


# Opioid Crisis “Unmeeting”

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Washington University in St. Louis National CTSA »

 Institute of Clinical and Translational Sciences

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# Heartland Node Application Clinical Trial Network

**CTN Nodes: Regional Research & Training Centers and Community-Based Treatment Programs**



# Healing the Heartland

<b>Notice</b>	HEALing Communities Study: Developing and Testing an Integrated Approach to Address the Opioid Crisis (Research Sites) (UM1 - Clinical Trial Required)
<b>Notice Number</b>	<a href="#">RFA-DA-19-016</a>
<b>Earliest Submission Date</b>	November 11, 2018
<b>Application Due Date</b>	December 11, 2018, by 5:00 PM local time of applicant organization

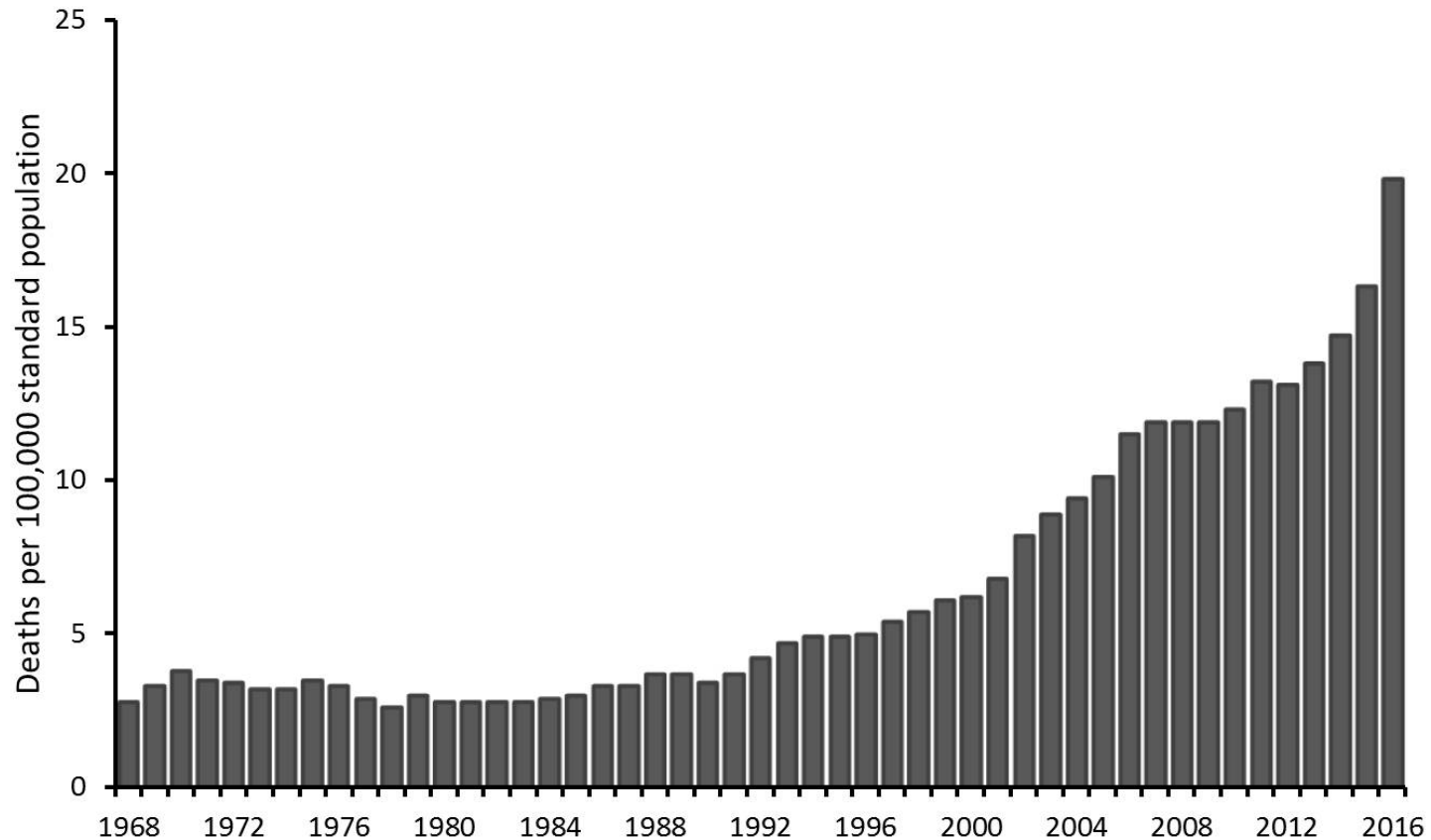
# Tackling the Opioid Epidemic in Our Community

