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## Overview

- Defining the Problem
- One Community Hospital's Approach
- Outreach Programs
- Addiction Consult Service
- ER Buprenorphine Program
- Community and Staff Education

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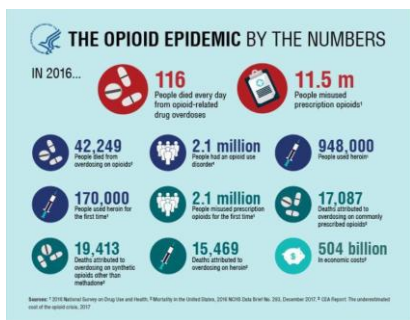
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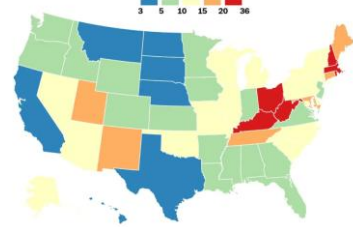
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### Opioid deaths in 2015

Age-adjusted death rates (per 100,000) for overdose deaths from all opioid drugs



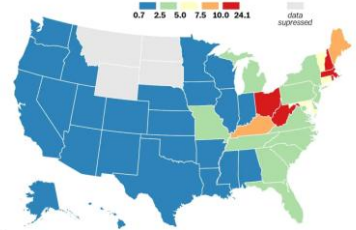
WVUOJ|WONKBLDG

Source: CDC WONDER



### Synthetic opioid deaths in 2015

Age-adjusted synthetic opioid overdose death rate (per 100,000)

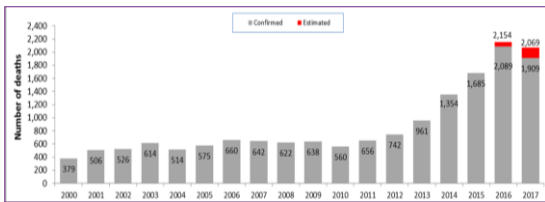


WVUOJ|WONKBLDG

Source: CDC WONDER



## Opioid Overdose Death Epidemic, MA





### Why Outreach: Our Mission

- Reverence: We honor the sacredness and dignity of every person.
- Engage individuals into treatment
- High risk population with the least resources in the community
- Most vulnerable Females
- Most barriers to health care



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### Process

- Health care Providers travel with State Police and Sheriffs department
- Springfield's high risk neighborhoods
- Provide information on treatment services for Substance use disorder.
- Resource information
- Female survival bags



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### Outreach Case to Consider: D's story

- Encountered a female who appeared very uncomfortable, walking bent over
- State Police engaged female in conversation with medical professions.
- DM Story



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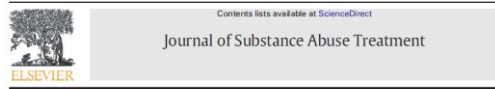
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## Inpatient Addiction Consult Service



Regular articles

### Addiction consultation services – Linking hospitalized patients to outpatient addiction treatment

Paul Trowbridge<sup>a,b,c</sup>, Zoe M. Weinstein<sup>a</sup>, Todd Kerensky<sup>a</sup>, Payel Roy<sup>a</sup>, Danny Regan<sup>a</sup>, Jeffrey H. Samet<sup>a,c</sup>, Alexander Y. Walley<sup>a</sup>

<sup>a</sup> Department of Medicine, Section of General Internal Medicine, Clinical Addiction Research and Education Unit, Boston University School of Medicine & Boston Medical Center, Boston, USA  
<sup>b</sup> Spectrum Health Center for Integrative Medicine, 75 Sheldon Blvd SE, Grand Rapids, MI, USA  
<sup>c</sup> Department of Community Health Science, Boston University School of Public Health, 801 Massachusetts Avenue, Boston, MA, USA



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## Initiation of an Addiction Medicine Consult Service in the Community Hospital Setting

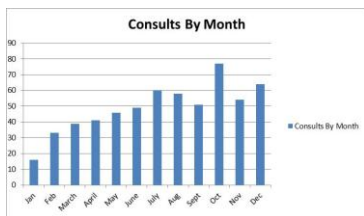
Art Kriegsmann, MD & Robert Roose, MD, MPH, FASAM  
 Mercy Medical Center, Springfield, MA

