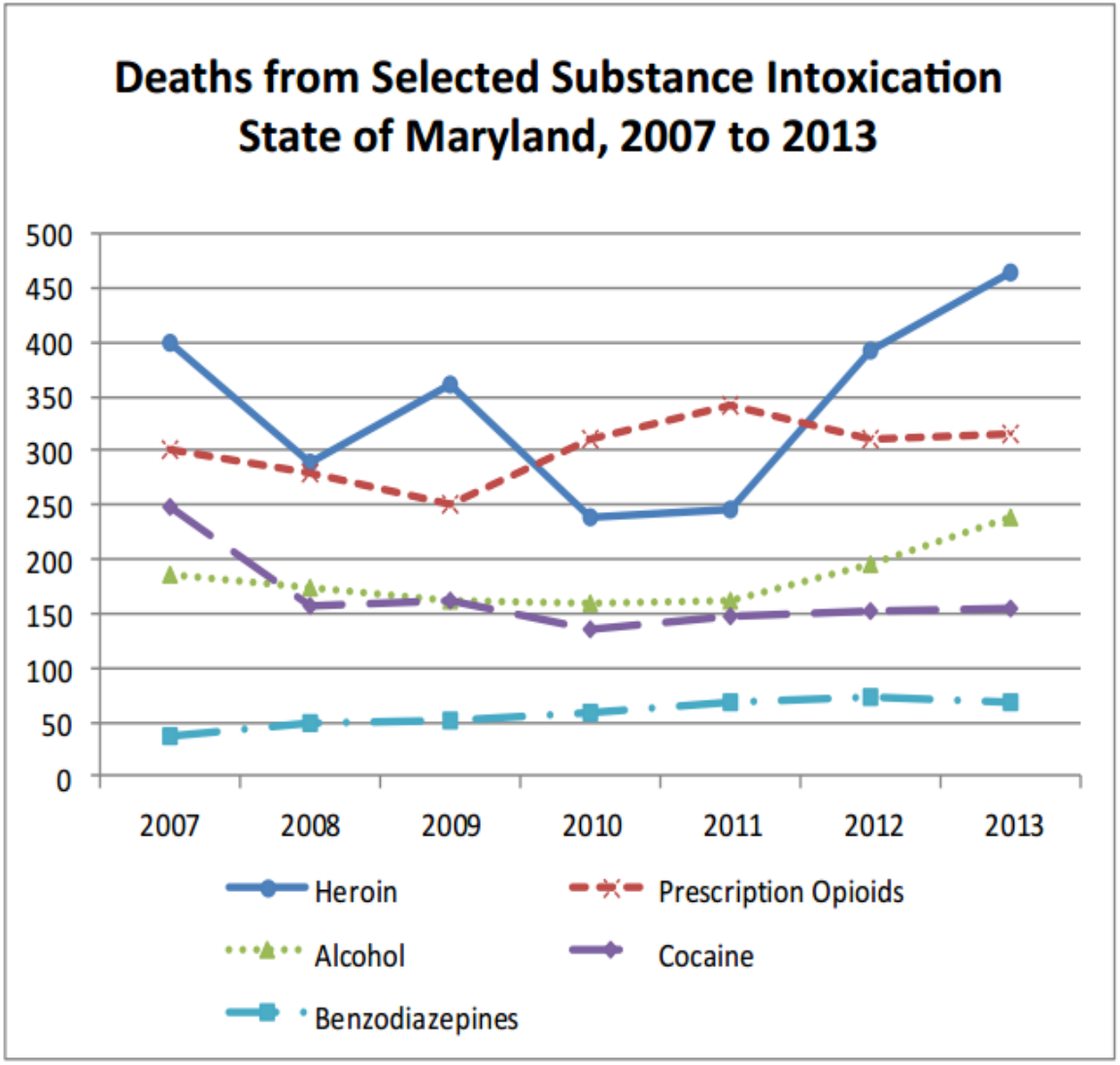
Overdose Survivors' Outreach Program (OSOP)

