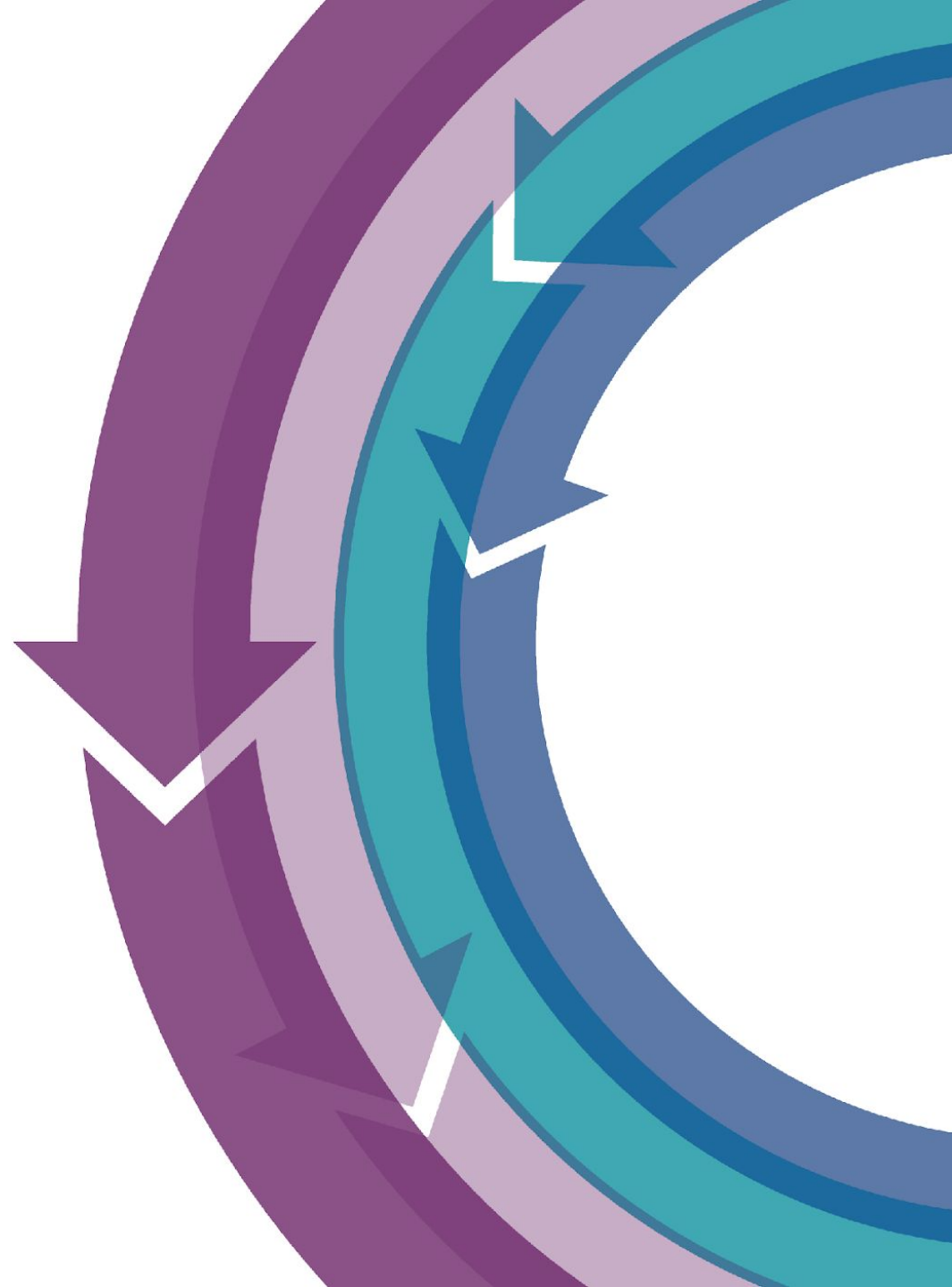




HEARD IT THROUGH THE GRAPEVINE:
**Public Health Partnerships,
Collaboration, and Innovation**

JULY 23-26, 2024
DETROIT, MICHIGAN



From California to Louisiana and Beyond!

Partnership to Facilitate Rapid Implementation of ED Initiated Buprenorphine



Melissa Stainback, PhD
SWLA Opioid Coordinator
Imperial Calcasieu Human Services Authority
Office of Public Health



Arianna Campbell, MPH, PA-C
Principal Investigator,
Bridge Center at the Public Health Institute



Traci Hedrick, LAC
Community Services Director
Imperial Calcasieu Human Services Authority Office
of Public Health



Sarah Windels, MPH
National Program Director,
Bridge Center at the Public Health Institute

Increasing capacity and clinical leadership in emergency departments across the U.S.



Opioid
Response
Network



Bridging emergency care and community health to create an integrated system that improves health and equity.

Bridge is a program of the Public Health Institute.
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**Opioid
Response
Network**

Funding for this initiative was made possible (in part) by grant no 1H79TI085588 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.



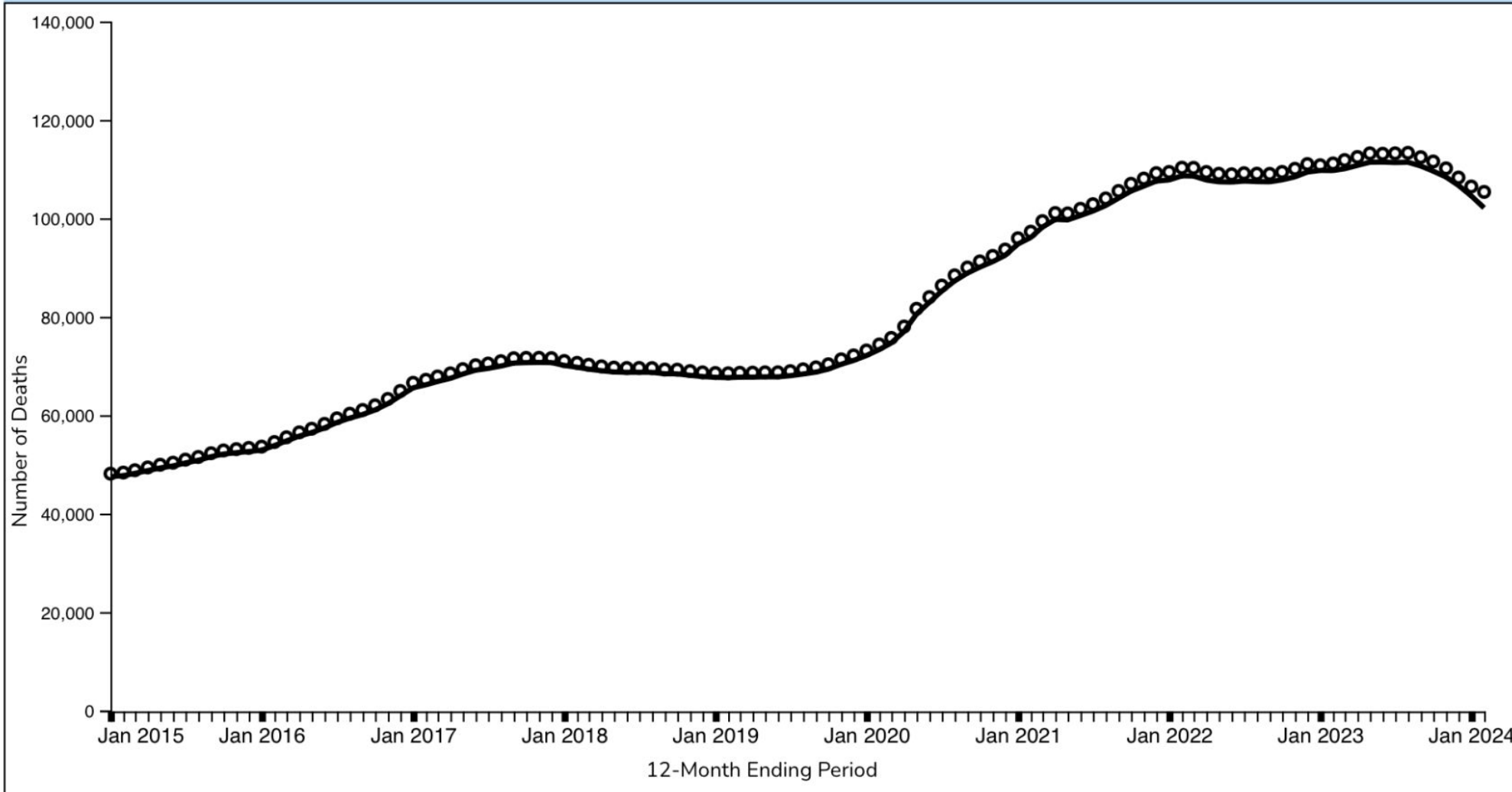
Opioid Response Network

- **Help is here!** The *Opioid Response Network (ORN)* is your resource for no-cost education, training and consultation to enhance efforts addressing opioid and stimulant use disorders.
- *ORN* has consultants in every state and territory to deploy across prevention, treatment, recovery and harm reduction.
- **Share your needs via the “Submit a Request” form at www.OpioidResponseNetwork.org.** Within one business day, your regional point person will be in touch to learn more.

Funding for this initiative was made possible (in part) by grant no. 1H79TI085588 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Overdose mortality in the U.S is 2x what it was 10 years ago

Figure 1a. 12 Month-ending Provisional Counts of Drug Overdose Deaths: United States



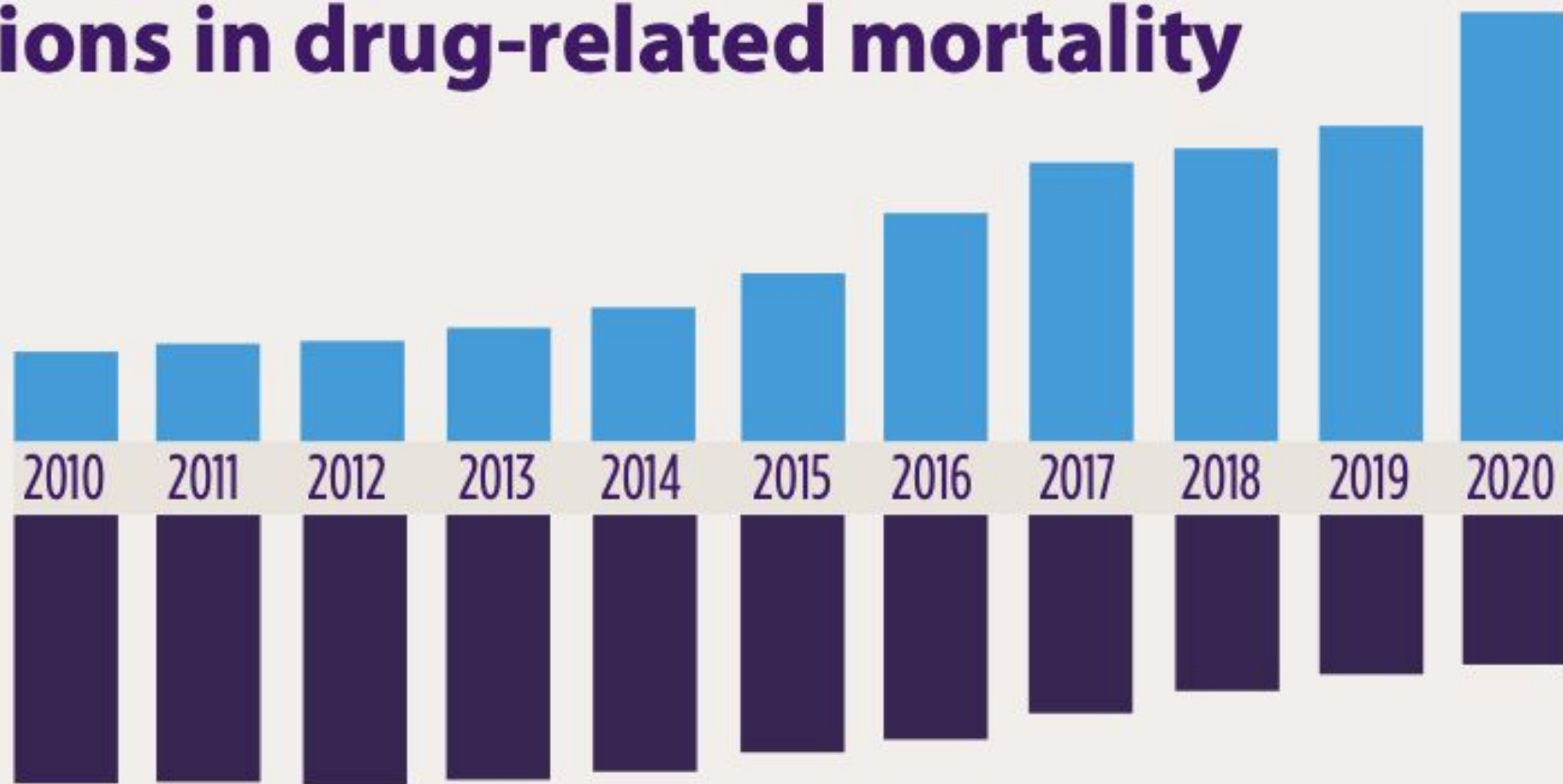
CDC 12 month-ending provisional number and percent change of drug overdose deaths based on data available for analysis July 7, 2024

