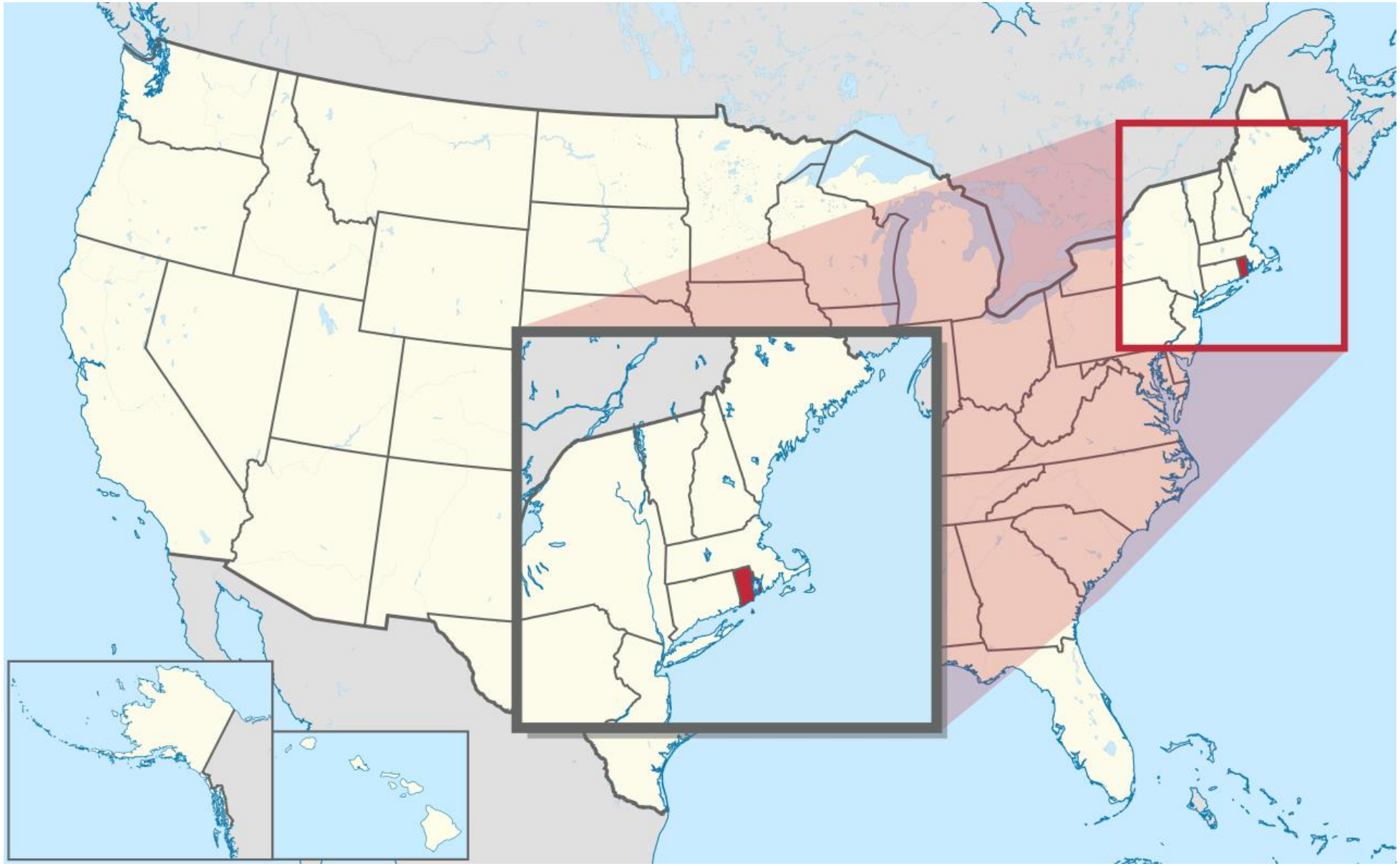
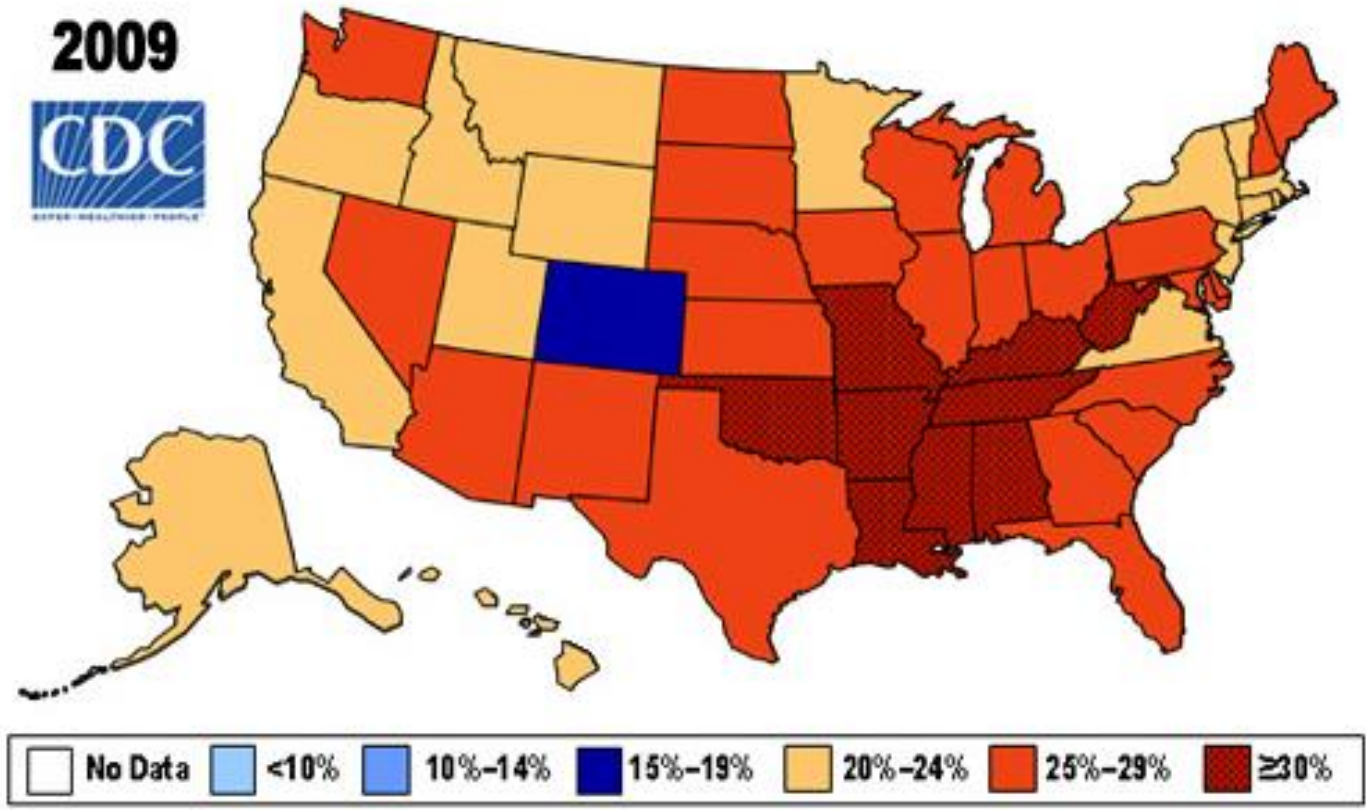
Rhode Island Strategic Plan

IVAN WOLFSON, MD
Providence Community Health Centers
ivan_wolfson@brown.edu

2018 NATIONAL HEALTH CARE FOR THE HOMELESS CONFERENCE

May 15, 2018



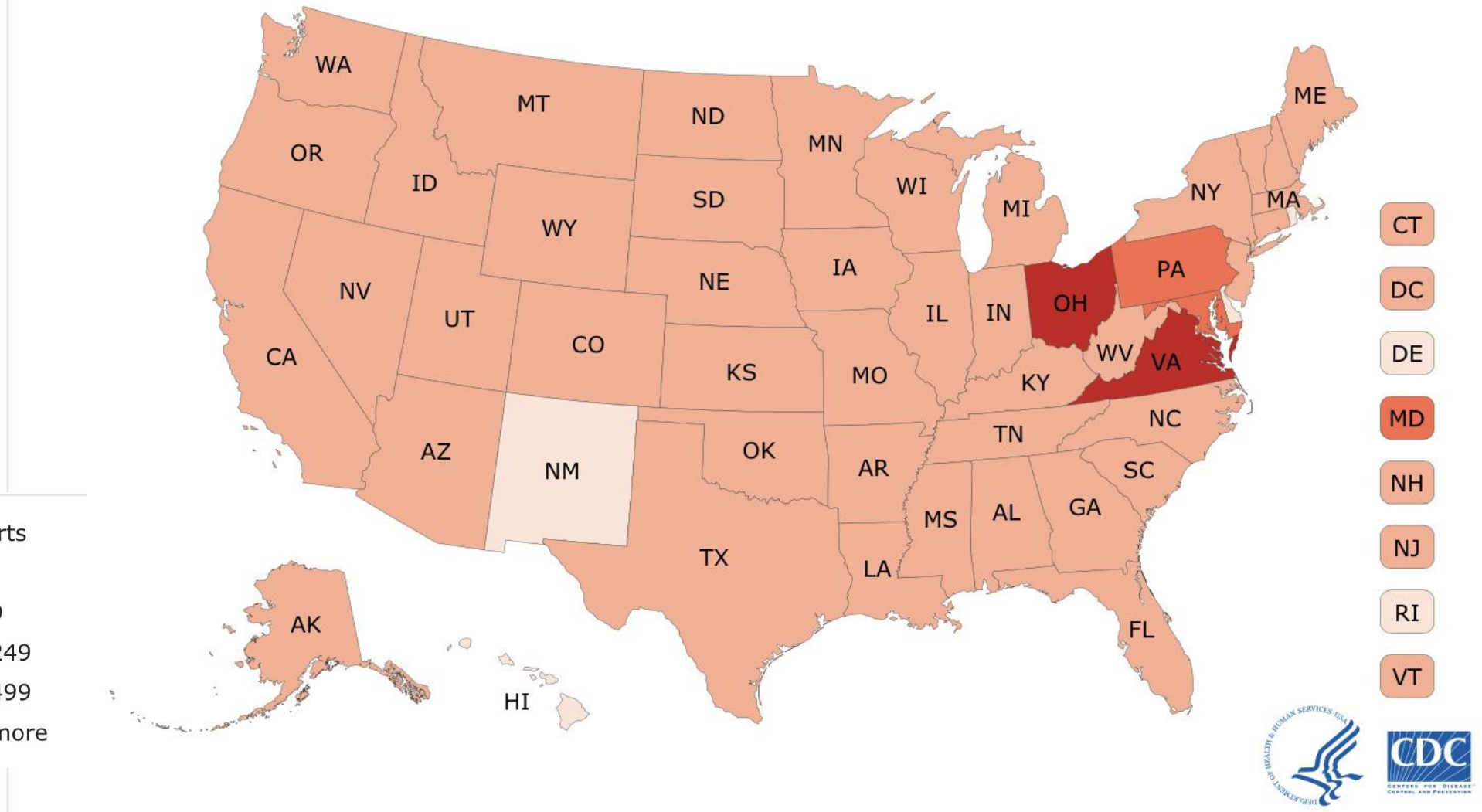


Big Alaska, Small Rhode Island

Let's start off with the top 3 states where people bought the most XXL products:

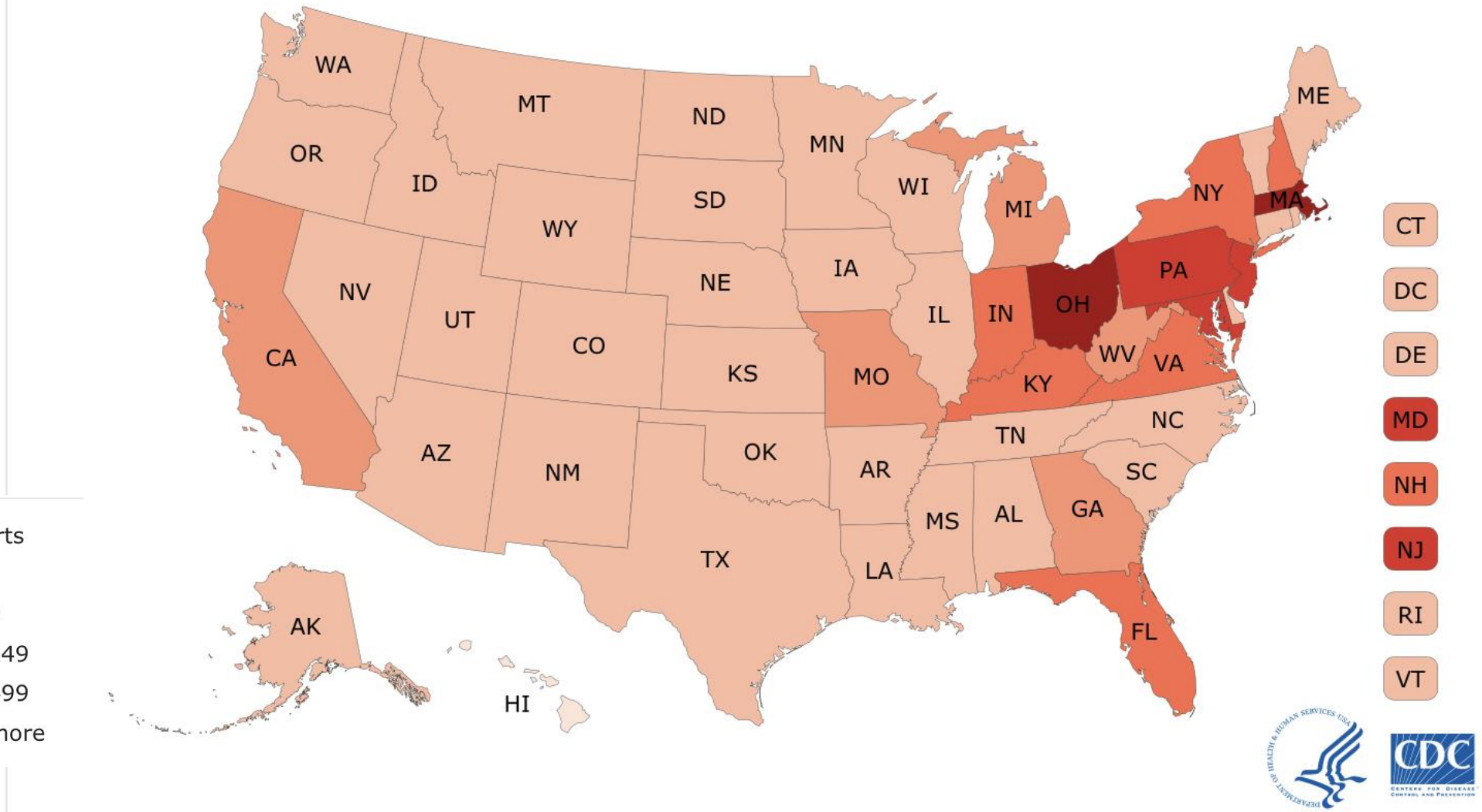
- Men: West Virginia (19.5%), Idaho (19.5%), Alaska (16.6%). The U.S. average for men's XXL shirts is 11%.
- Women: Mississippi (13%), Alaska (8.8%), Alabama (8%). The U.S. average for women's XXL shirts is 5%

2013: Reported Law Enforcement Fentanyl Encounters



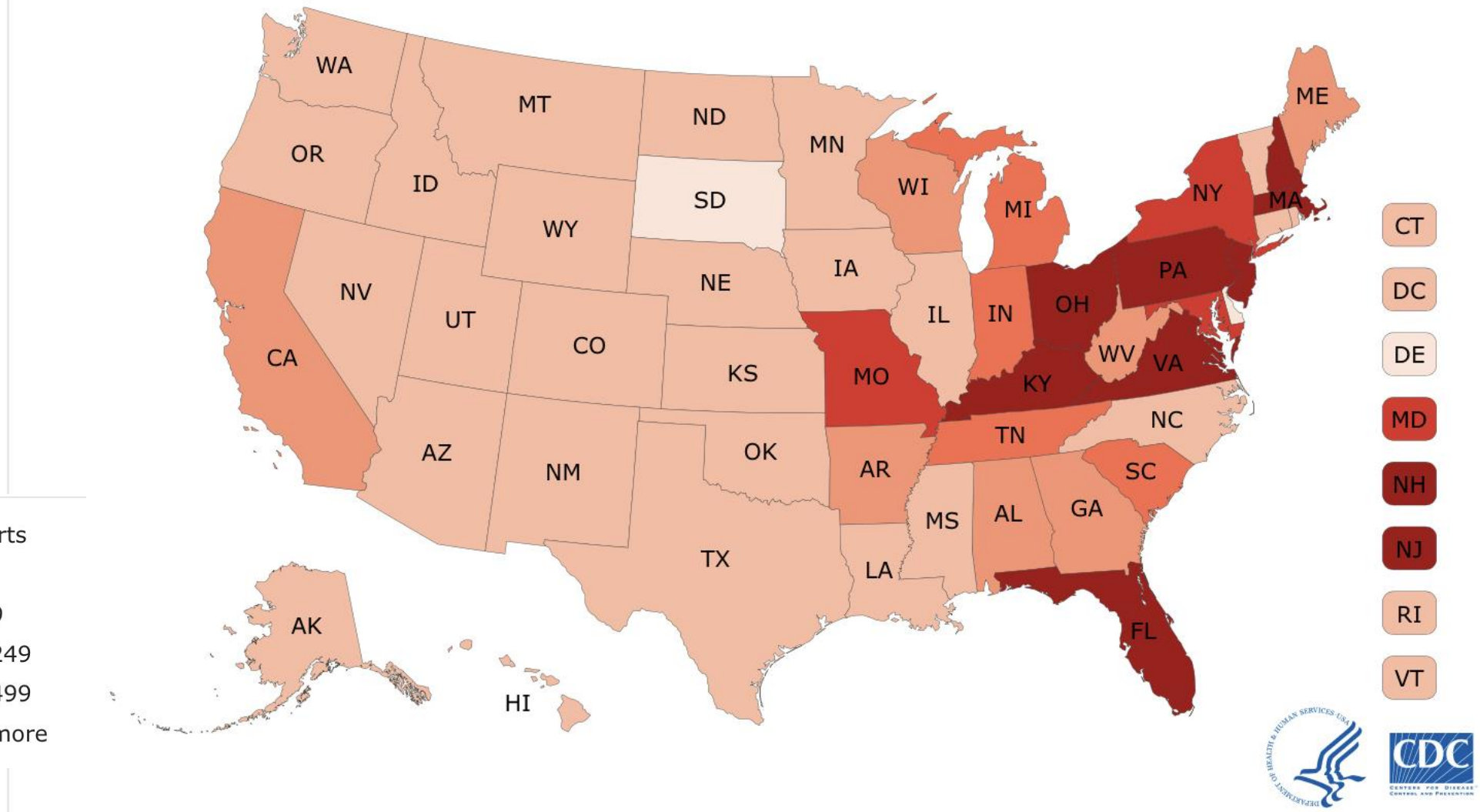
2013: Reported Law Enforcement Fentanyl Encounters

2014: Reported Law Enforcement Fentanyl Encounters



2014: Reported Law Enforcement Fentanyl Encounters

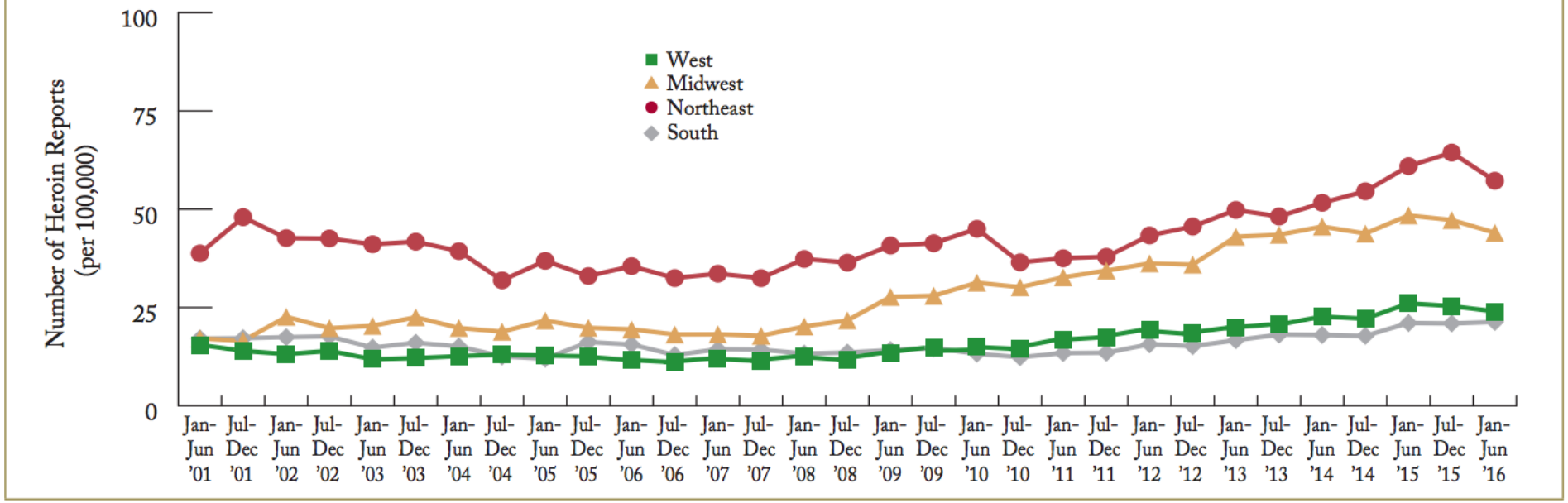
2015: Reported Law Enforcement Fentanyl Encounters



2015: Reported Law Enforcement Fentanyl Encounters

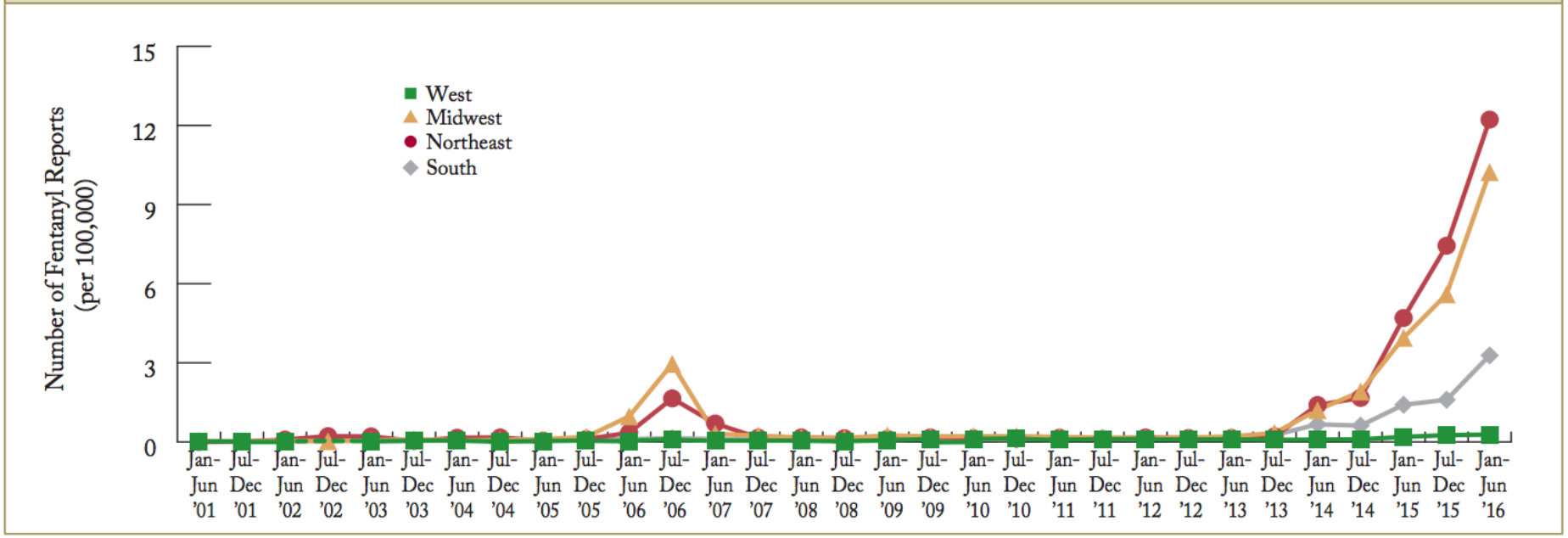
Heroin-Regional Trends

Figure 1.14 Regional trends in heroin reported per 100,000 persons aged 15 or older, January 2001–June 2016