BACKGROUND	RESULTS
<p>The United States is in the midst of an opioid epidemic:</p> <ul style="list-style-type: none"> <li>Overdose is the leading cause of accidental death.</li> <li>Medications for addiction treatment (MAT) access varies. Yet access to MAT outside of medication is still low in many settings.</li> </ul> <p>Patients with substance use disorders (SUD) frequently access acute care hospitals:</p> <ul style="list-style-type: none"> <li>10% of hospitalized patients have an active SUD.</li> <li>Patients with SUD are more likely to have AMA and to return to the ED or be re-admitted within 30 days.</li> </ul> <p>Initiating medications to treat SUD is viable in the acute care setting:</p> <ul style="list-style-type: none"> <li>High uptake has been shown amongst patients offered treatment.</li> <li>Treatment is associated with better medical and substance use outcomes.</li> </ul> <p>The resource intensive Addiction Consult Services (ACS) model may affect the experience in academic medical centers:</p> <ul style="list-style-type: none"> <li>Most patients with SUD accessing hospitals are cared for in the community hospital setting.</li> <li>Little is known about the patient characteristics and viability of an ACS in this setting.</li> </ul>	<p><b>Consults By Month</b></p> <p><b>Retention in Care</b></p> <p><b>Substance Use Disorder Diagnosis</b></p> <p><b>Medications Initiated</b></p>
<p><b>OBJECTIVES</b></p> <ul style="list-style-type: none"> <li>To describe the:</li> <li>Number of patients seen on the ACS</li> <li>Prevalence of specific substance use disorders</li> <li>Rate of initiation of medications</li> <li>Percent of patients linked to care, and then retained in care at 30, 60 and 180 days</li> </ul>	<p><b>CONCLUSIONS</b></p> <ul style="list-style-type: none"> <li>Initiation of an ACS in our community hospital setting was viable.</li> <li>100% of our patients in our service were in the first month of starting.</li> <li>High retention rates were seen in the first 11 months of service.</li> <li>The most prevalent diagnosis was alcohol use disorder, with many patients presenting with co-occurring SUD diagnoses.</li> <li>Uptake of medications to treat OUD was highest, with patients started on buprenorphine and methadone showing a trend towards higher retention.</li> </ul> <p><b>CLINICAL CONSIDERATIONS</b></p> <ul style="list-style-type: none"> <li>Of the 255 patients with OUD, 54 (20.8%) were already on MAT at admission.</li> <li>Of the 205 not on MAT, 82 (39%) were started on medications during the hospitalization.</li> <li>Uptake of MAT for OUD was higher after 9/1/19 with the hiring of a full-time Medical Director, commencing from 20% between 1/15/18-8/15/18 to 50% between 9/1/19-12/19/19.</li> <li>Retention to care was lower for patients started on methadone than for patients started on buprenorphine. This might be explained by methadone being initiated for higher risk patients, who were more likely to have AMA.</li> <li>Our rates of MAT uptake were lower than other published reports of ACS, but may be due in part to our service accepting referrals for all patients with SUD, and not only those pre-qualified for admission to existing MAT.</li> </ul>



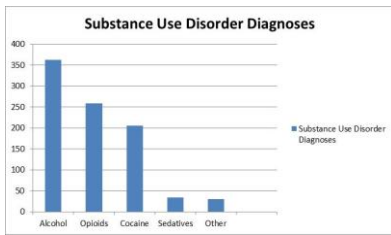
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## Addiction Consult Service



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## Addiction Consult Service



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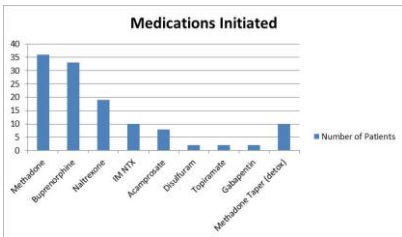
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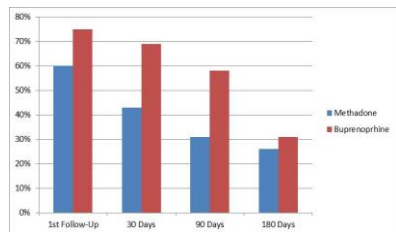
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## Initiating Buprenorphine in the ER

**Who are our partners in Mercy ER STARP?**  
 Mercy Behavioral Health  
 Mercy Behavioral Health is a leading provider of behavioral health services in Rhode Island. We are committed to providing care that is person-centered, evidence-based, and culturally sensitive. We are currently accepting applications for individuals in Rhode Island who are seeking treatment for substance use disorders. For more information, please contact us at 401-738-1000.

**Providence Behavioral Health Hospital**  
 Providence Behavioral Health Hospital provides a comprehensive range of behavioral health services, including inpatient, outpatient, and intensive treatment services. We are currently accepting applications for individuals in Providence, Rhode Island, who are seeking treatment for substance use disorders. For more information, please contact us at 401-738-1000.

**Healthy Living Program**  
 Healthy Living Program is an inpatient program with two locations (Providence and Pawtucket) that provides comprehensive behavioral health services. We are currently accepting applications for individuals in Providence and Pawtucket, Rhode Island, who are seeking treatment for substance use disorders. For more information, please contact us at 401-738-1000.

**Behavioral Health Network**  
 Behavioral Health Network (BHN) is a community-based organization that provides comprehensive behavioral health services throughout southern Rhode Island. BHN provides mental health assessments and care, substance use disorder treatment, recovery coaching, and other services in multiple locations. For more information, please contact us at 401-738-1000.

