Warm Handoff Policies and Programs: Collaborative Efforts To Intervene and Treat Addiction

Addiction Executives Industry Summit
Police, Treatment, and Community Collaborative
Ponte Vedra Beach, Florida
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@mcbtweets
Disclosure

★ DCBA Law & Policy is a Washington, D.C.-based health care law firm with a nationwide practice in the areas of substance use prevention and treatment.

★ Our clients include health care practitioners, addiction treatment programs and marketers, laboratories, and pharmaceutical developers.
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Preview

- Nationwide trends
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NATIONWIDE TRENDS
Opioid crisis cost U.S. economy $504 billion in 2015: White House

In addition, the report looked at the cost of non-fatal opioid usage, estimating a total of $72 billion for 2.4 million people with opioid addictions in 2015. Those costs included medical treatment, criminal justice system expenses and the decreased economic productivity of addicts.
A bipartisan Senate bill takes another shot at addressing the opioid crisis

CARA 2.0 is the latest in a salvo of proposals that has come out of Congress to address the opioid crisis. Earlier this month, Congress agreed to allocate $6 billion over two years to combat the epidemic. The previous largest measure, the 21st Century Cures Act, added $1 billion over two years.
Proposed CARA 2.0

★ $300 million to medications for opioid addiction
★ $300 million to expand first responder training and access to naloxone
★ $200 million to support people moving from treatment into long-term recovery
★ $100 million to expand treatment for pregnant and postpartum women
★ $100 million to treatment, criminal justice, and education programs
Short- vs. Long-Term Health Policy

Twenty states sue the federal government, seeking an end to Obamacare

- A coalition of 20 U.S. states sued the federal government on Monday over Obamacare.
- The states claim the law is no longer constitutional after the repeal last year of its requirement that people have health insurance or pay a fine.
- The individual mandate in Obamacare was meant to ensure a viable health insurance market by forcing younger and healthier Americans to buy coverage.

Los Angeles Times

Trump administration takes new steps to loosen health insurance rules

The proposed regulations — which represent the latest in a series of administrative attacks on the Affordable Care Act since President Trump took office — could make cheaper and skimpier plans available to more Americans.

But these short-term plans — which could last up to a year under the Trump administration's proposed new rules — also threaten to further weaken insurance markets around the country and drive up costs for sicker Americans who need health plans that offer a full set of benefits, such as prescription drugs, maternity care or mental health and substance abuse services.
Supply Satisfying Demand

Opioid overdose deaths dropped in these 14 states, prompting cautious optimism

“And we may be seeing a plateauing, if not a decline, in overdose deaths from heroin,” he added. “The bad news is that we’re seeing more deaths from fentanyl.”

But even as more states saw a drop in deaths, several saw death spikes of more than 30 percent, most likely due to the increasing presence of the deadly synthetic drug fentanyl in the illicit drug supply, drug experts say. Those are Delaware, Florida, New Jersey, Ohio and Pennsylvania, along with the District of Columbia.

DCBA | Law & Policy
American cocaine use is way up. Colombia’s coca boom might be why.

Opioids and methamphetamine: a tale of two crises

The unchecked acceleration of opioid-related deaths in the USA is, by many measures, the worst of times. Prescriptions peaked in 2012 at more than 255 million (81.3 per 100 persons), then subsequently declined by about 15%. Yet the rate of opioid-related deaths has continued to rise. In the grim ranking of overdose deaths, illegally manufactured fentanyl and analogues have made the most drastic gains, claiming over 20,100 Americans in 2016. Deaths from natural and semisynthetic opioids, such as oxycodone and morphine, remain exceedingly high (14,400). But while the opioid crisis has exploded, the lull in the methamphetamine epidemic has quietly and swiftly reversed course, now accounting for 11% of the total number of overdose deaths.

The sheer number of opioid-related deaths has dominated the national conversation. However, that focus could distract from the larger issues of use and overdose.

October, 2017, the President’s Commission on opioids has led to little more than calls for a border wall to impede suppliers and has largely been derided for failing to meaningfully include drug policy experts.

