hope to show similar successes as other aspects
- And show if a location like Clark can do it, so can you

Flow Summary

- Pulse Point – keeps people alive
- Everbridge – gets them to treatment more quickly and efficiently
- MAT from ED/Addiction Transition Team/ED Follow-up Clinic- starts and keeps them in treatment
- Threat matrix/Public notification system- closes the loop
- Links must be constantly updated and tailored to the needs of the community

Goals

- Phase 1- Acute Use to Entry Into the Healthcare System
- Phase 2- Entry Into the Healthcare System into Stable Recovery
- Phase 3- Stable Recovery to Integration Back to Everyday Life

- We covered Phase 1. Working to upgrade Phase 2. Phase 3- next frontier!

Questions????
