

E•QUAL | EMERGENCY QUALITY NETWORK

Opioid Initiative Wave I –
Rhode Island Peer-Support Project

Presenter



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Emergency Department Peer Navigation and Support for Opioid Use Disorder

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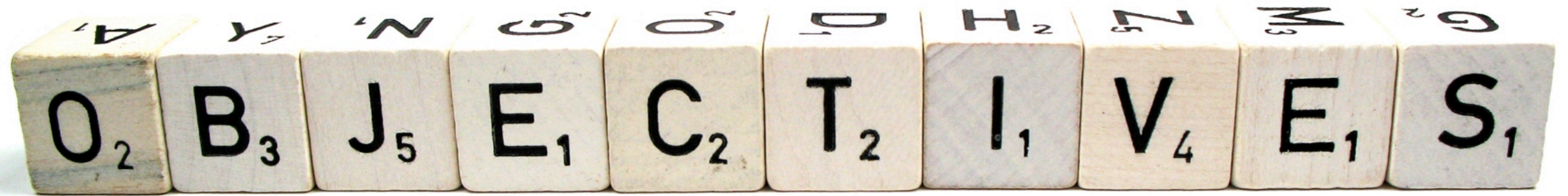
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ACEP E-QUAL Opioid Initiative
September 24, 2018



DISCLOSURES

I have no financial conflicts of interest to disclose



1. Describe peer navigation and recovery coaching for opioid use disorder
2. Identify role of peer recovery coaching in the emergency department for treatment linkage and navigation

