

New York City Department of Health and Mental Hygiene Emergency Department Initiatives for Opioid Use Disorder

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NYC Department of Health and Mental Hygiene

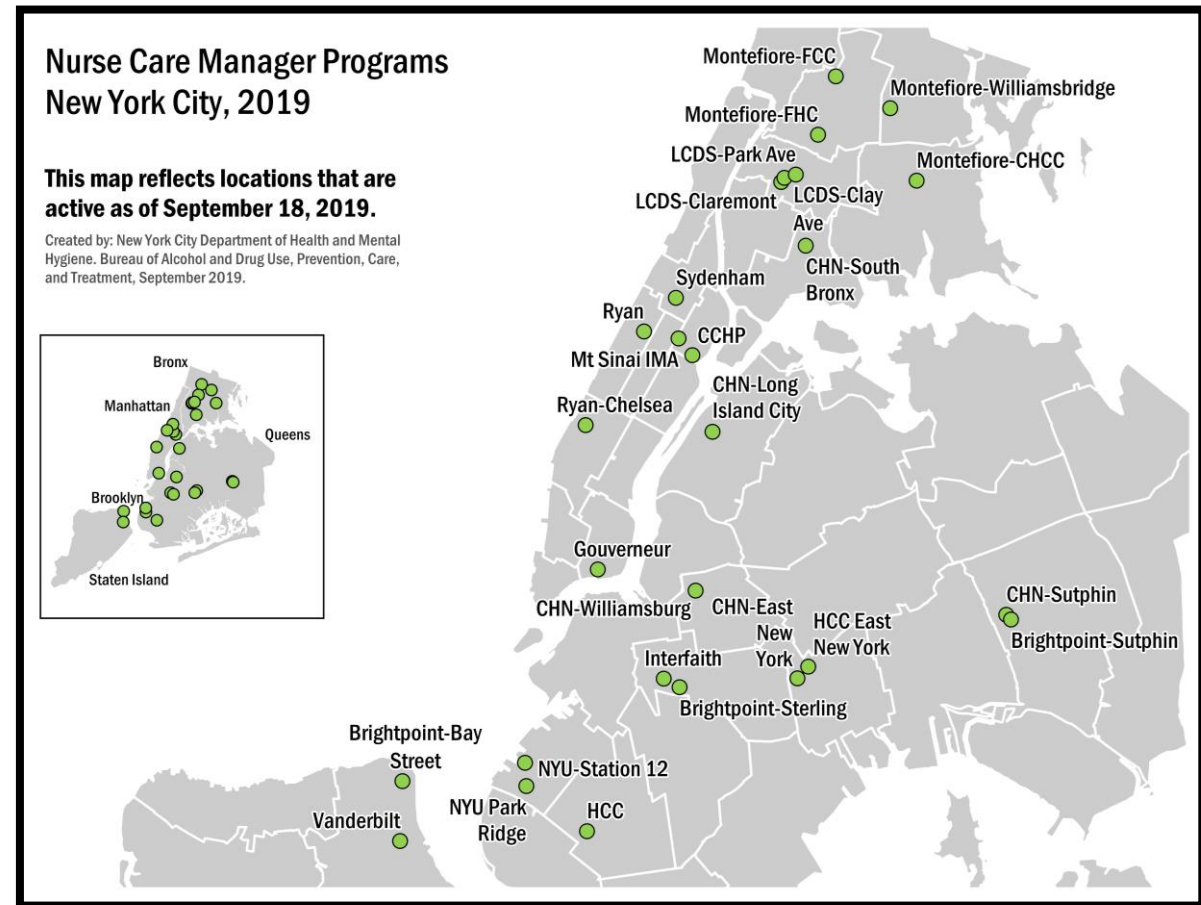
DOHMH Buprenorphine Resources

- Trainings
 - Follows “half-and-half” format
 - Fulfill requirement for physicians to apply for federal waiver and part of requirement for NPs and PAs
 - Free; approximately monthly
 - Can be held at your institution for groups of ≥ 20
- Technical assistance
 - Assists with determining program model compatible with existing resources and interests
 - Includes guidance on logistics, workflow, staffing, training, policies, referrals, outreach, and legal requirements
- Mentorship
 - Matches new prescribers with experienced buprenorphine mentors
- Educational materials
 - Pamphlets and posters for patients in multiple languages
 - Educational materials for providers

