PROJECT POINT: PLANNED OUTREACH, INTERVENTION, NALOXONE, AND TREATMENT

Krista Brucker, MD
Department of Emergency Medicine
Indiana University School of Medicine

Daniel O’Donnell, MD
Department of Emergency Medicine, IU School of Medicine
Medical Director, Indianapolis EMS, Indianapolis Fire Dept.

Charles Miramonti, MD
Medical Director Emergency Medicine Eskenazi Health
Chief of Emergency Medical Services, Indianapolis EMS
THE SCOPE OF THE PROBLEM

A True Public Health Emergency

1.9 million Americans live with opioid misuse or dependence
517,000 Americans live with heroin addiction
In 2010 opioid overdose accounted for
135,971 visits to US Emergency Departments (EDs)
Inpatient and ED charges totaling nearly $2.3 billion

A national epidemic playing out in local neighborhoods
EMS calls for opioid related emergencies dramatic increase
Concomitant rise in opioid related overdose deaths
PROJECT POINT
**PROJECT POINT**

**Drug Name:** naloxone

<table>
<thead>
<tr>
<th>Month</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>30</td>
<td>42</td>
<td>42</td>
<td>47</td>
<td>45</td>
<td>104</td>
<td>310</td>
</tr>
<tr>
<td>Feb</td>
<td>42</td>
<td>50</td>
<td>28</td>
<td>62</td>
<td>71</td>
<td>113</td>
<td>366</td>
</tr>
<tr>
<td>Mar</td>
<td>42</td>
<td>52</td>
<td>51</td>
<td>73</td>
<td>88</td>
<td>116</td>
<td>422</td>
</tr>
<tr>
<td>Apr</td>
<td>52</td>
<td>48</td>
<td>48</td>
<td>82</td>
<td>107</td>
<td>139</td>
<td>476</td>
</tr>
<tr>
<td>May</td>
<td>45</td>
<td>48</td>
<td>61</td>
<td>103</td>
<td>86</td>
<td>142</td>
<td>485</td>
</tr>
<tr>
<td>Jun</td>
<td>61</td>
<td>48</td>
<td>67</td>
<td>111</td>
<td>99</td>
<td>154</td>
<td>540</td>
</tr>
<tr>
<td>Jul</td>
<td>66</td>
<td>50</td>
<td>48</td>
<td>89</td>
<td>121</td>
<td>168</td>
<td>542</td>
</tr>
<tr>
<td>Aug</td>
<td>35</td>
<td>50</td>
<td>59</td>
<td>126</td>
<td>131</td>
<td>176</td>
<td>577</td>
</tr>
<tr>
<td>Sep</td>
<td>45</td>
<td>39</td>
<td>43</td>
<td>106</td>
<td>110</td>
<td>163</td>
<td>506</td>
</tr>
<tr>
<td>Oct</td>
<td>50</td>
<td>31</td>
<td>67</td>
<td>101</td>
<td>137</td>
<td>59</td>
<td>445</td>
</tr>
<tr>
<td>Nov</td>
<td>41</td>
<td>43</td>
<td>63</td>
<td>93</td>
<td>110</td>
<td>110</td>
<td>350</td>
</tr>
<tr>
<td>Dec</td>
<td>56</td>
<td>35</td>
<td>52</td>
<td>68</td>
<td>120</td>
<td>331</td>
<td>331</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>565</td>
<td>536</td>
<td>629</td>
<td>1,061</td>
<td>1,225</td>
<td>1,334</td>
<td>5,350</td>
</tr>
</tbody>
</table>

On track for 1,700 doses in 2016
PROJECT POINT
INDIANA HAS RESPONDED

Recognized importance of saving lives

First Responder Naloxone
  Lifeline Bill 227
  Widespread training of police Naloxone

Expansion of Naloxone availability
  Standing orders
  Grant funding for Naloxone programs
    Police
    Fire
    Public
WHAT DOES THIS MEAN

More Lives are being saved

Police Naloxone
IMPD with over 300 administrations
Johnson County

Increased awareness
Law makers
Medical Community
General public
THE LOCAL IMPACT

What does each of these mean to EMS/ED?