OVERVIEW

1. What are peers?
2. Role of peer support
3. Peer support in the ED
4. Rhode Island experience

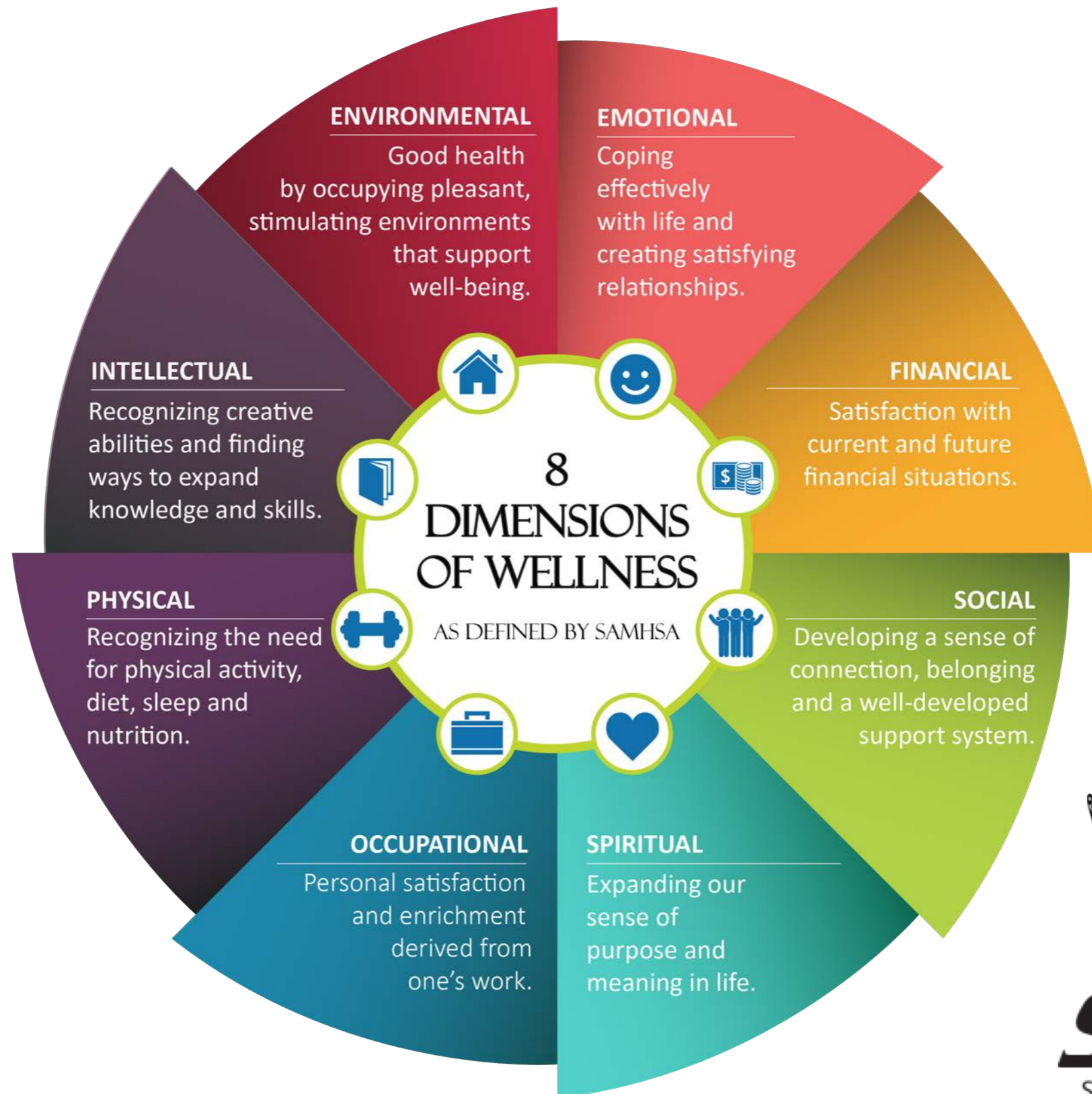


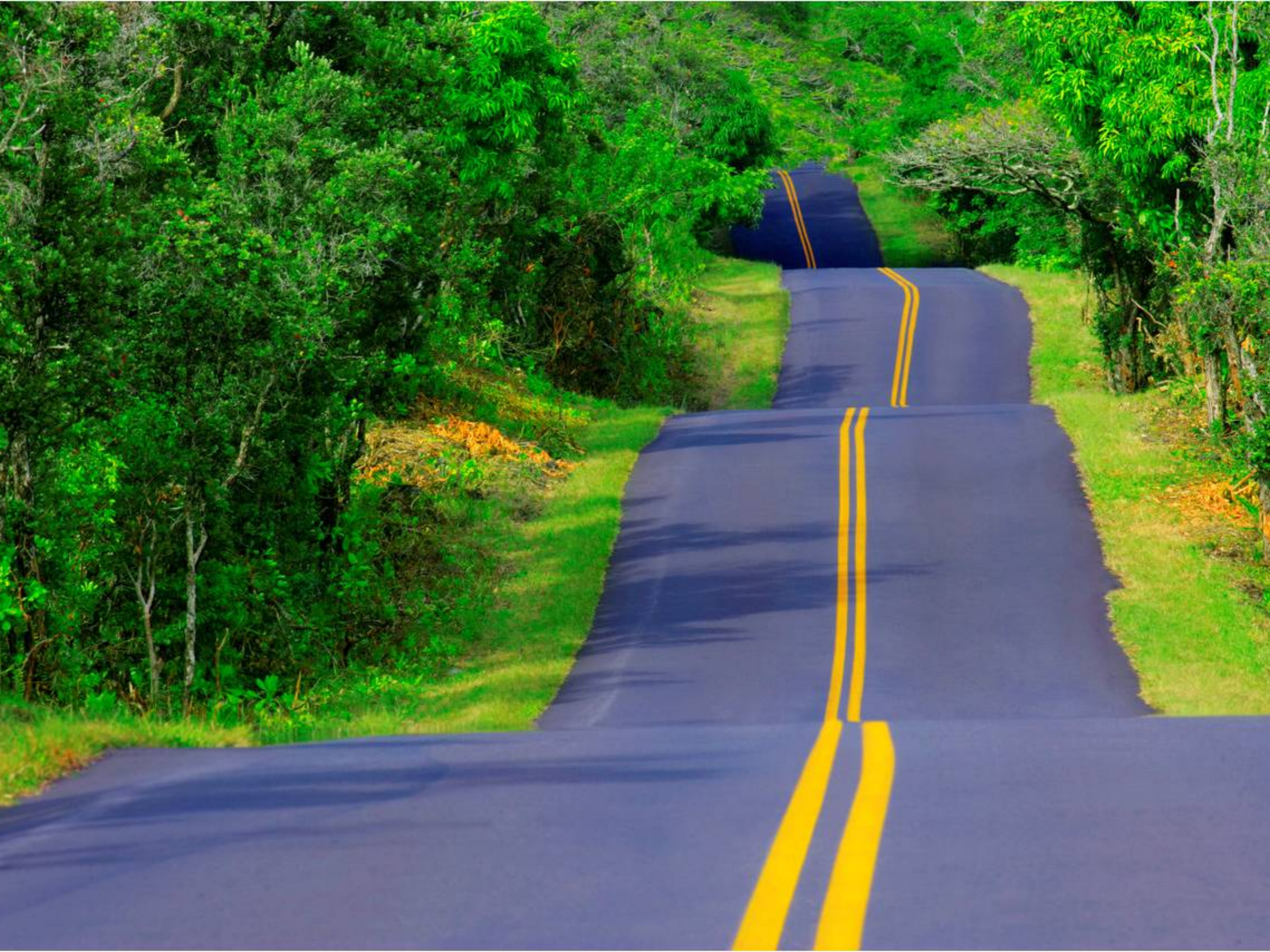
PEERS

- Strength based support
- Linkage to treatment
- Guide/mentor
- Resource navigation



8 DIMENSIONS OF WELLNESS







Contents lists available at [ScienceDirect](#)

Journal of Substance Abuse Treatment



Regular articles

Peer-Delivered Recovery Support Services for Addictions in the United States: A Systematic Review



Ellen L. Bassuk, M.D. ^{a,b,*}, Justine Hanson, Ph.D. ^a, R. Neil Greene, M.A. ^a,
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- Increased services and treatment utilization
- Decreased substance use
- Decreased criminal justice charges



Psychosocial Support

Behavioral Health

Medication for Opioid Use Disorder

Social Determinants of Health



Emergency
Departments

Community
Partners

HEALING
BEGINS
WITH
CONNECTION



**ON-CALL
PEER AND FAMILY
RECOVERY
COACHES**

WHAT IS SHERPA?