Fentanyl-Regional Trends

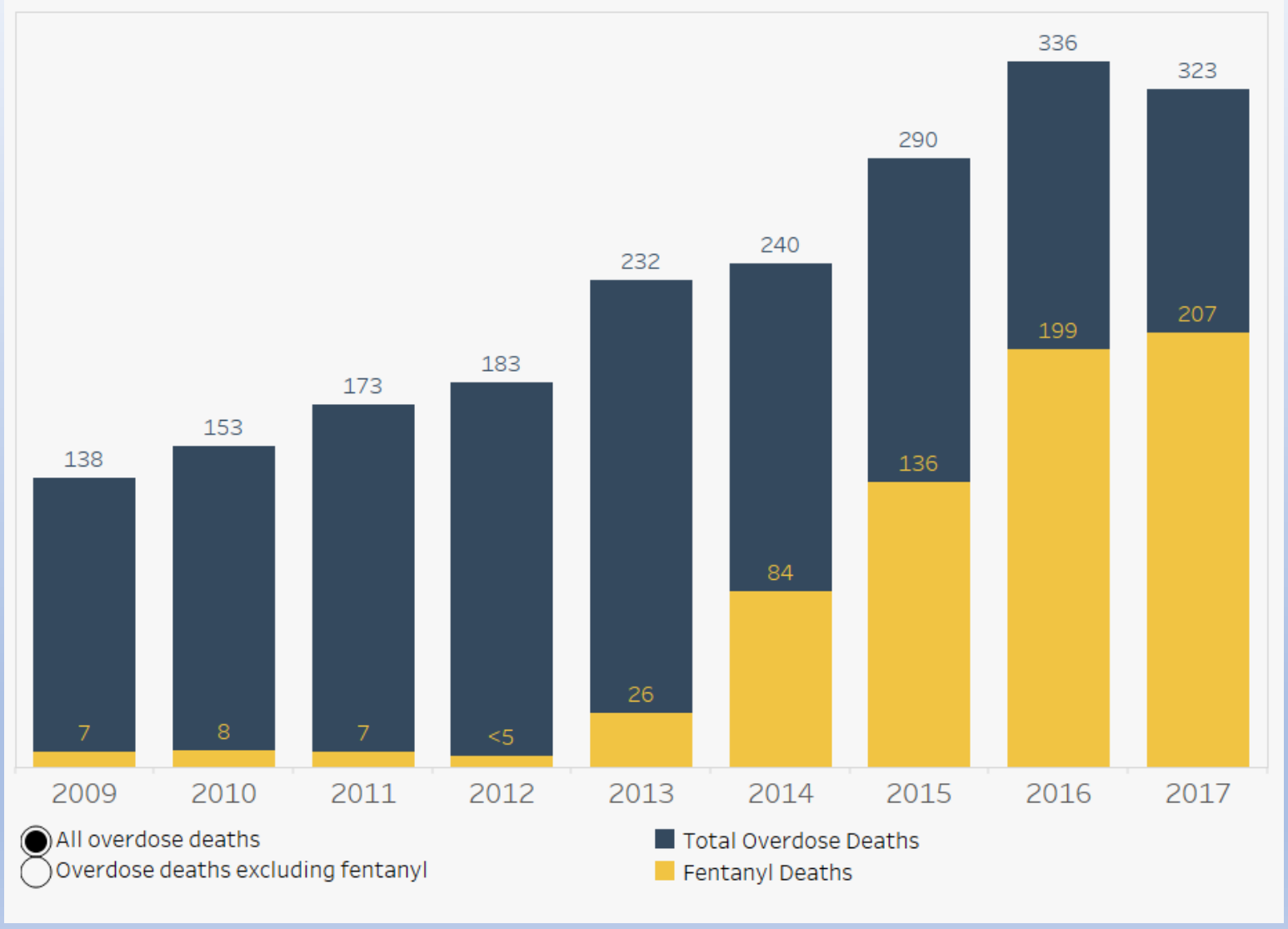
Figure 1.7 Regional trends in fentanyl reported per 100,000 persons aged 15 or older, January 2001–June 2016[1]



Note: U.S. Census 2016 population data by age were not available for this publication. Population data for 2016 were imputed.

[1] A dashed trend line indicates that estimates did not meet the criteria for precision or reliability. See Appendix A for a more detailed methodology discussion.

RI Overdose Deaths due to Fentanyl (2009 to 2017)



Data from RI Dept of Health

Enter the Governor's Overdose Prevention Action Plan

With this plan, Rhode Island will **reduce overdose deaths by 1/3 in 3 years** — that means saving hundreds of lives.

We have one goal: to save lives.

Rhode Island Strategic Plan

Here's how we plan to do it:

Prevention

Help doctors protect their patients by using safe prescribing practices.

Fact It's time to change how we treat pain — opioids don't need to be the first line of defense.

Rescue

Make sure everyone has access to naloxone.

Fact Nearly every opioid overdose death is preventable with naloxone.

Treatment

Make sure everyone who needs it can get medication-assisted treatment (MAT), like methadone or buprenorphine.

Fact MAT lowers the risk of both relapse and death.

Recovery

Expand peer recovery services and treatment options that help people start recovery.

Fact We're making sure that all patients treated for addiction have a long-term recovery plan.

Rhode Island Strategic Plan

Prevention: Plan

- Safer Prescribing
  - PMP
    - Goal of 100% enrollment
    - Alerts for multiple pharmacies, benzo + opioids, high MME
  - Clinical guidelines for opioids, benzos
  - Payment for non-opioid tx of pain
- Reduce Supply
  - Regulations that limit dose, number of days for new, acute patients
  - Change the culture around pain management
- Reduce Demand
  - Fusion Center; participating in the multi-state Heroin Response Strategy.

Rhode Island Strategic Plan

Rescue: Establish Naloxone as the Standard of Care

- Increase supply, distribution (community-based and pharmacies)
- Measure:
  - Number of kits delivered
  - Proportion of patients with opioid rx’s and/or benzo rx’s
  - Number of naloxone administrations by first responders

Rhode Island Strategic Plan

Treatment: Plan

- RI will train 420 providers by 2018 and expand access to MAT
- RI will create and staff its first Center of Excellence in 2016.
- RI will offer MAT to the Department of Corrections.
- Establish Levels of Care Certification for Hospital Emergency Departments and Hospitals (Rescue, Treatment, Recovery)

Rhode Island Strategic Plan

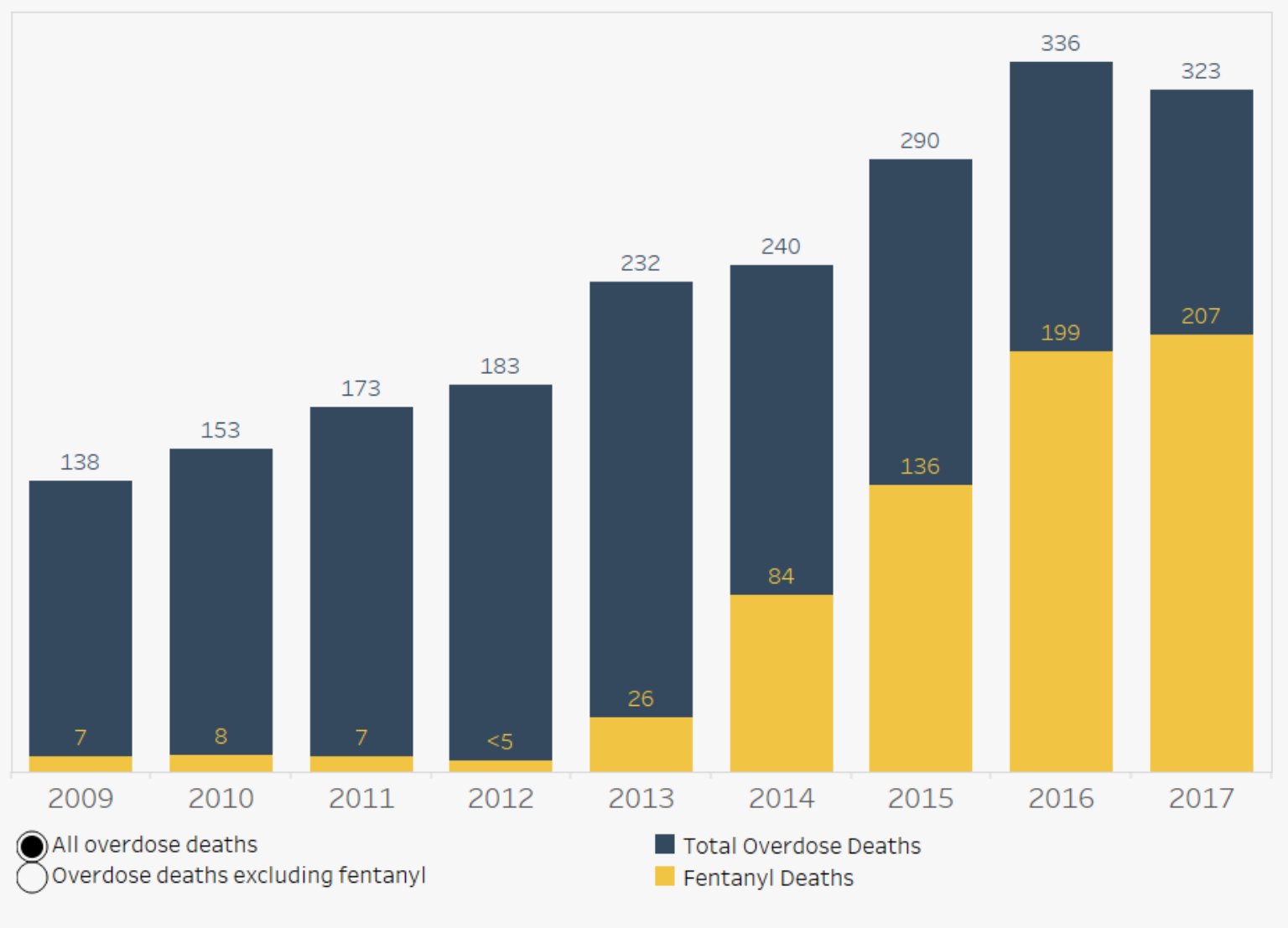
Recovery: Plan

- RI will double the number of certified peer recovery specialists to 168 by March 2017.
- RI will identify a funding source to certify a network of recovery houses across the state.
- State health agencies will develop a model discharge and recovery plan to promote recovery services for patients with substance use disorder.

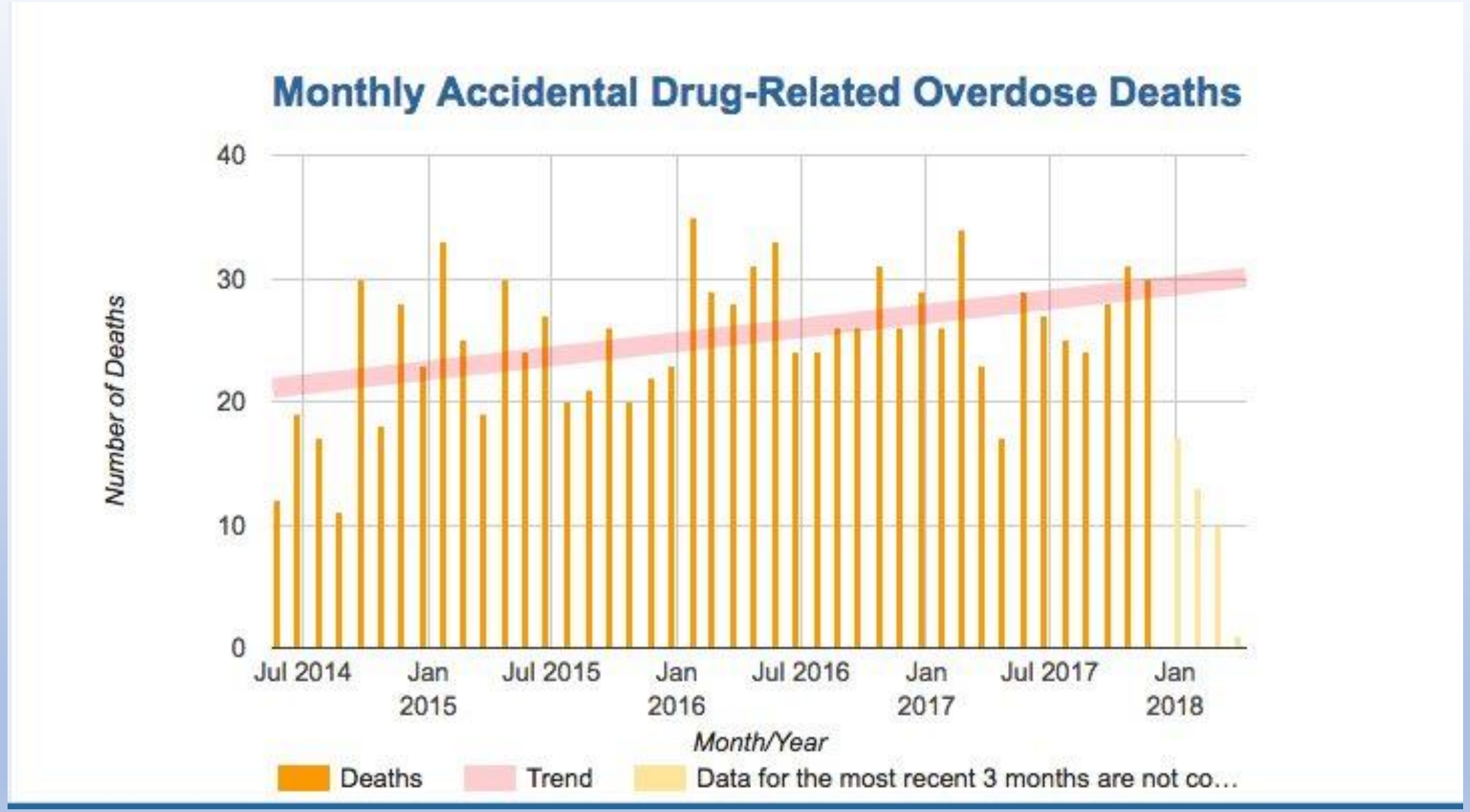
Goals. How are we doing?