Previous control efforts with methamphetamine have relevant policy implications for opioids. In 2012, over the protests of pharmaceutical companies, Congress authorised the Drug Enforcement Agency to limit over-the-counter sales of decongestants containing pseudoephedrine used to synthesise methamphetamine.

Availability was dampened for a few years, but cheap, high-quality methamphetamine produced in Mexico has now flooded the market. US Customs and Border Protection have reported a massive increase in methamphetamine seizures and use nationally has risen to about 4%. The shift in public health priorities to opioids has left the methamphetamine market to flourish and primed for resurgence.

The Lancet: “The shift in public health priorities to opioids has left the methamphetamine market to flourish and primed for resurgence.”
Emphasis on Medication

★ HHS Secretary & FDA Commissioner

★ SAMHSA TIP 63
  • Discussing medications with OUD patients is the standard of care
  • Patients should have access to counseling to supplement treatment with medication
  • Medication should be integrated with residential treatment

★ President’s Opioid Commission
  • IMD Exclusion
  • Telemedicine
Emphasis on Medication: Impacts

★ Standard of care
  • Insurance coverage
  • Legal liability
★ Defining treatment outcomes
★ Drug labeling
★ Access to medications
  • Primary care
  • Emergency department
  • Drug court programs
  • Jails and prisons
★ Program accreditation and certification
More Discussion Tuesday

Tuesday Luncheon

12:15 PM – 1:45 PM

The Straight and Narrow Bottom Line: Law and Ethics Related to Third-Party Payment

Michael C. Barnes, Esq
Supported by: DCBA Law & Policy

This presentation – led by an experienced health care attorney who advises addiction treatment programs and urine drug testing laboratories – will include an overview of laws, regulations, policies, and ethics related to payment from private and public third-parties. The discussion will touch on the Federal Anti-Kickback Statute, state anti-kickback and fee-splitting statutes, the criminal health care fraud statute, False Claims Act, and the Affordable Care Act. This presentation will provide a timely discussion of the legal issues regarding the utilization of, and billing for, urine drug testing, including billing fraud and pass-through billing arrangements with clinical laboratories; collecting insurance payments made directly to patients; assignment of benefits; insurance enrollment; and copayment collection. Applying his practical experience and recent case law, enforcement trends, and legislation, the presenter will provide attendees with an understanding of how treatment programs and laboratories can comply with relevant laws and regulations, obtain reasonable payment, and ensure that safeguards are in place to protect the safety of patients and prevent civil and criminal liability.
Community Collaboration

- Supported by federal funding
- Public health and public safety sectors coordinating efforts
- Making progress
- Long-term sustainability is a challenge
Community Programs

★ Referral of students for assessment and treatment (PA)
★ Re-entry and recovery support services prior to release from jail (MA)
★ Prevention services targeted toward underserved youth (NY)
★ Recovery homes for parenting women (AZ)
★ Expanded law enforcement access to naloxone (NY)
Overdose Reversals

★ 50 states & DC have laws intended to improve availability of naloxone
★ Opioid withdrawal post-rescue
  • Followed by ingestion of more opioids
★ Re-toxicity after revival

“It’s hard to imagine how high the death toll would be without naloxone.”
WARM HANDOFF
Need for Warm Handoff

★ 40% of patients who received hospital care for opioid-related conditions did not receive follow-up services within 30 days of hospitalization
★ Prior history of overdose = 3 X more likely to overdose
★ 62% of overdose decedents had a prior overdose
★ 22% of overdose decedents had 2+ prior overdoses
★ 17% of overdose decedents had 3-6 prior overdoses
Richard Perry
Age 21
Hospital Release Orders
Heart Attack Victim Care

The first 24 hours following a heart attack are usually spent in a coronary care unit (CCU) or an intensive care unit (ICU).

