

Kentucky Statewide Opioid Stewardship (KY SOS)

February 2024 Newsletter

Spotlight

St. Claire HealthCare, Mountain Comprehensive Care Center, and its Revived Recovery Announce Partnership to Support Patients in Addiction Recovery

In early **January 2024**, great news was announced for those people struggling with substance use disorder in Kentucky. St. Claire HealthCare in Morehead, KY has partnered with Mountain Comprehensive Care Center and its Revived Recovery to offer comprehensive, seamless care without stigma in all phases of recovery: before, during, and after recovery. Second chance employment opportunities with St. Claire HealthCare will also be made available.

Congratulations to everyone involved with this partnership. To read the complete media release: [St. Claire HealthCare, Mountain Comprehensive Care Center, and its Revived Recovery Announce Partnership to Support Patients in \(st-claire.org\)](https://www.st-claire.org/newsroom/st-claire-healthcare-mountain-comprehensive-care-center-and-its-revived-recovery-announce-partnership-to-support-patients-in-addiction-recovery)

KORE

The following has been provided by our partners at Kentucky Opioid Response Effort (KORE):

Importance of Prescriptions for Over-the-Counter (OTC) Medications and Supplies for Patients Insured by Medicaid

Insurance coverage for FDA-approved over-the-counter (OTC) medications (e.g., naloxone, acetaminophen, ibuprofen) and supplies (e.g., blood glucose meters, test strips, lancets) is an essential component of providing effective health care. As more drugs become available over the counter, it is critical to be aware that insurance coverage of OTC medications may still require a prescription. Generating a prescription for OTC medications and supplies is especially important when treating patients insured by Medicaid who may not otherwise be able to afford them. Although an OTC medication may be available for purchase without a prescription, a Medicaid beneficiary can only utilize their drug coverage benefit for an OTC medication if it is on the formulary, a prescription is generated, and the pharmacy bills Medicaid. Prescriptions for OTC products can be written by health care providers or, in some cases, initiated by pharmacists using a prescriber-approved protocol.

For example, OTC naloxone was released in September 2023 with a suggested retail price of \$44.99 per 2-unit box. However, a prescription for naloxone would be covered by Kentucky Medicaid at no cost. It is essential for prescribers to incorporate writing prescriptions for OTC naloxone in their workflow to remove the cost barrier and increase access for patients insured by Medicaid. Pharmacists and physicians may also enter into a protocol to permit the initiation of OTC naloxone prescriptions at the pharmacy. Existing naloxone protocols should be reviewed

to ensure they include the new OTC products. Furthermore, all healthcare professionals should be aware of the Kentucky Naloxone Copay Program, which covers up to \$45 of the cost of naloxone for KY individuals who are uninsured or have private pay insurance. Please see <https://www.kphanet.org/copay> for further details.

To access all KY Medicaid-related pharmacy information, including the *Over the Counter Drug Lists* for both Medicaid FFS and Medicaid MCO, please visit: <https://kyportal.medimpact.com/provider-documents/drug-information>

Healthcare entities often struggle to find the time or resources for referring to community resources. Care navigators can help decrease these barriers by providing linkages and immediacy to referrals to recovery services and treatment.

Medications for Opioid Use Disorder Linkage and Retention- Care Navigator Training Manual

The NIH Heal Initiative through UK has established a helpful training manual to assist case managers, social workers, peer support specialists and others in creating and supporting critical linkages. Please see the new manual here:

<https://healingstudy.uky.edu/sites/default/files/2024-01/BCN%20Training%20Manual%20FINAL.pdf>

Upcoming Events/Webinars

- **KY-OPEN Overdose Prevention Education Network** with **Laura C Fanucchi, MD, MPH** has available a webinar including free CE. *A Patient's First Day: Barriers to Treatment, Treatment Initiation Best Practices, and Sample Low-Threshold Clinic*. To access the webinar: [UK HealthCare CECentral](#)
- **KY-OPEN Overdose Prevention Education Network**
Visit the website and view teleconferences to hear from clinical experts and community participants about OUD while earning free continuing education credits. Visit the website to learn more: <https://kyopen.uky.edu/>
- **MAT Training:**
Educational offerings to meet the new DEA educational requirement on SUD/OD CME Courses:
AMA Ed Hub link: <https://edhub.ama-assn.org/course/302>

Providers Clinical Support System (PCSS) link: <https://pcssnow.org/education-training/sud-core-curriculum/>

American Society of Addiction Medicine (ASAM) link: [ASAM eLearning: The ASAM Treatment of Opioid Use Disorder Course](#)

RECOVERY ADVOCACY DAY

Register Now



bit.ly/rad24

WHEN:

Feb 7, 2024

Event Day (9a-3p)

Rally in Rotunda (11-12:30p)

WHERE:

The Capitol Building
Frankfort, KY

WHAT:

Help change the conversation
and celebrate individuals
living in long term Recovery



 **PAR**
People Advocating Recovery



Hello,

The FindHelpNow team invites you to a virtual presentation on the substance use disorder treatment location tool, FindHelpNowKY.org, and its sister site, FindRecoveryHousingNowKY.org, on February 8 at 2:00pm ET. The presentation will also include a brief update on this current cycle of the OD2A (Overdose Data to Action) grant in relation to Kentucky Injury Prevention and Research Center.

Please access the link below to register to attend.

<https://uky.zoom.us/meeting/register/tZ0lduGtrzgvHtRvtXfouL1BEJFuFQa-KwxV>

Questions? Contact Caroline.Handshoe@uky.edu.



**KY SCHOOL
OF ALCOHOL
AND OTHER
DRUG STUDIES**

**VIRTUAL
LEARNING
SERIES**

FEBRUARY

9

9:00-10:30am

**register here:
tinyurl.com/
ChangeAndGrow**



**Free
Registration**

**Free CEUs
Pending**



**ASL
Interpreting
Services
Provided**

Motivational Interviewing Basics: Helping People Change and Grow

**with Christie L. Turner, NCC,
LCADC, LPCC-S, CCS**



Christie Turner is a National Certified Counselor, a Licensed Professional Clinical Counselor Supervisor, a Licensed Clinical and Alcohol Drug Counselor, and a Certified Clinical Counselor in the state of Kentucky. In October 2023, Christie traveled to Copenhagen, Denmark to attend three days of training to become a member of MINT, the Motivational Interviewing Network of Trainers. She has worked for Kentucky River Community Care, Inc. for almost 24 years in various roles and is currently a clinical supervisor. Her favorite evidenced-based practice is Motivational Interviewing as it has personally changed her life and the lives of many she has worked with over the years. Christie resides in Booneville, KY with her husband and two dogs. She loves to read, clean, walk, travel, and study research on how people change. Christie believes that we all possess what we need to change our lives and live up to our full potential. It just takes one caring individual to help us realize this.

