



KO_{RE}
KENTUCKY OPIOID
RESPONSE EFFORT

Allen Brenzel, MD
Katherine Marks, PhD

03/11/2022

OUTLINE

- Overview of KORE
- Statewide Opioid Stewardship
 - Prevention in Hospitals
 - Prevention in Primary Care
- Statewide Bridge

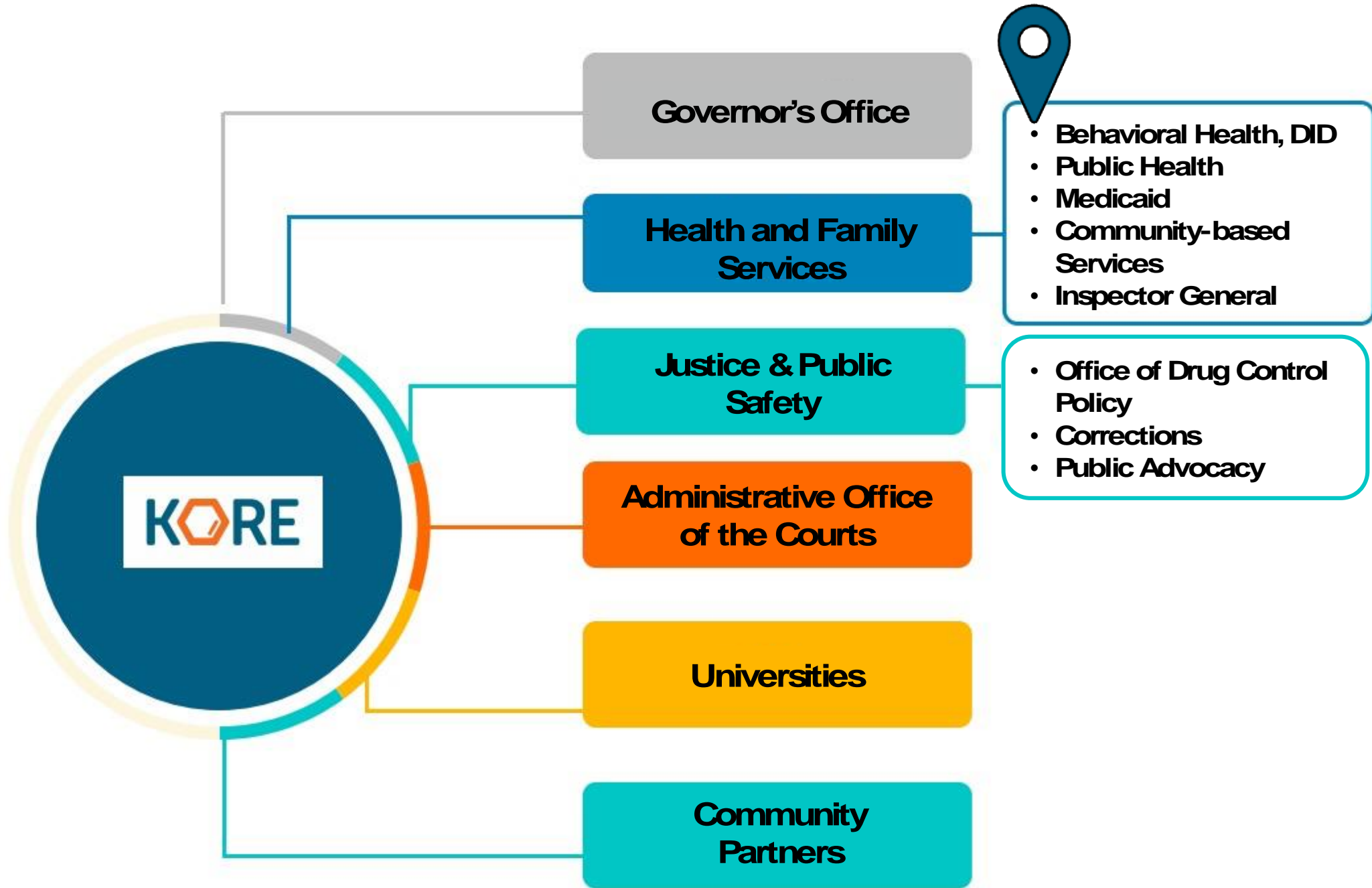




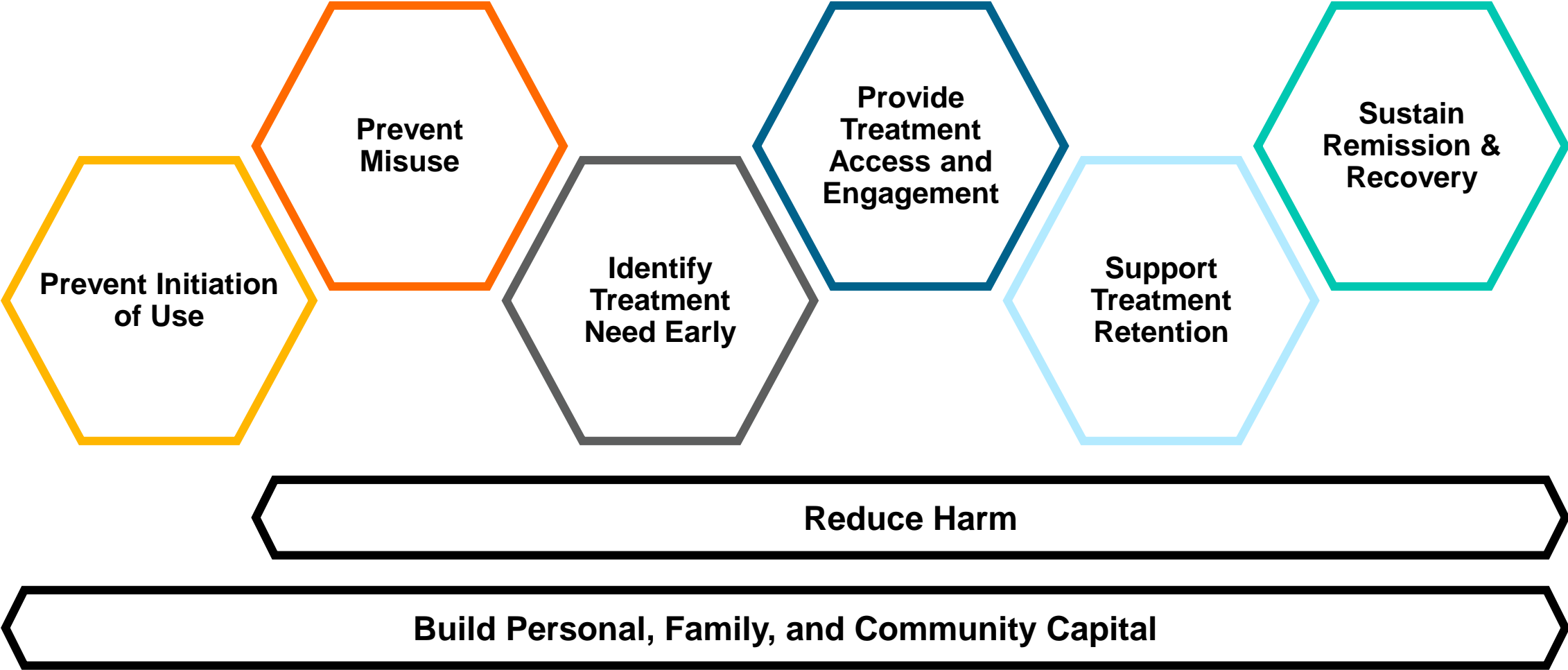
STATEMENT OF PURPOSE

Guided by the Recovery-Oriented System of Care Framework, the purpose of the Kentucky Opioid Response Effort (KORE) is to implement a comprehensive targeted response to Kentucky's opioid crisis by expanding access to a full continuum of high quality, evidence-based opioid prevention, treatment, and recovery supports.