Laura Jean Bierut, MD

Washington University School of Medicine

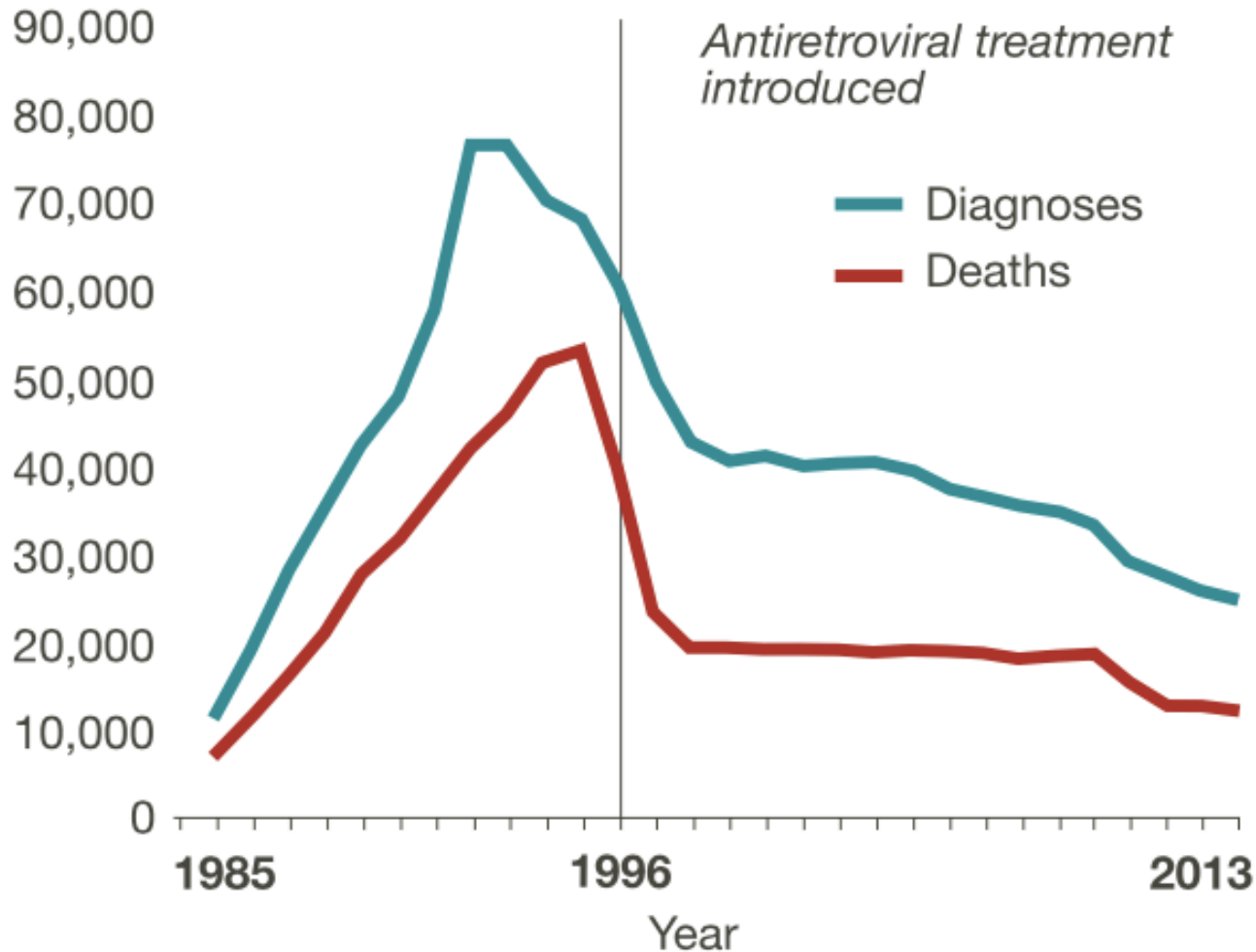
The rate of death from drug overdoses has changed from 2 to over 20 per 100,000.

