

HEALing Communities Study Massachusetts

June 9, 2021

The HEALing Communities Study – An RCT to Reduce Opioid Overdose Deaths in 67 Communities – Thoughts from the Massachusetts Site

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NIH HEAL Initiative and Helping to End Addiction Long-term are service marks of the U.S. Department of Health and Human Services.

## Roadmap

- 1. Scope, Study Design, and the Massachusetts Team
- 2. Impact of COVID
- 3. Data Bytes
- 4. Overdose Reduction Strategies with Examples
- 5. Racial equity and social justice



## **HEALing Communities Study**

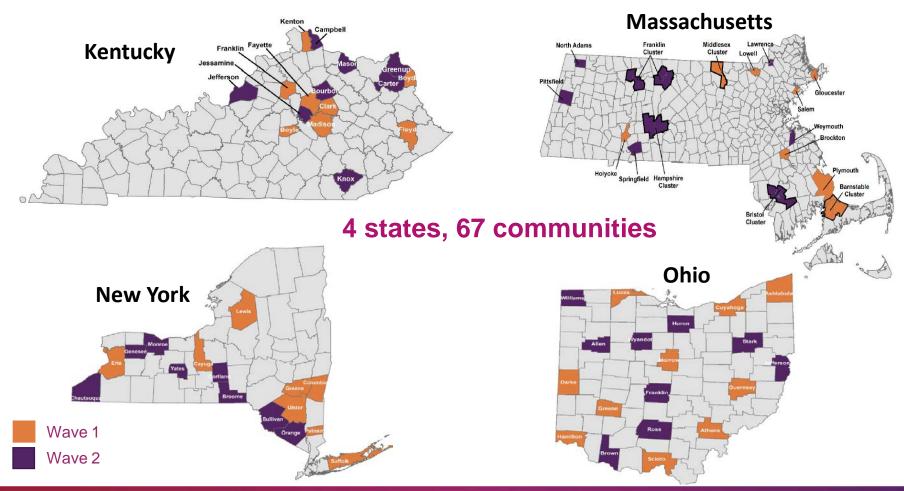
In September 2018, the National Institutes of Health released a funding opportunity to "test the immediate impact of implementing an integrated set of evidence-based interventions across healthcare, behavioral health, justice, and other community-based settings to prevent and treat opioid misuse and Opioid Use Disorders (OUD) within highly affected communities"

They funded 4 states: Kentucky, Massachusetts, New York, and Ohio to work with 67 communities