- Overall goal: Reduce overdose deaths
- Trend still increasing
- 4% decrease in overdose deaths in 2017, unclear significance
- Non-fatal overdoses have stabilized, approximately 35 per week
- Overall goal: Reduce Emergency Room visits for overdose

Overdose Deaths due to Fentanyl (2009 to 2017)



Data from RI
Dept of Health

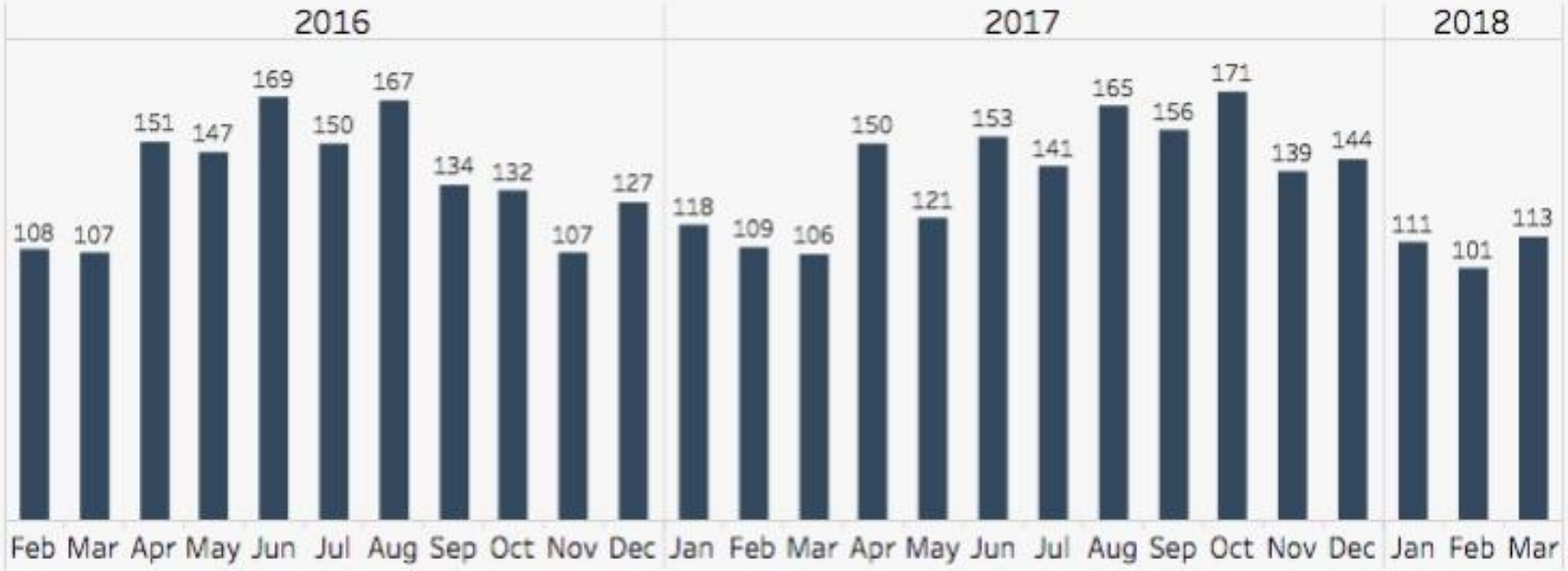

Monthly Accidental Drug-Related Overdose Deaths
Number of Deaths
40
30
20
10
0
Jul 2014
Jan 2015
Jul 2015
Jan 2016
Jul 2016
Jan 2017
Jul 2017
Jan 2018
Month/Year
Deaths
Trend
Data for the most recent 3 months are not co…

Emergency departments (EDs) across Rhode Island treat patients for overdose

Under regulation **R23-1-OPIOID**, the Department of Health requires every health professional and hospital in Rhode Island to report all opioid overdoses or suspected overdoses within 48 hours. The data shown below reflect cases submitted to this anonymous 48-hour reporting system since January 2016.

Source (RIDOH)

Number of Emergency Department (ED) Visits for Overdose (Feb 2016 – Mar 2018)



ED Visits down?

- Unclear
- Unclear if they should be down. Good Samaritan Law may have led to an increase in ED visits. Seems to be leveling off.

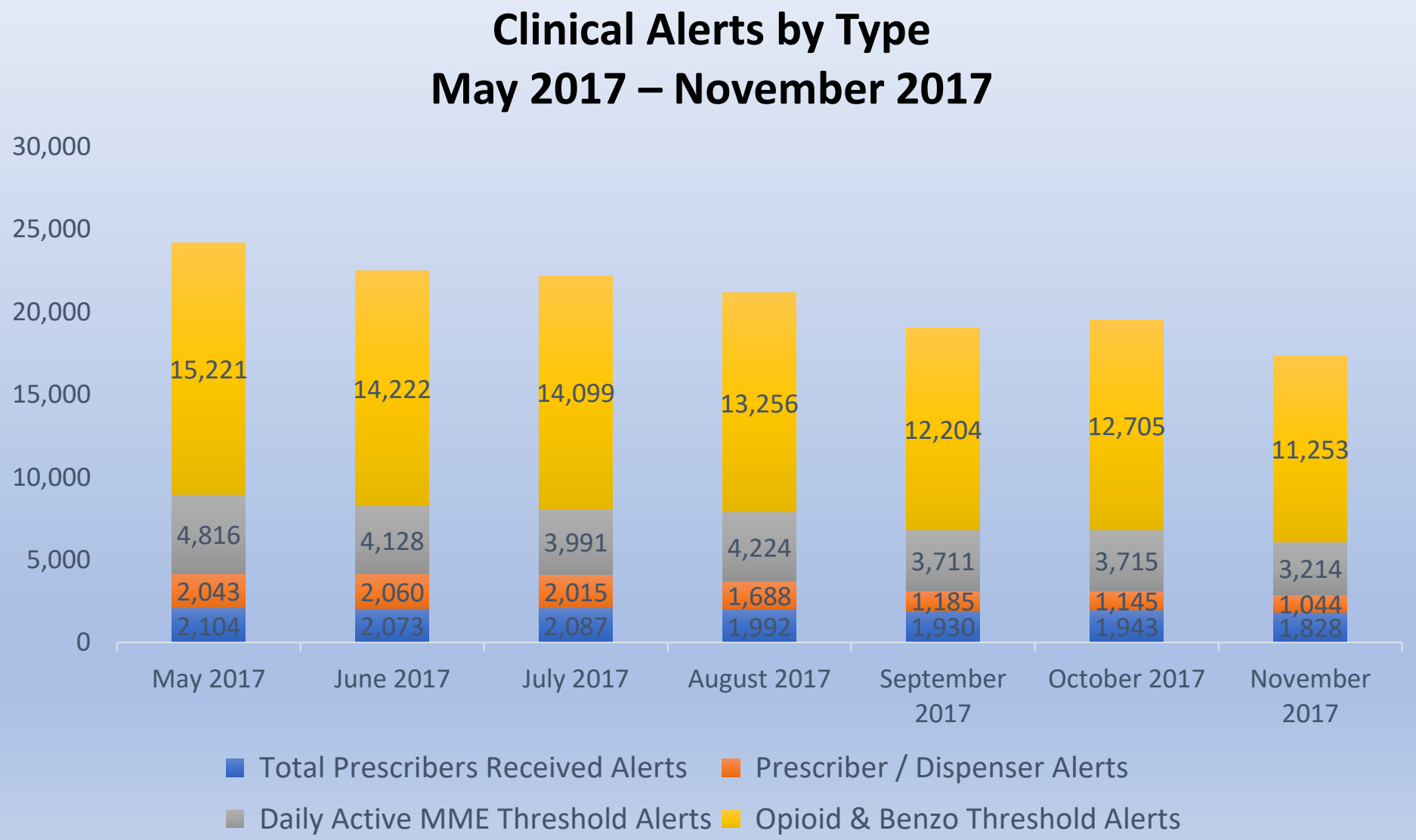
Rhode Island Strategic Plan

Prevention-Goals

- Safer Prescribing
  - PMP
    - Goal of 100% enrollment
    - Attained. Registration is now automatic at time of licensing or renewal.
      - Data on usage pending, harder to measure
    - Alerts for multiple pharmacies, benzo + opioids, high MME

    - Primary: Number of clinical alerts for patients receiving an opioid and benzo prescription in a 30-day period (monthly average)
    - Secondary: Number of clinical alerts for patients receiving an opioid Rx from more than 4 pharmacies or prescribers in a 6-month period
  - Problem: methadone does not appear on PMP

RI PDMP Clinical Alerts Activity (2017)



Prevention: Goals

- Safer Prescribing
  - PMP
  - Clinical guidelines for opioids, benzos: patient, provider handouts
  - Payment for non-opioid tx of pain

Prevention: Patient and Provider Education tools

Knowing the Risks of Opioid Prescription Pain Medications

Common names include: Percocet®, OxyContin®, and Vicodin®.

These medications:

- Cause your brain to block the feeling of pain; they *do not* treat the underlying cause of pain.
- Are very addictive and increase your chances of accidental overdose, coma, and death.

Proper Dosage:

- Never share your prescription with anyone.
- Do not increase dosage or take more often than directed.

Dispose of Medicines Safely:

- The FDA recommends flushing opioid prescription pain medications down the toilet when they are no longer needed. Unused medications can also be brought to a drug disposal site.

PreventOverdoseRI.org

health.ri.gov/healthrisks/painmeds

RHODE ISLAND DEPARTMENT OF HEALTH

Prescribing **Opioid Painkillers** in the Emergency Department

For your safety, we do not:

Prescribe long-acting opioid pain medication such as oxycodone, extended-release opioids, or methadone

Prescribe more than a short course of opioid painkillers
3 days in most cases

Refill lost, stolen, or destroyed prescriptions

Prescription opioid painkillers can be just as dangerous as illegal drugs.

Keep your prescription opioid painkillers out of the hands of others; store securely.

http://preventoverdoseri.org/providers/education-tools/

Prevention: Goals

- Safer Prescribing
  - PMP
  - Clinical guidelines for opioids, benzos: patient, provider handouts
  - Payment for non-opioid tx of pain
    - Legislation introduced to support alternative therapies such as acupuncture, chiropractic treatments and non-opioid pain treatment
    - Currently chiropractic must be covered. Pending legislation: chiro, acupuncture, other tx's must be covered and at equivalent levels/co-pays.
    - Auricular acupuncture certification reduced to 4 hours, down from 12

Prevention: Goals

- Safer Prescribing
- Reduce Supply-New Regulations:
  - Limits on dose, number of days for new, acute patients (3 days, 30 MME)
  - Initial data: > 85% compliance
  - How often to check PMP
  - No use of long-acting opioids in acute pain
  - Documenting consideration of Pain Med or Addiction Med Referral if >90 MME
  - E-prescribing for controlled substances after 2020.

Prevention: Goals

- Safer Prescribing
- Reduce Supply -New Regulations:
- Change the culture around pain management
  - Prescriber education, required CME hours
  - Patient education

Prevention: Goals

- Safer Prescribing
- Reduce Supply
- Change the culture around pain management
- Reduce Demand
  - Fusion Center; participating in the multi-state Heroin Response Strategy.

Rhode Island Fusion Center

Tom Chadronet, Public Health Analyst, New England High Intensity Drug Trafficking Area

Bryan Volpe, Drug Intelligence Officer/Liaison to Rhode Island State Fusion Center, New England High Intensity Drug Trafficking Area

Surveillance Response Intervention (SRI) Team

SRI Data Sets

- Rhode Island Opioid Overdose Reporting System (i.e., “48-hour Overdose Reporting System” data)
- Laboratory data
- Rhode Island Fusion Center data
- Medical Examiner’s data
- Rhode Island Multidisciplinary Review of Drug Overdose Death Evaluation (MODE) Team quarterly reports
- Emergency Medical Services (EMS) data

Rhode Island Strategic Plan

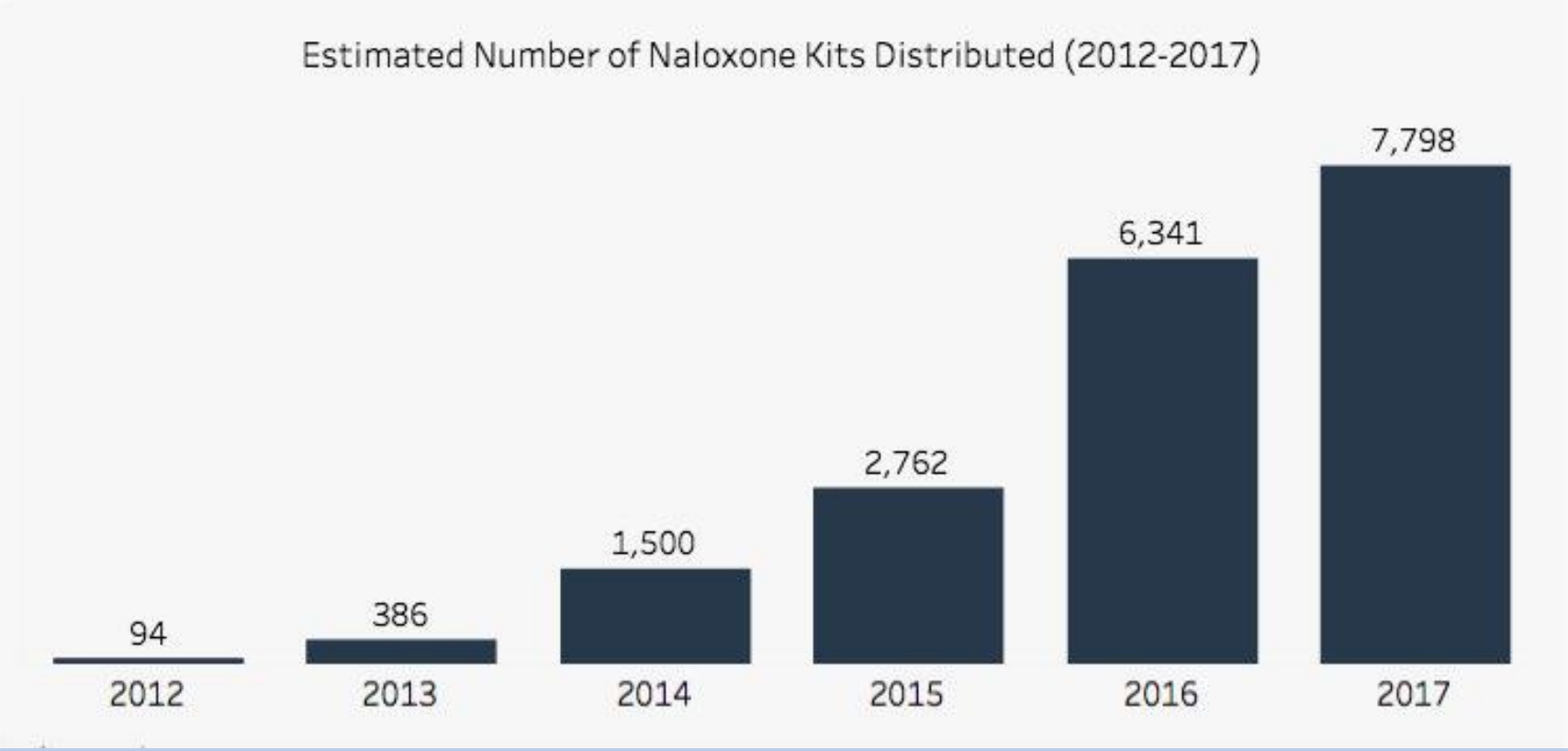
Rescue: Establish Naloxone as the Standard of Care

