

# MOUD in ED: Progress & Challenges

## **Maine ACEP Meeting**

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April 2024

# Objectives

- Review current ME OUD/OD data & revisit overarching ME Opioid Response Strategic Plan
- Outline current status of MOUD (bup initiation) in Maine EDs
- Get group input on efforts & challenges of MOUD in EDs (survey!)
- Identify current challenges of initiating MOUD in ME EDs and discuss options for addressing them
- Introduce ME 1000 Lives Campaign, other upcoming initiatives

# ME Drug Overdose Deaths 2014 - 2023



## Current Trends in Maine

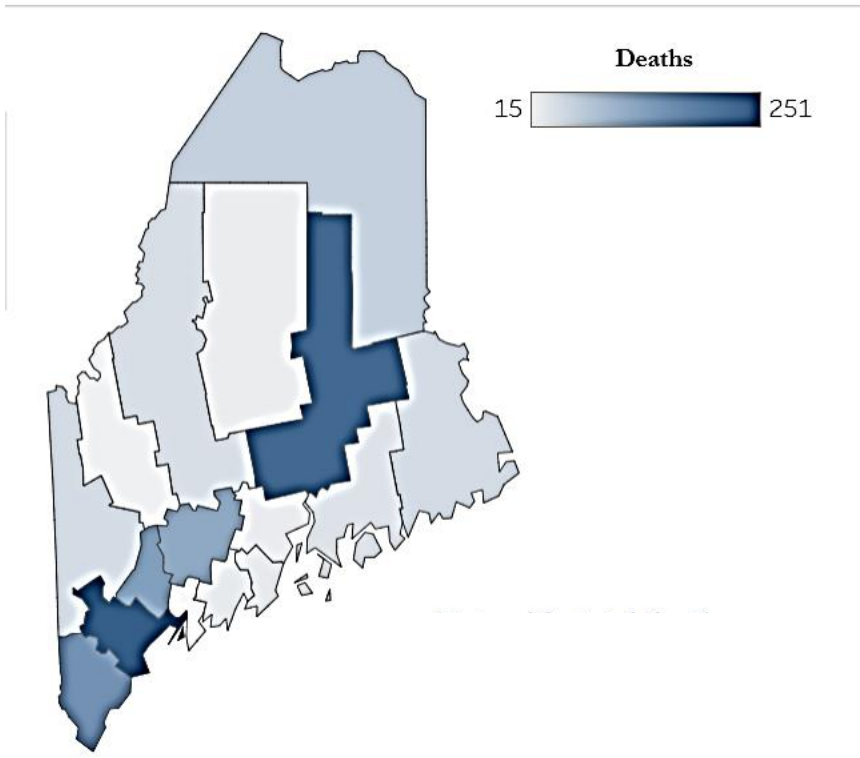
### Fatal Overdoses

2014	208	
2015	272	
2016	376	
2017	417	
2018	354	
2019	380	
2020	504	
2021	632	
2022	723	
2023	608	(16% decline)

