

Delaware Overdose Systems of Care

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Five Overarching Goals of Delaware's Systems of Care

- Reduce morbidity and mortality.
- Match resources with the needs of the patients.
- Get each patient to the right facility in the right amount of time.
- Preserve lives and livelihoods.
- Save health care dollars.





Delaware Code, Title 16, Part X, Chapter 97

Trauma System – Enabling legislation 1996

Pediatric System – Enabling legislation 2012

Stroke System – Enabling legislation 2016

Overdose System – Enabling legislation 2018

- Office of Emergency Medical Services responsible for the development, implementation and maintenance of the Systems of Care.
- Defines requirements for each System of Care.



Requirements for Each System

- Oversight Committee
 - Membership to reflect phases of care from prevention through rehabilitation
- Quality Evaluation Committee
 - Protected, confidential meeting
 - Identify areas for improvement and suggest changes to make those improvements
- Facility Designation Process/Committee
 - Process to become designated by the state of Delaware
 - Allows facilities to advertise as a Delaware designated facility
- Specific System of Care Rules and Regulations



Rules and Regulation Requirements

- Prevention/Public Education
- Prehospital Care
- Hospital Care
- Rehabilitative Care
- Continuing Education/Training for Personnel/Providers
- System Evaluation



Delaware's Systems of Care Provides

- Clinical Patient Care Guidance
 - EMS Standing Orders
 - Acute care treatment
 - Post acute care treatment
- Operational and Programmatic Infrastructure
- Policy Development
- Voluntary participation but with participation come requirements
 - Standards
 - Site visits
- State recognition of achievement
- System quality/performance improvement



Delaware's Systems of Care Benefits

- Improved communication and collaboration among stakeholders.
- An organized approach to patient management throughout the continuum of care statewide.
- Patients receiving the same quality of care no matter where in the state they enter the system.
- Coordination of care, prehospital transport, and inter-facility transfer.
- System data to document incidence, availability of resources, and assure quality.
- A data-driven public education program targeted to high-risk populations.
- → Improved patient outcomes.



What Does a System of Care NOT Do?

- Does not take over anyone's duties or obligations.
- Does not tell any agency what they must do.
- Does not overcomplicate or change effective processes



System of Care Designation Levels

	TRAUMA	PEDIATRIC	STROKE	OVERDOSE
	American College of Surgeons	EMSC PECF	The Joint Commission	Not Identified
Regional Resource	Level I	Level I	Comprehensiv e Stroke Center	Under Development
Regional Resource	Level II	Level II	Thrombectomy Capable Stroke Center	Under Development
Community	Level III	Level III	Primary Stroke Center	Under Development
Participating	Level IV	Level IV	Acute Stroke Ready Hospital	Under Development



System of Care Data Sources

	DATA SOURCES
TRAUMA	Office of EMS (DEMRS, Trauma Registry)
PEDIATRIC	Office of EMS (DEMRS, Trauma Registry)
STROKE	Office of EMS (DEMRS, AHA Get With the Guidelines Registry)
OVERDOSE	Office of EMS Office of Health Crisis Response Division of Substance Abuse and Mental Health Division of Forensic Science Division of Medicare and Medical Assistance Division of Public Health (various sources) Delaware Information and Analysis Center (Law Enforcement) Hospital Electronic Charting Reports (Multiple platforms) Post-Acute Care Providers (Multiple sources)



DELAWARE OVERDOSE SYSTEM OF CARE (OSOC)



Background

- March 2018: State-Wide Forum on the Acute Overdose Management System of Care
- Spear-headed by Director of Public Health
- ♦ 2000+ Delaware overdoses, 345 deaths in 2017
- Multiple state initiatives and agencies involved with overdose and substance use disorder (SUD)
- Plan was to develop a management system based on other Systems of Care to bring everyone together
- ♦ Became law in September 2018



Overdose System of Care (OSOC)

- Per Delaware Law:
 - Coordinate treatment and care provided to individuals who have overdosed or require acute management of SUD and OUD
 - Develop Stabilization Centers
 - Develop designation criteria to designate facilities as overdose system of care center
 - Co-chaired
 - Director, Division of Public Health
 - Director, Division of Substance Abuse and Mental Health



Development of Delaware's System

- Health Management Associates
 - Have been key to system development
 - Services paid for through grants
- OSOC Oversight Committee
 - Quarterly Meetings
 - Leaders:
 - Director of Division Public Health (DPH)
 - Director of Division of Substance Abuse and Mental Health (DSAMH)
 - Strategic Plan developed January 2021
- Standing and Ad Hoc Subcommittees formed to meet 2022 goals