- Increase supply, distribution (community-based and pharmacies)
- Measure:
  - Number of kits delivered
  - Proportion of patients with opioid rx's and/or benzo rx's (difficult to count)
  - Number of naloxone administrations by first responders
- Primary: Increase the number of naloxone kits distributed in the community each year
- Secondary: Increase percent of discharged opioid overdose patients that receive a naloxone kit or report already having naloxone

We need naloxone in every town in Rhode Island

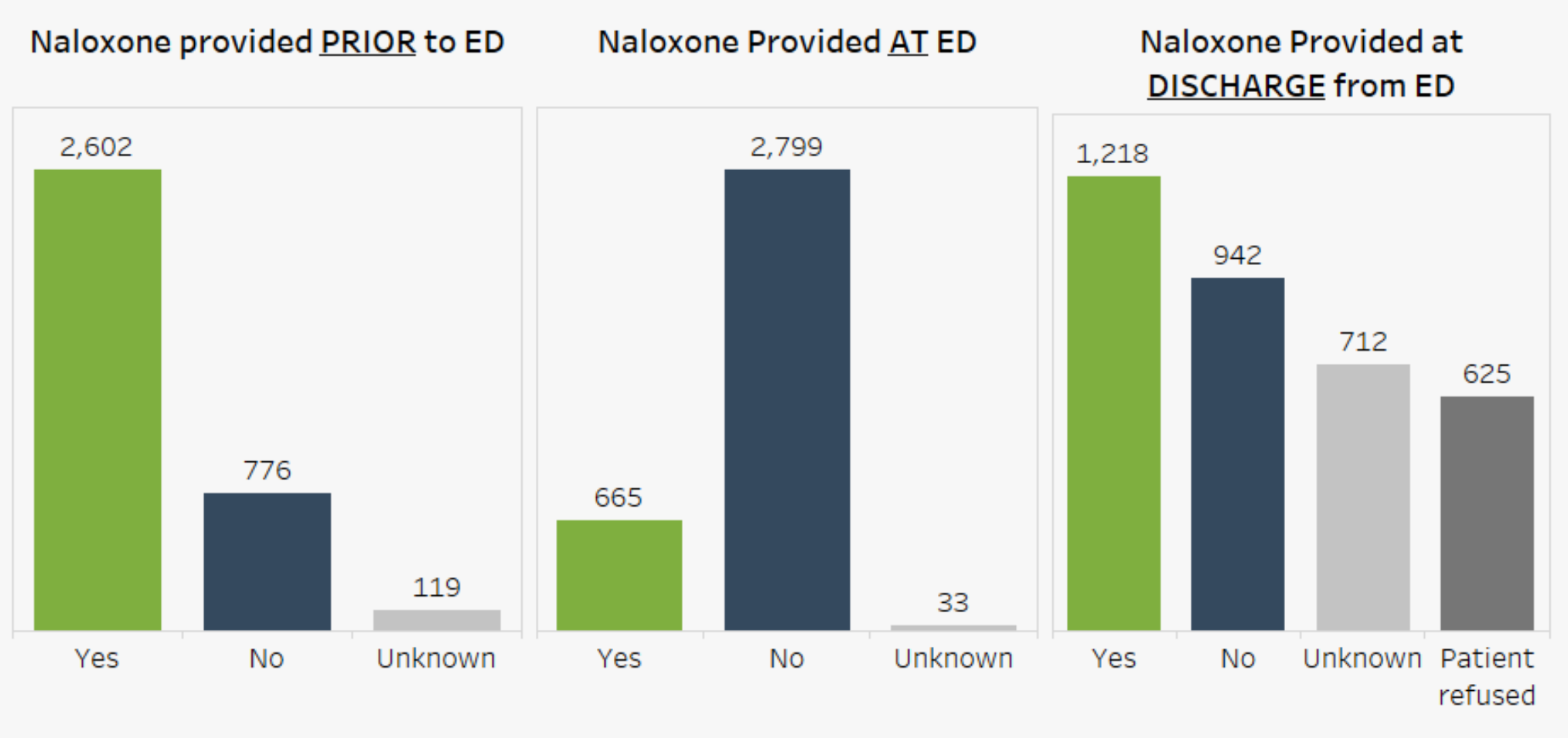
In our state, community programs and pharmacies are working hard to get naloxone into the hands of people who need it. This bar chart shows us how many kits of naloxone were handed out or dispensed in 2015 and 2016. The map below shows us where the naloxone kits were handed out in our state.

Naloxone Distribution in Rhode Island (2012 – 2017)



Source: RIDOH

Number of patients who received naloxone prior to arrival, at the Emergency Department (ED), and upon discharge (Feb 2016 – Mar 2018)



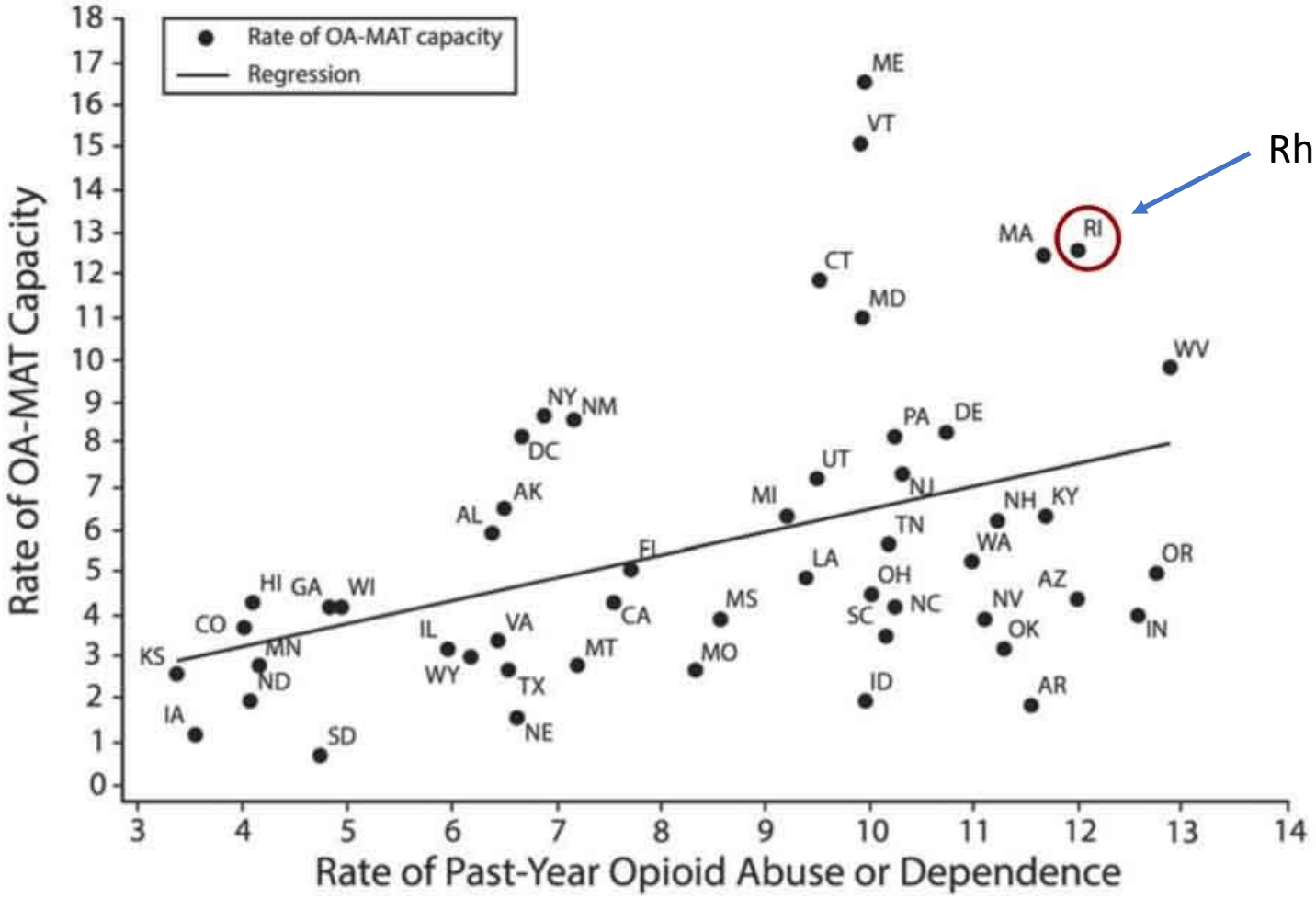
Rhode Island Strategic Plan

Treatment

- Expand and build capacity for medication-assisted treatment (MAT), including buprenorphine and methadone
  - ➢ Encourage prescribers to obtain a DATA waiver for buprenorphine
  - ➢ Develop Centers of Excellence for opioid use disorder treatment
  - ➢ Expand access to MAT at the RI Department of Corrections

Treatment: Plan

- RI will train 420 providers by 2018 and expand access to MAT
- Primary: number of patients receiving buprenorphine and methadone

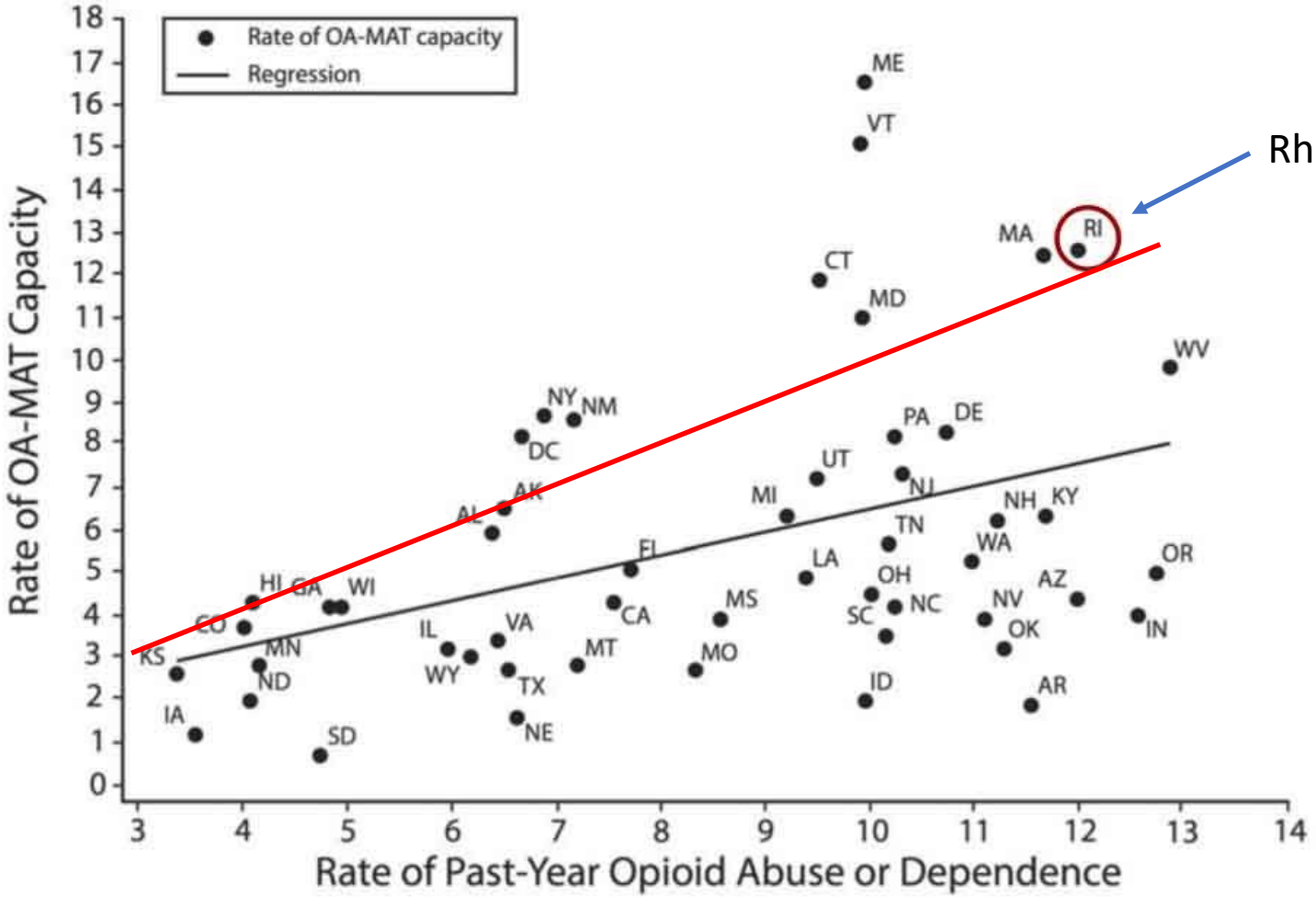


Rhode Island

Note. OA-MAT = opioid agonist medication-assisted treatment.