KORE CASCADE OF CARE



GUIDING PRINCIPLES OF SERVICE EXPANSION



**THE KORE
FRAMEWORK**



AVAILABLE
STATEWIDE



ACCESSIBLE +
EQUITABLE



PERSON-CENTERED +
CULTURALLY APPROPRIATE



QUALITY +
EVIDENCE BASED



PRIORITY POPULATIONS



Target
Populations
Informed by
Data



OPIOID OVERDOSE



PREGNANT/PARENTING
WITH OUD



JUSTICE-INVOLVED



CHILDREN/YOUTH/
FAMILIES IMPACTED BY
OUD



CO-OCCURRING MENTAL
HEALTH + OUD

KORE SERVICES: FY2021

14,052

Individuals
received OUD
treatment
services

9,510

Individuals
received
recovery
support
services

53,820

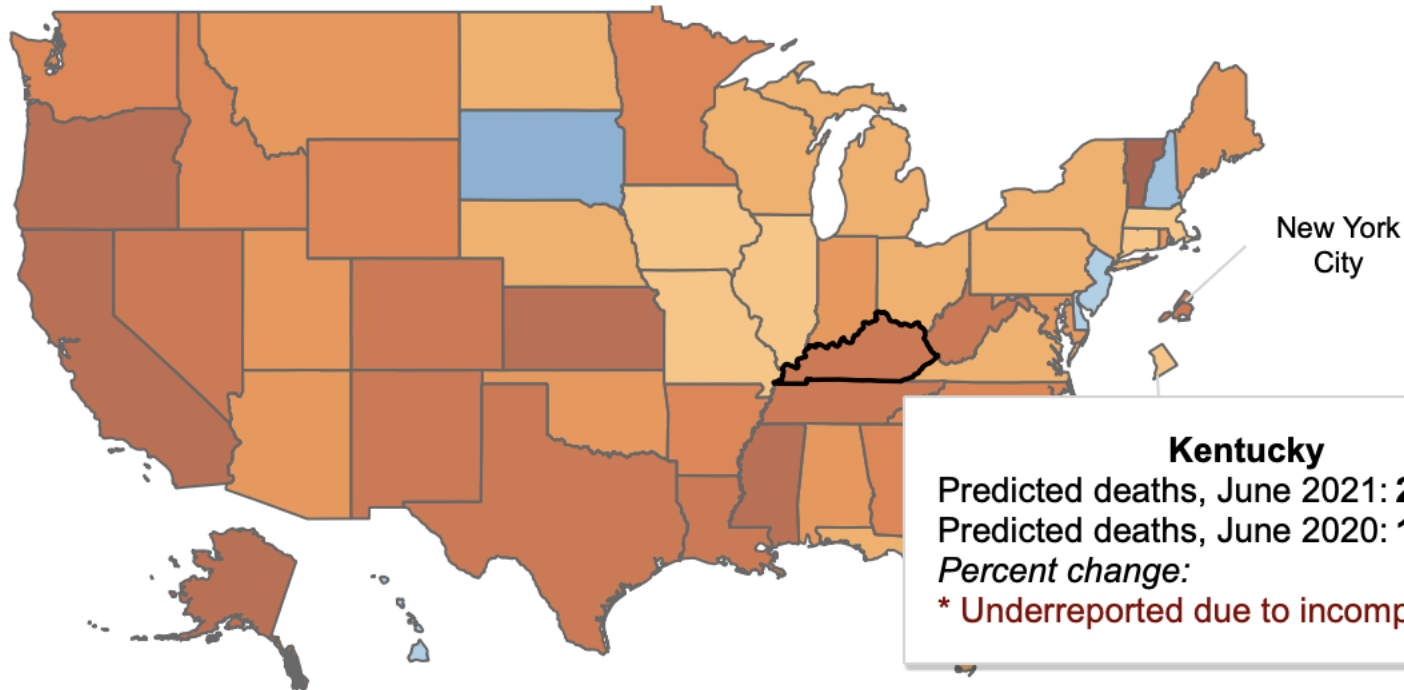
Naloxone
units
distributed

156

KORE-funded
programs
(246 agencies)

CDC Provisional Overdose Data

Figure 1b. Percent Change in Predicted 12 Month-ending Count of Drug Overdose Deaths, by Jurisdiction: June 2020 to June 2021



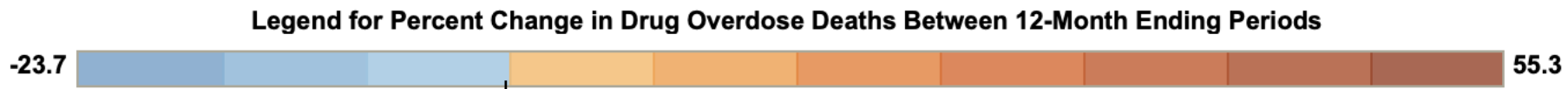
Kentucky
 Predicted deaths, June 2021: **2,303**
 Predicted deaths, June 2020: **1,706**
 Percent change: **35.0**
 * Underreported due to incomplete data.

Select predicted or reported number of deaths

- Predicted
- Reported

Percent Change for United States

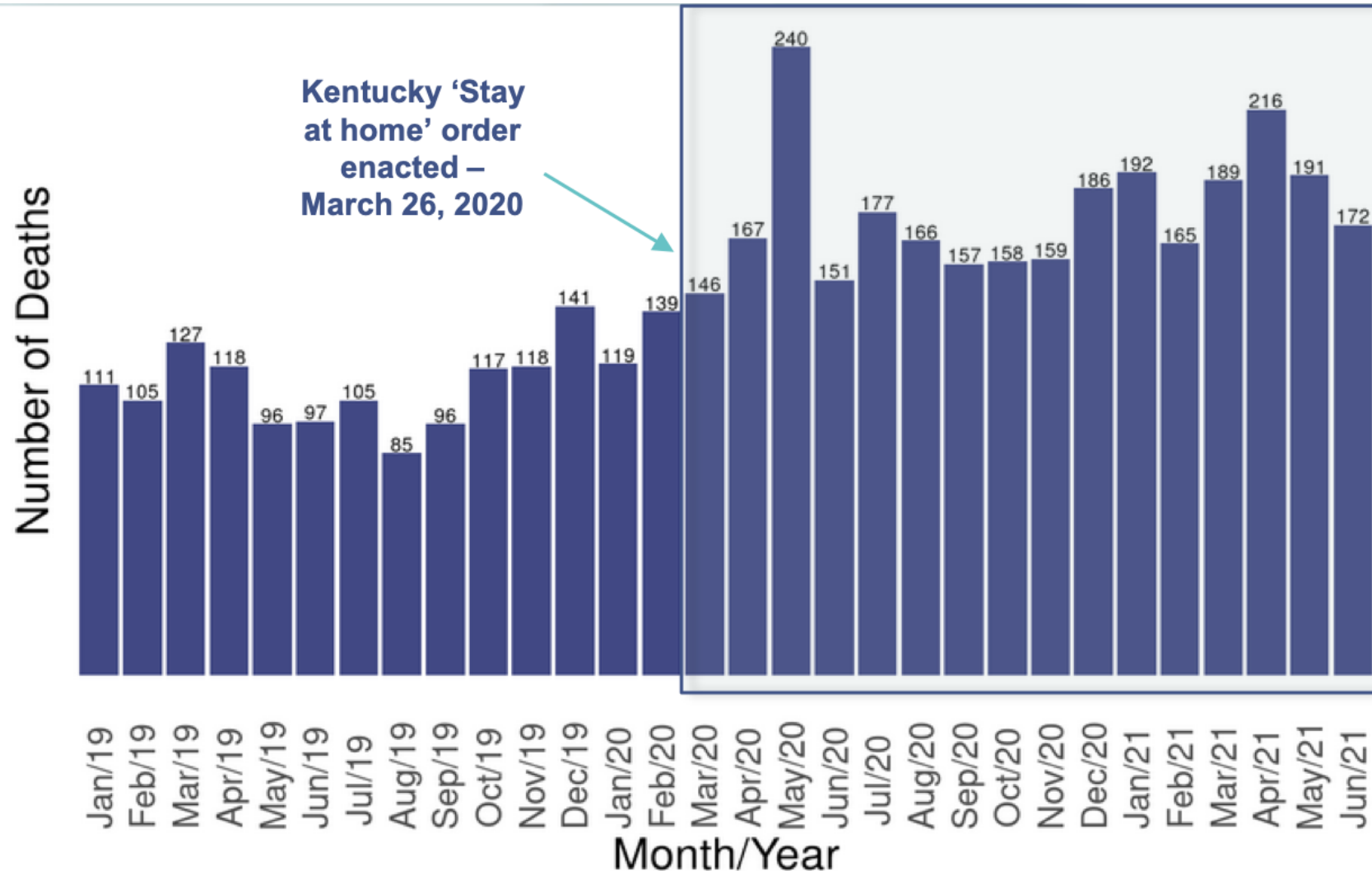
20.6 ▲



Ahmad FB, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2022.