US age-adjusted drug overdose death rates, 1968-2016

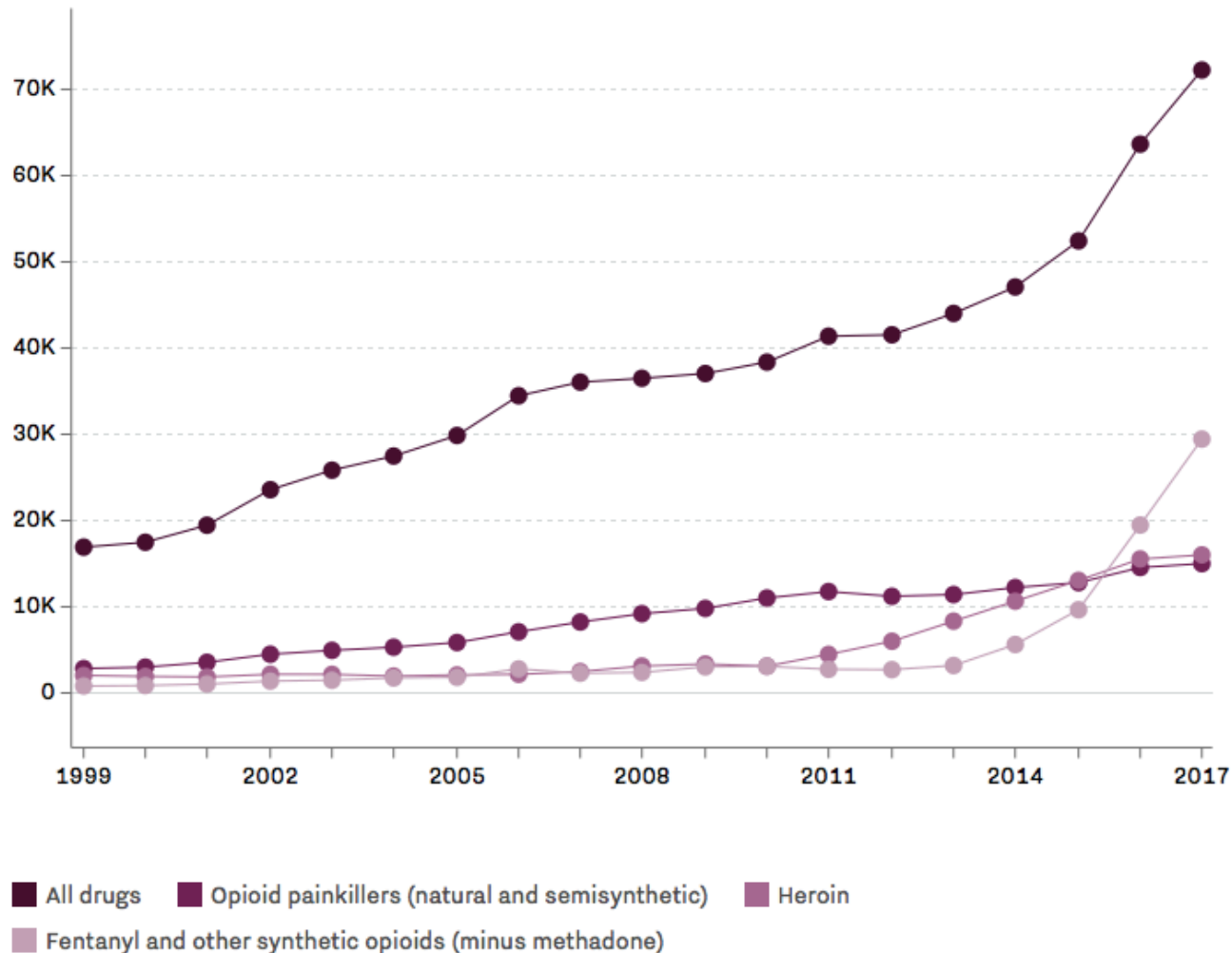


# AIDS diagnoses and deaths at the epidemic peak.

## AIDS Diagnoses and Deaths, 1985-2013

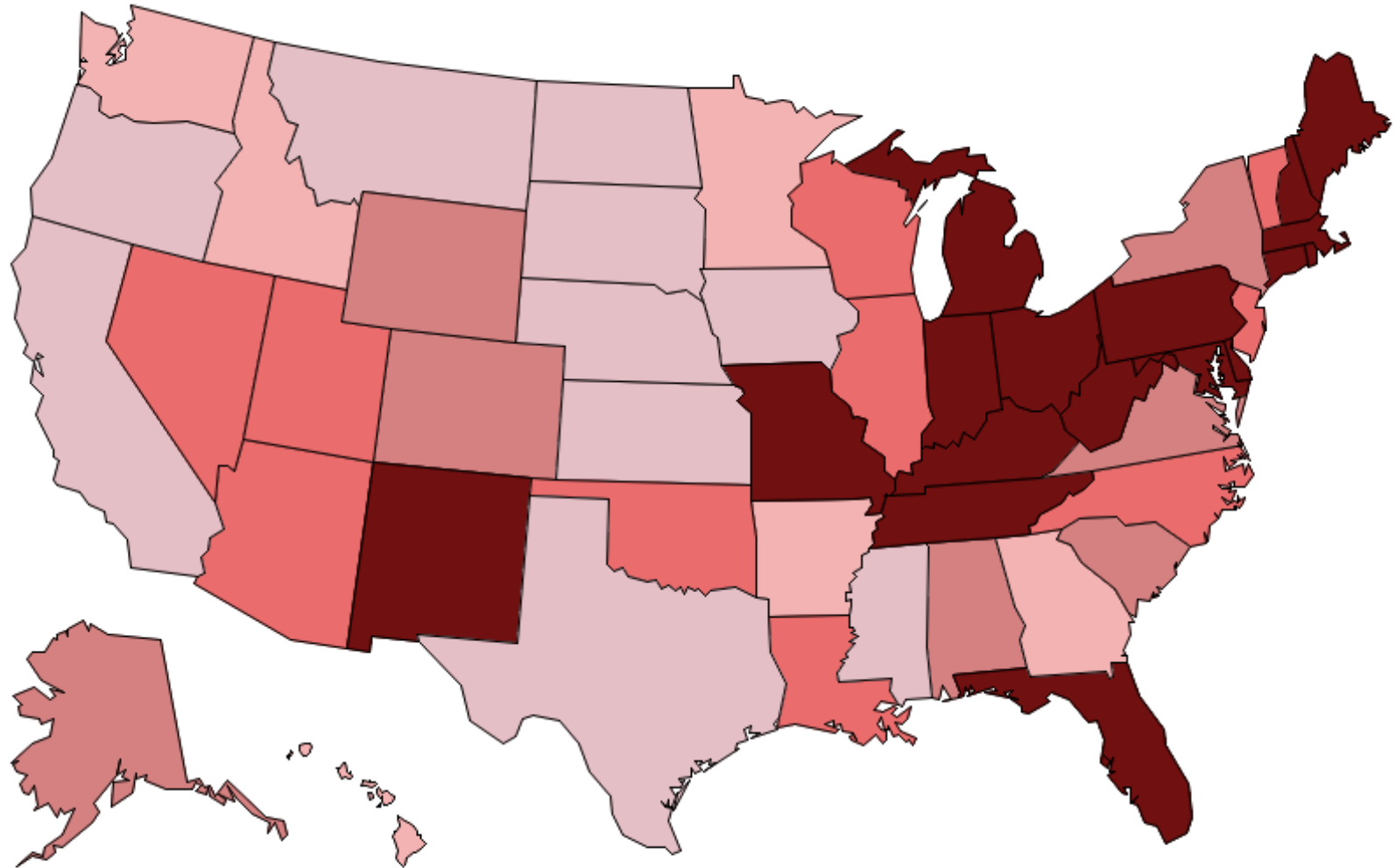


The number of drug overdose deaths surpasses the number of deaths in the peak of the AIDS epidemic.