FIGURE 2—Comparison of state rates of past-year opioid abuse or dependence and capacity for opioid agonist medication-assisted treatment: United States, 2012.

Source: Jones et al., Am J Public Health, 2015

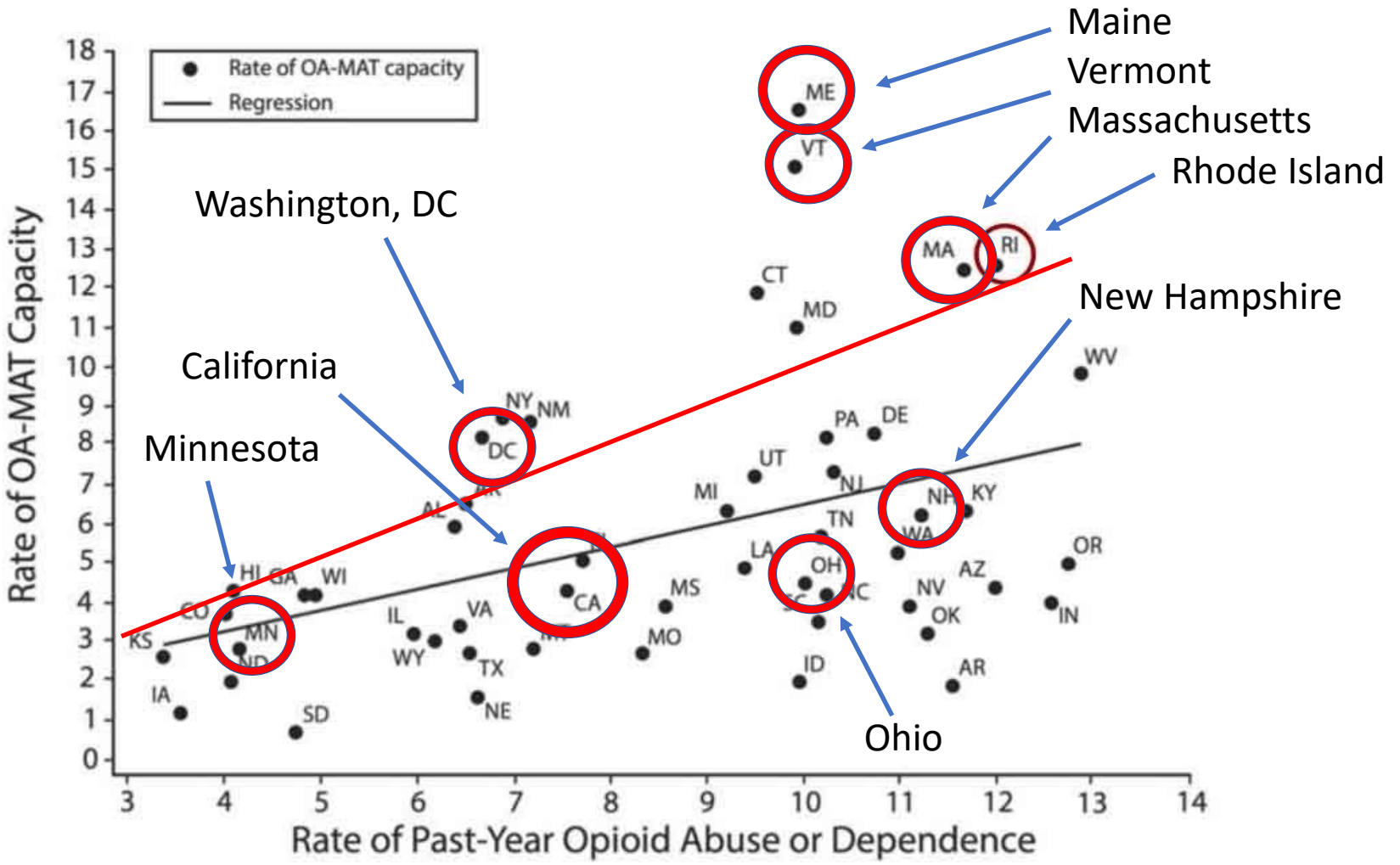


Rhode Island

Note. OA-MAT = opioid agonist medication-assisted treatment.

FIGURE 2—Comparison of state rates of past-year opioid abuse or dependence and capacity for opioid agonist medication-assisted treatment: United States, 2012.

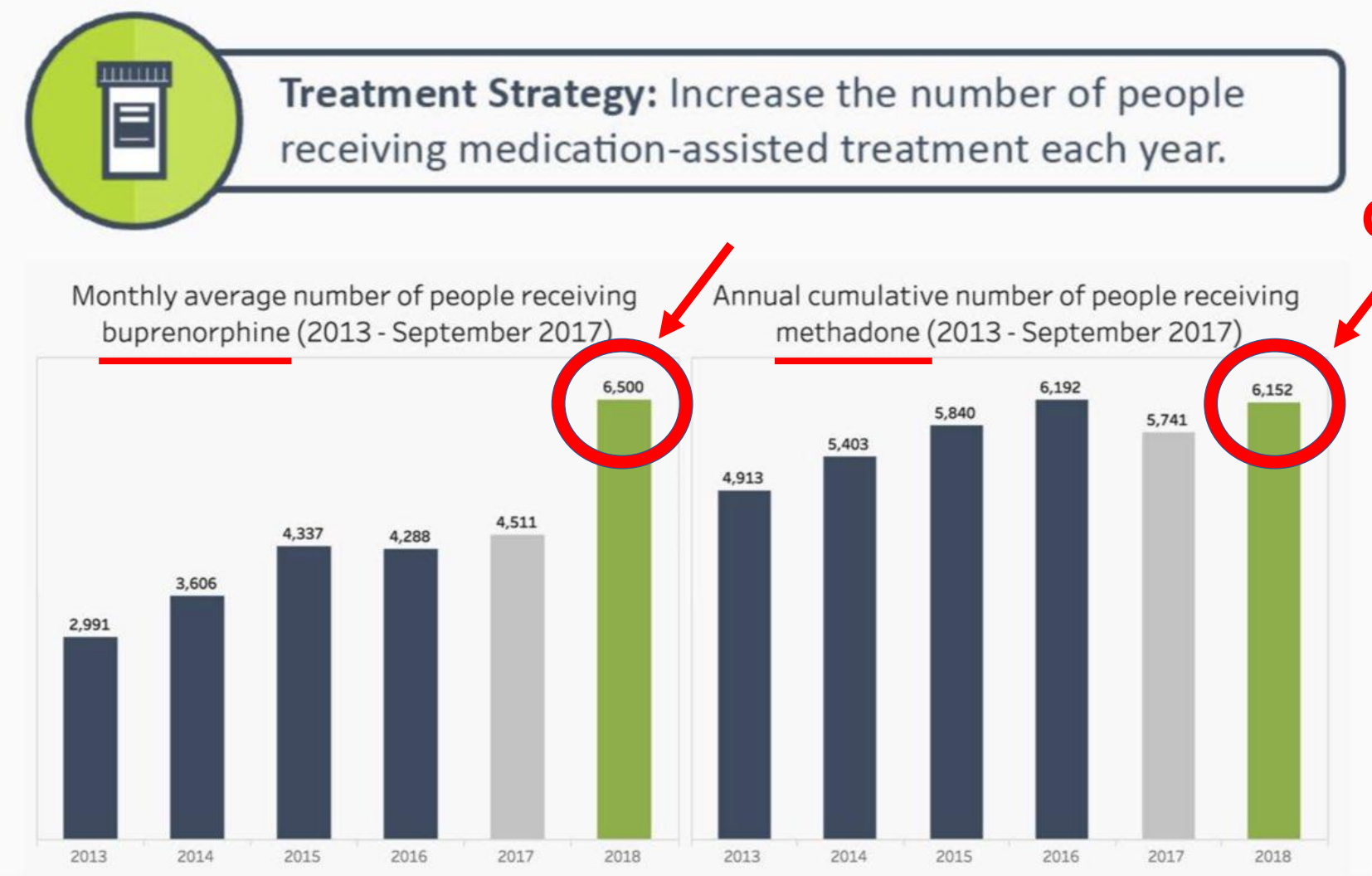
Source: Jones et al., Am J Public Health, 2015



Note. OA-MAT = opioid agonist medication-assisted treatment.

FIGURE 2—Comparison of state rates of past-year opioid abuse or dependence and capacity for opioid agonist medication-assisted treatment: United States, 2012.

Source: Jones et al., Am J Public Health, 2015

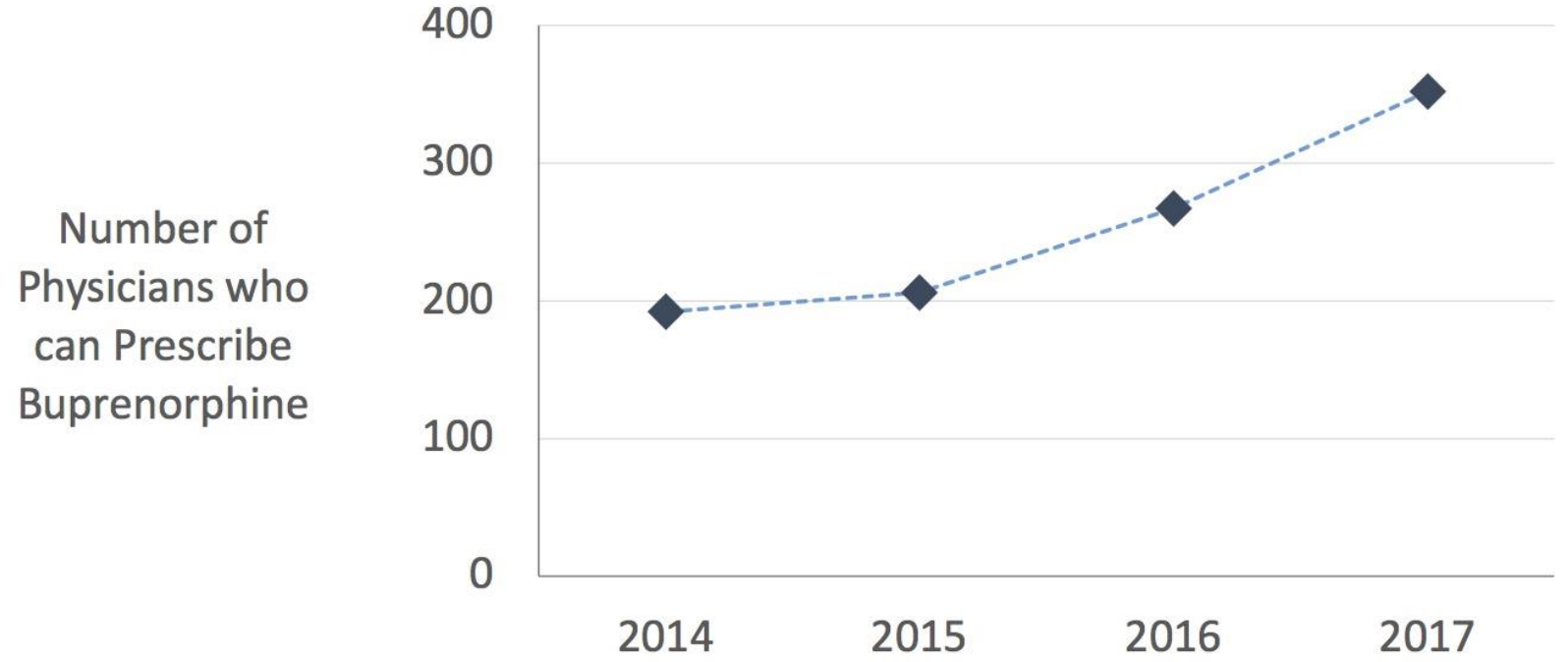


Source: Rhode Island PDMP (buprenorphine) & BHDDH (methadone)

Treatment: Plan

- RI will train 420 providers by 2018 and expand access to MAT
- Primary: number of patients receiving buprenorphine and methadone
- Secondary: Increase the number of trained and data-waivered practitioners.