- Support for people struggling with Substance Use Disorder
- Emergency Department support for patients and families
- Linkage to services
- Free

Connect with a Recovery Coach: (631) 979-1700
Program Info: (516) 746-0350 x1269

www.familyandchildrens.org

SHERPA is operated by Family & Children's Association in partnership with Catholic Health Services and Thomas' Hope Foundation. SHERPA is supported by NYS Office of Alcoholism and Substance Abuse Services (OASAS), the NYS Senate and LI Community Foundation.



Dartmouth-Hitchcock





RHODE ISLAND GOVERNOR'S OVERDOSE PREVENTION AND INTERVENTION TASK FORCE



Rhode Island's Strategic Plan on Addiction and Overdose


Four Strategies to Alter the Course of an Epidemic

RI ACTION PLAN COMPONENTS

Prevention 

Help doctors protect their patients by using safe prescribing practices.

Fact It's time to change how we treat pain — opioids don't need to be the first line of defense.

Rescue 


Make sure everyone has access to naloxone.

Fact Nearly every opioid overdose death is preventable with naloxone.

Treatment 

Make sure everyone who needs it can get medication-assisted treatment (MAT), like methadone or buprenorphine.

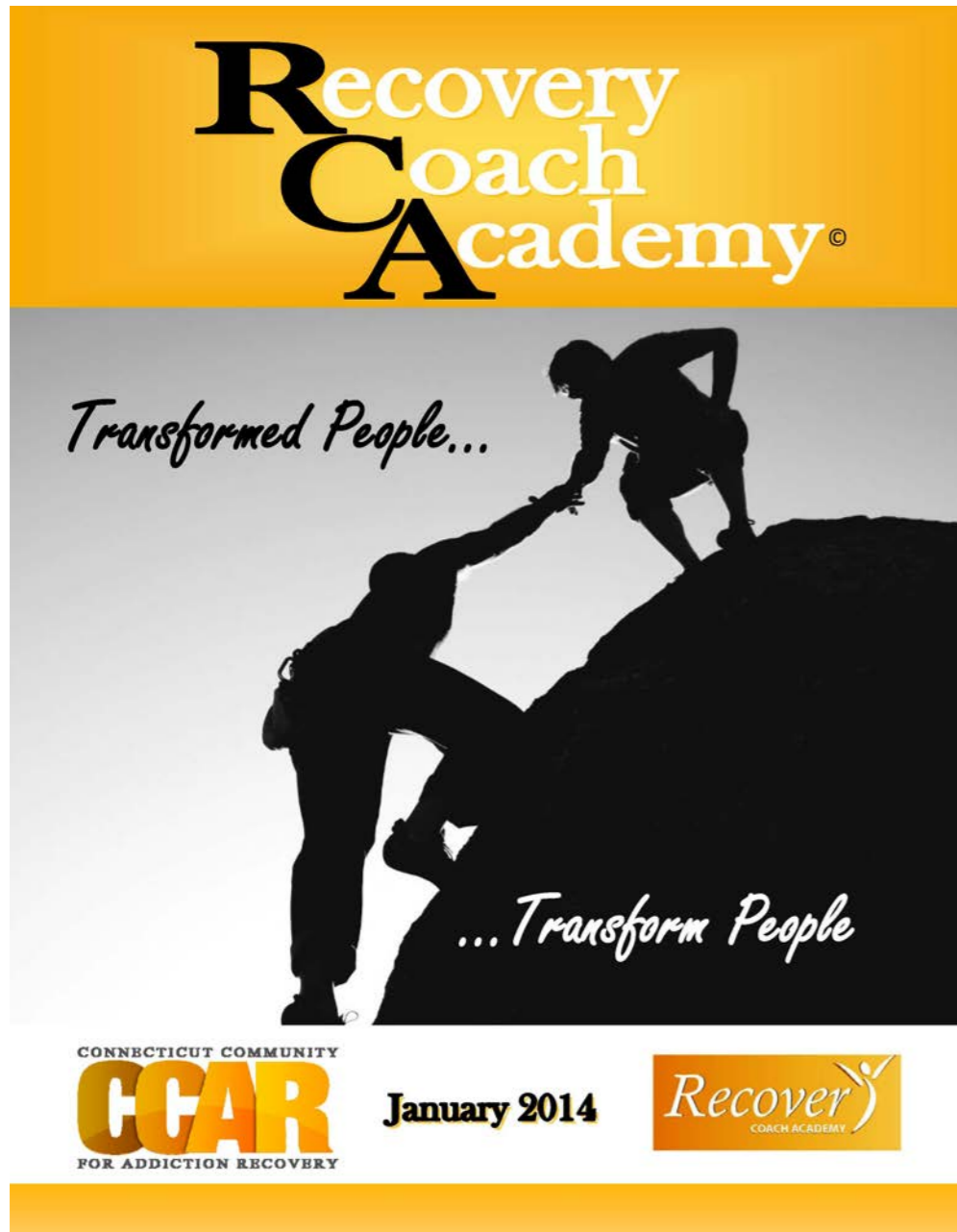
Fact MAT lowers the risk of both relapse and death.

