The Centers for Medicare and Medicaid Services: SUPPORT Act Section 1003 Grant

SUPPORT ACT GRANT
MONTHLY STAKEHOLDER MEETING
MAY 9, 2022

Department of Medical Assistance Services

The Virginia Department of Medical Assistance Services (DMAS) SUPPORT Act Grant projects are supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $4,997,093 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CMS/HHS, or the U.S. Government.
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• If you have any questions about this service please send an email to CivilRightsCoordinator@DMAS.Virginia.Gov
Welcome and Meeting Information

• We have an ‘open’ meeting format to allow participation and questions

• Please make sure your line is muted if you are not speaking
  • We will mute all lines if there is a lot of background noise

• If you are having issues with audio, please type questions or comments in the chat box.
Everyone is muted at the beginning of the webinar – when you are ready to ask a question, please click the red microphone button to unmute. When you are finished, please click it again to mute your line.
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<td>SUPPORT Grant Subcontract Presentation: Carilion Clinic – Emergency Department (ED) Bridge Programs</td>
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<td>Q&amp;A and Next Steps</td>
<td>10:40 – 10:45</td>
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Overview of SUPPORT Grant Initiatives

Notice of Award: September 18, 2019

Period of Performance: September 30, 2019 to September 30, 2022

Approved Budget: $4.9 million

Components
1. Need assessment
2. Strengths-based assessment
3. Activities to increase provider capacity
Virginia Medicaid’s SUPPORT Act Grant Goals:

- Learn from Addiction and Recovery Treatment Services (ARTS) benefit program
  - Appreciate successes
  - Learn from challenges
- Decrease barriers to enter workforce
- Focus on specific subpopulations
  - Members who have legal/carceral experience
  - Members who are pregnant and parenting
- Maintain our core values
  - Person-centered, strengths-based, recovery-oriented
Grant Team

- Alyssa Ward, Ph.D., LCP, Director, Division of Behavioral Health
- Ashley Harrell, LCSW, Project Director & ARTS Senior Program Advisor
- Jason Lowe, MSW, CPHQ, Grant Manager
- Christine Bethune, MSW, Grant Coordinator
- Paul Brasler, MA, MSW, LCSW, Behavioral Health Addiction Specialist
- Tiarra Ross, Senior Budget Analyst
- Adam Creveling, MSW, CPRS, Grant Program Specialist
- Prabhdeep Singh, Grant Data Analyst
SUPPORT ACT GRANT UPDATES
MAY 2022
SUPPORT Act Grant Updates:

 Highlights of Completed Contracts

• VCU Department of Health Behavior and Policy (DBHP)
  ▪ Medicaid member survey, including semi-structured in-depth follow-up to better understand member experiences
    • This produced Virginia’s first ever look at Medicaid member experiences with ARTS
    • Survey found overall positive experiences with ARTS, and improved outcomes as a result of engaging in ARTS services
  ▪ Review of Department of Corrections data to examine impact of substance use disorders (SUD)
  ▪ Analysis of Peer Recovery Supports to examine utilization and capacity
  ▪ Multi-faceted review of buprenorphine-waivered professionals and providers, including:
    • Surveys of buprenorphine-waivered physicians and office-based addiction treatment providers to understand successes and challenges in buprenorphine treatment
    • Analysis of Drug Enforcement Administration data to determine frequency of prescribing done by waivered professionals, and how that compares to other states
Conducted in 2020 and 2021 to assess experiences in receiving ARTS services among Virginia Medicaid members with opioid use disorder (OUD).

Questions focused on:

- Unmet needs related to SUD treatment and other unmet health needs
- Utilization of various types of treatment services
- Assessment of quality of care from treatment providers
- Assessments of how treatment affects members’ personal, family, and social lives
- As the survey field period overlapped with the beginning of the COVID-19 pandemic, the survey also ascertained barriers to care as a result of COVID-19, as well as experiences with different treatment modes such as telehealth.