Designed by LM Rossen, A Lipphardt, FB Ahmad, JM Keralis, and Y Chong: National Center for Health Statistics.

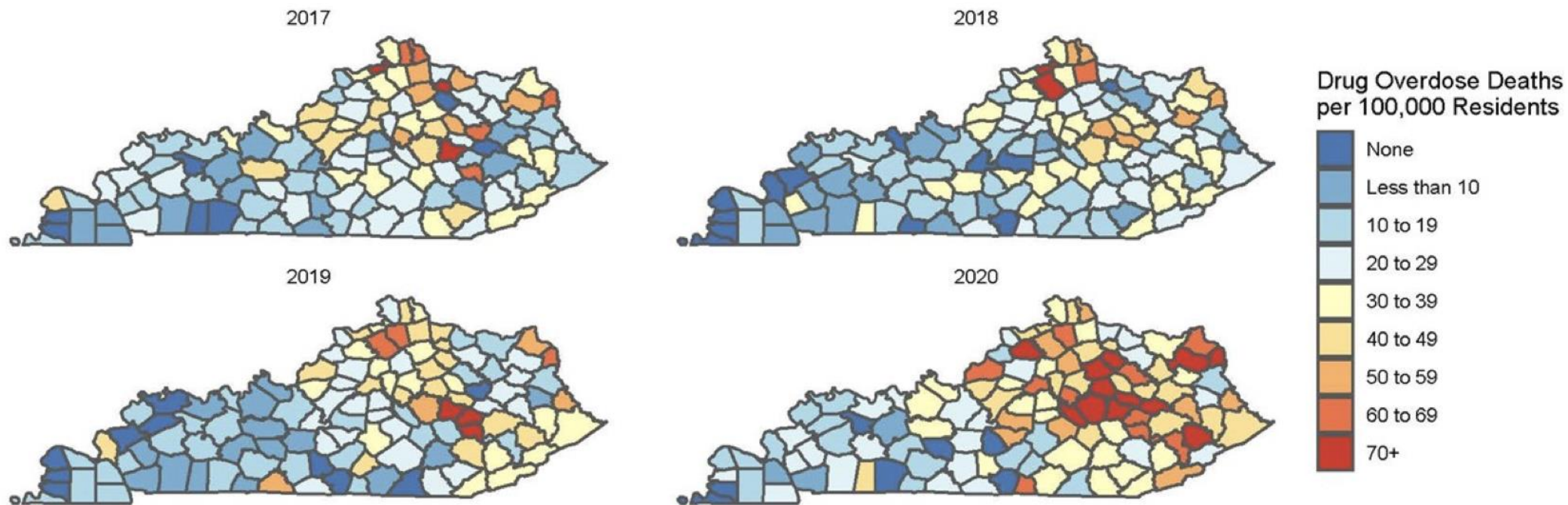
Monthly Number of Drug Overdose Deaths among Kentucky Residents, January 2019–June 2021



Produced by the Kentucky Injury Prevention and Research Center as bona fide agent for the Kentucky Department for Public Health, January 2022. Data are provisional and subject to change.



Yearly Rates of Drug Overdose Deaths Among Kentucky Residents, 2017–2020



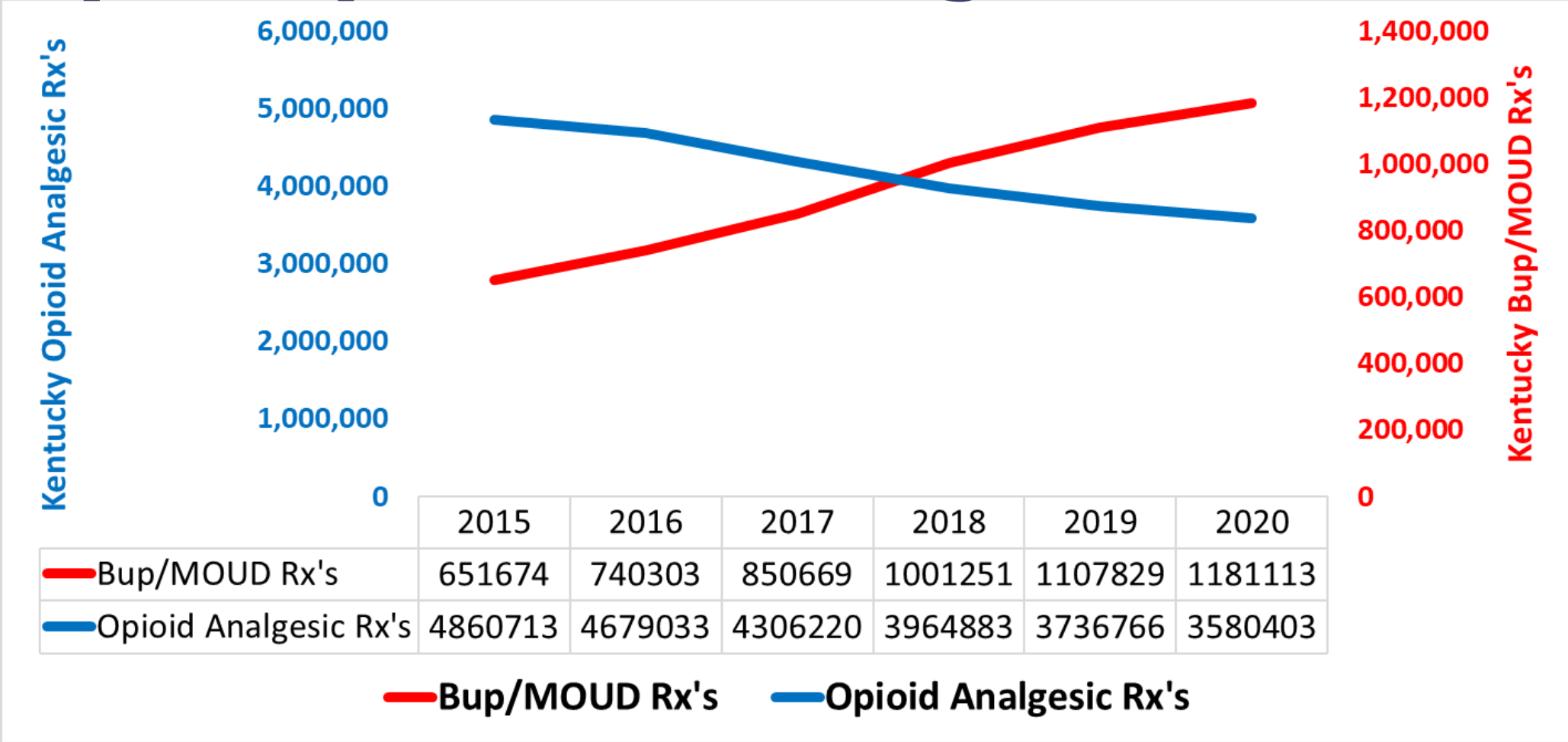
Data source: Kentucky Death Certificate Database, Kentucky Office of Vital Statistics, Cabinet for Health and Family Services.

Data are provisional and subject to change.

Produced by the Kentucky Injury Prevention and Research Center as bona fide agent for the Kentucky Department for Public Health, April 2021.