Ahmad et al., 2024

Reductions in opioid prescribing have not led to reductions in drug-related mortality

Overdose deaths:
94,134*

Opioid prescriptions:
143,390,951¹
(44.4% decrease
since 2011)



*Provisional data for the 12-month period Jan. 2020–Jan. 2021

<https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

Treatment in the ED

Emergency Department-Initiated Buprenorphine/Naloxone Treatment for Opioid Dependence: A Randomized Clinical Trial

Gail D'Onofrio, MD, MS | Patrick G. O'Connor, MD, MPH | Michael V. Pantalon, PhD | Marek C. Chawarski, PhD | Susan H. Busch, PhD | Patricia H. Owens, MS | Steven L. Bernstein, MD | David A. Fiellin, MD

JAMA[®]
The Journal of the American Medical Association



78% to 37%

Number Needed to Treat (NNT)

Aspirin in STEMI	42 to save a life
Warfarin in Afib	25 to prevent a stroke
Steroids in COPD	10 to prevent tx failure
Defibrillation in Cardiac Arrest	2.5 to save a life
Buprenorphine in Opioid Use Disorder	2 to retain in treatment



We need to reimagine care
that people want...
go where the people are.



28%

of adult ED patients
screen positive for SUD.

The ED is the Ultimate Safety Net



Visible, easily accessible, and near public transport



Offers all-hours access, acute psychiatric stabilization, same-day treatment, and navigation to ongoing care

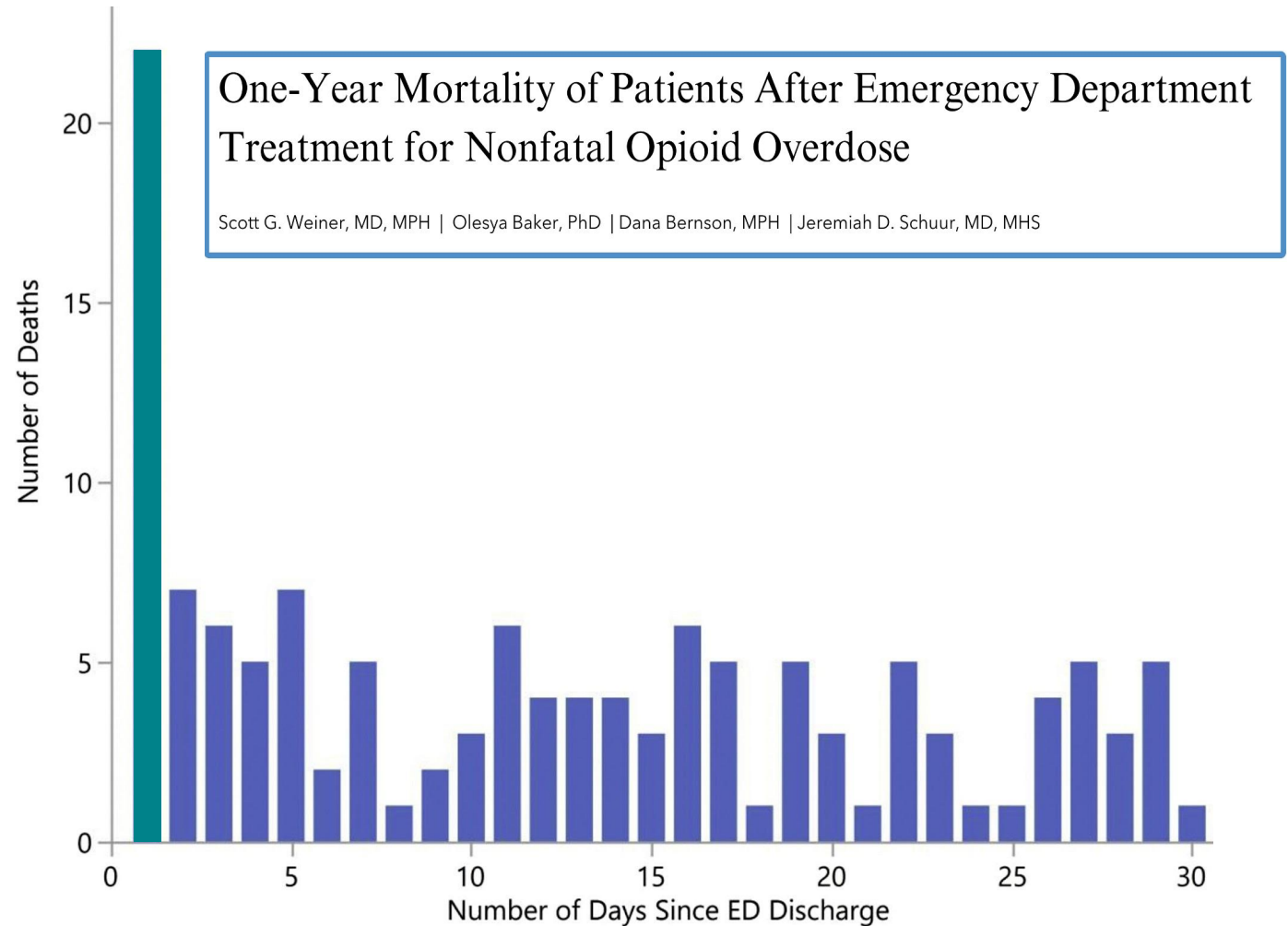


Critical link to shelters and community treatment programs

OUD is an Emergency

Significant increased mortality risk post-ED discharge

- 20% of patients who died did so in the first month
- 22% of those who died in the first month died within the first 2 days

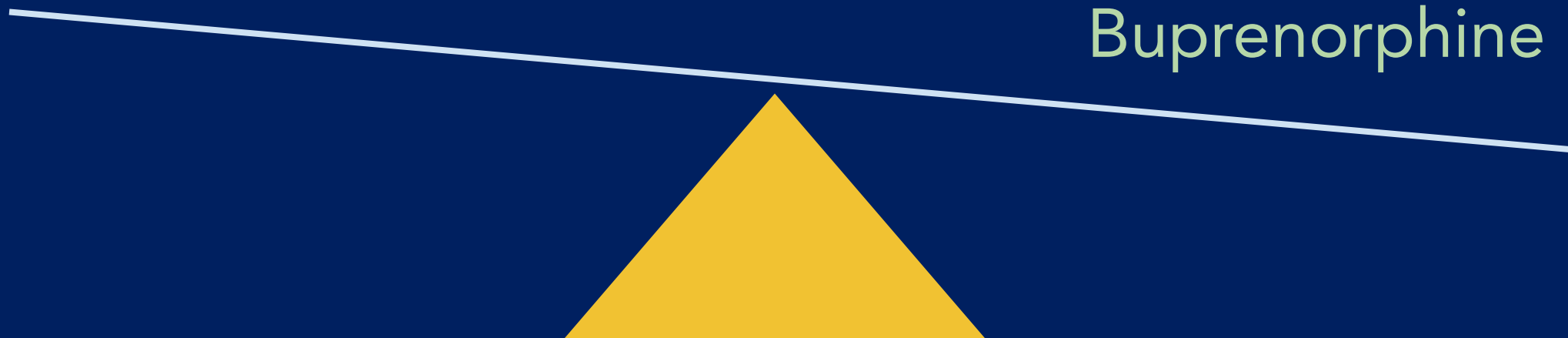


Barriers to Care



Street Access to
Illicit Substances

Medical Access to
Buprenorphine



Bridge Model

Revolutionizing The System Of Care



Low-Barrier
Treatment



Connection to Care
and Community



Culture
of Harm Reduction

Common Misconceptions

"Patients should be referred to counseling before starting treatment."

"Starting someone on buprenorphine is just trading one addiction for another."

"Starting Bup in the ED takes too long."

"Other patients deserve higher priority."

Ineffective care is driving burnout

...it is vital that we address and mitigate experiences of burnout to protect the wellbeing of our clinicians and to ensure the sustainability of their invaluable work.

Our unique mission-driven approach improves equitable treatment access nationwide