<https://mainedrugdata.org/>

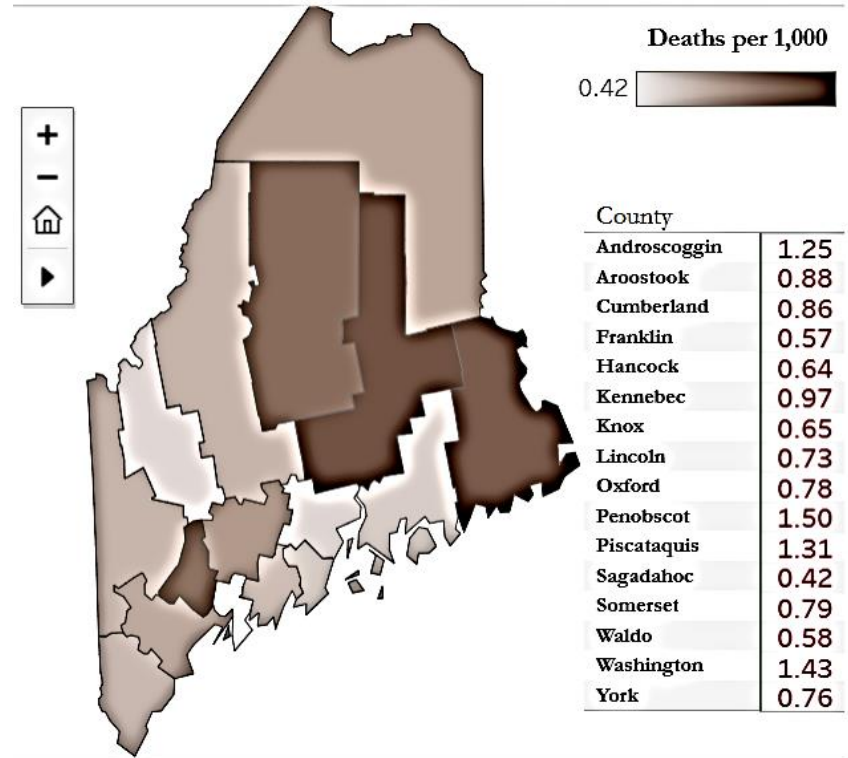
# Drug Overdose Deaths by County

Number of OD Deaths



Overdose Deaths in Maine

OD Deaths Rate per 1,000



OD Deaths Rate per 1,000

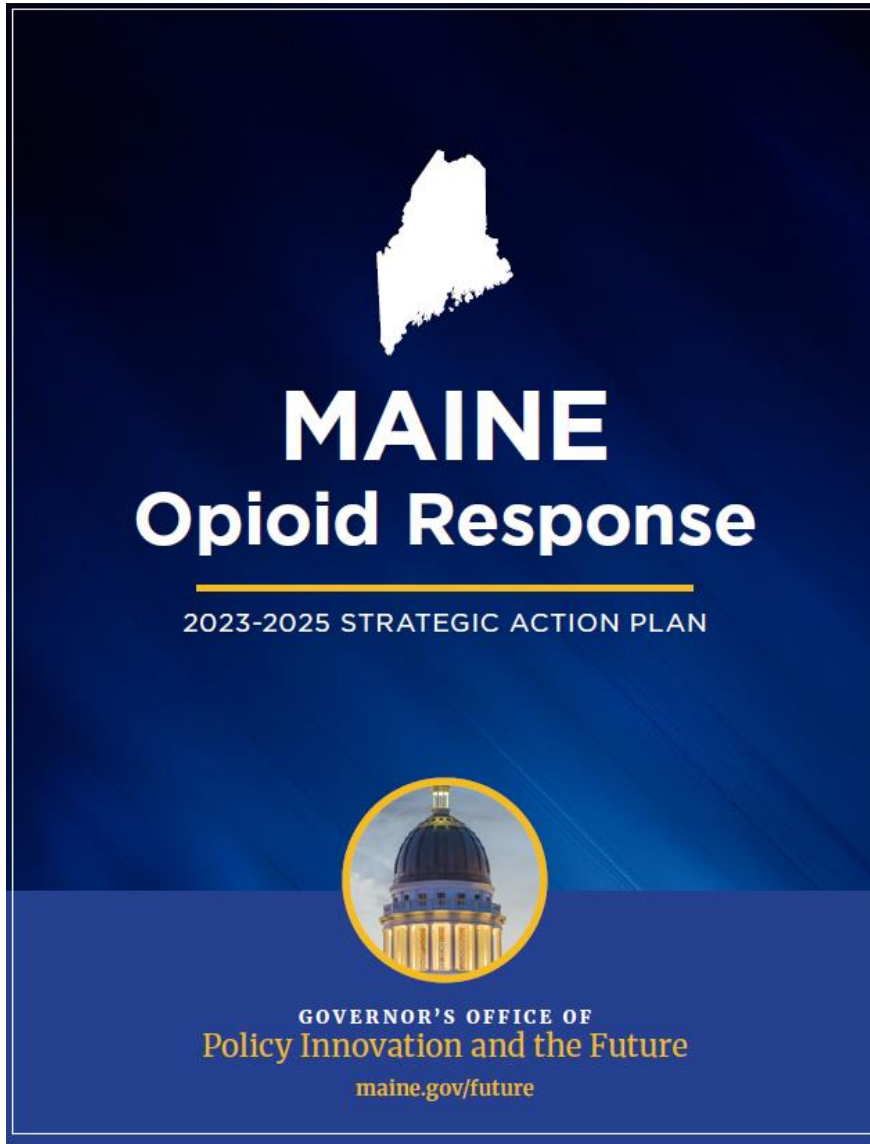
2022 - <https://mainedrugdata.org/fatal-overdose-dashboard/>

# ME - Continued & New Challenges

Despite modest decrease in OD deaths in 2023, ME has seen nearly 5000 Maine deaths from 2010 – 2022:

- Drug supply cont's to be more dangerous (fentanyl)
- OUD treatment capacity improved, but rapid access still often challenging, esp. for those at most high risk for OD (e.g. post-incarceration, unhoused, severe SUD, chaotic use)
- Significant stigma persists regarding SUD & treatment
- Impacts of COVID pandemic (workforce shortages!) continue to limit treatment & recovery resources
- Social factors significantly challenge recovery efforts, particularly employment, housing, transportation
- Too many youth experiencing traumatic events, experimenting with substances, risking OD

# Overarching Guide: ME Strategic Action Plan



- 1 Goal
- 6 Focus Areas
- 9 Priorities
- 33 Strategies

# ME Opioid Strategic Action Plan

- Goal: Decrease negative health & economic impacts of OUD/SUDs on individuals, families, and communities in Maine, employing a comprehensive, multi-sector approach
- Focus areas:
  1. Infrastructure
  2. Prevention
  3. Public safety (drug supply, safe prescribing)
  4. Harm reduction
  5. Treatment
  6. Recovery

# ME Opioid Strategic Action Plan: Policy Priorities Snapshot

- Expand SUD prevention activities
- Continue efforts to prevent fatal overdose
- Expand SUD/ODU treatment capacity:
  - Crisis services & residential SUD treatment
  - Correctional settings
  - Bup initiation in EDs
  - New EMS outreach efforts
  - Support for current, new bup prescribers
- Strengthen community recovery supports & resources



# Preventing Fatal Overdose

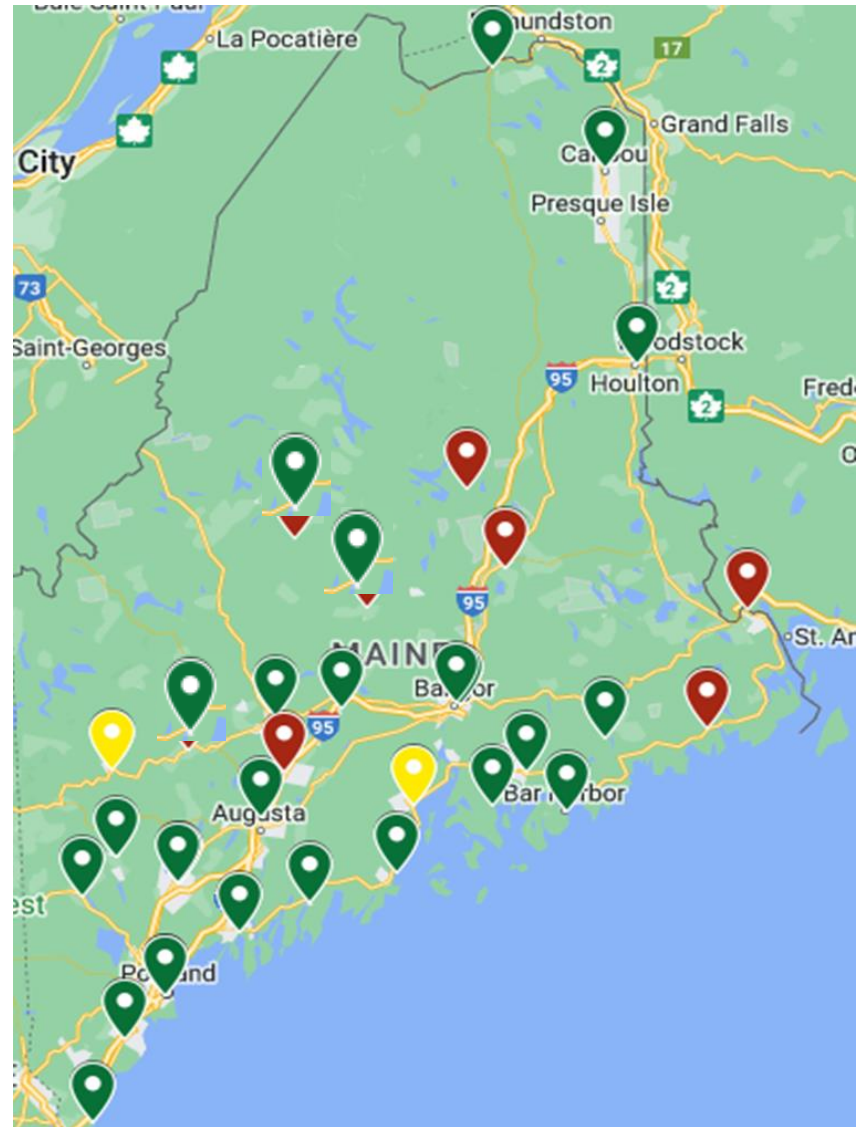
- Cont'd expansion of naloxone distribution through state-funded distribution system, law enforcement, EMS
- Promotion of fentanyl test strips
- Promotion of “don't use alone” messaging
- Cont'd support for syringe exchange & other harm reduction svc's to connect high-need populations
- Expanding OPTIONS Liaisons program for post-OD intervention, including better integration with EMS, law enforcement