Kentucky Opioid Analgesic and Buprenorphine Prescribing

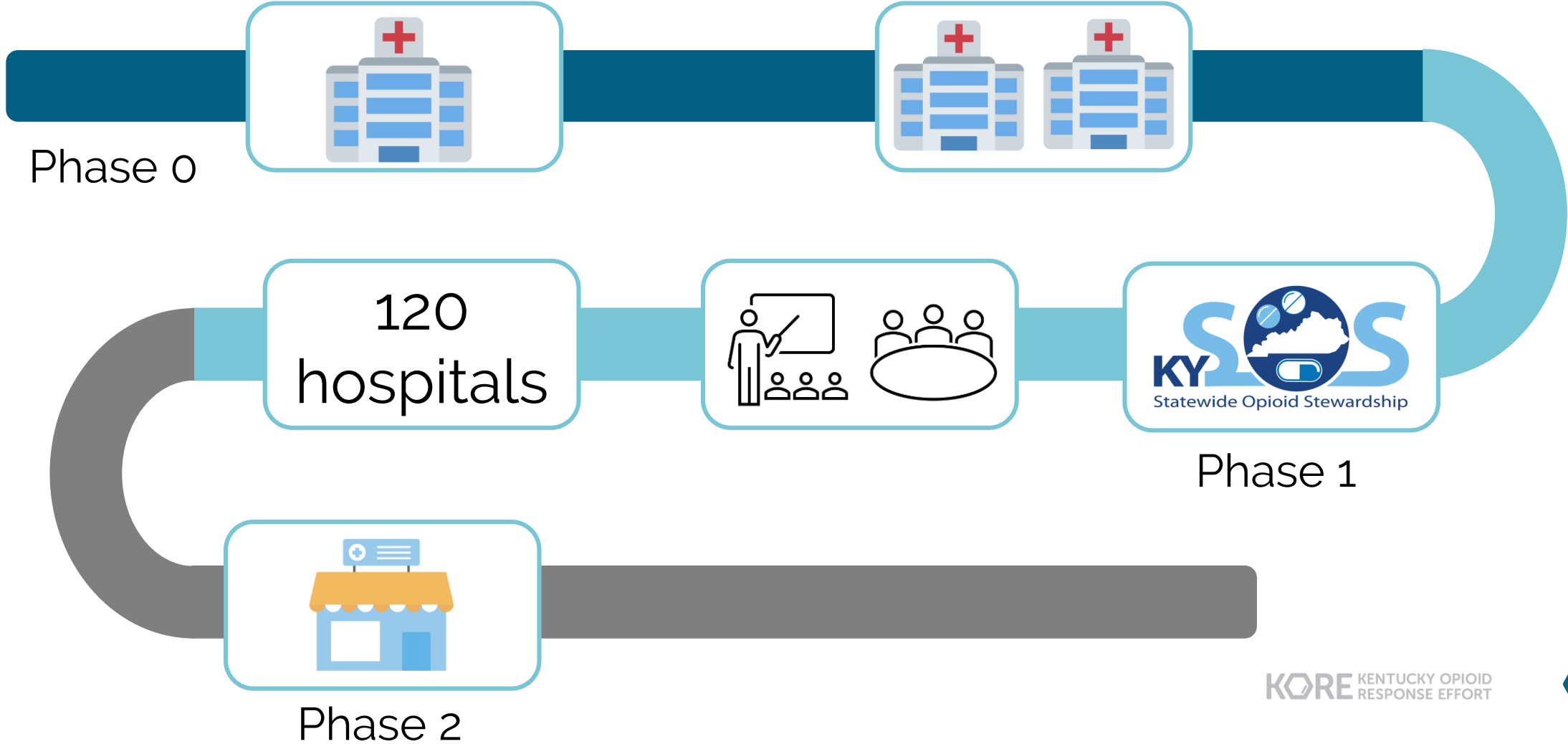




STATEWIDE OPIOID STEWARDSHIP



SOS Evolution



SOS Goals

Reduce	Reduce opioid overprescribing
Improve	Improve safe opioid use
Enable	Enable hospitals to demonstrate their actions and commitments to their patients and communities

Phase 1: Hospital Opioid Stewardship

Structured
response



Expert
guidance

Standardized
metrics



Public
recognition

- Reduce opioid overprescribing
- Improve safe opioid use

Monthly Webinars

- 1,063 participants across 20 webinars since June of 2020

Webinars

The Opioid Epidemic and the Kentucky Strategy
Then and Now

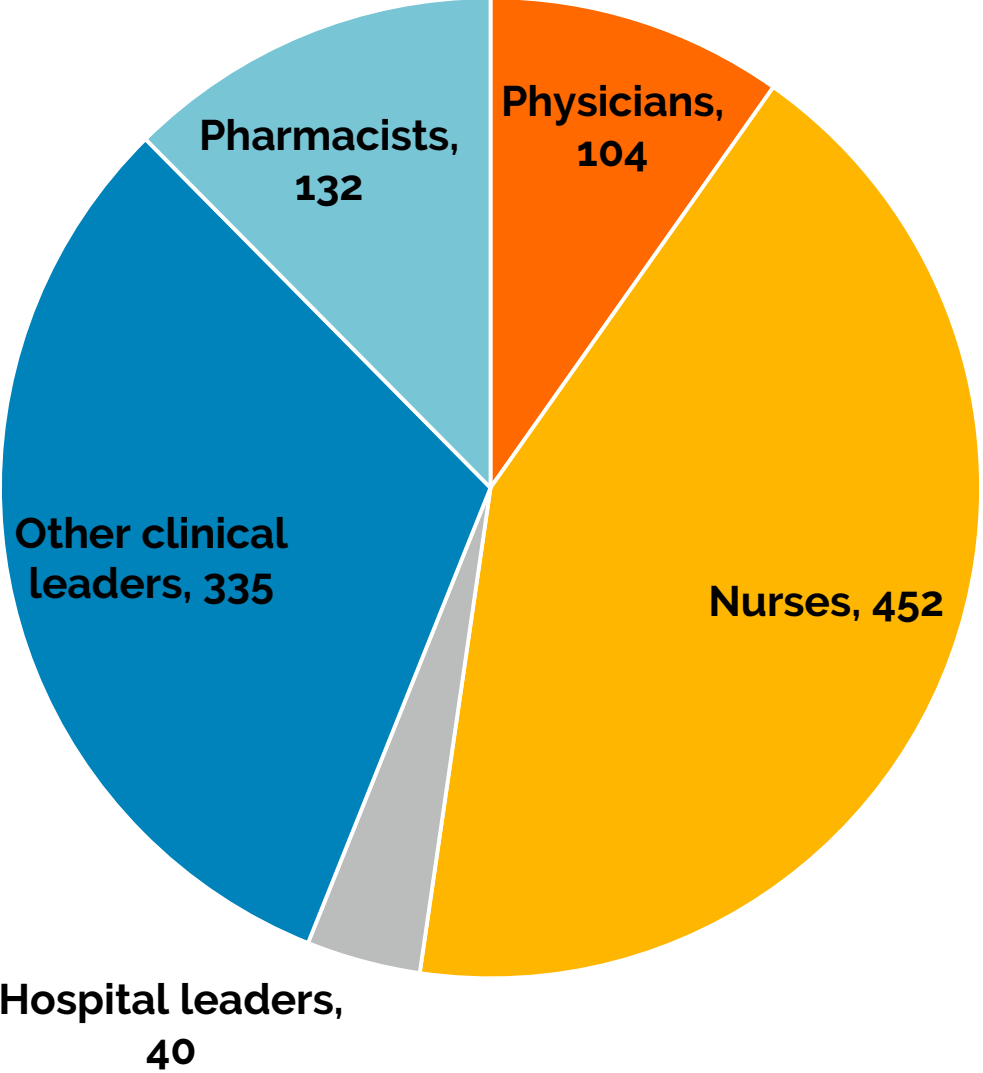
The Opioid Epidemic and the Kentucky Strategy
February 10, 2022

- Recording
- PowerPoint

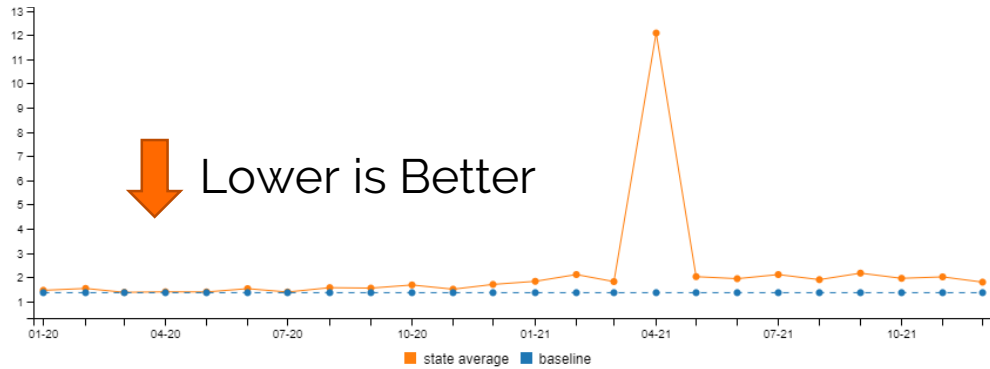
This is Your Brain on... Recovery
Alex Elswick, PhD
Assistant Extension Professor
Substance Use Prevention and Recovery