Committed a total of \$350 million across our states



## HEALing Communities Study: Reducing opioid overdose deaths 40%



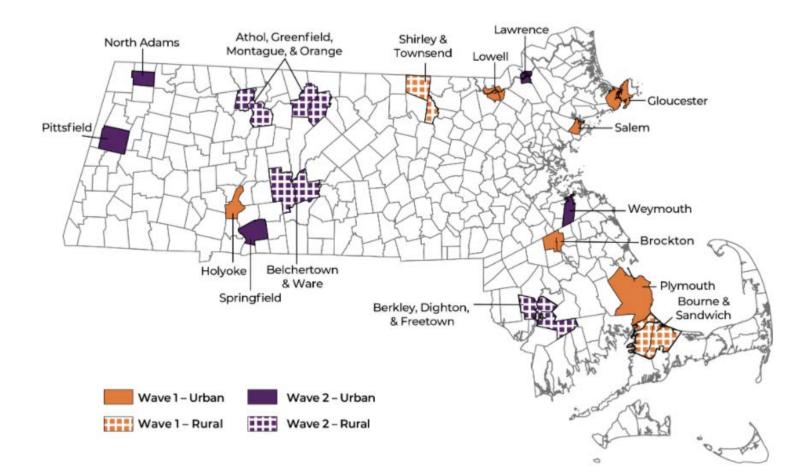


## **HCS** Timeline

| Year                            | 2019  | 2020   | 2021   | 2022   | 2023              |
|---------------------------------|---|--|--|--|-------------------|
| Month                           | APR<br>MAY<br>JUN<br>JUL<br>AUG<br>SEP<br>SEP<br>OCT<br>NOV | JAN<br>FEB<br>MAR<br>APR<br>AUC<br>JUL<br>AUG<br>SEP<br>OCT<br>DEC | JAN<br>FEB<br>MAR<br>APR<br>AUC<br>JUL<br>AUG<br>SEP<br>OCT<br>DEC | JAN<br>FEB<br>MAR<br>APR<br>JUL<br>JUL<br>AUG<br>SEP<br>OCT<br>DEC | JAN<br>FEB<br>MAR |
| Wave 1<br>Communities<br>(n=34) |   | Interv   | ention   | Sustainment  | Closeout          |
| Wave 2<br>Communities<br>(n=33) | Start-up  | Usual  | Care   | Intervention   | Clos              |
| All<br>Communities<br>(n=67)    |   |  | Comparison:<br>CTH vs. Usual Care                                  |  | Analysis          |
| Grant Yrs                       | Year 1  | Year 2   | Year 3   | Year 4   |                   |



## **Massachusetts Communities**



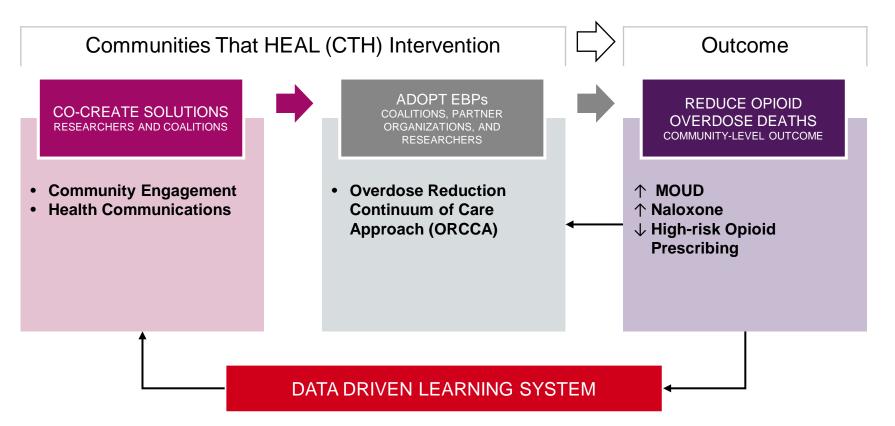


## **HCS Communities**

|   | Overall              | KY                 | MA                  | NY                 | ОН                  |
|---|----------------------|--------------------|---------------------|--------------------|---------------------|
| Total HCS community population                | 10,144,261           | 1,823,027          | 875,086             | 2,357,192          | 5,088,956           |
| Opioid overdose death rate (per 100,000)      | 33.4                 | 38.2               | 40.6                | 28.3               | 27.5                |
| Number of<br>communities by rural<br>vs urban | 29 rural<br>38 urban | 7 rural<br>9 urban | 5 rural<br>11 urban | 8 rural<br>8 urban | 9 rural<br>10 urban |
| Medicaid expansion?                           |                      | Yes                | Yes                 | Yes                | Yes                 |



### **Overview of Study Design**



HEALing Communities Study Consortium. The HEALing (Helping to End Addiction Long-term <sup>SM</sup>) Communities Study: Protocol for a cluster randomized trial at the community level to reduce opioid overdose deaths through implementation of an integrated set of evidence-based practices. Drug Alcohol Depend. 2020 Dec 1;217:108335.



## The MA HCS Team





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## What makes HCS different than other intervention studies?

- This a study of historic proportions
- More importantly, it is designed to be implemented in partnership with local communities
- The vision is that the implementation strategies found to be effective in this study will be a model for other communities across the country to follow



## **Community Advisory Board**

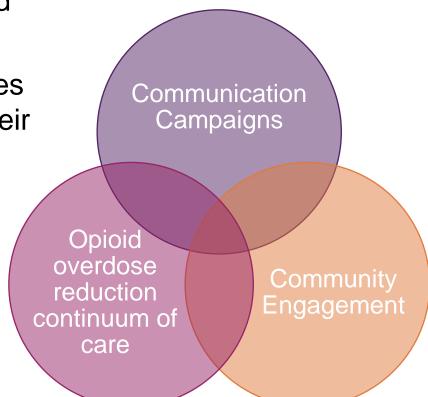
- 16 members from HCS communities and 5 "at-large" members
- Stakeholders include: people in recovery, people with active drug use, veterans, former sex workers, family members, harm reduction providers, previously incarcerated people, legal system workers, housing services professionals



