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Northern New England-Practice Transformation Network (NNE- PTN)  
Community Opioid Overdose Response (COOR) ECHO Program  
NEWSLETTER

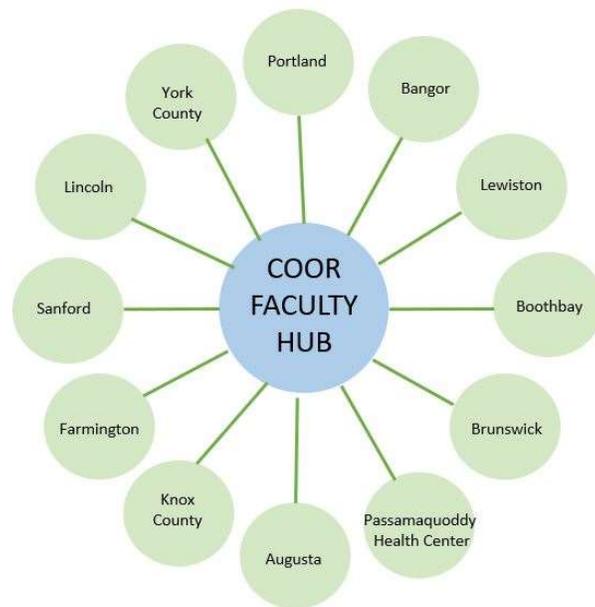
News, Events, and Opportunities

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January 2019

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We encourage you to share this newsletter with your communities to learn more about our Community Opioid Overdose Response (COOR) ECHO occurring with 12 communities across Maine.



The COOR ECHO project brings together leaders of key sectors within 12 local communities across Maine to work together to reduce opioid overdose deaths. The program leverages the resources and expertise of the Northern New England Practice Transformation Network (NNE-PTN) and the ECHO model to provide case-based, video-supported collaborative learning opportunities to work within and across communities to reduce opioid overdose deaths. It expands Project ECHO model from the traditional clinical model to a community-based, systems-oriented model, and builds on successful models from other regions to decrease opioid overdose deaths using a community-oriented approach.

The four focus areas of the COOR ECHO are:

- Collecting timely, local data on drug/opioid overdose deaths
- Improving OUD treatment capacity using rapid-access, low-barrier approaches
- Improving naloxone distribution
- Creating linkages with the SUD/OUD recovery community

To help you communicate your work on this effort, QC has created a COOR ECHO infographic. Please download and view our new [COOR ECHO infographic](#) and feel free to spread the word!

To learn more about the NNE-PTN COOR ECHO please visit:

[www.mainequalitycounts.org](http://www.mainequalitycounts.org)

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## COOR E-Newsletter survey feedback opportunity

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### Northern New England-Practice Transformation Network (NNE- PTN) Community Opioid Overdose Response (COOR) ECHO Program E-Newsletter Feedback Survey

The team at Maine Quality Counts has been putting together a monthly e-newsletter for COOR ECHO participants. We are looking for feedback from all of the COOR community to help us improve this newsletter to better meet the needs of COOR ECHO.

Please complete this short, 6-question survey by January 23rd.

[Click here to complete the survey.](#)

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## COOR ECHO Sessions and Educational Opportunities

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### COOR ECHO Session #4: Wednesday, January 16th from 10:30am- 12noon

- **Faculty presenter:** Clement Deveau, LCSW, Program Director, Aroostook Mental Health Center. His topic will focus on - Understanding addiction.
  - **Community case presentation:** Health Access Network; Chris Muffett
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**"Medications for Opioid Use Disorder: SAMHSA TIP63 - A Toolkit for  
Improving Practice - Part 1"  
Tuesday, January 29th - Noon to 1pm**

Please join us for the first in this two-part QC "Caring for ME" webinar series that will introduce SAMHSA's recently-developed national guidelines, "TIP-63, Guidelines on the Use of Medications for Opioid Use Disorder" (also known as Medications for Addiction Treatment, or MAT). In the face of the still-growing epidemic of opioid use and overdose deaths, more clinicians are stepping up to offer medications for OUD in a range of practice settings, but often face questions about the specifics of treatment. These national guidelines offer evidence-based standards of care and are a "must-have" tool for clinicians providing these medications.