Registration Link: https://us02web.zoom.us/webinar/register/WN_IIM_MXuPR4i4xQeQwwr6_g



Voices of Hope is hosting a FREE community viewing of “The 50” at the Lyric Theatre & Cultural Arts Center (Lexington) on Wednesday, February 28, at 6:30 PM. To reserve your FREE ticket(s), <https://kinema.com/events/the-50-onhnmn>. *You can also view the trailer for the film by using the link.

In a dangerously overcrowded California State prison, 50 lifers seize a groundbreaking opportunity to become among the nation's first incarcerated Substance Abuse Counselors. 'The 50' chronicles how the first participants of the Offender Mentor Program not only navigate their own deep-seated traumas, but harness those experiences to emerge as society's most adept healers. An intimate study on redemption.

For more information contact Gary Biggers, RCC Operations Manager, at gary@voicesofhopelex.org.

SAVE THE DATE

March 12-13, 2024
 Marriott Louisville East | Louisville, KY

▶ Early Registration is Now Available! ◀

Scan or click here:
<https://www.kyha.com/quality2024>

For more information, contact:
CASEY FRANKLIN, RN, BSN, CPHQ, WCC
 KHA Director
 Quality and Health Professions
cfranklin@kyha.com

QUALITY KENTUCKY  **Kentucky Hospital Association**

95 **KHA RUBY ANNIVERSARY**
 Ninety-five years of service to
 Kentucky Hospitals

Sponsored by: **PointClickCare**

KHA Annual Quality Conference
Lights...Camera...Quality!
 Celebrating Our Relentless Pursuit of Excellence
 in Kentucky

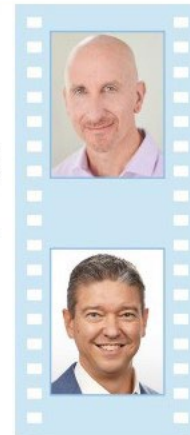
FEATURED Keynote Speakers:

RICH BLUNI
Inspired Leadership

March 12
 Rich will lead our audience in an engaging discussion regarding the value of inspiration and purpose in the journey of a Healthcare Quality professional.

CRAIG DEAO
That's Just the Way We've Always Done It

March 13
 Craig will address tips on using engagement to inspire real and lasting change and eliminate outdated practices in healthcare quality.



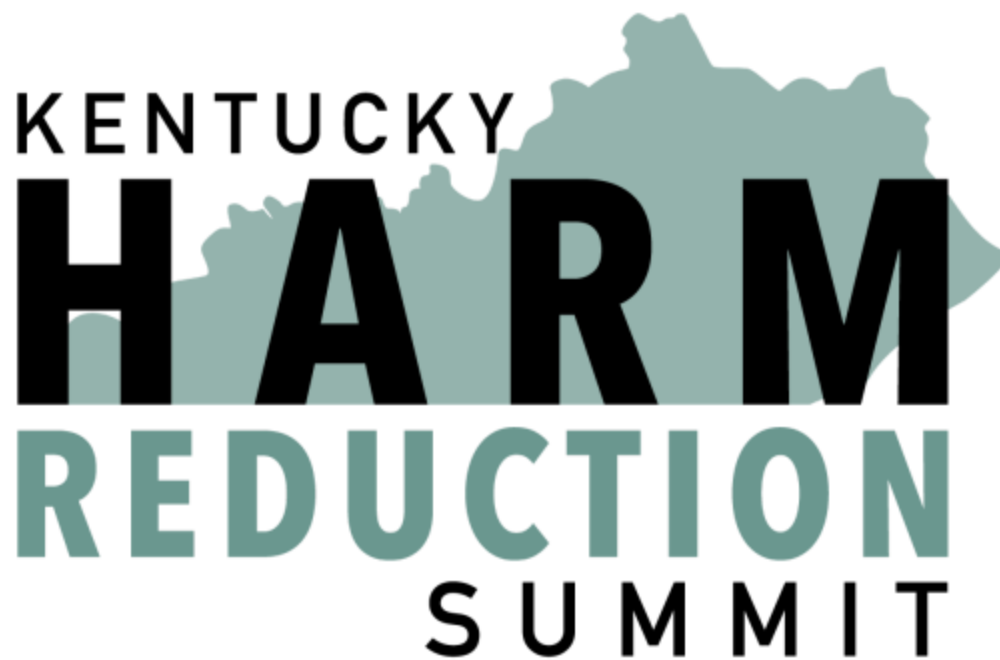
**Marriott Louisville East- 1903 Embassy Square Boulevard
 Louisville, KY 40299**

Room Reservations: 1-800-228-9290

Booking Link: <https://book.passkey.com/e/50617538>

Room Block: M-QI1TK81

Room Block Closes: **February 12, 2024**



KENTUCKY
HARM
REDUCTION
SUMMIT

SAVE THE DATE
JUNE 20, 2024

Louisville, KY

REGISTRATION OPENS
SPRING 2024

#KYHarmReduction

Who Should Attend:

Harm Reduction Care Navigators: Physicians, Nurse Practitioners, Nurses, Nurse Case Managers, Community Health Care Workers

Mental Health Professionals: Certified Alcohol and Drug Counselors, Licensed Clinical Social Worker, Certified Social Workers, Health Educators, Case Managers, Peer Support Specialists, Recovery Coaches

First Responders: Law Enforcement Agencies, EMS, Fire Departments, Quick Response Teams



What To Expect:

National, State, Regional, Local Guest Speakers
Kentucky Overdose Prevention and Response Efforts
Harm Reduction Best Practices
Breakout Sessions
Poster Presentations
Vendor Exhibitions & Tutorials
AND MUCH MORE!

Educational Resources:

2020, 2021, and 2022, Kentucky Harm Reduction Summit Endured Modules

KIPRC Training Tools: 2021, 2022 and 2023 Harm Reduction Summit

KY OD2A Happenings: KY Harm Reduction Summit A Success pg. 7



For More Information:

Phoebe Wheeler-Crum, MA, Harm Reduction Training Coordinator,
Kentucky Department for Public Health
phoebe.wheelercrum@ky.gov



The 2024 Kentucky Harm Reduction Summit is supported by Cooperative Agreement Number 1 NU17CE01086, funded by the Centers for Disease Control and Prevention and awarded to the University of Kentucky Research Foundation and the Kentucky Injury Prevention and Research Center. Its contents are solely the responsibility of the author(s) and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

Registration will be available Spring 2024 and is *open to 500 attendees*.