Effective implementation

Individualized assistance
from experienced providers

Bridge resources are
becoming the most widely
used in the field

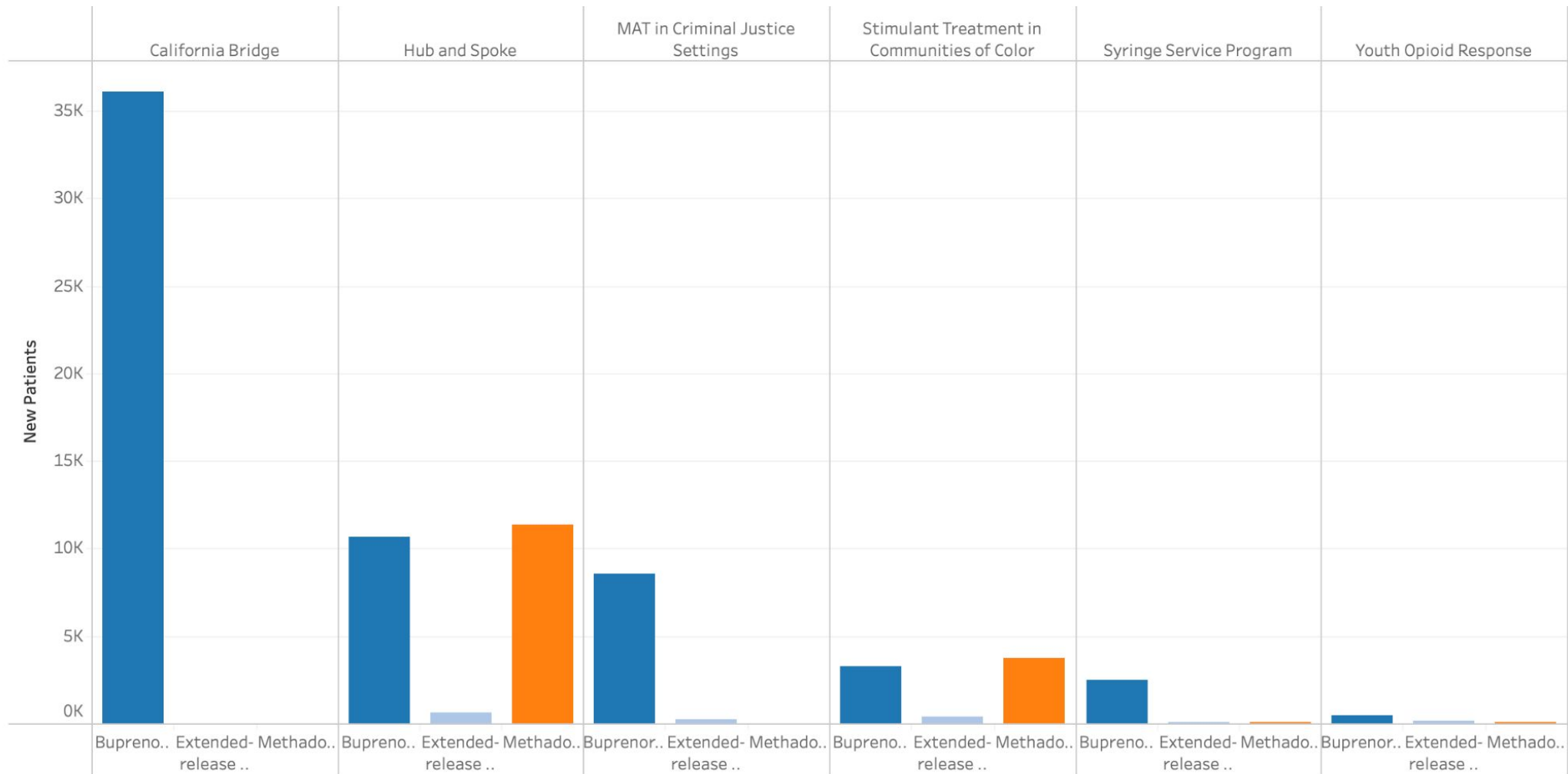
Elevating and building
local capacity

Navigation focus

Ability to pivot rapidly in
response to landscape
shifts

EDs outpaced all other programs in new bup starts

Total new MOUD starts via SOR Projects in California 2022



Legend: Buprenorphine (dark blue), Extended-release (light blue), Methadone (orange)

Vision for 5,600 EDs nationwide



Treatment First

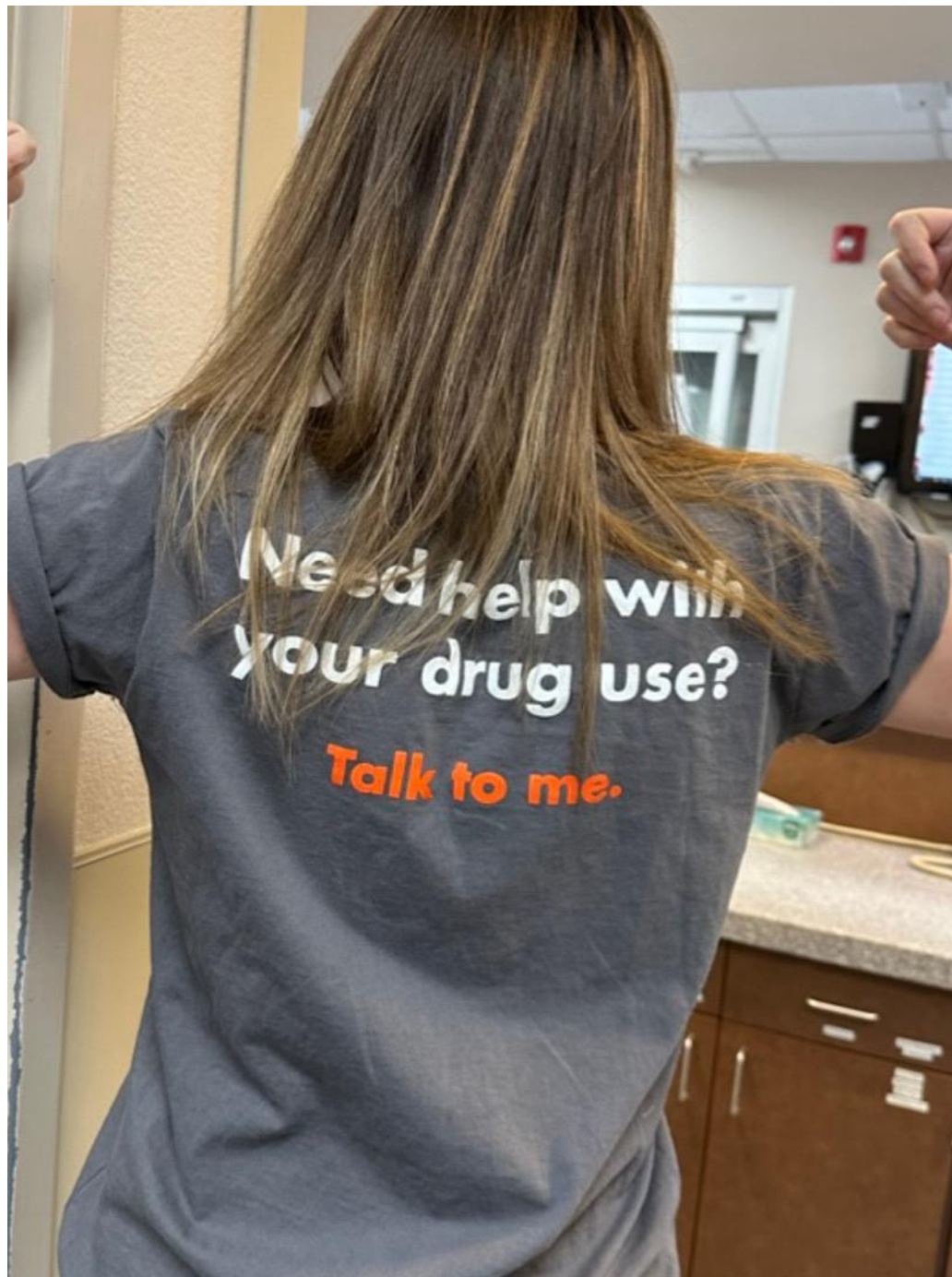
Patients will be offered low-threshold, evidence-based MOUD directly in the ED

Culture of Care

Signs and staff in the hospital invite patient self-disclosure of drug use and desire for treatment

Patient Navigation

Patients will be connected with ongoing care

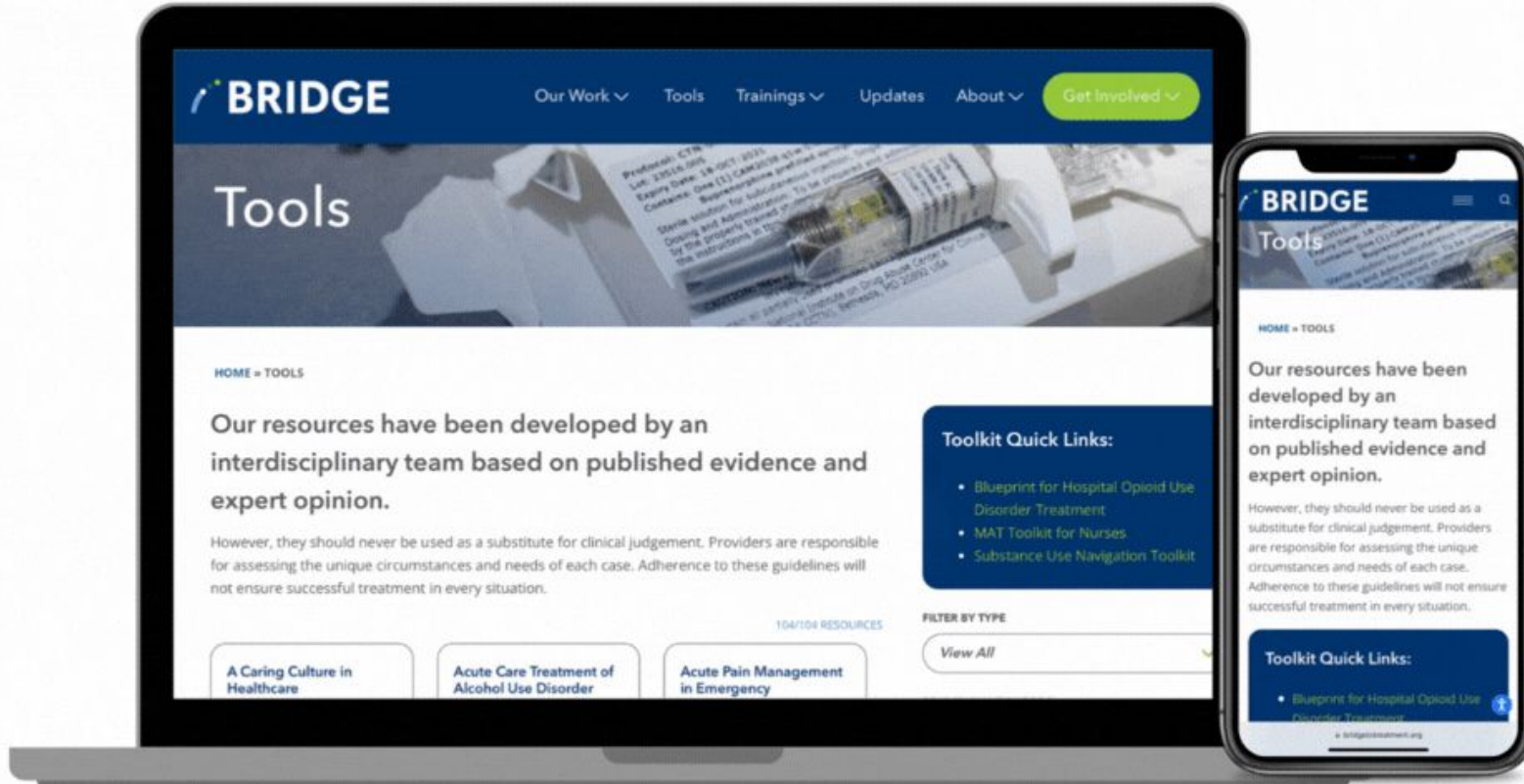




Badges courtesy of
Arlene Brown

Strategy

Inform and empower local
clinical leadership



Designed for clinicians by clinicians

Example timeline

JUL 2024	AUG 2024	SEP 2024	OCT 2024	NOV 2024	DEC 2024	
PLANNING & STRATEGIC OUTREACH		TRAINING & TA			SITE VISIT, FOLLOW-UP TA & EVALUATION	

Bridge and partners ID great model sites and learn more about landscape

Approximately 2 hours per week for each member of the site bridge team

Culmination of efforts, feedback, storytelling

BRIDGE STARTS PROGRAM

Rapid Implementation Support for ED Champions



- 4 trainings – didactic & discussion
- 3 individualized technical assistance sessions
 - ED-IMAT Assessment
 - Action plans and assistance with key gaps
 - Troubleshooting barriers
 - Assistance with developing relationships
- In-person site visit

Network for Emergency Addiction Treatment (NEAT)

