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FLORIDA



an ER INTERVENTION project

STATE OF THE STATE REPORT: AUGUST 2018

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STATE OF THE STATE

- The Opioid Crisis – National Picture
- The Opioid Crisis – Florida
- Florida’s Response
- Flagship Programs
- National and (Other) State Responses
- Best Practices
- Next Steps

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THE OPIOID CRISIS: NATIONAL PICTURE

- The opioid crisis is killing 115+ people in the United States **daily**. In 2015, that was 33,000 Americans
- Economic burden of prescription opioid misuse = \$78.5 billion **annually**
- Approximately 2 million individuals suffered an SUD related to opioid pain relievers (2015)
- Approximately 591,000 individuals suffered from a heroin use disorder (2015)
- 21-29% patients prescribed opioids for chronic pain misuse them
 - 8-0% develop OUD
 - 4-6% percent transition to heroin use
- 80%~ of heroin users report first having misused prescription opioids

CDC/NCHS, [National Vital Statistics System](#). Mortality. CDC Wonder, Atlanta, GA: US Department of Health and Human Services, CDC; 2017. <https://wonder.cdc.gov>.
Ibid.

Statistics and Quality (CBHSQ). *2015 National Survey on Drug Use and Health: Detailed Tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2016.

Vowles, KE, McEntee, ML, Julnes, PS, Frohe, T, Ney, JP, van der Goes, DN. Rates of opioid misuse, abuse, and addiction in chronic pain: a systematic review and data synthesis. *Pain*. 2015; 156(4):569-576.

Muhuri, PK, Gfroerer, JC, Davies, MC. Associations of Nonmedical Pain Reliever Use and Initiation of Heroin Use in the United States. *CBHSQ Data Review*. August 2013.

THE OPIOID CRISIS: NATIONAL PICTURE

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THE OPIOID EPIDEMIC BY THE NUMBERS

IN 2016...



116

People died every day from opioid-related drug overdoses



11.5 m

People misused prescription opioids¹



42,249

People died from overdosing on opioids²



2.1 million

People had an opioid use disorder¹



948,000

People used heroin¹



170,000

People used heroin for the first time¹



2.1 million

People misused prescription opioids for the first time¹



17,087

Deaths attributed to overdosing on commonly prescribed opioids²



19,413

Deaths attributed to overdosing on synthetic opioids other than methadone²



15,469

Deaths attributed to overdosing on heroin²



504 billion

In economic costs³

Sources: ¹ 2016 National Survey on Drug Use and Health, ² Mortality in the United States, 2016 NCHS Data Brief No. 293, December 2017, ³ CEA Report: The underestimated cost of the opioid crisis, 2017

THE OPIOID CRISIS: NATIONAL PICTURE

HOSPITALS ARE ON THE FRONT LINE

- 1.1 ~ million emergency department (ED) visits were made each year for drug poisoning (2008-2011)
- Rate of 35.4 per 100,000 persons
- Opiates and related opioid medications, including heroin and methadone, accounted for 14% of ED visits for unintentional drug poisoning

THE OPIOID CRISIS: FLORIDA

- 2010: Florida I-95 corridor was referred to as the “Oxy Express”
 - Over 900 unregulated pain management clinics
 - 49 of the top 50 oxycodone dispensing physicians in the country (90 of the top 100)
 - 45 located in Broward County, selling more than 1 million oxycodone pills/month (more than 10 times as many as every other state combined)
- Florida responded with tight regulations on pain management clinics (HB 7095)
- “Pill Mill Strike Force” created with Attorney General/DEA raided, shut down clinics
- **Nothing was done to address the addiction**
- **No efforts made to communicate and integrate emergency care, primary care and behavioral health**
- 2016: There were 9,598 deaths from opioids (occurrences)

<https://www.npr.org/2011/03/02/134143813/the-oxy-express-floridas-drug-abuse-epidemic>

