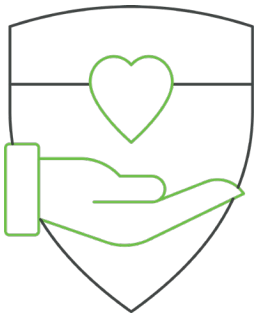
Levels of Care for Treating Overdose and Opioid Use Disorder in Utah Emergency Departments and Hospitals



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Overview

The Levels of Care for Treating Overdose and Opioid Use Disorder (OUD) in Utah Emergency Departments and Hospitals Guide is designed to organize recommendations and resources for evidence-based practices for OUD management into levels for emergency departments (EDs). This guidance seeks to standardize effective OUD management in the ED setting. The need for addressing individual clinical needs for patients is recognized.

The components of each level of care are outlined, along with appropriate resources and tools that will assist facilities with implementing the corresponding level of patient care.

Purpose/Goals

The goal of the Levels of Care for Treating Overdose and Opioid Use Disorder in Utah Emergency Departments and Hospitals Guide is to improve OUD harm reduction outcomes by promoting evidence-based OUD management in these secondary or tertiary care settings.

The standards of care described within this document are organized into three levels of care for Utah EDs and hospitals.

LEVEL 3

1. Follow discharge planning standards and organizational protocols
2. Administer standardized substance use disorder (SUD) screening on all patients
3. Educate all patients who are prescribed opioids on safe use, storage and disposal
4. Follow opioid prescribing laws and consider Utah and Centers for Disease Control and Prevention (CDC) guidelines and use of opioid alternatives
5. Dispense naloxone for patients who are at risk, according to a clear protocol
6. Offer peer support specialist services in the ED as available
7. Provide active referral to appropriate community providers
8. Comply with Utah requirements to report overdoses per Injury Reporting Rule R386-703
9. Perform laboratory drug screening that includes fentanyl on patients who overdose
10. Develop policies for clean needle exchange referral or program
11. Develop policies for use of the Controlled Substance Database according to all applicable laws and rules
12. Develop policies and procedures for buprenorphine initiation

LEVEL 2

Incorporates all Level 3 services and provides:

- Comprehensive assessment of SUD using a standardized tool
- Addiction specialists or contracted providers able to fully evaluate and treat OUD

LEVEL 1

Incorporates all Level 3 and Level 2 services, and in addition:

- Maintains a comprehensive program for management of OUD, including medication for opioid use disorder (MOUD)
- Assesses and administers medication for OUD programs
- Maintains capability to transition patients to/from inpatient and outpatient programs as necessary

Definition: Levels of Care for Treating Overdose and Opioid Use Disorder

Level 3 Elements

Best Practices for Emergency Departments and Inpatient Clinical Settings

EDs are expected to maintain appropriate resources, capacity and commitment to provide at least a Level 3 level of care. Inpatient units are encouraged to implement applicable processes as well.

Level 3 indicates that an organization has established a commitment to evidence-based care for treating overdose and OUD, including appropriate policies and procedures, resources and capacity for treatment.

1. Follow discharge planning standards and organizational protocols.
2. Administer standardized SUD screening on all patients.
3. Educate all patients who are prescribed opioids on safe use, storage and disposal.
4. Follow opioid prescribing laws and consider Utah and CDC guidelines and use of opioid alternatives.
5. Dispense naloxone for patients who are at risk, according to a clear protocol.
6. Offer peer support specialist services in the ED as available.
7. Provide active referral to appropriate community providers.
8. Comply with Utah requirements to report overdoses per Injury Reporting Rule R386-703.
9. Perform laboratory drug screening that includes fentanyl on patients who overdose.
10. Develop policies for clean needle exchange referral or program.
11. Develop policies for use of the Controlled Substance Database according to all applicable laws and rules.
12. Develop policies and procedures for buprenorphine initiation.

1. Follow discharge planning standards and organizational protocols.

Discharge planning is a key element in providing care to patients who overdose or have OUD. The Centers for Medicare & Medicaid Services (CMS) requires discharge planning as a Condition of Participation (§482.43) for all patients with specific written policies and procedures. Utah Rule R4732-100 General Hospital Standards also outlines important components: "Treatment services shall be coordinated with other hospital and community services to assure continuity of care through discharge planning and aftercare referrals. Counselors may refer patients or clients to public or private agencies for substance abuse rehabilitation, and employment and educational counseling."