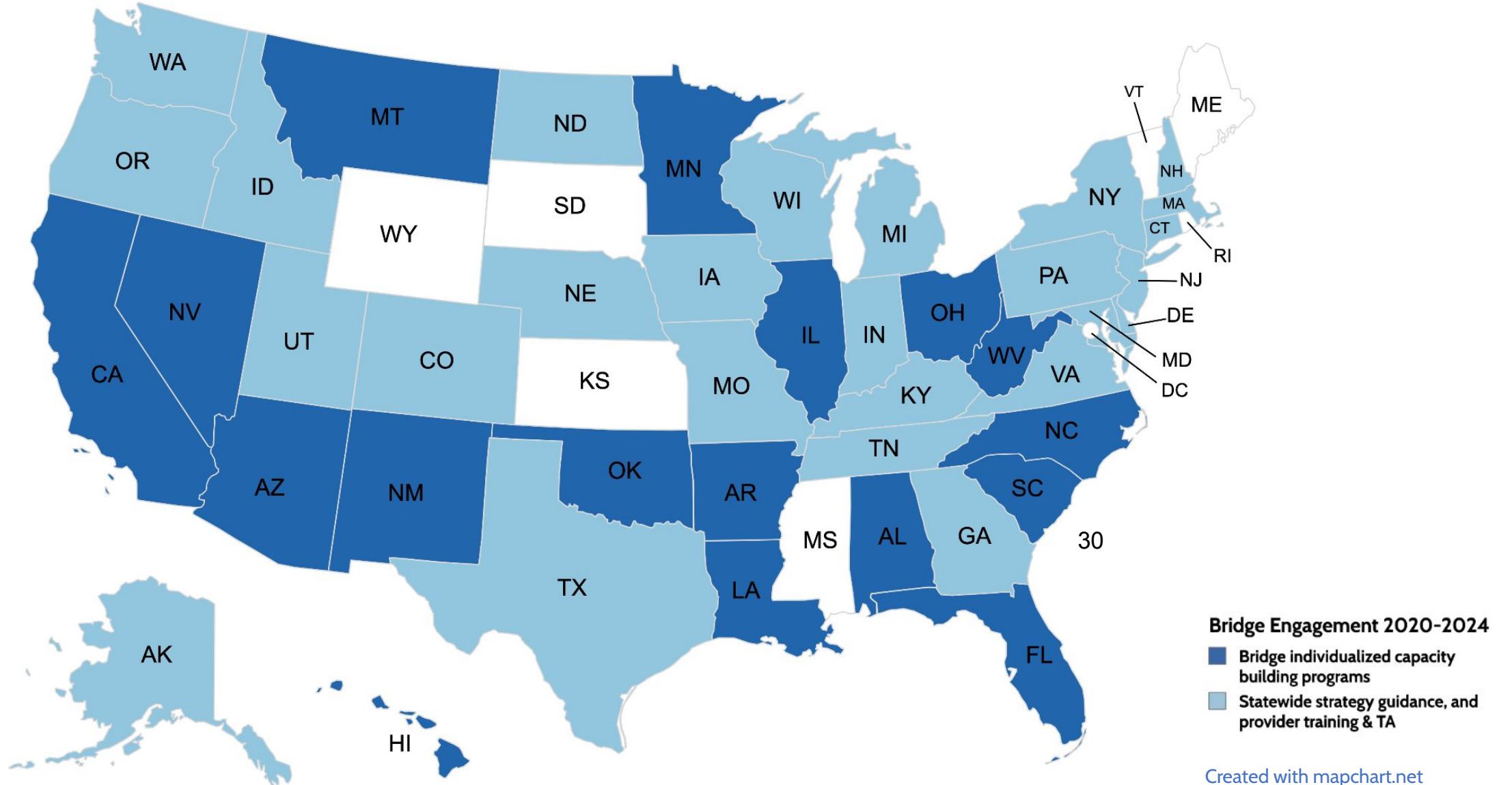
Coordinate and support leaders in implementation and quality improvement of emergency addiction treatment and harm reduction to:

- Increase access to treatment for patients with SUDs
- Improve equity and patient outcomes
- Reduce overdose deaths





National reach as of June 2024



Join us.

[BridgeToTreatment.org](https://www.BridgeToTreatment.org)

Visit our website for tools and resources.

[BridgeToTreatment.org/subscribe](https://www.BridgeToTreatment.org/subscribe)

Join our email list for new announcements.

@BridgeToTx





Treatment. Equity. Connection.



Arianna Campbell, PA-C, MPH

Principal Investigator

530-409-3048

ACampbell@BridgeToTreatment.org



Sarah Windels, MPH

National Program Director

415-425-5756

SarahWindels@BridgeToTreatment.org

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<https://www.cdc.gov/drugoverdose/deaths/2020.html>

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Weiner SG, Baker O, Bernson D, Schuur JD. One-Year Mortality of Patients After Emergency Department Treatment for Nonfatal Opioid Overdose. *Annals of Emergency Medicine*. 2020;75(1):13-17. doi:10.1016/j.annemergmed.2019.04.020

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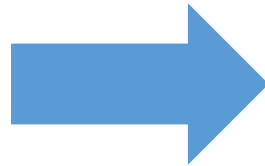
BRIDGE

Treatment. Equity. Connection.



**LOUISIANA
BRIDGE**

From California to Louisiana: What's the story?

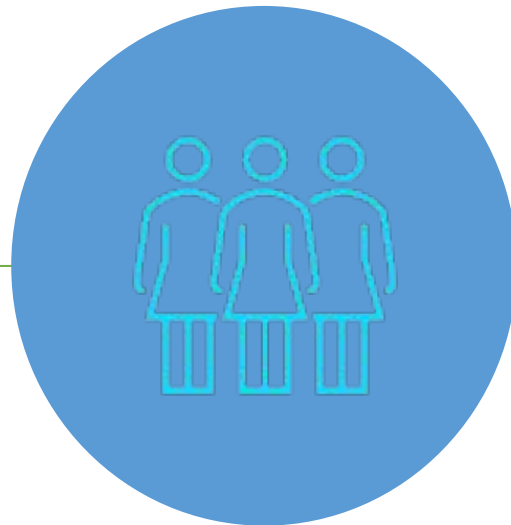


- Local level data drove our intervention
- Key local-level partners
- BRIDGE Starts Program Support
- LA Bridge expansion with support from NACCHO
- Program outcomes and looking forward

Using a Public Health Approach to Reduce Overdose Mortality



**Use local
level data**



**Implement
Evidenced-Based
Interventions**



**Health Equity Lens
to Implement
Interventions**

Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

1. Targeted Naloxone Distribution
2. Medication-Assisted Treatment
3. Academic Detailing
4. Eliminating Prior-Authorization Requirements for MOUD
5. Screening for Fentanyl in Routine Clinical Toxicology Testing
6. 911 Good Samaritan Laws
7. Naloxone Distribution in Treatment Centers and Criminal Justice Settings
8. MAT in Criminal Justice Settings and Upon Release
9. **Initiating Buprenorphine-based MAT in Emergency Departments**
0. Syringe Services Programs