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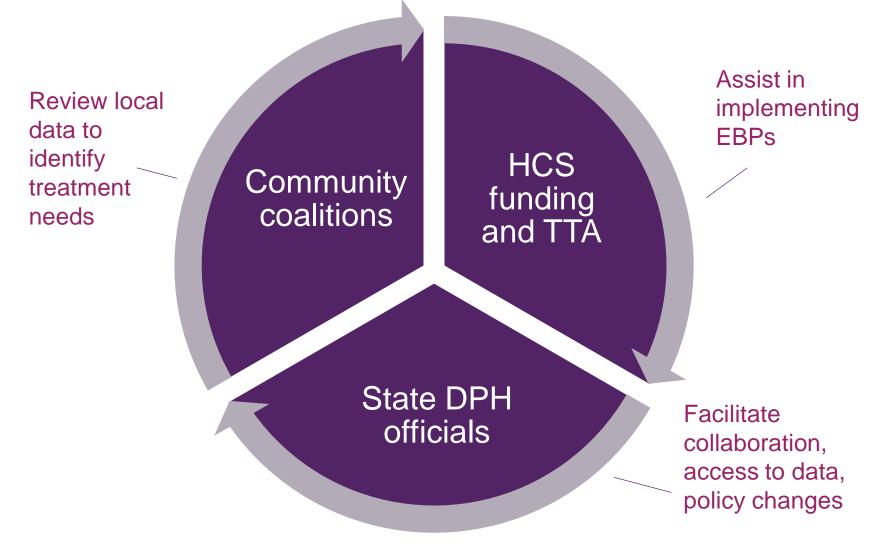
## **The Intervention**

- Phased planning process guided by available data
- Menu of options that communities can select from in developing their plan
- Resources and technical assistance to support communities' implementation of their selected menu options
- Communication strategy





## **CTH partnerships key to real-world implementation of addiction treatment**



## **Communications Campaigns**

| April 2020              | July 2020   |                                  |  | ^<br>_   |  |
|-------------------------|-------------|----------------------------------|--|--|--|
| Campaign #1<br>Naloxone | Campaign #2 | October 2020<br>June 2021        |  |  |  |
|                         | Stigma      | Campaign #3<br>MOUD<br>Awareness | <b>Campaign #4</b><br>MOUD<br>Stay in<br>Treatment | January 2022<br>Campaign #5<br>Community<br>Choice |  |



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## **Communications Campaigns**

HEAL

#### Talk to a doctor or pharmacist about naloxone (Narcan®).

Save a life!

Learn more: www.HealTogetherMA.org/Brockton

"My friends and I are in recovery and taking medication for opioid use disorder."



You can support your loved one's recovery.



You can support your loved one's recovery. Learn more: www.HealTogetherMA.org/Brockton

NIH HEAL INITIATIVE HEALing Communities Study

Los medicamentos para tratar el trastorno por consumo de opioides que salvan vidas son un camino hacia la recuperación.

HEAL

INITIATIVE

HEALing Communities Study











### Communications Campaigns in the Community

## Impact of COVID-19 on HCS

### Challenge:

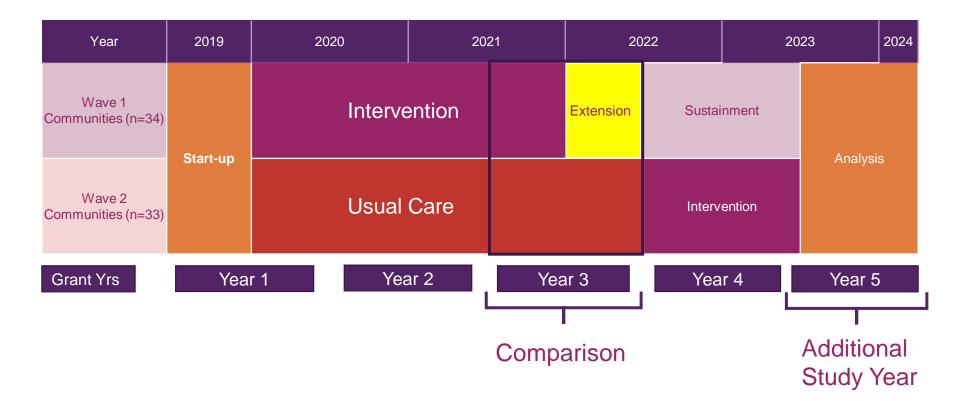
- COVID-19 caused delays in implementation progress across most communities
- Delays threaten scientific integrity of the study