Full report: https://hbp.vcu.edu/media/hbp/policybriefs/pdfs/ARTSmembersurveyreport.5.5.22.pdf
Increased prevalence of SUD
Increase in the number of providers authorized to prescribe buprenorphine
Increase in use of ARTS services
Increase in use of Medications for Opioid Use Disorder (MOUD)
Increases in SUD-related emergency department visits and OUD-related overdoses
SUPPORT Act Grant Updates:

Highlights of Completed Contracts

• Manatt Health – SUD-specific Policy Landscape Review
  ▪ Assessed SUPPORT Act and other federal and state SUD-related policy requirements and opportunities
  ▪ Performed 44 stakeholder interviews
  ▪ Identified key strengths and opportunities for DMAS, which were presented to agency leadership;
    • Strengths include covering full spectrum of American Society of Addiction Medicine levels of care, utilizing data to improve service provision and efficiency, and offering ongoing technical assistance
    • Opportunities include strengthening and evolving current care coordination system, increasing utilization of peer recovery services, and strengthening enrollment and linkages for members with legal/carceral experience
SUPPORT Act Grant Updates:

Highlights of Completed Contracts

• Health Management Associates (HMA) – Legal/carceral system, SUD, and Medicaid
  ▪ Completed an environmental scan of current system, including surveys of and focus groups with stakeholders
  ▪ Conducted systems analyses with five pilot sites, including “current state” assessments and individualized site reports with “future state” goals
  ▪ Convened two regional cross-sector stakeholder events to bring stakeholders together to identify and address opportunities for growth and collaboration
  ▪ Presented findings to DMAS Justice-Involved Workgroup
SUPPORT Act Grant Updates:

Highlights of Completed Contracts

• Carilion Clinic: Emergency Department Bridge Clinic
  ▪ Expanded and enhanced existing Bridge Clinic services
  ▪ Expanded Bridge Clinic staff, including licensed social worker and peer recovery specialist
  ▪ Developed a curriculum for bridge clinic implementation based on quality improvement work done in partnership with Virginia Department of Health
  ▪ Established Virginia Emergency Department Bridge Replication program, with an initial cohort of five non-Carilion hospitals and three Carilion expansion sites that are hoping to implement their own bridge clinic programs
SUPPORT Act Grant Updates:

Highlights of Completed Contracts

• Subaward program
  ▪ Awarded seven grants to providers throughout the Commonwealth – Lynchburg, Norfolk, Northern Virginia, Richmond, and Roanoke
  ▪ Accomplishments include:
    • Expansion of telehealth services
    • Expanded peer recovery services
    • Expanded Harm reduction services
    • Creation of Patient navigation for pregnant and parenting members
Projects Update – Contracts ending September 2022

- **VCU Wright Center and Institute for Drug and Alcohol Studies**
  - Provider webinar survey
  - Brightspot Assessment

- **Emergency Department Virtual Bridge Clinic Model**
  - **VCU Emergency Department Virtual Bridge Clinic (VBC)**
    - Implementing a VBC at VCU ED to VCU MOTIVATE Clinic
  - **New Contract: Virginia Department of Health – Harm Reduction Organizations**
    - Medicaid enrollment
    - Telemedicine: connecting to MOUD, hepatitis C and HIV treatment, and behavioral health treatment
    - “One stop shop” approach
    - Developing potential Harm Reduction conference/virtual event for Fall 2022
The Federal Public Health Emergency (PHE) was recently extended 90 calendar days until July 15, 2022. CMS has informed states they will receive a 60 day notice prior to ending the PHE.

DMAS has current flexibilities that are still active through the federal PHE:

- Includes continuing the Telehealth flexibilities
- ARTS flexibilities: Coverage of take homes for Opioid Treatment Programs and allowance of home inductions via telehealth as well as maintenance prescriptions.

DMAS has posted an update to the Telehealth Supplemental Manual as of March 31, 2022.

- This includes ARTS services that will continue to be allowed post the federal PHE. Specific procedure codes for behavioral health are listed in Table 2 of the manual:

Current and Future Telehealth Flexibilities

What about inductions via telehealth post the federal PHE?

- SAMSHA and DEA are the primary source of information on this - see link below. The Board of Medicine still has the relaxation related to telemedicine posted here: [http://www.dhp.virginia.gov/Boards/Medicine/AbouttheBoard/News/](http://www.dhp.virginia.gov/Boards/Medicine/AbouttheBoard/News/).

- The Board of Medicine does not advise on MOUD inductions and defers to SAMSHA/DEA guidance.

