Welcome to the New England QIN-QIO Webinar!

Thank you for joining. Our presentation will begin shortly.

If you haven’t already, please dial in to the audio line:

888-895-6448   Passcode: 519-6001

Slides may be downloaded at: http://www.healthcarefornewengland.org/event/webinar-efforts-to-address-the-opioid-epidemic-across-new-england/
Efforts to Address the Opioid Epidemic Across New England
Today’s speakers have no relevant conflicts of interest to disclose

In adherence to the regulation standards of the Connecticut Pharmacists Association, the Accreditation Council of Pharmacy Education, Northeast Multistate Division (NE-MSD) this notice confirms that the information contained in this presentation is free of commercial bias and the speakers have no related vested financial interest in any capacity, inclusion of shareholder, recipient of research grants, consulting or advisory committees.
Chat in...

Introduce yourself...

please type in your name, organization and state....
Learning Objectives

Upon completion of this session, participants will be able to:

• Explore the impact that the opioid epidemic is having across New England,

• Describe a 4-pronged approach that providers can take to address the opioid epidemic in their own communities, and

• Identify available tools and resources that can support Medication Assisted Treatment.
Today’s Speakers

Danna E. Gobel, MSW  
Coordinator & Co-Facilitator, Opioid Addiction Treatment ECHO at Boston Medical Center

Daniel Bell, LMSW-CC, CADC.  
MAT Program Coordinator  
Sacopee Valley Health Center

Aleecce Daleo  
Population Health Program Coordinator  
Sacopee Valley Health Center
Chat In…

What you are hoping to gain from today’s session?
The Opioid Epidemic
By The Numbers....

In 2016

- 11.5 m People misused prescription opioids
- 116 People died every day from opioid-related drug overdoses
- 948,000 People used heroin
- 19,413 Deaths attributed to overdosing on synthetic opioids other than methadone
- 504 billion In economic costs
- 2.1 million People had an opioid use disorder
- 42,249 People died from overdosing on opioids
- 17,087 Deaths attributed to overdosing on commonly prescribed opioids

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
Data from the U.S. National Institute on Drug Abuse indicates:

Roughly **21-29%** of patients prescribed opioids for chronic pain misuse them

Between **8-12%** develop an opioid use disorder

An estimated **4-6%** who misuse prescription opioids transition to heroin

Approximately **80%** of people who use heroin first misused prescription opioids

Opioid overdoses continued to increase in cities and towns of all types.*

SOURCE: CDC’s Enhanced State Opioid Overdose Surveillance (ESOOS) Program, 16 states reporting percent changes from July 2016 through September 2017.

* From left to right, the categories are:
1) non-core (non-metro), 2) micropolitan (non-metro), 3) small metro, 4) medium metro, 5) large fringe metro, 6) large central metro.
ED Visit Rate Per 1000
New England States compared to National

<table>
<thead>
<tr>
<th>Community</th>
<th>ED Visits</th>
<th>HRM Benes</th>
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<tbody>
<tr>
<td>CT</td>
<td>1113.2</td>
<td></td>
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<tr>
<td>MA</td>
<td>1006.9</td>
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<td>ME</td>
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<td>NH</td>
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<td>VT</td>
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<td>Nation</td>
<td>1035.5</td>
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</tbody>
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Data source: Medicare FFS Claims July 2016- June 2017

Interested in more NE specific data on ADEs, ED Visits, Admissions and Readmissions, contact your state’s QIO representative.
4 Pronged Approach

- Improve Opioid Prescribing
- Prevent Opioid Use Disorder
- Treat Opioid Use Disorder
- Reverse Overdose
A Call To Action

Guidelines
• CDC Opioid Guidelines & App

Management Strategies
• Prior Authorization
• Quantity Limits
• Drug Utilization Review

Prescriber Education & Tools

Commitment
• Take the Medication Management and Opioid (MMO) Initiative Pledge!