Want to receive an email when registration opens in Spring 2024?

[Click here to sign up for our 2024 Kentucky Harm Reduction Summit Email List](#)

For those who are interested in participating as an exhibitor, please complete the respective form below by close of business Friday, April 19, 2024.

- [Click here to submit a request to be an exhibitor.](#)

The Kentucky Harm Reduction Summit includes local, state, regional, and national speakers. This will be an excellent opportunity to learn, network, and fellowship with others regarding the state of harm reduction in the Commonwealth. Additional information will be shared soon regarding an event agenda and speakers.

Don't hesitate to forward this email as applicable, so those interested may put this on their calendar.

Phoebe Wheeler-Crum, MA, Harm Reduction Training Coordinator, KDPH, phoebe.wheelercrum@ky.gov.

OR

Chase Barnes, MPH, Harm Reduction Program Manager, KDPH, chase.barnes@ky.gov.

New Podcast Series Offers Advice for Opioid Use Disorder Treatment

The Centers for Medicare & Medicaid Services (CMS) created an impactful new podcast series that addresses opioid use disorder (OUD) treatment in hospital settings. Emergency departments (EDs) are on the front lines of the opioid crisis. In this series, nationally recognized experts demonstrate how hospitals and health systems can provide excellent care for their patients with OUD while supporting their clinical teams and exercising fiscal responsibility.

Created for hospital leaders and clinicians, *Buprenorphine Initiation in the Emergency Department: Why, When, and How?* offers research-backed, actionable advice on the technology tools, clinical evidence and referral networks that support this safe and effective first-line treatment in the ED – and how this research has been translated into action. This is a joint project by the CMS and the National Institute on Drug Abuse Clinical Trials Network Dissemination Initiative. Each episode in this four-part series is less than 15 minutes. Visit the following QIO Program Channels:

- [The QIO Program YouTube channel playlist](#)
- [myCME.com](#), for no-cost CME credit with free registration
- [QIO Program.org Tools and Resources](#)

Congratulations From KY SOS

The Kentucky Statewide Opioid Stewardship Program (KY SOS) is pleased to announce the successful completion of the American Society of Health-System Pharmacists (ASHP) Opioid Stewardship Certificate. KY SOS has sponsored these pharmacists as they continue their efforts in promoting safe prescribing of opioids in hospitals and clinics across Kentucky. We now have **17** pharmacists that have successfully completed the certification. Congratulations to the following pharmacists:

- **Sydney Holmes, PharmD**- UofL Health – UofL Hospital
- **Matthew Oakley, PharmD, MBA, CPHQ** - Owensboro Health Muhlenberg Community Hospital
- **Joan B. Haltom, Pharm.D., FKSHP** - Ephraim McDowell Health
- **Angela Sandlin, PharmD, BCPS** - Baptist Health LaGrange
- **Hanna Earich, PharmD, BCPS** - UofL Health - Jewish Hospital
- **Marintha Short, PharmD, BCPS** - Continuing Care Hospital
- **Julie Edwards, PharmD, BCACP** - Robley Rex VA Medical Center
- **Leigh Ann Keeton, PharmD, BCPS**- King's Daughters Medical Center
- **Jacob Lyles, PharmD, RPh** - Owensboro Health Muhlenberg Community Hospital
- **Kelsee Crawford, PharmD** – Baptist Health Corbin
- **Janet Fischer, PharmD** – UofL Health – Mary & Elizabeth
- **Laura Stiles, PharmD** – Owensboro Health Muhlenberg Community Hospital
- **Emily Henderson, PharmD, LDE** – Kentucky Hospital Association
- **Shanna Jagers, PharmD** -Kentucky Hospital Association
- **Nicole Brummett, PharmD**- The Brook Hospitals KMI and DuPont
- **Dustin Peden, PharmD** – Logan Memorial Hospital
- **Lisa Patton, PharmD**- Mercy Health- Marcum & Wallace Hospital

In the News

Vertex Pharmaceuticals recently announced a new experimental drug which could be groundbreaking for treating moderate to severe pain. VX-548, mechanism of action differs from opioids and is expected to avoid the potential for addiction. Vertex Pharmaceuticals plans to apply for FDA approval this year. For the complete article: [Vertex Experimental Drug Cuts Off Pain at the Source, Company Says - The New York Times \(nytimes.com\)](#)

Recently announced legislation supported by both democratic and republican representatives, has the goal of removing tianeptine containing products from gas stations, convenience store shelves, and online by classifying it as a schedule III on the Controlled Substance Act. For the complete article: [Bipartisan legislation unveiled to crack down on 'gas station heroin' | The Hill](#)

The FDA has issued a warning to avoid the use of tianeptine containing products. The manufacturers of these readily available products make the unproven claims to help with opioid use disorder, depression, anxiety, and pain, as well as other conditions. The FDA warns of the potential harm, abuse potential, and adverse effects reported with use of this product which has no FDA approved medical use. To access the full article: [Tianeptine Products Linked to Serious Harm, Overdoses, Death | FDA](#)

The FDA announced in January a shelf-life extension on Narcan 4 mg nasal spray products produced by Emergent BioSolutions. The nasal spray products will have a shelf-life extension from 3 years to 4 years. The new expiration is only applicable to the newly manufactured product produced after the announcement. To read the full announcement from the FDA: [FDA announces shelf-life extension for naloxone nasal spray | FDA](#)

JAMA Internal Medicine in late January reported the results of a cohort study involving first trimester exposure to buprenorphine vs. methadone. The investigators reviewed the occurrence of birth defects seen in both arms of the study. For the full report: [First Trimester Use of Buprenorphine or Methadone and the Risk of Congenital Malformations | Neonatology | JAMA Internal Medicine | JAMA Network](#)

Data Update

KY SOS continues to encourage all facilities to submit their monthly data into KY Quality Counts (KQC). Please continue to report **monthly** data on both the process and outcomes measures. Education and the future of the program are based in part on the data reported. Areas of improvement and areas of success will be highlighted and emphasized as KY SOS continues. If you need assistance with data input or navigation of the KQC data collection system, please contact **Emily Henderson** (ehenderson@kyha.com), **Stacy Allen** (sallen@kyha.com), **Marilyn Connors** (mconnors@kyha.com), **Shanna Jagers** (sjagers@kyha.com), **Mary Beth Ecken** (mecken@kyha.com) or **Melanie Landrum** (mlandrum@kyha.com).