“Under normal circumstances, DEA would not consider the initiation of treatment with a controlled substance based on a mere phone call to be consistent with the framework of the CSA given that doing so creates a high risk of diversion. However, in light of the extraordinary circumstances presented by the COVID-19 public health emergency, and being mindful of the exemption issued by SAMHSA, DEA likewise advises that, only for the duration of the public health emergency (unless DEA specifies an earlier date), OTPs should feel free to dispense, and DATA-waived practitioners should feel free to prescribe, buprenorphine to new patients with OUD for maintenance treatment or detoxification treatment following an evaluation via telephone voice calls, without first performing an in-person or telemedicine evaluation. This may only be done, however, if the evaluating practitioner determines that an adequate evaluation of the patient can be accomplished via the use of a telephone. The prescription also must otherwise be consistent with the practitioner’s aforementioned obligation under the CSA and DEA regulations to only prescribe controlled substances for a legitimate medical purpose while acting in the usual course of professional practice.”

[https://www.deadiversion.usdoj.gov/GDP/(DEA-DC-022)(DEA068)%20DEA%20SAMHSA%20buprenorphine%20telemedicine%20%20(Final)%20+Esign.pdf](https://www.deadiversion.usdoj.gov/GDP/(DEA-DC-022)(DEA068)%20DEA%20SAMHSA%20buprenorphine%20telemedicine%20%20(Final)%20+Esign.pdf)
Virginia Department of Health (VDH) Funding Opportunity

• VDH's Overdose Data to Action (OD2A) Prevention Grant
  ▪ Opportunity for VDH to request use of funds to help support access to SUD treatment through use of leasing tablets for telehealth
  ▪ VDH is assessing the need for tablets and if enough interest, will request approval from Centers for Disease Control (CDC)
  ▪ If you are interested in this opportunity, please contact:

  Liz Zaunick, MSW (she/her/hers)
  Overdose Data to Action Grant Coordinator
  Virginia Department of Health
  Elizabeth.Zaunick@vdh.virginia.gov
  (804) 864-8005
**NEW* Spring 2022 Webinar Schedule – Final Series

- **FREE** webinars for anyone who serves Medicaid Member
- Registration is now open. Use links in schedule to register and access the webinars.

### New Topics:
- Medications for Opioid Use Disorder
- Medical vs. Mental Health Issues in Clients with SUD
- From Burnout to Resiliency

### Revisiting Topics:
- Substance Use Disorder Treatment for Adolescents
- Urine Drug Screenings: Purpose & Practice

### Spring 2022 Webinar Schedule:

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<td>Tuesday, May 24</td>
<td>10:00 AM-11:00 AM</td>
<td>Medications for Opioid Use Disorder</td>
<td>Paul Brasler</td>
<td><a href="https://covacoconf.webex.com/covaco">https://covacoconf.webex.com/covaco</a> nf/onstage/g.php?MTID=e5ec0757a5e7cfe50ea7e60b11bad44eb</td>
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<td>Thursday, May 26</td>
<td>1:00 PM-2:00 PM</td>
<td>Medications for Opioid Use Disorder</td>
<td>Paul Brasler</td>
<td><a href="https://covacoconf.webex.com/covaco">https://covacoconf.webex.com/covaco</a> nf/onstage/g.php?MTID=e16cab4ab0a7b484c289e56cf0701a568</td>
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| **June 2022**   |            |                                                 |              |                                        |                                        |
| Tuesday, June 7 | 10:00 AM-11:00 AM | Urine Drug Screenings: Purpose & Practice      | Paul Brasler | https://covacoconf.webex.com/covaco nf/onstage/g.php?MTID=e128808b34e4189572b0541c2d78a2e | https://www.streamtext.net/event?event=HamiltonRelayRCC-0607-VA3449 |
| Thursday, June 9| 1:00 PM-2:00 PM  | Urine Drug Screenings: Purpose & Practice      | Paul Brasler | https://covacoconf.webex.com/covaco nf/onstage/g.php?MTID=e1a7b38ae3553c0cc399565095d5d6e | https://www.streamtext.net/event?event=HamiltonRelayRCC-0609-VA3448 |
| Tuesday, June 21| 10:00 AM-11:00 AM | Medical vs. Mental Health Issues in Clients with SUD | Paul Brasler | https://covacoconf.webex.com/covaco nf/onstage/g.php?MTID=e073a3c40ab6eff0c28e8494b2f0fcb7 | https://www.streamtext.net/event?event=HamiltonRelayRCC-0621-VA3447 |