https://www.healthcarecommunities.org/Home/MMOPledge
• Consumer Awareness Outreach
• Quality Improvement Programs
• Patient Education
• Increased access to Safe Disposal
Expanded use and distribution of Naloxone

- Emergency Medical Personnel
- Law Enforcement
- Community-based organizations
- Pharmacies
Medication-assisted treatment (MAT)

- Counseling and behavioral therapy
- Medication
  - Methadone
  - Buprenorphine
  - Naltrexone
Project ECHO® at Boston Medical Center
Danna E. Gobel, LCSW
Opioid Epidemic: The public health crisis of our time

Figure 1. Opioid-related Deaths, All Intents
Massachusetts Residents: January 2000 - December 2016

450% increase in 16 years

MA DPH, 2018
Only 4% of active physicians have a waiver to prescribe Buprenorphine.

Physicians Waivered to Prescribe Buprenorphine

[Charts showing data]

SAMHSA website updated 1/1/8/18
<table>
<thead>
<tr>
<th>Barriers to Prescribing Buprenorphine</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insufficient nursing support</td>
<td>20 %</td>
</tr>
<tr>
<td>Insufficient office support</td>
<td>19 %</td>
</tr>
<tr>
<td>Payment issues</td>
<td>17 %</td>
</tr>
<tr>
<td>Lack of institutional support</td>
<td>16 %</td>
</tr>
<tr>
<td>Insufficient staff knowledge</td>
<td>12 %</td>
</tr>
<tr>
<td>Pharmacy issues</td>
<td>8 %</td>
</tr>
<tr>
<td>Low demand</td>
<td>7 %</td>
</tr>
<tr>
<td>Office staff stigma</td>
<td>5 %</td>
</tr>
<tr>
<td>Insufficient physician knowledge</td>
<td>3 %</td>
</tr>
<tr>
<td>One or more barriers</td>
<td>55%</td>
</tr>
</tbody>
</table>

Walley AY et al J Gen Intern Med 2008; 23(9): 1393-8
Collaborative Care / Nurse Care Manager Model  
“the Massachusetts Model”

- **Communication**
  - Coordination with members of the patient’s care team including: waivered provider, counseling, psychiatry, primary care, dentistry, surgical, and urgent care needs

- **Patient Focus**
  - Allows efficient use of provider time to focus on patient management. Increases treatment capacity of waivered providers.

- **Nurse Care Manager**
  - Patient-level outcomes comparable to provider-centered approaches

- **Outcomes**
  - Daily management of complex psychosocial needs including substance use, cravings, withdrawal and relapse

- **Addressing Needs**
Extension for Community Health Outcomes (ECHO®)

All-teach, All-learn
Extension for Community Health Outcomes (ECHO®)

ECHO vs. Telemedicine

TeleECHO™ Clinic
- Expert hub team

ECHO supports community-based primary care teams

Learners at spoke site

Patients reached with specialty knowledge and expertise

Traditional Telemedicine
- Specialist manages patient remotely
ECHO Clinic Components

- TeleECHO clinics contain two main parts

1. **Didactic Presentation**
   - 20 minute presentation by expert/specialist on an issue related to opioid addiction treatment
   - 12 unique topic areas

2. **Patient Case Presentations**
   - Participants present 1-3 real de-identified cases to discuss with the network and receive advice from expert faculty
BMC Addiction Treatment Specialists sign on with participants
View from BMC Panel: Primary Care providers discuss patient cases
Strengths of the ECHO Model

- Addresses barriers identified by providers
- Contributes to strengthening teams and cohesion
- Provides mentoring and support to waivered providers
- Provides a community and encourages connection of CHCs to one another as resources
- Increases professional satisfaction while feelings of professional isolation decrease
Two addiction-related ECHO hubs at BMC