Discharge planning information drawn from CMS and the Utah Rule are summarized below:

- Evaluate post-discharge needs (e.g., follow-up care, social, financial, emotional, etc.)
- Involve the patient and/or caregiver
    - Discharge planning success incorporates the patient's goals and treatment preferences
    - Key areas to address include health condition, medications, safety and need for follow-up care
- Contact the patient's emergency contact (with patient consent)
- Contact a peer support specialist (with patient consent) (see Step 6)
- Contact the patient's primary care provider to refer for follow-up care, make an appointment if possible
- Refer to community-based opioid management programs as appropriate (see Steps 2 & 7)

2. Administer standardized substance use disorder screening on all patients.

Each patient being seen in the ED or inpatient care areas should be screened for SUD. Substance abuse and opioid misuse may not be apparent upon presentation in the ED, and identification and treatment referral for these individuals has great potential for improving outcomes (Strayer et al., 2020). If the patient declines screening, this must be documented in the medical record.

Screening tools can be found at the following links:

- National Institute on Drug Abuse online screening tool
- SAMHSA resource on Screening, Brief Intervention and Referral to Treatment (SBIRT) implementation
- Opioid Risk Tool

Facilities may prefer a brief, single-question screening tool for substance use. In the ED setting, Strayer et al. (2020) and Hawk and D'Onofrio (2018) suggest considering use of the abbreviated NIDA Quick Screen, which uses a single question:

- "How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?"

Practitioners should perform a more comprehensive screening of substance use if the response to a single screening question is positive.

If "hazardous use" of substances is suspected according to results of patient screening, using principles of SBIRT would be considered best practice (Hawk & D'Onofrio, 2018; SAMHSA, 2017).

Utah law requires health care providers to complete 3.5 hours of continuing education on controlled substance prescribing. Recent changes to the law require 3.5 hours of continuing education on SBIRT, which can be used to meet the controlled substance prescribing law requirements. Continuing education is available from the Utah Medical Association here. Free SBIRT training, which includes information on billing codes for SBIRT and meets the 3.5 hours of continuing education credit, is available from the University of Utah here.

If the patient meets criteria for a SUD, a referral to treatment is appropriate. Protocols should include expected steps in this process to promote consistency in care delivery.

3. Educate all patients who are prescribed opioids on safe use, storage and disposal.

All patients prescribed an opioid must receive education regarding safe use, storage and appropriate disposal once the medication is no longer needed. The education should be verbal and written in order to best increase patient's understanding (Waszak et al., 2017). It should include at a minimum:

- Use of opioids as directed; dangers of using alcohol or depressants with opioids
- Responsibility to safeguard all medications and store in a secure location
- Safe disposal options for unused portions of a controlled substance

Safe and prompt disposal of opioid prescriptions is essential for decreasing the risk of potential misuse and poisoning. Resources for finding safe medication disposal locations are listed below:

- www.utahtakeback.org/collection.php
- https://www.fda.gov/drugs/safe-disposal-medicines/disposal-unused-medicines-what-you-should-know#MEDICINES

Multiple resources are available for patient education materials. Some materials are available at:

- https://health.utah.gov/vipp/topics/prescription-drug-overdoses/prevention.html
- https://www.cdc.gov/drugoverdose/pdf/aha-patient-opioid-factsheet-a.pdf
- https://www.end-opioid-epidemic.org/storage-and-disposal/ (American Medical Association)

4. Follow opioid prescribing laws and consider Utah and CDC guidelines and use of opioid alternatives.

Clear protocols for opioid prescribing should be implemented in the ED according to Utah law and considering CDC recommendations for pain management.

Avoiding the prescribing of opioid medications in favor of effective alternatives and following best-practice prescribing guidelines are important primary prevention practices to help address the opioid epidemic in the ED setting. Utah law requires an opioid prescription not to exceed seven days in most circumstances. It also requires clinicians to discuss dangers and risks of opioids when issuing an initial opioid prescription, along with alternative treatments that could be used.

The state of Utah and the CDC have issued guidance for opioid prescriptions for chronic pain, which are also valuable to consider in ED settings. A few of the recommendations are listed here:

- Opioid alternatives are preferred, excepting for palliative care
- Immediate release formulations at the lowest effective dose should be prescribed when opioids are selected for acute pain
- Caution should always be used when prescribing opioids, considering expected benefits and potential harms

The American Academy of Emergency Physicians (AAEP) has issued a list of suggested non-opioid and non-pharmacologic methods for chronic pain control in the ED setting, which can be accessed at the citation link (Strayer et al., 2020).