**OBJECTIVES:**

- Understand SAMHSAs goals, purpose for developing TIP63, Medications for OUD
- Describe general principles, approach to use of medications for OUD
- Understand indications, goals, key treatment principles for using methadone for OUD treatment

Speaker:  
Michelle Lofwall, MD, DFASAM

[To Register](#)

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## COOR Faculty Information

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### COOR FACULTY

Please click the following link to learn more information regarding the COOR Faculty team. To read the COOR faculty Bios, [click here](#).

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## RESOURCES

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**LincolnHealth Emergency Department:  
A First Stop for Addiction Recovery.  
By Courtney Moulton, LincolnHealth**

If you or someone you know needs help overcoming opioid addiction, the LincolnHealth Emergency Department in Damariscotta may be the best place to start.

"We can now begin treating patients with Suboxone if they want to start recovery and it is medically safe to do so," explained LincolnHealth Emergency Department Medical Director Tim Fox, MD. "Suboxone helps stop opioid withdrawal symptoms, and when combined with appropriate counseling, improves the patient's chance of engaging in successful treatment." Patients do not need to be in clinical withdrawal in order to begin treatment.

The goal is for patients to leave the emergency department with an appointment at the Mid Coast Addiction Resource Center in Damariscotta or Brunswick within 48 to 72 hours. This helps ensure the treatment process begins quickly with a pathway to ongoing comprehensive treatment for the addiction.

[To read this article, click here.](#)

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### CDC REPORT

**Drug and Opioid-Involved Overdose Deaths - United States, 2013-2017**

Lawrence Scholl, PhD; Puja Seth, PhD; Mbabazi Kariisa, PhD; Nana Wilson, PhD; Grant Baldwin, PhD

CDC has released a new report of final 2017 data detailing the growing number of drug overdose deaths in the United States. The Morbidity and Mortality Weekly Report, Drug and Opioid-Involved Overdose Deaths - United States, 2013-2017 examines increases in drug overdoses and deaths involving opioids across prescription opioids, heroin, and synthetic opioids other than methadone by demographic and geographic characteristics.

The 2017 data from this report show:

- Drug overdose deaths continue to rise in the United States. In 2017 alone, there were more than 70,000 drug overdose deaths, which was an increase of more than 6,600 deaths from 2016. This was a 9.6% increase in the overdose death rate, continuing the increase observed since 1999.
- Opioids are a significant contributor to the rise in drug overdose deaths, especially synthetic opioids, like illicitly-manufactured fentanyl.
  - From 1999-2017, more than 399,000 Americans lost their lives to opioid overdoses from prescription and illicit opioids.
  - Opioids were involved in almost 68% of drug overdose deaths in 2017, a 12% rate increase from 2016.
  - The almost 45% increase in death rates involving synthetic opioids (other than methadone) was likely driven by illicitly-manufactured fentanyl (IMF).
  - Overdose death rates involving prescription opioids and heroin were stable from 2016 to 2017.
- Rates of overdose deaths involving cocaine and psychostimulants with abuse potential also increased by more than a third in 2017.

The report examined differences in overdose across the U.S. by demographics and county urbanization level, showing increases in opioid overdose deaths across all demographics (including persons aged  $\geq 25$  years old). State-level analyses revealed how death rates changed over time.

[To read the CDC report, click here.](#)

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**Minnesota's Effort to End the Opioid Epidemic**

Across the state of Minnesota, communities, providers, Tribes and counties are working to end to the opioid epidemic.

Efforts include:

- Making it easier and faster for people to receive a substance use disorder for treatment services
- Expanding medication-assisted treatment, in both the number of providers and their geographic reach. Medication-assisted treatment combines behavioral therapy and medications to treat substance use disorders
- Increasing opioid-specific peer recovery and care coordination
- Piloting the Parent Child Assistance Program, a peer support program for pre- and post-natal mothers
- Expanding access to naloxone - a drug that serves as an immediate lifesaving antidote to opioid overdose - for opioid treatment programs and emergency medical service teams
- Launching Fast-Tracker, a website showing real-time treatment bed availability

[To learn more regarding Minnesota's efforts, please click here.](#)

[To view Minnesota's Opioid Action Plan, click here.](#)

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### **Brigham and Women's Hospital Approach to Addressing the Opioid Epidemic**

Brigham Comprehensive Opioid Response and Education (B-CORE) Program Provides Institution-wide Response to Opioid Addiction Crisis

At Brigham and Women's Hospital (BWH), small projects began emerging in various departments in response to the opioid addiction crisis. Earlier this year, BWH adopted an institution- wide response, known as the Brigham Comprehensive Opioid Response and Education (B-CORE) program.