The Inpatient KY SOS Encyclopedia of Measures (EOM) has been updated. Latest release date was **October 2023**. Of note, Metric 3c- Emergency Department Opioid Use for Renal Colic has an added ICD-10 code; N13.2. This may be found on the website at: www.kentuckysos.com under the Standards tab. The link for this update is: <http://www.kentuckysos.com/portals/2/Documents/KentuckyStatewideOpioidStewardshipEncyclopediaofMeasures.pdf>

KHA Quality Website – for all your quality resources and educational events: <http://www.khaquality.com>

KY Quality Counts – for all your quality data reporting: <https://www.khaqualitydata.org>

Primary Care Clinic Outpatient Program

You are aware of the extensive inpatient work around opioid stewardship since the inception of the KY SOS program, but are you aware the program is growing to include hospital owned primary care clinics? The Cabinet for Health and Family Services approached KHA to expand its bandwidth and provide education and guidance in opioid stewardship to primary care clinics. The suggested program, called Six Building Blocks (6BB), was created by a physician-led multidisciplinary team from the University of Washington Department of Family Medicine and the Kaiser Permanente Washington Health Research Institute. The 6BB Program is a team-based approach to improving opioid management in primary care. In its entirety, the 6BB Program is a 9-to-12-month commitment for primary care clinics. This program is a “clinic redesign” with goals to consistently treat chronic pain patients on long-term opioid therapy in accordance with evidence-based clinical practice guidelines. Information about the 6BB Program can be found on the website: <https://familymedicine.uw.edu/improvingopioidcare/>.

The Six Building Blocks are as follows:

1. Leadership and Consensus-Demonstrate leadership support and build organization-wide consensus to prioritize more selective and cautious opioid prescribing. Solicit and respond to feedback.
2. Policies, Patient Agreements and Workflows-Revise, align, and implement clinic policies, patient agreements, and workflows for health care team members to improve opioid prescribing and care of patients with chronic pain.
3. Tracking and Monitoring Patient Care-Implement proactive population management before, during, and between clinic visits of all patients on long-term opioid therapy. Develop tracking systems, track patient care.
4. Planned, Patient-Centered Visits-Prepare and plan for the clinic visits of all patients on long-term opioid therapy. Support patient-centered, empathetic communication for care of patients on long-term opioid therapy. Develop, train staff, and implement workflows and tools; develop patient outreach and education.
5. Caring for Patients with Complex Needs-Develop policies and resources to ensure that patients who develop opioid use disorder (OUD) and/or who need mental/behavioral health resources are identified and provided with appropriate care, either in the primary care setting or by outside referral. Implement assessment tools; identify and connect to resources for complex patients.
6. Measuring Success-Identify milestones and monitor progress. Measure success and continue improving with experience.

Appalachian Regional Healthcare (ARH) was the first health system in Kentucky to implement this important program. As the pilot health system, the 6BB program has been implemented into all ARH clinics. Thank you to ARH for piloting this 6BB program! The goal for this 6BB Program is to be implemented across the state. Clinics are currently being recruited to implement outpatient work. KY SOS has been working with TJ Regional Health to implement the 6BB program in all 9 clinics. Also, we are pleased to announce that AdventHealth Manchester has joined the KY SOS outpatient program and has begun implementing the program. Thank

you to ARH, TJ Regional Health, and AdventHealth Manchester for your commitment to safe, consistent, and patient-centered opioid management throughout your primary care clinics. Ongoing recruitment and education of this program is a priority of the KY SOS program. Reducing opioid overprescribing while improving safe opioid use in inpatient and primary care clinics in Kentucky continues to be the KY SOS mainstay and goal. If your facility has interest in learning more about the 6BB program and implementing, contact Emily Henderson (ehenderson@kyha.com), Shanna Jagers (sjagers@kyha.com) or Marilyn Connors (mconnors@kyha.com) for more information about the KY SOS 6BB program implementation.

BARRIERS AND FACILITATORS TO OPTIMAL OPIOID STEWARDSHIP IN PRIMARY CARE

Marilyn Connors, D.O.

KY SOS offers an opioid stewardship program for Primary Care outpatient clinics. It is based on the Six Building Blocks opioid management program developed by the University of Washington Family Medicine department and Kaiser Permanente Health Research Institute. Opioid stewardship signifies the use of a rational approach to opioid management as a strategy to minimize the preventable adverse consequences of opioid medication. There are potential barriers to implementing an opioid management program in primary care as well as factors that facilitate its adoption. Consistent and inclusive communication with all office staff is essential to attain maximum engagement in a systematic improvement initiative. There are numerous risks associated with opioid medications, including increased morbidity and mortality, opioid use disorder and potentially adverse effects on the endocrine, gastrointestinal, and neuro-psychiatric systems.

The goals of an opioid stewardship program include:

- Reduce the risks associated with opioid therapy such as overdose, death, and opioid use disorder.
- Revise or develop policies, workflows, and patient agreements to provide increased consistency of care.
- Improve communication between physicians and patients about the benefits and risks of opioid therapy for chronic pain.
- Increase awareness and use of alternative medications and treatment modalities for chronic pain.
- Improve function and quality of life for patients with chronic pain.
- Provide a team-based and patient-centered approach to pain care with an emphasis on compassion and empathy for patients suffering from chronic pain.
- Provide integrated care for complex patients with substance use disorder who have co-occurring mental health conditions such as depression, anxiety, bipolar disorder, etc.
- Raise awareness and decrease stigma related to patients on opioid medication.
- Monitor data and track progress.

- Sustain improvements long-term.

Kentucky has been profoundly affected by the opioid crisis. KHA in collaboration with the State has developed three specialized opioid stewardship programs which are:

- The Inpatient Hospital Program
- **The Outpatient hospital-owned Primary Care Outpatient Program**
- The Emergency Department Bridge Program

Kentucky has an opioid dispensing rate that is significantly higher than the national average. However, the rate decreased by **6.2%** from 2021 to 2022. In 2022, Kentucky also had a **5%** decrease in drug overdose deaths. Opioids were identified with **90%** of these overdose fatalities.

Primary care doctors and providers manage the majority of patients who experience chronic pain and are on long-term opioid medication. They perform the Herculean task of caring for patients of all ages with profound clinical acumen and coordinated, comprehensive care. Many primary care providers and healthcare systems have responded to the opioid crisis by incorporating medication for opioid use disorder treatment and integration of behavioral health programs in primary care. However, given the enormous impact and psychosocial complexity of the opioid crisis, there is still much to do.

There are potential barriers to implementing an opioid management program in primary care. There are also factors that facilitate adoption of such a program.