This is Your Brain on... Recovery
January 18, 2022

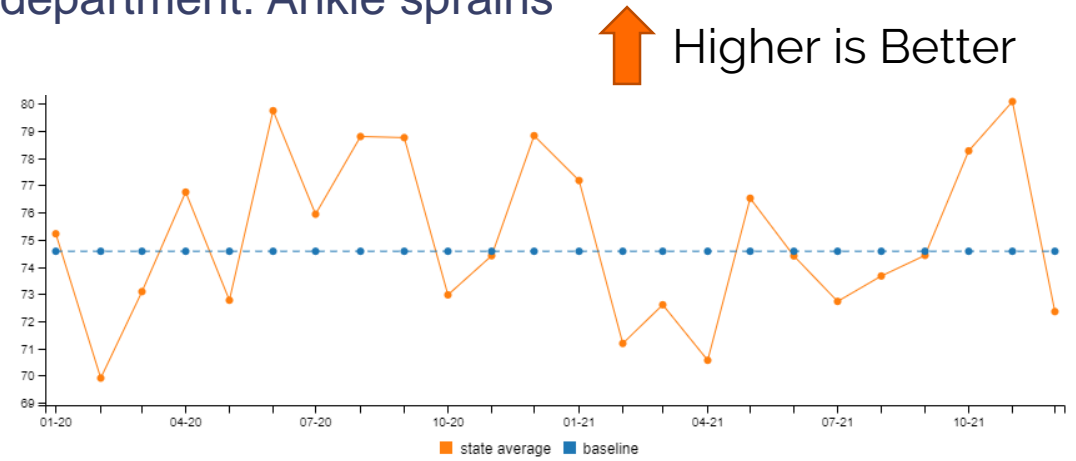
- Recording
- PowerPoint
- Research:
 - The Brain in Recovery
 - Loss of Dopamine Transporters in Methamphetamine Abusers Recovers with Protracted Abstinence



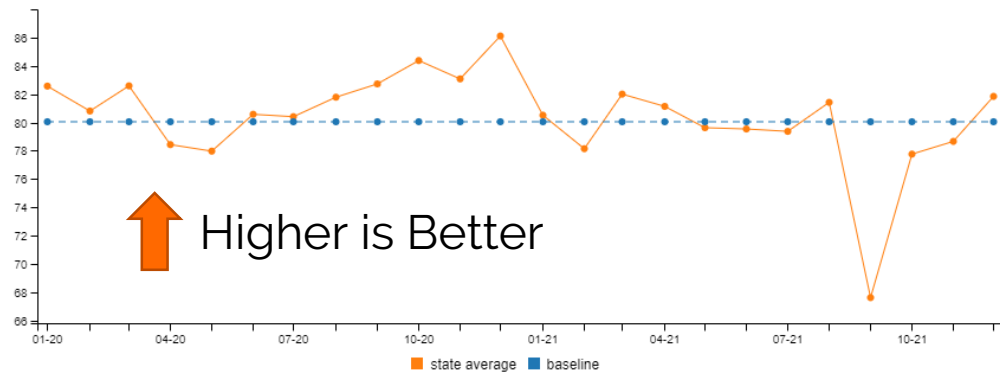
Concurrent e-prescribing of 2+ schedule II opioids



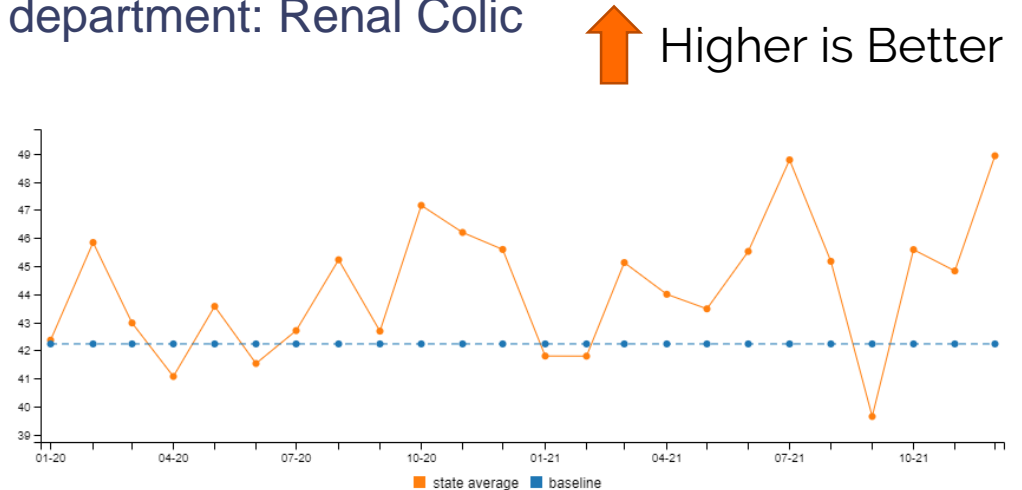
Non-opioid analgesic regimens in the emergency department: Ankle sprains



Non-opioid analgesic regimens in the emergency department: Migraine



Non-opioid analgesic regimens in the emergency department: Renal Colic

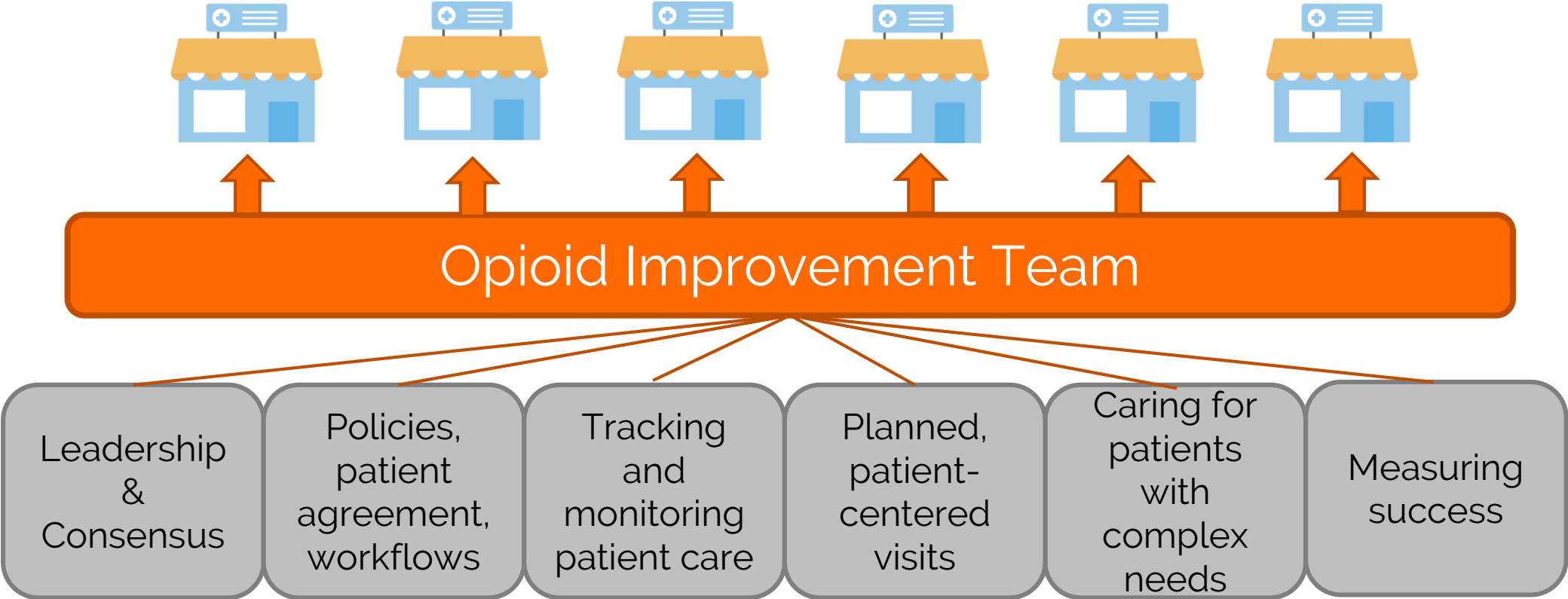


Phase 2: Primary Care Opioid Stewardship



- Reduce opioid overprescribing
- Improve safe opioid use

Six Building Blocks



Phase 3: Opioid Use Disorder Treatment in Emergency Department



Access OUD
treatment and harm
reduction services
in the hospital



RESEARCH SUPPORTS

Medications for Opioid Use Disorder (MOUD)