Contact: buprenorphine@health.nyc.gov

Buprenorphine Nurse Care Manager (NCM) Initiative

- Primary-care based buprenorphine treatment, with an RN dedicated to managing patient care
- Located in all 5-boroughs
- All clinics take Medicaid and most offer sliding scale
- Several sites offer medication payment assistance
- For contact/referral information: <https://www1.nyc.gov/site/doh/health/health-topics/opioid-treatment-medication.page> under “How to Find Treatment”



Additional Sites for Buprenorphine-Related Linkages

- Non-NCM primary care sites
- Syringe service programs
- Substance use disorder treatment programs
- Other non-health care organizations

NYC ED Learning Collective on Opioid Use Disorder

- Co-hosted with Mount Sinai Beth Israel Medical Center
- Quarterly webinar
- Previous topics
 - Getting started with buprenorphine in the ED
 - Stigma
 - Bridge clinics and linkage to care
- Next webinar: March 4th, 11am–noon

Guidance for the Care of Patients Presenting to NYC EDs Following a Non-Fatal Opioid Overdose

- Released May, 2019
- 31 NYC hospital EDs agreed to adopt
- 3 recommendations:
 - Provide overdose prevention education
 - Provide naloxone
 - Recommend ongoing care to reduce health risk, including buprenorphine and methadone



Guidance for the Care of Patients Presenting to New York City Emergency Departments Following a Non-Fatal Opioid Overdose

SUMMARY

To address the opioid overdose crisis, the New York City Department of Health and Mental Hygiene recommends the following when treating a patient following a non-fatal opioid overdose in your emergency department (ED):

1. Provide overdose prevention education:

- a. Discuss risk reduction strategies.
- b. Explain how to recognize and respond to an overdose.

2. Provide naloxone in one of four ways:

- a. Dispense free naloxone directly to patients if your ED is a registered Opioid Overdose Prevention Program (OOPP).
- b. Prescribe naloxone to patients.
- c. Direct patients to a pharmacy that offers naloxone without a prescription.
- d. Refer patients to a registered OOPP that dispenses free naloxone.

3. Recommend ongoing care to reduce health risks:

Depending on patient preference, recommend risk reduction services, pharmacotherapy, other health or support services, or a combination of these.

- a. Ask patients which services they are interested in: risk reduction services, pharmacotherapy, and/or supportive services (such as the Supplemental Nutrition Assistance Program, or emergency housing).
- b. Educate patients that risk reduction services, which include sterile syringes, supportive counseling and other services, are available.
- c. Educate patients that pharmacotherapy with an opioid agonist (i.e., methadone, buprenorphine) is the most effective form of treatment for opioid use disorder.
- d. Initiate pharmacotherapy or make referrals as above, if patient agrees.
 - i. For patients interested in treatment with buprenorphine, initiate buprenorphine in your ED and link patients with ongoing care.
 - ii. For patients interested in treatment with methadone, refer to an opioid treatment program.

NYC EDs Offering Buprenorphine Initiation

- Mount Sinai-Beth Israel (Manhattan)
- New York Presbyterian-Columbia University Medical Center (Manhattan)
- NYC Health + Hospitals/Bellevue (Manhattan)
- NYC Health + Hospitals/Metropolitan (Manhattan)
- NYC Health + Hospitals/Coney Island (Brooklyn)
- Maimonides Medical Center (Brooklyn)
- NYU Langone–Brooklyn (Brooklyn)
- Interfaith Medical Center (Brooklyn)
- Richmond University Medical Center (Staten Island)
- Staten Island University Hospital–North (Staten Island)
- Staten Island University Hospital–South (Staten Island)
- Long Island Jewish Medical Center (Queens)

RELAY: NYC Nonfatal Overdose Response System Engages Patients After Overdose

- Wellness Advocates deployed to hospital emergency departments immediately after patient presents with overdose, 24/7
- Offer overdose education, naloxone, linkage to care (treatment; harm reduction, other) and follow up for up to 90 days
- Operational in 12 NYC hospitals (13 locations); expanding to 15 by July 2020
- June, 2017 – Aug, 2019: 1,209 (73% of referred individuals) accepted Relay services