Brian Holler, MPH

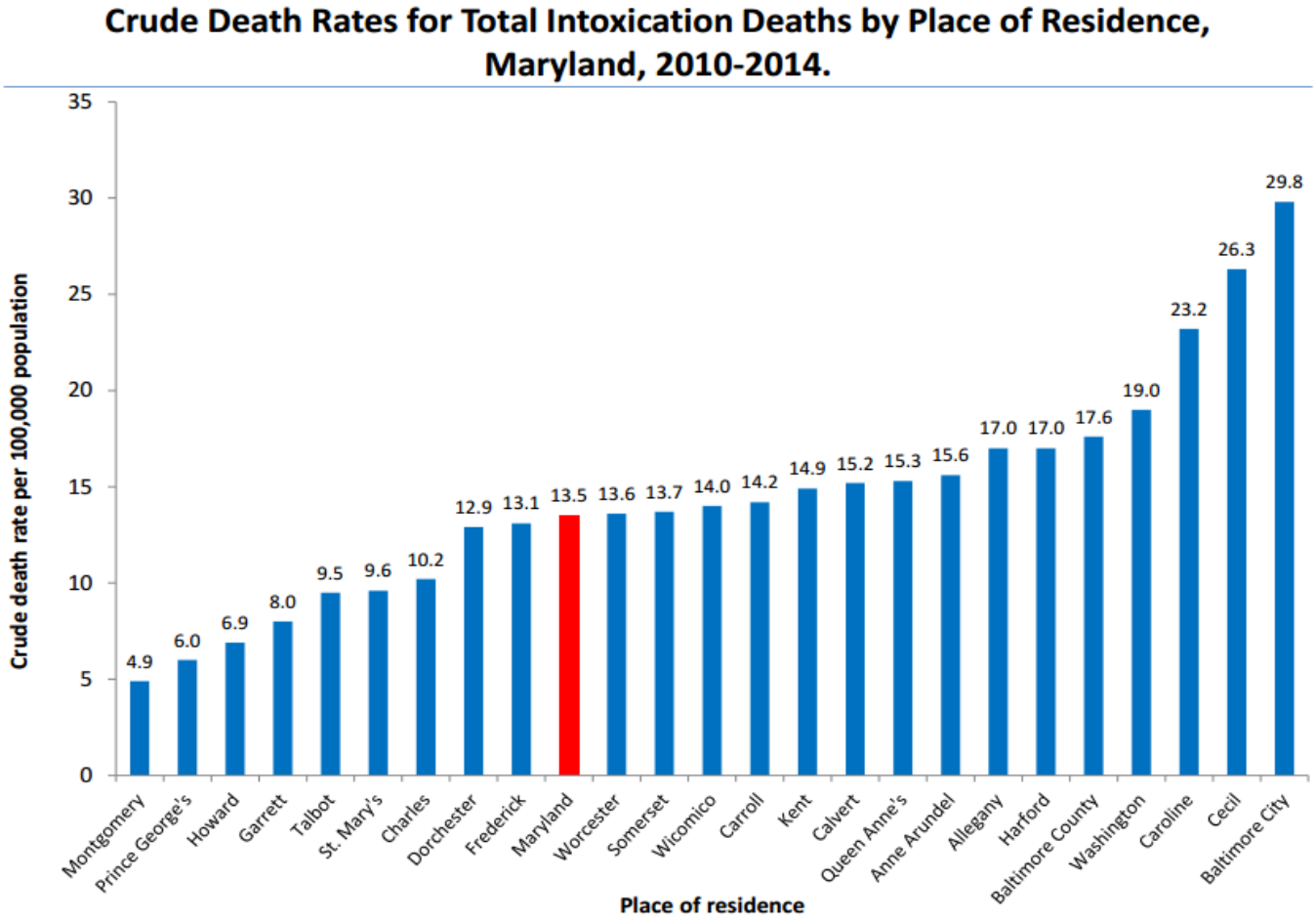
Special Programs Manager
Office of Overdose Preventions
Behavioral Health Administration
Department of Health and Mental Hygiene

Background

Describing the Epidemic (1)



Describing the Epidemic (2)



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Describing the Epidemic (3)

Number of Addictions-Related Emergency Department Visits for Maryland Residents				
HOSPITAL	**2011**	**2012**	**2013**	**2014**
Sinai	1,297	1,620	1,659	1,583
GBMC	1,288	1,573	1,787	1,781
Mercy	2,894	3,259	3,014	2,598
Medstar-Good Samaritan	1,738	2,142	2,357	2,698
Johns Hopkins-Bayview	2,490	2,698	2,763	2,953
MedStar-Harbor	2,671	2,893	2,511	3,103
St. Agnes	1,323	1,775	2,207	3,434
Medstar-Union Memorial	2,500	3,104	3,180	3,447
Medstar-Franklin Square	2,818	3,219	3,151	3,598
Johns Hopkins	3,291	4,117	4,381	3,702
U of Maryland	3,321	3,710	3,531	3,978
U of Maryland-Midtown	2,407	2,892	4,613	5,266
Bon Secour	2,938	4,128	4,738	6,513

Source: HSCRC Outpatient Data Files, 2011-2014 prepared by the DHMH Virtual Data Unit using SHIP measure methodology.