The 2022 CDC Clinical Guidelines for Opioid Prescribing provide detailed information on best practices. The 12 recommendations are grouped into the following four areas:

1. Determining if initiating opioid therapy is the appropriate choice to manage an individual patient's chronic pain, with special consideration of opioid-naïve patients.
2. Selecting opioid medication (preferably short-acting formulations) and determining the starting dose
3. Deciding duration of the initial opioid prescription and follow-up care of patient
4. Risk stratification and discussion with patient about potential risks versus benefits of opioid therapy

Challenges to implementing an opioid management program are to be expected. However, an organization's strengths will facilitate implementation of improved opioid stewardship. I have listed some of the elements that may promote support for an opioid improvement program below:

- Leadership consensus is essential to build organization-wide support to prioritize opioid stewardship.
- Consistent and inclusive communication with all office staff
- Emphasize that the initiative is about patient safety

- Create or revise a comprehensive, written and formal opioid and/or controlled substances policy to provide more consistent care
- Include physicians and providers in the conversation before finalizing policies or changes in workflows
- Assure providers that clinical judgement is prioritized and respected
- Align policy with state regulations and guidelines from regulatory bodies
- Use pro-active population management of patients on long-term opioid therapy
- Prepare charts and plan visit in advance
- Use a patient-centered and team-based approach
- Prioritize nonjudgemental and empathic communication with patients who experience chronic pain
- Develop policy and resources to identify complex pain patients who may also have co-occurring psychiatric disorders
- Use risk stratification screening tools to identify patients with substance use or opioid use disorder, depression, and sleep apnea
- Create processes to identify and rapidly engage patients in care with substance use disorder or behavioral health issues (via in-house referral or treatment, or referral external to clinic)
- Use an opioid “dashboard” to support coordinated care of chronic pain patients on long-term opioid therapy
- Develop a “pain visit” template progress note which populates PDMP (KASPER), validated screening tools and standard orders for toxicology screening/pill counts and naloxone co-prescribing
- Monitor data to assess progress and care gaps
- Use of best practices
- Provide ongoing educational opportunities to advance clinical knowledge and expertise
- Create a safe environment for patients and staff
- Provide training on difficult conversations or encounters with patients for all staff

Barriers which may be encountered when starting an opioid stewardship improvement plan may include:

- Poor leadership and provider consensus
- Inadequate resource allocation
- Provider and staff concerns about additional work in an already stressed system
- Inadequate time allotted/scheduled to take on a new project or additional duties
- Competing priorities for both providers and staff
- Concerns regarding clinical judgement versus policy and procedure
- Lack of inclusion for provider participation in key decisions

- Need for multi-disciplinary chronic pain team or committee to develop policy and guidelines which support consistent care throughout the organization
- Lack of infrastructure and support for providers to achieve goals and optimize care
- Lack of additional training to address knowledge gaps
- Stigma associated with pain and opioid use, including opioid use disorder
- Data challenges associated with EHR capabilities, such as ability to create custom reports on selected metrics
- Lack of resources to educate patients on proper disposal of unused controlled medication
- Provider and staff concerns regarding difficult conversations with patients
- Staff anxiety and fear of workplace violence

In summary, we are all familiar with the devastating impact of the opioid crisis on Kentucky and our nation. A solution to any epidemic requires a multi-faceted approach. Opioid stewardship is of paramount importance in the quest to reduce the dangers associated with opioid therapy. The KY SOS outpatient primary care clinic program is being expanded throughout the state. Please contact us if you are interested in participating in this program.

Contact information: Marilyn Connors, D.O. mconnors@kyha.com 502-992-4393

Shanna Jagers, PharmD sjagers@kyha.com 502-992-4377

Emergency Department Bridge Program

The ED Bridge program is an expansion of the existing KY SOS program, which focuses on inpatient and outpatient (primary care clinics) opioid stewardship. This expansion will provide even more access to treatment and care for patients across the Commonwealth.

The main objective of the ED Bridge Program is to ensure patients with Opioid Use Disorder (OUD) receive 24/7 access to care. The state has 11 ED Bridge Programs in place, making a difference in the lives of patients and their communities. The KY SOS team will continue to expand the ED Bridge Program into hospitals across the state and is pleased to announce the following facilities have pledged their commitment to begin an ED Bridge Program at their hospital.

1. Baptist Health LaGrange
2. Carroll County Memorial Hospital
3. MedCenter Health-Bowling Green
4. Mercy Health-Lourdes Hospital
5. CHI Saint Joseph-London
6. CHI Saint Joseph-Mount Sterling
7. Mercy Health- Marcum & Wallace Hospital

The ED Bridge Program will help patients across our state receive low barrier treatment, connect them to ongoing care in their community, and nurture a culture of harm reduction in our Emergency Departments.

With the addition of an ED Bridge Program, these hospitals will help patients find treatment and recovery, thus saving lives in Kentucky communities. This is important work, and we are thankful for these hospitals pledging their support to help fight the state’s opioid epidemic.

Please contact Emily Henderson (ehenderson@kyha.com), Mary Beth Ecken (mecken@kyha.com) or Melanie Landrum (mlandrum@kyha.com) if you have questions about the ED Bridge program. KY SOS is looking forward to working together to grow the ED Bridge Program across Kentucky.

Clinical Pearls from KY SOS ED Bridge webinar

The KY SOS ED Bridge team, along with **Dr. Ryan Stanton, MD, FACEP** and **Dr. Kathryn Hawk, MD, MPH, FACEP** presented a webinar that discussed Fighting Stigma, Promoting Buy-In, and Initiating Buprenorphine in the Emergency Department (ED). Both providers have emergency medicine experience and shared a vast amount of knowledge and expertise during the presentation. The webinar was divided into two segments for presentation purposes. Clinical pearls from each segment have been shared below:

We Have Liftoff: Introducing Bridge, Fighting Stigma, Promoting Buy-In, and Tips to Success:

Dr. Ryan Stanton, MD, FACEP

One of the biggest challenges new ED Bridge Programs will face is obtaining support from others on the importance of the program. Obtaining buy-in from colleagues will be crucial and necessary for success. Dr. Ryan Stanton provided the following data that can be shared to show the positive impact of a Bridge program.

Benefits in Number Needed to Treat

4	1 in 4 using low-dose buprenorphine (2 to 6 mg) had retention in treatment
3	1 in 3 using medium-dose buprenorphine (7 to 16 mg) had retention in treatment
2	1 in 2 using high-dose buprenorphine (\geq 16 mg) had retention in treatment

Furthermore, the number needed to treat one patient with opioid dependence to prevent one death is 52.6. Treating opioid dependence is a life-saving measure and a very successful medication-based therapy. Bridge Programs have an incredible opportunity to help a vulnerable population and make a lasting difference in a patient’s life.