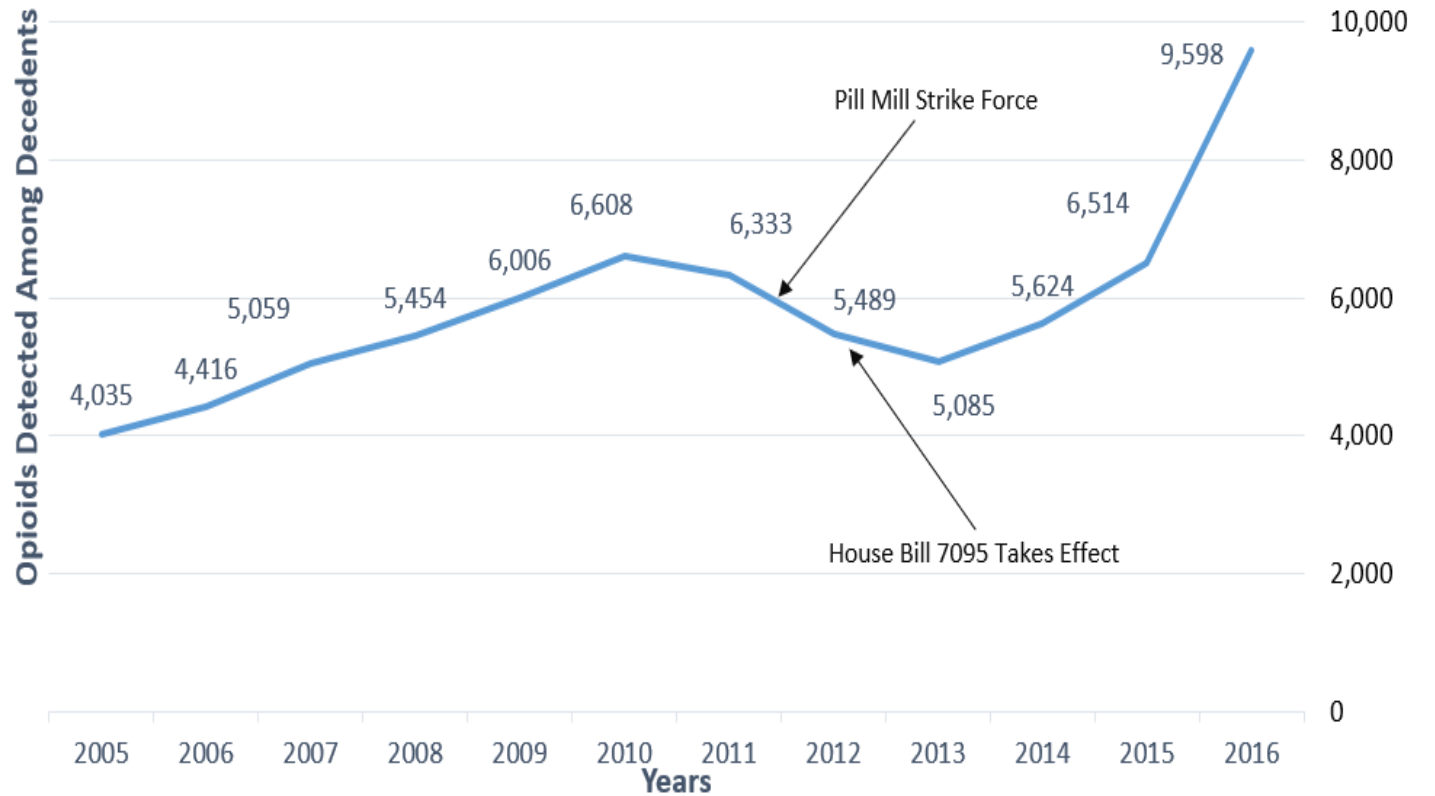
<https://www.cdc.gov/drugoverdose/policy/successes.html>

<http://www.flpdmpfoundation.com/>

Ibid.