Public Health Emergency Eligibility “Unwinding”

March 11, 2022 Medicaid Bulletin - Preparations to Resume Normal Eligibility and Enrollment Operations: Member Toolkit and Resource Information

Cover Virginia Toolkit and Materials can be found here: https://coverva.org/en/toolkits-materials

- If you have any questions or require additional information regarding DMAS’s plans for resuming normal Medicaid enrollment operations or outreach efforts and resources, please visit https://coverva.org/en, https://cubrevirginia.org/es

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<td>✓ Stakeholder factsheet [PDF] English</td>
<td>✓ Rack card</td>
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We need the most up-to-date mailing address and phone number to make sure members receive important paperwork.

Members can make updates:
- Online at commonhelp.virginia.gov
- By calling their Local Department of Social Services, or
- By calling Cover Virginia at 1-855-242-8282

Spread the word to community members, patients, family, friends, neighbors and anyone else who might be enrolled in Medicaid to keep our communities covered!

Stakeholder Poster:
The Carilion ED Bridge to Treatment Program: 2019 – 2021
Expansion to Hospitals throughout Virginia: 2022 and beyond

Cheri W. Hartman, Ph.D. Program Manager
Office-based Opioid Treatment Program
Carilion Clinic, Roanoke, VA
Assistant Professor, VA Tech Carilion School of Medicine
Drug Overdose Deaths in the U.S. Top 100,000 Annually as of November 2021

Drug Overdose Deaths in the U.S. Top 100,000 Annually as of November 2021

Roanoke: Scott overdosed and died; Spencer got prison time; OD deaths 2019 to 2020 Increased from 33 to 80!

Fentanyl number one cause of death for adults 18-45, recent government data says (https://www.familiesagainstfentanyl.org)

in Virginia

Drug Overdose Deaths in the U.S. Top 100,000 Annually (cdc.gov)
In Virginia: DMAS Reforms Increased Access to Office-Based Addiction Treatment

Leveraging the Evidence-Based model for OUD: 5x as many MCD members get MOUD

- **Settings:** Primary care clinics, outpatient health system clinics, psychiatry clinics, Federally-Qualified Health Centers (FQHC), Community Services Boards (CSB), Health Departments, and physician offices

- **Support Systems:** Access to emergency medical and psychiatric care and connections for referrals to higher levels of care

- **Staff Requirements (minimal):**
  - Licensed buprenorphine-waivered practitioner
  - Co-located Licensed Behavioral Health Professional

![Graph showing the increase in number of Medicaid members received MOUD from 2016 to 2020.](chart.png)

- Number of Medicaid Members Received MOUD
  - 2016: 6,031
  - 2017: 8,307
  - 2018: 11,776
  - 2019: 23,204
  - 2020: 29,835

- Increase from 2016 to 2020: 395%
WHAT NOW?

**WHY** do we continue to see an **historic rise in overdose deaths** in spite of increase in # of providers?

Important questions to consider:

Is access timely?

Are we reaching the most vulnerable?
The ED = Help the most vulnerable; provide timely interventions

- 17% of all *fatal* opioid overdoses occur among those with a recent *nonfatal* opioid overdose
- Among those who presented to ED with a *nonfatal* opioid overdose, 5.5% died within one year
- Less than 1/3 of these ED patients got engaged in outpatient MOUD one year after overdose
- How can we rewrite this “script” in order to improve outcomes post-ED visit?

4 critical encounter touchpoints (coming to the ED for opioid detoxification/withdrawal treatment, nonfatal opioid overdose, injection-related infection, and release from incarceration) predicted vulnerability to opioid overdose death.

Sources: Larochelle M et al. Touchpoints – Opportunities to Predict and Prevent Opioid Overdose: A Cohort Study. DAD. 2019.
Larochelle M et al. Medication for Opioid Use Disorder after Nonfatal Opioid Overdose and Association with Mortality. AIM. 2018.
Create an “ED Bridge” Program: Identify OUD, Administer Buprenorphine to Treat Withdrawal Symptoms, Provide a Prescription = Medical Bridge to Care...

