



NC Department of Health and Human Services
NC Opioid and Prescription Drug Abuse
Advisory Committee (OPDAAC)

Coordinating Workgroup

August 9, 2018

Welcome! and Introductions of Attendees

- Welcome!
 - Susan Kansagra
- Introductions of Attendees
 - Your name
 - Your organization/affiliation

EMS, Community Paramedicine & the Opioid Crisis

David Ezzell

EMS in North Carolina

- Emergency Medical Services in NC are mandated by General Statute (§ 131E Article 7) and operate under rules in Administrative Code (10A NCAC 13P)
- “County governments shall establish EMS Systems”



Systems / Agencies

- 101 EMS Systems
 - 100 Counties and Tribal Cherokee
- System Structure
 - County Government
 - Nonprofit/Volunteer
 - Contracted
 - Hospital
 - Private Company
- Geographic Boundaries
- Unified Medical Direction

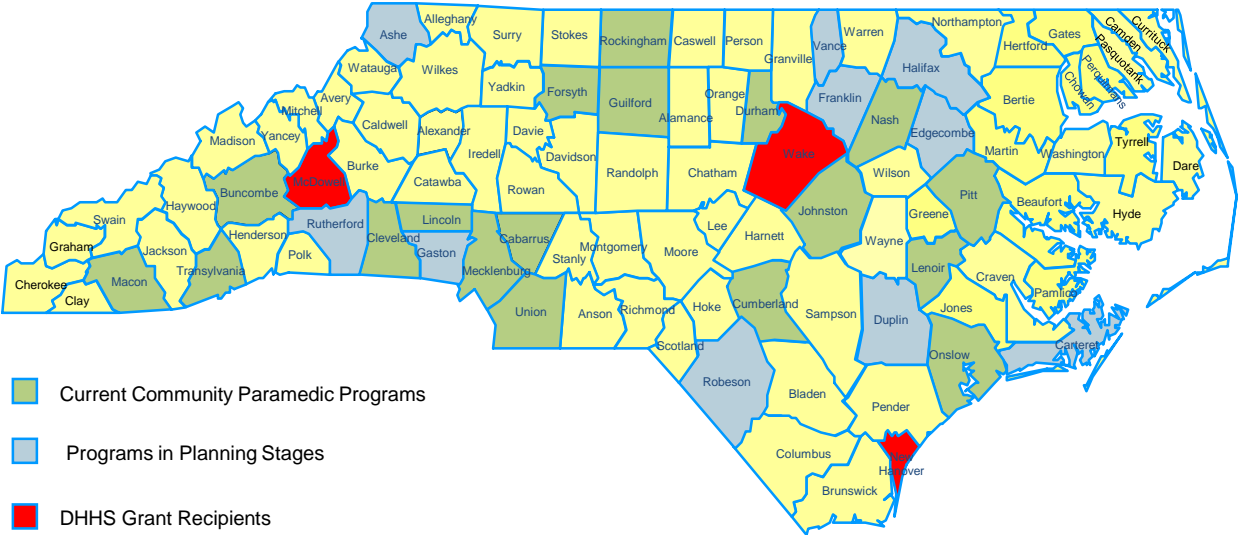


What Exactly is Community Paramedicine?

- Traditionally EMS put the patient in the ambulance and took them to the emergency room
 - Not always cost effective
 - Not always in the patient's best interest
- CP is a way of linking the patient with the:
 - Right resource needed
 - At the right time
 - For a lower cost
 - Leading to:
 - Better patient care
 - Higher patient satisfaction



Community Paramedicine in NC



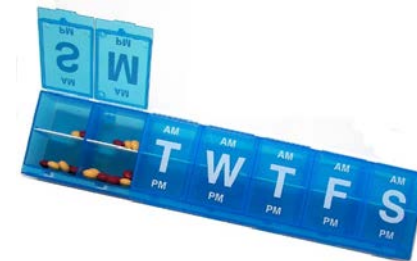
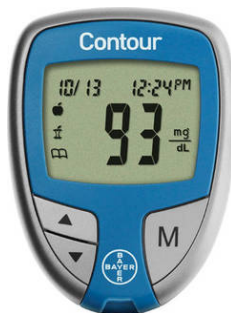
Program Types

- High Volume EMS Utilizers
- High Volume ED Utilizers
- High Risk Re-Admission Discharges
- Mental Health/Behavioral Health/Substance Abuse
- Falls Prevention
- EMS Refusal Follow-Up



Program Types

- Specific Disease Process Programs
 - Diabetes
 - CHF/COPD/Pneumonia
 - Pediatric Asthma
 - Infection/Sepsis
- Resource Navigation
- Disaster Planning for Special Needs Population

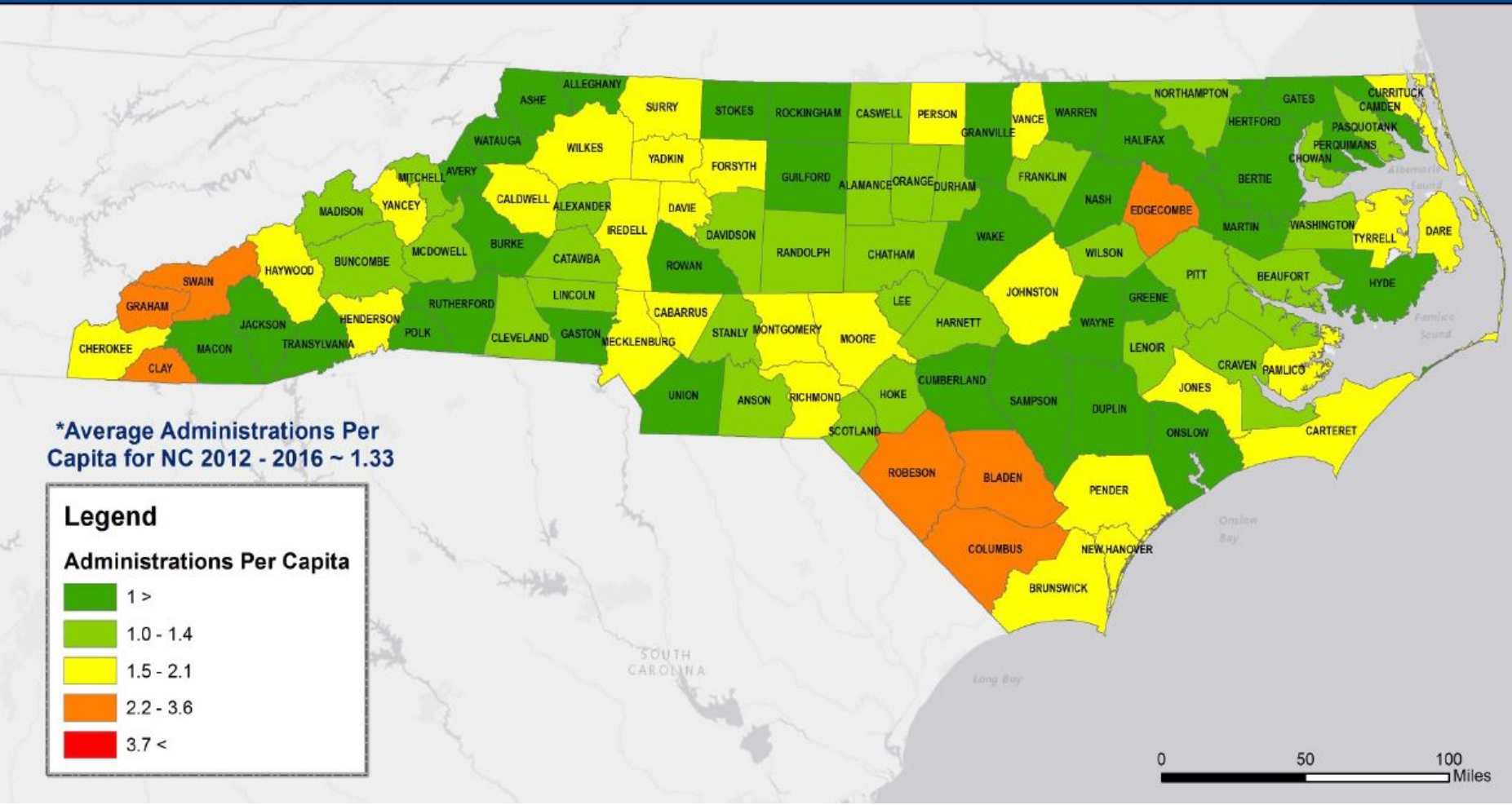


EMS Data In North Carolina

- EMS agencies complete patient care reports (PCR) for every encounter
- PCR's are submitted to the NC Office of EMS within 24 hours of completion.
- About 1.8 million reports in 2017
- Data is used to help drive research and decision making
- Critical in surveillance of opiate crisis/naloxone administration