- NY Presbyterian/ Columbia Medical Center
- Montefiore Medical Center
- Richmond University Medical Center
- Maimonides Medical Center
- St. Barnabas Hospital
- Jamaica Hospital
- Mt. Sinai-Beth Israel
- BronxCare
- NYU Langone Hospital-Brooklyn
- NYU Langone Hospital-Tisch
- Staten Island University Hospital-North
- Staten Island University Hospital-South

DOHMH BADUPCT CDC Data to Action Grant

- Awarded August 2019, three-year cooperative agreement
- BADUPCT's grant titled Strategies to Operationalize the Prevention of Overdose Death (STOP OD) is comprised of surveillance and prevention activities
- One prevention strategy supports the implementation of Buprenorphine Patient Navigator in two partnering EDs
 - Mount Sinai Beth Israel and Maimonides Medical Center
- Buprenorphine Patient Navigators will support ED's current buprenorphine initiation strategy
 - Patient screening
 - Linkage to care and case management
 - Evaluation of navigation activities
 - Support to ED staff
- Currently completing the hiring process - estimated completion early February 2020

Educational Materials for Patients and Providers



City Health Information

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BUPRENORPHINE—AN OFFICE-BASED TREATMENT FOR OPIOID USE DISORDER

- Buprenorphine treatment is a life-saving tool for patients with opioid use disorder (OUD).
- Increasing access to buprenorphine is urgently needed to address the opioid crisis in New York City.
- Incorporate buprenorphine treatment into your practice by
 - recognizing OUD,
 - prescribing buprenorphine after obtaining a waiver, and
 - providing ongoing management for patients with OUD.

Opioid overdose deaths are a public health crisis in New York City (NYC). Between 2010 and 2017, the rate of drug overdose death rose from 8.2 per 100,000 to 21.2 per 100,000, a 159% increase. In 2017, 82% of overdose deaths involved any opioid, 73% involved heroin or fentanyl, and 14% involved opioid analgesics.¹ The most effective treatment of opioid use disorder (OUD) is buprenorphine. Buprenorphine and naltrexone are the most effective medications for OUD, reducing drug use and death and improving social wellbeing and functioning.^{2,3} Because many New Yorkers do not receive effective

Continuing education training, guidance, and mentorship from providers, resources are also available ([Resources](#))

STEP 1. LEARN TO RECOGNIZE OPIOID USE DISORDER

- Ask nonjudgmental, open-ended questions about drug use and their functioning in school, work, at home, and in social situations.
- Be aware of signs associated with opioid intoxication such as drowsiness, slurred speech, memory impairment, and pupillary constriction.⁵



Contact Us

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OMH Supports for the GNYHA ED MAT Quality Collaborative

January 29, 2020

OMH Supports for GNYHA ED MAT Quality Collaborative

- Increasing capacity of Article 31 mental health clinics to accept MAT referrals
- Aligning the High Risk Quality Collaborative for Emergency Departments
- PSYCKES tools to help
 - Identify volume of OUD patients coming to your ER
 - Clinical Evaluation and Care Coordination
 - Identification of clients with OUD or risk of overdose
 - Review prior MAT and engagement in treatment
 - Identify current/ prior outpatient services

Increasing capacity of Article 31 mental health clinics to accept MAT referrals

Article 31 MH Clinic OUD Initiative

- 2019-2021
- All 485 A31 clinics statewide
- Goal: improving capacity to identify and treat OUD clients using 5 best practices
- Clinics add 1 OUD best practice every 6 months
- Report on progress every 6 months

Article 31 MH Clinic Overdose Prevention CQI Project

- 2020-2022
- Voluntary A31 clinic project
- Goal: accelerate implementation of MAT for OUD & best practices for co-occurring disorders
- Clinics will get support for staff training and delivery of MAT
- Report on progress monthly

Article 31 MH Clinic OUD Initiative: 5 Best Practices

1

Screen: Clinics use standardized validated OUD-specific screen for all clients at intake

2

Provide Naloxone: Clinics provide or prescribe Naloxone to clients with OUD

3

MAT Referral: Clinics support timely referral to a verified MAT provider (if clinic is not providing)