THE OPIOID CRISIS: FLORIDA

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Florida Opioid Initiatives 2009- 2016

2009	<ul style="list-style-type: none">• Prescription Drug Monitoring Program Database (PDMP) created
2011	<ul style="list-style-type: none">• Governor creates Drug Enforcement Strike Force• Legislation to regulate the distribution of controlled substances by physicians, pain management clinics, pharmacies, and wholesale drug distributors
2012	<ul style="list-style-type: none">• 911 Good Samaritan Act grants immunity to individuals seeking treatment for drug overdose for themselves or others
2015	<ul style="list-style-type: none">• Emergency Treatment for Opioid Overdose Act allows first responders, caregivers and patients to purchase and administer naloxone• Regulation of pain management clinics made permanent
2016	<ul style="list-style-type: none">• Health insurance coverage for opioids requires coverage for abuse-deterrent drugs in parity with other prescribed medications• Physicians' and pharmacists' designees may access PDMP• Naloxone expanded through pharmacy standing order• Florida joins with 42 other states in "Compact to Fight Opioid Addiction"

THE OPIOID CRISIS: FLORIDA'S RESPONSE

2017 Legislative Initiatives

- Adds fentanyl and its derivatives to the list of drug trafficking offenses (SB 150)
- Changes to Florida's Prescription Drug Monitoring Program (PDMP) to require electronic reporting of dispensing of controlled substances to the PDMP within 24 hours (HB 557)
- Develops data collection points for first responders on drug overdoses (HB 249)
- Requires hospitals to develop best practices when treating opioid overdoses (HB 249).

THE OPIOID CRISIS: FLORIDA'S RESPONSE

2018 Legislative Initiatives (HB 21, *Highlights*)

- Requires two-hour training course (controlled substances);
- Defines “Acute Pain”; provides restrictions (3 day, 7 day)
- Patient’s verification prior to dispensing controlled substances;
- Exempts requirement to obtain DEA waiver for MAT;
- Mandatory reporting to the Prescription Drug Monitoring Program (PDMP);
- 3rd degree felony for unlawfully possessing and using tableting or encapsulation machines;

HB 21 Funding:

\$27,035,532 NR: State Targeted Response to the Opioid Crisis grant (authorization);

\$14,626,911 R: Enhancement of community-based substance abuse services;

\$5,000,000 R: to (DOH) for naloxone for first responders;

\$6,000,000 R: to State Courts for medication assisted treatment (MAT); and

\$873,089 R, \$117,700 NR to (DOH) for PDMP.

THE OPIOID CRISIS: FLORIDA’S RESPONSE

Department of Children & Families

- 6 pilots to embed peer specialists in hospital emergency departments to build linkages to community treatment
- Through STR funding: expansion of MAT, and training of MAT through FADAA
- Partnerships for Success (PFS) prevention initiatives (pilot counties)

Department of Health

- Drug Policy Advisory Council (DPAC) meets quarterly; submits annual recommendations
- PDMP; EMSTARS tracking system; information made available to LEO, EMS, public health, and fire rescue within 120 hours;
- Partnership with Council of Medical School Deans (addiction medicine)
- CDC's National Center for Injury Prevention and Control) created the Enhanced State Surveillance of Opioid-Involved Morbidity and Mortality program (ESOOS)

THE OPIOID CRISIS: FLORIDA'S RESPONSE

IMPACT ON HOSPITALS IS GROWING



- 16,245 opioid overdose patients treated in Florida EDs in 2017 – 4 times more than in 2013
 - 14,715 were discharged from the ED
 - 2,105 left against medical advice
 - 1,173 were transferred to a behavioral health or other facility
 - 96 died

HOSPITAL ED PRACTICES FOR TREATING OVERDOSE PATIENTS

- **Half** of the hospitals have a ED champion for opioid treatment
- **81%** - provide information on local substance abuse treatment options
- **38%** - transfer patient to a treatment facility
- **15%** - begin MAT and refer to outpatient management with peer counseling
- **23%** - other
 - Baker Act
 - Partner with local outpatient treatment provider,
 - Provide Narcan kits