Source: [Centers for Disease Control and Prevention](#)

# Missouri is in the top 1/3 of states affected by the opioid epidemic.



Drug overdose deaths per 100,000 in 2016

< 12.5

16.1 to 18.5

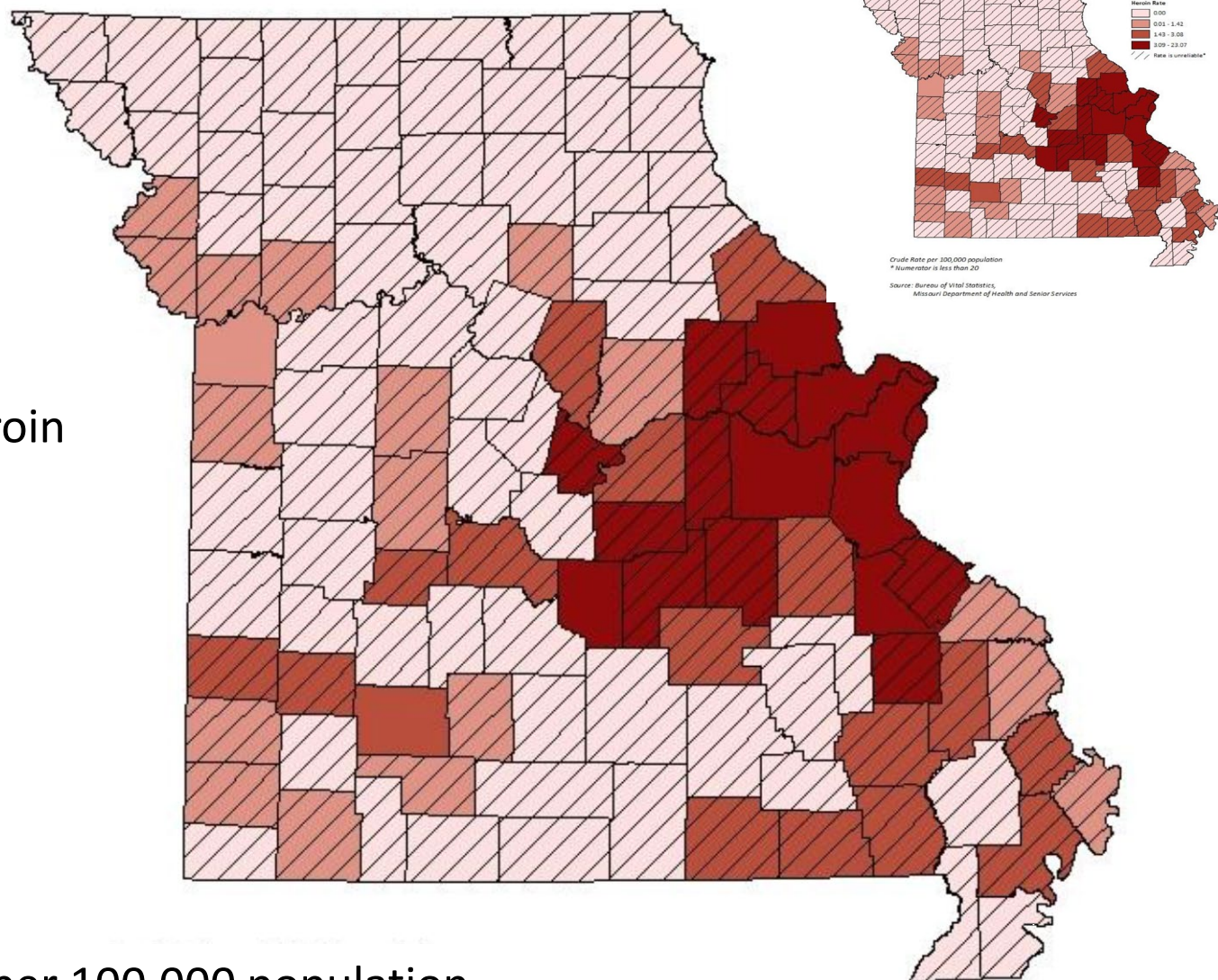
> 23.5

12.5 to 16.0

18.6 to 23.5



The opioid overdose epidemic is concentrated in the eastern part of the state.



Deaths Due to Heroin  
Overdoses  
2012-2016

Crude rate per 100,000 population  
Source: MO Dept of Health and Senior Services



National Institutes of Health  
*Turning Discovery Into Health*

A word cloud on a black background centered around the text "NIH HEAL Initiative". The words are in various colors (blue, green, yellow, white) and orientations. The largest words are "NIH HEAL Initiative" in blue. Other prominent words include "Research" in green, "Addiction" in green, "Opioid" in blue, "Prevention" in white, "End" in yellow, "Compounds" in white, "Long-term" in yellow, "Therapies" in green, "Biomarkers" in white, "Misuse" in white, "Helping" in green, "Scientific" in white, "Solutions" in white, "Epidemic" in yellow, "Pain" in yellow, and "Nonaddictive" in white.

NIH HEAL Initiative

Research

Addiction

Opioid

Prevention

End

Compounds

Long-term

Therapies

Biomarkers

Misuse

Helping

Scientific

Solutions

Epidemic

Pain

Nonaddictive

# Helping to End Addiction Long-term

## NIH HEAL INITIATIVE



NIH research program to explore the transition from acute to chronic pain



NIH outlines research plan to address the opioid epidemic

Lots of efforts already underway...

