

# Warm Handoffs: Overcoming Barriers to Implementation

#### **Karen Perry**

Founder, Executive Director, NOPE Task Force

Michael Barnes, JD Chairman, Center for U.S. Policy

#### Ross Sullivan, MD

Director of Emergency Opioid Bridge Clinic and Medical Toxicology, Emergency Medicine, Upstate University Hospital

**Moderator: Michael Barnes** 

## Faculty Disclosure

- Michael Barnes, JD, has no financial relationships to disclose relating to the subject matter of this presentation.
- Karen Perry has no financial relationships to disclose relating to the subject matter of this presentation.
- Ross Sullivan, MD, has no financial relationships to disclose relating to the subject matter of this presentation.

## Disclosure

- The faculty have been informed of their responsibility to disclose to the audience if they will be discussing off-label or investigational use(s) of drugs, products, and/or devices (any use not approved by the US Food and Drug Administration).
- Applicable CME staff have no relationships to disclose relating to the subject matter of this activity.
- This activity has been independently reviewed for balance.

## Learning Objectives



List the benefits of ED warm handoff programs.



Identify stakeholders who contribute to successful ED warm handoff programs.



Describe resources available to communities interested in implementing ED warm handoff programs.



#### Introduction

Education & advocacy

The Upstate Opioid Bridge Clinic

Resources & recommendations

Discussion

## Warm Handoff Definition

- A warm handoff is the process of transitioning a patient with SUD from an intercept point, such as an emergency department, to a treatment provider once the patient is stable.
  - Not limited to opioids
  - Not limited to overdoses
  - Provide a pathway to treatment and recovery
  - Can decrease the risk of subsequent overdose
- Also: "overdose survivor discharge plan"



## Need for Warm Handoff Programs

- Among the individuals who died of an opioid-related overdose:
  - 62% had at least one prior overdose,
  - 22% had at least two prior overdoses, and
  - 17% had experienced three to six prior overdoses.
- 40% of patients who received hospital care for opioid-related conditions did not receive any follow-up services within 30 days of the hospitalization.



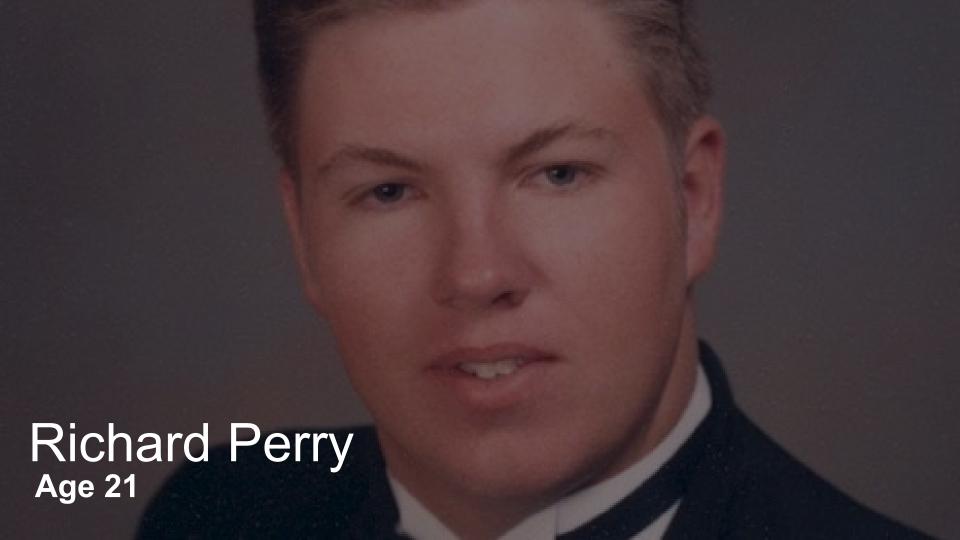
POLITICS U.S. NEWS BUSINESS WORLD TECH & MEDIA THINK SPORTS