# Expanding SUD/ODU Treatment Capacity

- Expanding beds for medically-supervised withdrawal & residential SUD treatment
- Providing over \$8M in capital + “catalyst” funds to support development of 171 new beds across state in new & existing facilities
- Developing new “SUD Residential Receiving Center” in Kennebec County (legislation)
- Proposing new MH/SUD Crisis Receiving Center in Penobscot County (to ME Recovery Council)
- Expanding MOUD treatment in corrections settings

# Promoting Bup Initiation in Hospital EDs

- Gov Mills set expectation in 2019 that all hospitals offer bup initiation in EDs
- Bup initiation now available in 27 of ME's 32 EDs
- DHHS contracts with MMA-CQI to provide tech assistance to hospital EDs
- Opioid Clin Adv Comm dev'd [Guidance for SUD Tx in Hospitals](#) urging tx in EDs & inpatient settings



# Bup Initiation in Hospital EDs: Challenges

ME hospitals not currently offering ED bup initiation:

1. Calais Regional Hospital
2. Downeast Regional Hospital (Machias)
3. NLH Inland Hospital (Waterville)
4. Millinocket Regional Hospital
5. Penobscot Valley Hospital (Lincoln)  
(others?)

# Buy In Initiation in Hospital EDs: Challenges

- Leadership (leadership, leadership)
- Real (and/or perceived) lack of clinician buy-in (providers, nurses)
- “Lack of local community resources for SUD treatment referrals”
- Staffing changes, other...

# Promoting Bup Initiation in Hospital EDs

Time for your input!

Brief survey For ACEP members re: MOUD in your ED:

<https://www.surveymonkey.com/r/DS9RYDB>



# New Initiatives



# 1000 LIVES CAMPAIGN FOR MAINE

This is an initiative led by Maine's providers and healthcare organizations to reduce projected Opioid Use Disorder (OUD) related deaths by 1,000 over the next 5 years, through the implementation of life-saving interventions in all hospitals, emergency departments, primary care practices, correctional facilities, dental offices, and specialty addiction medicine practices.

# 1000 Lives Campaign



**GORDON H. SMITH, ESQ.**  
Director of Opioid Response  
*State of Maine*

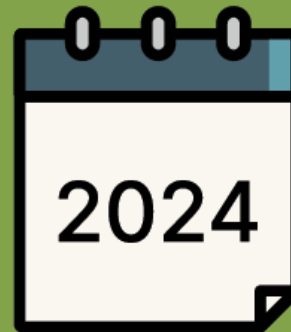
**ERIK STEELE, D.O.**  
Family Physician  
*Martin's Point Healthcare*



## IMPLEMENTATION TEAM SUPPORT

Technical assistance advisors, development of policies, procedures, training videos, etc. One full time employee dedicated exclusively to the campaign is being sought.

“  
***“In general, our treatment efforts are not proportional to fentanyl’s harm. Not even close.”***  
”  
--Stephen Martin, M.D., EdM



## FIRST YEAR GOALS

- Implementation in every ED in Maine
- Implementation in every Maine hospital
- Mapping of access and lack of access to primary care MOUD/ODU treatment across Maine
- Sign on additional stakeholders
- Secure adequate staff (paid or volunteer)



# 1000 Lives Campaign



## EMERGENCY DEPARTMENT INTERVENTIONS FOR OUD

1. Induce appropriate OUD patients on buprenorphine during their ED stay, just as you would an AMI patient on TPA and heparin
2. Provide the patient with an appointment or contact information for follow-up OUD care, just as you would provide f/u direction to an asthma patient
3. Discharge the OUD patient with a buprenorphine prescription sufficient to get them to their follow-up appointment (7-14 days) just as you would any other patient
4. Discharge them with Naloxone or a prescription for it
5. Provide stigma-reducing training to ED staff, just as you would train them in the care of AMI patients

# 1000 Lives Campaign: Data Challenges

- Sets goals for decreasing drug OD deaths
- BUT... challenging to collect data on specified interventions – i.e. no. people offered MOUD in...
  - Hospital inpatient settings
  - EDs
  - Primary Care practices
  - SUD treatment programs
- No established system as yet for routinely collecting treatment data from these settings