#### • Response:

- Extended Wave 1 intervention by 6 months and shifted comparison period: 7/21 through 6/22
- Delayed wave 2 CTH intervention start by 6 months



#### 1 YEAR COVID EXTENSION (6 MORE MONTHS OF CTH in Wave 1)



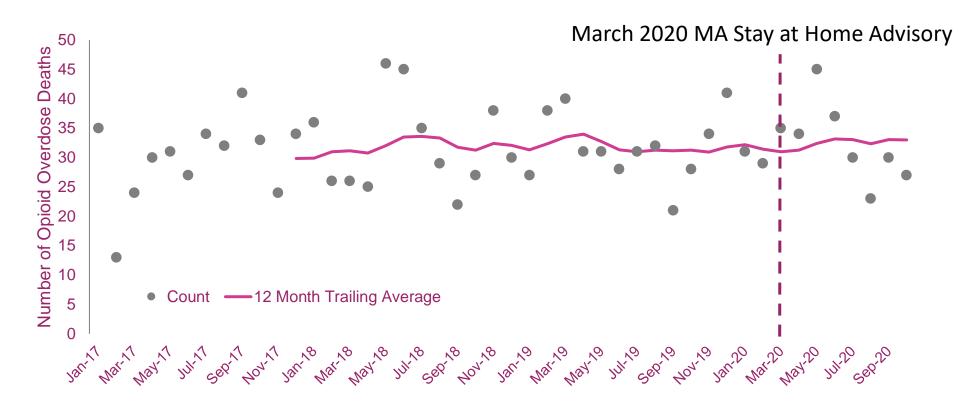


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**Data Bytes** 

#### **Opioid Overdose Death Trends**

All 16 MA HCS Communities/January 2017-October 2020



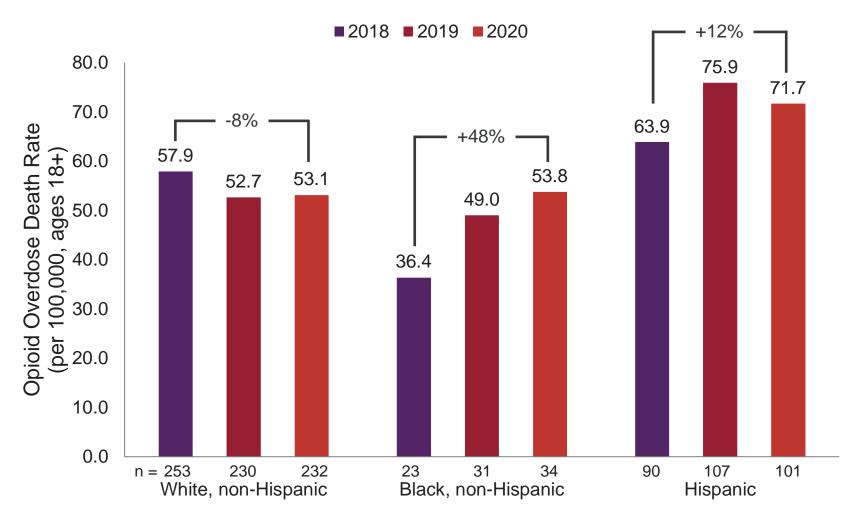
Source: MA DPH/Registry of Vital Records and Statistics



