No Wrong Door for Opioid Safety: How to Use Local Data for Measurable Results

November 5, 2019
12 – 1 PM Pacific
3 – 4 PM Eastern

- Please close all applications except WebEx.
- Until we start on the hour, there will be no sound.
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Poll Question #1

Are you attending this Web Forum:
A. Individually
B. In a group of 2-5 people
C. In a group of 6-10 people
D. In a group of more than 10 people
Today’s moderator

Matt Willis, MD, MPH
Clinical Lead
California Opioid Safety Network

californiaopioidsafetynetwork.org
No Wrong Door for Opioid Safety: 4 Part Webinar Series

Building Partnerships (10/8/2019)

“What are the elements of successful partnerships that we can apply to strengthen our response?”

Local Data for Local Action (today)

“How is locally available data being used for measurable results to save lives?”

Communicating for Impact (12/5/2019)

“What are the most effective messages and means of communication to mobilize local opioid crisis response?”

Sustaining Our Response (1/15/2020)

“How can we ensure that our most effective strategies are secure for as long as they are needed?”
COSN is a network of coalitions and organizations working at the forefront of the epidemic.

We provide access to knowledge, training and resources to implement proven strategies that save lives.
“Data”

Definition:

Information, especially facts or numbers, collected to be examined and considered and used to help decision-making. (Cambridge Dictionary)

Today:

Using local opioid overdose data to guide timely local response, to limit overdose deaths.
CDC: Partnerships across sectors are necessary for effective response.

Remember... It begins with data.
Poll Question #2

What sector do you represent?
A. Healthcare provider or administrator
B. Public Health agency (local, state or federal)
C. Law Enforcement/Criminal Justice
D. Non profit organization
E. Academic/research
F. Other
Think about...

- Would using our data in this way add to our overdose prevention efforts?
- What are the analogous data sources in our setting?
- What elements of these systems could we start to build now?
- What resources can help us begin?
Using Emergency Medical Services (911) Data for Post-overdose Outreach: Marin County
Post Overdose Outreach Process:

- Emergency Medical Services (911) opioid OD responses
- Contact information provided to Behavioral Health
- Outreach within one week to offer:
  - Counseling
  - Medication assisted treatment
  - Naloxone
  - Option for follow up contact
Preliminary Results:
Connection to Treatment Provider

Pre-Intervention (Jul 2017-Feb 2018): 8.7%
Post-Intervention (Jul 2018-Feb 2019): 21%
911 Data for Overdose Surveillance: Marin County Example

Suspected Opioid Overdoses: June 2018 to present
911 Data for Overdose Surveillance: Marin County Example
911 Data for Overdose Surveillance: Marin County Example
Lessons

• 911 data can be a useful tool for identifying overdose events
  ◦ Identifiable data for outreach
  ◦ Population level for trends and timely detection of clusters

• Naloxone administration by EMS does not equal opioid overdose
  ◦ Lacks specificity
  ◦ Lacks sensitivity

• Telephone outreach is feasible and seems to increase likelihood of follow up into treatment
LEARN. DISTRIBUTE. IMPLEMENT.

www.californiaopioidsafetynetwork.org
Aliese Alter
Program Manager
Washington/Baltimore HIDTA
ODMAP (Overdose Detection Mapping Application Program)

hidta.org
The Problem:

- Increase in lethal drugs on the streets – Fentanyl
- Lack of real time data and non-fatal reporting
- Insufficient information sharing
- No consensus on what constitutes a spike
The Solution:
The Solution:
The Solution:
Overcoming Barriers:

• Data sharing amongst diverse stakeholder group
• HIPAA & Law Enforcement Sensitive Data
• Developing an API which can be utilized by the diverse stakeholder group
• How to define suspected overdose through NEMSIS fields
Successes:

Erie County, NY, & Oneida County, NY: Multi-Disciplinary Response

Collaboration within your locality is crucial to a cohesive effort. Erie County, NY has implemented as strategy that we have identified as a promising practice:

In Erie County, New York the local Health Department has partnered with the Cheektowaga Police Department to utilize ODMAP as a tool to identify treatment referrals. When an overdose occurs, Cheektowaga law enforcement officers enter the incident in ODMAP and leave a package of introductory educational materials about Substance Use Disorder including local treatment contact information. A Health Department staff member monitors ODMAP for new points. When a new point is identified the staff member contacts the Cheektowaga Police Department to receive a copy of the incident report through an open FOIL. The Health Department’s Peer Recovery Specialist then contacts the overdose victim by phone within 24 – 72 hrs to discuss treatment options focusing on Medicated Assisted Treatment modalities. If the individual is not reached by phone, a follow-up home visit is made by the peer and their partner. If they are still unsuccessful in reaching the individual the police officer may try to return later in the day to try to make contact on the Peer’s behalf if contact was not made through phone numbers and addresses accessed in the incident report. Family and friends are also invited to engage in care and will be referred to family recovery support groups. At the 90 day follow-up point 56% were connected to care (30 of 54), 19% (10) are working with a peer to identify a program that meets their needs, 11% (6) are speaking with a peer but have committed to or turned down treatment, and 11% (6) have refused treatment, but will continue to be contacted every 30 days.
Successes:

Overdose Response Team Goals:

1. Implement ODMAP to capture and monitor accurate and real-time confirmed overdoses from law enforcement

2. Establish 24/7 peer referral process to Certified Peer Recovery Advocates

3. Monitor ODMAP surveillance data to identify spikes and develop and disseminate coordinated public health alerts
Successes:

Erie County, NY & Oneida County, NY: Multi-Disciplinary Response

<table>
<thead>
<tr>
<th>Successes</th>
<th>Count</th>
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Resources

Funding Opportunities:

• Bureau of Justice Assistance’s Comprehensive Opioid Abuse Program (COAP) site-based grants
• CDC Overdose Data to Action initiative

www.odmap.org

**ODMAP agency criteria:** ODMAP is only available to government (tribal, local, state, and federal) entities serving the interests of public safety and/or public health as part of its official mandate. ODMAP is also available to licensed first responders and hospitals.
Sadie Smith, MSW
Chief Program Officer
Behavioral Health
Mosaic Group, Inc.
groupmosaic.com
Maryland overdose deaths on the rise

![Graph showing the rise in overdose deaths from 2007 to 2018.](image-url)
Opportunity to connect with opioid-use patients
Rate of Opioid-Related Emergency Department Visits by State, 2014 (H-CUP; Dec. 2016)
The reality

- Close to 50% of those who experienced a fatal overdose had reported at least one non-fatal overdose before death
- An “increasing number of cumulative reports of non-fatal overdose [is] associated with a greater risk of subsequent overdose death”
- 1 in 10 overdose survivors suffered from a fatal overdose within 12 months
- Fatal overdose victims have visited the ED with opioid-related issues, on average, 4 times prior to the fatal overdose

Hospitals lack mechanisms to systematically identify overdose patients that present to the ED and fall short in response efforts

(Caudarella et al., 2016)
What to do

• Data was clear that a Naloxone-only strategy was not enough
• Developed Overdose Survivor’s Outreach Program as part of a comprehensive hospital opioid response program:
  o Utilize hospital emergency departments to engage a high-risk population
  o Hospital-based risk reduction through brief interventions
  o Intensive community engagement
  o Linkages to recovery support services and treatment
The solution

• Universal screening of all patients with clear identification of overdose patients in the ED
• Extraction of data and notification in EMR to peer recovery coach in ED
• Training for nurses on qualifying criteria
• Automatic BPA for naloxone distribution
• Use of CRISP for care alerts
• Future: Use of CRISP for OCME data
Overcoming barriers

• New program
• Additional nurse screenings – buy-in
• EMR modifications
• Extraction of detailed data
• Culture shift
Successes

- Over 6,000 overdose survivors have been identified since the pilot program that began in March 2017
  - 23 hospitals have integrated program
- 72% of patients engaged with outreach services
- 1 in 3 survivors engages in treatment

Incorporate clear identifier in ED medical record to identify patients and begin to understand the issue.

Leverage local resources to support survivors.
Resources

Mosaic Group
www.groupmosaic.com

Maryland Department of Health OSOP
https://bha.health.maryland.gov/OVERDOSE_PREVENTION/Pages/OSOP.aspx
Q&A Feature

1. At the bottom of your screen, click to open the Q&A panel

2. Type your question in the Q&A box

3. Select Ask: All Panelists

4. Click Send
Thank you to today’s moderator & presenters!

Matt Willis

Aliese Alter

Sadie Smith
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No Wrong Door for Opioid Safety: How to Use Local Data for Measurable Results

Next Web Forum in this Series
No Wrong Door for Opioid Safety: Communicating for Impact
Registration coming soon at Dialogue4Health.org

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