



The Connecticut Opioid REsponse Initiative

An Update 4/18/17

CORE Strategies

- **Increase Access to Treatment**
- **Decrease Risk of Overdose**
- **Increase Adherence to Opioid Prescribing Guideline**
- **Increase Access to Naloxone**
- **Increase Data Sharing Across Agencies & Organizations**
- **Increase Community Understanding of OUD, Treatment and Decrease Stigma**





Ideas are easy.
Implementation is hard.

- Guy Kawasaki

Funding Pursued

CORE Strategy #1 Increase Access to Treatment

Arnold Foundation (LOI accepted for full application due 4/21)

Implementing the Connecticut Opioid REsponse Initiative through Emergency Department and Jail/Prison-based medication

ED-initiated buprenorphine with follow up MAT & Expansion of jail/prison-based methadone
Supplement funds DMHAS requested from SAMHSA STR to implement ED-initiated buprenorphine

CORE Strategy #5 Increase Data Sharing Across Relevant Agencies

FDA Center for Excellence in Regulatory Science and Innovation (FDA CERSI)

Linking data sources to elucidate non-fatal and fatal opioid-related overdose epidemiology and the role of FDA-regulated products

To determine the extent to which Connecticut opioid-related overdose victims—as identified through hospital and medical examiner datasets—are represented in state-based prescription drug monitoring program (PDMP), criminal justice, hospital and drug treatment databases

Current Funding

CORE Strategies #1-6

CDC Prevention for States Program (Logan & D'Onofrio PIs)

Aligned with CORE strategies to

Increase utilization of Prescription Monitoring Program

Evaluation of the Good Samaritan Laws

Collaborating with 6 local health departments

(Quinnipiac, New Haven, Ledge Light, Bridgeport, Hartford, Waterbury)

- Promote & Facilitate Professional Awareness & Training
- Support Public Awareness Strategies
- Facilitate Linkages to Opioid Treatment Providers/Programs
- Promote & Track Availability of Naloxone
- Encourage Provider Registration & Use of CPMRS
- Increase Data Sharing Across Agencies & Organizations



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Associate Professor of Medicine

Medical Director, YNHH SRC Adult Primary Care

CT Bar Association Opioid Task Force

CT Alcohol and Drug Policy Council

CT Prescription Drug Abuse Task Force

CT Opioid REsponse (CORE) Initiative

Clinician-Educator of the Year, SGIM, 2015

Teacher of the Year, Yale Primary Care, 2014

Past-President, NE Society of General Internal
Medicine

Safe and Competent Opioid Prescribing Education (SCOPE) Course



www.scopeofpain.com

- **Target Audience:** Physicians, nurse practitioners, registered nurses, physician assistants, dentists, pharmacists, and health professional students
- **Format:** 3-4 hour live conferences, often including state-specific policy and resource panels, online courses also available
- **Objective:** Designed to help providers safely and effectively manage patients with chronic pain including the safe use of opioid analgesics

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Interest Group Society of General Internal
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Past-president, New England Region SGIM

Board of Directors, Addiction Medicine Fellowship
Directors Association



Office-Based Treatment of Opioid Use Disorder

The Half and Half Course

Sponsored by the American Academy of Addiction Psychiatry

- Five one hour online modules
- Four in person modules with case presentations
- Trainers are Addiction Medicine or Addiction Psychiatry board-certified with several years of clinical experience
- After course completion, participants are provided with the information to file for their X- waiver to prescribe buprenorphine
- PCSS also offers a mentor program to link new prescribers up with experts

Progress



Increase Access to Treatment, Consistent with National Guidelines, with Methadone & Buprenorphine

- **Tactics:**

- Increase medication use among incarcerated
- Increase access to buprenorphine

- **Progress:**

- **Arnold Foundation application**
- **DMHAS SAMHSA grant incorporated ED-initiated buprenorphine**
- **DATA 2000 training events**
 - 10/6/16 for BPT Optimus (FQHC) and New London SMHA (LMHA)
 - 3/15/17 Middletown
 - 7/17/17 Connecticut Hospital Association
- **Targeting DATA 2000 trainings with 6 LHDs (Hartford, New Haven, Bridgeport, Waterbury, Quinnipiac Valley, Ledge Light)**
- **In collaboration with Dr. Sharp of Beacon Health Options, AAAP to increase number of PCSS-MAT mentors from 5 to 10 in state**
 - Tetrault, Becker, Kraus, Collins, Sevarino
 - Chaplin, Silverman, Edens, Olsen, Petrakis



Reduce Overdose Risk, Especially Among Those Individuals at Highest Risk

- **Tactics:**

- Accelerate opioid overdose survivors' entry into opioid agonist treatment

- **Progress**

ED-based interventions

- YNHH ED has made arrangements with 5 local treatment providers/programs (OTPs, FQHCs and Primary Care) to receive patients with ED-initiated buprenorphine
- Collaborating with CHA ED Medical Directors



Increase Adherence to Opioid Prescribing Guidelines, Especially Among Those Providing Prescriptions Associated with Increased Risk

- **Tactics:**

- Target education and implementation efforts for practitioners who prescribe more than 90 MME or who co-prescribe opioids and benzodiazepines.