**For information at Mercy Medical Center, visit [MercyCare.com/ERSTAR](http://MercyCare.com/ERSTAR)**  
 Emergency Room Initiative  
 For more information or to determine your eligibility to trial our buprenorphine program, please contact us at 401-738-1000.

**Mercy Medical Center**  
 271 South Street, Springfield, MA 01105  
 413-786-7100 • [MercyCare.com](http://MercyCare.com)



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Research

**Original Investigation**  
**Emergency Department-Initiated Buprenorphine/Naloxone Treatment for Opioid Dependence: A Randomized Clinical Trial**

Gail D'Onofrio, MD, MS; Patrick G. O'Connor, MD, MPH; Michael V. Pantalon, PhD; Marek C. Chawarski, PhD; Susan H. Busch, PhD; Patricia H. Owens, MS; Steven L. Bernstein, MD; David A. Fiellin, MD

**CONCLUSIONS AND RELEVANCE** Among opioid-dependent patients, ED-initiated buprenorphine treatment vs brief intervention and referral significantly increased engagement in addiction treatment, reduced self-reported illicit opioid use, and decreased use of inpatient addiction treatment services but did not significantly decrease the rates of urine samples that tested positive for opioids or of HIV risk. These findings require replication in other centers before widespread adoption.



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THE 191ST GENERAL COURT OF THE COMMONWEALTH OF MASSACHUSETTS

Bills & Laws Budget Legislators Hearings & Events

Session Laws > Acts (2018) >

CHAPTER 208



Print Page < Prev Next >

AN ACT FOR PREVENTION AND ACCESS TO APPROPRIATE CARE AND TREATMENT OF ADDICTION.

MAT for OUD Workgroup members.) Chapter 208 requires acute care hospitals that provide emergency services within an emergency department and satellite emergency facilities to have the capacity to initiate opioid agonist therapy to patients that present after an opioid-related overdose. The patient must also be directly connected to continuing treatment prior to discharge.

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### The SHIFT-Care Challenge

\$9.7 MILLION INVESTED • 15 COMPETITIVELY SELECTED PROJECTS • 21 MONTHS

The SHIFT-Care Challenge invests funds for competitively-selected Massachusetts providers to promote sustainable, transformative care models that reduce avoidable acute care utilization, such as emergency department visits or hospital readmissions, by addressing health-related social needs and increasing access to timely behavioral health services.

Initiatives support patients with behavioral health care needs by providing timely access to community-based behavioral health resources, including pharmacologic treatment for opioid use disorder.

Holyoke Health Center HPC Award: <b>\$565 K</b>	Lowell General Hospital HPC Award: <b>\$606 K</b>	Massachusetts General Hospital HPC Award: <b>\$530 K</b>
North Shore Medical Center HPC Award: <b>\$750 K</b>	UMass Memorial Medical Center HPC Award: <b>\$750 K</b>	Beth Israel Deaconess - Plymouth HPC Award: <b>\$742 K</b>
Harrington Memorial Hospital HPC Award: <b>\$486 K</b>	Mercy Medical Center HPC Award: <b>\$516 K</b>	Addison Gilbert/Beverly Hospitals HPC Award: <b>\$750 K</b>
	Holyoke Medical Center HPC Award: <b>\$750 K</b>	

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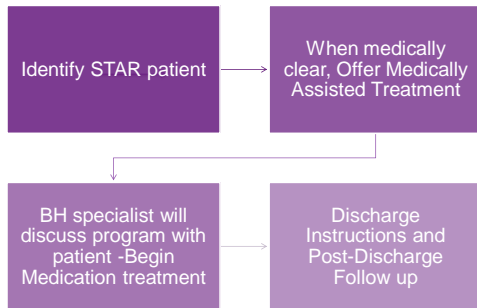
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### STAR Grant Workflow




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**Identifying Patients for ER STAR**

- Social Worker will review the ER tracker to identify patient's with Opioid Use Disorder (OUD)
- Nurses, Doctors, and PAs will also identify patients w/ OUD
  - Input order in Meditech, paper referral

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**Identify Patient for Medication Assisted Treatment (MAT)**

- Patient will be admitted to Mercy ER and assessed. Once deemed medically stabilized by ER clinical provider, an overview of MAT will be discussed with patient
- If patient is interested in MAT, ER medical staff will complete COWS score. If it hasn't already occurred, ER STAR staff will be notified at this time.
  - If ER STAR staff is not available paper referral will be completed and dropped in box
  - If ER STAR staff is not available necessary consents will be signed and attached to referral.

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**Post-Discharge**

- Behavior Health Specialist will make a 48 hour post discharge phone call to patient regarding aftercare as well as clinic where patient was referred.
- Recovery Coach will continue to provide support around social determinants of health and other needs identified by patient

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## D's story

- Encountered a female who appeared very uncomfortable
- State Police engaged female in conversation with medical professions.
- DM Story
- Hospital Stay
- SNF
- Providence CSS Unit
- Community Health Worker

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## Thank You!

- Questions and Answers

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