Mapping the Opiate Crisis

NARCAN Administrations by EMS 2013



*Average Administrations Per Capita for NC 2012 - 2016 ~ 1.33

Legend

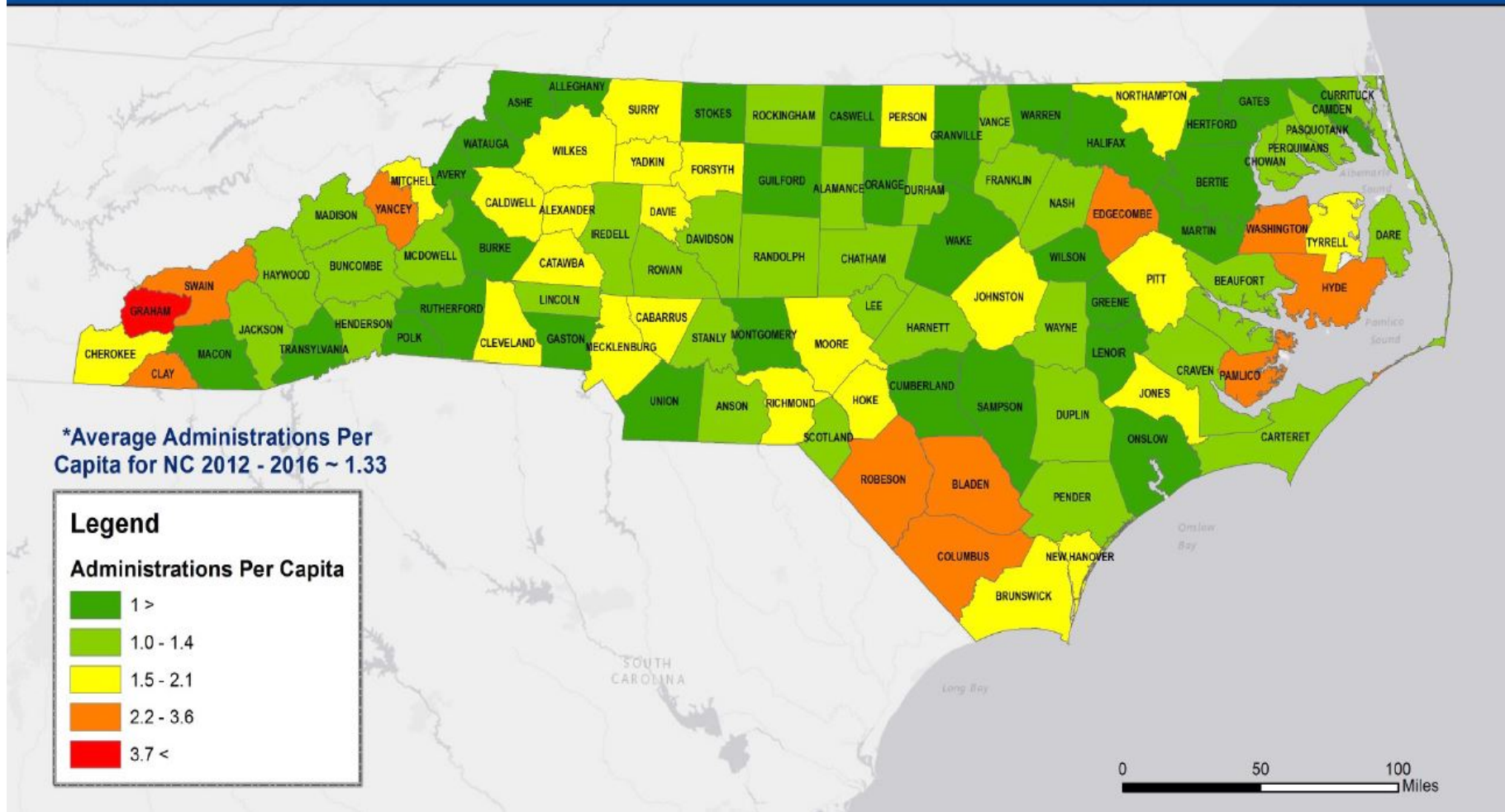
Administrations Per Capita

- 1 >
- 1.0 - 1.4
- 1.5 - 2.1
- 2.2 - 3.6
- 3.7 <



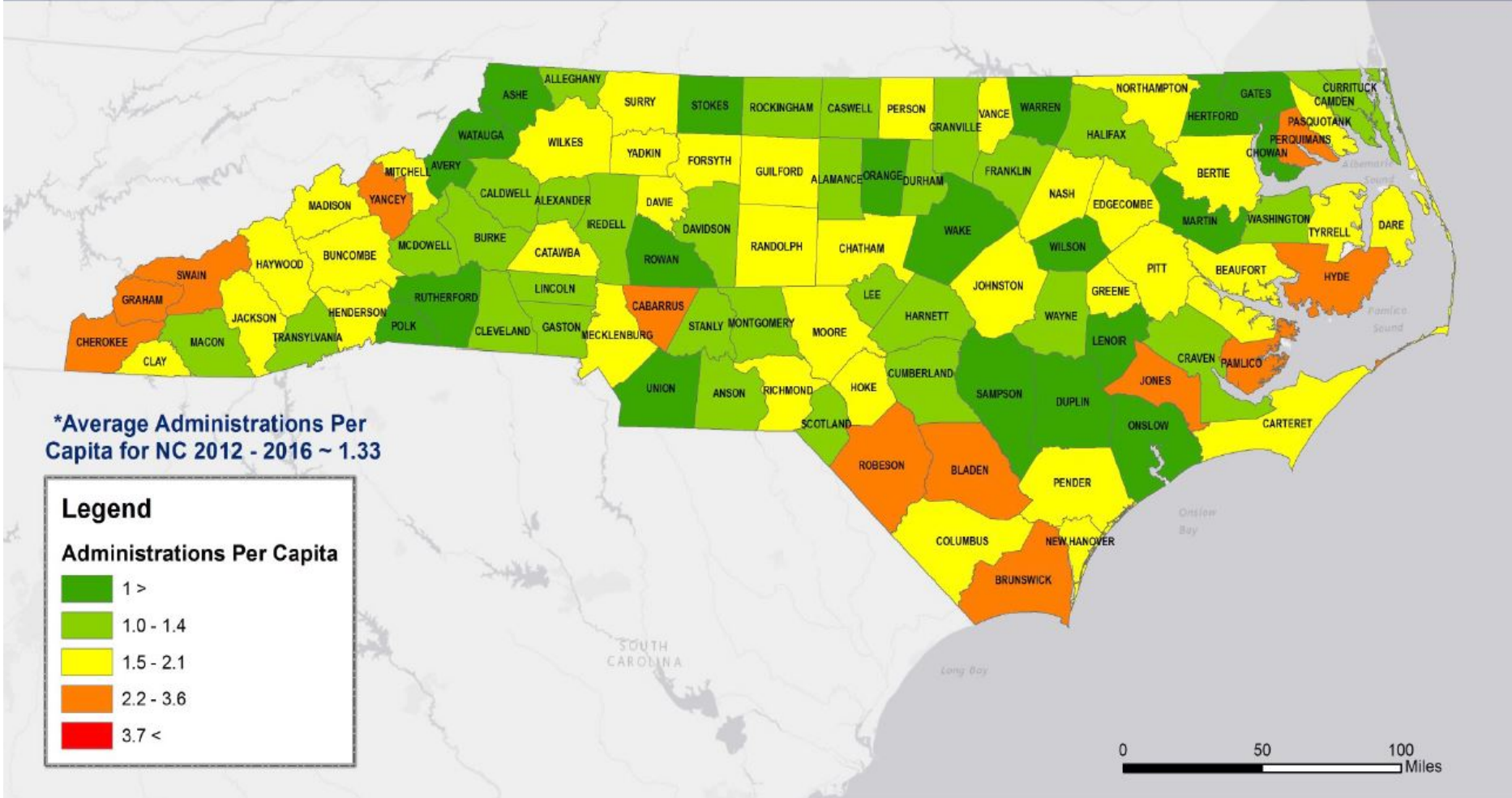
Mapping the Opiate Crisis

NARCAN Administrations by EMS 2014



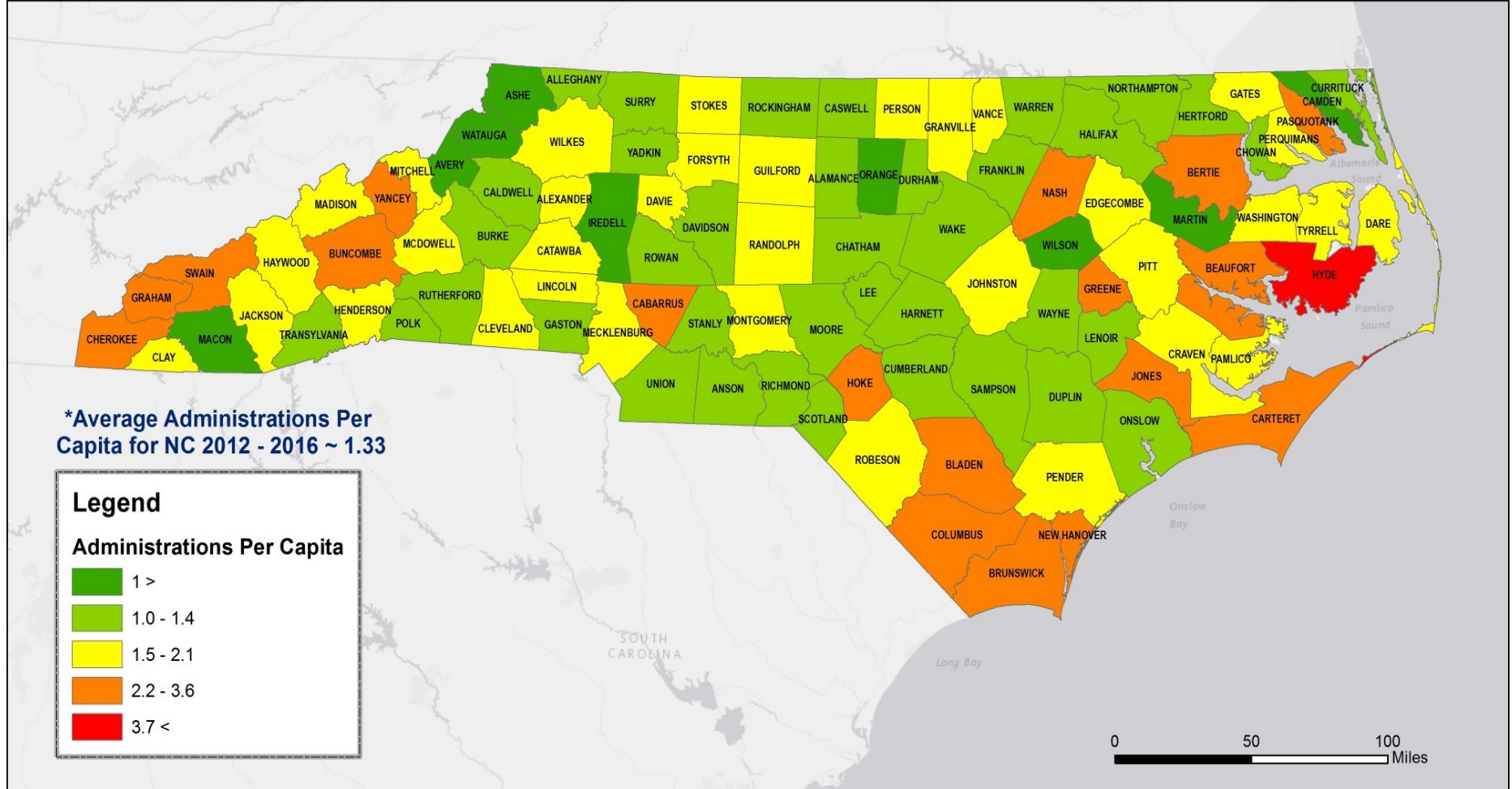
Mapping the Opiate Crisis

NARCAN Administrations by EMS 2015



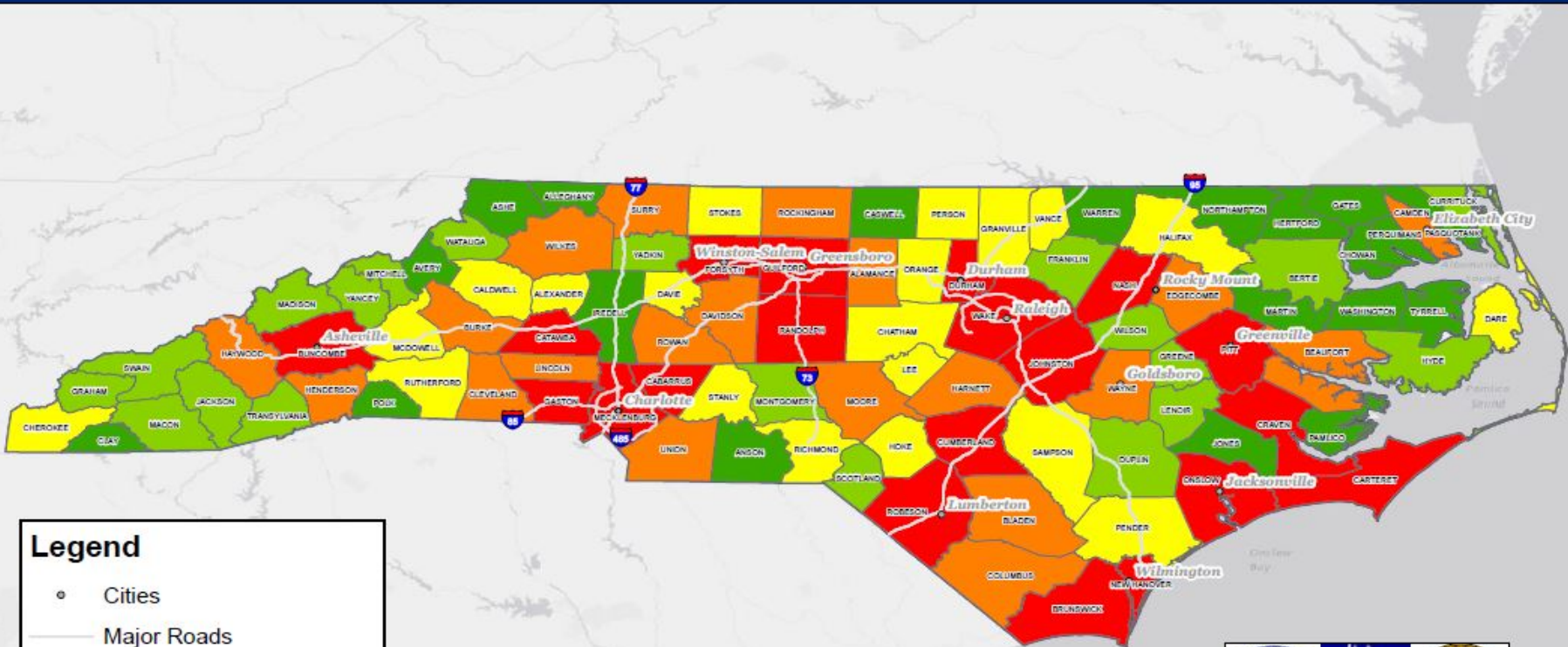
Mapping the Opiate Crisis

NARCAN Administrations by EMS 2016



Mapping the Opiate Crisis

Naloxone Injections Administered by EMS/First Responders for Opiate Overdoses 2016