Implementation of Programs to Initiate Buprenorphine in the ED

Dr. Kathryn Hawk, MD, MPH, FACEP

The treatment of opioid use disorder with buprenorphine and methadone reduces morbidity and mortality in patients with opioid use disorder (OUD). The initiation of buprenorphine in the emergency department (ED) has been associated with increased rates of outpatient treatment linkage and decreased drug use when compared to patients randomized to receive standard ED referral.

Medications for Opioid Use Disorder (OUD) **INCREASE**:

- ✓ Survival
- ✓ Treatment retention
- ✓ Ability to gain and maintain employment.
- ✓ Quality of Life
- ✓ Birth outcomes

Medications for Opioid Use Disorder (OUD) **DECREASE**:

- ✓ Overdose
- ✓ Mortality
- ✓ HIV and HCV infections
- ✓ Crime

Sources:

Mattick RP, Breen C, Kimber J, Davoli M. Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence. *Cochrane Database Syst Rev.* 2014;(2):CD0002207.

Poorman E. The Number Needed to Prescribe-What Would it Take to Expand Access to Buprenorphine? *N Engl J Med.* 2021 May 13; 384(19):1783-1784. Doi: 10.1056/NEJMp2101298. Epub 2021 May 8. Erratum in: *N Engl J Med.* 2021 Jul 29;385(5):480. PMID: 33983689.

Mattick et al, 2008

Volkow et al, 2019

The Practice of Emergency Medicine/Concepts: Consensus Recommendations on the Treatment of Opioid Use Disorder in the Emergency Department. *American College of Emergency Physicians.* Hawk K, et al. 2021.

Information obtained from webinar presented on January 31, 2024, by Dr. Ryan Stanton and Dr. Kate Hawk

KY SOS Community Highlights

Be sure to send your area events/activities/program information you wish to share and the KY SOS program will be happy to spread the word across the state. The following items have been shared with KY SOS.

KY Moms- Maternal Assistance Towards Recovery shared:



KY-Moms
Maternal Assistance
Towards Recovery

tinyurl.com/KY-Moms



"Healthy Communities Start with Mom"

WHAT WE DO

Pregnant/Postpartum
Ky-Moms improves KY birth outcomes by helping pregnant and post-partum people recover from substance use disorders and risk factors.

Case Management
Case Management services needs are immediately assessed and appropriately addressed to help maximize functioning in the community while reducing barriers.

Outreach
The KY-Moms team provides community outreach, education of substance use, community trainings, along with early identification and intervention services.

Prevention
Prevention Education services to educate the pregnant/post-partum person of the risk factors associated with substance use and to assist in reduction of those risk factors.

OUR MISSION

KY-Moms Maternal Assistance Towards Recovery (MATR) is a behavioral health prevention and case management program focused on risks and effects of substance use/misuse while providing education, information, resources, support and hope to pregnant and postpartum individuals and their families and to the professionals who serve them.

DRIVEN BY OUTCOMES

KY-Moms improves Kentucky birth outcomes by helping pregnant and postpartum individuals recover from substance use risk factors and substance use disorders by engaging high-risk pregnant individuals in prevention education services, intensive case management, substance use treatment and other needed services, the program helps address risk factors and substance use in pregnancy. KY-Moms helps moms provide their babies with a healthier, safe start in life.

PROGRAM QUALIFICATIONS

Prevention Education:

- Any pregnant person
- Any person up-to 60-days postpartum

Case Management:

- Pregnant person with a substance use disorder
- Post-partum person with a substance use disorder up-to 1-year post-delivery

RESEARCH

Research indicates that substance use during pregnancy occurs at nearly equal rates across races and income levels. All individuals should receive substance use and mental health screenings throughout pregnancy and post-partum periods. KY-Moms offers a variety of services to best support them and their community.

Here is the reason why **WHY CHOOSE US** ➤

- Substance use screening and assessments
- Case management
- Prevention
- Education
- Addressing risk factors
- Counseling referrals

- Services for at-risk or with identified substance use disorder
- Community setting or home
- Assistance with other medical needs or family-based services

 tinyurl.com/KY-Moms

 State Contact:
Katie Stratton
502-782-6192

 Located at all 14
Community Mental
Health Centers

KY Moms: Maternal Assistance Towards Recovery (MATR) Services:

- ❖ For Pregnant and Postpartum Individuals who are at risk for or diagnosed with Substance Use Disorders
- ❖ Operated by KY's 14 Community Mental Health Centers
- ❖ Additional Mental Health services and Recovery Supports are offered by each region. Contact the CMHC regional contact for more information.

Kentucky Division of Substance Use Disorder
 Program Administrator contact:
 Katie Stratton: (502) 782-6192
 katie.stratton@ky.gov



KY Moms MATR by Community Mental Health Region

1- Four Rivers Behavioral Health
 (Paducah & surrounding counties)
 Cynthia Turner (270) 442-8039 x 1716
 cturmer@4rbh.org

2- Pennyroyal Center
 (Hopkinsville & surrounding counties)
 Chris Sparks (270) 886-0486
 csparks@pennyroyalcenter.org

3- River Valley Behavioral Health
 (Owensboro & surrounding counties)
 Brooke Arnold (270) 689- 6564
 arnold-brooke@rvbh.com

4- Lifeskills
 (Bowling Green & surrounding counties)
 Amy Hutchinson (270) 901-5000 x 1277
 ahutchinso@lifeskills.com

5- Communicare
 (Elizabethtown & surrounding counties)
 Amanda Clark (270) 765-5992 x 1405
 ACClark@communicare.org

6- Seven Counties Services
 (Louisville & surrounding counties)
 Patty Gregory (502) 589-8600
 pgregory@sevencounties.org

7- NorthKey Community Care
 (Newport and surrounding counties)
 Carley Ashcraft (859) 578-3200 x 5774
 carley.ashcraft@northkey.org

8- Comprehend
 (Maysville & surrounding counties)
 Tara Anderson (606) 759-7799
 tanderson@comprehendinc.org

10- Pathways
 (Ashland & surrounding counties)
 Kalinda Cade (606) 324-1141
 Kalinda.cade@pathways-ky.org

11- Mountain Comprehensive Care
 (Prestonsburg & surrounding counties)
 Kristen Taylor (606) 889-0328
 kristen.taylor@mtcomp.org

12- KY River Comprehensive Care
 (Hazard & surrounding counties)
 Jamie Mullins-Smith (606) 666-7591 x7100
 Jamie.smith@krccnet.com