Almost 200 OBATs

Recommends that emergency physicians offer to initiate opioid use disorder treatment with buprenorphine in appropriate patients and provide direct linkage to ongoing treatment for patients with untreated opioid use disorder.
Buprenorphine Initiation During Acute Care Increases Linkage to Outpatient Care (D’Onofrio, 2015); Burton and Carilion team:

• RCT Buprenorphine ED Patients: Likelihood of entering outpatient buprenorphine care at 30 days (D’Onofrio et al., 2015)
  – Buprenorphine Initiation + Brief Intervention + Referral: 78%
  – Brief Intervention + Referral: 45%
  – Referral Alone: 37%

Results in Roanoke VA:

- Year 1 (2019): 82% of pts seen in ED “crossed bridge” to be seen within a week at office-based opioid treatment
- Year 2 (2020): 78% of pts seen in ED “crossed bridge” seen within 8 days on average; average script = 8 days
- 90% of those who crossed the bridge were still in treatment at 30-days in Year 1; 82% still in treatment at 30 days in Year 2.

Sources: D’Onofrio G et al. Emergency Department-Initiated Buprenorphine/Naloxone Treatment for Opioid Dependence: A Randomized Clinical Trial. JAMA. 2015.
Liebschutz JM et al. Buprenorphine Treatment for Hospitalized, Opioid-Dependent Patients: A Randomized Clinical Trial. JAMA IM 2014.
Carilion’s ED Bridge Program Year 3 Results

- Quality Improvement Study in Year 3 (2021) at Carilion Clinic: 152 patients (most recent year)
- 98% received prescription for Suboxone (buprenorphine + naloxone) if crossed bridge
- 71% crossed the bridge into intake with a care coordinator in the OBOT
- Moderate to severe withdrawal (COWS ≥ 13) patients were more likely to receive Suboxone (p=0.04) per the protocol
- Average prescription length successfully bridged patients to first appointment (8-day interval)
- Factors associated with successful OBOT follow up linkage:
  - Suboxone treatment in ED- initiating buprenorphine
  - ED COWS > 12 leading to ED initiating buprenorphine
  - Peer Counselor involvement/direct linkage from the ED doubled the chances of successful transition from ED into ambulatory care in the OBOT.
Peer Recovery Specialists’ ED Contact increased the likelihood of patients presenting to the OBOT prescriber visit (Society of Academic Emergency Medicine 2022 Conference)
Goal: to facilitate implementation of ED Bridge programs in hospitals throughout Virginia

Strategies:
• Build on the Lessons Learned at the Carilion Clinic ED Bridge Project from the 3-year quality improvement project
• Offer monthly consultations/ongoing technical assistance, customized to each hospital, based on an assessment of ED Bridge elements already in place and what is realistic to implement in each unique hospital settings
• Provide user-friendly, easy to deploy, high impact ED Bridge Training Toolkit: educational tools/videos/resource materials to support the technical assistance
Virginia ED Bridge Replication Project: Who?

Prospective and Early Implementer Hospitals

Carilion Roanoke Memorial Hospital ED Bridge (flagship program)
VCU ED Bridge (virtual model flagship program led by Dr. Brandon Wills w/Motivate Clinic)
Carilion sister programs:
Carilion Franklin Memorial Hospital with Pace to Recovery Program of Piedmont CSB
Carilion’s New River Valley ED with the Community Health Center of NRV
Carilion Tazewell Community Hospital with New Day Recovery Program/SVCHS

Prospective hospitals/health care systems:
(1) Sentara CarePlex in Hampton, Sentara Norfolk General Hospital
(2) Valley Health’s Winchester Medical Center
(3) Fair Oaks Hospital/INOVA in Fairfax
(4) Riverside Behavioral Health: Doctor’s Hospital in Williamsburg (likely start up site)
(5) Bon Secours with Clean Slate Centers as treatment center partner or Richmond Community Hospital and Memorial Regional Medical Center (100% of ED physicians are now waived!)
MOUDs in the ED: overcoming reluctance

- “That’s not what we do”: Emergency physicians have historically refused to engage in addiction treatment
- “Seems kinda complicated”: New Knowledge, no outpatient partner
- “Open the flood gates”: EDs are already busy, no financial gain, dependent pts/frequent flyers, not fun...

https://youtu.be/vNOQ79dQjhl
X Waiver Training: SAMHSA Notice of Intent (NOI) submitted to apply for waiver. To treat 30 patients at a time no waiver training required; NOI with medical license number and current DEA number sufficient to get waiver from SAMHSA now. To prescribe for > 30 patients requires completion of approved 8 hours training.