Most are called in and dispatched as ‘unresponsive’ or ‘cardiac arrest’
Most rapid response time
Requires highest level of pre-hospital care

In Emergency Department
Triaged to highest acuity bed
Significant expenditure of limited ED MD/RN and bed capacity
Often require several hours of monitoring
THE LOCAL IMPACT

What is the standard of care in the Emergency Department?
   Several hours of monitoring
   Discharge with referrals for out-patient treatment

What other life-threatening condition do we treat and release?
   “This is the addict’s HEART ATTACK”
Quality improvement project for patients with overdoses

Building on success of police Naloxone training

Fueled by genuine desire from EMS providers to ED doctors and nurses to do more

Prioritization by local, state and federal agencies/funders
  Improve Naloxone delivery
  Strengthen linkage to on-going medical care
THE QUESTIONS

Is the Emergency Department the place to intervene?
Will the patient be receptive?
Who should provide the intervention?

How can the emergency care network link to treatment?
ED providers are motivated to help
“Alternative” emergency care teams are available to help
CORE/Community paramedicine
PEER Support/Recovery Coaches
Multidisciplinary
PROJECT POINT: PLANNED OUTREACH, INTERVENTION, NALOXONE, AND TREATMENT

- Referral
- ED Evaluation Stabilization
- ED Brief Intervention and linkage to care
- Rapid ED follow-up
- Long-term substance abuse/MH care
**Project Point**

**Implementation**

- Building an automated alert
  - Each Naloxone dose triggered alert
  - Triggered POINT team members to meet overdose patients in the ED

- Real-time, in-depth ED evaluation
  - Assessment of readiness for change
  - Brief intervention
  - Naloxone education
  - Referral to treatment resources

- ED Follow up
  - Identify and address barriers to care
PROJECT POINT

Goals

Increase access to Naloxone among high risk patients

Link people to treatment/services
MAT, counseling, social support, financial counseling

Investigate barriers to accessing treatment

Collect data
Get a better understanding on what brought the patient to the ED
What led to this Emergency?

Use data to address barriers
Table One: Demographic data from POINT Feb-June 2016

<table>
<thead>
<tr>
<th></th>
<th>Naloxone</th>
<th>ED Referral</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>221</td>
<td>33</td>
<td>254</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>69.2%</td>
<td>66.7%</td>
<td>68.9%</td>
</tr>
<tr>
<td>Female</td>
<td>30.8%</td>
<td>33.3%</td>
<td>31.1%</td>
</tr>
<tr>
<td><strong>Average Age (years)</strong></td>
<td>34.6</td>
<td>37.2</td>
<td>34</td>
</tr>
<tr>
<td><strong>Median Age (years)</strong></td>
<td>33</td>
<td>33.5</td>
<td>33</td>
</tr>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White, non-hispanic</td>
<td>81.4%</td>
<td>84.8%</td>
<td>81.9%</td>
</tr>
<tr>
<td>Black, non hispanic</td>
<td>15.8%</td>
<td>15.2%</td>
<td>15.7%</td>
</tr>
<tr>
<td>White, hispanic</td>
<td>2.7%</td>
<td>0.0%</td>
<td>2.4%</td>
</tr>
</tbody>
</table>