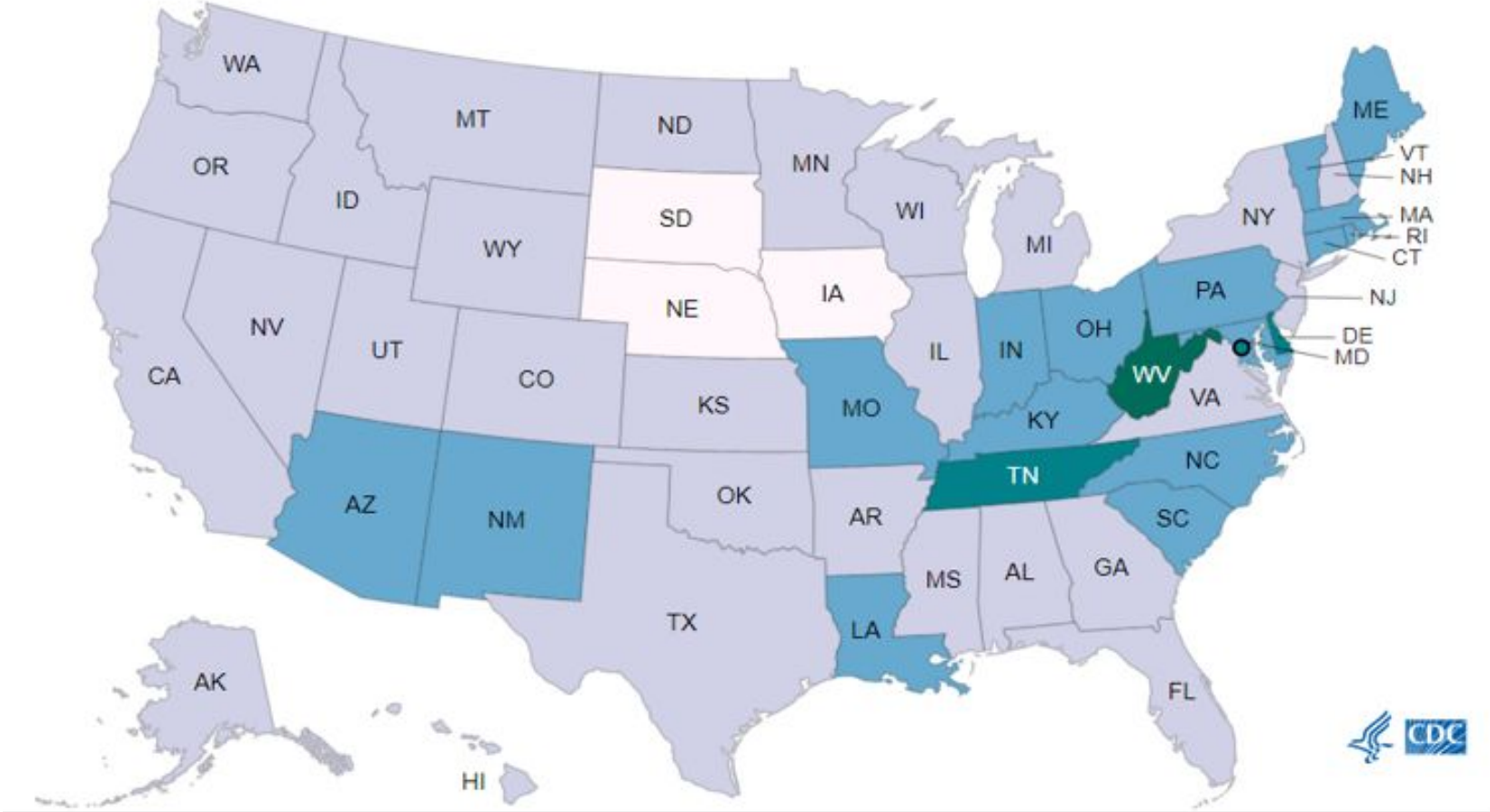
The Opioid Epidemic by the Numbers



Drug Overdose Mortality by State, 2022

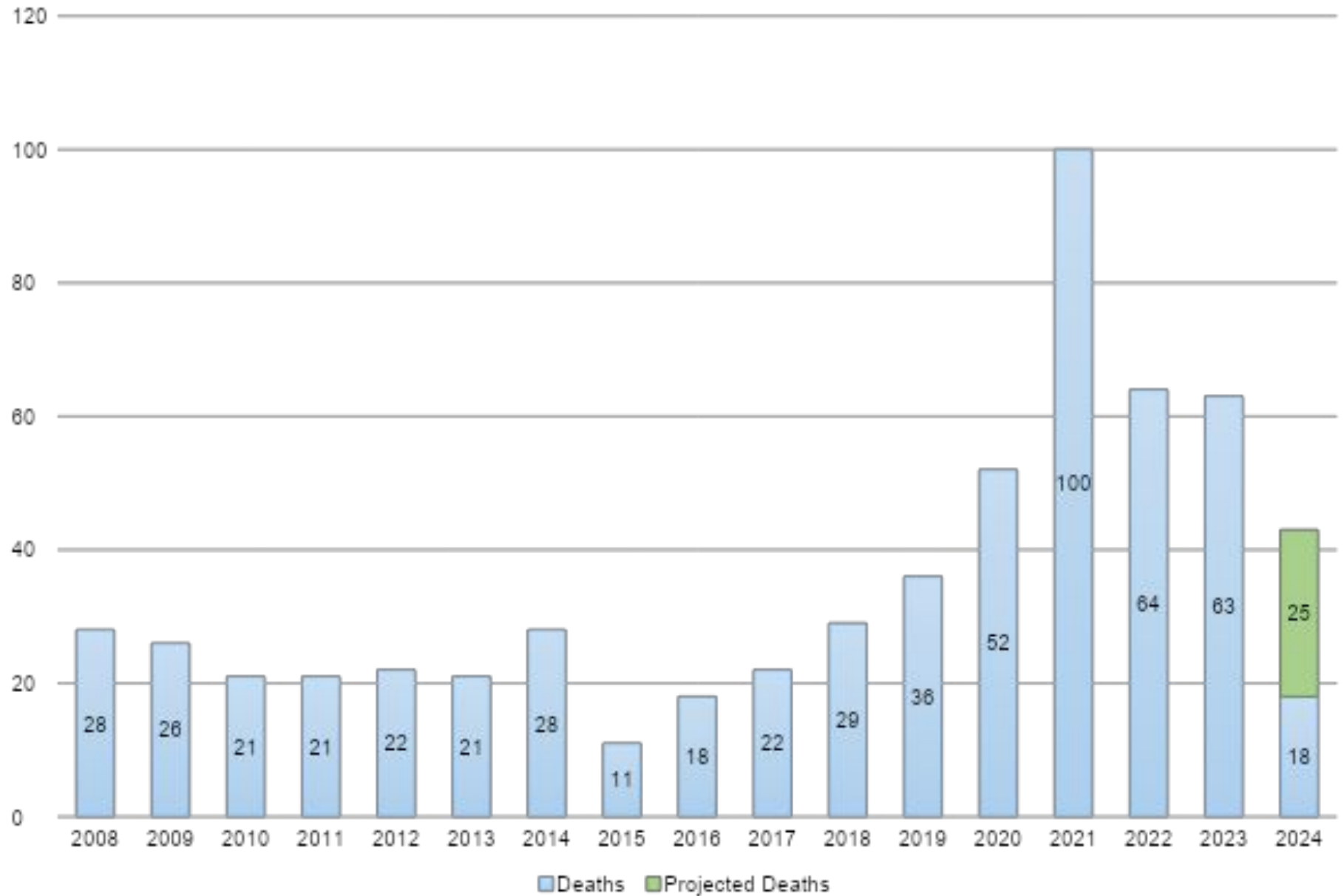
Louisiana ranks **fifth** highest among U.S. states

Drug Overdose Mortality by State, 2022

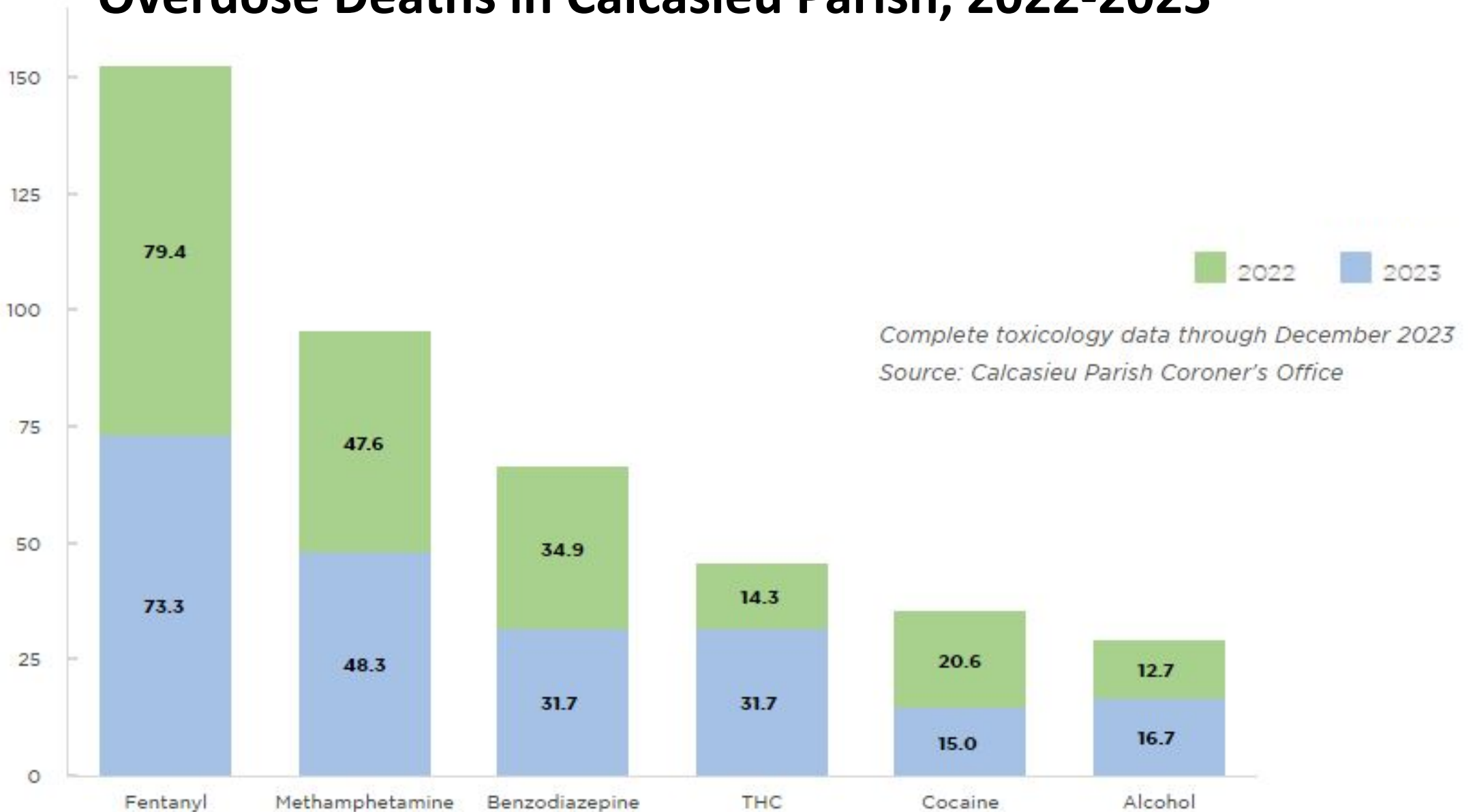


Any Drug-Related Overdose Death by Year

Calcasieu Parish
2008-2024

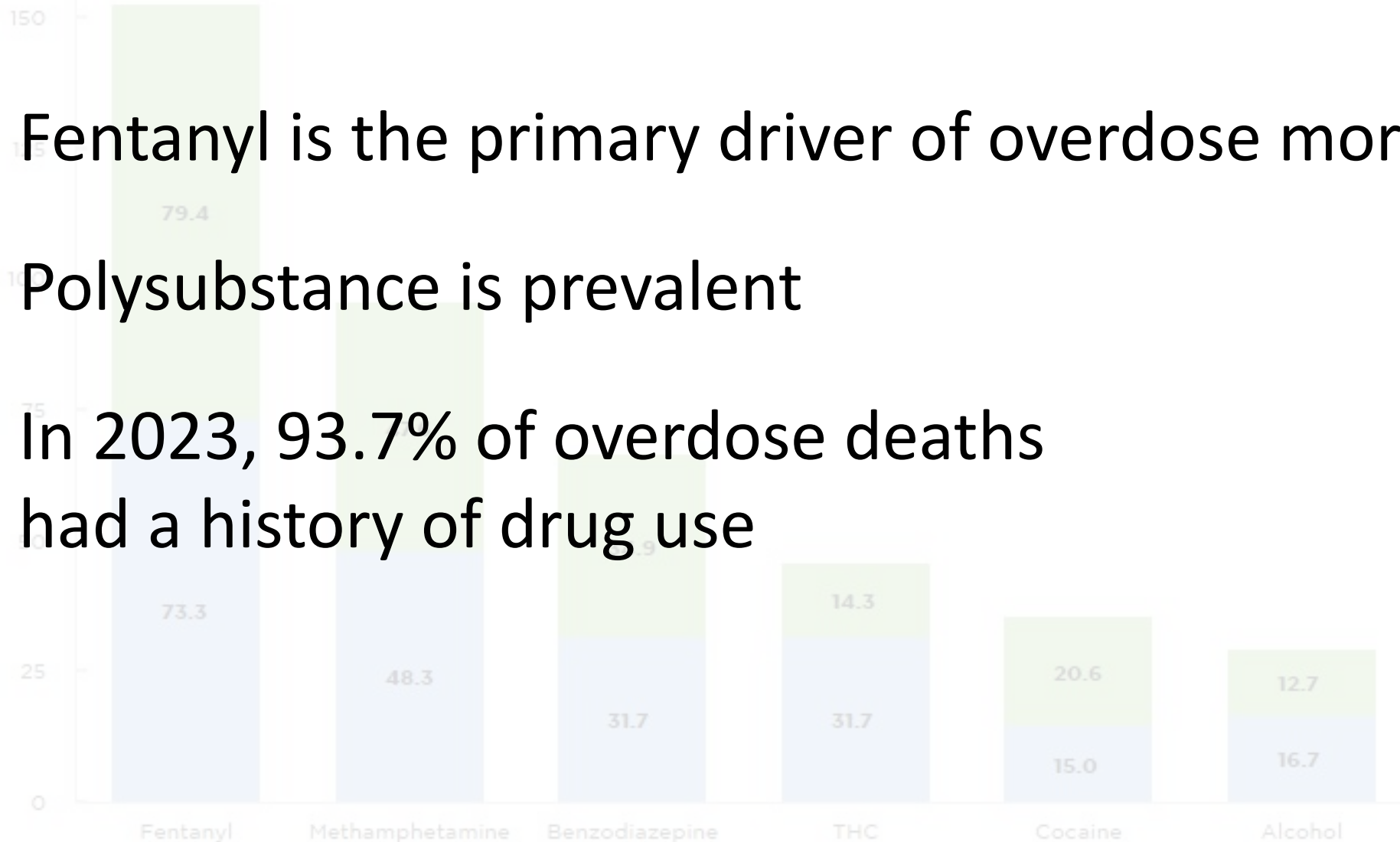


Classes of Substances Involved in Drug-Related Overdose Deaths in Calcasieu Parish, 2022-2023