## **Missouri State Targeted Response to the Opioid Crisis**

**(2017-2019):**

**\$10,015,898 x 2 years = \$20,031,796**

## **Missouri State Opioid Response to the Opioid Crisis**

**(2018-2020):**

**\$18,364,038 x 2 years = \$36,728,076**

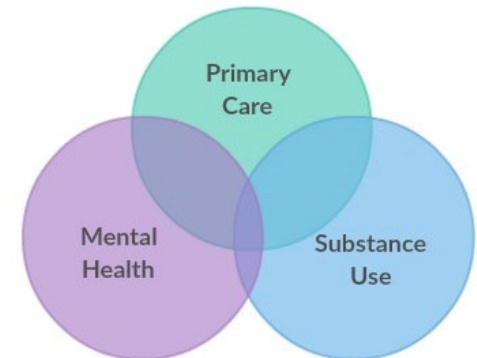
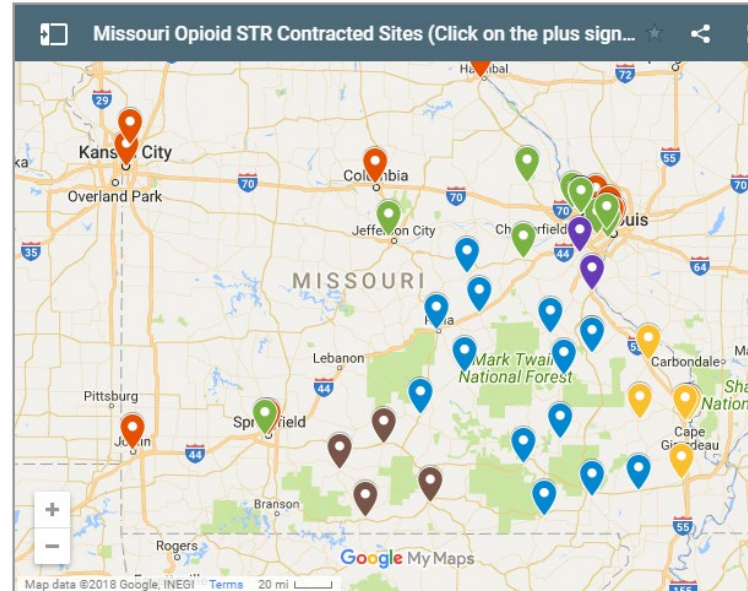
**Plus many others**

**HRSA – Primary Care grants**

**SAMHSA Prescription Drug/Opioid Overdose (MOHOPE)**

**CDC – death data quality**

# \*Medication First\* Model



# CDC Evidence based strategies to reduce opioid overdoses

- Academic detailing
- Medication assisted treatment
- Medication assisted treatment in justice settings
- Buprenorphine initiation in emergency departments
- Eliminating prior authorization requirements for medications for opioid use disorder
- Fentanyl screening in routine clinical toxicology testing
- Targeted naloxone distribution
- Naloxone distribution in treatment centers and justice settings
- 911 Good Samaritan laws
- Syringe service programs

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Lots of mandates for evidence based services...

- Why isn't everyone is doing them???

...fast forward...

## **Goal of HEALing Communities Grant:**

Reduce opioid overdose fatalities by  
40% in 3 years

**Healing in the Heartland:  
Enriching Missouri's Integrated Opioid  
Response through Science and Partnership**

Patty Cavazos, PhD – Principal Investigator  
Washington University

Rachel Winograd, PhD – Principal Investigator  
University of Missouri, St. Louis  
Missouri Institute of Mental Health

Laura Jean Bierut, MD Senior Advising Investigator  
Washington University

# Implementation Model



# Implementation Grant

- Effective interventions don't get used – main point of this grant is to address that problem
- Each community must partner with healthcare, behavioral health, and justice
- Community Advisory Board – we need very strong community support
  - this project is BOTTOM UP, not top-down



# Heal the Heartland

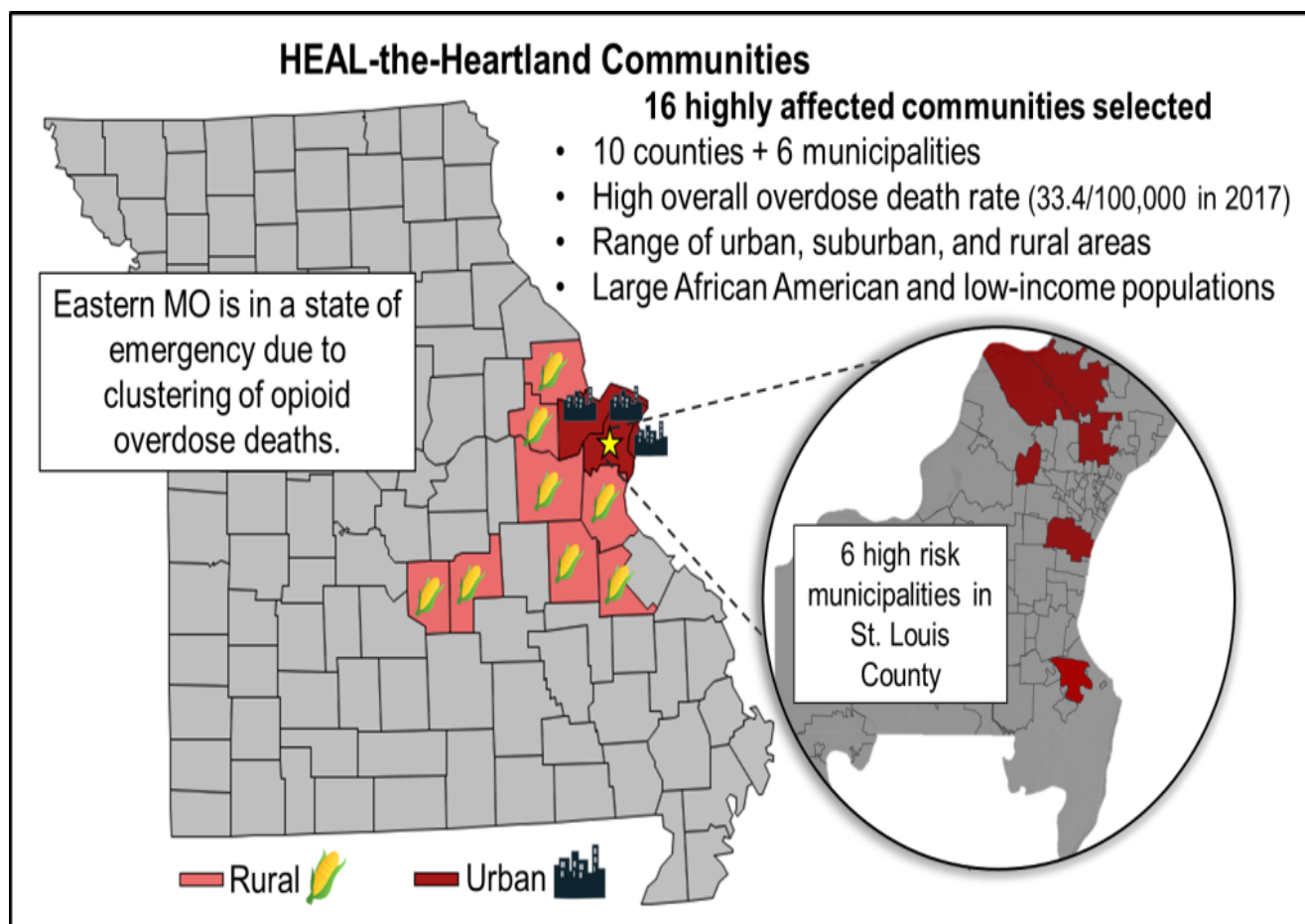
- Aim 1: Facilitators and barriers to care
- Aim 2: Develop and implement a data driven model of care
- Aim 3: Test the effectiveness of the model of care
- Aim 4: Determine the cost effectiveness of the model of care