- Dedicated PA or NP
  - PA/NP same process with SAMHSA, >30 patients requires 24 hours training

Carilion Clinic’s goal = all ED physicians waivered
System-wide support: we now have 4 hospitals with ED Bridge program services
ED Work-up: Tips from Dr. Burton- make it easy!

- Baseline Urine Drug Screen: don’t wait for results…
- **COWS** Score in chart: if in moderate withdrawal- start on buprenorphine (go right to 8 mg unless naïve to buprenorphine – then 4 mg, if not in withdrawal, consider home induction with a prescription for 7 – 14 days)
- Labs: Urine Pregnancy, LFTs, Hepatitis A/B/C – all ideal but not essential
- Peer Counselor consult (available right in ED 9 to 5, M – F); discharge information instructs patient about peer availability, drop in option provided for follow up care at an intake with the Carilion OBOT.
- Using an iPAD (M-F 9 to 5 pm) we connect the patient while in the ED with a care coordinator or social worker in the OBOT to conduct the ASAM screening to evaluate level of care needed and to either immediately make an appointment for follow up care within Carilion or access to an external provider we know has ready availability.
- Social Work/Case Management: if contact is not made before discharge (after hours), the Carilion Clinic OBOT care coordinators and social workers reach out to the patient using contact information provided during the ED visit.
More on what to do…per Dr. Burton

• Checking the PMP: easy to do right from EHR (“rooming”)
• Prescribing Narcan: order set built into the EHR (free Narcan available at the Peer Recovery Center)
• Discharge Handout: “smartphrase” in the EHR
• Home Induction brochure ready to distribute to patients
  Narcan brochure ready to distribute to patients/families

These tools are included in an ED Bridge Training Toolkit to share with hospitals ready to implement the ED Bridge.
Protocol

Identify pt w/ moderate to severe opioid use disorder DSM5 (.oud)

Perfect Serve “Peer CMC” for PRS- M-F 8a-5p

PRS- Connect Pt to Care Coordinator w/ IPAD

*Send but do not need to wait in ED for results

Evaluate/Document COWS (.cows)

Moderate withdrawal COWS≥ 13

Follow .BUPPLAN

ED Suboxone 8mg/2mg Film sublingual

ED labs- LFTs, urine bHCG, UDS, Hep panel*

If continued withdrawal symptoms- may repeat for total of 16mg/4mg

Check PDMP Methadone Clinic not included

Use “ED Bridge Suboxone Order”
Inbasket message to David Hartman with patient chart for OBOT Referral

Impression: Opioid use disorder DSM5

Discharge Instructions: .EDBUPRDC

Discharge

RX- 8/2mg film every 12 hours for minimum of 7 days & Intranasal 4 mg Narcan

May write for 14 days if anticipate barrier to f/u

Write X beside DEA# & “for addiction”

Home Induction

See Discharge, REVIEW admin instructions .BUPHOMEIND
Content shared with Virginia’s Department of Medical Assistance Services – Carilion Clinic has proprietary rights while materials are being developed; the obtaining of input and feedback beyond DMAS must be endorsed by Carilion Clinic’s ED Bridge Curriculum Development Project Manager, Cheri W. Hartman, Ph.D.
The Training “to Go” Toolkit for the Virginia ED Bridge to Treatment Replication Project includes:

A – ZB Lessons Learned from the quality improvement studies conducted during the first 3 years of the Carilion Clinic ED Bridge experience

27 Recommendations derived from these Lessons Learned

Tools developed or Resources discovered to help interested hospitals act upon the recommendations

Videos that offer micro-trainings/high impact messages/ direct instruction from key experts