13- Cumberland River Behavioral Health, Inc.
 (Corbin & surrounding counties)
 Deborah Hampton (606) 337-2070
 deborah.hampton@crccc.org

14- The Adanta Group
 (Somerset & surrounding counties)
 Sherri Estes (606) 679-9425
 sestest1@adanta.org

15- New Vista
 (Lexington & surrounding counties)
 DaShawn Freeman (859) 619-5083
 shawn.freeman@newvista.org

 **Project Link**
 Seven Counties Services
 Pregnancy Case Management
 Louisville
 Jada Nance
 (502) 583-3951 ext. 3115
 jnance@sevencounties.org

Revised 12/06/2023



KY-Moms
Maternal Assistance
Towards Recovery (MATR)

Referral Location
 Name: _____
 Phone/Email: _____

Patient Referral Form

Referral Guidelines

- To refer a potential pregnant patient or a patient no more than 6 months post-partum, please complete this form and return it, along with a copy of the **substance use screening/assessment tool** used (e.g., PN-2*, PT-1, ACH-94, ACH-282, H&P 13, H&P 14, HCV-2, CRAFT, AUDIT, SASSI, etc.) to determine eligibility, to the designated KY-Moms MATR email listed above.
- The patient you refer will be contacted by a KY-Moms MATR Prevention Specialist or Case Manager within 48-hours of receipt of referral form.
- Only one referral per pregnancy/postpartum period, per patient can be made. If a patient is referred by more than one medical provider, the first referral received will be the one accepted.
- Please attach a patient signed Release of Information form and a proof of pregnancy or delivery if the patient is currently pregnant or postpartum.

Patient Information

Patient Name: _____ Date of Referral: _____

Patient Address: _____ Preferred contact Method: _____ #: _____

(Email/Text/Phone) **Email:** _____

Referral Information

Please select patient's current status: Pregnant Postpartum

Diagnosis Code: _____ (Medical or Behavioral Health Diagnosis Code)

Due Date/Delivery Date: _____

Medicaid #: _____ or Private Insurance

YES NO Does patient currently present with substance use **RISK FACTORS** during pregnancy or postpartum?

YES NO Does patient currently present with **SUBSTANCE USE** concerns during pregnancy or postpartum?

Referring Provider (Printed): _____

Provider Signature: _____

Name of Referring Agency: _____

For KY Moms MATR Use Only

Date Received: _____	Contacted? _____
Prevention Education Appointment? _____	Case Management Appointment? _____

Shared by UK Healthcare Behavioral Health Community of Practice and Kentucky Regional Extension Center:

Become a Certified QPR Gatekeeper

As part of our ongoing commitment to education and community mental health outreach, we are delighted to offer an exclusive opportunity for **free** QPR Certification training.

Free QPR Certification Training: A Commitment to Community Mental Health

The QPR suicide prevention gatekeeper training offers essential knowledge and skills to recognize and support individuals in crisis. Here's what the training entails:

- **Myth Busting:** Debunking common misconceptions about suicide.
- **Early Signs Recognition:** Identifying signs of distress and potential suicide.
- **Active Engagement:** Learning effective communication to engage with those in crisis.
- **Referral Guidance:** Knowing where to refer someone for immediate help.

The hour-long training provides accessible, self-paced learning. Passing a quiz qualifies participants as certified QPR Gatekeepers. This training empowers individuals to play a vital role in suicide prevention, fostering a compassionate community ready to intervene and support.

Access our **FREE QPR** training [here](#) and take the first step towards being a lifeline for those in need.

Emergency Support: 988 Suicide & Crisis Lifeline

In times of acute distress or when concerned about a friend or loved one, the 988 Suicide & Crisis Lifeline is a vital resource. This lifeline network operates 24/7 across the United States, providing immediate assistance through calls, texts, or chats. Simply dial 988 to connect with professionals who can offer emotional support and guidance.

For more information about the 988 Suicide & Crisis Lifeline, click [here](#).

Your dedication to mental health awareness and support is deeply appreciated. Together, we can create a resilient community that prioritizes the well-being of all its members.

Thank you for being an advocate for mental health.



In Case You Missed It

- **KY SOS December Webinar- Haley Busch, PharmD, BCPS** Quality Manager and Opioid Stewardship Program Coordinator for CHI Saint Joseph Health presented to KY providers on *The Utility of Treating Opioid Use Disorder with Buprenorphine-Naloxone in the Intensive Care Setting*. In this presentation, Dr. Busch referenced case studies from: Vogel, et al. Am J Med 2016 Jul 20;7:99-105.
Klaire, et al. Am J Addict. 2019 Jul;28(4):262-265,
Hamata, et al. J Addict Med. 2020 Dec;14(6):514-517

The Rapid Micro-Induction of buprenorphine/naloxone utilizes an incremental dosing protocol while the patient is receiving full agonist therapy. This dosing technique has demonstrated better tolerability for the patient compared to a traditional induction, while allowing for a wean from the full agonist.

When using the Traditional Induction of buprenorphine/naloxone, the patient must first show signs of withdrawal before initiating, typically 12 to 16 hours following the last use of opioids. American Society of Addiction Medicine, 2020

The recording and slides from this presentation can be accessed: [Presentations & Recordings \(kentuckysos.com\)](#)

Did You Know...?

KY SOS Advisory Committee members will come to your facility or schedule a zoom meeting for technical assistance. This opportunity allows your staff to get specific education on opioid best practices. If you have specific questions, reach out to KHA/KY SOS staff and you will be connected with the appropriate KY SOS Advisory Committee member.

Resources

Never Use Alone

A lifesaving resource is available to people who use drugs while alone. If you have patients or know individuals that use drugs while alone, please encourage them to call **800-484-3731** or visit the website: <https://neverusealone.com/main/>. This nationwide overdose prevention, detection, crisis response and reversal lifeline provide a NO Judgement, NO Stigma, Just Love approach by an all-volunteer peer-run call center. Operators are available 24 hours a day, 7 days a week, 365 days a year.

Apply For Recovery Ready Communities

The Recovery Ready Communities Certification Program is designed to provide a quality measure of a city or county's substance use disorder (SUD) recovery efforts. The program offers local officials, recovery advocates, and concerned citizens the opportunity to evaluate their community's current SUD treatment programs and interventions in a framework that is

designed to maximize positive public health outcomes among Kentuckians suffering from SUD. To apply: <https://rrcky.org/apply/>

Kentucky Injury Prevention and Research Center (KIPRC) Has New Overdose Detection Mapping Application Program (ODMAP) For Public Health and Public Safety

([UK KIPRC](#)) ODMAP is a simple, web-based mapping tool that allows public safety and public health organizations to report and track suspected drug overdose events in near real time so that responses to sudden increases or spikes in overdose events can be mobilized. ODMAP is a free public service from the [Washington/Baltimore High Intensity Drug Trafficking Area](#). For more detailed information about ODMAP, including an overview video and documentation, please visit www.ODMAP.org.