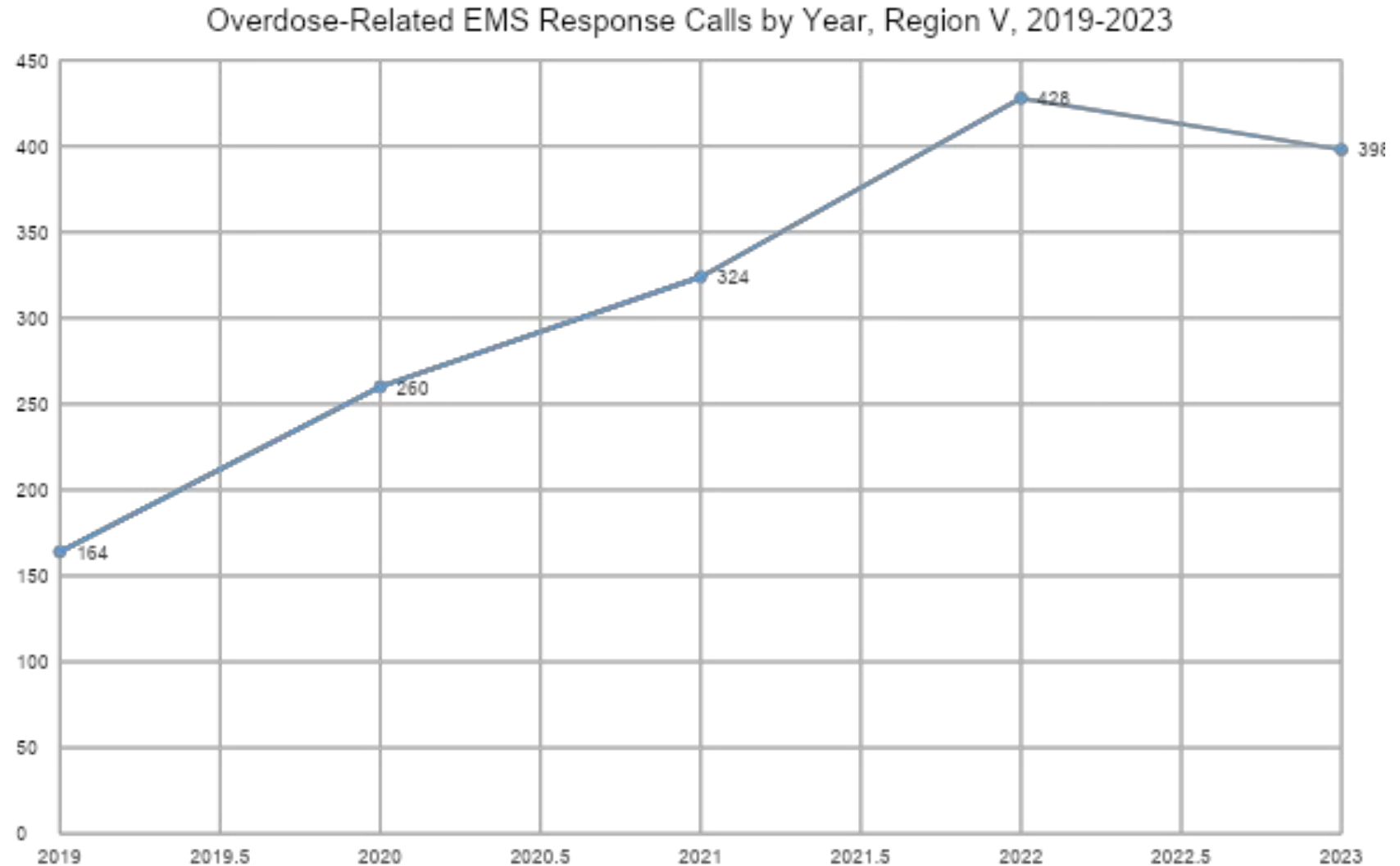
Classes of Substances Involved in Drug-Related Overdose Deaths in Calcasieu Parish, 2022-2023

- Fentanyl is the primary driver of overdose mortality
- Polysubstance is prevalent
- In 2023, 93.7% of overdose deaths had a history of drug use



Non-fatal Overdose EMS Calls

- **Non-fatal overdose calls have been increasing steadily through 2022 with a decline in 2023**
- **Targeted hospital interventions based upon volume**
- **Projecting 297 EMS response calls in 2024 based on Q1 2024 data**



From California to Louisiana: The LA Bridge Story

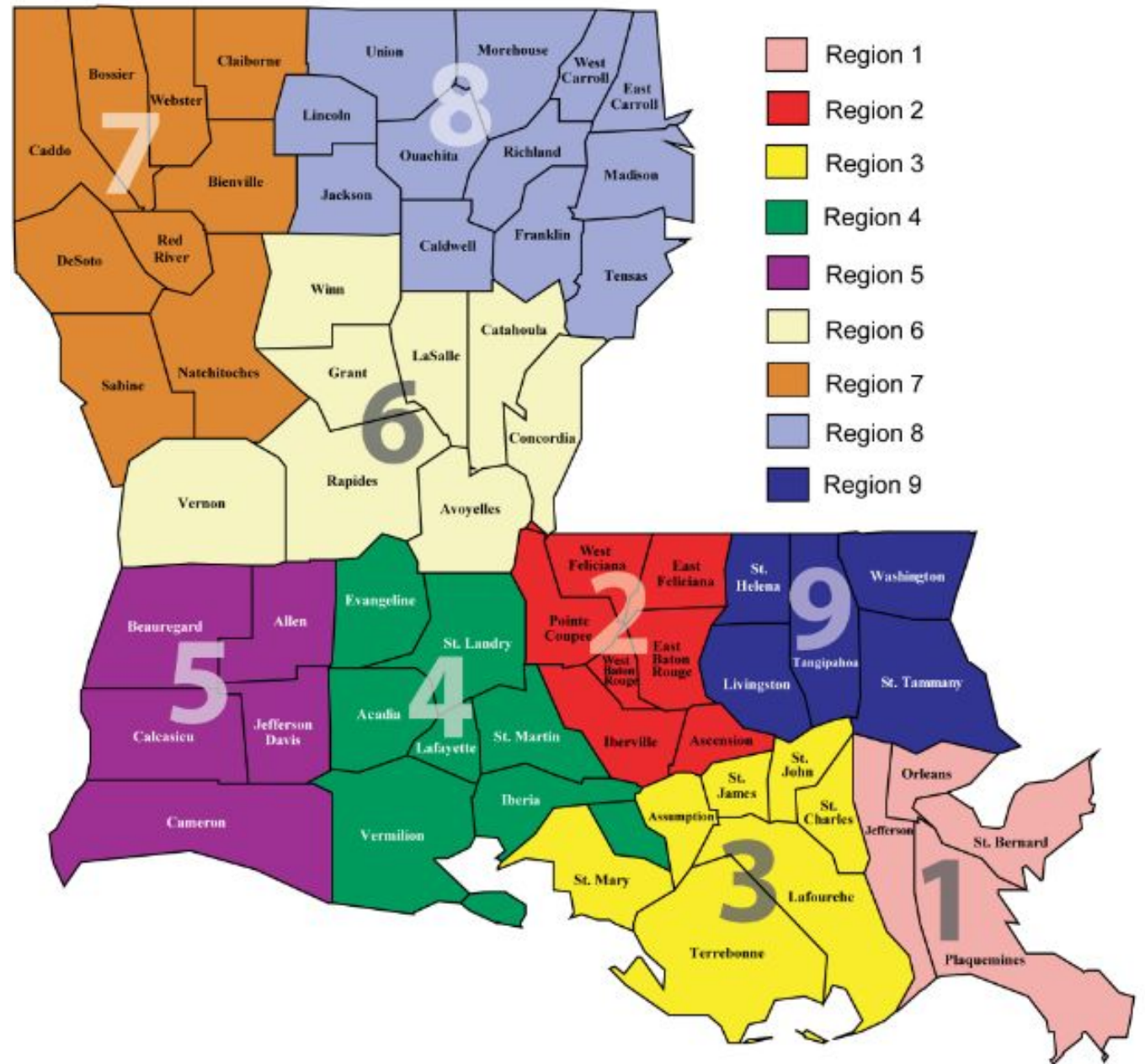
Got the data...now what?

- We did our homework on the CA Bridge Model of Care
- Brought Key Local Level Partners to the Table
- Site Selection and Initial Programmatic Details
- LA Bridge Implementation, Data collection, and Program Refinement



Louisiana Landscape:

Public and Behavioral Health



Key to Success: Local Collaborations!



**LOUISIANA
BRIDGE**



Behavioral Health Expertise
Provider network / SUD expertise
LaSor funding
Hiring and MOA Capacity



Public health lens with data focus
MD and ED/hospital knowledge and experience
Prescribing knowledge and resources

Our Community Partners



SWLA Do No Harm



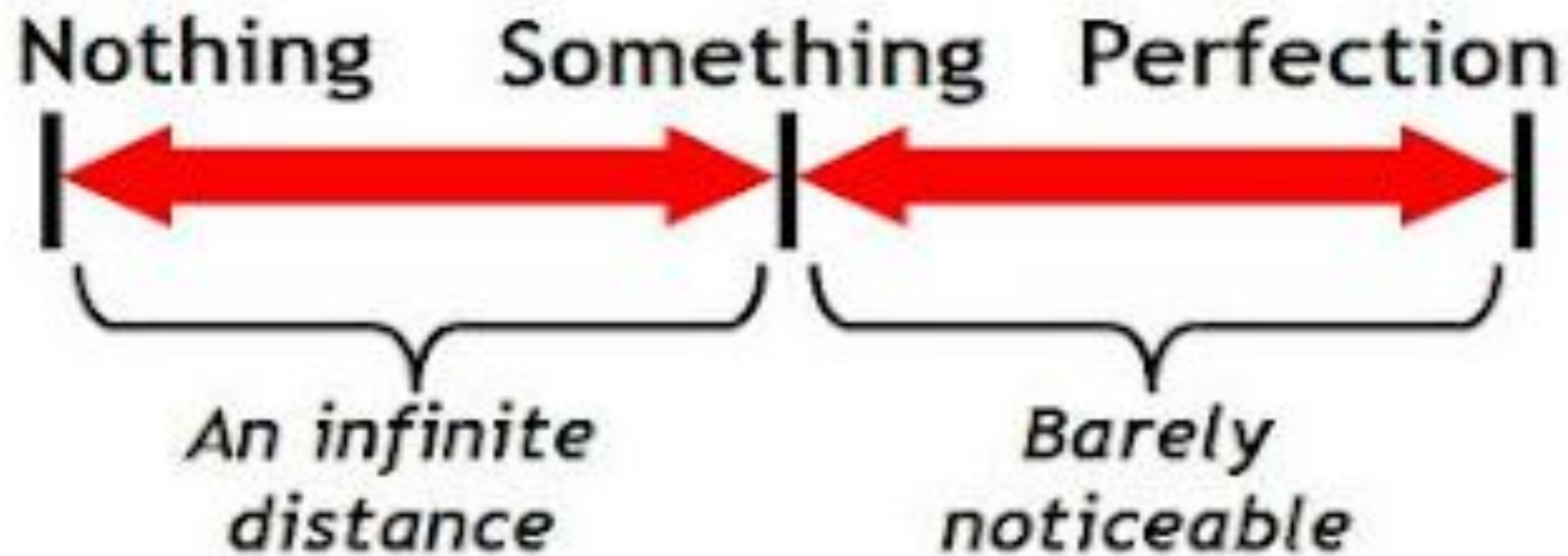
LA Bridge is BORN!



Lake Charles

Memorial Health System

PRO TIP: JUMP IN!



PRO TIP: Don't recreate the wheel!