On the basis of a quality improvement study conducted from January 2019 through August 2021 at the Carilion Clinic in Roanoke, Virginia, key lessons learned have been identified with recommendations based on the study findings. Tools/Resources have been identified or developed to comprise this Training to Go Toolkit for ED Bridge Replication.
ED Bridge Training Toolkit highlights

- Training tools/resources on:
  - (1) tips for embedding peer recovery specialists in the ED,
  - (2) protocol for initiating buprenorphine in the ED to treat withdrawal and for post-overdose interventions in the ED,
  - (3) workflow recommendations for achieving the warm handoff supported by a medical bridge (a prescription), example discharge instructions and how to reach a peer, telehealth strategy for offering immediate iPAD contact with a social worker prior to discharge, home induction, and Narcan handouts,
  - (4) where to find available tools to create an office-based opioid treatment preferred model for enhancing retention in treatment and patient outcomes:
Shortcuts for ER prescriber: END USER!

• You are an Emergency Room physician
  
  **Why** the Bridge? Dr. Gail D’Onofrio video dispels myths, illustrates compelling life-saving impact and how rewarding it is to initiate patients onto the path to recovery:

  Video #1: https://youtu.be/KjfQRNQBv6M

  **HOW?** “It is in your wheelhouse” – Getting to YES! video by Dr. John Burton:
  https://youtu.be/vNOQ79dQjhl

Do this! Protocol for the Emergency Room:
  [Active link provided: ...]

Click here for interview questions to conduct diagnostic interview using DSM-5 criteria
Lessons Learned: A

Identifying an ED physician champion is the key to getting a successful replication of the ED Bridge to Treatment underway.

Recommendation #1: Recruit an ED Physician champion and a hospital administrative lead.

First you save the life, then you help them get started on treatment. In this way, the patient with an opioid use disorder (OUD) is like so many others suffering from a chronic disease, who has become seriously ill. Beyond addressing acute care needs, the ED intervention sets the stage for ongoing disease management.

Video #1: https://youtu.be/KjfQRNQBv6M
Lessons Learned: C

Nothing begins without open-mindedness.

Recommendation #3: Create/share with leaders a YouTube of the President and CEO (or use this one by Carilion’s President and CEO, Nancy Agee) endorsing an anti-stigma message to set the stage for system-wide open-mindedness about the value of treating addiction. Get visible high level system endorsement.

2018-19 AHA Past President and Carilion Clinic’s President and CEO, Nancy Agee: message produced for AHA to combat stigma and open minds:

Video #3: https://youtu.be/l2my7rq7Uyc

Tool: How Open-minded Is Your Health Care Team? How Ready Are They for Change?
An online survey was developed to assess perceptions of ED Bridge Project team regarding the importance of improving access to medical best practices for treating the opioid use disorder; attitudes in one’s health care system toward persons with an OUD; level of confidence that the ED can be an effective portal to treatment and site for preventing repeat overdoses; and, in general, to what degree do health care team members understand the basic evidence-based treatment practices using MOUDs. Using this survey points toward types of training to prioritize.

https://virginiatech.qualtrics.com/jfe/form/SV_bf2Z0KdIMBYMUmO
Lessons Learned: E

A large percentage of patients seen prior to admission into the bridging program had symptoms indicating a likely opioid use disorder (OUD) – but their symptoms were overlooked. “See the OUD in the ED.”


Dr. D’Onofrio relies on these questions when interviewing patients to identify an OUD. NIDA has posted the “Questions for Identification of Opioid Use Disorder based on the DSM-5.” Dr. D’Onofrio and Dr. Hawk model this diagnostic clinical interview:

Video #6: https://youtu.be/6Fi7re1_8Qo

Another scenario encountered in the ED is the patient in acute withdrawal from heroin, who is interested in relief and treatment. Here is a video about a conversation with this type of patient by Dr. Katherine Hawk (Video #7):

Video #7: https://youtu.be/ESNiSiOmzjk

Dr. O’Onofrio talks with patient in withdrawal from pain medications. How do you bring up this topic without offending the patient? “I am not a drug addict” is a likely retort. Conducting a diagnostic interview is exemplified in this video (#8) to assess the presence of an addiction. Each of the DSM-5 criteria are explored, leading to the ability to diagnose an opioid use disorder. This is followed by questions to determine if initiating buprenorphine would be appropriate for this patient:

Video #8: https://youtu.be/6Fi7re1_8Qo
Lessons Learned: Z-B

An ED Bridge to Treatment is not rocket science; it is relatively **painless** to establish this program with tremendous gains as a cost effective and life-saving intervention.