Describing the Epidemic (4)

Percent of Addictions-Related Emergency Department Visits for Maryland Residents				
HOSPITAL	**2011**	**2012**	**2013**	**2014**
Sinai	2.1%	2.5%	2.6%	2.6%
GBMC	2.9%	3.5%	4.2%	4.2%
Medstar-Franklin Square	3.1%	3.4%	3.6%	4.4%
Mercy	5.1%	5.5%	5.1%	4.5%
St. Agnes	2.0%	2.6%	3.3%	4.5%
MARYLAND STATE	3.6%	3.9%	4.3%	4.7%
Johns Hopkins	4.9%	5.7%	6.0%	5.0%
Medstar-Good Samaritan	3.7%	4.3%	4.9%	5.7%
MedStar-Harbor	5.3%	5.6%	5.1%	6.3%
U of Maryland	6.0%	6.4%	5.9%	6.6%
Medstar-Union Memorial	5.3%	6.2%	6.4%	6.8%
Johns Hopkins-Bayview	5.4%	5.8%	6.3%	7.2%
U of Maryland-Midtown	10.9%	11.3%	17.9%	19.2%
Bon Secour	13.8%	17.4%	20.7%	28.6%

Source: HSCRC Outpatient Data Files, 2011-2014 prepared by the DHMH Virtual Data Unit using SHIP measure methodology.