Legend

- Cities
- Major Roads

Administrations by County

Green	4 - 25
Light Green	26 - 54
Yellow	55 - 86
Orange	87 - 176
Red	177 - 1294



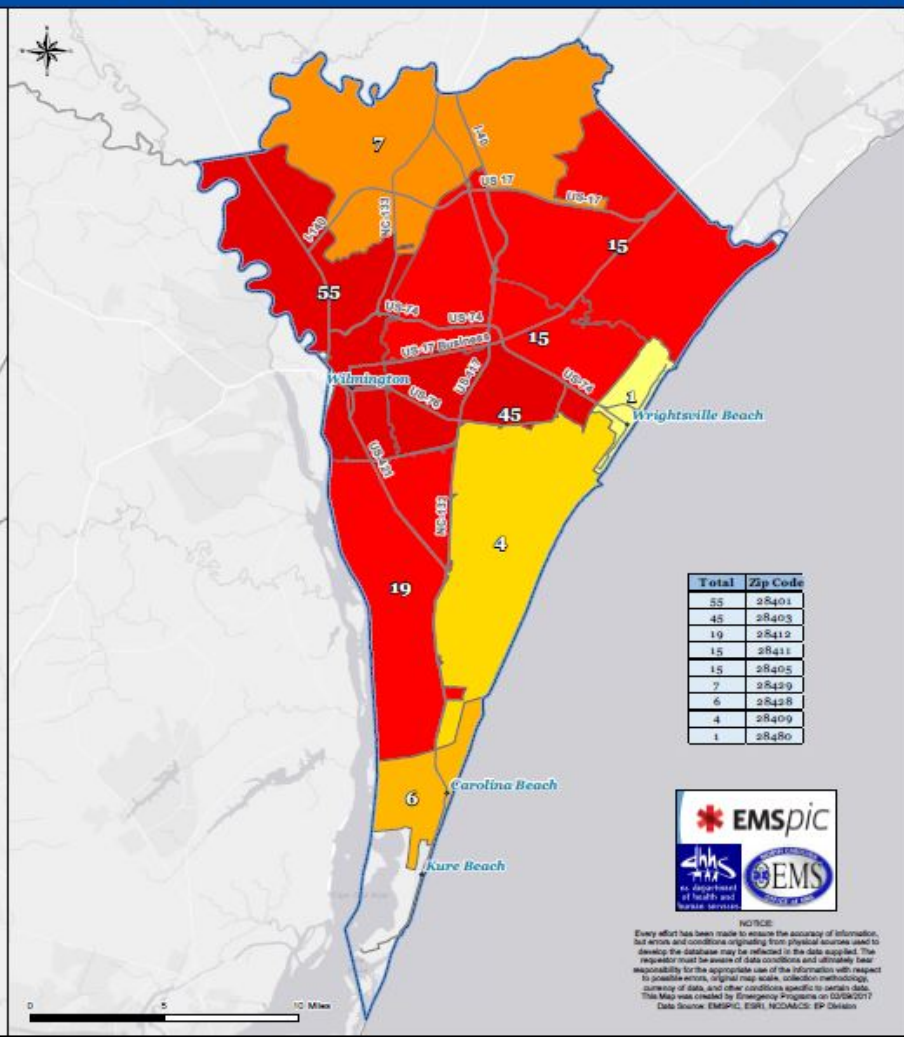
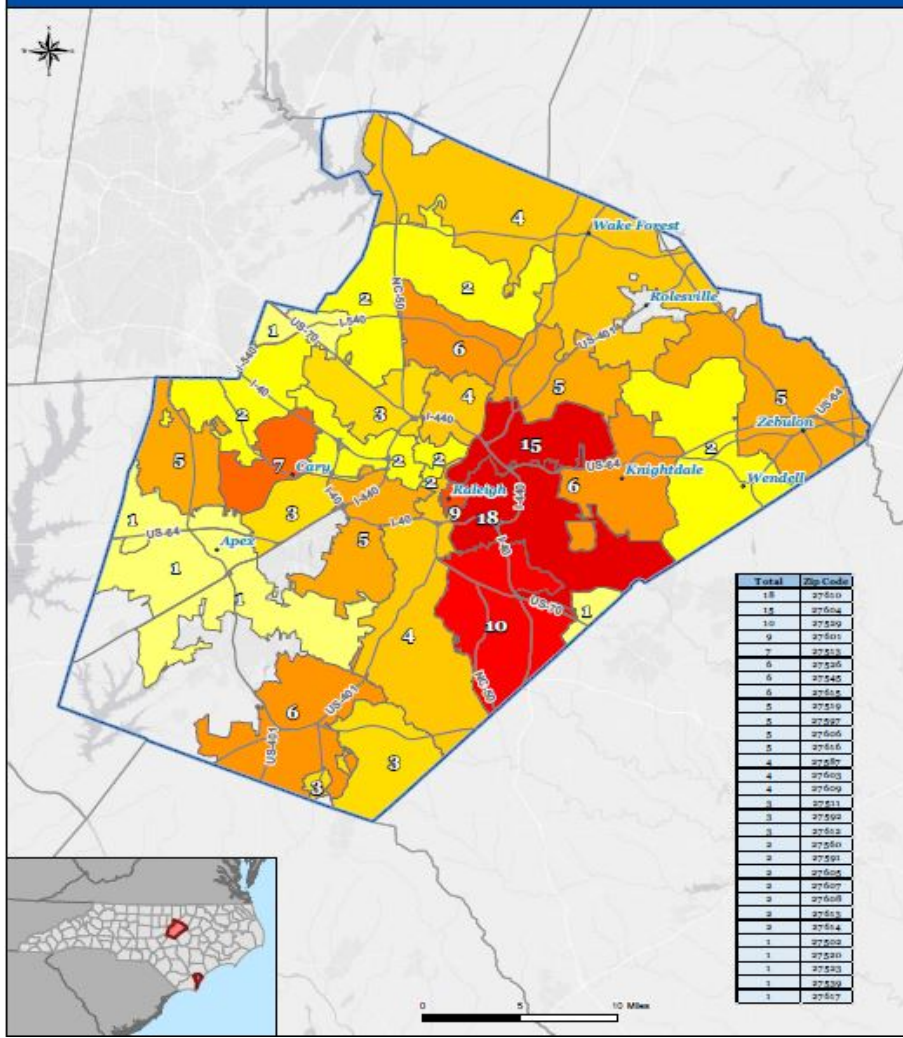
NOTICE:
 Every effort has been made to ensure the accuracy of information, but errors and conditions originating from physical sources used to develop the database may be reflected in the data supplied. The requestor must be aware of data conditions and ultimately bear responsibility for the appropriate use of the information with respect to possible errors, original map scale, collection methodology, currency of data, and other conditions specific to certain data. This Map was created by NC Department of Agriculture – Emergency Programs on 03/28/2017

Data Source: EMS Performance Improvement Center (EMSPIC), US CENSUS, NC Public Health, NC CGIA, ESR, NCDABCs: EP Division.



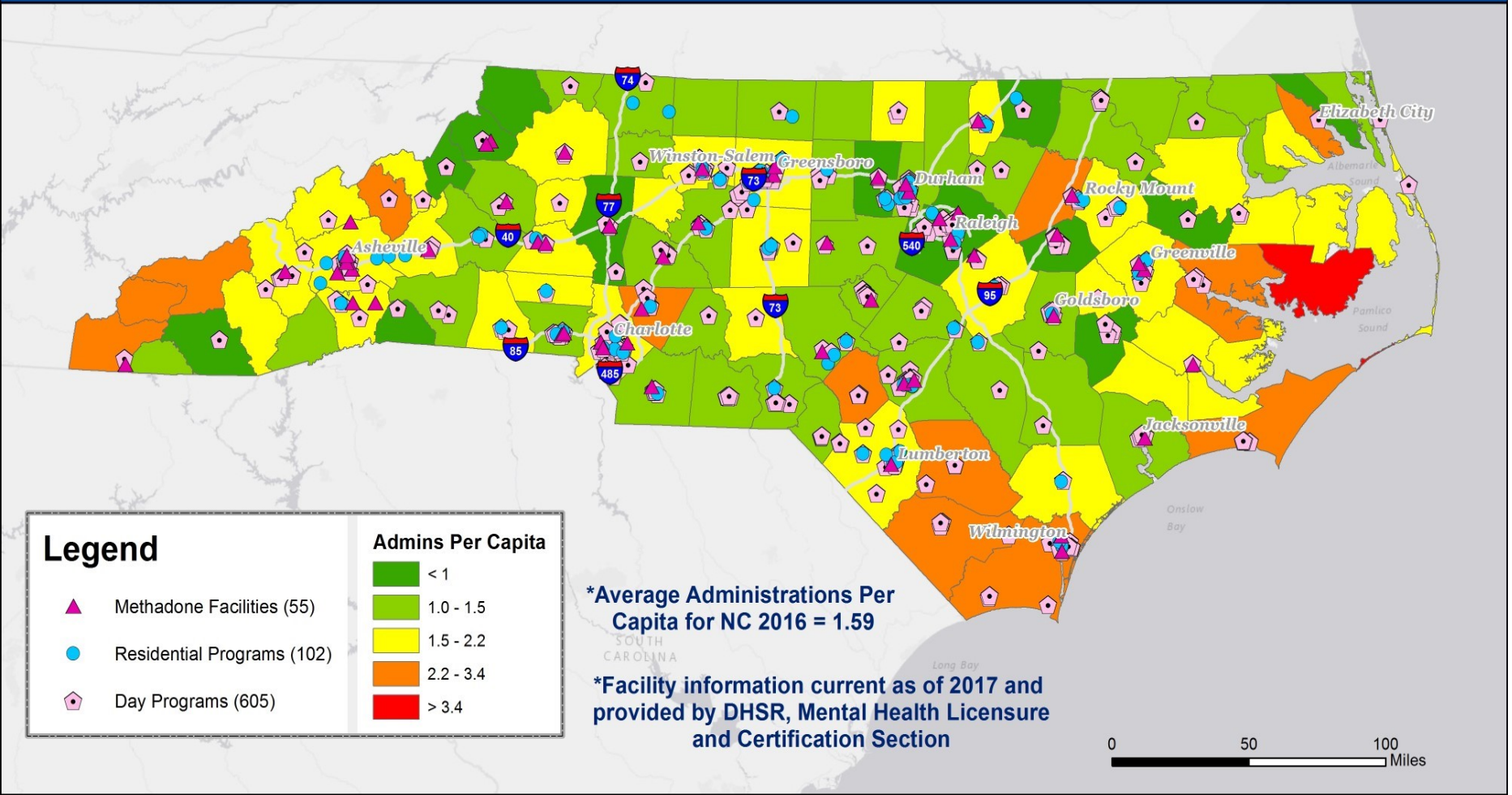
Mapping the Opiate Crisis

Narcan Administrations for Wake & New Hanover County Zip Codes, December 2016 - February 2017



Mapping the Opiate Crisis

NARCAN Administrations by EMS 2016 vs Mental Health Facilities



The Growing Trend

- EMS agencies across NC administer Naloxone daily
 - 10,092 in 2014 (27.6/Day)
 - 11,399 in 2015 (31.2/Day)
 - 13,069 in 2016 (35.8/Day)
 - 16,022 in 2017 (43.9/Day)



NC Opioid Action Plan

- Collaborative Plan
 - DHHS, DMH, DPS, NCHRC, AG, LME/MCO, DPH, etc.

- 2017-2021 Timeline

- Areas of Focus

- Coordinated infrastructure
- Reduce oversupply of opioids
- Reduce diversion and flow of illicit drug
- Make naloxone widely available
- Expand treatment and recovery oriented systems of care
- Measure impact



EMS Naloxone Distribution Plan

- Public Health gave NCOEMS nearly 10,000 Naloxone kits
- Data driven decisions for statewide distribution
- Agency Requirements
 - Protocol/Policy development
 - Additional harm reduction measures
 - Tracking of kits
 - Not for EMS/FD/PD administrations
- Implementation date: NOW



EMS Syringe Exchange

- Havelock Fire-EMS was the first syringe exchange program through Fire-EMS in the country.
- Naloxone, syringes, sterile injection supplies, and information on treatment.
- Coordinated through NC Harm Reduction.