The B-CORE program is made up of a collaboration of experts, including pain specialists, surgeons, hospitalists, nurses, primary care providers, pharmacists, and electronic health information representatives, all of whom work in two task forces focused on issues around opioid prescribing and opioid addiction. Throughout the year, B-CORE members have developed hospital-

wide guidelines for opioid addiction prevention and management, opioid prescribing and chronic pain management.

Joji Suzuki, MD, Director of the Division of Addiction Psychiatry at BWH is head of B-CORE's addiction task force. His group's recommendations have already yielded a standardized approach to prescribing opioids and it is now in place at BWH. "It's remarkable that an entire hospital system has come up with a coordinated plan like B-CORE," he said.

[To learn about B-CORE, click here.](#)

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## COMMUNITY COALITION "SPOTLIGHT"

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### **Case Study of the Bangor Area's Approach to Addressing Substance Use Disorder**

This report is a case study of the early stages of how the Bangor community is using two types of MeHAF grant funding to implement several strategies to address some of the most critical gaps related to the opioid epidemic. The strategies of each grantee target different gaps in the continuum of care in the Bangor area. The Bangor case study is based on a two-day visit conducted in January 2017 and is informed by:

- Review of project documents (grant applications, grant products, and progress reports, including a summary of A2QC partner responses in Year 1 to the Wilder Collaboration Factors Inventory);
- Meeting observations, and
- Interviews with project staff, organizational partners, and community members.

This case study provides a profile of three major activities of the A2QC and HC grants in early stages of implementation: pain management/opioid prescribing protocols for providers (A2QC), "warm handoffs" of patients with substance use disorder from the emergency department/urgent care to primary care

(A2QC), and recovery coaches (HC). Each profile includes a description of major progress to date, lessons learned, and evaluation. This report then summarizes how the two grant initiatives were engaging community members in these activities.

To view the Case Study Report, [Click here.](#)

To view the survey to understand how to influence/impact the behaviors of individuals using opioids after an overdose event, see the [online version](#) or the [word document](#).

[Click here](#) to view the online responses and paper responses from individuals using opioids after an overdose event.

For more information on the grant initiatives and the survey, contact Laura Mitchell at [laura@lmstrategy.com](mailto:laura@lmstrategy.com)

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## ARTICLES

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### **A Rural Community Decided To Treat Its Opioid Problem Like A Natural Disaster**

**by Anna Boiko-Weyrauch**

Snohomish County in Western Washington is taking a unique approach to tackle the problem.

Last year, leaders declared the opioid epidemic a life-threatening emergency. The county is now responding to the drug crisis as if it were a natural disaster, the same way it would mobilize to respond to a landslide or flu pandemic.

The idea grew out of their experience with another tremendous disaster in the county: the massive 2014 landslide in Oso, Wash., which killed 43 people. Back then, the director of communications for the sheriff's office, Shari Ireton, took reporters to see the landslide, and she ended up learning something, too. "It was amazing to see Black Hawk helicopters flying with our helicopter and a fixed wing over the top of that," she says. "All in coordination with each other, all with the same objective, which is life safety."

Ireton thought, what if they used that same coordinated system, of everyone working together across government agencies, to tackle the opioid epidemic? County leaders took the idea and ran with it.

[To read this NPR story, click here](#)

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### **BlueCross Removes Oxycontin, Adds Acupuncture Amid Opioid Crisis By Michelle Corbet**

Tennessee's largest health insurance provider realized it was not part of the solution. It was part of the problem.

For the past six years, BlueCross BlueShield (BCBS) of Tennessee has been working to curb the number of available opioids, after noting a significant increase in newborns experiencing opioid withdrawal in 2010.