Source: Project Point Data Set
## PROJECT POINT: BY THE NUMBERS

### Table Two: Observational data from POINT

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Interviews</strong></td>
<td>56</td>
<td></td>
</tr>
<tr>
<td><strong>Known Hepatitis Positive</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sharing needles</td>
<td>22</td>
<td>39.3%</td>
</tr>
<tr>
<td></td>
<td>18</td>
<td>81.8%</td>
</tr>
<tr>
<td><strong>Naloxone</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge</td>
<td>36</td>
<td>64.3%</td>
</tr>
<tr>
<td>Has access</td>
<td>2</td>
<td>3.6%</td>
</tr>
<tr>
<td><strong>Interested ED intervention</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treatment referral</td>
<td>41</td>
<td>73.2%</td>
</tr>
<tr>
<td>HIV testing</td>
<td>36</td>
<td>64.3%</td>
</tr>
<tr>
<td>Hepatitis C testing*</td>
<td>14</td>
<td>41.2%</td>
</tr>
<tr>
<td><strong>Follow up</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attended first follow up</td>
<td>12</td>
<td>21.4%</td>
</tr>
<tr>
<td>Engaged at 30 days</td>
<td>7</td>
<td>12.5%</td>
</tr>
<tr>
<td>On MAT at 30 days</td>
<td>5</td>
<td>8.9%</td>
</tr>
<tr>
<td><strong>INSPECT + after referral</strong></td>
<td>15</td>
<td>26.8%</td>
</tr>
</tbody>
</table>

*of the 34 Hep C neg patients

*Source: Project Point Data Set*
A Summary of what we found

Nearly all interested in engaging in care
  Naloxone
  Clean needles
  HIV/Hep C testing
  Talking to outreach worker
  Getting help with insurance
  Referrals to treatment

Majority with long-standing substance misuse and other mental health issues

Significant portion with known Hepatitis C
Some major themes

Chronic pain
“‘I’ve worked construction my whole life. I need to go to work’”
“I got Norco when I was 12 for a knee injury”

Adulteration
“I bought a Xanax bar to help me relax and sleep before a test”
“I was bored, so I tried it. I thought it was an oxy”
Some major themes

Significant co-morbid mental illness
“Heroin is the only way to make my mind stop racing”
“I am on a whole bunch of meds, but they just don’t work”

Significant childhood trauma—intergenerational addiction
“I was in foster care and it was the only way to make it through”
“It’s the only way I can forget, just for a little bit, what happened”
“my mom gave me my first hit when I was eight”
PROJECT POINT

Some unexpected pearls

Patient Gratitude
Significant amounts of shame and distrust of health care system
Most patients avoid contact with healthcare institutions
Many deeply grateful for providers “taking the time to care”

EMS and ED providers embrace of the project
Unsolicited compliments
A new sense of “I can actually do something for them”
Opened a dialogue
Improved order sets/discharge instructions
Conference presentation from advocacy group
PROJECT POINT

Started Some Conversations

Mental Health and EMS/ED interaction
  Mental Health providers interacting with EM team
  Recognize need for “out of the box” approach to treatment

Public Health leaders
  Embrace a multidisciplinary approach to this problem
  Local and state public health departments
Project challenges

Limited Resources
POINT team available only business hours

Follow-up on often transient and/or skeptical patients
Lack of community-based needle exchange/Naloxone distribution

Limited down-stream resources
MAT availability
Legal, DCS advocates

Limited funding for monitoring and evaluation
Where do we go from here?

1) Expand POINT outreach/brief intervention
2) Take home Naloxone kits
3) Hepatitis C testing
4) INSPECT reporting of EMS delivered Naloxone
5) Incorporating Peer Support (Recovery Coaches)
6) Integrate and support existing outreach efforts
7) Grow our research/provider education efforts
PROJECT POINT

Where do we go from here?

Establish a comprehensive ED follow up
  MD/NP staffing
  POINT outreach workers and recovery coaches
  MAT initiation, as appropriate
PROJECT POINT

Anchor ED
Program in Providence, RI
Connects recovery coaches to overdose patients

TEN16 recovery network
Program in MidMichigan Health’s Gladwin medical center AND Spectrum Health's Reed City hospital
Connects recovery coaches to overdose patients
PROJECT POINT

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

30 day treatment engagement

- 89 of 114 patients (78%; 95%CI, 70%-85%) in the buprenorphine group
- 38 of 102 patients (37%; 95%CI, 28%-47%) in the referral group
- 50 of 111 patients (45%; 95%CI, 36%-54%) in the brief intervention group (P < .001)
Thank you
POINT team
Jennifer Hoffman, AJ Warren, Twila Fuqua
Eskenazi Health
Midtown Mental Health Addictions Team
IU School of Medicine
Department of Emergency Medicine
Comments or Questions?