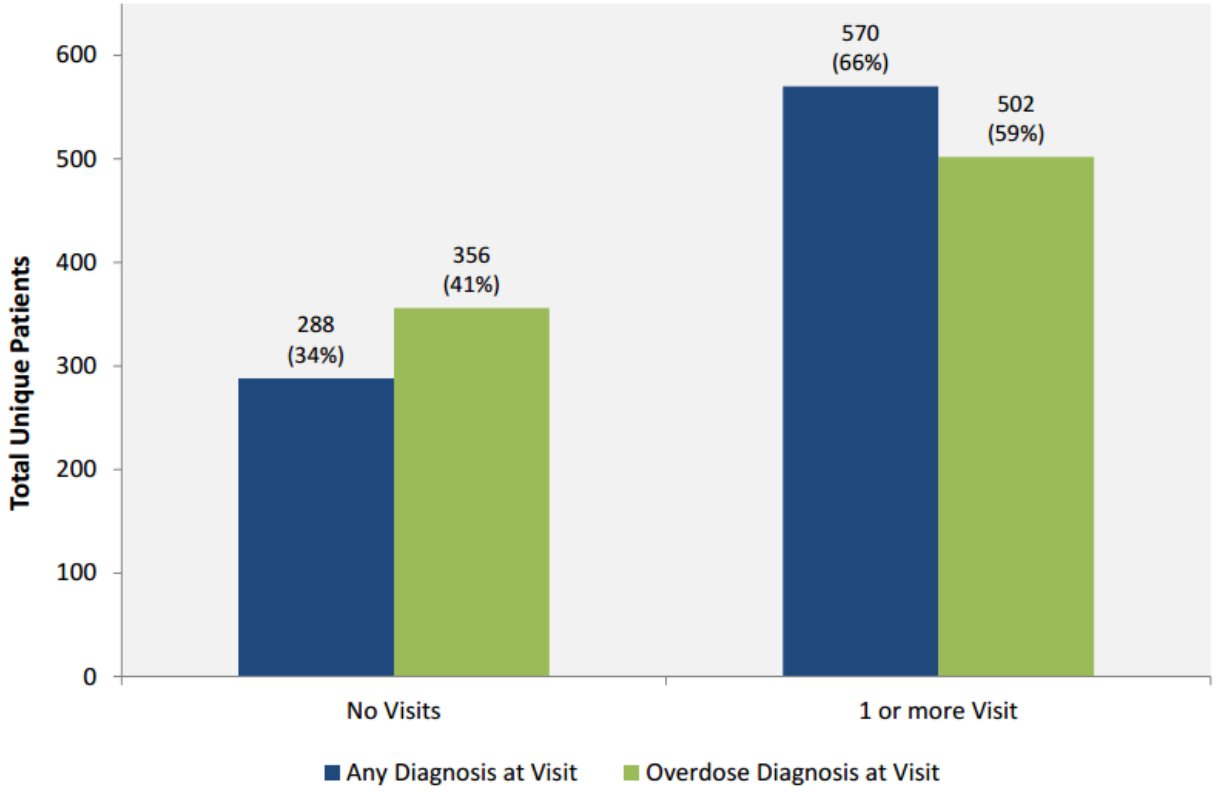
Previous Overdose as an Indicator

- In 2013, 858 individuals died of an overdose in Maryland.
  - Of these 858 individuals, 59% (n=502) had at least 1 or more visits* for an overdose up to one year prior to the overdose death. (Total overdose visits = 1,507)
  - 41% (n=356) of the individuals that died of an overdose in 2013 did not have a visit* for an overdose up to one year prior to the overdose death.

- Of these 858 individuals, 66% (n=570) had at least 1 or more visits* for any reason up to one year prior to the overdose death. (Total visits = 2,207)
  - 34% (n=288) of the individuals that died of an overdose in 2013 did not have a visit* for any reason within a year before the overdose death.

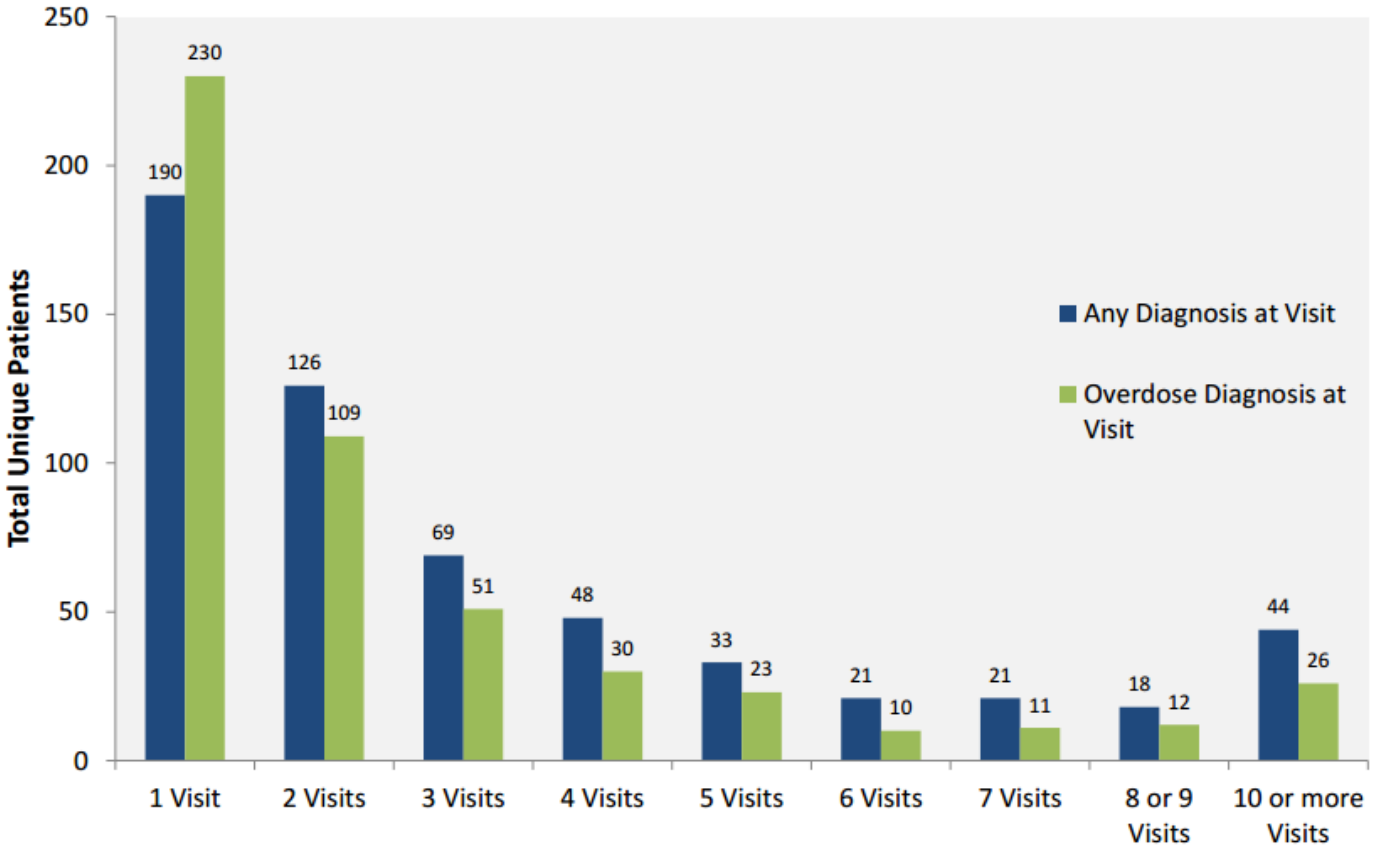
*Hospitalization or emergency department visit in Maryland.