# EMS SUD Outreach Efforts

- Funded by \$6M federal COSSAP grant
- Providing leave-behind naloxone
- Developed “Ambassadors” program to conduct outreach, education to local EMS programs
- Funding local recovery coaches, linking with OPTIONS Liaisons to work with EMS post-OD
- Planning to launch EMS bup initiation in field under direction of EMS Medical Control, contracted Medical Director(s)

# Related Challenge: Treating AUD in EDs

- Significantly higher prevalence of AUD than OUD & other substances!
  - **AUD: 843/100 000 people**
  - OUD: 220/100 000
  - Cannabis, 259/100 000
  - Amphetamines: 86/100 000, cocaine: 53/100 000
- ~1 in 5 ED visits assoc'd w/ opioids also involved alcohol
- ~1 in 7 opioid-related deaths involved drinking alcohol within few hours of using opioids
- Opioid overdose deaths where alcohol contributed to death increased 41% from 2019 to 2020
- Alcohol withdrawal alone carries significant risk of death
- ME supervised withdrawal (aka “Detox”) options limited

# Related Challenge: Treating AUD in EDs

Key steps for EDs when facing AUD:

- Recognize AUD and associated significant health risks of both withdrawal & cont'd use
  - AUDIT-10 self-screen: [auditscreen.org/check-your-drinking/](https://auditscreen.org/check-your-drinking/)
- Assess severity of alcohol withdrawal syndrome (AWS): [CIWA-Ar](#) or other
- Provide initial medical treatment for AWS, or refer for inpatient withdrawal treatment
- Additional recommendations in ME Opioid Clin Adv Comm [Position Statement on Withdrawal Management](#) (Dec 2023)

# Maine SUD Learning Community

https://mesudlearningcommunity.org

## ME Substance Use Disorders Learning Community

Search

**Apply to**  
**PROJECT ECHO PROGRAM**

**Request**  
**COACHING AND TECHNICAL ASSISTANCE**

**Sign up for**  
**INFORMATION AND NEWSLETTERS**

**View Our**  
**-RESOURCES- VIDEOS, PODCASTS, EARNING AND MORE**

[Go To Full Calendar](#)

### Upcoming Webinars and Events

- 07** POST-ACUTE AND LONG-TERM CARE FACILITIES: PRESCRIBING AND MANAGING OUD AND AUD  
Webinar
- 13** USE OF NON-PRESCRIBED GABAPENTIN: WHY IS THIS HAPPENING AND WHY IS IT IMPORTANT?  
Webinar
- 15** ADOLESCENTS & YOUNG ADULTS ECHO: EXPAND ACCESS TO MOUD/SUD TREATMENT  
Webinar

### What's New!

- Maine Opioid Clinical Advisory Committee Clinical Guidance Documents**  
Introduction: The Maine Opioid Response Clinical Advisory Committee consists of approximately 30 leaders in substance use disorder prevention, treatment and harm reduction in Maine. As part of its efforts, the Committee has developed clinical guidance documents on several key topics that are intended to assist Maine clinicians who care for patients with substance use disorders.  
[View these Documents](#)
- Join the Maine Rural Behavioral Health Workforce Center for an 8-hour MOUD Training.**

Pandemic Respons...pdf   DEAs Telemedicine...pdf   [Show all](#)