EMS Response to the Opiate Crisis in NC

- Traditional overdose patient care has changed
 - Increase in LEO/FD naloxone administration
 - Increase in treat/no-transport
 - Supplemental naloxone administration
 - Naloxone left with patient/family and education
 - Alternative destination options for treatment
 - Mobile crisis utilization
 - Patient follow-up
 - Field Hep/HIV Testing
 - Medication Assisted Treatment



Hurdles for EMS with CP and Opiates

- Payment model/funding
 - Home visits
 - Alternative destinations
 - Supplies
- Defining OD in data
 - Counting naloxone administrations not effective
- Documentation
 - Single event vs longitudinal HER
 - CSRS
 - Treatment plan development



Summary & Questions

Contact Information

David Ezzell

NCOEMS

(919) 855-3960

david.ezzell@dhhs.nc.gov

Guilford County Opioid Update

Jim Albright & Chase Holleman



Guilford County Opioid Epidemic

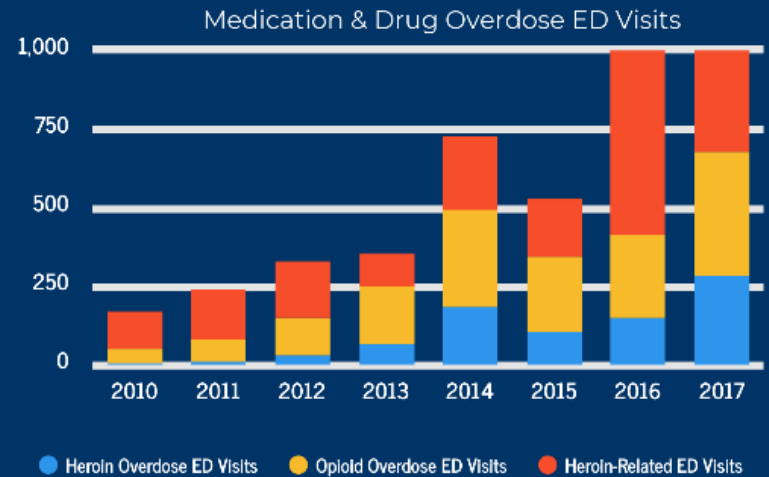
We now average 30 visits per week to ED for heroin and opiate related issues in Guilford County.

In 2017, there were over 1,000 overdose calls to EMS and 700 opioid reversals in the field.

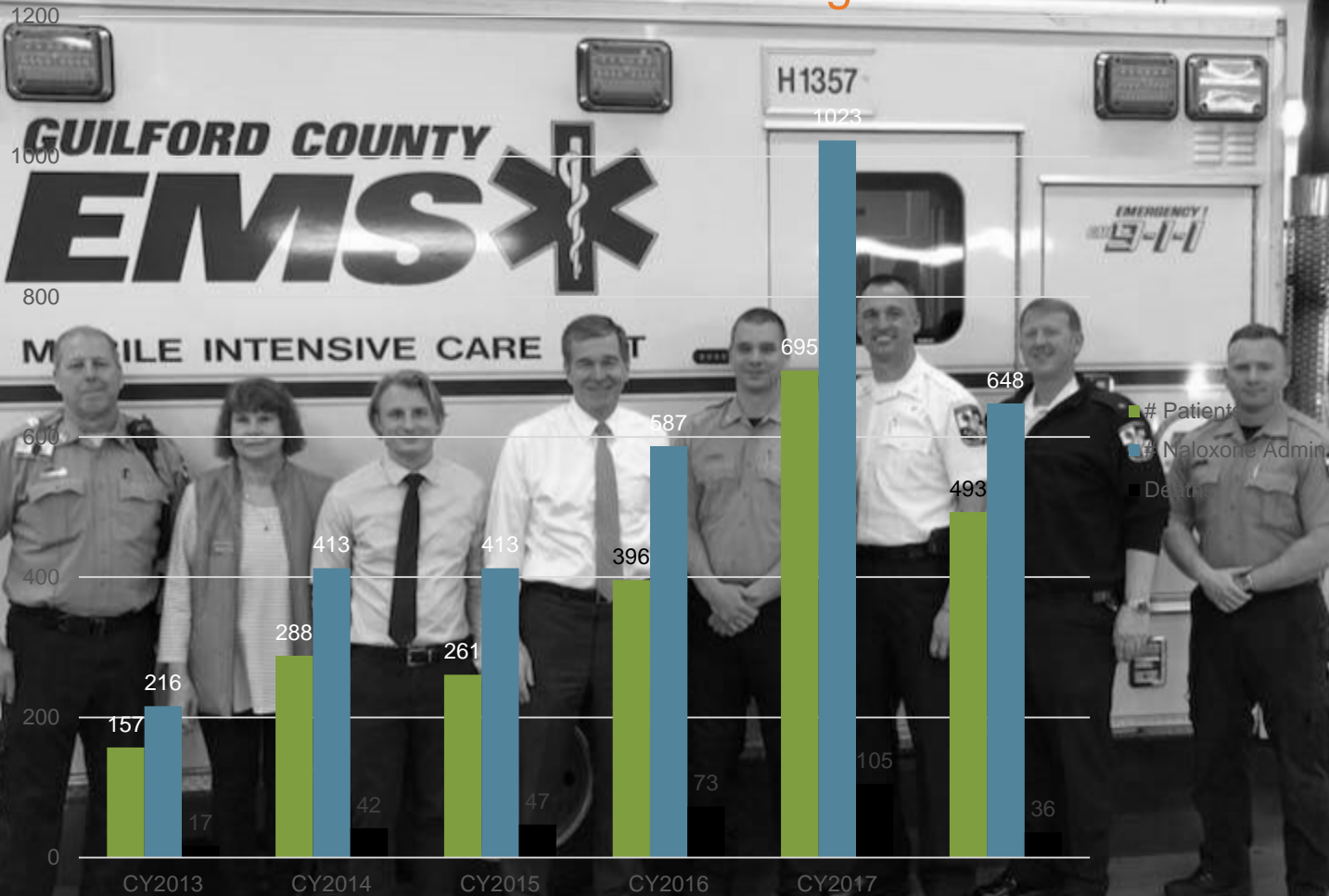
Guilford County EMS has reported over >100 verified opioid/heroin deaths in 2017

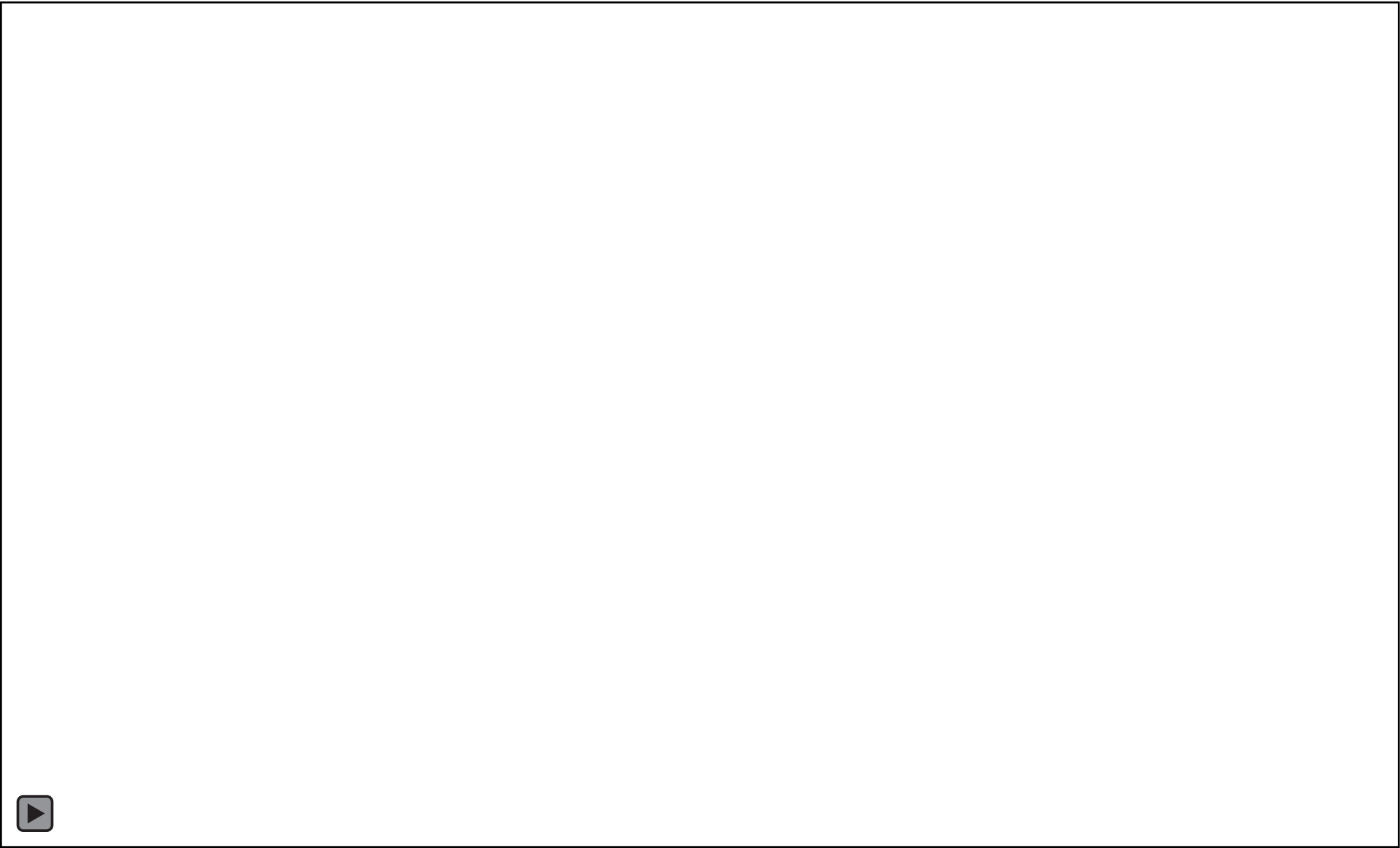
Emergency Department visits have increased over 1000% in 8 years

ACCORDING TO THE GUILFORD COUNTY HEALTH DEPARTMENT THERE WERE 56 VISITS TO THE EMERGENCY DEPARTMENTS (ED) FOR ALL OPIOID OVERDOSES IN 2010; BY 2017 THAT NUMBER WAS OVER 680.



Patients Receiving Naloxone

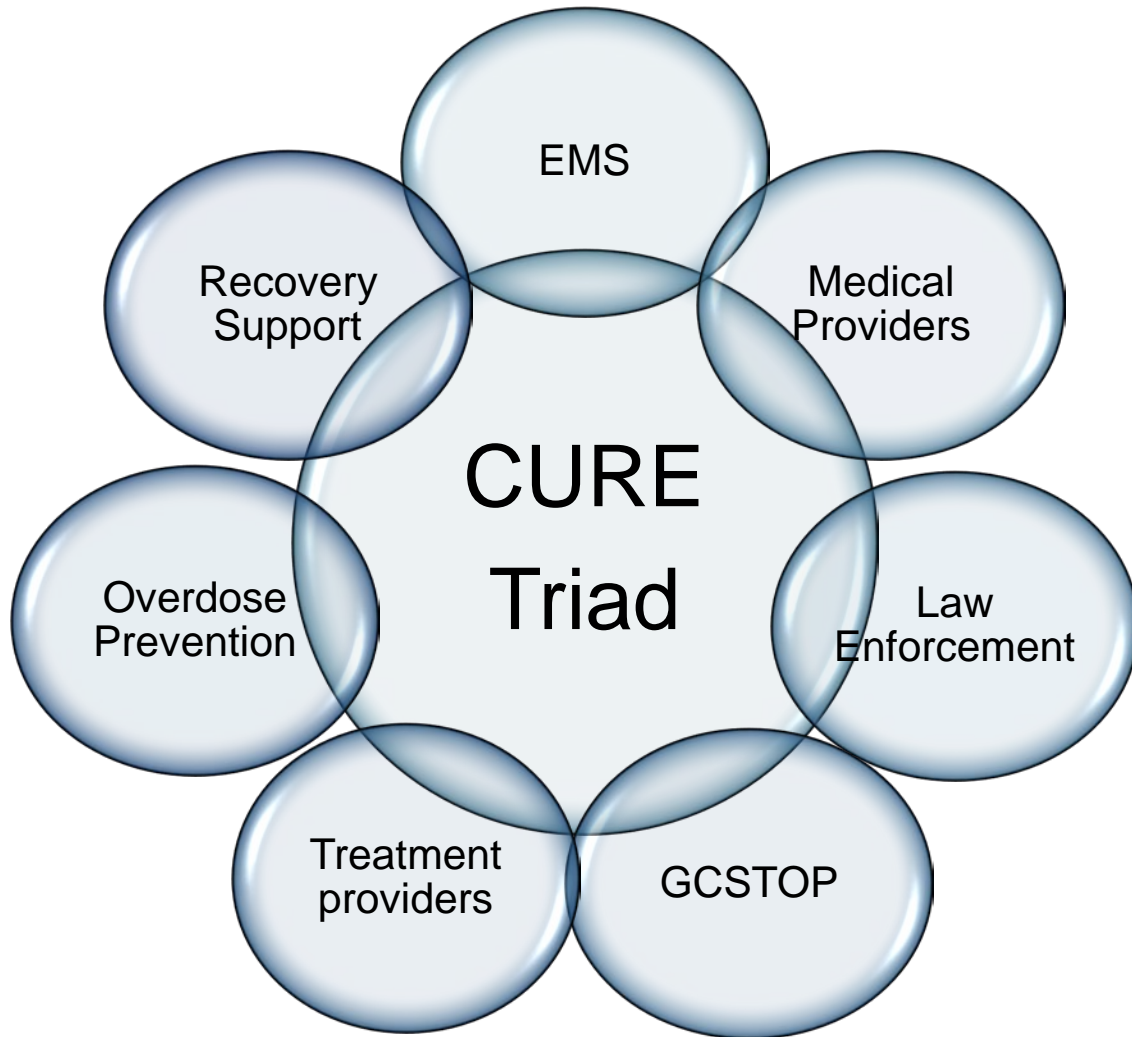




C.U.R.E. TRIAD

CURE represents a coalition of the organizations, programs, offices, and individuals, identified above that meet monthly to discuss ways to address the opioid epidemic in Guilford County and was the impetus for the creation of GCSTOP.