# Missouri communities hit hard by drug overdose deaths

## Rate of Opioid Overdose Deaths 33 per 100,000

### Community Name

St. Ann
Hazelwood
St. Louis City
Ferguson
Affton
University City
Jefferson County
Florissant
Warren County
Franklin County
Lincoln County
Washington County
St. Charles County
Phelps/Pulaski Counties
St. Francois County



# Leveraging existing infrastructure

- Washington University
- University of Missouri System
- BJC Healthcare System
- SAMHSA and other Federal Grants
- Department of Mental Health
- Department of Health and Senior Services



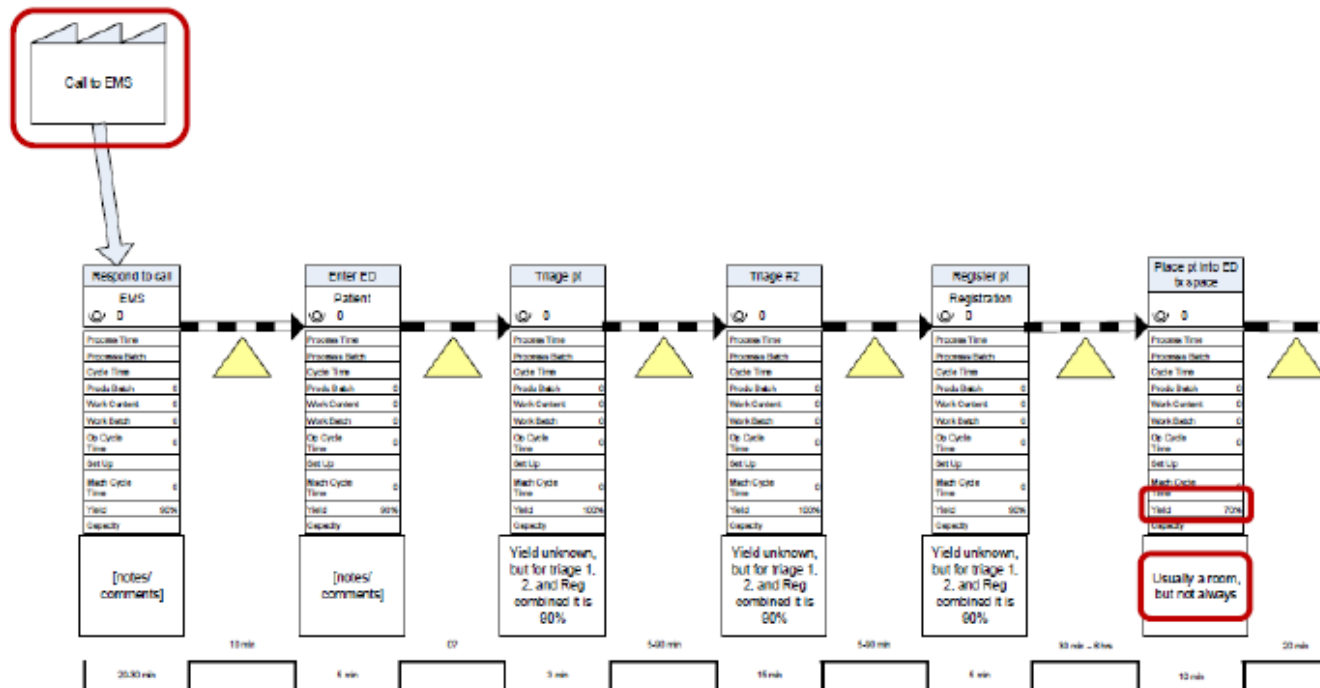
# Value Stream Mapping for hospital-based treatment initiation

Principal Investigator (Last, First, Middle): Ramsey, Alex T










## Appendix A. Current state value stream map for patients with opioid use disorder, focusing on the emergency department point-of-entry

From "Call to EMS" to "Patient connected with ongoing medication assisted treatment":