Increasing treatment capacity in Rhode Island



Source: Rhode Island Prescription Drug Monitoring Program (PDMP)

Treatment: Plan

- RI will train 420 providers by 2018 and expand access to MAT
- Primary: number of patients receiving buprenorphine and methadone
- Secondary: Increase the number of trained and data-waivered practitioners.
- Secondary: Increase the number of data-waivered practitioners actively prescribing
  - Currently 370 trained but only 209 actively prescribing
  - 209 active could represent 20,000 patients, but only 5000

Treatment: Plan

- RI will train 420 providers by 2018 and expand access to MAT
- Primary: number of patients receiving buprenorphine and methadone
- Secondary: Increase the number of trained and data-waivered practitioners.
- Secondary: Increase the number of data-waivered practitioners actively prescribing
  - Currently 370 trained but only 209 active
- Two secondary goals were dropped
  - number of patients retained in treatment
  - total number patients in enrolled in MAT programs

Treatment: Plan

- RI will train 420 providers by 2018 and expand access to MAT
- RI will create and staff its first Center of Excellence in 2016.
- Allows for buprenorphine to be dispensed at OTP's.
  - Generally a 6-month program, with accelerated take-home advancement schedule
  - Transfer to community buprenorphine provider after stabilization

Treatment: Plan

- RI will train 420 providers by 2018 and expand access to MAT
- RI will create and staff its first Center of Excellence in 2016.
- Allowed buprenorphine to be dispensed at OTP's.
  - Generally a 6-month program, with accelerated take-home advancement schedule
  - Transfer to community buprenorphine provider after stabilization
- RI will offer MAT to the Department of Corrections.

One state takes a novel approach to opioid addiction: access to treatment for all inmates

By ANDREW JOSEPH @DrewQJoseph / AUGUST 3, 2017

John Young, a prisoner at the Rhode Island Department of Corrections, says medication-assisted treatment will "keep me safe."
ARAM BOGHOSIAN FOR STAT

Source: Statnews.com
8/4/17

Treatment: Plan

- RI will train 420 providers by 2018 and expand access to MAT
- RI will create and staff its first Center of Excellence in 2016.
- RI will offer MAT to the Department of Corrections.
- Establish Levels of Care Certification for Hospital Emergency Departments and Hospitals (Rescue, Treatment, Recovery)

Levels of Care

- The main goal:
- “standardize humane, evidence-based care of patients with opioid use disorder in the state’s emergency and hospital institutions.”

Levels of Care

Levels of Care for Rhode Island
Emergency Departments and Hospitals
for Treating Overdose and Opioid Use Disorder

Levels of Care

- Nearly every hospital in Rhode Island has earned this certification
- All hospitals and ED's are expected to obtain a common foundation for treating opioid use disorder and overdose.
- Voluntary program but hospitals like the recognition
- Only mandatory part is discharge planning
- "Successful" Program. Other states have expressed interest

Levels of Care

LEVEL 3

1. Follows discharge planning per law
2. Administers standardized substance use disorder screening for all patients
3. Educates all patients who are prescribed opioids on safe storage and disposal
4. Dispenses naloxone to patients at risk, according to clear protocol
5. Offers peer recovery support services
6. Provides active referral to appropriate community provider(s)
7. Complies with 48-hour reporting of overdose to RIDOH
8. Performs laboratory drug screening that includes fentanyl on patients who overdose

LEVEL 2
Meets all criteria of Level 3 and:

1. Conducts comprehensive, standardized substance use assessment
2. Maintains capacity for evaluation and treatment of opioid use disorder using support from addiction specialty services

LEVEL 1
Meets criteria of Level 3 and Level 2 and also:

1. Maintains a Center of Excellence or comparable arrangement for initiating, stabilizing, and re-stabilizing patients on medication assisted treatment
   - Ensures transitioning to/ from community care to facilitate recovery
   - Evaluates and manages medication assisted treatment

Levels of Care-Level 3

- Follows discharge planning by law
- Administers standardized SUD screening of all patients
- Educate all patients who receive opioids on safe storage and disposal
- Dispenses naloxone to patients at risk, according to clear protocol
- Offers peer recovery support services
- Provides active referral to appropriate community provider(s)
- Complies with 48-hour reporting of overdose to RI DOH
- Screen for fentanyl on all overdose patients

48-Hour Mandatory Reporting

Rhode Island Opioid Overdose Case Report

Please report all cases of suspected opioid overdose to the Rhode Island Department of Health within 48 hours.