Total ED Visits / Hospitalizations Occurring 1 Year Before Overdose Death



*Based on the 858 individuals who died of an overdose in 2013.

Total ED Visits / Hospitalizations Occurring 1 Year Before Overdose Death



*Based on the 858 individuals who died of an overdose in 2013.

OSOP
Program Overview

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OSOP Goals

- To offer overdose survivors a pathway to treatment and wrap-around services in hospital emergency rooms and in the field, as well as naloxone training, and a consistent point of contact should someone wish to enter care.
- To enhance collaboration between hospitals and clinics, local health departments and treatment facilities

OSOP Model

- Offer peer recovery support services to overdose survivors through motivational interviewing and behavioral change assessment
- Receive consent from patient to follow up to offer treatment, services, and periodic peer support
- Make regularly scheduled contact in the field or via phone to provide a consistent point of contact and pathway to treatment

Benefits of Peer Support Services

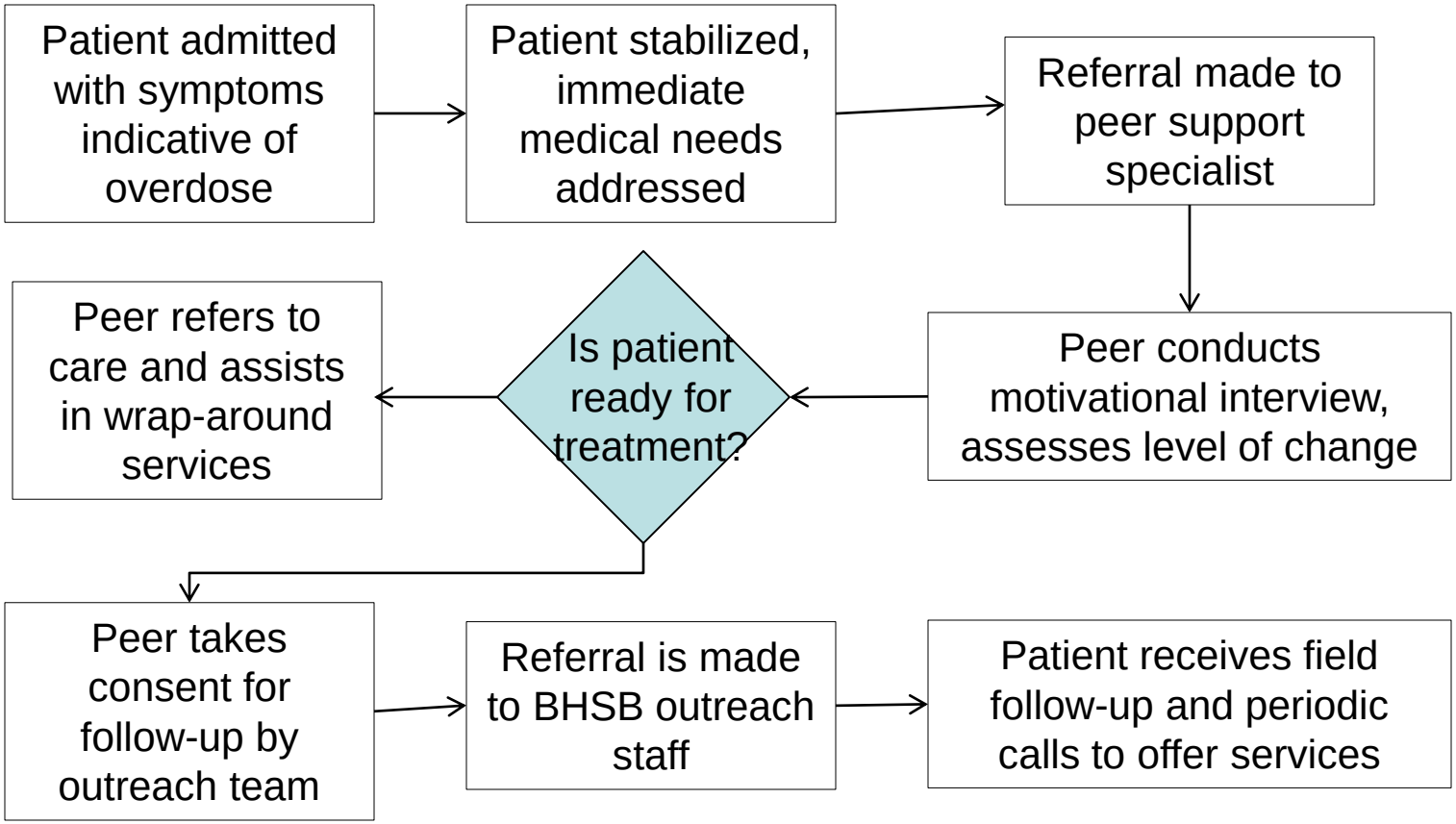
- Allows clinical staff to focus on somatic care
- Especially effective in EDs
  - Migdole S., et al. (2011). Exploring new frontiers: Recovery-oriented peer support programming in a psychiatric ED. American Journal of Psychiatric Rehabilitation, 14(1): 1-12.
- Can be used flexibly
  - SBIRT, Overdose, Tox Screen
- Cost effective
  - Dennis G. Smith, director of the Centers for Medicare and Medicaid Services, explained peer support as an “evidence-based mental health model of care that consists of a qualified peer support provider who assists individuals with their recovery from mental illness and substance use disorders.”