Pull
 1 Gelle
 2 Matt
 3
 4
 5
 6

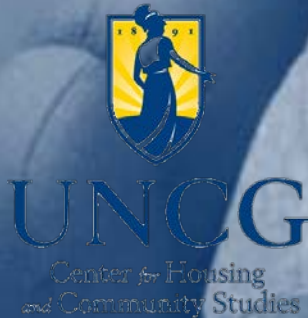
SEP
 1 Flannery
 2 Chris
 3 John
 4 Josh
 G. G. (m)
 1 Michael
 2 John
 1 Chris
 Hill Field
 1 Jason

Critical
 1 Kari
 2 Guille
 3
 4

GCSTOP

Guilford County Solution To The Opioid Problem

Dr. Stephen Sills, Director
Mr. Chase Holleman, Navigator



Guilford County Solution to the Opioid Problem (GCSTOP)

- Partnership between Guilford County, Guilford County EMS, and UNCG Center for Housing and Community Studies and UNCG Center for Youth, Family, and Community Partnerships
- GCSTOP was formally established in late 2017 and launched intervention activities officially on March 8, 2018
- The program serves some of our community's most vulnerable populations: people who have overdosed and others who are at high risk for opioid related mortality



GCSTOP

Guilford County Solution To The Opioid Problem

Goal: To reduce overdose in Guilford County by 20%

✓ Rapid Response

People who have already overdosed are assertively contacted within 1-3 days of their overdose. A team of social workers, peer support specialists, and law enforcement engage them.

✓ Personalized Navigation

Participants are given personal attention and services to help them reach their desired goals. Social workers and peer support specialists support in this process.

✓ Syringe Exchange

Participants will be provided supplies including naran as well as education to reduce their chance of overdose and prevent bacterial and viral disease.

✓ Access to Treatment

Participants have treatment options presented to them and opportunities to expedite the process. Many of our participants are relieved to hear we can help them get into a program.

✓ Economic Impact

The North Carolina Medical Society estimate the total cost of opioid overdose deaths was \$20.3 billion in NC during 2017. Further analysis shows opioid overdose deaths in Guilford County resulted in approximately \$2 billion in lost economic activity.

✓ University Evaluation

A rigorous evaluation of the program is being conducted with in The University of North Carolina at Greensboro to determine its effectiveness.

All Services are **FREE** and **CONFIDENTIAL**

Call or Text 336-505-8122

Cnhollem@uncg.edu

1. Ellis, E. (2018) Data Impact of Opioid Epidemic in NC. North Carolina Opioid Report. Raleigh, NC: North Carolina Medical Society. Retrieved from <https://www.ncmedsoc.org/en/>

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EMS Referral

Encouraging positive change through:

- Syringe Exchange
- Narcan
- Case Management
- Suboxone/Methadone
- Counseling
- Testing



All Services are FREE and CONFIDENTIAL

Call or Text 336 505 8122

Cnhollem@uncg.edu

Or look for a call from us!

Authorization for Release, and Disclosure of Information

The **Overdose Referral Program** (the “Program”) offers patients follow-up, support, and referral to available treatment options to help understand and overcome their substance abuse. The Program is a pilot project administered by Guilford County Emergency Services, in association with the University of North Carolina at Greensboro, currently provided at no cost to the patient. The Program may be discontinued or changed at any time. Participants will be informed of material changes to the Program when they occur.

I, to the extent not otherwise authorized, and within the limitations set forth in state and federal privacy laws, including, but not limited to the Health Insurance Portability Act of 1996, and as described in Guilford County Emergency Services’ Notice of Privacy Practices hereby, voluntarily authorize each of my physicians, pharmacists, and other health care providers (collectively, “Health Care Providers”) to use and disclose the patient’s medical information and any other information necessary for the patient’s participation in the Program to Guilford County Emergency Services (GCES Mobile Health) and its agents involved in the patient’s care through the Program.

I further authorize the release of information relating to the following applicable categories as permitted under applicable federal and state laws, including, but not limited to the Health Insurance Portability Act of 1996 and as described in the Department’s Notice of Privacy Practices:

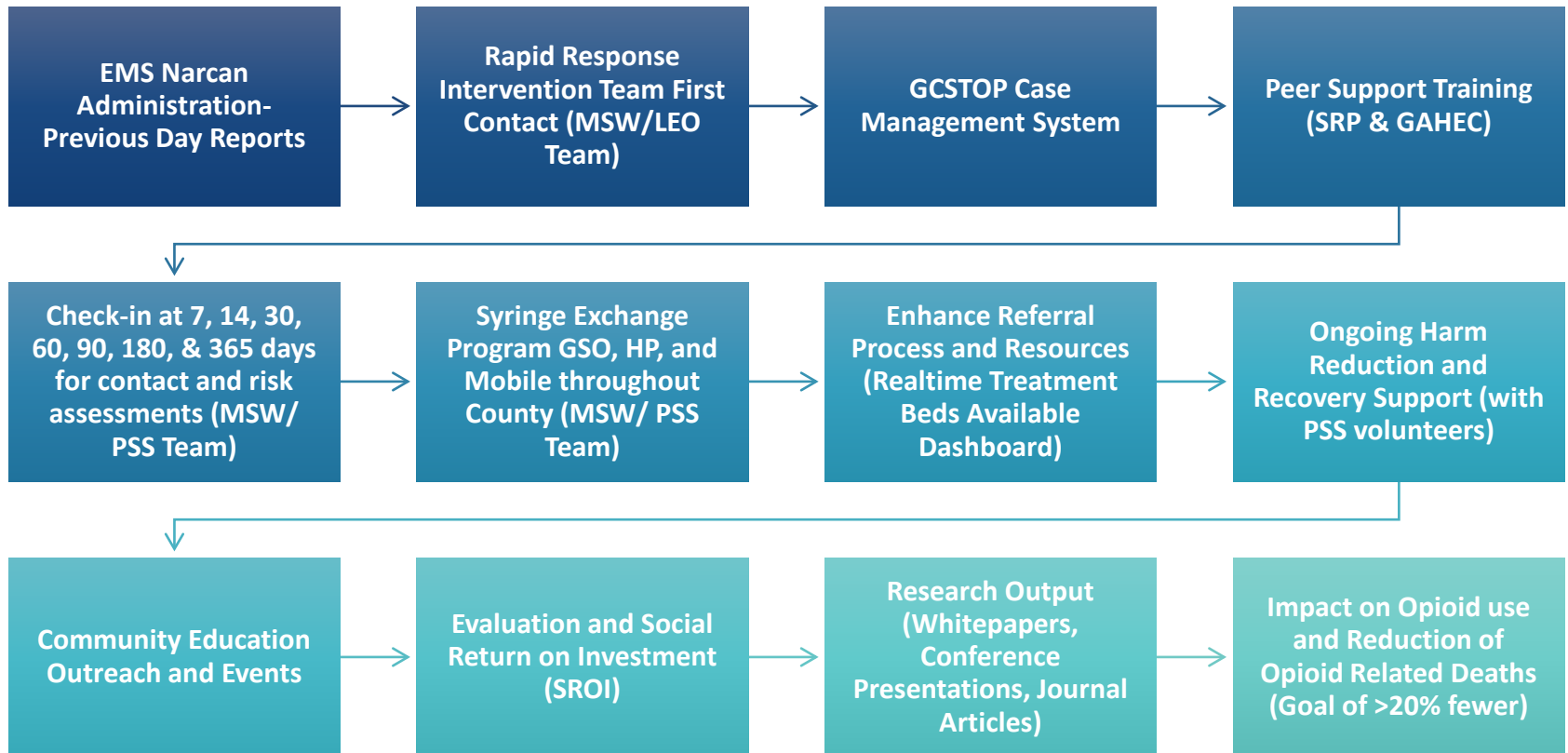
- Substance abuse (including alcohol/drug abuse)
- Mental health or behavioral health
- HIV/HCV related information

I understand that I have the right to cancel this authorization at any time, but that the revocation will only be effective on the date of notification and only to the extent that action has not already been taken in reliance upon the authorization. I understand that if not revoked this authorization will remain in effect for (12) months, at which time this authorization expires. I understand that if I wish to withdraw this authorization prior to its expiration, I must do so in writing by presenting a written notice of cancellation to:

Guilford County Emergency Services
Attn: Mobile Integrated Health Program Coordinator
1002 Meadowood Street
Greensboro, NC 27409

I understand that authorizing release of protected health information is voluntary and that I am not required to sign this authorization and that there are no conditions placed on the patient’s health care or payment for the patient’s health care.

____ By initializing I authorize the Guilford County Emergency Services representative to call and leave voice messages on the numbers(s) documented within the Electronic Health Record.



Post-Overdose Reversal Rapid Response Team



EMS Narcan
Administration-
Previous Day
Reports (36
hrs)

Rapid
Response
Intervention
First Contact
(72 hrs)

Risk
Assessment,
Naloxone, Safe
Injection kits,
other needs

Check-in & risk
assessments
@ 7, 14, 30, 60,
90, 180, & 365
days

It takes 3 to 7 contacts before someone agrees to enter treatment.



Toney's Last Run

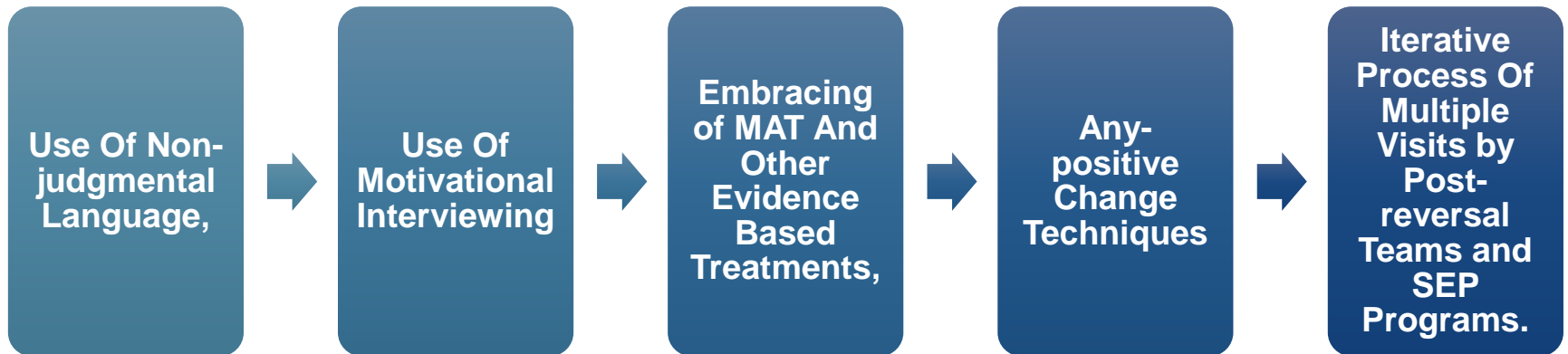
“He is audibly upset and tells me he has spent the last 5 days sleeping on the porch of an abandoned house. He tells me he has not stopped thinking about us and our visit. He just returned home and saw our card sitting there. Toney said he was willing to do ANYTHING to get better. We organize his trip to detox and treatment for the following day. “

A Timely Package

“She expresses fear about CPS and her children because she had already had two overdoses. That is why she was hiding. She asks if we are the ones who left some Narcan on our doorstep. We confirm that we did leave one. With gratitude, she let us know that kit was used to save her life.”



Address the barriers of stigma by various strategies:



Reducing Risks Among Users

Risk



Why Harm Reduction is Needed... ?

- Almost nine in ten people with a substance use disorder (SUD) do not receive treatment for the condition (Bachrach, 2017).
- Stigma is a barrier for all and is correlated with delayed treatment seeking, dropout from treatment, lowered self-esteem, and lower efficacy that impairs one's potential for recovery (Hawkins, 2017, Olsen, 2014).
- Trust is a key component to successful interventions and can be improved through increased familiarity with providers, which requires better treatment engagement and retention (Hawkins, 2017).