Massachusetts

## **MA Opioid Overdose Death Trends**

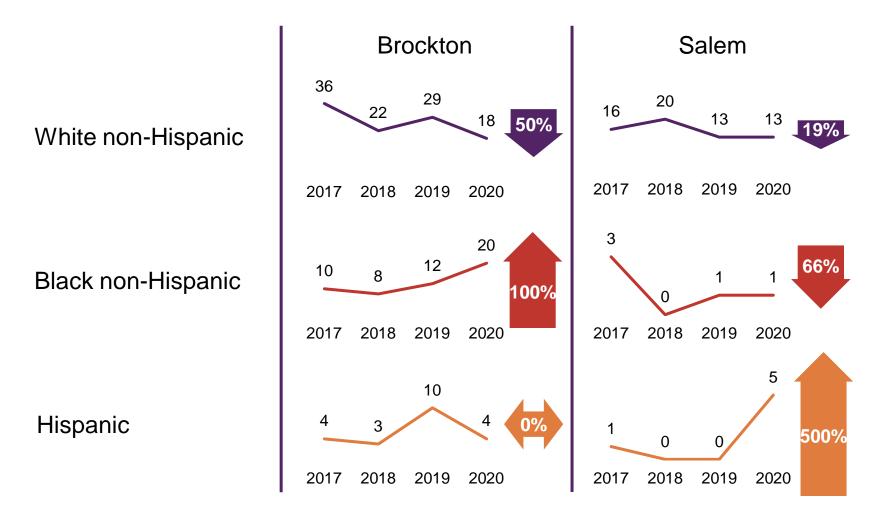
All HCS Communities by Race/Ethnicity, Age 18+, Annually, 2018-2020



Source: Massachusetts Department of Public Health; Registry of Vital Records and Statistics

## **MA Opioid Overdose Death Trends**

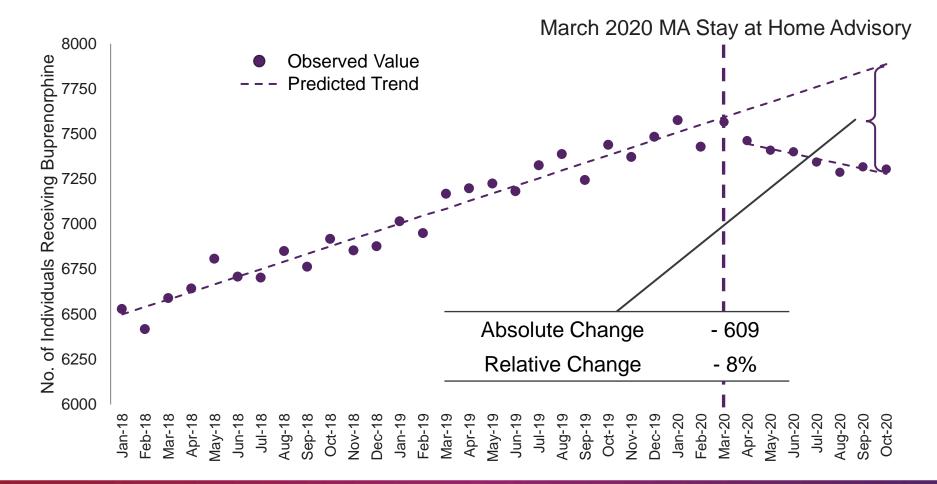
Brockton and Salem by Race/Ethnicity, Age 18+, Annually, 2018-2020



Source: Massachusetts Department of Public Health; Registry of Vital Records and Statistics

#### Impact of COVID-19 on Individuals Receiving Buprenorphine Monthly, 2018-2020, All 16 MA HCS Communities

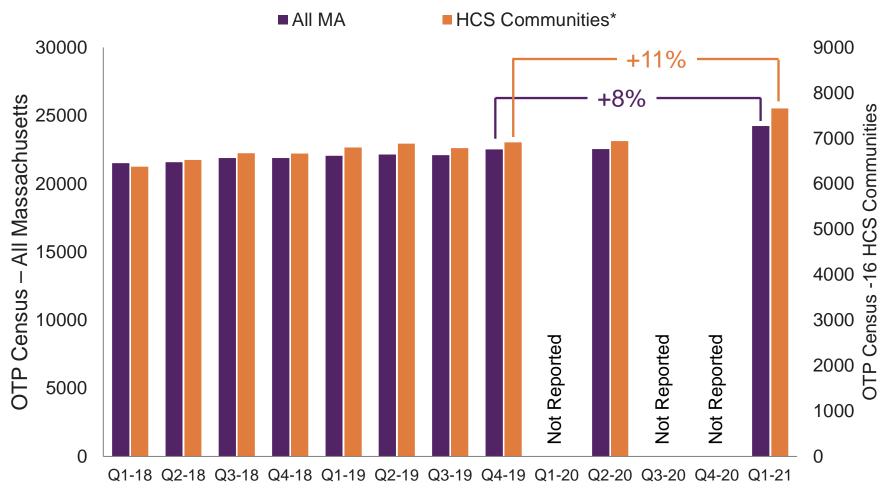
Source: Massachusetts Prescription Monitoring Program