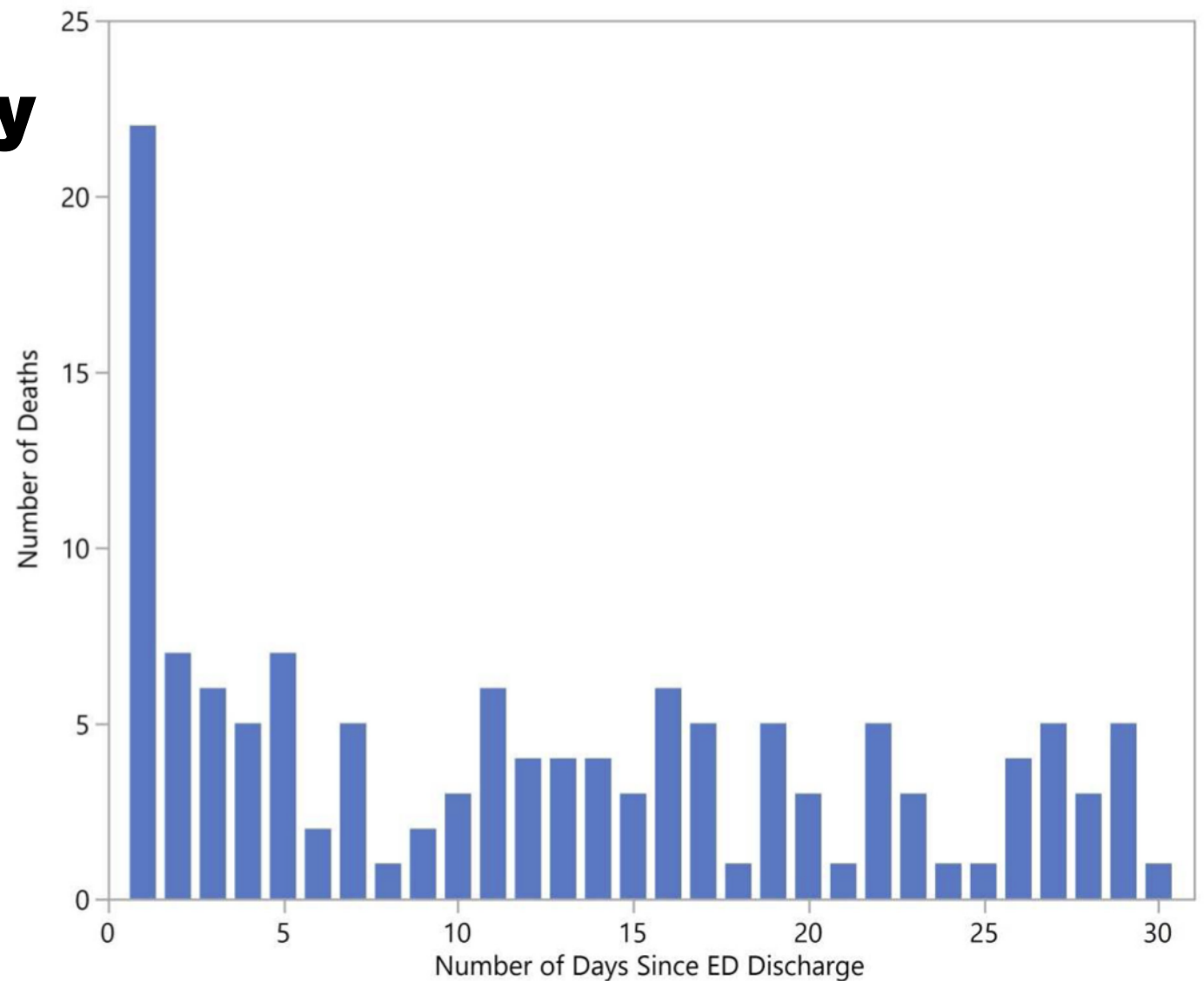
- **MOUD** reduces
 - Opioid use, craving, and return to use
 - Risk of overdose and mortality
 - Recidivism
 - Infectious disease transmission
- **MOUD** improves
 - Treatment retention
 - Opportunity for choice and collaboration






One Year Mortality of Patients after Emergency Department Treatment for Nonfatal Opioid Overdose

Patients treated in EDs for opioid overdose (2011-2015)

- Short-term increase in mortality risk following ED discharge
- Of patients that died, 20% died in the first month
- Of those that died in the first month, 22% died within the first 2 days



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

	Buprenorphine 	Referral Only 	Brief Intervention 
Engaged in addiction treatment 30 days later	78%	37%	45%
Reduction in number of days of illicit opioid use per week	5.4 → 0.9 days	5.4 → 2.3 days	5.6 → 2.4 days

Source: D’Onofrio et al., (2015). ED-Initiated Buprenorphine/Naloxone Treatment for Opioid Dependence: A Randomized Clinical Trial, JAMA, 313(16), 1636-1644.

1. Conduct emergent assessments in ED
2. Initiate MOUD, HCV and HIV testing
3. Provide on-site peer support and/or care navigation
4. Deliver overdose prevention training & naloxone
5. Link to appropriate levels of ongoing care and harm reduction services



**THE BRIDGE
CLINIC MODEL**
**increases rapid
access to
treatment**

The graphic features a large light gray circle. Inside the circle, the text "THE BRIDGE CLINIC MODEL" is written in bold black uppercase letters. Below this, the phrase "increases rapid access to treatment" is written in a teal color, with "increases rapid" on one line, "access to" on the next, and "treatment" on the third. A teal curved bar, resembling a partial arc of a circle, is positioned at the bottom right of the circle, starting from a small gray circle and extending towards the right edge.

Bridge Clinics: Three pillars

Start Treatment

- Ensure buprenorphine availability
- Remove barriers to treatment delay
- Provide medications at discharge

Connect to Ongoing Care

- Hire a peer or navigator
- Establish relationships with SUD providers
- Establish a referral process

Change Hospital Culture

- Adopt harm reduction principles
- Use non-stigmatizing language
- Increase awareness of treatment resources



California Bridge as a model



Blueprint for Hospital Opioid Use Disorder Treatment

TOOLKIT: Focuses on the implementation of hospital-based opioid use disorder treatment programs



Bup XR Sample Discharge Instructions

PATIENT MATERIALS: Sample discharge instructions to personalize, focus on extended release injectable buprenorphine



Buprenorphine and Pharmacy Frequently Asked Questions

FAQ: Pharmacy related questions on buprenorphine, prescribing, substance use navigators and prescription insurance questions



Buprenorphine Extended Release: What You Need to Know

PATIENT MATERIALS: For patients who are interested in extended release injectable buprenorphine



Buprenorphine Frequently Asked Questions

FAQ: Buprenorphine pharmacology and medications for opioid use disorder treatment



Buprenorphine Hospital Quick Start

PROTOCOL: Clinical guide for the treatment of acute withdrawal and opioid use disorder using buprenorphine in any setting

