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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ACEP E-QUAL Opioid Initiative
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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

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

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1. Introduction

Historically drug and alcohol addiction has been addressed through intense professional services during acute episodes. While effective in significantly reducing substance use, relapse rates are generally high (Project MATCH Research Group, 1998; Simpson, Joe, & Broome, 2002; Timko, Moos, Finney, & Lesar, 2000). This is not surprising as science suggests that addiction is a chronic condition for many (McLellan, Lewis, O'Brien, & Kleber, 2000). One of the hallmarks of chronic conditions is that they have no cure. However, remission can be attained and the symptoms arrested. Based on this science-based conceptualization of addiction, the Institute of Medicine and leading addiction researchers have called for a shift in the treatment of substance use disorders from the prevalent acute care model to a continuum of care model akin to that used in other chronic conditions (Humphreys & Tucker, 2002; Institute of Medicine, 2005; McLellan et al., 2000; White, Boyle, Loveland, & Corrington, 2005).

At the same time, the behavioral health field is moving toward recovery-oriented approaches to treatment and care for those with mental and substance use disorders. This approach is based on a holistic definition of recovery as a self-directed process of change through which individuals improve their health and wellbeing and strive to achieve their full potential (SAMHSA, 2011). Recovery-oriented approaches involve a multi-system, person-centered continuum of care where a comprehensive menu of coordinated services and supports is tailored to individuals' recovery stage, needs and chosen recovery pathway; the goal is to promote abstinence and a better quality of life (Clark, 2007, 2008).

As health care and in particular, addiction services, are adopting a recovery oriented, chronic care approach, there is a growing emphasis on formally incorporating various forms of peer support in the menu of addiction recovery support services. Peer-based recovery support services are defined as the process of giving and receiving nonprofessional, non-clinical assistance to achieve long-term recovery from substance use disorders. This support is provided by peers, also known as recovery coaches, who have lived experience and experiential knowledge (Borkman, 1999) to assist others in initiating and maintaining recovery and in enhancing the quality of personal and family life. Peer-based recovery support services are distinct from mutual aid modalities of peer support in several ways.

The former, peer-based recovery services, are delivered through formal structures and specialized roles (White, 2009) and aim to provide services across a range of domains that support an individual's recovery. These services are delivered in various forms (Laudet & Humphreys, 2013) including one-on-one services delivered by a peer recovery coach, group settings as implemented in recovery housing, and most recently, the growing numbers of collegiate recovery programs (CRPs) offered in academic settings (Laudet, Harris, Kimball, Winters & Moberg, 2015).

• 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
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 Jope Healthcare. SHERPA is supported by NYS Office of Alcoholism and Substance Abuse Services (OASAS), the NYS Senate and LI Community Foundation.
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.

**Rescue**
Make sure everyone has access to naloxone.

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

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

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

**Fact**
Nearly every opioid overdose death is preventable with naloxone.

**Fact**
MAT lowers the risk of both relapse and death.

**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

24/7
**ED CONSULTATION**

<table>
<thead>
<tr>
<th>Order Sets</th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Naloxone Kit and Education</strong></td>
<td>Manage My Version</td>
</tr>
<tr>
<td><strong>General</strong></td>
<td></td>
</tr>
<tr>
<td>Nursing Interventions</td>
<td>1 of 1 selected</td>
</tr>
<tr>
<td>✔ Play Overdose Rescue Education Video</td>
<td>STAT, Until discontinued starting Today at 2323 Until Specified</td>
</tr>
<tr>
<td>Consult - Anchor Recovery Coach</td>
<td>1 of 1 selected</td>
</tr>
<tr>
<td>✔ Anchor Recovery Coach (401-415-8833)</td>
<td>Details</td>
</tr>
<tr>
<td><strong>Medications</strong></td>
<td></td>
</tr>
<tr>
<td>Medication - General</td>
<td></td>
</tr>
<tr>
<td>✔ nalOxone injection 2 mg</td>
<td></td>
</tr>
<tr>
<td>2 mg, Inhalation, Once as needed, opioid reversal, Starting Today at 2322, For 1 dose For home administration as needed.</td>
<td></td>
</tr>
<tr>
<td>✔ naloxone atomizer (MAD) device</td>
<td></td>
</tr>
<tr>
<td>Miscellaneous, Once as needed, Starting Today at 2322, For 1 dose Provided with naloxone Intranasal Rescue Kit</td>
<td></td>
</tr>
</tbody>
</table>
ED INTERVENTION

1. Call 911
2. Rescue breathing
3. Give naloxone (Narcan)

Overdose prevention and response education

Take-home naloxone

Peer recovery coach consultation & referral to treatment
POST-ED FOLLOW UP

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

Recovery Coach & Naloxone
N=65

Samuels et al, J Subs Abuse Treat, 2018
<table>
<thead>
<tr>
<th>Treatment</th>
<th>N</th>
<th>Median Length of Stay (IQR)</th>
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<tbody>
<tr>
<td>Usual Care</td>
<td>60</td>
<td>5.4 hours (3.5, 7.9)</td>
</tr>
<tr>
<td>Naloxone</td>
<td>26</td>
<td>4.4 hours (3.5, 5.7)</td>
</tr>
<tr>
<td>Recovery Coach &amp; Naloxone</td>
<td>65</td>
<td>5.6 hours (4.4, 7.1)</td>
</tr>
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</table>

Samuels et al, *J Subs Abuse Treat*, 2018
MEDIAN DAYS TO MAT

Days from Index ED Visit

Usual Care
Naloxone
Recovery Coach and Naloxone
MEDIAN DAYS TO OD

![Box plot showing median days to OD for Usual Care, Naloxone, and Recovery Coach and Naloxone.]
MEDIAN DAYS TO DEATH

The box plot shows the distribution of median days to death across three groups: Usual Care, Naloxone, and Recovery Coach and Naloxone. The Usual Care group has a lower median days to death compared to the Naloxone and Recovery Coach and Naloxone groups. Naloxone shows a slightly higher median than Usual Care, while Recovery Coach and Naloxone have the highest median days to death among the three groups.
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
REFERENCES


For More Information

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The guidelines, measures, education and quality improvement activities and related data specifications developed by the American College of Emergency Physicians (ACEP) Emergency Quality Network are intended to facilitate quality improvement activities by physicians. The materials are intended to provide information and assist physicians in enhancing quality of care. The materials do not establish a standard of medical care, and have not been tested for all potential applications and therefore should not be used as a substitute for clinical or medical judgment. Materials are subject to review and may be revised or rescinded at any time by ACEP. The materials may not be altered without prior written approval from ACEP. The materials, while copyrighted, can be reproduced and distributed, without modification, for noncommercial purposes (e.g., use by health care providers in connection with their practices).

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