National Opioid Addiction Treatment ECHO
Jan 2017-Aug 2018

Massachusetts OBAT ECHO
Nov 2017-ongoing

17 unique states (MA, ME, VA, TX, NM, RI, TN, VT, CA, PA, SC, CT, NH, OH, WA, OK, District of Columbia)

21 Unique CHCs in MA
The Results: National Opioid ECHO

Case-Based Learning

• 93% of respondents stated that the case discussion taught them something new
• 86% reported that what they learned will change some aspect of the way they care for patients in their practice
• For those who presented a patient case, 85% stated that the case discussion changed their plan of care for the patient

Participant Confidence and Attitudes

• Participants’ confidence in providing OUD treatment changed substantially over time, including questions related to prescribing and educating patients about the opioid overdose drug, naloxone

• ‘I feel I can appropriately advise my patients/clients about opioid drugs and their effects,’ and ‘In general, I feel I can understand people who have an opioid use disorder,’
Quotes from BMC ECHO participants when asked about changes that they’ll make to their practice as a result of participation

“Knowing how to have important conversations about safety, injection use, high risk sexual behavior”

“change wording to eliminate stigma”

“realizing the 'goals' of treatment have to be patient centered and each patient is dealing with a host of barriers to recovery”

“Remembering that when a patient doesn't do well on a treatment it is the RX that failed the patient and not the other way’… famous Colleen's words… very helpful reminder”

“I am going to ask family/support people of patients: ‘What is your plan if they OD?’ and ‘Have you received training on how to prevent, recognize, respond to OD?’ to ensure patient safety.”
MA OBAT ECHO Curriculum responsive to participant needs

- Overdose prevention
- Chronic pain & OUD
- HIV prevention and Pre-exposure prophylaxis (or PrEP)
- Safer injecting practices
- Motivational Interviewing
- Addressing relapse & transitioning to higher level of care
- Addressing psychiatric comorbidities
- OUD in special populations (pregnancy and adolescence/young adult)
- Effective team-based approach for OUD and the Nurse Care Manager Model
- Having difficult conversations with patients
- LGBTQ Health
- Injectable Naltrexone
Next Steps

• Continue to evaluate
• Respond to the data and the needs
• Engage, encourage, empower and disseminate best practices
Thank you!

Danna E. Gobel, LCSW
Education Program Manager
Office Based Addiction Treatment (OBAT)
Clinical Addiction Research and Education (CARE) Unit
801 Massachusetts Ave.
Boston, MA 02118
Danna.Gobel@bmc.org
Sacopee Valley Health Center’s Office Based MAT Program

Daniel Bell LMSW-CC, CADC
Aleece Daleo
Health Center Overview

- We are a **Federally Qualified Health Center** located in rural Southern Maine right on the border of New Hampshire. We are the only medical facility within 30 miles in any direction.

- Established in 1976, we offer a wide range of services.

- The Health center population lacks many resources including financial, vocational, and transportation. We offer a Sliding Fee Discount on most services for those uninsured or underinsured.

- Providers were seeing trends in Opioid Use Disorders and related diagnoses. Due to a shortage of treatment options patients had to be referred out with limited placements available.
Addressing the Stigma

- **Community forum** held in October of 2016 regarding the opioid crisis in the local area.

- A panel of experts included:
  - A DO already providing treatment at an internal medicine facility
  - A Licensed Alcohol and Drug Counselor from a local MH practice
  - SVHC’s Behavioral Health Consultant
  - 2 young people in recovery
  - The local high schools principal
  - An officer with the Oxford County Sheriff’s department who has a personal connection to this topic

- Key areas of need identified were:
  - **Access to treatment**
  - **Community education**

- We will be holding a follow-up presentation this year to discuss the successes and challenges of implementing an MAT program within our community.
The Intervention

- **Office Based Medication Assisted Treatment** model integrated within a primary care setting.
- Comprised of two models of treatment working in tandem
  - Medication (Suboxone) - Administered by medical team
  - Psychosocial (Psychotherapy) - Administered by clinical MH team
The Team

- Multi-disciplinary team comprised of prescribers, MH clinicians, care coordinator, and population health consultant.