REFERRAL PROTOCOLS IN PLACE

- 42% have a referral protocol in place with a community based or private treatment provider
- Treatment provider availability
 - 57% indicated staff available 24/7
 - 50% indicated staff available at peak hours
 - 18% indicated staff stationed in ED
 - Only 36% stated protocol includes a “warm” hand-off

PROVISION OF NALOXONE KITS TO OVERDOSE PATIENTS

- **Only 18%** provide a Naloxone Kit at discharge
- Education approaches include
 - Bedside education by pharmacists or pharmacy tech in ED
 - Verbal and written materials on how to use and how to refill
 - Education on how to recognize an overdose in their peers
 - Exploring using EMR to prompt caregiver to provide naloxone kits
- Reasons for not providing Naloxone Kits
 - Local Sheriff department provides
 - Considering

USE OF CERTIFIED RECOVERY PEER SPECIALISTS

- 16% use peer specialists to assist patients seeking treatment
- 87% would like more information on the program

CHALLENGES IN DISCHARGING PATIENTS TO COMMUNITY PROVIDERS

Resources/Follow up Care

- No resources in area or resources are at capacity
- Lack of awareness of treatment options
- Lack of case management support
- No resources for uninsured or homeless population
- Challenges scheduling follow up care (timeliness and ability)
- Decreased availability after hours
- Patient non-compliance/willingness to seek treatment
- Residential treatment facilities won't accept patients on MATs
- Hospitals don't know what happens to the patient after they are discharged

PHYSICIANS PRESCRIBING BUPRENORPHINE IN THE ED



- Of the 53 hospitals sharing whether physicians or other providers are trained and have privileges to prescribe Buprenorphine in the ED
 - 38 hospitals (72%) had no physician able to prescribe
 - 4 hospitals have only one provider able to prescribe
 - 7 had between two and five providers able to prescribe
 - 3 had between eight and sixteen providers able to prescribe
 - 1 hospital had 30 providers able to prescribe
- Only prescribe initial dose, don't provide prescription
- Not in formulary

IMMEDIATE ACCESS TO TREATMENT PROGRAM FOR PREGNANT PATIENTS

- 35% indicated they had immediate access to treatment programs for pregnant overdose patients
- Steps/actions for those hospitals with no treatment program
 - Discharge information on where to seek treatment
 - Refer and transfer to an appropriate accepting facility
 - Refer to the Department of Health
 - Refer to a high risk obstetrician
 - Involve case manager/social worker

THE OPIOID CRISIS: FLORIDA'S RESPONSE

Flagship programs: **City of Jacksonville's "Project Save Lives"**

- Six-month, \$1.4 million intervention program
- OD patients transported to St.Vincent's Medical Center Riverside or St.Vincent's Medical Center Southside
- Connected with peer recovery specialists who follow them through detox and treatment
- March 2018 Outcomes on 57 persons who qualified for the program:
 - All but 10 accepted services
 - Two died in the hospital
 - Contact was lost with 15 patients
 - 32 participants in the program.

THE OPIOID CRISIS: FLORIDA'S RESPONSE

Flagship programs: **Memorial Healthcare System (Broward County)**

- \$500,000 legislative appropriation in 2018
- Overdose patients screened
- Offered medication assisted treatment (MAT) with continued initial stabilization
- Moved to outpatient setting.
- Utilization of peer specialists
 - Provide warm transition
 - Assists them with navigation of the healthcare system
 - Supports process of recovery
 - Serves as point of contact for patients who decline MAT
- Received \$500,000 legislative appropriation in 2018