September 2022

Blueprint for Hospital Opioid Use Disorder Treatment

A patient-centered approach to 24/7 access to medication for addiction treatment

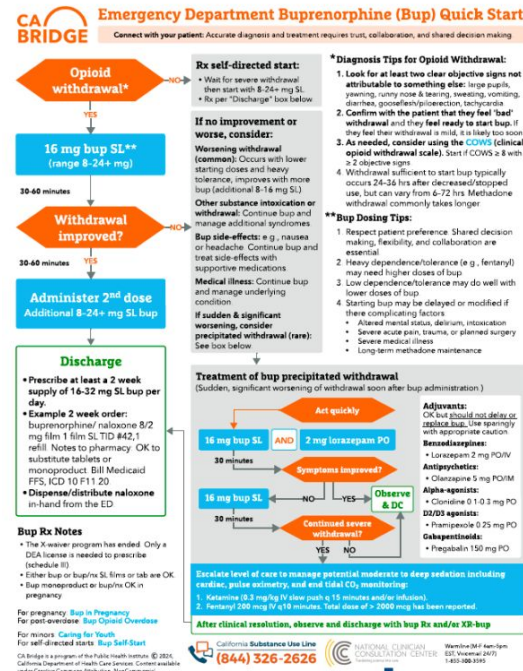
CA Bridge
MAT Toolkit for Nurses



SEPTEMBER 2022

Substance Use Navigation Toolkit

Guide to Naloxone Distribution



Toolkit Quick Links:

- [Blueprint for Hospital Opioid Use Disorder Treatment](#)
- [MAT Toolkit for Nurses](#)
- [Substance Use Navigation Toolkit](#)
- [Guide to Naloxone Distribution](#)



Jon Gray, MD, pictured with substance use navigators at Lake Charles Memorial Hospital Emergency Department.

CA BRIDGE SUPPORTS LA BRIDGE

LA Bridge Site Outcomes:

- A new program starting patients experiencing opioid use disorder (OUD) or withdrawal on MAT
- A referral relationship with ongoing treatment for patients started on MAT in the ED or hospital
- Signs inviting patient self-disclosure of desire for MAT information or treatment
- A site-specific Bridge team that continues to build and advocate for the program
- A pathway for continuation and enhancement of site-level MAT

CA Bridge Visit to Louisiana!



NACCHO SUPPORTS LA BRIDGE

Navigators

- +1 navigator
- Peer Certification
- SUN Coordinator
- Team Building

LA Bridge

- Added a hospital
- Created LA Bridge SUN Toolkit
- Refined Metrics
- Created LA Bridge literature
- Links to national bridge networks!



Hospitals

- Hospital level trainings
- Physician / Prescriber trainings
- Nurse trainings
- Sustainability discussions

Statewide

- Webinars to key state-level partners
- Key resolutions from Boards supporting work
- Created a TA team

The Louisiana Bridge Team in Philly NACCHO SUPPORT!!



Lessons Learned and Successes Along the Way

Early Success

We can actually say the word BUPE in a meeting with hospital partners!

Buprenorphine is on formulary!!

Low Barrier Naloxone is distributed to high-risk patients – oh so many bumps along the way!

They said YES! We have a DESK! IN the ED!!!

Intermediate Success

We hired two more SUNS!
Our SUNS are Peer Certified!

We add two more hospitals! LCMH was a CA Bridge Pilot site!
We have our own SIGNAGE and our docs are wearing pins!

HEY HEY!! We are PRESCRIBING BUPE in the ED and we are giving bridge Rxs.

We are collecting and refining data to measure efficacy.

Systems Level Success

HOPE Council Recommendations at the State Level with CA Bridge support

State level Board of Pharmacy and Nursing Resolutions that make naloxone distributions low barrier

State level collaborations and presentations to spread the LA Bridge Model

We have a state level LA Bridge Coordinator AND a LA Bridge TA Team modeled after CA Bridge !!!!

We have come a LONG way!!!!

Advisory Council on Heroin and Opioid
Prevention and Education:

2022 Year-End Report of State and Local
Responses to the Opioid Crisis: Interagency
Coordination Plan

Act 88 of the 2017 Legislative Session

State of Louisiana

Treatment and Recovery

Some of the most significant progress related to opioid treatment initiated during 2022 include the Bridge Start Program initiatives in New Orleans and Lake Charles, which aim to provide universal, 24/7 access to addiction treatment in hospitals' EDs. The program has proven extremely successful in states that have implemented it. University Medical Center in New Orleans and Lake Charles Memorial in Region 5 received technical assistance from the California Bridge program to help implement buprenorphine induction, 5 naloxone dispensing, care navigators, and warm community provider handoffs for those who present with opioid-related issues to the ED. More detail is provided in the body of this report.



Louisiana Board of Pharmacy

3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700
www.pharmacy.la.gov



RESOLUTION

The Louisiana Board of Pharmacy met on May 24, 2023, at 9:00am, at 3388 Brentwood Blvd., Baton Rouge, Louisiana, and did pass the following resolution:

BE IT RESOLVED THAT, by affirmative unanimous participating in the decision process, the Louisiana Board that La. R.S. 40:978.2 is the most recent expression of the will regarding the dispensing of Naloxone and supersede regulations.

DocuSign Envelope ID: 804751FF-3192-44AC-B64C-335D48FEB8B

Jeff Landry
GOVERNOR

Marty R. McKay

President of the Louisiana Board of Pharmacy



State of Louisiana
Louisiana Department of Health
Health Standards Section

MEMORANDUM

TO: LOUISIANA LICENSED HOSPITALS

FROM: PETE CROUGHAN, MD
LDH Deputy Secretary

TASHEKA DUKES, RN
Deputy Assistant Secretary
LDH Health Standards Section

RE: Hospital Over-the-Counter Naloxone availability and distribution

DATE: April 19, 2024

Louisiana State Board of Nursing

17373 Perkins Road
Baton Rouge, LA 70810
Telephone: (225) 755-7500
www.lshn.state.la.us

Proposed Language from Louisiana Board of Nursing in Support of Naloxone Distribution

Addressing: Louisiana Hospital Nurses

The Louisiana Board of Nursing supports the distribution of naloxone to community members at-risk of experiencing an overdose, or at risk of witnessing an overdose. Pursuant to TITLE 40 - Public Health and Safety- RS 40:978.2 - Naloxone; prescription; dispensing; administration by third party; limitation of liability, hospitals may distribute naloxone under a hospital-wide standing order, for no charge or compensation.

Ralph L. Abraham, M.D.
SECRETARY

Separately from the hospital's pharmacy location, is required to keep a log to track location, is required to have policies emergency department or distribution center and whether the naloxone will be labeled

40:978:2 supersedes existing regulations distribution of medications. Naloxone being program may be dispensed by a nurse if supplied at no charge under a standing

RECOMMENDATIONS

As the number of deaths due to synthetic opioids increase year over year nationally and in Louisiana, with fentanyl the leading contributor, this year's HOPE Advisory Council recommendations focus on those with OUDs who present in crisis to EDs across the state. Successful strategies to address the ongoing opioid crisis in Louisiana must include assurances that those who present to EDs with opioid-related concerns and in crisis have 24/7 access to the evidence-based supports and services known to be most effective in that setting, assuring that quality follow-up care is made available and quickly accessible. The nationally known and recognized Bridge Program has been extremely successful in other states, and the HOPE Advisory Council is recommending that it be adapted to meet Louisiana's unique healthcare system, and then incrementally implemented statewide.



**LOUISIANA
BRIDGE**



**Substance Use
Navigation** TOOLKIT

Emergency Department Access to
Care for Substance Use Disorders



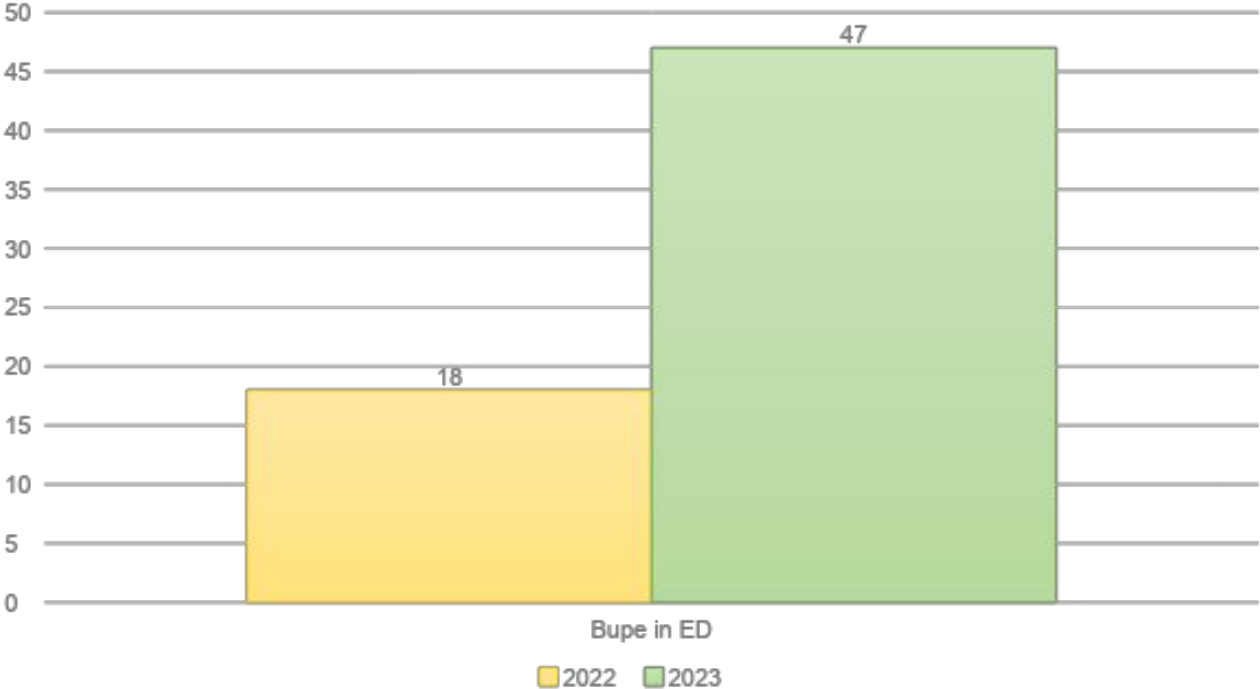
LOUISIANA BRIDGE

Data Overview

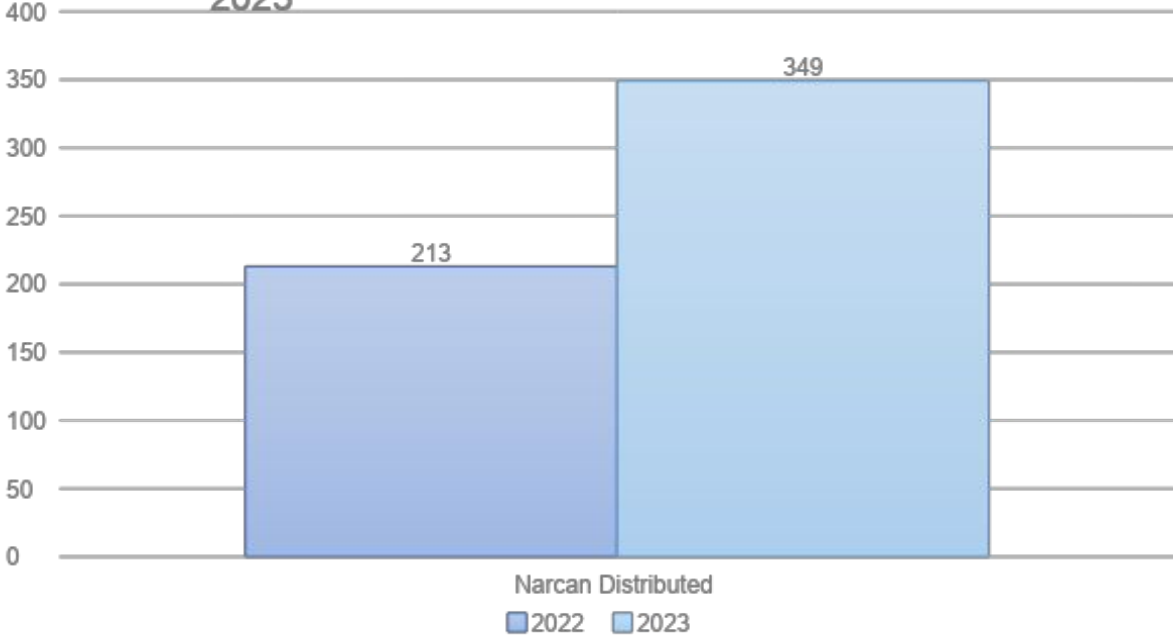
- Linked over 700 patients with a substance use navigator (SUN)
- Includes 4 hospital systems: LCMH, WCCH, OALH, CHRISTUS
- Close to 70% linked to appropriate level of care
- Buprenorphine initiation is increasing
- 95% have left the hospital with Narcan, harm reduction information, and links to local resources