4

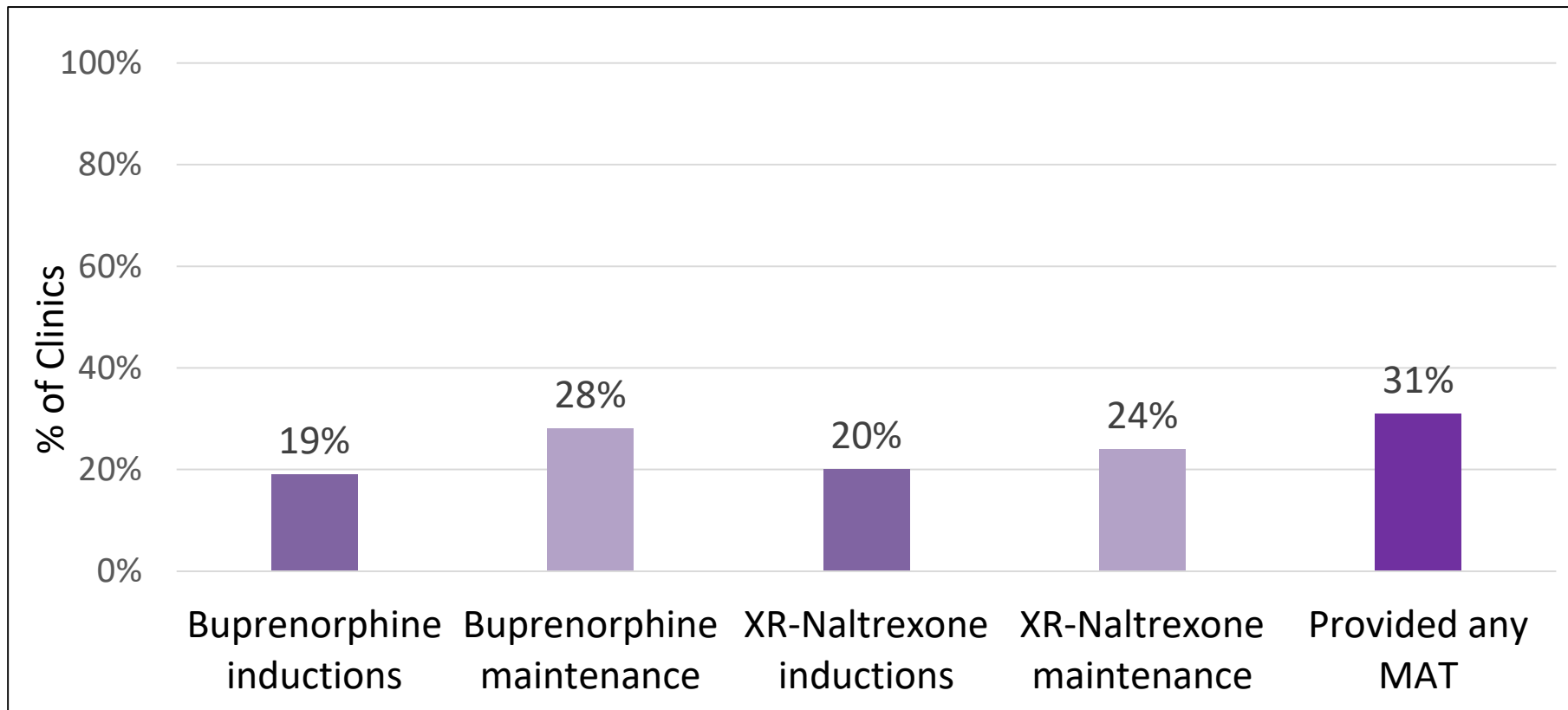
Waivered Prescribers: Clinics have a waivered prescriber/s for Buprenorphine (with backup coverage)

