Overdose Prevention in Maryland

2016 Harold Rogers PDMP National Meeting
August 17, 2016

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Unintentional Drug & Alcohol Overdose Deaths in Maryland, 2007-2015
Overdose Deaths, Ctd.
Overdose Deaths, Ctd.

Heroin-Related

Fentanyl-Related
Figure 58. Crude Rates for Heroin-related Emergency Department Visits by Age Group: Maryland, 2008-2014*

- 15-24 years
- 25-44 years
- 45-64 years

Rate per 100,000 population

Year:
- 2008
- 2009
- 2010
- 2011
- 2012
- 2013
- 2014
Figure 60. Expected Payer for Heroin-related Emergency Department Visits: Maryland, 2008-2014*
Age of Suspected Overdose Victims Administered Naloxone by Law Enforcement Officers in Maryland and Camden County, NJ
Engelmann, B. Naloxone and Law Enforcement Officers in Maryland: Pre- and Post-Training Knowledge and Opinion Survey Results and Naloxone Administration Characteristics from 2014-2016 Incident Data, Univ. of MD, Center for Safe Solutions, June 2016.

Figure 3. Overdose Victim Ages in MD & Camden County
MD Overdose Prevention Strategy

• Improve overdose epidemiology & strategic planning at state & local levels

• Improve access/quality of agonist therapy for opioid addiction (methadone & buprenorphine)

• Reduce Rx opioid misuse & inappropriate prescribing

• Overdose education & naloxone distribution

• Targeted outreach to high-risk individuals to coordinate access to treatment, recovery support & harm reduction services
Office of Overdose Prevention

• Created 2014 in Behavioral Health Administration (state authority for mental health & addiction services)

• Houses:
  – Prescription Drug Monitoring Program
  – Overdose Response Program (naloxone distribution)
  – Overdose Survivors Outreach Program
  – Overdose Fatality Review
  – Novel behavioral health epidemiology & informatics projects
  – Public awareness & provider education campaigns

• Works closely with:
  – Treatment & recovery division of BHA
  – Public health division of DHMH (Chief Medical Examiner, Vital Stats, state CDS authority, injury prevention, etc.)
  – Medicaid
  – Health professional licensing boards
  – Local health departments
  – Other state departments, esp. public safety agencies
Data Sharing & Epidemiology

http://bha.dhmh.maryland.gov/OVERDOSE_PREVENTION/Pages/Data-and-Reports.aspx

• Fatal overdose data:
  – 2012: methodology for analyzing statewide Office of Chief Medical Examiner & Vital Statistics Admin records
  – Monthly interagency data sharing process established
  – Annual, quarterly & ad hoc reports at state and local level
  – Quarterly death records sent to local health departments

• Non-fatal overdose data
  – Annual reports based on hospital claims data
  – Some LHDs receiving incident data from police or EMS

• 2014-present: link overdose decedents w/ agency records, including:
  – Medicaid
  – Corrections
  – Hospital inpatient & outpatient services
  – PDMP
  – Behavioral health treatment & recovery support
Overdose Fatality Review

http://bha.dhmh.maryland.gov/OVERDOSE_PREVENTION/Pages/OFR-.aspx

• Structure:
  – Modeled after existing mortality review programs (Child Fatality Review)
  – Multi-agency/multi-disciplinary team assembled at local (county/Balt. City) level to conduct confidential reviews of overdose death cases
  – State provides TA & death records to local OFR teams
  – Team members bring info about decedents from respective agencies for review

• Goal to prevent future deaths by:
  – Identifying missed opportunities for prevention and gaps in system
  – Building working relationships b/t local stakeholders on OD prevention
  – Recommending policies, programs, laws, etc. to prevent OD deaths
  – Informing local overdose prevention strategy

• Legal authority:
  – 2014: specific state law
  – Requires healthcare providers and gov. agencies disclose data to teams
  – Civil immunity protections for team members

• History:
  – Supported by 2013 HRPDMP Cat. III grant
  – 2014: 3 pilot jurisdictions; currently 18 teams active (out of 24 total jurisdictions)
  – 200+ cases reviewed to date
Notable OFR Findings

Decedent factors:
• Prior overdose(s)
• DUI/DWI history
• Suicide attempts/ideation
• Intimate partner violence (as victim or perpetrator)
• Heavy social services & criminal justice involvement
• Poly-pharmacy
• Pain management
• Occurrence of trauma just before death (loss of a loved one, struggles with child custody, etc.)
• Older drug users with many co-occurring chronic health issues
• Involvement w/ treatment services, but poor care coordination & follow through on referrals