“Starting a Buprenorphine Program: Our Community ED Experience” by Herring et al. (2018) [Treating Opioid Withdrawal in the ED with Buprenorphine: A Bridge to Recovery (aliem.com)] ALIEM=Academic Life in Emergency Medicine

“Starting our program at Sutter Delta was surprisingly painless. After presenting the efficacy and safety data around buprenorphine, it was easy to get buy-in from hospital, ED, pharmacy, and nursing leadership.... We trained physicians, advanced practice providers, and nurses how to assess withdrawal and give buprenorphine.

When an eligible patient arrives in the ED, they are seen and treated from fast-track ... Codifying the referral process in detail may be the most important component of starting a program. Initial quality improvement follow-ups have found that these patients have all started addiction treatment and are happy with the care they received.”  (Herring et al., 2018)

**Recommendation #27:** Build Your ED Bridge to Treatment -- Reach out to Virginia’s ED Bridge Builders for technical assistance (at Carilion Clinic or other sites in the “early implementer” cohort).

ED Bridge Replication Coordinator is Dr. Cheri Hartman with Carilion Clinic ([cwhartman1@carilionclinic.org](mailto:cwhartman1@carilionclinic.org)) or call: (540) 981-7099. Next Learning Collaborative for the Virginia ED Bridge Replication project is scheduled for June 15th at 12 noon. Email Cheri Hartman if you wish to participate.
Thank you!
Dr. Cheri Hartman (540) 981-7099
cwhartman1@carilionclinic.org
Please unmute yourself or use the chat feature in WebEx to submit your questions.
On March 23, 2022, DEA Administrator Anne Milgram issued a press release - "DEA's Commitment to Expanding Access to Medication-Assisted Treatment"

- This change will allow ED, hospital, and clinic practitioners to request an exception allowing them to **dispense** a three-day supply of buprenorphine or methadone to treat patients experiencing acute opioid withdrawal.
  - Previously, the 72-hour rule only allowed administration, meaning a person had to return on subsequent days to receive medication
  - This change removes potential barriers to MOUD, including transportation, and therefore increases likelihood of recovery
- Practitioners **MUST REQUEST AN EXCEPTION** by emailing **ODLP@dea.gov**
  - When doing so, including 'REQUEST FOR EXCEPTION TO LIMITATIONS ON DISPENDING FOR OUD' in the subject line
  - Practitioners can request a blanket exemption, they do not need to request an exemption every time they wish to dispense a three day supply
- The DEA is still working on official, finalized guidance, but practitioners do not need to wait for this to request an exemption
DMAS/SUPPORT Website

DMAS Home Page: https://www.dmas.virginia.gov/
SUPPORT Grant: https://www.dmas.virginia.gov/#/artssupport
Want a copy of today’s slides?

*Monthly Stakeholder Meetings*

- March 2021
- February 2021
- January 2021
- December 2020
- November 2020
- October 2020
- September 2020
- August 2020
- July 2020
- June 2020
- May 2020
- April 2020


*Reminder: Stakeholder Meetings are now held every other month! Our next meeting will be in July!*
ARTS Questions:
• ARTS Helpline number: **804-593-2453**
• Email: **SUD@dmas.Virginia.gov**
• Website: https://www.dmas.virginia.gov/for-providers/addiction-and-recovery-treatment-services/

SUPPORT Act Grant Questions:
• **SUPPORTgrant@dmas.virginia.gov**

ARTS Treatment Questions:
• SUD Behavioral Health: Paul Brasler
  ▪ **Paul.Brasler@dmas.Virginia.gov**
  ▪ 804.401.5241
• Addiction Medicine: SUPPORT Team
  ▪ **SUPPORTgrant@dmas.Virginia.gov**
Thank you for calling in!

Your participation in the Monthly Stakeholder meetings is vital to the success of the SUPPORT Act Grant in Virginia.

**Two Final Stakeholder Meetings Meeting**

Monday, July 11\(^{th}\) & September 12\(^{th}\)

10:00 AM – 11:30 AM