5

MAT: Clinics prescribe Buprenorphine & XR-Naltrexone

Article 31 MH Clinic Provision of MAT as of July 2019

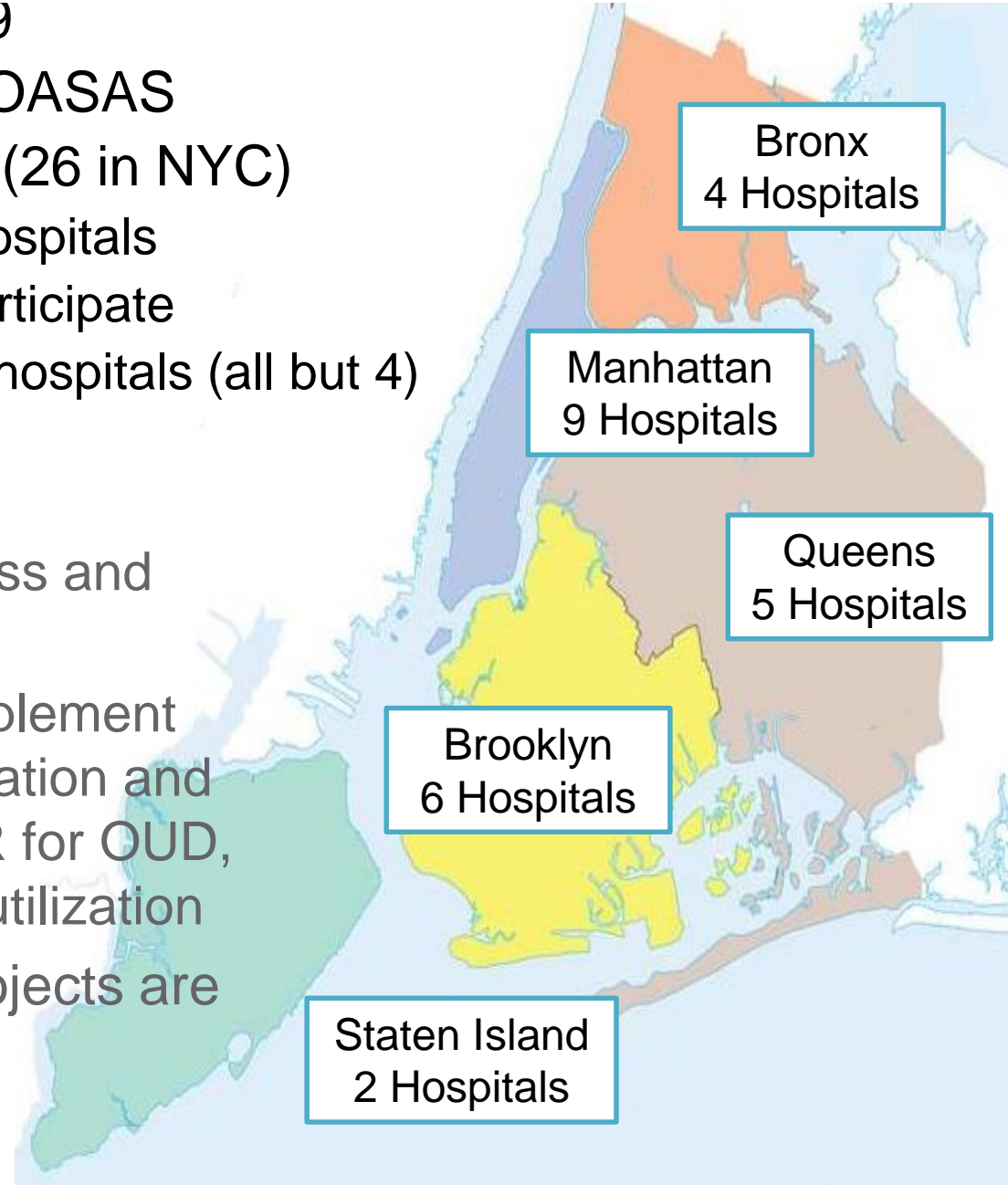
- 11.1% (49 clinics) provide both forms of MAT allowable for A31 clinics (Buprenorphine and long-acting Naltrexone), both induction and maintenance



*Preliminary data of clinics submitting a baseline self-assessment (440 clinics = 90.55%)

High Risk Quality Collaborative for ERs

- Launched in January 2019
- Partners: GNYHA, DOH, OASAS
- 63 Hospitals Participating (26 in NYC)
 - Voluntary for Article 28 hospitals
 - All CPEPs required to participate
 - Majority of GNYHA MAT hospitals (all but 4)
- HRQC Project Goals:
 - 2019-20: PSYCKES access and implementation
 - 2020-21: Develop and implement best practices for identification and treatment of BH risk in ER for OUD, suicide, violence, & high-utilization
- HRQC & GNYHA MAT projects are aligned and synergistic



What is PSYCKES?