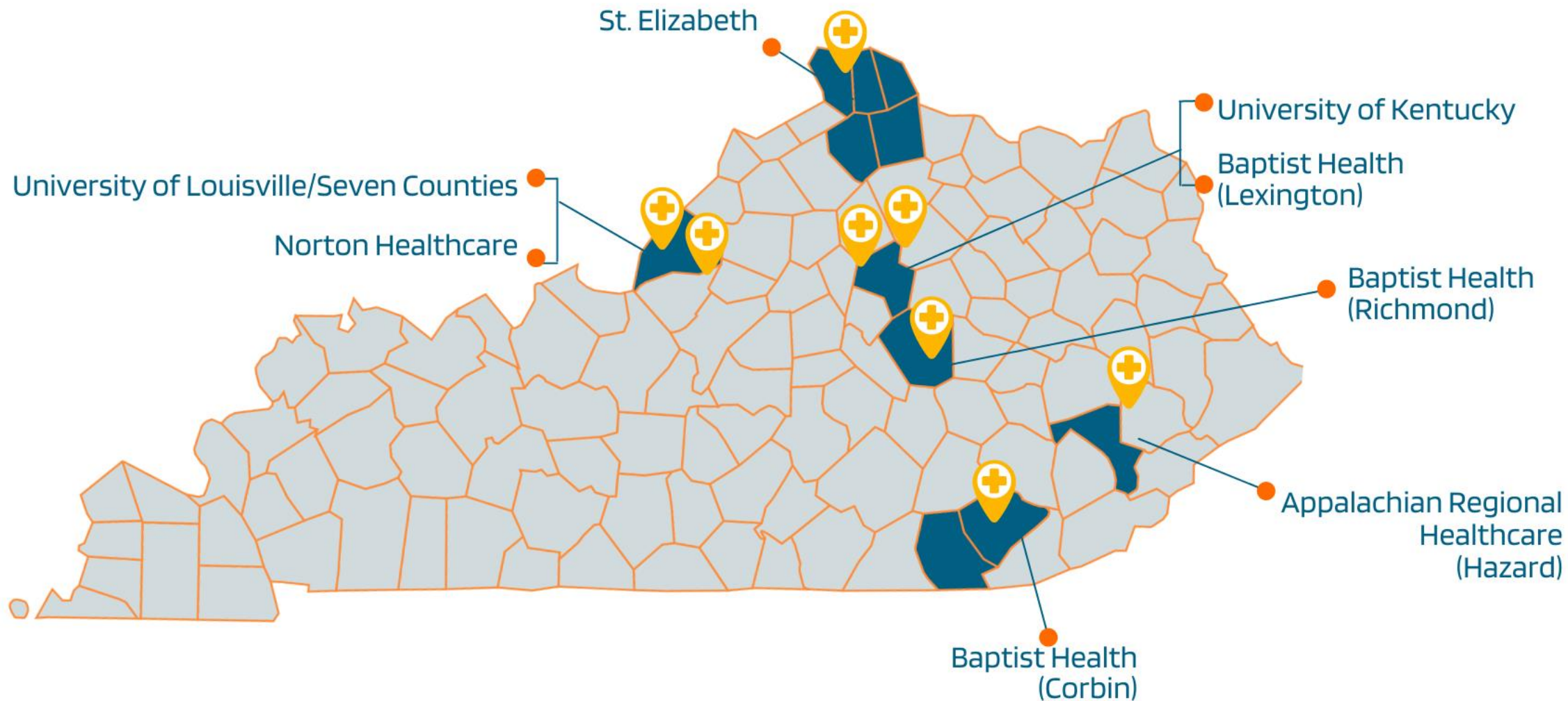


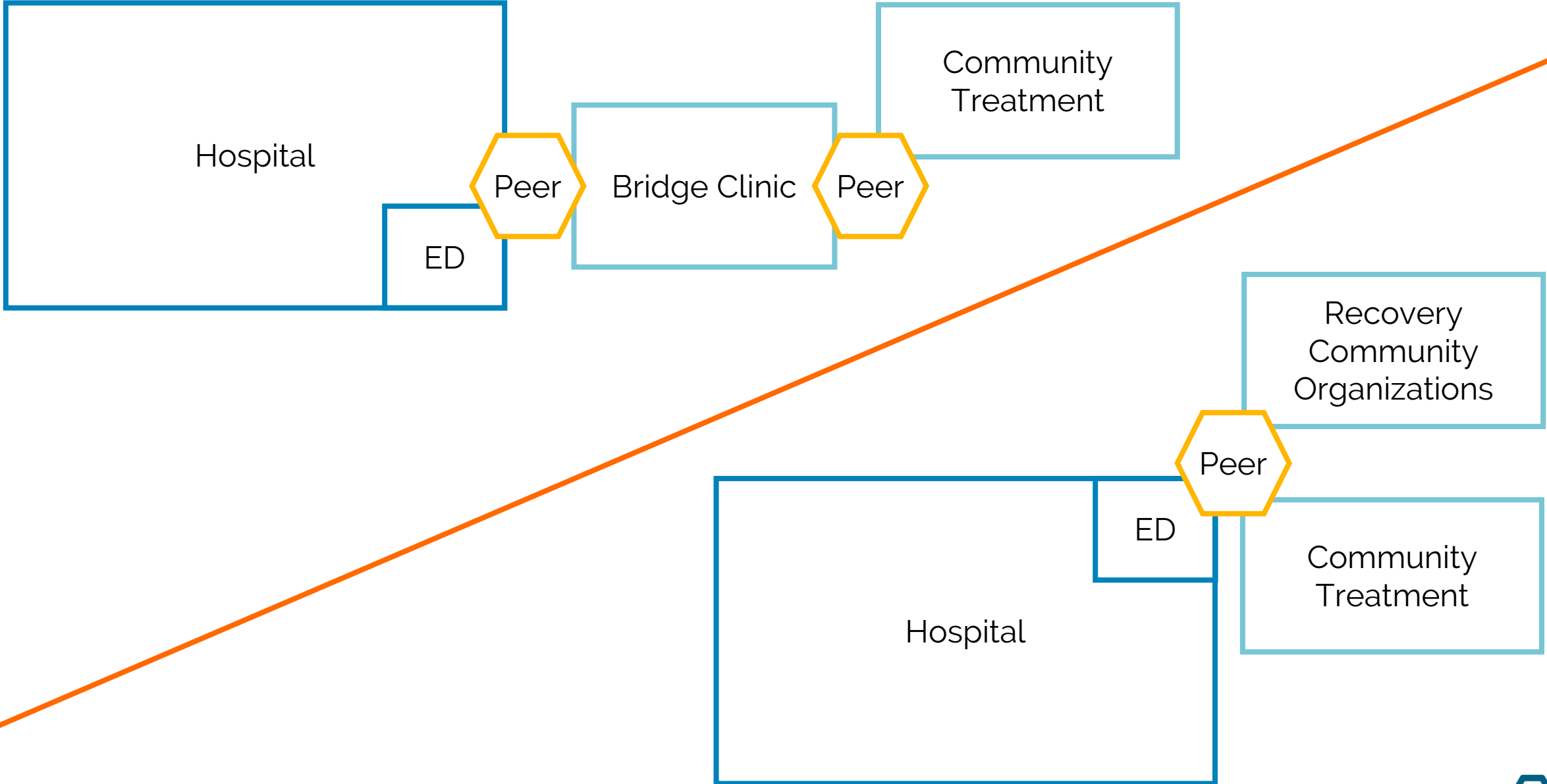
Need Help With Pain Pills or Heroin?

Ask us about trying buprenorphine



BRIDGE CLINIC SITES







KORE PROGRAMS



Treatment Locator: FindHelpNowKy.org

Start Here To Find Addiction Treatment Openings

Use this website to find an addiction treatment facility that is taking new clients right now. We work with hundreds of facilities across the state to bring you up-to-date and accurate information about their treatment offerings and availability.

Need help finding treatment? Have questions about treatment or recovery? Contact our partners at the KY HELP Statewide Call Center to speak with a screening and referral specialist Monday through Friday from 8:30 am to 10:00 pm and Saturday and Sunday from 8:30 am to 5:30 pm EST/EDT at 1-877-318-1871.

Who Needs Help? **Gender**

Not Sure -----

Mental Health Diagnosis

Location [Use My Location](#)

City, county or zip code

Type of Treatment [? help](#)

Not Sure

Payment [? help](#)

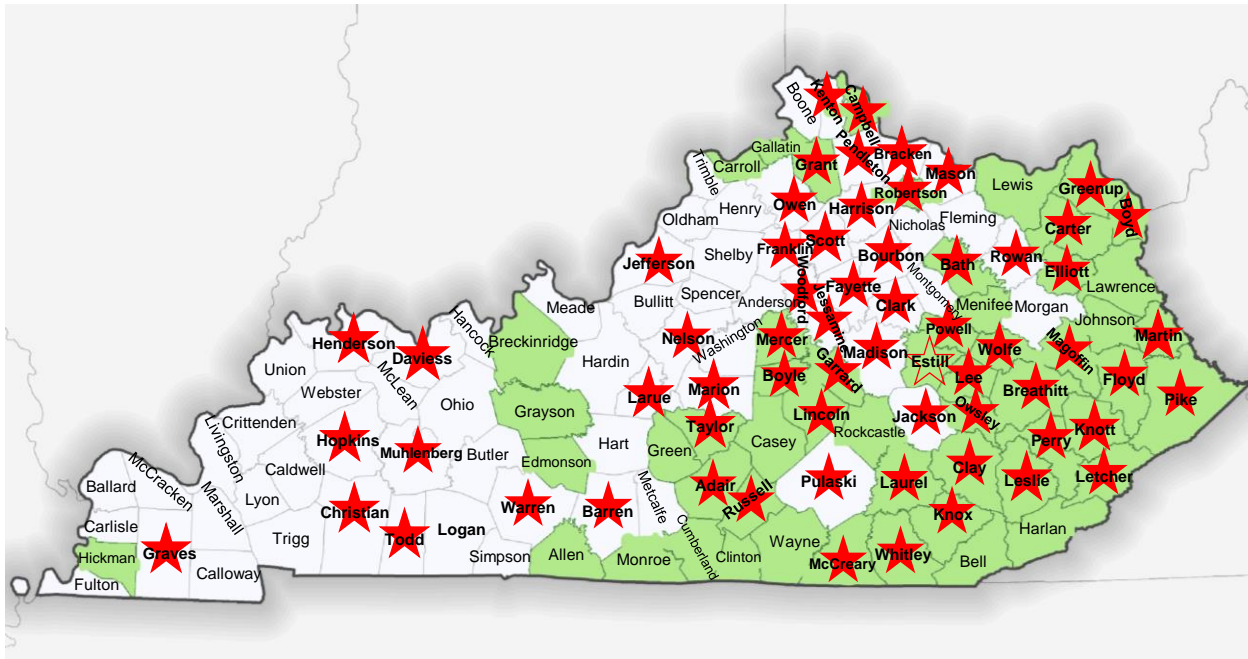
Not Sure



81 Operating Syringe Service Programs in Kentucky (02/04/2022)



Kentucky Public Health
Prevent. Promote. Protect.