GCSTOP

Guilford County Solution To The Opioid Problem

Syringe Exchange

**Delivery by
appointment:**

College Park Baptist Church
1601 Walker Ave, Greensboro, NC

Monday 1-4p

Wednesday 2-5p

Friday 4-7p

Thursday 3-8p

No Judgement • No Cost



**Call or Text
336.505.8122**

Clean needles and equipment •
fentanyl test kits • access to Narcan
and training • access to suboxone
and methadone • case management
• detox and treatment referrals •
nurse counseling groups

All services are FREE

Syringe Exchange is legal in NC as of July 2016 (2016's HB972)

Questions? Contact GCSTOP Coordinator

Chase Holleman cnhollem@uncg.edu

Syringe Exchange Program

- A partnership between GCSTOP, the Congregational Nursing Program, and the UNCG Congregational Social Work Education Initiative, has resulted in the opening of the “College Park Clinic” (April 2018).
- The College Park Clinic provides harm reduction services to those who are using opiates and includes screening, assessment, brief intervention, referral, syringe exchange, and education.
- The syringe exchange program (SEP) provides education about drug injection risks and how to safely use needles and assists in referral and scheduling for testing for HIV, Sexually Transmitted Infections, and Hepatitis C.



Immunity

Participating in an SEP grants immunity from *prosecution* for paraphernalia and residue



Card

Register with exchange and get ID card

Must carry ID card



Surrender

Announcing possession of syringe to cop provides same immunity

A person who seeks medical assistance for someone experiencing a drug overdose cannot be prosecuted for possession of small amounts of drugs, drug paraphernalia, or underage drinking if evidence for the charge was obtained as a result of the person seeking help. The victim is protected from these charges as well.

A person who seeks medical assistance for someone experiencing a drug overdose cannot be considered in violation of a condition of parole, probation, or post-release, even if that person was arrested. The victim is also protected.

The caller must provide their name to qualify for the immunity.

MORE @ [NC LEG § 90 96.2](#)

An Honest Mistake...

“After giving her a large bag of condoms and having some conversation, she tells me to hold on. Five minutes and seven doors later, I have eight drug users surrounding my car asking for supplies and information on treatment. Turns out one of them is the woman I was initially there to meet.”

GCSTOP

Guilford County Solution To The Opioid Problem

FREE Rx Disposal Packets
Call GCSTOP @ 336.505.8122

or email Chase Holleman cnhollem@uncg.edu

INSTRUCTIONS FOR DISPOSAL



1. Open vial



2. Add warm tap water until vial is 2/3rds full



3. Add DisposeRx powder and shake for 30 seconds; contents solidify in less than 10 minutes. Then discard in trash.

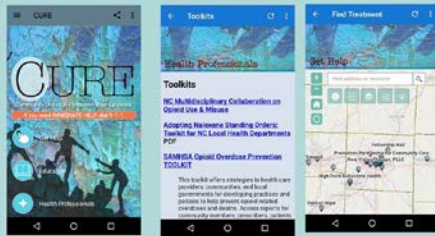
DisposeRx[®]
Solving the problem of drug disposal

Provided by:  AmerisourceBergen[®]



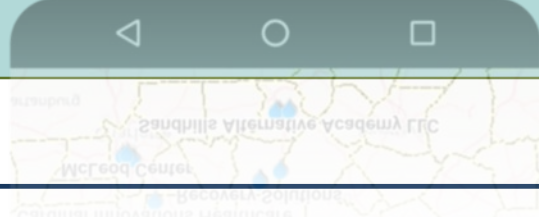
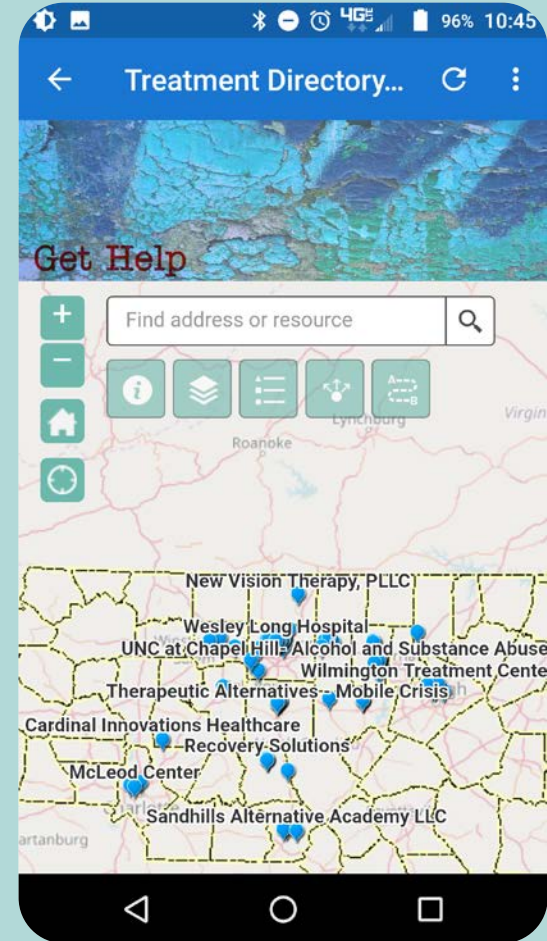
The Greensboro Area Health Education Center (GAHEC) has developed a mobile app to assist health providers, citizens, and emergency responders easily access relevant information about drug treatment options in their area.

This mobile app has resources, maps, connections, services and education toward the opioid crisis for Alamance, Caswell, Chatham, Guilford, Montgomery, Orange, Randolph and Rockingham counties in North Carolina.



If you are an Android user, please download and install the app from the Google Play Store on your android device:
<https://tinyurl.com/GAHECApp>

If you are an iOS user or on a desktop you may access these same resources on the GAHEC CURE site:
<https://curepidemic.com/>



Community Outreach and Training

Through community education events we raise awareness of the dangers of opioids, train the public on how to respond to an overdose, and reduce stigma for those affected by SUDs.



GCSTOP

Gulford County Solution To The Opioid Problem



Peel



Place



Press

1

GET HELP! DIAL 911

Opioid overdose requires immediate medical attention. All you have to say is:

This training is provided to first responders, schools, churches, non-profit agencies, community organizations, and neighborhood groups.

"Someone is not breathing." Include an address and description of your location.

Support the person's breathing by administering oxygen or performing a rescue breath once every five seconds.



2

CHECK FOR SIGNS OF OVERDOSE

- Slow or no breathing
- Cannot be woken up
- Choking, coughing, gurgling sounds

3

ADMINISTER NALOXONE

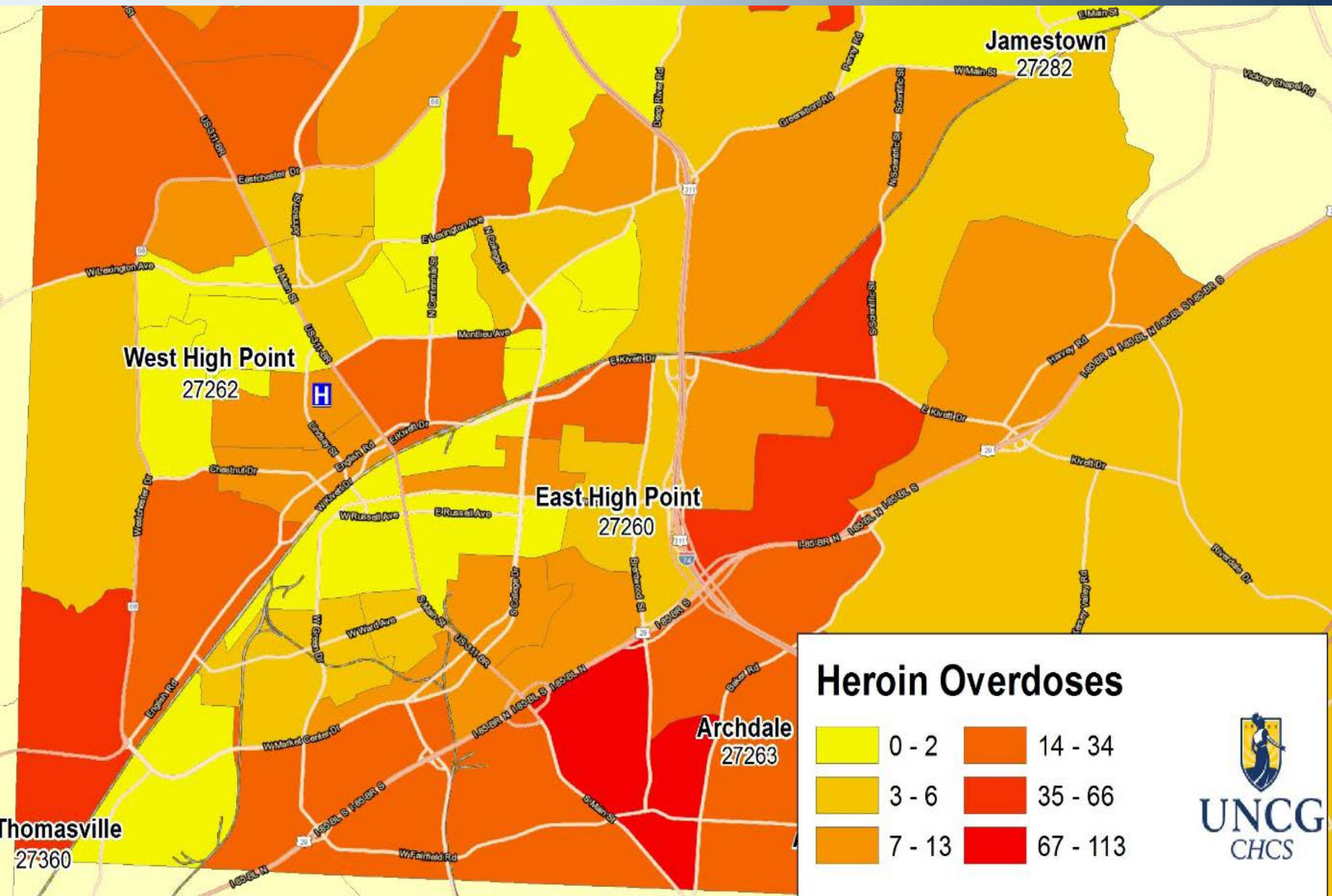
- Peel back the package. Hold device with thumb on the bottom of the plunger.
- Place tip of the nozzle in a nostril.
- Press plunger firmly to release naloxone.

4

MONITOR UNTIL HELP ARRIVES

If no response in 2 minutes, administer another dose as needed for response. They may experience withdrawal symptoms. Put in the person in the "recovery position" on





Raising Awareness, Reducing Stigma

- Billboard campaign for GCSTOP in partnership with EMS
- 6 billboards in Greensboro and High Point
- Social Media Campaign for GCSTOP through WXII and WCWG



GCSTOP Goals

- 1. Goal: Reduce the incidence of deaths due to opioid overdose by 20%.** Action: Conduct in-person contacts with overdose reversal survivors to encourage them to enter drug treatment and/or adopt harm reduction actions to reduce risk of overdose.
- 2. Goal: Make in-person contacts with all survivors of opioid overdose within 72 hours of overdose reversal.** Action: Establish an incident reporting protocol for first responders involved with an opioid overdose incident to provide GCSTOP program personnel survivor information. GSTOP personnel will make an in-person visit to the identified opioid overdose survivor to counsel them regarding treatment/harm reduction options.

GCSTOP Goals

- 3. Goal: Provide naloxone education and brief administration training to all contacted opioid overdose survivors.** Action: Develop and deliver a brief education and training module on the effective administration of naloxone (Narcan).
- 4. Goal: Provide brief substance use counseling to all contacted opioid overdose survivors.** Action: Develop and deliver a brief counseling module based on the SAMSHA SBIRT model to educate, motivate, and engage opioid overdose survivors about the risks of continued opioid use and to consider treatment and/or adopting harm and risk reduction.