Incident factors:
• Deaths at home, often w/ family/housemates at home too
• Hotels and motels
• Recent release from jail
• Alcohol along w/ opioids in COD
Predictive Risk Evaluation to Combat Overdose Grant (PRECOG)

• Goal: develop overdose predictive risk model (PRM)

• Funded by 2015 HRPDMP Cat. II grant

• Partners:
  – Chesapeake Regional Information System for our Patients (CRISP): state-designated health information exchange & PDMP IT vendor
  – Johns Hopkins Bloomberg School of Public Health, Center for Population Health Information Technology

• Create linked (at service recipient level) and de-identified database of multiple state agency datasets

• PRM tool will be used to identify high risk individuals in PDMP & other state databases & at points of contact with other service systems
PDMP OD Prevention Activities

• Prescriber notification of patient overdose using unsolicited reporting authority (in planning)

• Support buprenorphine access expansion plan by:
  – Quantifying active bup prescribers (by waiver status) & patients
  – Targeted outreach to prescribers treating high-risk patients for waiver training & clinical support (in planning)

• Provide aggregate PDMP data to LHDs to support opioid misuse prevention planning strategies

• Collect naloxone dispensing data from pharmacies & promote through Overdose Response Program (in planning)
Overdose Response Program

http://bha.dhmh.maryland.gov/NALOXONE/

• 2013: “3rd party” naloxone law

• State authorizes orgs to train/certify lay people on opioid OD recognition & response w/ naloxone

• Authorized orgs’ supervising practitioner may issue standing order authorizing unlicensed trainers to dispense to trainees

• Statewide standing order for pharmacist dispensing to trainees w/o Rx

• Over $1.8M in grant funding to LHDs authorized since 2014 (SAMHSA SAPT block grant & state GF)
ORP Activities

- 58 authorized orgs including community orgs, addiction Tx programs, correctional med providers, police & EMS agencies, pharmacies, all LHDs

- 32k people trained; 34k doses dispensed; 703 naloxone administrations reported

- Partnership w/ MD Poison Center for naloxone use reports
  
  Doyon, S. et. al. “Incorporation of Poison Center Services in a State-Wide Overdose Education and Naloxone Distribution Program”  

- Prioritize grant funding for LHDs targeting high-risk individuals
  - Baltimore City peer-led street outreach from syringe exchange van sites
  - Multiple LHDs partnering w/ local jails for OEND on release
  - Trainings for Tx program clients & at recovery centers

- Naloxone expansion projects focused on:
  - Opioid Treatment Programs
  - Hospital: ED & inpatient
  - Pharmacy dispensing under standing order
  - Mobile crisis response/crisis intervention teams
  - Peer Recovery Specialist (PRS) outreach
Overdose Survivors Outreach Program

http://bha.dhmh.maryland.gov/OVERDOSE_PREVENTION/Pages/OSOP.aspx

- Support hospital-based, peer-led interventions w/ overdose survivors & in-community follow up
- Improve access to and ongoing engagement w/ treatment, recovery support, naloxone & harm reduction services
- Includes implementation of new hospital services and enhancement/expansion of existing projects
- Multiple funding sources:
  - Project-specific state general funds
  - SAMHSA SBIRT grant
  - SAMHSA MAT-PDOA grant
  - SAMHSA SAPT block grant
- Active in Baltimore City & Anne Arundel County; potential expansion to Baltimore County & others
Baltimore City OSOP

• PRS outreach team receives referrals from hospital-based peers, conducts in-community follow up
• 3 hospitals w/ ED SBIRT protocols & peer staff currently participating; 1 coming online next month and 3 more in 2016
• Partners:
  – Behavioral Health Systems Baltimore (local addictions authority)
  – Mosaic Group (training, technical assistance and project mgmt.)
  – Recovery Network (employs PRSs)
  – Family Health Centers Baltimore (employs PRSs)
• Outcomes to date:
  – 63 overdose survivors have received interventions & referrals
  – 14 individuals admitted to treatment services
Anne Arundel County OSOP

- 2 hospitals currently operational (Baltimore Washington Medical Center and Anne Arundel Medical Center)
- LHD-employed PRSs staff hospital ED
- Referral pathway to AAHD adult addictions program & OTP
- Peer support services provided to OTP clients
- Outcomes to date:
  - 181 individuals receiving interventions & referrals
  - 42 individuals admitted to treatment services
Dedicated to Eli Jones, 1977-2000