Recovery 

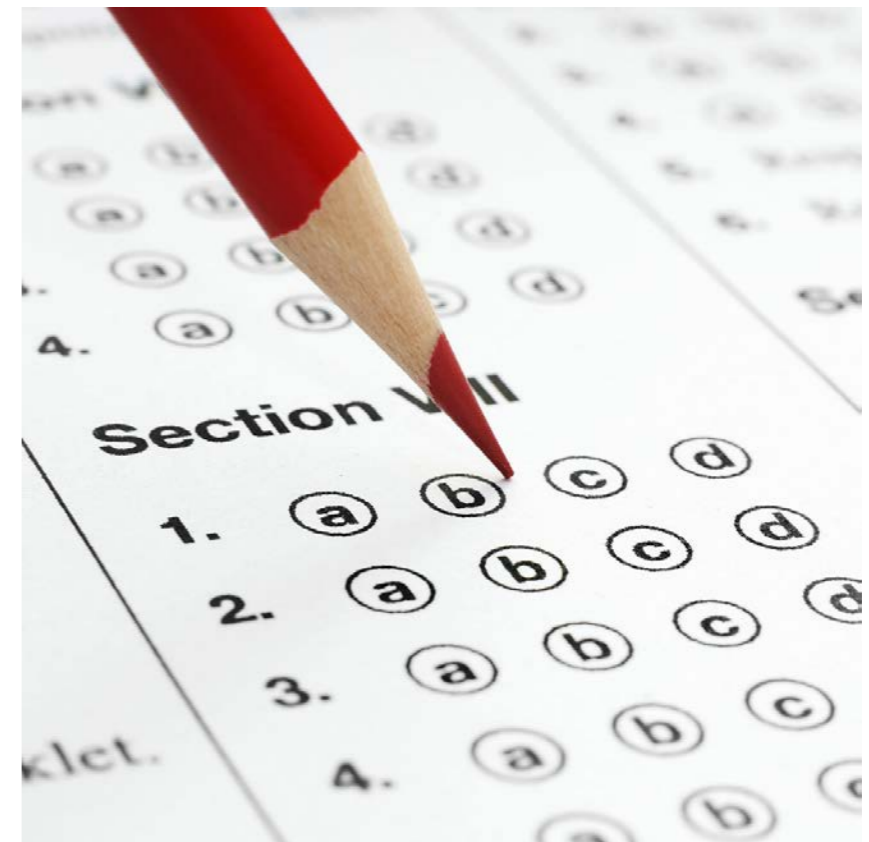
Expand peer recovery services and treatment options that help people start recovery.

Fact We're making sure that all patients treated for addiction have a long-term recovery plan.

RECOVERY COACH TRAINING



- Motivational Interviewing
- Stages of Behavioral Change
- Strengths based support
- Trauma informed support