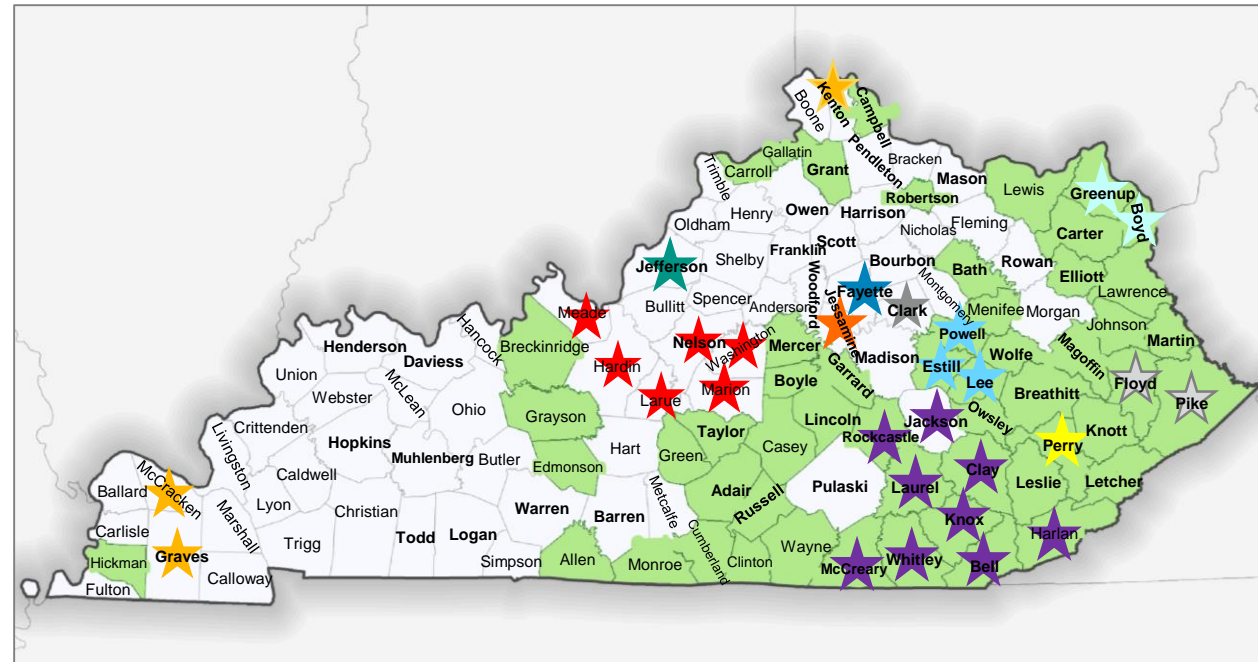
- 54 Vulnerable Counties based on 2016 CDC Report
- ★ 81 Operating SSPs (62 Counties) as of 2/04/2022
- ☆ 1 County Approved but Not Yet Operational



QUICK RESPONSE TEAMS

assertive outreach to overdose survivors

- Home or on-site visits within 24-72 hours of overdose or opioid-related complication
- Treatment linkage and harm reduction services
- Follow-up phone calls
- Community engagement




☆ 12 KORE-funded QRTs



KENTUCKY MEDICAID COVERS NARCAN

PROVIDERS SHOULD CONSIDER PRESCRIBING WHEN PATIENTS.....

NARCAN COVERAGE 

KENTUCKY MEDICAID

DOES KENTUCKY MEDICAID COVER NARCAN?

Yes. Kentucky Medicaid - including all Managed Care Organizations (MCOs) - covers the life-saving medication naloxone (brand name Narcan®).





- Aetna Better Health of Kentucky
- Anthem Blue Cross Blue Shield
- Humana Healthy Horizons in Kentucky
- Passport Health Plan by Molina Healthcare
- UnitedHealthcare Community Plan
- WellCare of Kentucky
- Fee-For-Service


All Managed Care Organizations, including Fee-For-Service plans, cover intranasal naloxone (Narcan®).

Narcan® Nasal Spray has a quantity limit of at least 1 package (2 units) per 30 rolling days, depending on the MCO.


CDC RECOMMENDATIONS FOR NARCAN PRESCRIBING





Naloxone is highly effective and has saved lives from opioid overdoses, but can only do so if it is in the right hands, at the right time. The Centers for Disease Control and Prevention recommends healthcare providers should strongly consider prescribing or co-prescribing naloxone, and providing education about its use for patients who:

-  Are receiving opioids at a dosage of 50 morphine milligram equivalents (MME) per day
-  Have been prescribed benzodiazepines
-  Have respiratory conditions such as COPD or obstructive sleep apnea
-  Have a non-opioid substance use disorder, report excessive alcohol use, or have a mental health disorder

 **TRAINING ON OVERDOSE EDUCATION:**
<https://www.youtube.com/watch?v=W682VEVDZ48>

Healthcare providers can help prevent opioid-related overdose.

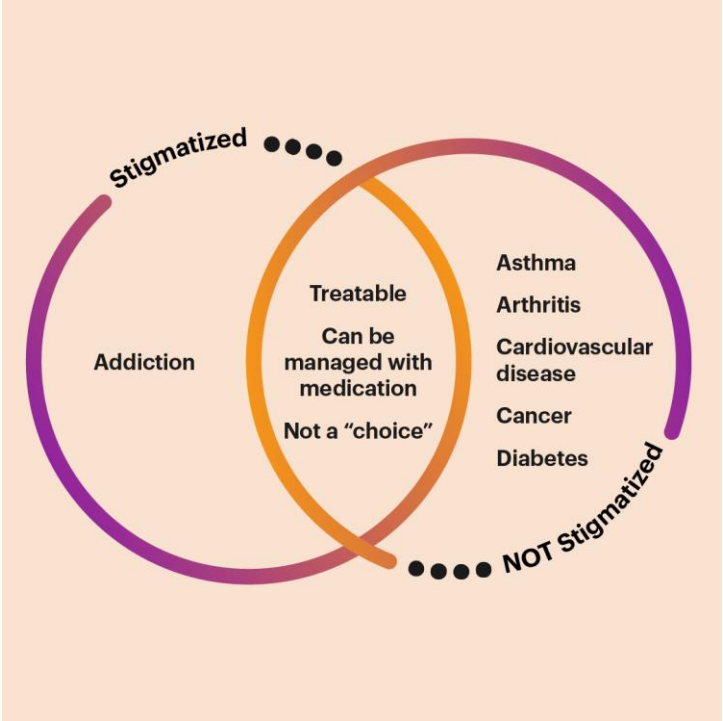
 **KORE** KENTUCKY OPIOID RESPONSE EFFORT

-  Are receiving opioids at a dosage of 50 morphine milligram equivalents (MME) per day
-  Have been prescribed benzodiazepines
-  Have respiratory conditions such as COPD or obstructive sleep apnea
-  Have a non-opioid substance use disorder, report excessive alcohol use, or have a mental health disorder

Unshame Kentucky

People don't choose to have a disease, whether that disease is asthma or addiction.

Chemotherapy helps people with cancer.
Methadone helps people with addiction.



KOPE

**KENTUCKY OPIOID
RESPONSE EFFORT**

TALK TO US

(502) 229-6529

@KYOpioidResponse

KORE@ky.gov