Where skilled staff will:

- Continuously monitor your heart rhythm
- Administer a series of test and blood work
- Administer medication as needed
- Review patient’s history
- Contact primary care and/or cardiac care physicians
Cardiac Care Day Two

If you remain stable after 24 hours
You may be transferred to the "telemetry" floor of the hospital

- Continue to receive care by a cardiac care team.
- Depending upon the severity of the heart attack and how quickly you received treatment, you may be able to go home within two to four days.
Overdose Patient

Treat and Street
Definition

★ A warm handoff is the process of transitioning a patient with SUD from an intercept point, such as an emergency department, to a treatment provider once the patient is stable.

★ Warm handoffs provide those with SUDs a pathway to treatment and recovery and can decrease the risk of subsequent overdose.
Community Leadership

★ First responders
  • Opportunity for leadership from local law enforcement
★ Emergency department personnel (executives, attorneys, physicians, nurses)
★ Engagement specialists/care coordinators
★ Peers in recovery
★ Not-for-profit organizations
★ Local treatment providers
Limited Outcomes Data

★ Practical outcomes dependent on success of:

1. Efforts to engage in treatment
2. Treatment itself

★ 2015 study of people with OUD treated in emergency dep’t

  - 78% who received buprenorphine
  - 45% who received brief interventions
  - 37% who received referrals
- Outcomes at six and 12 months were comparable across all groups. http://bit.ly/2viOrb2
NOPE Task Force Overdose Bill Becomes Law in Fla.


CS/CB/HB 249 Drug Overdoses – This bill creates guidelines for Emergency Medical Services (EMS) to report drug overdoses and requires hospital emergency departments to develop policies to promote the prevention of unintentional drug overdoses.
State Warm Handoff Policies

- Florida HB 249 (2017): best practices policy
- Rhode Island Gen L § 23-17.26-3(a): comprehensive discharge plan
- Massachusetts Gen L ch 111 § 51 ½ (b): substance abuse evaluation within 24 hours; recommendations for further treatment, if necessary
- Pennsylvania Dep’t of Drug and Alcohol Programs policy: treatment referral
- Louisiana Dep’t of Health and Hospitals reg: referral or information regarding treatment
Operable Programs

- Pennsylvania counties
- Anne Arundel County, Maryland
- Gateway Foundation, Illinois (Greater Chicago)
Challenges

- Funding (especially long term)
- Complexity of referrals
  - Levels of care
  - Providers
  - Difficulty obtaining treatment through public system (wait lists)
  - Tracking admission capacity/turnover in treatment programs
- Refusal of hospitals to participate
Legal Considerations

★ Fear of prosecution/Good Samaritan laws
  • 40 states & DC passed
  • 15 protect overdose survivor from being charged with possession
  • Alternative legislation would charge overdose survivor and require guilty plea to receive treatment

★ Initiative of MAT in emergency dep’t
  • OTP registration
  • DATA 2000 waiver
  • Three-day rule/one-day supply

★ Civil liability, e.g., wrongful death

Forthcoming article in The University of Memphis Law Review
Privacy

★ HIPAA
  • Health Care Provider Exception
  • Good-Faith Belief Exception: Notification of emergency contact without consent because a patient is a threat to himself
  • Best-Interest Exception: Limited notification of emergency contact if patient is unable to object due to lack of capacity

★ 42 CFR Part 2
  • Applies only to federally assisted drug treatment programs (emergency department exception)
  • Disclosure permitted to other medical personnel in emergency
  • Disclosure not permitted to non-medical personnel

★ Prescription monitoring programs: helpful in notifying prescribers

Forthcoming article in The University of Memphis Law Review
Ethical Concern

- Exploitation of warm handoff programs for patient recruitment and brokering purposes
- Referral should always be based on individual medical need
Recommendations

★ Develop relationships with community organizations seeking federal funding
★ Formulate a local warm handoff program engaging law enforcement and other first responders, emergency departments, and treatment community
  • Nonprofits, e.g. Gateway Foundation in Chicago
  • Treatment providers
★ Educate vital stakeholders, especially attorneys, to overcome resistance and implement programs
★ Track and report outcomes
★ Plan for long-term funding of program
Conclusion & Discussion

★ Thanks again to C4, sponsors, and exhibitors
★ Thank you
★ Questions and feedback

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