## **SE NEWS**

### Drugs, alcohol, suicide killing more Americans than ever

Blacks, Latinos, Asians being increasingly hit





See Dr.	Cultu	e Florida	rank 6	linu a
Phone number:				oten to
When?	1-2	The second secon		) rustie
An appointment was not made	You will need to call the door	tors.effice. Call today or	as soon as possible f	or an appointment.
Tell them at 0   docs 's office by	spital	Depar men contact out i	and having problems	with follow-up.
	201191	KEI	HAS	
Return imm_diatc_y \ne breathing).		Don Watsen (h. Jail.		trouble_
	rained and rer bould be	av ilable in 3 days. Ca	If the Emergency	Dept. for results.
Suture/staple removal		orc		
You should return to th	te Emergene Der tr		r recheck. C Copy	chart recheck file.
Medications: Your have been	n given the following prescription I	listed below. Follow the pres	oription instructions.	
c	L. G. 46.	tome ab	ne s	
>				
THE RESERVE AND ADDRESS OF THE PARTY OF THE	se drowsiness ****** De			
	itures results are reviewed and been Please be supp we have your corry			feel results vary from
Additional Instruction		0 4/2 1		
	100 100	1 TIC 19	ary	
106	can-		/	

## NOPE Task Force Overdose Bill Becomes Law in Fla.

Posted on Jun 05, 2017 Tag: best practices, drug overdoses, Emergency Medical Services, EMS, Florida, Governor Rick Scott, HB 249, Karen Perry, NOPE Task Force, Richie's Law, The Narcotics Overdose Prevention & Education Task Force, unintentional overdoses, warm hand-off program

CS/CS/HB 249 Drug Overdoses – This bill creates guidelines for Emergency Medical Services (EMS) to report drug overdoses and requires hospital emergency departments to develop policies to promote the prevention of unintentional drug overdoses.

- (b) Each hospital with an emergency department shall develop a best practices policy to promote the prevention of unintentional drug overdoses. The policy may include, but is not limited to:
- 1. A process to obtain the patient's consent to notify the patient's next of kin, and each physician or health care practitioner who prescribed a controlled substance to the patient, regarding the patient's overdose, her or his location, and the nature of the substance or controlled substance involved in the overdose.
- 2. A process for providing the patient or the patient's next of kin with information about licensed substance abuse treatment services, voluntary admission procedures under part IV of chapter 397, involuntary admission procedures under part V of chapter 397, and involuntary commitment procedures under chapter 394.
- 3. Guidelines for emergency department health care practitioners authorized to prescribe controlled substances to reduce the risk of opioid use, misuse, and addiction.
- 4. The use of licensed or certified behavioral health professionals or peer specialists in the emergency department to encourage the patient to seek substance abuse treatment.
- 5. The use of Screening, Brief Intervention, and Referral to Treatment protocols in the emergency department.
- This paragraph may not be construed as creating a cause of action by any party.
  - Section 4. This act shall take effect October 1, 2017.

## Mandatory Policy To Prevent Unintentional Drug Overdoses

#### May include...

- Screening, Brief Intervention, and Referral to Treatment protocols;
- Behavioral health professionals or peer specialists to encourage treatment;
- Guidelines for practitioners authorized to prescribe controlled substances to reduce the risk of opioid abuse;
- Providing the patient or the patient's next of kin with information about treatment services; and
- A process to obtain the patient's consent to notify the patient's next of kin and each practitioner who prescribed a controlled substance to the patient regarding the patient's overdose.

# The Upstate Opioid Bridge Clinic: Linking the ED to Community

Ross W. Sullivan MD
SUNY Upstate Medical University
Medical Director – Opioid Bridge Clinic and Medical Toxicology
Medical Director – Helio Health
Syracuse, NY

## **DATA 2000**

Permits qualified physicians to apply for waivers of the special registration requirements in the <u>Controlled Substances Act</u>

- Educational materials with exam
- DEA waiver
- 30/100/275 patient limit

## **DATA 2000 Waiver Exceptions**

#### **Hospital Admission**

Can continue medication of an inpatient

#### **Emergency**

"Three-day rule"

- Not more than one day's medication may be administered or given to a patient at one time
- Treatment may not be carried out for more than 72 hours
- The 72-hour period cannot be renewed or extended