- A secure, HIPPA-compliant, web-based platform for sharing...
 - Medicaid claims and encounter data
 - Other state health administrative data
 - Data and documents entered by providers and patients
- Over 8 million NYS Behavioral Health Medicaid enrollees
- Supports clinical decision making, care coordination, and quality improvement:
 - PSYCKES Clinical Summary provides up to 5 years of data, updated weekly: all diagnoses, medication, ER/inpatient, outpatient services
 - History of OUD diagnosis, overdose, current overdose risk
 - History of opioid medications, MAT treatment and treatment engagement
 - Outpatient providers including care coordination, prior SUD services
 - Identify volume of OUD patients in your agency, service, ED
 - Quality measures and flags updated monthly

Example PSYCKES Clinical Summary Detail

- Review ED patient's Clinical Summary to support identification and treatment planning

Alerts & Incidents • all available

Most Recent

Diagnoses Past Year

1	Intentional Overdose - Opioid (1 ER)	9/27/2018	Behavioral Health (3)	Most Recent: Opioid related disorders • Panic Disorder • Major Depressive Disorder
2	Overdose - Opioid (2 ER)	4/3/2018		Most Frequent (# of services): Opioid related disorders (2) • Depressive Disorder (10) • Panic Disorder (7)
			Medical (14)	5 Most Recent: Illness, unspecified • Other diseases of living organism

Outpatient Providers Past

Last Service Date & Type

Year

CONCOURSE MEDICAL CENTER INC 12/20/2019 Clinic - SU - Opioid Treatment Program

All Hospital Utilization • 5 Years

ER Visits

Facilities

Last Facility Visit

1

Substance Use

1

LONG ISLAND JEWISH

Example Recipient Search: Clients with OUD diagnosis seen in ER in past year

My QI Report ▾ Statewide Reports Recipient Search Provider Search Registrar ▾ Usage Reports ▾ Utilization Reports						
← Modify Search	310 Recipients Found			View: <input type="text" value="Standard"/>	PDF	Excel
BH Diagnosis		Opioid related disorders				
AND	[Provider Specific] Provider		GENERAL HOSPITAL			
AND	[Provider Specific] Service Setting:		Inpatient - ER			
30 Recipients included in search results (Note: This search includes data with special protection; i.e. HIV, Substance use or Family Planning)						
280 Recipients excluded from search results (consent required)						
Maximum Number of Rows Displayed: 50						
Name ▲	Medicaid ID ⇅	DOB ⇅	Gender ⇅	Quality Flags ⇅	Managed Care Plan ⇅	Current PHI Access ⇅
TUzTSEbFU6 TqnJVaVS RA	WaepM9an OU2	OCyoN8yn0 T2m	TQ LQ NDa	2+ ER-BH, 2+ Inpt-Medical, 4+ Inpt/ER-Med, BH QARR - DOH, HARP No Assessment for HCBS, HARP No Health Home, No Rehab f/u 14d, Readmit 30d - BH to All Cause, Readmit 30d - Medical to Medical	Amida Care	PSYCKES Consent

- NOTE: OUD data has special protections, therefore patient names are only viewable for clients with consent/emergency

PSYCKES My QI Report: SUD Indicator Set

- SUD Indicator Set includes OUD and MAT measures
 - No Initiation of Medication Assisted Treatment (MAT) for New Episode of Opioid Use Disorder (OUD)
 - No Utilization of Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD)
 - No Initiation of Opioid Use Disorder (OUD) treatment
 - No Engagement in Opioid Use Disorder (OUD) treatment
- Reports can be viewed by service, and individual clients identified for case review (with consent)
- Quality Flags/ Alerts
 - Overdose Risk – history of overdose
 - Overdose risk – concurrent opioid and benzodiazepine

Conclusion

- OMH is increasing capacity of Article 31 mental health clinics to accept MAT referrals from ERs
- Working with hospitals and GNYHA to ensure alignment of the High Risk Quality Collaborative for Emergency Departments and the GNYHA MAT Collaborative
- PSYCKES tools can help ERs identify at risk patients and support care coordination and disposition planning