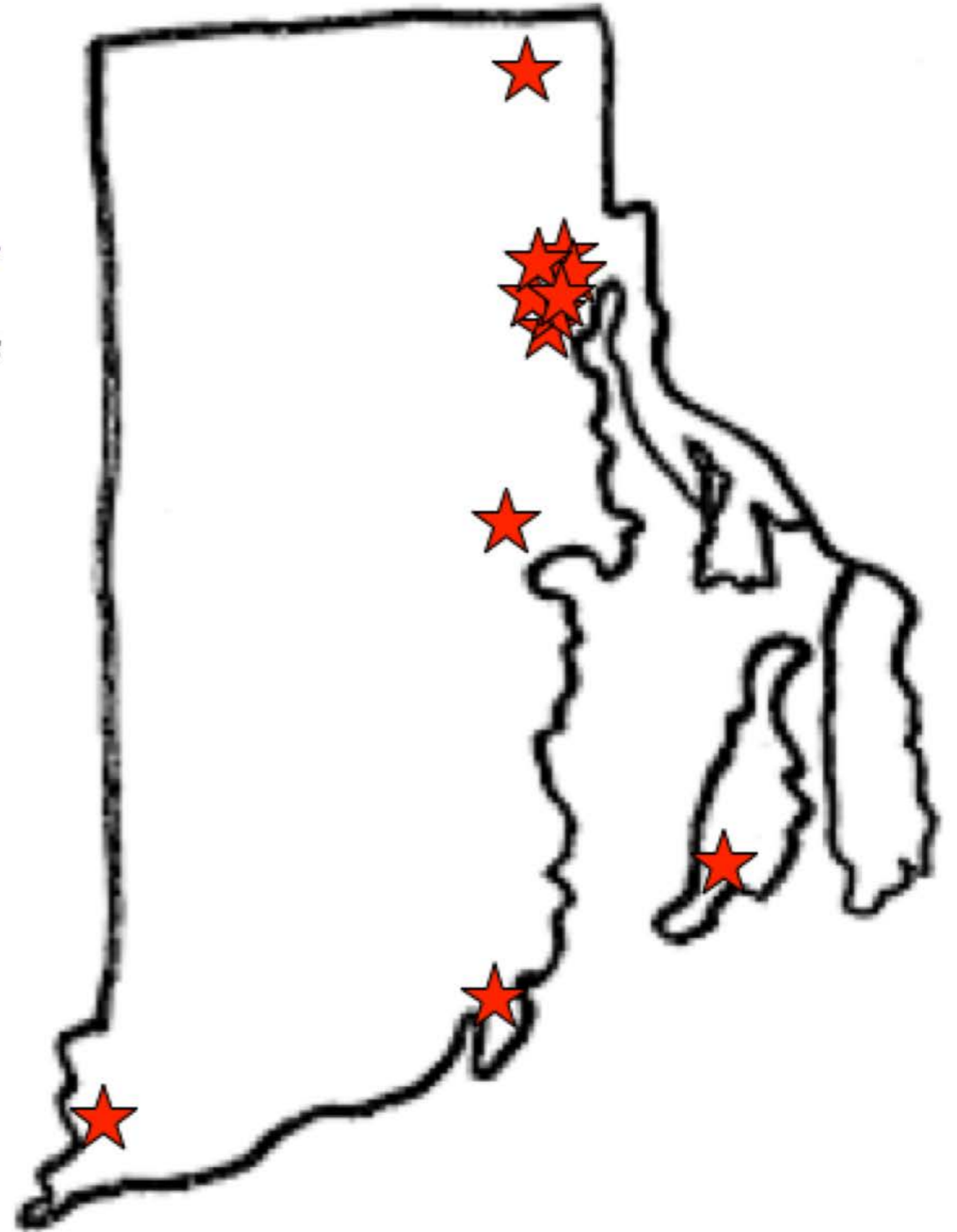
ED CONSULTATION



Anchor

Recovery Community Center

peer-to-peer support services



ED CONSULTATION

Order Sets

▼ Naloxone Kit and Education [Manage My Version](#) ▼

Add Order

▼ General

▶ Nursing Interventions 1 of 1 selected

- Play Overdose Rescue Education Video

STAT, Until discontinued starting Today at 2323 Until Specified

▶ Consult - Anchor Recovery Coach 1 of 1 selected

- Anchor Recovery Coach (401-415-8833)



[Details](#)

▼ Medications

▼ Medication - General

- nalOXone injection 2 mg

2 mg, Inhalation, Once as needed, opioid reversal, Starting Today at 2322, For 1 dose
For home administration as needed.

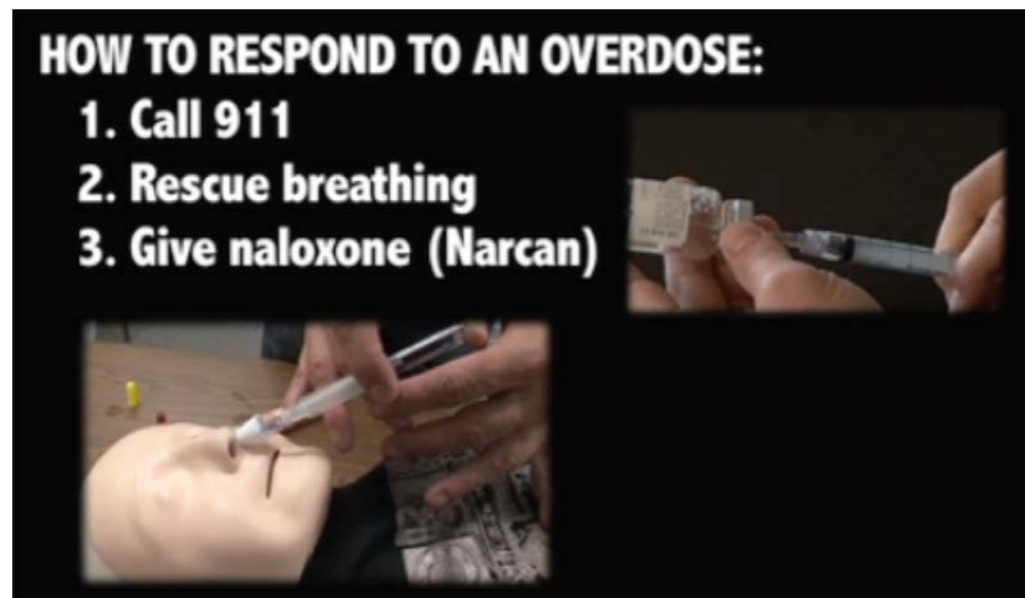
- naloxone atomizer (MAD) device



Miscellaneous, Once as needed, Starting Today at 2322, For 1 dose
Provided with naloxone Intranasal Rescue Kit



ED INTERVENTION



Overdose prevention and response education



Take-home naloxone



Peer recovery coach consultation
& referral to treatment

POST-ED FOLLOW UP



Anchor

Recovery Community Center

peer-to-peer support services

Transfer to inpatient treatment from ED

Outpatient Treatment referrals

Outpatient follow up within 24-48h

> 80% engage with recovery services

Inpatient & Outpatient

6-MONTH EVALUATION



Usual Care

N=60



Naloxone

N=26

AnchorED



Recovery Coach & Naloxone

N=65

MEDIAN LENGTH OF STAY



Usual Care

N=60

5.4 hours
(3.5, 7.9)



Naloxone

N=26

4.4 hours
(3.5, 5.7)