Overdose System of Care 2022 Goals

- 1. Establish a structured and universal Overdose System of Care to improve the care, treatment, and survival of overdose patients in Delaware.
- Fully implement the first responder, hospital, and correctional institution naloxone leave-behind programs.
- 3. Establish one or more Stabilization Centers in Delaware, in accordance with OSOC legislation.
- 4. Use existing and build new data systems and tools to drive timely and informed responses to addressing overdose deaths across Delaware



Current Subcommittees

- Rural Subcommittee
 - HRSA Grant
 - Addresses specific rural needs in Sussex County
- Acute OUD Stabilization Subcommittee
- Naloxone Subcommittee
- Quality Evaluation Subcommittee



Rural Subcommittee 2022 Goals

- Decrease compassion fatigue and burnout related to SUD among first responders in target rural communities in Sussex County.
- Support law enforcement officers in target rural communities in Sussex County with training to help individuals involved with SUD connect with treatment and other services.
- Increase transportation and access options to treatment and recovery services for people with SUD in target rural communities in Sussex County.
- Expand access to MOUD for individuals in target rural communities in Sussex County, including recruiting and training clinical providers and increasing the use of telehealth services.
- Expand access to naloxone training in recognizing and assisting in suspected overdoses in target rural communities in Sussex County.



2022Workplan for Acute OUD Stabilization Subcommittee

Goal	QI	Q2	Q3	Q4
Pilot bridging of patients identified with OUD in the ED to appropriate community MOUD providers	Х	Х		
Incorporate wraparound support into bridging	Х	Х		
Engage pharmacists and strengthen physician-pharmacist relationships		Х		
Assess system operations of initial ED-community MOUD pathways				
Finalize standard toolbox for bridging individual identified with OUD in acute settings to community treatment programs				
Support pilot of buprenorphine induction in one EMS agency and revision of statewide protocols to incorporate buprenorphine induction				



Referral Pathways – Stabilization "Centers" or Pathways Minimum of One in Each County

Saint Francis Hospital	Bayhealth	Beebe		
NEW CASTLE COUNTY	KENT & SUSSEX COUNTY	SUSSEX COUNTY		
Westside (open)	Atlantic Family Physicians (open)	Atlantic Family Physicians (open)		
CORAS (open)	Westside (open)	Bright Heart Health (open)		
Brandywine (open)	CORAS (open)	CORAS (open)		
Bright Heart Health (pending)	Bright Heart Health (open)	Brandywine (open)		
Henrietta Johnson (TBD)	Brandywine (open)			
Lotus (TBD)				



2022 Workplan for Naloxone Subcommittee					
Goal	QI	Q2	Q3	Q4	
Recruit and onboard additional first responder agencies and providers	Х	Х			
Integrate data from all community naloxone distribution programs	Х				
Include information on treatment and MOUD in naloxone kits		X			
Develop sustainability plan with DMMA for continued distribution of naloxone					
Conduct end-of-year assessment of all community naloxone distribution					



2022 Workplan for Quality and Data Evaluation Subcommittee

Goal	QI	Q2	Q3	Q4
Use previously brainstormed metrics to map inventoried data sources onto a logic model of system operations	X	X		
Define system benchmarks		Х		
Support adoption of ODMAP statewide to ensure real-time data and monitoring of overdoses		X		
Recommend mechanism/infrastructure for data aggregation, analysis, and production		Х		
Develop a confidential quality review process to report to this subcommittee, as covered under the <u>Delaware Code</u>				



Delaware Overdose System of Care Successes

- Multiple stake holders have begun working together.
 - Less "turf" issues.
 - Less "silo-ing" of information
- Sharing ideas and collaboration on duplicate efforts/projects.
- Stakeholders recognizing OSOC overarching goals.
- Sharing of information, ideas and concerns between stakeholders.



Delaware Overdose System of Care Gaps and Stumbling Blocks

- Will not perfectly mirror other Systems of Care
 - Many more state agencies and stakeholders
 - Turf issues
 - Competing projects/priorities
 - Duplication of efforts
 - Multiple data sources
 - Very hard to track a single patient through the entire system
 - Difficult to designate facility "Levels" of care
- Higher rates of patients declining treatment, unlike an acute medical incident





Questions?





Contact Information

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