## Maine SUD Learning Community

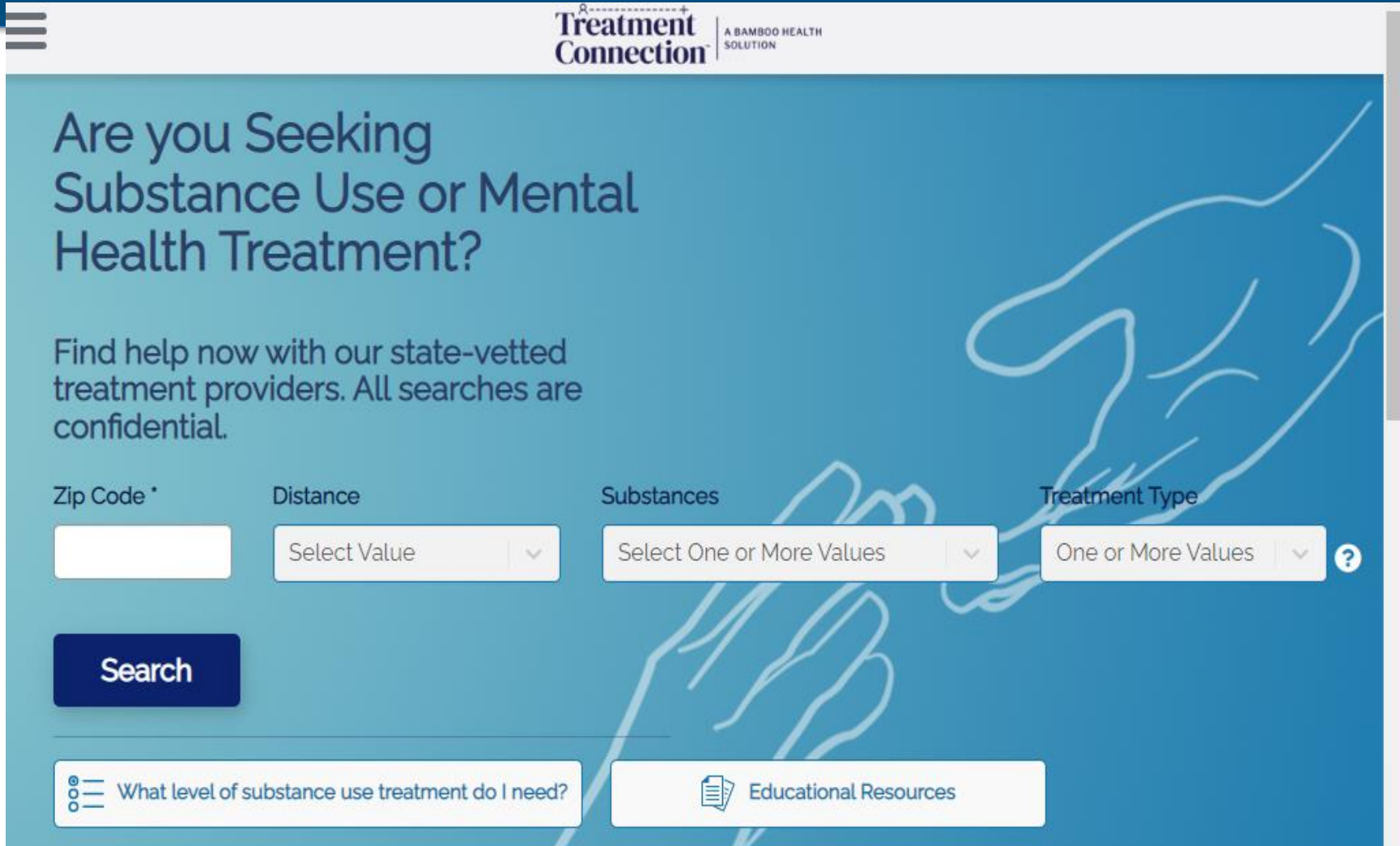
# TreatmentConnection: Overview

## Support Portal

- Help public find appropriate treatment options and connect to providers, facilities/svcs based on needs
  - Anonymously search for nearby providers.
  - Contact information for providers and real-time availability
  - Submit confidential online referral inquiries
- Leverage supportive educational resources on MH and SUD interventions

## Public Support Line

- Toll free support line walking members through 13-Q self-assessment
- Assistance navigating Treatment Connection mbr portal




Are you Seeking  
Substance Use or Mental  
Health Treatment?


Find help now with our state-vetted  
treatment providers. All searches are  
confidential.

Zip Code \*      Distance      Substances      Treatment Type

     Select Value      Select One or More Values      One or More Values ?

**Search**

 What level of substance use treatment do I need?

 Educational Resources



# Coming Next...

- Cont'd work to expand residential SUD treatment
- Exploring options for offering ambulatory withdrawal management services
- Exploring wider use of XRB for high-risk individuals (recent clarification of MaineCare coverage for XRB)
- MaineCare expanding Opioid Health Home to “SUD” Health Home model
- MaineCare 1115 waiver to expand coverage into correctional settings
- Additional funding for community, clinical initiatives from Opioid Settlement Funds

# Coming Soon... Opioid Settlement Funds

- Managed by ME Office of Attorney General
- \$34M received to date
  - 50% to Recovery Council (funding decisions directed by 15-member Recovery Council)
  - 30% to Maine county & municipal subdivisions
  - 20% to Attorney General
- [Recovery Council](#) developing processes to determine funding decisions for \$17M
- Held public hearing to solicit input on potential areas of focus, projects to be funded
- First funding likely within next several months

# Contact Info

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