Warm Handoffs: Overcoming Barriers to Implementation

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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.

Drugs, alcohol, suicide killing more Americans than ever
Blacks, Latinos, Asians being increasingly hit
Richard Perry
Age 21
Hospital Release Orders

Follow-up Instructions:
- Call your Primary care doctor for follow-up. See your doctor or get referral to appropriate specialist, if none.
- Return Florida Family Clinic Center for Dr.

Phone number: ____________________________

When? _______ 1–2 day(s) as needed.

An appointment was not made. You will need to call the doctor's office. Call today or as soon as possible for an appointment.

Tell them at the doctor's office that you were seen in the Emergency Department and contact us if you are having problems with follow-up.

Your doctor may have discussed the above issues with you. An appointment was not made.

Return immediately if you become worse: difficulty swallowing, difficulty breathing.

Cultures may have been obtained and results should be available in 3 days. Call the Emergency Department for results.

☐ Suture/staple removal in ________________
☐ You should return to the Emergency Department for recheck. ☐ Copy chart recheck file.

Medications: You have been given the following prescription listed below. Follow the prescription instructions.

Stop substance abuse.

Medications may cause drowsiness. Do not drive or participate in hazardous activity.

Notice: X-ray's, EKG's, and cultures results are reviewed and become official after you leave. You will be notified if final results vary from what you were told. Please be sure we have your correct local phone number and address.

Additional Instructions: Return to the ER if any concern.

Do you have any religious/cultural practices, which may alter your care or education?

☐ Yes ☐ No Describe if yes:
NOPE Task Force Overdose Bill Becomes Law in Fla.


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.

6. 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

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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 Controlled Substances Act

- 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.
<table>
<thead>
<tr>
<th>Stakeholders</th>
</tr>
</thead>
<tbody>
<tr>
<td>First responders</td>
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<tr>
<td>Emergency department personnel</td>
</tr>
<tr>
<td>• Clinical executives</td>
</tr>
<tr>
<td>• Practitioners</td>
</tr>
<tr>
<td>• Legal counsel</td>
</tr>
<tr>
<td>Engagement specialists / care coordinators</td>
</tr>
<tr>
<td>Peers in recovery</td>
</tr>
<tr>
<td>Not-for-profit organizations</td>
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<tr>
<td>Local treatment providers</td>
</tr>
</tbody>
</table>
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
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. INTRODUCTION .................................................................1100
II. BACKGROUND .................................................................1104
   A. Revival Medications and SUD Treatment ..................1105
      1. Naloxone ..........................................................1105
      2. SBIRT ..............................................................1108
      3. Substance Use Treatment ...................................1110
III. WARM HANDOFF LAWS AND LEGISLATION .....................1114
   A. Florida .................................................................1114
   B. Rhode Island .......................................................1115
   C. Massachusetts .....................................................1116
   D. Pennsylvania .......................................................1118
   E. Louisiana ............................................................1120
   F. New Jersey ..........................................................1121
IV. LEGAL ISSUES SURROUNDING WARM HANDOFF PROGRAMS ....1121
   A. Getting Patients in the Door: Good Samaritan Laws ..1121
   B. Initiation of MAT in the Emergency Department............1127
   C. Civil Liability: Wrongful Death Claims for Medical
      Malpractice ..........................................................1133

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:

<table>
<thead>
<tr>
<th>Application Deadline</th>
<th>Applications are due by May 6, 2019.</th>
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TABLE 1: Awards for Eligible Applicants

<table>
<thead>
<tr>
<th>Applicant Type</th>
<th>Maximum Award Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>States</td>
<td>Up to $800,000</td>
</tr>
<tr>
<td>Local Governmental Entity</td>
<td>Up to $500,000</td>
</tr>
<tr>
<td>Tribe or Tribal Organization</td>
<td>Up to $250,000</td>
</tr>
</tbody>
</table>
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

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Supplementary Information
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