Anchor**ED**

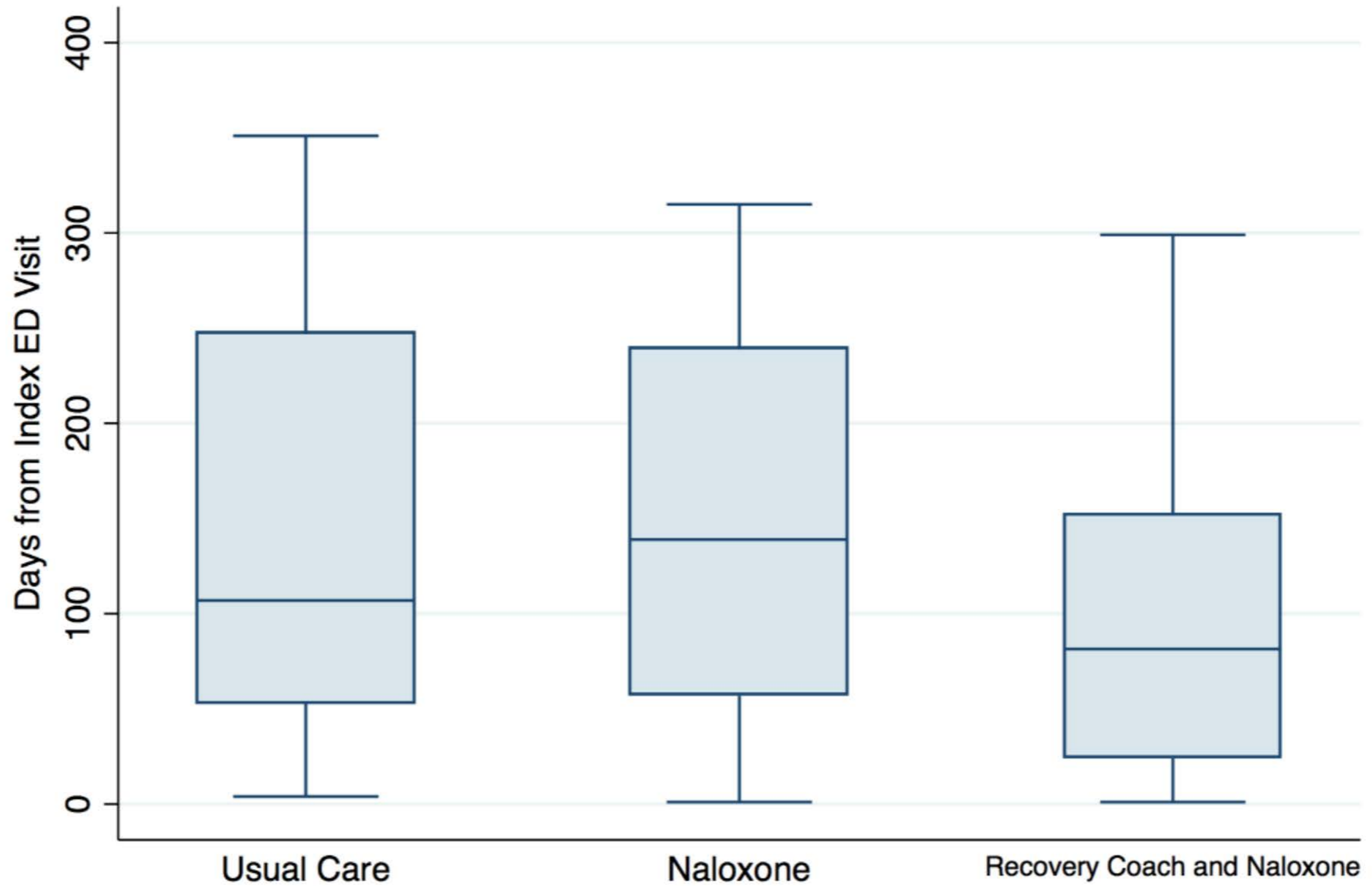


Recovery Coach & Naloxone

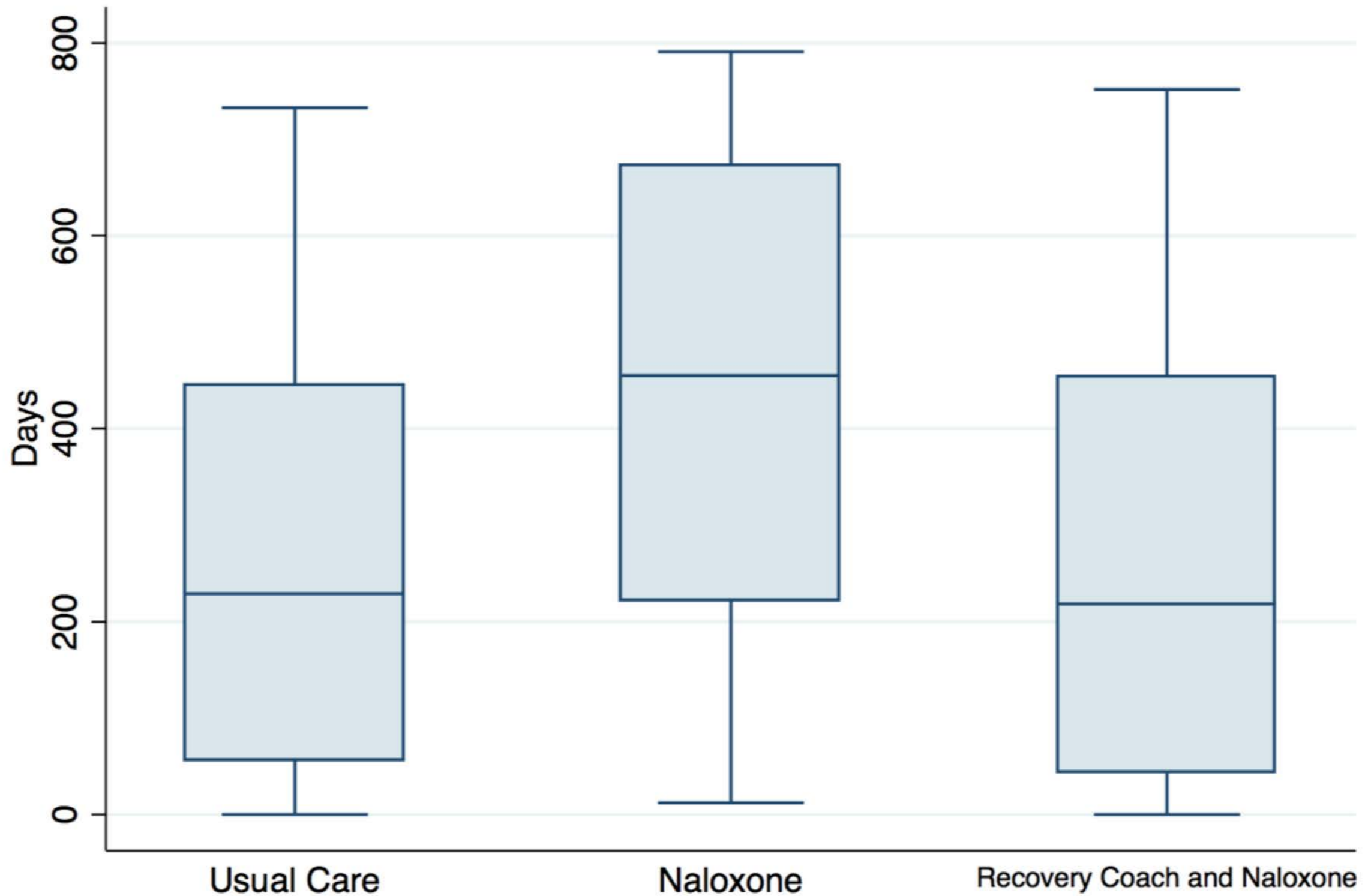
N=65

5.6 hours
(4.4, 7.1)