## **MA OTP Census Trends**

Statewide and All 16 HCS Communities, Quarterly, 2018-2021



\* Data for HCS communities based on census of OTPs located in HCS communities Source: Massachusetts Department of Public Health; Bureau of Substance Addiction Services

#### What should we do about the opioid crisis?

Communities select from the following evidence-based practices

1) Increase overdose education and naloxone distribution (OEND)

2) Enhance delivery of medication for opioid use disorder (MOUD)

3) Improve prescription opioid safety



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| Engaging with high-risk populations:  | Engaging the community across multiple venues:  |
|---|---|
| <ul> <li>Persons using opioids</li> <li>History of opioid overdose</li> <li>Reduced opioid tolerance</li> <li>Use other substances</li> <li>Comorbid mental or medical<br/>illness</li> <li>Drug Injection</li> <li>Special populations*</li> <li>Adolescents, pregnancy,<br/>homeless, rural, veterans,<br/>racial and ethnic minorities,<br/>immigrants, disabled,<br/>transactional sex, chronic pain</li> </ul> | <ul> <li>Criminal justice settings</li> <li>Syringe service programs</li> <li>EDs and hospitals</li> <li>Mental health and addiction treatment</li> <li>Primary care and pharmacy</li> <li>Social service agencies</li> <li>First responders</li> </ul> |



#### <u>Menu 1:</u>

## Increase Overdose Education & Naloxone Distribution (OEND)

|   | Primary              |                                 |                       | Tertiary Prevention |                        |                                  |                       |
|---|----------------------|---------------------------------|-----------------------|---------------------|------------------------|----------------------------------|-----------------------|
|   | Not Using<br>Opioids | At Risk and<br>Using<br>Opioids | Diagnosed<br>with OUD | MOUD<br>Initiation  | Engaged in<br>OUD Care | Retained in<br>Care >6<br>months | Sustained<br>Recovery |
| 1. OEND   |                      |                                 |                       |                     |                        |                                  |                       |
| <ul> <li>Active OEND*</li> <li>Active OEND to at-risk ind</li> <li>Active OEND at high risk-ways</li> </ul>                       |                      | •                               |                       |                     |                        |                                  | <b>&gt;</b>           |
| <ul> <li>Passive OEND</li> <li>OEND by referral</li> <li>OEND at self-request</li> <li>Naloxone for use in OD hotspots</li> </ul> |                      | <                               |                       |                     |                        |                                  |                       |
| <ul><li>Naloxone Administration</li><li>First responder administration</li></ul>  |                      | 4                               |                       |                     |                        |                                  |                       |
| * = Required  |                      |                                 |                       |                     |                        |                                  |                       |
| L   |                      |                                 |                       |                     |                        |                                  |                       |

T. Winhusen et al, 2020. The Opioid-overdose Reduction Continuum of Care Approach (ORCCA): Evidence-based practices in the HEALing Communities Study. Drug and Alcohol Dependence 217.

#### **OEND: Expansion and adaptation of services in Holyoke**

#### **Tapestry Health Harm Reduction**

#### **HCS Support**

Full-time Harm Reduction Specialist – street outreach, community trainings Support for Peer naloxone

#### Progress

274 naloxone kits in April 2021

20 people trained at 2 trainings April 2021

2 Peers distributed 40 naloxone kits



Naloxone, testing, vaccines, syringes, outreach, drop-off, linkage



#### **OEND: Lowell innovates first responder leave** behind program

#### Lowell First Responder Leave Behind Program

#### **HCS Support**

400 Naloxone kits for 1 year

#### Progress

Fully implemented and started distributing kits January 2021

52 total naloxone kits distributed January -April





- MA DPH updated "Leave Behind Naloxone" protocol
- Eligibility was expanded so that naloxone can be left behind at any opioid overdose call, regardless of EMS transport refusal.
- Local EMS has ownership of this intervention completely.