The Kentucky Naloxone Copay Program

The Kentucky Naloxone Copay Program, funded by Substance Abuse and Mental Health Services Administration (SAMHSA), increases access to naloxone for all individuals in communities across KY. The copay program works by reducing the out-of-pocket expense for naloxone products. OTC Narcan is now included in the program. For complete details on the Kentucky Naloxone Copay Program, please visit:

<https://www.kphanet.org/copay#:~:text=For%20Naloxone%20Prescriptions%3F-How%20Much%20Does%20The%20Kentucky%20Naloxone%20Copay%20Program%20Pay%20For,their%20third%20party%20prescription%20coverage>

Centers for Disease Control and Prevention

National Center for Injury Prevention and Control

Division of Overdose Prevention

New resources to help clinicians treat pain and manage opioid use disorder

CDC developed trainings to educate clinicians about the [2022 CDC Clinical Practice Guideline for Prescribing Opioids for Pain](#) (2022 CDC Clinical Practice Guideline) and assist clinicians and other healthcare personnel to provide patient care. The [trainings for healthcare professionals](#) support clinicians providing pain care in outpatient settings, including those prescribing opioids for patients with acute, subacute, or chronic pain.

[CDC's 2022 Clinical Practice Guideline for Prescribing Opioids for Pain](#)

Provides an overview of the 2022 CDC Clinical Practice Guideline recommendations intended for clinicians providing pain care in outpatient settings, including those prescribing opioids for patients with acute, subacute, or chronic pain. Continuing education credit available.

[Motivational Interviewing Module and Patient Case](#)

Outlines the core components of motivational interviewing, how to use it to facilitate the treatment of pain, and strategies to empower change in patients and promote healthier and safer outcomes. Continuing education credit available. Additionally, there is an additional separate Interactive Motivational Interviewing Patient Case to help clinicians practice how to use motivational interviewing.

[Assessing and Addressing Opioid Use Disorder \(OUD\)](#)

Summarizes how opioid use disorder is diagnosed using the DSM-5 assessment criteria, how to discuss this diagnosis with patients, and how to treat opioid use disorder. Continuing education credit available.

[Buprenorphine for the Treatment of Opioid Use Disorder \(OUD\)](#)

Highlights the benefits of buprenorphine to treat opioid use disorder and how to use buprenorphine in different health care settings with examples on how to initiate treatment. Continuing education credit available. Information on naltrexone and methadone can be found in “Assessing and Addressing Opioid Use Disorder” and additional trainings are in development.

**The above information was obtained from The Centers for Disease Control and Prevention website. Please visit: [Partner Toolkits | Resources | Drug Overdose \(cdc.gov\)](#)

Centers for Disease Control and Prevention
National Center for Injury Prevention and Control
Division of Overdose Prevention

NOW AVAILABLE

2022 SUDORS Fatal Overdose Data

- ✓ New data on drugs of interest such as benzodiazepines and xylazine
- ✓ Deeper look at circumstances surrounding each death



2022 fatal drug overdose data is now available on CDC's [State Unintentional Drug Overdose Reporting System \(SUDORS\) dashboard](#). You can access our interactive visual dashboard to explore data and details surrounding overdose deaths in the U.S. during 2020, 2021, and 2022.

The features of the SUDORS data dashboard provide deeper insight into each death and can help inform prevention and response efforts for public health professionals, leaders, decision-makers, and researchers in their states. You can now answer questions such as: *Did the person smoke or ingest substances? Were they being treated for substance use disorders? Where were newly emerging or other drugs of interest detected?*

What's new on the SUDORS dashboard?

- Data has been added on unintentional and undetermined intent drug overdose deaths that occurred in 2022 reported to CDC by 29 states and the District of Columbia.
- Data on overdose deaths involving [benzodiazepines](#) and nonopioid sedatives, such as [xylazine](#) and gabapentin, has been added.
- A new map shows where select drugs of interest have been detected in drug overdose deaths in the U.S.
- The circumstance section, which provides data on the context surrounding each death, has expanded from 11 to 42 circumstances.

**The above information was obtained from The Centers for Disease Control and Prevention website. Please visit: [SUDORS Dashboard: Fatal Overdose Data | Drug Overdose | CDC Injury Center](#)

Additional Resources on the KY SOS Website

- Find Help Now KY is a website used to assist individuals in the community find an addiction treatment facility. For more information, visit the website at www.findhelpnowky.org
- Find Recovery Housing Now KY is a real-time SUD recovery network to help individuals in recovery locate housing. This website links individuals in recovery to safe, quality, and available housing in Kentucky. For more information, visit the website at: <https://www.findrecoveryhousingnowky.org/>
- Kentucky Opioid Response Effort (KORE) has funded access to treatment and recovery for individuals who have functional hearing loss and need effective communication. The guidelines can be found on the KY SOS website or click the link to be directed: <http://www.kentuckysos.com/Portals/2/Documents/KOREGuidelinesDeafHardofHearingAccessdoc.pdf>
- Kentucky Recovery Housing Network (KRHN) is the state resource for recovery residence providers. Please visit: <https://chfs.ky.gov/agencies/dbhdid/Pages/krhn.aspx>
- The National Suicide Prevention Lifeline is now: 988 Suicide and Crisis Lifeline. Please visit: [Lifeline \(988lifeline.org\)](http://Lifeline(988lifeline.org))

All other KY SOS resources can be found at <http://www.kentuckysos.com/Resources>

For more information, please visit: www.kentuckysos.com

To contact a KY SOS staff member:

Melanie Landrum for data-related questions – mlandrum@kyha.com

Emily Henderson for ED Bridge/outpatient/program related questions– ehenderson@kyha.com

Mary Beth Ecken for ED Bridge questions- mecken@kyha.com

Shanna Jagers for outpatient primary care clinic questions- sjagers@kyha.com

Marilyn Connors for outpatient primary care clinic questions- mconnors@kyha.com

Stacy Allen for inpatient pharmacy-related questions – sallen@kyha.com

Missed a webinar or newsletter? All presentations are recorded, and newsletters filed at:

www.kentuckysos.com

[Resources \(kentuckysos.com\)](#)

[Presentations & Recordings \(kentuckysos.com\)](#)