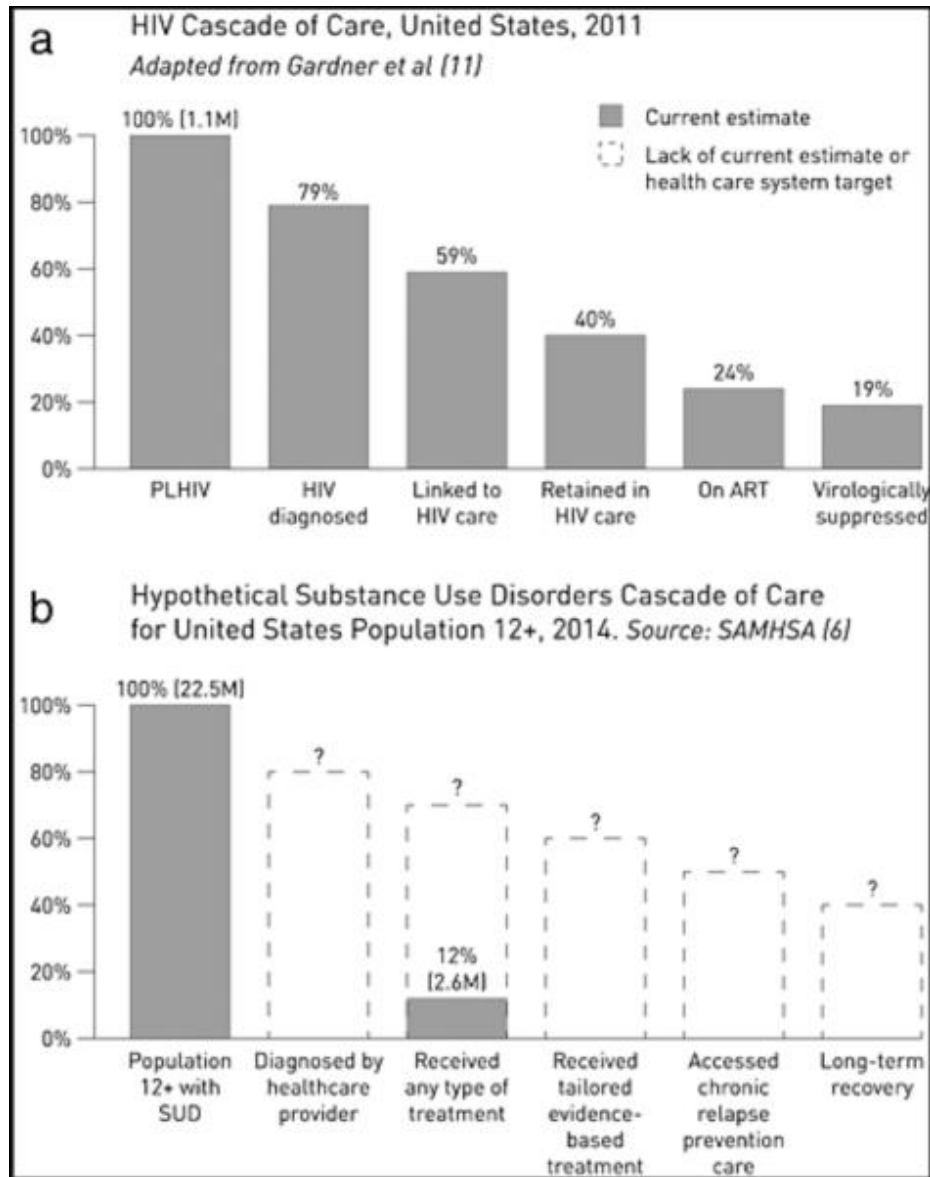
- An estimated 39% of patients with opioid use disorder are retained across the care continuum (group consensus = this is optimistic estimate)
- Patient wait times ranged from approximately 7 to 85 hours
- Process (i.e., service delivery) time was approximately 3 hours
- Greatest source of patient "leakage": Placing patient into an emergency department treatment space
- 30% of remaining patients drop off at this step, in part because there is not always a room available



# Saturating systems with evidence based strategies to reduce opioid overdoses.

	<b>Healthcare system</b>	<b>Behavioral health system</b>	<b>Justice system</b>
<b>Academic detailing</b>			
<b>Medication assisted treatment</b>			
<b>Naloxone distribution</b>			