NIH

## OEND and MOUD: Brockton implements a mobile medical unit to connect hard to reach populations

#### **Brockton Health Center Mobile Medical Unit**

#### **HCS Support**

NP and LPN to initiate MOUD, link to behavioral health and social services, test for infectious diseases

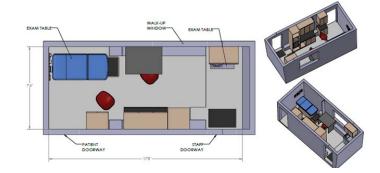
Outreach worker to link high-risk populations to treatment, recovery coaching and harm reduction services

**Project Manager** 

Pickup truck, IT, supplies, patient transportation

#### Progress

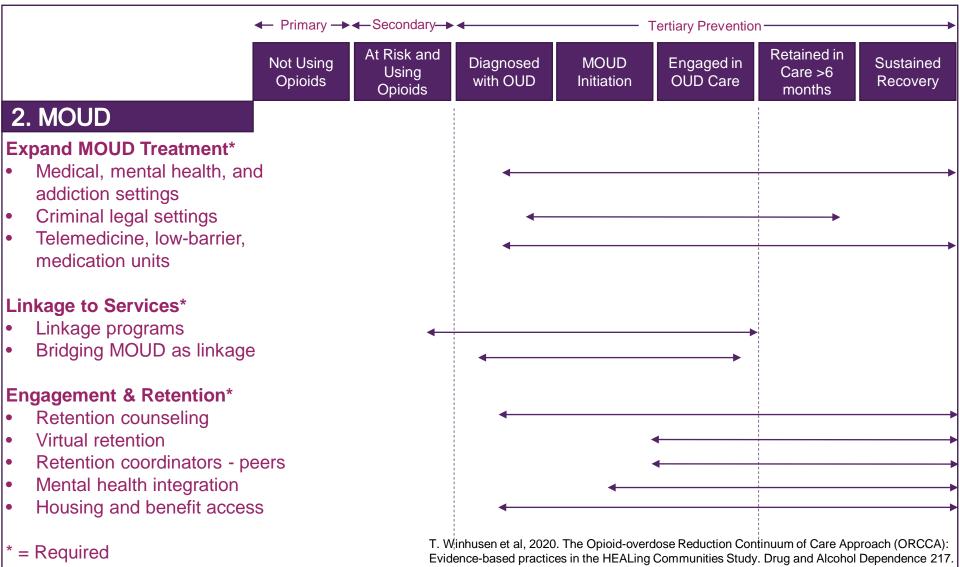
Awaiting license to begin services





### <u>Menu 2:</u>

## Enhance Delivery of Medication for Opioid Use Disorder (MOUD)



#### MOUD: Bourne and Sandwich expand officebased addiction treatment

#### **Bourne and Sandwich OBAT**

#### **HCS Support**

Nurse Care Manager

Community outreach

**ED** Linkages

Sandwich satellite site

Progress (10/5/20 - 4/30/21)

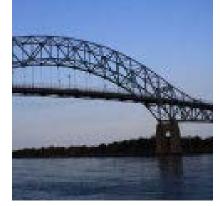
**Buprenorphine:** 

- Current total: 133
- Total new patients started: 40

#### Injectable naltrexone:

- Current total: 22
- Total new patients started: 14

All 8 wave 1 MA Communities expanded OBAT programs with HCS support!