THE OPIOID CRISIS: FLORIDA'S RESPONSE

Flagship programs: **Sarasota Memorial: Substance Overdose Services (SOS)**

- Initiated by Gulf Coast Community Foundation
 - Sarasota County Government
 - Sarasota Memorial Hospital
 - Operation PAR
 - 12th Judicial Circuit Court
 - Sarasota County Sheriff's Office
 - Coastal Behavioral Healthcare
 - First Step of Sarasota
- Two (SOS) teams provide recovery support and relapse prevention
- Teams operate out of First Step's outpatient clinic
- Utilization of evidence-based best practices
 - Medication-assisted therapies
 - Peer mentoring
 - Substance-abuse counseling
 - Prevention/Intervention and other risky substance-abuse behavior

THE OPIOID CRISIS: FLORIDA'S RESPONSE

Flagship programs: **Aspire Health Partner's Nurse Navigator Program**

- Joint collaboration pilot program with Florida Hospital in 2015
- Works directly with the hospital interdisciplinary team 24/7
- Divert patients ED's/medical units into appropriate level of care
- Provides onsite Clinical Assessments to patients
- Accepts referrals from any hospital or community referral source
- The Navigation Team to date:
 - Received 2900~ referrals
 - Placed 2000~ individuals into acute care services
 - Other patients placed in other levels of care
- **New changes** (2018) will include:
 - Use of BH Nurse and Peer Recovery Specialist will work with Nurse Navigator
 - SBIRT screening tool to ED
 - On-Site Behavioral Health Assessor
 - PEER program

THE OPIOID CRISIS: NATIONAL RESPONSE

President's Commission on Combatting Drug Addiction and the Opioid Crisis

- Final Report in November 2017 with 50+ recommendations:

- Federal funding and programs

- Opioid addiction prevention

- Opioid addiction treatment, overdose reversal and recovery

- Research and development

Highlights:

- Naloxone co-prescribing pilot programs
- HHS should develop new guidelines for EMTALA with regard to treating and stabilizing substance use disorder patients and provide resources to incentivize hospital to hire appropriate staff for their emergency departments.
- HHS should implement guidelines and reimbursement policies for Recovery Support Services, including peer-to-peer programs, jobs and life skills training, supportive housing and recovery housing.
- Identify successful college recovery programs, including “sober housing” on college campuses

THE OPIOID CRISIS: NATIONAL RESPONSE

Department of Justice: Announcement on enforcement efforts

Substance Abuse Mental Health Services Administration (SAMHSA):

- State Targeted Response (STR) Grant; Florida received \$27.3 million in 2017 and in 2018
- State Opioid Response (SOR) Grant; Florida set to receive \$49.3 million in 2018
- MAT Training Initiatives (46,000 medical professionals trained)
- Nurse practitioners (NPs) and physician assistants (PAs) DEA waiver to prescribe buprenorphine (guidance)
- Building Communities of Recovery grant:
 - Three-year \$4.6 million;
 - Three-year \$9.8 million for new State Pilot Pregnant and Postpartum Women (PPW) grants,
 - Five-year \$49 million in new PPW service grants.
- Five-year \$46 million to provide naloxone and training to first responders and treatment provider
- Strategic Prevention Framework for Prescription Drugs (SPF Rx)

California - MAT

- Community Hospital Monterey Peninsula (CHOMP) –ED physicians and nurses partner to identify, educate and administer medication to patients; given 5-day take home and treatment referral
- County of San Mateo Behavioral Health and Recovery Services (BHRS) – Patients given buprenorphine or injectable naltrexone with intensive case management on a 24 hour a day/7 day per week basis, ongoing monthly naltrexone injections, and priority access to residential treatment beds
- Zuckerberg San Francisco General Hospital (ZSFGH) – Inpatient buprenorphine, inpatient naloxone, ED naloxone and inpatient naltrexone for alcoholism.

Connecticut - Connecticut Community for Addiction Recovery (CCAR)

- Trained recovery coaches are on call to assist patients and their families when an ED visits.
- The Recovery Coach assists in linkage with appropriate follow-up care such as detox, inpatient services and residential or outpatient treatment or community-based recovery support program.