2022-2023 LA Bridge Program Outcome Data

LA BRIDGE PROGRAM OUTCOME METRICS 2022-2023

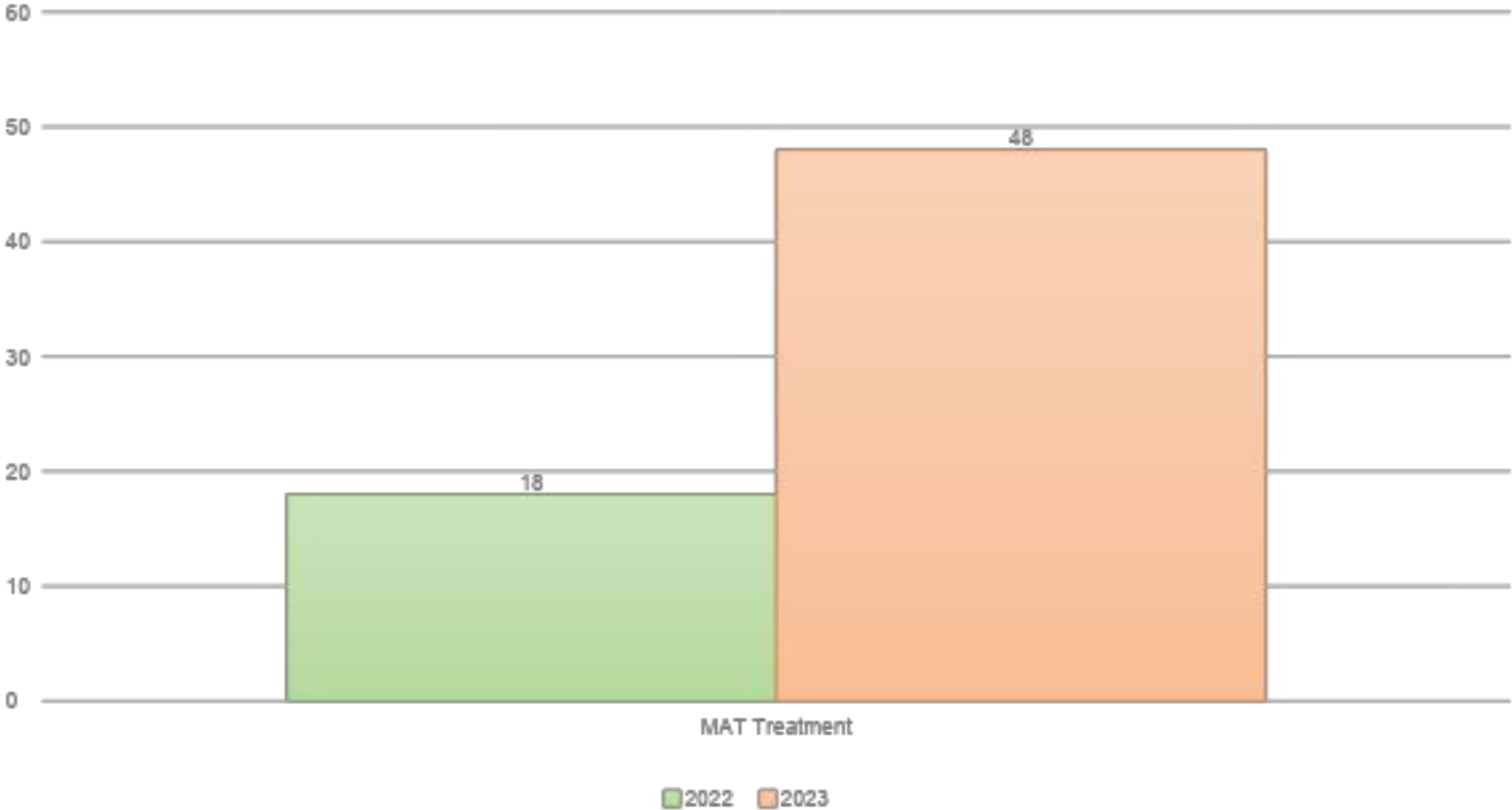


LA BRIDGE PROGRAM OUTCOME METRICS 2022-2023



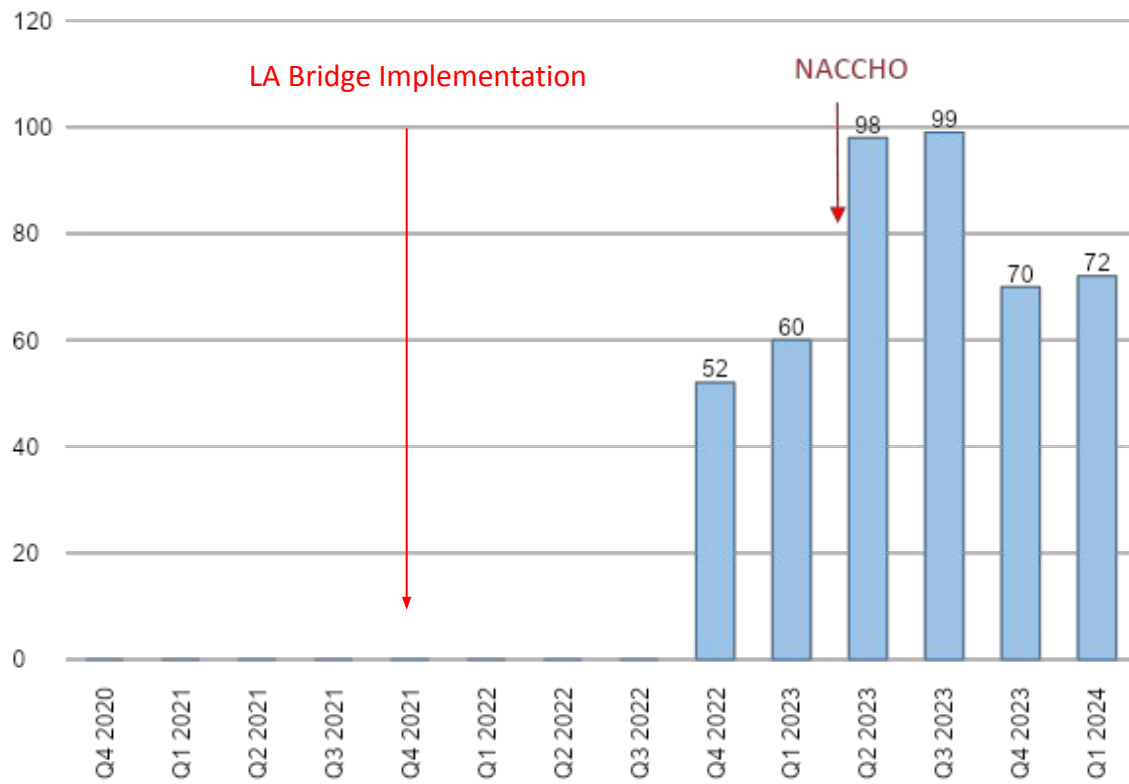
2022-2023 LA Bridge Program Outcome Data

LA BRIDGE PROGRAM OUTCOME METRICS 2022-2023

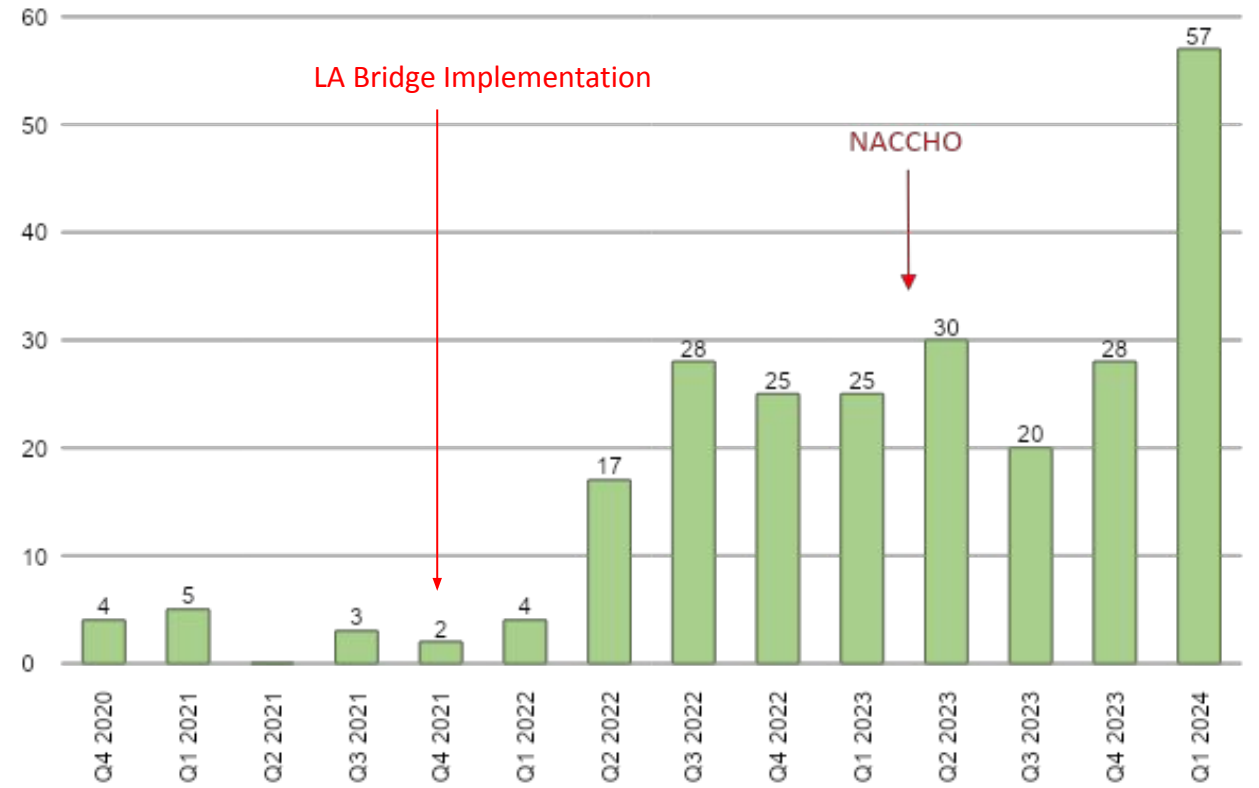


Lake Charles Memorial Hospital Emergency Department Data

Nasal Narcan Dispensed Through LCMH ED



Suboxone Administered Through LCMH ED



The WHY we do this work.....