In 2019, the health benefits nonprofit is removing Oxycontin, one of the most sought-after opioids on the street, from its list of covered drugs entirely, and implementing even stricter policies around all opioid prescriptions.

[To read this article, click here.](#)

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### **New England Journal of Medicine Article**

#### **Emergency Departments - A 24/7/365 Option for Combating the Opioid Crisis**

**Gail D'Onofrio, M.D., Ryan P. McCormack, M.D.,  
and Kathryn Hawk, M.D., M.H.S.**

When it comes to opioid use disorder (OUD), however, there has been reluctance among emergency physicians to initiate treatment with buprenorphine, despite the preponderance of evidence from well-designed clinical trials supporting opioid-agonist treatment. Most recently, a randomized trial conducted by Yale School of Medicine investigators, including one of us (G.D.), demonstrated the feasibility and efficacy of ED-

initiated buprenorphine treatment in 329 patients who were enrolled with OUD and who presented to the ED seeking treatment (34%) or were identified by screening (66%), including 9% after an overdose. Patients who were assigned to a brief psychosocial intervention, started on buprenorphine treatment in the ED, and linked to the hospital's primary care center for 10 weeks of continued treatment were twice as likely to be engaged in formal addiction treatment at 30 days as those who were given a referral to treatment alone or a brief psychosocial intervention and a facilitated referral to community-based treatment services.<sup>1</sup> ED-initiated buprenorphine was also [To read this NEJM Article, click here.](#)

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**"In Rehab, 'Two Warring Factions': Abstinence vs. Medication": A reluctant evolution is taking place in residential drug treatment for opioid addiction. Here's a look at one center's wary shift.**

**By Abby Goodnough**

MURFREESBORO, Tenn. - Just past a cemetery along a country road, an addiction treatment center called JourneyPure at the River draws hundreds of patients a month who are addicted to opioids and other drugs. They divide their days between therapy sessions, songwriting, communing with horses and climbing through a treetop ropes course. After dinner, they're driven into town in white vans for 12-step meetings.

[To read this article, click here.](#)

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## OTHER

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### BOOKS:

**"Opioid Use Disorders  
A Holistic Guide to Assessment, Treatment, and Recovery"  
By Charles Atkins, MD**

Overdoses have lowered the life expectancy in the United States for two years in a row. The leading cause -- opioids. This epidemic has spread through every sector of our country, destroying lives as parents, friends, families, and those entrapped by opioids struggle to find help.

The opioids epidemic is dire, but there are answers -- and recovery is real.

Dr. Charles Atkins, well-known opioids addiction expert, brings together current research, emerging therapies, and non-drug and integrative strategies in a practical guide for both professionals and the public.

- Why a "one-size-fits-all approach" to addiction doesn't work for opioid use disorders
- Recognizing the signs - when chronic-pain management turns into addiction
- Whole-person treatment plans to help manage craving, cope with stress, and avoid relapse
- How Medication Assisted Treatment (MAT) can save lives
- Treatment from infants to older adults
- Real stories of recovery, and at times, loss

To view more information regarding this book, [click here](#).

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## Our Contact Information

### **NNE-PTN Community Opioid Overdose Response (COOR) Project ECHO**

▪ Kellie Slate Vitcavage, MS, QC Project Manager, Consumer and Community Engagement

Tel. 207.620.8526, ext. 1011 [kslatevitcavage@mainequalitycounts.org](mailto:kslatevitcavage@mainequalitycounts.org)

▪ Nancy Chasse, RN, BSN, QC Practice Facilitator

Tel. 207.620.8526, ext. 1034 [nchasse@mainequalitycounts.org](mailto:nchasse@mainequalitycounts.org)

▪ Annie Fox, MHA, QC Program Specialist

Tel. 207.620.8526 ext. 1032 [afox@mainequalitycounts.org](mailto:afox@mainequalitycounts.org)

For more information on other programs, visit: [Maine Quality Counts Website](#)

*The NNE-PTN project - is supported by FONCMS-1L1CMS331446-03-00 from the U.S. Department of Health & Human Services (HHS), Centers for Medicare & Medicaid Services. The contents provided are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.*

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Maine Quality Counts, 16 Association Drive, PO Box 16, Manchester, ME 04351

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