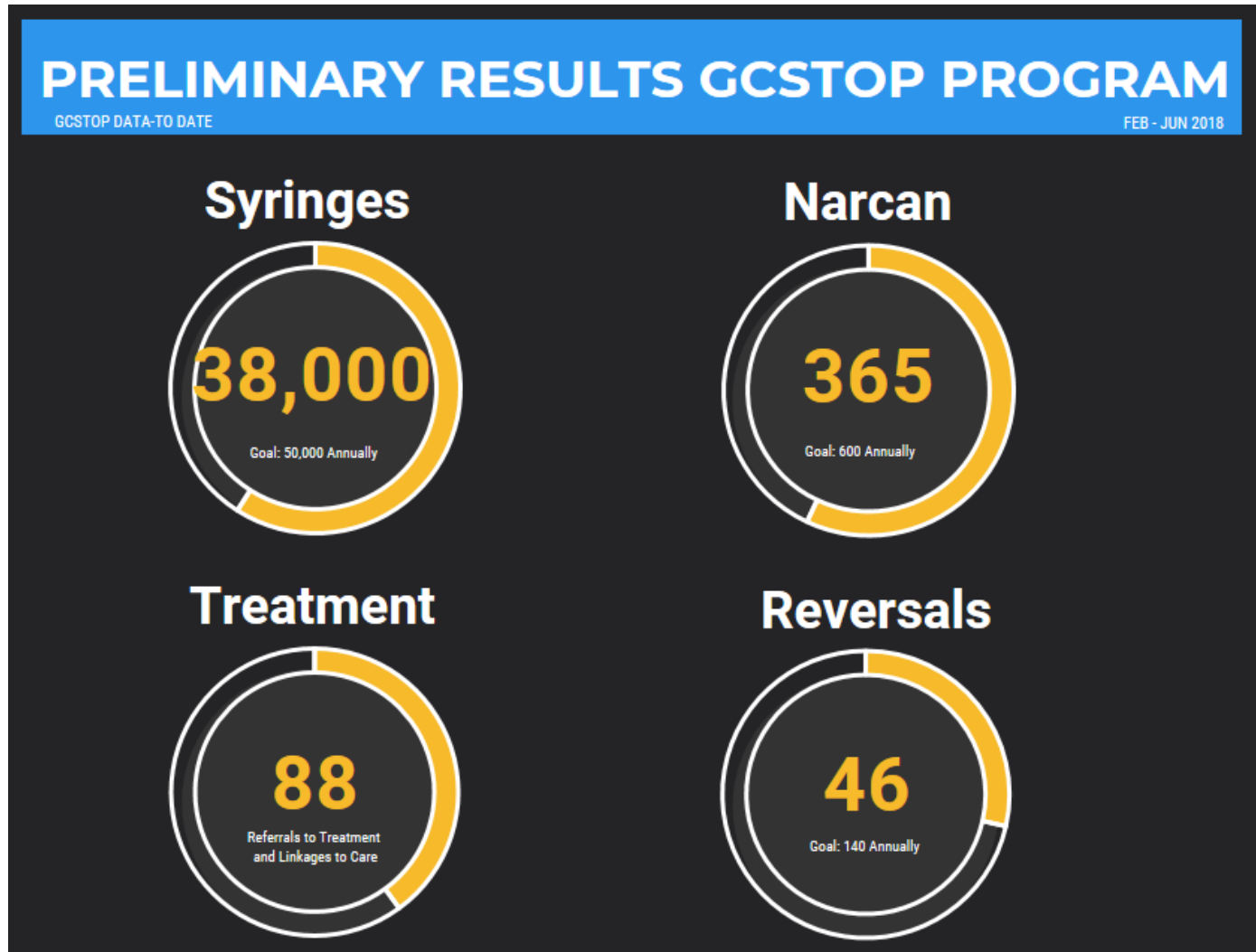
GCSTOP Goals

5. Goal: Provide follow-up harm reduction and recovery-oriented care and support to survivors of opioid overdose.

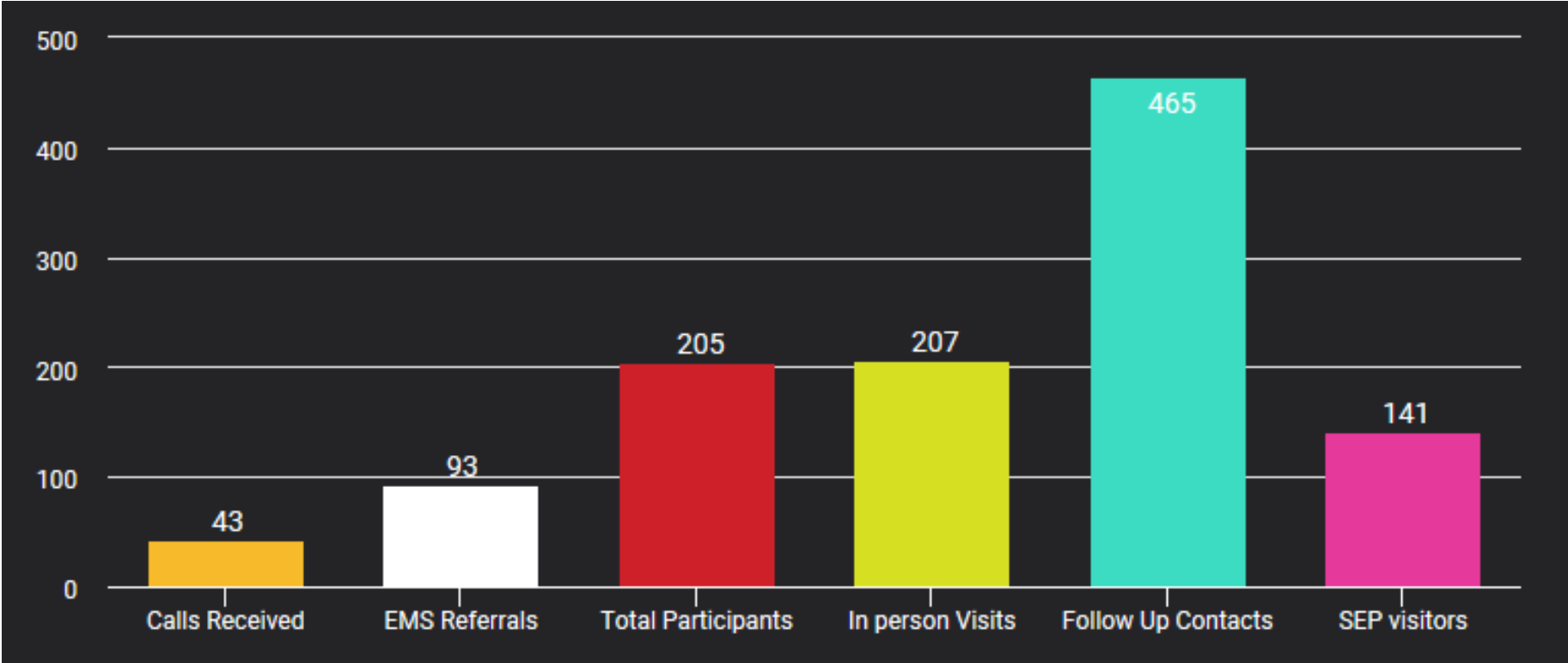
Action: Provide follow-up education, referral, and other assistance to support and motivate opioid overdose survivors to follow smart harm reduction drug and personal behavior activities and/or initiate or engage in evidence-based recovery-oriented care. These contacts will be made either in person or by phone.

6. Goal: Develop a syringe exchange program (SEP) for intravenous opioid users. Action: Develop a SEP that will provide education about drug injection risks and use of clean needles for intravenous opioid users. Counsel all intravenous opioid use overdose survivors to get tested for HIV, Sexually Transmitted Infections, and Hepatitis C.

Preliminary Outputs (<http://gcstop.uncg.edu>)



Preliminary Outputs



Next Steps...



Enhancing Referral Process and Resources

Training Peer Support Specialists

SBIRT with Sheriff's Department

Case Management and Tracking System

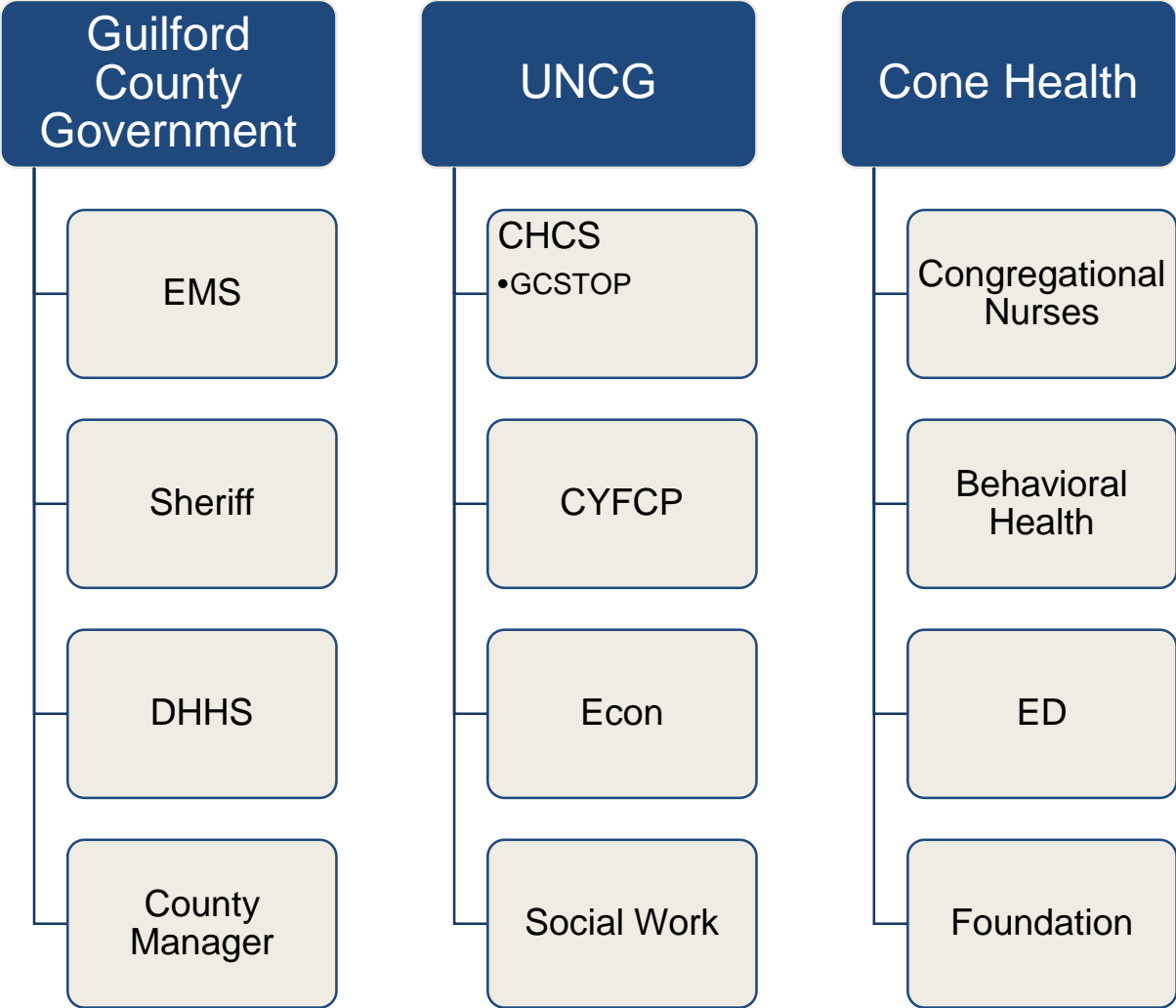
Study of Impact of Substance Use on Guilford County

Lawsuit of Pharmaceuticals

chcs@uncg.edu

chcs.uncg.edu

Partnerships....



Unique Aspects of University as Anchor

- Student Support – work study assistants, MSW/MPH/Counseling candidates, Spartan Recovery Program, internships
- Faculty Support – Social Work, Criminology, Sociology, Public Health, Economics, Geography, Public Administration, Counselling, etc.
- Research Centers – applied research, program evaluation, community-engaged scholarship, topical experts
- Funding – internal faculty grants, student grants, relationship with local philanthropy, state and federal contracts, NIH/CDC/NSF/SAMSHA funding
- Administration – contracts and grants, billing, administrative units, regulatory units, computing and IT support

[https:// gcstop.uncg.edu/](https://gcstop.uncg.edu/)

[https:// chcs.uncg.edu/](https://chcs.uncg.edu/)

<https://www.facebook.com/GCSTOP/>

<http://tinyurl.com/GAHECapp>

Group Discussion: EMS Role and Response

Update: Federal Funding to Support Opioid Use Disorder Prevention & Treatment Work

Alan Dellapenna & DeDe Severino

CDC Grant Update

Alan Dellapenna

Overview

- **1 year funding**
- Awarded thru CDC's **PH Emergency Preparedness** grant
 - Fastest way for CDC to move funds to all states + provides states flexibility.
- No disaster declaration needed
- **6 Domains** - prescribed activities
- **Restrictions** – no naloxone, syringes/needles, treatment
- Strategies NC DPH targeted
 - 1) Strengthen what we're doing under the current CDC grant (PfS & ESOS)
 - 2) Extend work to communities that current funding isn't sufficient to reach.