THE OPIOID CRISIS: OTHER STATES

Maryland – Opioid Intervention Teams (statewide) - \$22 million

- **Screening, Brief Intervention and Referral to Treatment (SBIRT) Program**
SBIRT is an evidence-based tool designed to help physicians identify patients who are at risk of substance abuse and to provide appropriate intervention.
- **Overdose Fatality Review Teams**
Conduct confidential reviews of resident drug and alcohol overdose deaths to identify opportunities to improve member agency and system-level operations
- **Recovery Residences**
The Promoting certification of recovery residences
- **Maryland Act Workgroup**
Through the Maryland State Department of Education to review the 52 behavioral and substance use disorder services in public schools throughout Maryland.

THE OPIOID CRISIS: OTHER STATES

New York: Heroin & Opioid task Force Report *highlights are shown below*

- Increase the number of Family Support Navigators across the state to help connect patients and families with appropriate treatment options.
- Provide discharge planning for patients from emergency departments to connect to potential treatment options.
- Expand access to overdose-reversal medication to include individuals and family members, Licensed Professionals, Middle and High Schools and homeless shelters.

Pennsylvania: The Mayor's Task Force to Combat the Opioid Epidemic in Philadelphia *Highlights include developing “warm handoffs”*

- Philadelphia's **Recovery Overdose Survivor Engagement (ROSE) Project** employs Certified Recovery Specialists (CRS) to connect any individual who is at risk of or has survived an opioid overdose to treatment. Specialists also provide outreach in acute care, inpatient and other treatment settings.

THE OPIOID CRISIS: OTHER STATES

Rhode Island: Overdose Prevention & Intervention Task Force –

- \$1.5 million (Medicaid) + \$4 million (GR) for Centers of Excellence, peer recovery coaches and MAT
- Care New England Kent Hospital in Warwick: Anchor ED provides on-call Certified Recovery coaches every weekend for hospital Emergency Departments across the state with high rates of accidental opioid overdoses.
- Levels of Care model created statewide to build capacity in Emergency Departments and hospitals
 - Active referral to treatment
 - Links naloxone administration to withdrawal management services
 - Administer standardized SUD screening for all patients
 - Educate all patients who are prescribed opioids on safe storage and disposal
 - Offer peer recovery support services in the emergency department
 - Provide active referral to appropriate community provider(s)
 - Report overdoses within 48 hours and perform lab drug screening

THE OPIOID CRISIS: OTHER STATES

Vermont: Hub and Spoke Model

- HUBS: Turns OTPs (methadone clinics) into Hubs staffed with a board-certified addiction specialist(s) that:
 - Meet NCQA standards and CARF accreditation
 - Refer to intensive out-patient OR residential programs
 - Provide a safety net for OUD
- Spoke is a waived prescriber with one full time registered nurse and one master's level behavioral health specialist per 100 Medicaid patients at no cost to provider for two years

THE OPIOID CRISIS: OTHER STATES

THE OPIOID CRISIS: BEST PRACTICES

MEDICATION ASSISTED TREATMENT – *Recognized by SAMHSA as a best practice*

INITIATING MAT IN THE EMERGENCY DEPARTMENT – *JAMA April 28, 2015*

Buprenorphine initiated in the emergency department vs SBIRT significantly increased the likelihood of receiving formal addiction treatment, reduced self-reported illicit opioid use, and decreased use of inpatient addiction treatment services

WARM HAND-OFFS – *University of Michigan Behavioral Health Workforce Research Center*

Co-location of workers alone is not sufficient to provide effective integrated care for patients who have experienced a drug overdose. Instead a “warm hand-off” where the health care provider actually introduces the patient to a behavioral health provider or vice-versa in real time should be used to ensure continuity of care.

NEXT STEPS

- Houston what are your next steps?
- Linking hospitals and providers?
- Interviews? Onsite visits?
- Training or technical assistance?

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