- **Progress:**

- Working with 6 LHDs (Hartford, New Haven, Bridgeport, Waterbury, Quinnipiac Valley, Ledge Light) and DCP to provide SCOPE of Pain Trainings according to FDA Blueprint



Increase Access To & Track Use of Naloxone

- **Tactics:**

- Increase naloxone distribution to high-risk individuals
- Monitor naloxone use in response to witnessed opioid overdose events
- Ensure affordable access to naloxone

- **Progress:**

- **Presentations to pharmacists at DPH symposium**
- **Working with 6 LHDs regarding local naloxone data**
(Hartford, New Haven, Bridgeport, Waterbury, Quinnipiac Valley, Ledge Light)



Increase Data Sharing Across Relevant Agencies & Organizations

- **Tactic:**
 - Create memorandum of understandings across relevant agencies to allow for data sharing and protection
- **Progress:**
 - **DPH and DCP working on MOU regarding PDMP data**
 - **Working with 6 LHDs regarding local data** (Hartford, New Haven, Bridgeport, Waterbury, Quinnipiac Valley, Ledge Light)
- **Recent legislation proposed**

Section 1. Subsection (j) of section 21a-254 of the general statutes is amended by adding subdivision (11) as follows (Effective from passage): (NEW) (11) **The (DCP) commissioner may provide controlled substance prescription information obtained in accordance with subdivisions (3) and (4) of this subsection to other state agencies, pursuant to an agreement between the commissioner and the head of such agency, provided the information is obtained for a study of disease prevention and control related to opioid abuse or the study of morbidity and mortality caused by overdoses of controlled substances. The provision of such information shall be in accordance with all applicable state and federal confidentiality requirements.**



Increase Community Understanding of Opioid Use Disorder, Treatment & Decrease Stigma

- **Tactic:**

- Educational efforts with media, agencies, healthcare and public health personnel

- **Progress:**

- **Pharmacy and public health presentations**

- **Multiple media conversations**

- **Yale media symposium in process**

- “Helping the media explain the opioid crisis and addiction to the public”

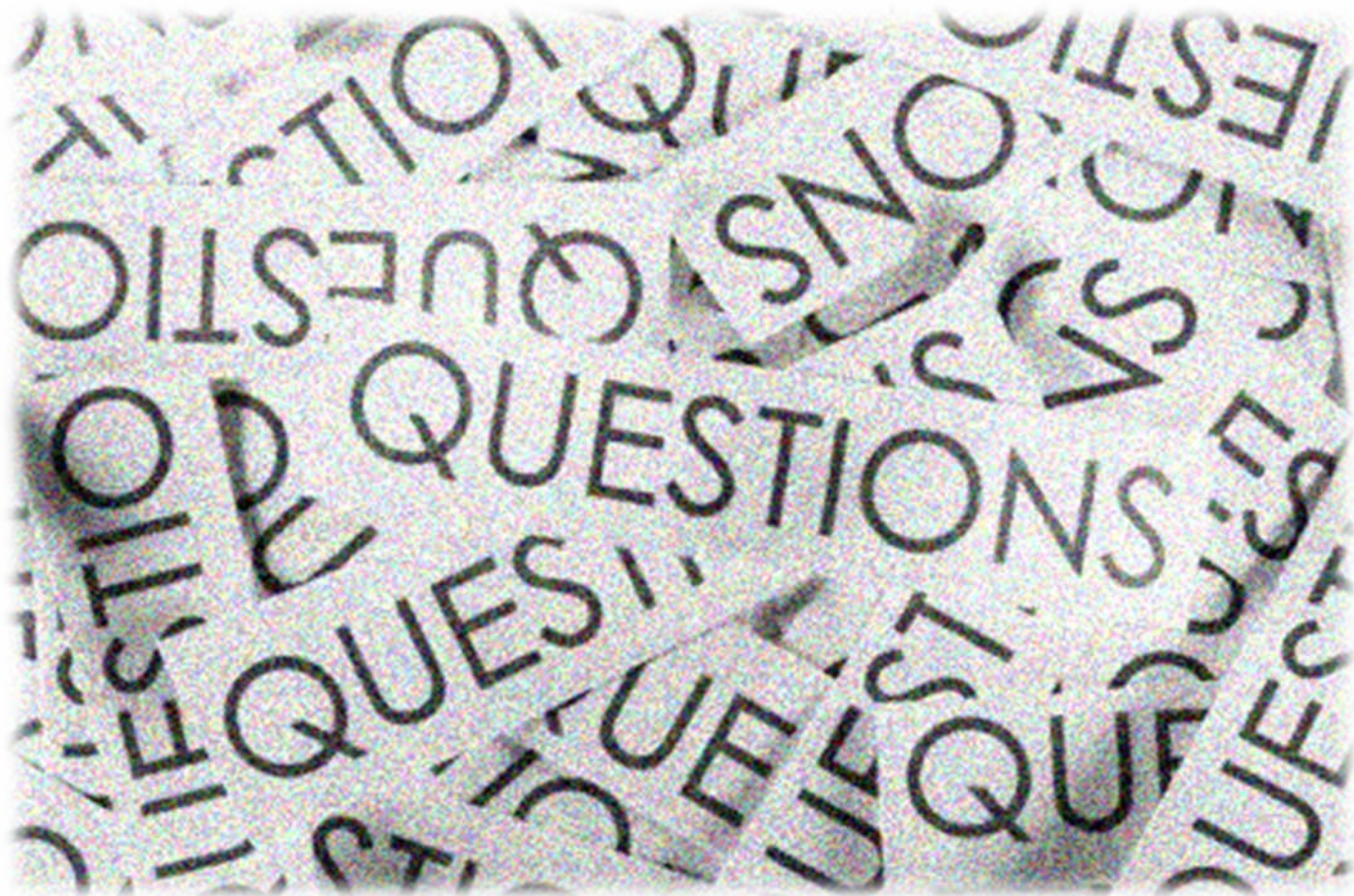


Overarching & Long-term efforts

- **Strategies**

- Diverting individuals from the legal system to the health care and treatment system.
 - Project LEAD discussions in New Haven with mayoral support to couple community policing with case managed referral of individuals with substance use disorders to treatment and other needed services
- Creation of supervised or safe injection sites
 - Discussions in New Haven and Hartford are at the contemplative stage by local harm reduction and academic advocates





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