Overview

Things are moving quickly.

Announced: July 2

Due to CDC: July 31

Award date: August 31

3 CDC fund centers = total \$3,235,577

+

National Partner funding to support state strategies

\$123,400 (NCHHSTP)

Vulnerability assessments for risk of opioid overdose, HIV, and viral hepatitis
(Epi Section)

+

\$200,000 (CSELS)

State Capacity Building to Enhance Syndromic Surveillance for Opioid
Conditions (NCDETECT)

+

\$3,235,577 (NCIPC)

Strengthen and expand current CDC funded strategies – (IVPB)

+

\$500,000 (NCIPC) Special Projects = **\$4,059,977**

+

National Partners to support state strategies – apply in Sept – 1 year
\$830,000 (requested)

Summary of Proposed Work by Domain

Domain 1: Incident Management for Early Crisis Response (Optional)

- No activities charged to the NC budget.
- A Planner requested from the National Partners to generate a local response template for law enforcement, emergency services, and public health to respond to overdose clusters.

DOMAIN 2: Strengthen Jurisdictional Recovery (Required)

- \$123,400 (NCHHSTP) – Conduct vulnerability assessments for risk of opioid overdose, HIV, and viral hepatitis.
- \$72K (NCIPC) to OEE/SBI/crime lab trainings
 - (e.g., synthetics and other drug assessments)
- \$400K (NCIPC) for DPH temporary staff, travel, supplies

Summary of Proposed Work by Domain (con't)

DOMAIN 3: Strengthen Biosurveillance (Required)

\$200K (CSELS) to strengthen current CDC ESOOS work

\$170K - NCDETECT – DIT contract amendment

- Implement SaTScan, improve and evaluate data quality and timeliness

\$30K – NCHA – contract amendment

- Increase timeliness of ED data feed from hospital systems

\$450K (NCIPC) to strengthen current CDC PfS & ESOOS work.

\$100K - NCDETECT – DIT contract amendment

- Enhance data linkage, validation testing, improve data visualization

\$100K to OEMS – expand current IMOA under PfS

- Hire opioid surveillance coordinator with NEMSIS management/oversight
- Additional NEMSIS feed activities for timely EMS data.

\$150K to OCME – expand funds from ESOOS

- Surge support and capacity to improve timeliness of lab testing and reporting (includes temp staff, equipment upgrade, and lab service contracting)

\$75K to State Center for Health Statistics – expand ESOOS

- Improve death registration process/data entry (temp staff)

\$25K to UNC IPRC – Amend PfS contract

- Technical assistance to improve surveillance (e.g., CSRS data linkages)

Summary of Proposed Work by Domain (con't)

Domain 4: Strengthen Information Management (Required)

- \$280K – Public education campaign support.

Domain 5: Strengthen Countermeasures and Mitigation (Required)

- \$2.3M – Fund 15-20 community projects supporting implementation of the *NC Opioid Action Plan*
 - \$1.8M (NCIPC) focused on harm reduction, linkage to care, and related response
 - \$500K (NCIPC Special Projects) focused on prevention strategies
- \$175K to strengthen Syringe Exchange Programs via administrative supplies and outreach materials

Summary of Proposed work by Domain (con't)

Domain 6: Strengthen Surge Management (NCIPC) (\$50K) (Optional)

- \$50K - OEMS trainings for local EMS systems to develop post-overdose rapid response teams including substance use disorder training

Summary – National Partner Request (\$830K)

- 1) Informatics Specialist (CSRS ‘informatics team’)**
- 2) Data Architect (CSRS ‘informatics team’)**
- 3) Informatics Epidemiologist (CSRS ‘informatics team’)**
- 4) ICS Preparedness Coordinator to develop statewide opioid response plan (EPI Section)**
- 5) Evaluators (2) to rapidly identifying high-impact programmatic strategies**
- 6) Special Populations Overdose Prevention Specialist**
- 7) Clinical Consultant**
- 8) Novel Compounds Method Development Chemist**
 - (NC OCME) Method development chemist to improve turnaround times on cases involving novel compounds
- 9) App developer**

State Opioid Response Grant Update

DeDe Severino

State Opioid Response Grant (SOR)

- Authorized under Title II Division H of the Consolidated Appropriations Act of 2018
- Total of one billion dollars each year for 2 years
- Similar to STR grant – allotment based on unmet treatment need and drug poisoning deaths
- NC's allotment is \$45,398,958 for “up to two years” or \$22,699,479 annually
- Application is due 08.13.18, award by 09.30.18 (will run on FFY)

State Opioid Response Grant (SOR), cont.

- Language is stronger re utilization of MAT; will only allow detox services to be included/covered by these funds IF the individual receives naltrexone (injectable) prior to discharge
- Must address how to improve retention in care
- Requires 2 state level staff – Project Director and a “State Opioid Coordinator” to oversee all federal funding a state receives specific to the opioid crisis

State Opioid Response Grant (SOR), cont.

Required activities include:

- Assess the needs of tribes and include strategies to address such needs
- Implement recovery supports and services
- Implement prevention & education services including training of healthcare professionals
- Cover treatment costs
- Provide treatment transition and coverage for individuals re-entering communities from criminal justice or other rehabilitative settings

State Opioid Response Grant (SOR), cont.

Funding Limitations/Restrictions:

- 5% cap on state level administrative & infrastructure costs
- Up to 2% can be used for data collection & reporting – GPRA required
- Must use FDA approved medications

State Opioid Response Grant (SOR), cont.

Planned Activities/Services:

- To be allocated to the LME/MCOs, provide 12 months of continuous MAT treatment for 2000 individuals
- To be allocated to the LME/MCOs, provide non-UCR funding for MAT medication
- In concert with the Division of Public Health, design and execute a bundled rate pilot for MAT in OTP/OBOT settings
- In partnership with the Division of Social Services, work with key counties to fund targeted treatment for parents with opioid use disorder in DSS-involved families
- Fund peer-support and other recovery services in the community

State Opioid Response Grant (SOR), cont.

- In partnership with the Department of Public Safety, fund 2 re-entry centers where incarcerated individuals, readying for exit, receive naltrexone and work with social workers dedicated to coordinating their exit and connecting to SUD services in the community
- Fund additional community-based re-entry supports, including recovery-supported housing, such as Oxford House
- In partnership with the Eastern Band of Cherokee Indians, design a treatment augmentation strategy towards supports, pain management and prevention, that is targeted towards the needs of their community

Supporting SUD Curriculum and Waiver Training in Medical Schools and Residency

Sara McEwen

Historical Context

- Addiction Medicine generally has gotten very cursory attention
- Even when included, not always handled appropriately
- Stigma important and has wide impact
 - Didactic education
 - Clinical education: tone/pessimism/modeling

Historical Context in NC

- SUDs overlooked/ignored
- GI founded in 1992 to focus on SUD medical education
- Dean level involvement
- Resulted in 4 schools developing SUD curricula
- Drift...curriculum time precious
- GI training and TA around SUDs, but more focus on practicing physicians and other healthcare providers

What has changed?

- Opioid epidemic
- Recognition of role of medical profession in the development of the problem
- Recent/current focus on prescribing behavior
- Result is all of the NC schools have taken decisive steps around pain management/opioid prescribing. A few examples:
 - UNC – 10 part grand rounds opioid series
 - Campbell – opioid curriculum launched Jan 2017
 - Wake Forest – student interest group; new elective
 - Duke – Opioid Safety Task Force
 - ECU – reestablishing relationship with Walter B Jones ADATC

What else has changed?

- As prescribing practices improved, problem has continued to worsen
 - Heroin, fentanyl, analogues
 - Deaths continue to escalate
 - Patients discharged/dumped
- Clear that addiction is a big problem and needs a more far reaching solution/approach.
- Very good evidence about efficacy of MAT
- Lots of federal and other money available
- Evolving: value based payment will further incentivize

Focus on MAT

- Particularly Buprenorphine (good efficacy, good safety profile)
- States, including NC, have been focusing on getting psychiatrists and PCPs trained and prescribing. While we have been somewhat successful getting trained, we have done less well with increasing ranks of *actual* prescribers
- Need to start this much earlier in the educational process – both with didactics AND exposure to clinical OBOT settings
 - #s in NC (2016: 739 waived docs; since then 535 more and 92 have increased their patient limit). But the bup prescribers per opioid death is among 11 worst in nation
 - The rate of increase has actually decreased between 2006 and 2016

Coalition on Physician Education on SUDs (COPE)

- National organization focusing on medical students
- Regional meetings
- Resources
 - Core competencies
 - Models – how are other states doing this? AZ, MA, RI
 - Toolkit being developed

NC COPE

- Met most recently in May 2018
- Representation from 5 NC medical schools
- Consensus to work together on improving how schools cover pain management, opioid prescribing and addiction and SUDs in general
 - Arizona
 - Massachusetts
 - Rhode Island

Campbell U School of Osteopathic Medicine

MEDICAL SCHOOL

- 60 to 80 hour opioid curriculum with exam; includes standard patients, video session feedback; both graded
- SUD education part of sim month between years 1-2 and 2-3
- Psychiatry rotation includes SUD evaluation/screening

RESIDENCY

- psych residency starting this year

Duke University School of Medicine

MEDICAL SCHOOL: Limited SUD especially as preclinical is only 12 mos

- Year 1: ½ hour on SBIRT; standardized patient for BI; doc in recovery interview; 4 hours in pharmacology unit
- Year 2: 4 week psych rotation includes 3 hr didactic on MAT, MI; no clinical exposure besides VA (those doing rotation at Duke get no MAT)
- Year 4: 4 week elective at VA (4-5 students/yr)

RESIDENCY: no consistent coverage in IM, FM; half of psych residents get 1 month of addiction psychiatry (about half of which are abstinence based)

UNC School of Medicine

MEDICAL SCHOOL

- Preclinical: SUD edu in Human Behavior - interactive didactic, small groups (3 days on SUDs – case based, real patient, MD in recovery)
- Preclinical: parallel class on patient centered care – MI
- Clinical Psych rotation covers SUDs, MI small groups, standardized pts
- Electives: preceptorships in community

UNC SOM

RESIDENCY

- Addiction Medicine Fellowship (as of July 1)
- Family Medicine – quite a bit of exposure; waiver not required
- Psychiatry: 2 one-hour didactics; OBOT not part of resident clinics; faculty supervision biggest issue. Could be possible to require waiver course as part of Pre-Residency “Deep Dive” training

East Carolina University Brody School of Medicine

MEDICAL SCHOOL

- Greater interest among students and residents than school administration
- Pharmacology lectures (around 10)
- Seminar with standard patients
- Students attend NA/AA meeting

RESIDENCY

- Psych: 1 month of SUDs

Wake Forest School of Medicine

- Started an Addiction Medicine Fellowship July 2018 and submitted an application under review at the ACGME.
- Worked with leaders of the WFSOM Addiction Interest Group (and over 50 attended) to create a 9-hour elective: Addiction Screening, Interventions and Pharmacology Skills Training.
- Expanded OBOT/SUD exposure

SAMHSA Grant Opportunity: PCSS U Physicians Clinical Support System- Universities

- Expand/enhance access to MAT services for individuals with OUD by ensuring the education and training of students in the medical, physician assistant, and nurse practitioner fields
- Ensure students fulfill the training requirements needed to obtain the DATA 2000 waiver to do OBOT
- Outcomes: numbers trained; numbers with waiver; actual prescribing
- 3 years; \$150k/year

Requirements

- Integrate opioid and substance use disorder education into training such that students are eligible to apply for their DATA 2000 Waiver once they have a DEA number (Waiver training is 8 hrs). Training must be integrated into the *standard curriculum*.
- Provide expanded opportunities for shadowing and clinical exposure to Office Based Opioid Treatment (OBOT).

NC PCSS-U: 4 Schools On Board

- UNC
- ECU
- Campbell
- Wake Forest

Group Discussion: SUD Curriculum

Wrap up, THANK YOU!, and What's next

- Next OPDAAC Coordinating Meetings
 - October 11 at NC Healthcare Association
 - November 8
- Next Full OPDAAC Meeting
 - TUESDAY, September 25, 2018 at NC State McKimmon's Center