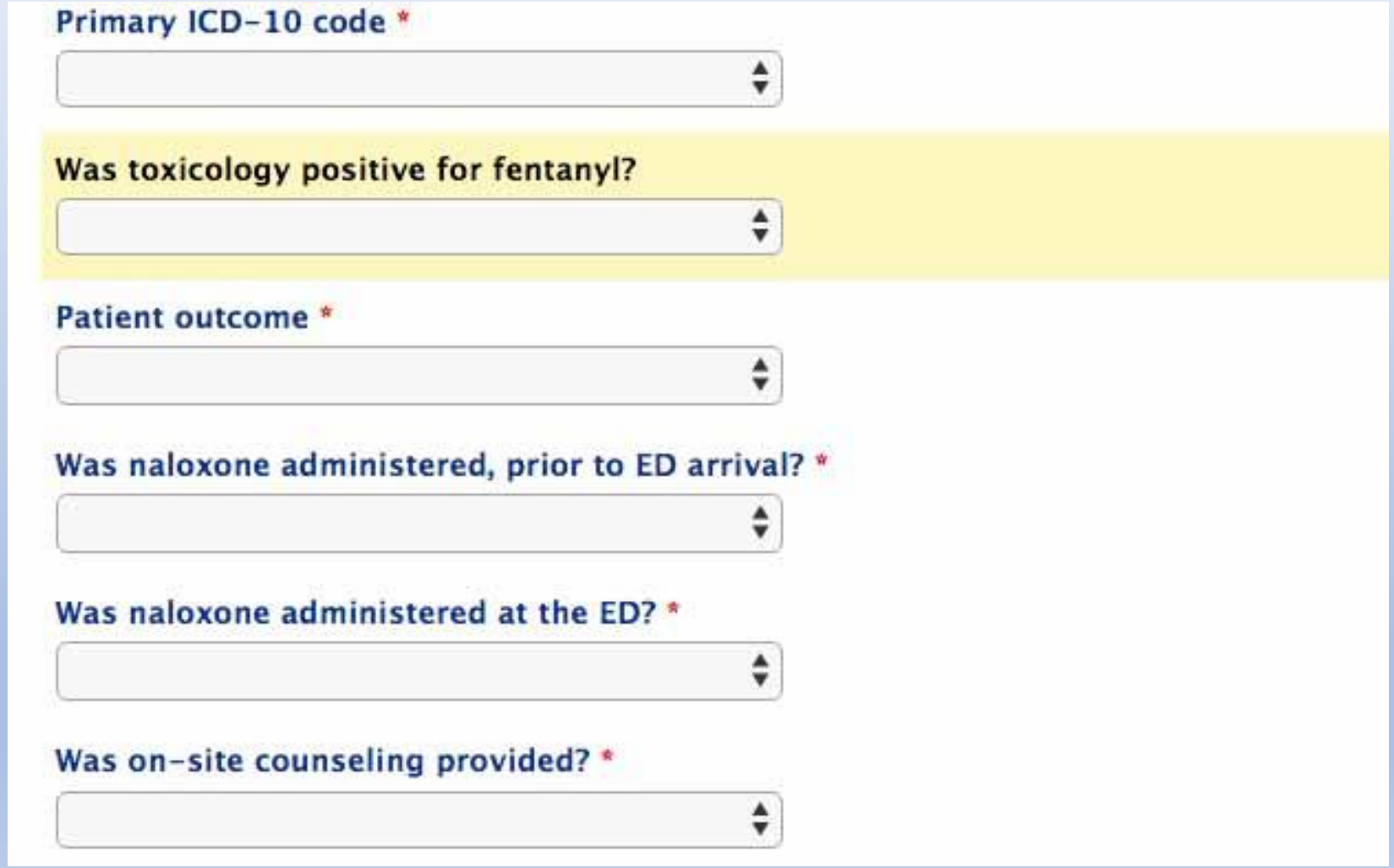
Patient medical record number *

Must be between 1 and 11 characters. *Currently Used:* **0** *characters.*

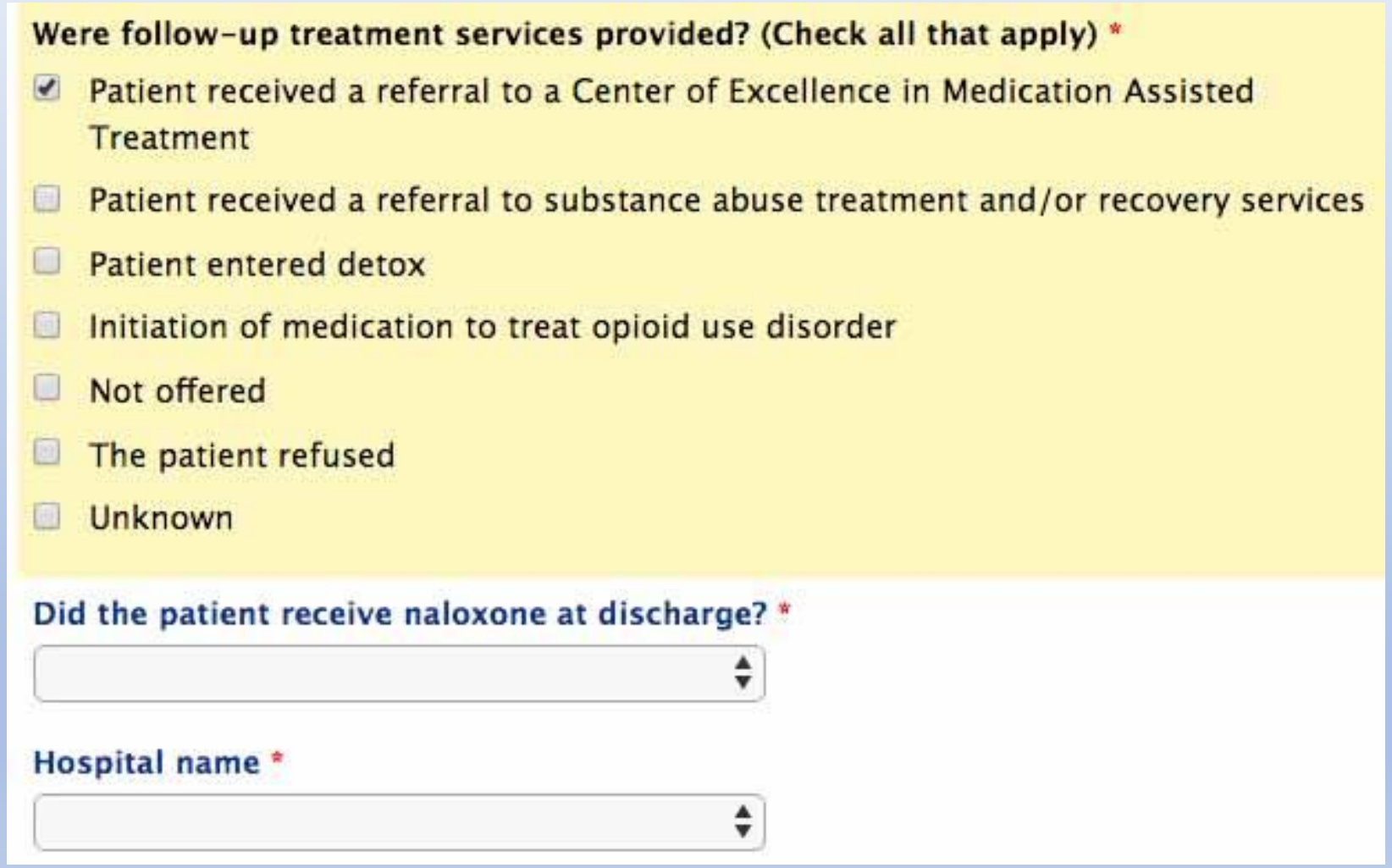
Patient city or town of residence *

Patient gender *

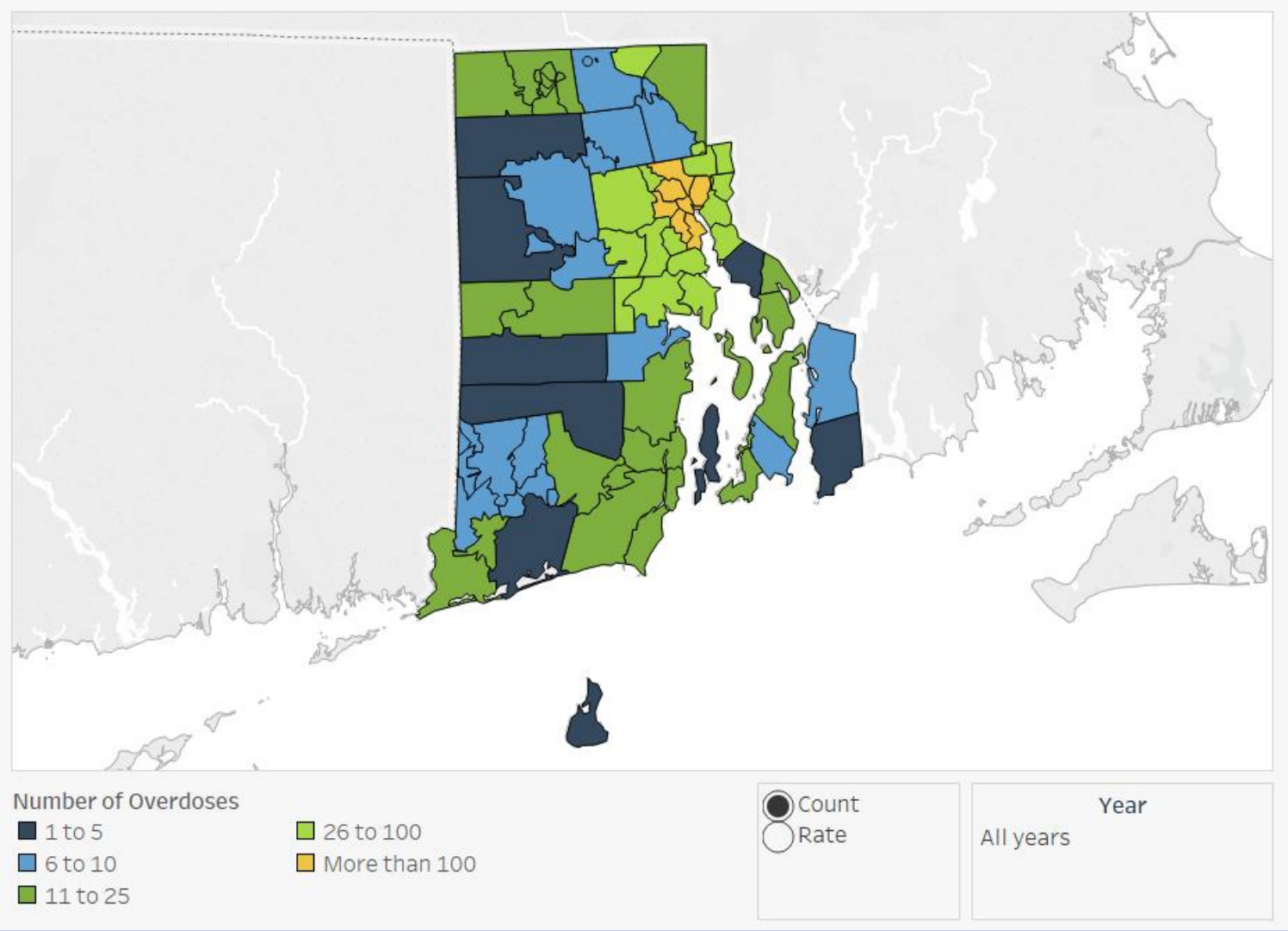
48-Hour Mandatory Reporting



48-Hour Mandatory Reporting



Overdose Deaths by City/Town (2014 to 2017)



Levels of Care

LEVEL 3

1. Follows discharge planning per law
2. Administers standardized substance use disorder screening for all patients
3. Educates all patients who are prescribed opioids on safe storage and disposal
4. Dispenses naloxone to patients at risk, according to clear protocol
5. Offers peer recovery support services
6. Provides active referral to appropriate community provider(s)
7. Complies with 48-hour reporting of overdose to RIDOH
8. Performs laboratory drug screening that includes fentanyl on patients who overdose

LEVEL 2
Meets all criteria of Level 3 and:

1. Conducts comprehensive, standardized substance use assessment
2. Maintains capacity for evaluation and treatment of opioid use disorder using support from addiction specialty services

LEVEL 1
Meets criteria of Level 3 and Level 2 and also:

1. Maintains a Center of Excellence or comparable arrangement for initiating, stabilizing, and re-stabilizing patients on medication assisted treatment
   - Ensures transitioning to/ from community care to facilitate recovery
   - Evaluates and manages medication assisted treatment

Rhode Island Strategic Plan

Recovery: Plan

- RI will double the number of certified peer recovery specialists to 168 by March 2017.
- RI will identify a funding source to certify a network of recovery houses across the state.
- State health agencies will develop a model discharge and recovery plan to promote recovery services for patients with substance use disorder.

Recovery Plan

- RI will double the number of certified peer recovery specialists to 168 by March 2017. On track
- RI will identify a funding source to certify a network of recovery houses across the state. Federal grants for Peer Recovery (CTC, STR)
- State health agencies will develop a model discharge and recovery plan to promote recovery services for patients with substance use disorder. Part of Levels of Care for ED/Hospitals

A national leader in peer-based recovery

CNN Health + Live TV

Could peer-recovery coaches help fight drug addiction epidemic?

By Shefali Luthra, Kaiser Health News

Updated 6:07 AM ET, Mon October 24, 2016

PBS NEWSHOUR

TOPICS > NATION > AMERICA ADDICTED

Former drug users work on the front lines of the opioid crisis in Rhode Island

October 6, 2017 at 6:25 PM EDT

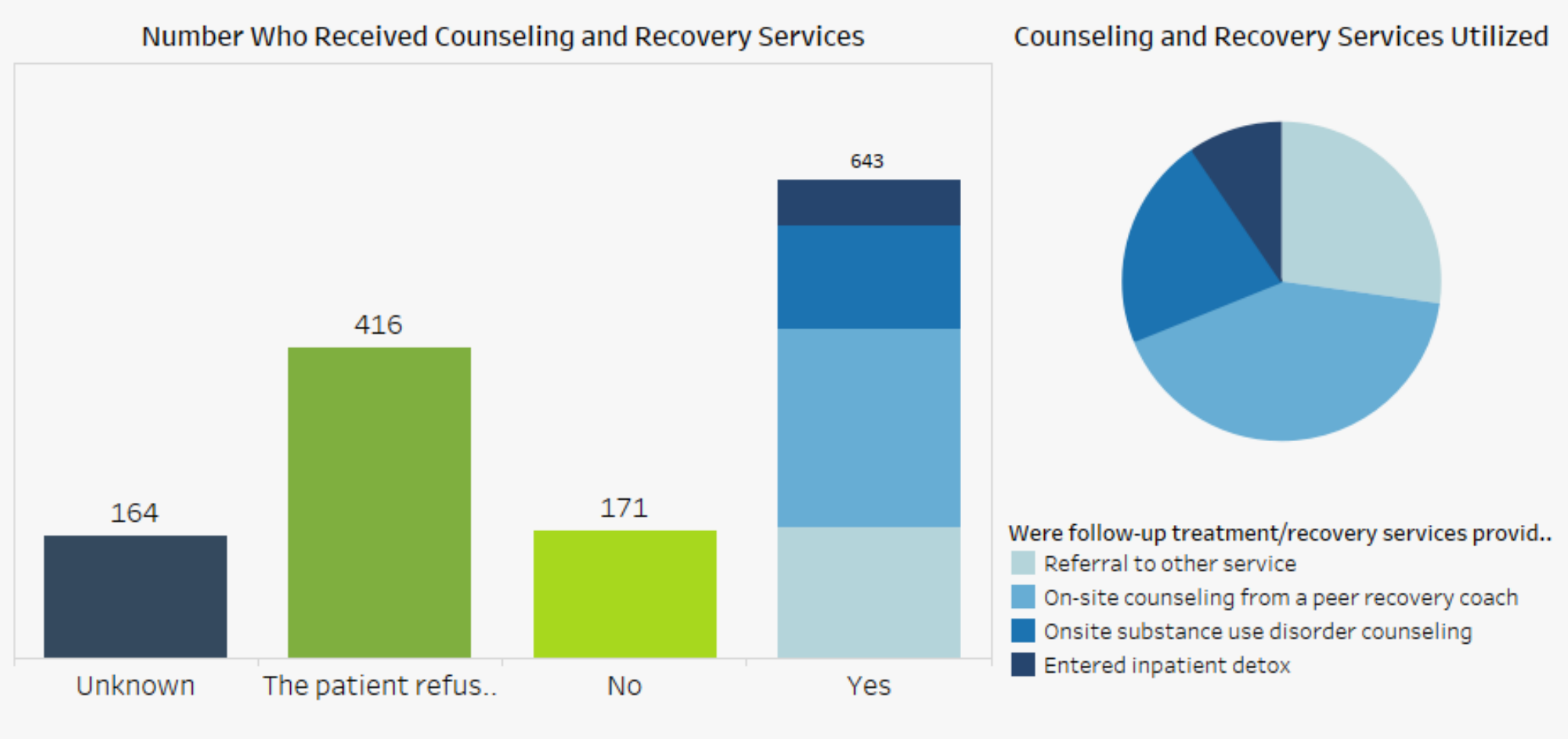
The Washington Post

Democracy Dies in Darkness

Health & Science

Recovery coaches at ERs try to help opioid addicts avoid another overdose

Post-Overdose Counseling and Recovery Outcomes (Feb 2016 – Mar 2018)



What is unique about RI and RI's plan?

- State of RI-Governor
- BHDDH
- RI DOH
- Brown University

Prevent Overdose RI

What is unique about RI and RI's plan?

- Small state, started with good buy-in
- Small state, sometimes easier to get things done (DOH)
- No pill mills (in part d/t DOH)
- Strong culture of Peer support in RI (though not evidence-based)
- RI has pharmacy-based needle exchange. Decriminalization was early, OTC since 2000.
- MAT at ACI: same people who championed decriminalization of needles involved in piloting MAT; good relationship w/warden.

What is unique about RI and RI's plan?

- Limited in scope (Massachusetts plan extensive, wide-ranging)
- Direct communication at all levels, including Governor
  - Monthly reports to Governor
- Brown University. Able to act as independent 3rd-party repository of data.

What is unique about RI's plan?

- MAT at the ACI
- Center of Excellence in 2016
- Levels of care for emergency departments/hospitals
- Law requiring no more than 30 MME/20 doses for new pt rx's
- CODE Summit (Community Overdose Engagement Summit)
  - 39 RI municipalities represented

Rhode Island Community Overdose Engagement Summit

Governor Raimondo's Overdose Prevention and Intervention Task Force
December 12, 2017

Goals for the CODE Summit:

- Connect diverse stakeholders from across the state to address Rhode Island's overdose crisis;
- Inform leaders of municipality overdose data and Rhode Island's Overdose Action Area Response;
- Identify local resources that support overdose prevention, rescue, treatment, and recovery; and,
- Engage municipalities in the development of localized overdose response plans.

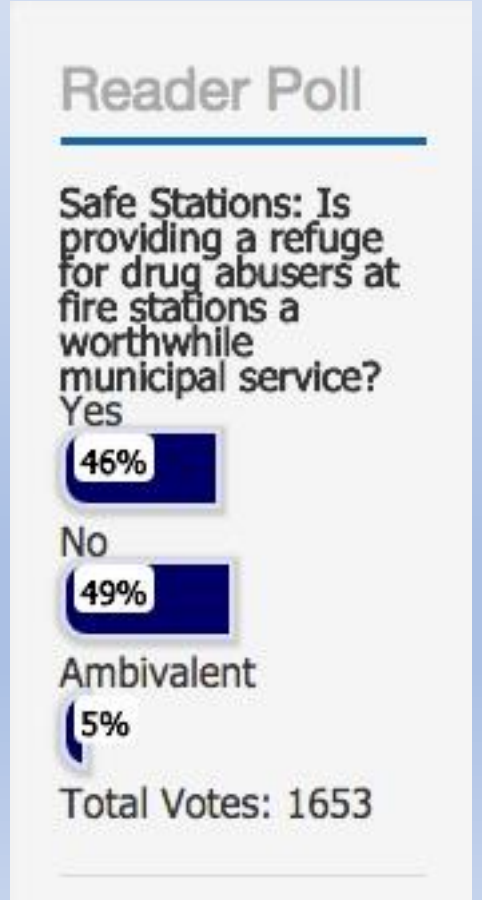
Example-Safe Station Program

- Attempt to implement program being used in New Hampshire
- Anyone needing treatment can walk into a fire station, avoid ED
- Meeting at BHDDH: reps from OTP, Detox, ED, Fire Dept, Psych Hosp, Residential Tx, BHDDH (regulatory issues), DOH, ASU/CSU
- Need to address systemic barriers to treatment

Goal of one meeting: how to get pt into OTP to start methadone on a weekend?

- Different players with different agendas/limitations:
- Practice of sending Pt to ED for “medical clearance” wasteful and unnecessary
- CSU: can’t start meds
- Detox: can start methadone, but only for detox (culture, not law)
- OTP: not fully staffed on weekends
- State requirement for OTP to do complete biopsychosocial assessment (w/in 24 hrs), even if pt had one done at referring agency
- What about uninsured patients?
- Where is patient choice?

- New Hampshire: Centralized system with multiple services, levels of care under one roof
- Rhode Island: Decentralized



What could be better?

- No real harm reduction pillar, though HR subcommittee recently added
  - Safe injections sites, fentanyl testing strips
- Should there have been a focus on needle-exchange, which is woefully underfunded, but thought of as an infectious disease issue, not overdose prevention?
- Need more outcome data
  - Are the changes/improvements that have been made actually affecting outcomes?
  - Two secondary goals were dropped
    - number of patients retained in treatment
    - total number patients in enrolled in MAT programs

What is unique about RI's plan?

- MAT at the ACI
- Center of Excellence in 2016
- Levels of care for emergency departments/hospitals
- Law requiring no more than 30 MME/20 doses for new pt rx
- CODE Summit (Community Overdose Engagement Summit)
  - 39 RI municipalities represented

The End

- Questions?