# Cascade of Care

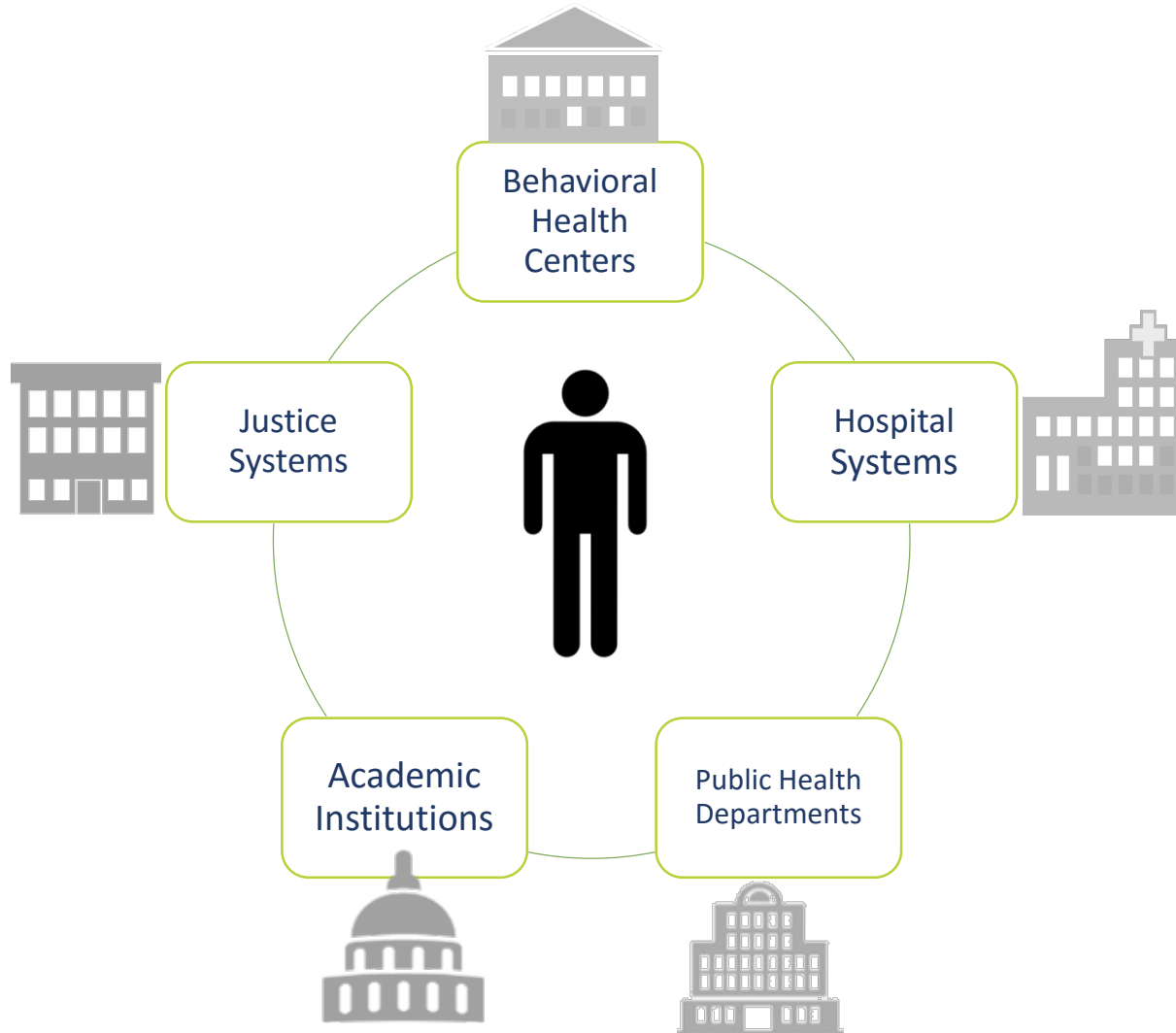


Our goal is to develop a transformative network to tackle the opioid crisis in our community.

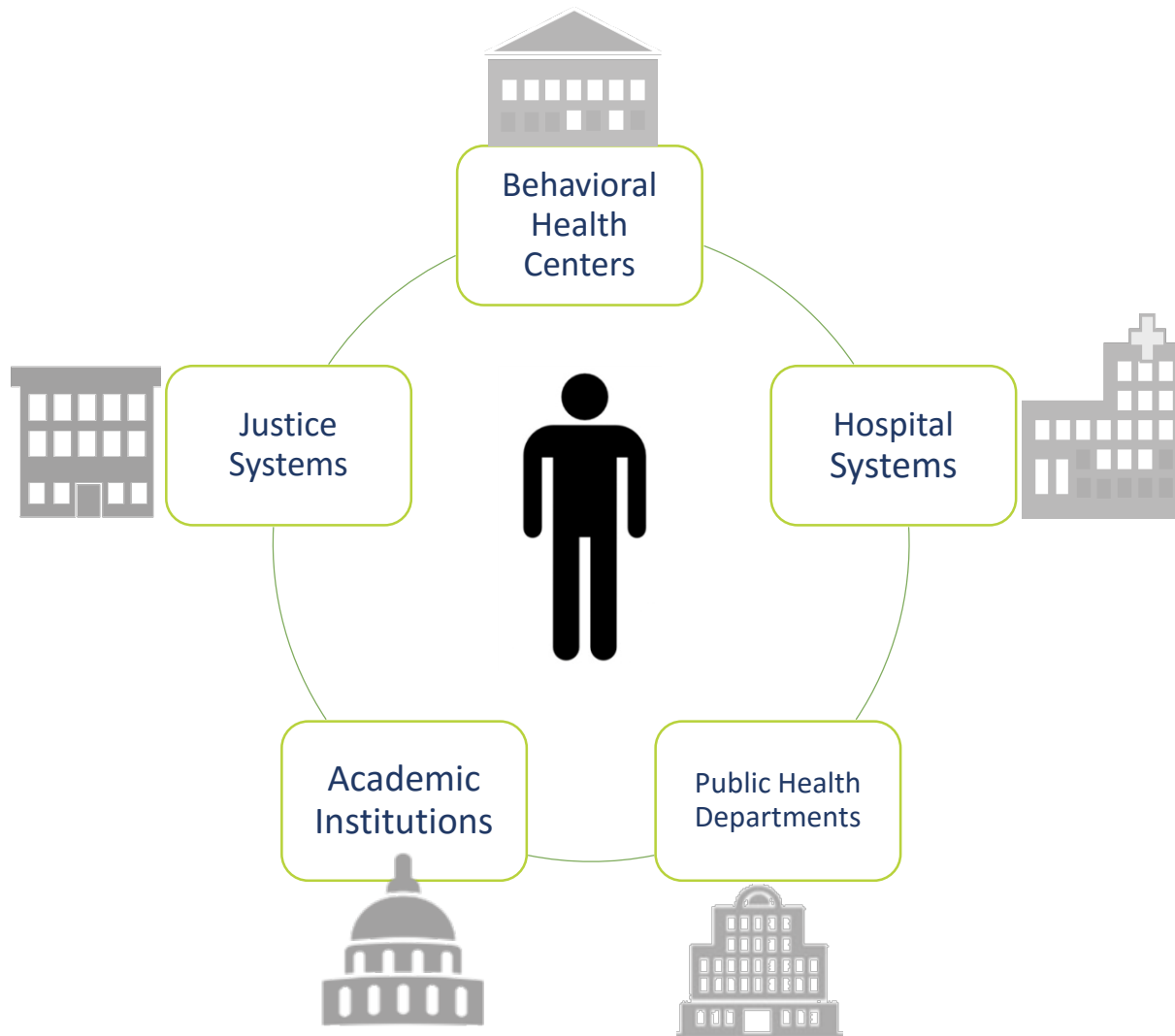
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**No Wrong Door**