- **1 MAT Program Coordinator** who is also clinical social worker and an alcohol/drug use clinician – Performs administrative and clinical duties

- **3 Mental health clinicians** - Delivering psychotherapy

- **3 prescribers** including:
  - DO (Medical Director)
  - DO (Psychiatrist)
  - FNP (Family Nurse Practitioner)

- **1 Care Coordinator** - Provides support to patients between visits

- **1 Population Health Coordinator** - Assists with tracking data and improving health outcomes
Members of the MAT Team participated in Project ECHO Buprenorphine prior to starting our own program here at the health center.

This was vital in gaining knowledge and resources during the early stages of program development.

The case presentations and panel of experts helped our initial MAT provider to feel more comfortable in prescribing and managing this new panel of patients.

We are currently enrolled in a second round of Project ECHO because it was so beneficial for us the first time.
The Program

- Priority is given to patients in our catchment area.
  - Preference is also given to patients who are established medical patients,
- Participants are required to obtain a primary care provider if they do not already have one.
  - The program serves a population that traditionally does not receive preventative care or regular medical care which can lead to an increase in health costs.
- Patients can self refer to the program or may be referred from other facilities/programs.
- Our program contains a phase based model of treatment.
- The phase system allows a continuum of care along with ability to increase intensity of treatment when indicated.
The Phase Based Model

- **Induction phase**: First 45 days of treatment includes weekly 15 min medical appt. and weekly 1 hour of individual and/or group therapy.

- **Stabilization phase**: No clearly delineated time frame and requires 15 min medical appt. and 1 hour of individual and/or group therapy every two weeks.

- **Maintenance phase**: No clearly delineated time frame and requires 15 min medical appt. and 1 hour of individual and/or group therapy monthly.

- **Clinical indicators** for moving up or down in phase level include:
  - Urine toxicology
  - Appointment attendance
  - Psychosocial factors.

- Team usually arrives at consensus around level of care
In 2017 there were 116 health center patients diagnosed with an OUD.

Of those 94 patients were enrolled in our MAT program and receiving treatment.

The MAT program generated 1,110 medication assisted medical visits.

There are currently 84 patients receiving treatment through our MAT program.

Time frame from first contact with patient (pre-assessment) to day of induction is generally same day and usually no longer than a one week period.
Challenges/Lessons learned

- Finding the space to fit MAT patients into the medical provider's schedule
  - Already have large panels of primary care patients
- Strategies for improving counseling compliance
- Coordination of scheduling
- Developing workflows that support immediate access and eliminate barriers
- Low barrier is not “no barrier” and finding balance
- Integrating group psychotherapy for better management and treatment outcomes
- Addressing the Stigma
Contact Us

Danny Bell – dbell@svhc.org
Aleece Daleo – adaleo@svhc.org
Questions/ Discussions

We will open the phone lines so you can weigh in with comments and questions

Press #6 to weigh in on the phone
Add your comment or question in chat
National Disparities LAN Event – Managing the Opioid Crisis: Perspectives from Rural Communities

Wednesday, March 14, 2018
3:00 – 4:30 PM ET

http://qioprogram.org/national-disparities-lan-event-march-2018
Contact Us to Learn More

Connecticut
Shelia Eckenrode
SEckenrode@qualidigm.org

Maine
Danielle Watford
DWatford@healthcentricadvisors.org

Massachusetts
Dawn Hobill
DHobill@healthcentricadvisors.org

Rhode Island
Kathy Calandra
KCalandra@healthcentricadvisors.org

New Hampshire
Tim Boyd
Timothy.Boyd@area-N.hcqis.org

Vermont
Gail Colgan
GColgan@qualidigm.org

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Continue The Conversation – Connect with the New England QIN-QIO on Social Media!