## U.S. opioid-related emergency department visits

Rate of visits per 100,000 population for the United States

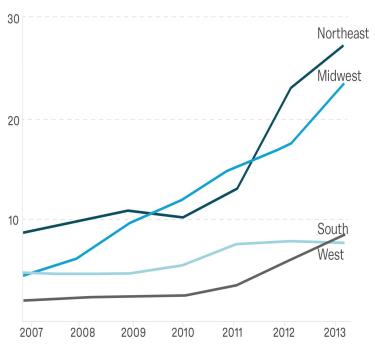


Source: Healthcare Cost and Utilization Project

@latimesgraphics

## Heroin ER visits vary by region and are largely on the rise

Rate of heroin ER admissions for every 100,000 cases

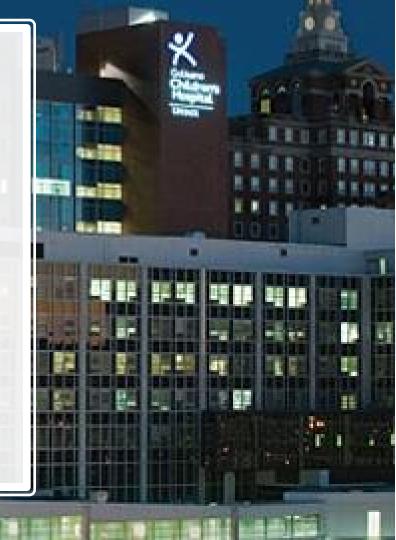


Source: Jay Unick, NRDAH Presentation Credit: Sarah Frostenson



#### Opioid-Related Problems at UHED

- Increased 50%
  - Pts requesting opioid pain medications
  - Pts post heroin/fentanyl OD
  - Pts in opioid withdrawal
  - Pts/families seeking help
  - EMS transports increased ~ 50%
- Increased medical complications
  - Infective endocarditis
  - Abscess/epidural-abscess
- Upon discharge, pts received a list of provider phone numbers to call



## Average Wait Times

**Detox**: 3-7 days

Inpatient: 3-14 days

#### **Outpatient**

Walk-ins

• 7-14 days for buprenorphine

Methadone: 7-14 days

**Primary care buprenorphine**: 1-2 months



## Upstate Hospital Emergency Bridge Clinic (UHEBC)

- Aims to alleviate the emergency department and hospital influx of opioid-addicted patients.
- Patients in the ED for issues related to opioid use will be seen by ED qualified personnel for assessment.
- The patients will be treated for their overdose and/or withdrawal accordingly.
- Buprenorphine prescribed when medically appropriate.
- Referral to the UHEBC within days to continue the treatment of their opioid addiction or withdrawal.
- Prescribed naloxone prescription upon discharge.



## Stakeholders

#### First responders

#### Emergency department personnel

- Clinical executives
- Practitioners
- Legal counsel

Engagement specialists / care coordinators

Peers in recovery

Not-for-profit organizations

Local treatment providers

## In the Clinic



Patient will see physician

Urine drug screen and I-STOP identification

Be prescribed buprenorphine when medically

appropriate

Other medical conditions may be addressed



Patient will see a PEER Specialist

Address the social needs of the patients

Assess the patient and available treatment options

Offer valuable support



Together, we provide warm handoffs and referrals to the appropriate level of care



Patient will remain under the clinic's care until engaged in care elsewhere

## Demographics

- % of pts with PCP (on EMR): 49
- % of pts with no PCP: 51
- % of pts with Medicaid/Medicare: 70
- % of pts with private insurance: 5
- % of pts with no insurance: 25

- 40% male
- 60% female
- Age range: 19-64 yrs
- Average age: 41.5 yrs
- 33% homeless or rescue mission



## Findings

- Total number referred >500
  - 240 ED (no care)
  - 260 C (waiting for MAT)
- # of patients from ED with no prior Tx successfully linked to Tx: 189/240 (79% linkage rate)

- 80% appointment retention
  - 81% of ED pts
  - 79% of C pts
- # of pts from C (OTPT) referred for buprenorphine bridge: ~ 192/260 (74%)

## Input from Other Operational Programs

## Overcoming Barriers

## Privacy

#### HIPAA

- Health Care Provider Exception
- Good-Faith Belief Exception: Notification of emergency contact without consent because a patient is a threat to himself
- Best-Interest Exception: Limited notification of emergency contact if patient is unable to object due to lack of capacity

#### 42 CFR Part 2

- Applies only to federally assisted drug treatment programs (emergency department exception)
- Disclosure permitted to other medical personnel in emergency
- Disclosure not permitted to non-medical personnel
- Prescription monitoring programs: helpful in notifying prescribers