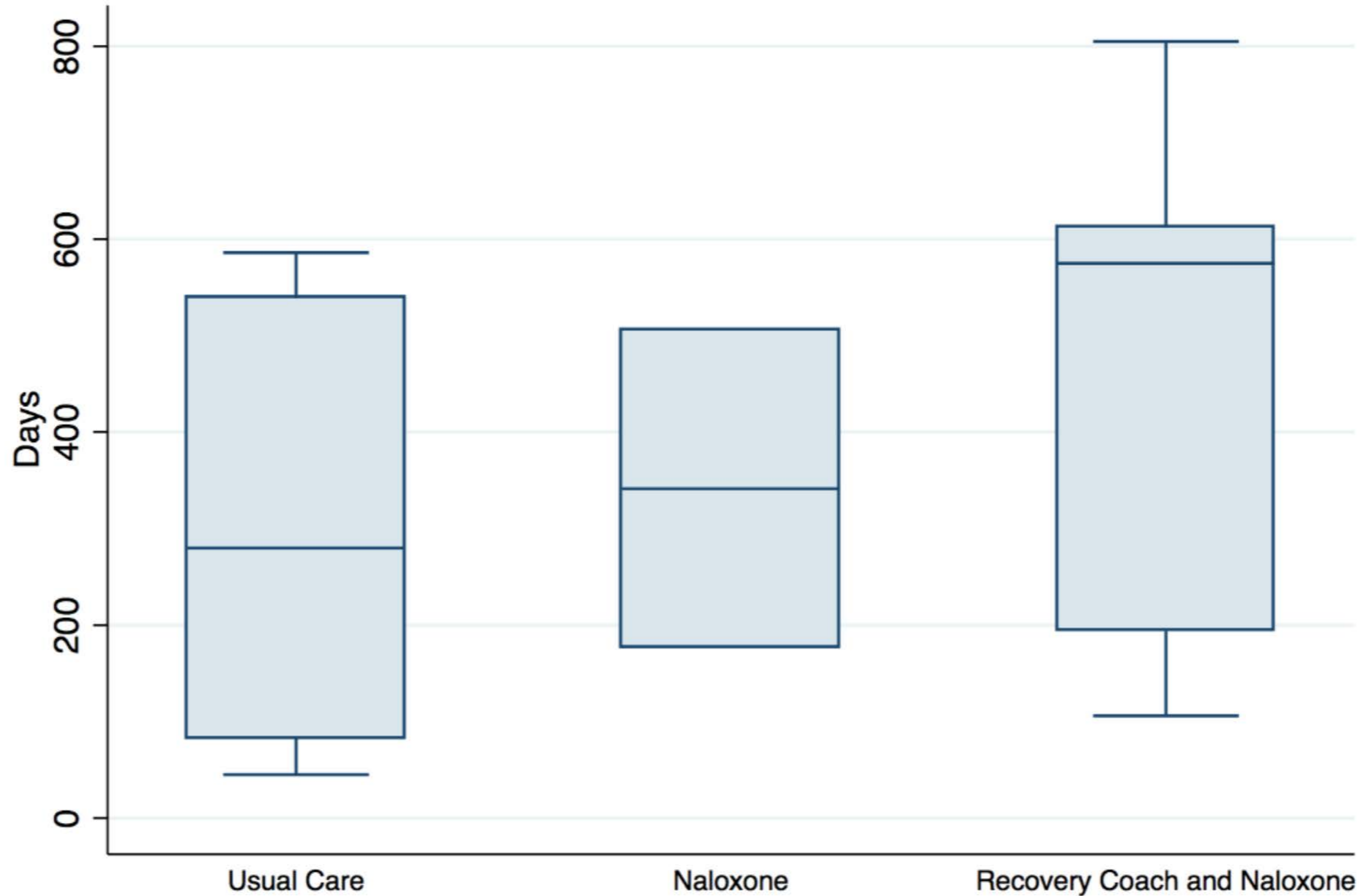
MEDIAN DAYS TO MAT



MEDIAN DAYS TO OD



MEDIAN DAYS TO DEATH



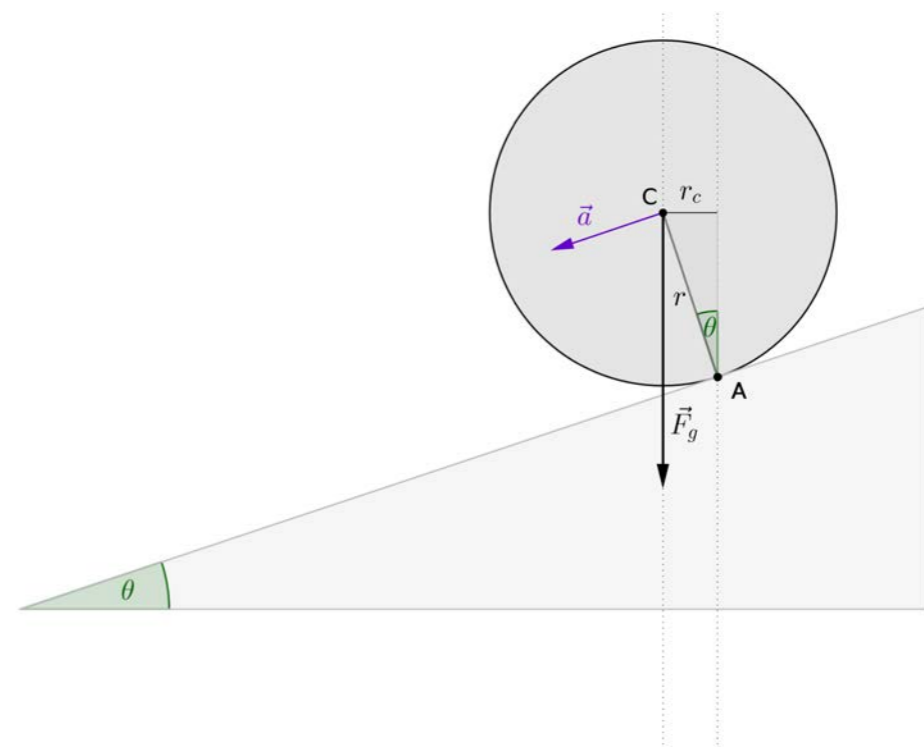
Obstacles

- Reliant on community partner
- Poor communication & coordination
- Practice change
- Evaluation
- Travel time and distance



Facilitators

- Strong community partner
- Clear communication & coordination
- Cost neutral
- Assistance with patient engagement, discharge planning, follow up



QUALITY TIPS

- Establish ED point person to coordinate communication, feedback
- Know content of trainings, patterns of navigation
 - Detox vs MAT



TAKE HOME POINTS

- Peers provide strengths based support and services navigation
- Provide psychosocial support key to OUD treatment
- Provide ongoing out of ED follow up, services navigation
- Relies on collaborative partnerships



Thank You

ThintKo Buznyg TapadhLeat Köszönöm Murakoze TapadhLeibh WaadMahadsantahay Enkosi M-Sapo Takk Bedankt Zikomo Mesi Chokrane Kiitos Grazi Nouari

Blagodaram Waita Rahmat FaafetaiLava Ngiyabonga Aabhar Dhanyavaad BarakAllahufik Aabhar Xiexie Dziakuju Maururu GoRaibhMaithAgat Mochchakkeram

Matondo Mercé TesekkurEdirem Taiku Barika Mamnun Welalin TangioTumas Tanan Dhanyavad Sukriya

Terimakasih Tanemirt Vinaka Tenki Gracias Barkal KurreSumanga Gratiagimus Dhanyabaad

Dakujem Merisi Toda Mersi Nizzik ajr Aguyje Grandmercé Dhanyavadalu Sulpáy TananVäga Aciü KopKhunKrap Tau Nanni Dankie Sagolun Motashakkeram

Gracies Blagodaria Najistuke Nandri Hvala Arigato Spas Eskerriakso Dankewol Spacibo Paldies ANiKie Gratias KhobChaiDeu Chnorakaloutioun Miesker TananVäga Tak Tak Sagolun

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Salamat Saha Miigwetch Multumesc

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