History

- Partnership between BHA, Mosaic Group, and Behavioral Health Systems Baltimore
- SAMSA-funded SBIRT grant for hospitals and FQHCs
- SBIRT effective for alcohol but not opioids

Young MM, Stevens A, Galipeau J, et al. Effectiveness of brief interventions as part of the Screening, Brief Intervention and Referral to Treatment (SBIRT) model for reducing the nonmedical use of psychoactive substances: a systematic review. *Systematic Reviews*. 2014;3:50. doi:10.1186/2046-4053-3-50.

Workflow


Patient admitted with symptoms indicative of overdose
Patient stabilized, immediate medical needs addressed
Referral made to peer support specialist
Peer conducts motivational interview, assesses level of change
Is patient ready for treatment?
Peer refers to care and assists in wrap-around services
Peer takes consent for follow-up by outreach team
Referral is made to BHSB outreach staff
Patient receives field follow-up and periodic calls to offer services

Jurisdictional Differences

Anne Arundel County

- Peers employed directly through LHD
- Symptoms trigger referral
- Two peers at each facility
- No consent required for initiation to program

Baltimore City

- Peers employed through hospital
- SBIRT screening or OD triggers referral
- Three peers with staggered schedules
- Refer OD cases to LHD outreach peers

Future Expansion

- Naloxone kit training and distribution in ED to patient and their family and friends
- Gap Buprenorphine distribution and warm handoff to treatment facilities
- Dedicated “outreach” peers at Anne Arundel LHD receive referrals from the hospital cases
- Expansion to other jurisdictions

Comprehensive Evaluation

- *Health Systems Cost Review Commission (HSCRC)*

  Measure ED service utilization post-intervention

  All-Payer claims data would demonstrate impact on cost
- *Beacon Treatment Options*

  Treatment enrollment and adherence outcomes
- *Office of Chief Medical Examiner (OCME)*
- Overdose fatality reduction or change
- Qualitative impact on hospital's clinical staff

Projected Outcomes

- Reduced readmissions
- Greater adherence to medical care (ID, wound care, OBGYN, psych)
- Increased number of patients in treatment
- Naloxone distribution
- Reduction of clinical staff time spent on behavioral health problems
- Increased clinical and support staff morale
- Reduction in overdose deaths

Current Partners

- Behavioral Health Systems Baltimore is working with four city hospitals to expand their SBIRT screening program to include field follow up for overdose survivors by BHSB outreach peers
- Anne Arundel Local Health Department is piloting this program at Baltimore Washington Medical Center and Anne Arundel Medical Center to embed peers from the LHD in ED to become a first point of contact in overdose survivors' path to treatment
- Mosaic Group is partnering to provide gap bupe dispensing in participating city hospitals

Questions?

Brian Holler

brian.holler@maryland.gov