# Journal Article & Sample Warm Handoff Policy

#### Warm Handoffs: The Duty of and Legal Issues Surrounding Emergency Departments in Reducing the Risk of Subsequent Drug Overdoses

MICHAEL C. BARNES\* & DANIEL C. McClughen\*\*

I. Introi	DUCTION	1100
II. BACK	GROUND	1104
A.	Revival Medications and SUD Treatment	1105
	1. Naloxone	1105
	2. SBIRT	1108
	3. Substance Use Treatment	1110
III. WAR	M HANDOFF LAWS AND LEGISLATION	1114
A.	Florida	1114
B.	Rhode Island	1115
<i>C</i> .	Massachusetts	1116
D.	Pennsylvania	1118
E.	Louisiana	1120
F.	New Jersey	1121
IV. LEGA	AL ISSUES SURROUNDING WARM HANDOFF PRO	GRAMS1121
A.	Getting Patients in the Door: Good Samarite	an Laws1121
B.	Initiation of MAT in the Emergency Departm	ıent1127
<i>C</i> .	Civil Liability: Wrongful Death Claims for M	1edical
	17.1	1130

https://dcbalaw.com/recognition/

## SUPPORT Act: Opioid Overdose Protocols

- Will provide grants for hospitals
  - To develop protocols on discharging patients with an opioid overdose
  - To provide, directly or through contract, all FDA-approved medications to treat OUD
- Authorizes appropriations of \$10 million per year for FYs 2019 through 2023



## SUPPORT Act: Mobile Medical Services

- Allows EMS professionals to administer controlled medications
  - Outside of a fixed medical facility
  - Outside the presence of the authorizing medical professional
  - Pursuant to a standing order for a specific patient
  - As authorized by state law
- EMS professionals include state-licensed or certified:
  - Nurses
  - Paramedics
  - Emergency medical technicians

#### **Department of Health and Human Services**

## Substance Abuse and Mental Health Services Administration

First Responders - Comprehensive Addiction and Recovery Act Grants

Short Title: FR - CARA

(Initial Announcement)

#### Funding Opportunity Announcement (FOA) No. TI-19-004

Catalogue of Federal Domestic Assistance (CFDA) No.: 93.243

#### **Key Dates:**

Application Deadline	Applications are due by May 6, 2019.

#### TABLE 1: Awards for Eligible Applicants

Applicant Type	Maximum Award Amount
States	Up to \$800,000
Local Governmental Entity	Up to \$500,000
Tribe or Tribal Organization	Up to \$250,000

#### Prescriber Safety Initiative™

The Prescriber Safety Initiative™ provides professional education and technical assistance to improve medical care and help office-based opioid treatment providers and other controlled medication prescribers withstand regulatory scrutiny.

www.prescribersafety.org

## Warm Handoff & Mobile Medical Services

The Warm Handoff & Mobile Medical Services Initiative provides resources and support to promote best practices and ensure compliance in overdose survivor discharge and emergency medical treatment programs.

www.warmhandoff.org

#### **Programmatic Recommendations**

- Seek federal funding while it is available
- Educate stakeholders to overcome resistance
- Formulate a local warm handoff program
  - Law enforcement and other first responders
  - Emergency departments
  - Nonprofits
  - Treatment providers
- Follow rapidly evolving standard of care
- Track and report outcomes
- Plan for long-term funding

## **Advocacy Recommendations**



- Be informed of local issues
- Build relationships (e.g., state attorney general)
- Educate stakeholders to overcome resistance
- Create tool kit for community partners
- Educate legislators and community leaders
- Attend and provide testimonials at legislative hearings



## Discussion



## Thank you

**Karen Perry** 

NOPE Task Force

Michael Barnes, J.D.

Center for U.S. Policy

Ross Sullivan, M.D.

Upstate University Hospital

## **Supplementary Information**



















# Warm Handoffs: Overcoming Barriers to Implementation

#### **Karen Perry**

Founder, Executive Director, NOPE Task Force

Michael Barnes, JD Chairman, Center for U.S. Policy

#### Ross Sullivan, MD

Director of Emergency Opioid Bridge Clinic and Medical Toxicology, Emergency Medicine, Upstate University Hospital

**Moderator: Michael Barnes**