## MOUD: New opioid treatment program addresses treatment desert in Holyoke

#### **Behavioral Health Network Methadone Clinic**

#### **HCS Support**

Assistance with application process

NP, RN, Care Coordinator, Recovery Coach

#### Progress

Fully implemented and started providing services March 2021

92 patients as of May 1st

Anticipated Capacity = 250 patients



hhn

#### Renovated space to house OTP in downtown Holyoke



## MOUD: New addiction consult service start inpatients on MOUD

#### **Addiction consult service at Lowell General Hospital**

#### **HCS Support**

Psych nurse practitioner focusing solely on addiction consults

#### **Progress**

64 OUD consults from January to March

ACS did not exist prior to HCS - no culture of starting inpatients on MOUD









#### MOUD: Lowell creates bridge clinic for low barrier access to services

#### **Bridge Clinic at Lowell General Hospital**

#### **HCS Support**

Part time psych NP

Full time RN care manager

Full time social worker

2 full time recovery coaches

Part-time project manager

**Progress (Jan 2021 – March 2021)** 

**176** patients seen for OUD

66 initiations on MOUD



Located at Lowell General Hospital, walking distance from Downtown Lowell



Behavioral Health Nurse Manager

**Danielle Czekanski, LICSW** 

Ashley Tobey, PMHNP-BC Behavioral Health Nurse Practitioner





**Deborah Ryan** Recovery Coach

Wendy Mitchell, MD, Medical Director, Bridge Clinic Neelam Sihag, MD, Chief of Psychiatry, Medical Director of the Psychiatric Nurse Practitioner Program

**Bridge Clinic** 

**Outpatient Bridge Clinic Care Team** 



Mary Silva, RN-BC

Social Worker, Bridge Clinic

### <u>Menu 3:</u>

### Improve prescription opioid safety

|  | Primary -> < Secondary -> < |                                 |                       | Tertiary Prevention |                        |                                  |                       |
|--|-----------------------------|---------------------------------|-----------------------|---------------------|------------------------|----------------------------------|-----------------------|
|  | Not Using<br>Opioids        | At Risk and<br>Using<br>Opioids | Diagnosed<br>with OUD | MOUD<br>Initiation  | Engaged in<br>OUD Care | Retained in<br>Care >6<br>months | Sustained<br>Recovery |
| 3. Prescription opioid safety  |                             |                                 |                       |                     |                        |                                  |                       |
| <ul> <li>Prescribing/Dispensing*</li> <li>Safer prescribing: acute</li> <li>Safer prescribing: chronic</li> <li>Safer opioid dispensing</li> </ul> | <                           |                                 |                       |                     |                        |                                  |                       |
| <ul> <li>Safer Disposal Practices</li> <li>Drop-box/mail-back<br/>programs</li> </ul>  | •                           |                                 |                       |                     |                        |                                  |                       |
| * = Required   |                             |                                 |                       |                     |                        |                                  |                       |

#### **Opioid Safety: Brockton Hospital implements safer** prescribing training

#### **Brockton Pain and Opioid Management Committee**

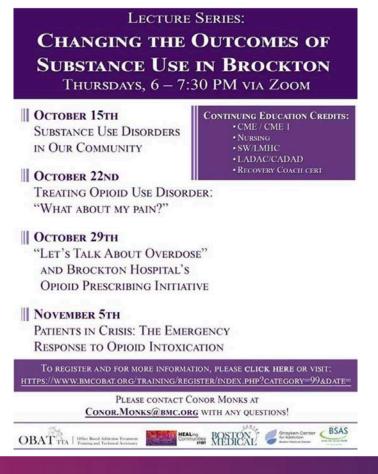
#### **HCS Support**

Technical assistance in promoting webinars and events

Funds to provide relevant continuing education unit (CEU) credits

#### **Progress**

Fall 2020, the hospital offered a series of webinars promoting safe opioid prescribing to local providers





# Research team approaches to racial equity and social justice (RESJ)

- Multilingual communications campaigns
- Inclusion of demographics in monitoring
- Race and ethnicity data improvements for the MA Ambulance Trip Record Information System (MATRIS)
- Community Advisory Board diversity (e.g., Herring Pond Wampanoag Tribe representation)
- RESJ Committee supports each core with integrating and executing RESJ goals



# OEND Strategy focused on Racial and Ethnic Equity: Lowell

- Lowell House hiring a full time multilingual OEND outreach worker to engage Latinx population.
  - Conduct outreach and home delivery for high-risk individuals



#### LOWELL HOUSE ADDICTION TREATMENT AND RECOVERY



NIH

# MOUD Strategy focused on Racial and Ethnic Equity: Salem

Expand OBAT at Salem Family Health Center, a FQHC that provides bilingual and bicultural services

- Expanded access for non-English speaking patients with OUD
- Culturally relevant treatment via telemedicine





#### Drug and Alcohol Dependence Special Issue Highlights HEALing Communities Study



https://www.sciencedirect.com/journal/drug-and-alcohol-dependence/special-issue/10B0L1KKVKK