Prescribing laws and guidelines links include:

- https://le.utah.gov/xcode/Title58/Chapter37/58-37-S6.html
- https://www.opidemic.org/wp-content/uploads/2019/08/Controlled-Substances-Laws-and-Rules.pdf
- http://www.health.utah.gov/vipp/pdf/RxDrugs/UtahClinicalGuidelinesOnPrescribing.pdf
- https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm#recommendations
- https://www.cdc.gov/drugoverdose/pdf/Guidelines_At-A-Glance-a.pdf

5. Dispense naloxone for patients who are at risk, according to a clear protocol.

Naloxone, which immediately reverses the effects of opioids, can be lifesaving for individuals who suffer critical respiratory depression as a result of opioid use or a combination of opioids and other substances.

Any patient who is seen in the ED as a result of opioid poisoning or is discharged from the hospital or ED with new or known prescriptions for benzodiazepines and opioids should be dispensed naloxone prior to discharge. Other indications for prescribed naloxone include (American College of Emergency Physicians, 2015, October; Prescribe to Prevent, 2015):

- Patient is currently taking or being discharged with prescribed opioids of 50 or more morphine milligram equivalents (MME) per day, has been prescribed long-acting or extended release formulations or has been prescribed a rotating opioid regimen
- Patients taking opioids who also have a comorbid condition, such as smoking, lung disease, sleep apnea, respiratory infection or illness, kidney or liver disease, heart disease and/or HIV/AIDS
- Patient has a suspected or known history of SUD or OUD, is initiating MOUD, or is undergoing an opioid detoxification program
- Patient has recently been released from incarceration and has a history of opioid misuse
- Patient or caregiver request for naloxone
- Patient has a close associate with any of the above criteria

Timely administration of naloxone is a safe and effective way to reverse and stop an opioid overdose. In Utah, it is legal to have, is available from pharmacies without a written prescription and persons administering it in an emergency are protected from civil liability. Dispensing naloxone directly to a patient in the ED or hospital is a best practice (Office of the Surgeon General, 2018, April 5; Strayer et al., 2020).

Education, including written material about how to recognize an opioid overdose, safely administer naloxone and seek necessary medical care should be given in the hospital or ED when naloxone is dispensed as required by Utah law. Resource options include:

- http://www.utahnaloxone.org/
- https://prescribetoprevent.org/patient-education/videos/
- https://healthinsight.org/tools-and-resources/send/479-naloxone/2011-sample-prescription
- https://bit.ly/2RC0U6i (sample policy)
- https://naloxone.utah.gov/media

6. Offer peer support specialist services in the emergency department as available.

Peer support specialists (PSS) provide many types of social support to individuals experiencing SUD and can have a positive influence at any stage of an individual's recovery. In the ED setting, PSS can influence motivation to seek treatment and/or help facilitate a warm hand-off to treatment (SAMHSA, 2009). PSS have the personal experience to answer questions about the process of recovery from this chronic disease and are a valuable resource for patients.

In Utah, a peer support specialist is a person who has completed an approved training program and maintains ongoing certification as established by Utah Administrative Code Rule 523-5. To connect with a PSS between 9 a.m. and 6 p.m. Monday through Friday, dial 385-210-0320, the contact number for Utah Support Advocates for Recovery Awareness (USARA). Patients identified as having SUD should be offered the opportunity to talk with a PSS before discharge, if available.

More information is available at:

- http://www.myusara.com/
- https://dsamh.utah.gov/education/certification/peer-support
- https://211utah.org/

7. Provide active referral to appropriate community providers.

The "warm hand-off" or transition of care has been shown to increase the likelihood that a patient will follow up on a referral from one provider to another. "Warm" transitions involve more than just giving a patient a referral. It can also involve engaging the patient's support system and incorporate communicating relevant clinical information and recommendations to the next provider of care (AHRQ, n.d.).

For patients who have experienced an overdose or who have an OUD, "warm handoff" referrals and directing the transition of care to appropriate community providers and treatment options is best practice (Strayer et al., 2020). Appropriate providers may include those certified for medication for OUD, opioid treatment programs, effective primary care, counseling and biopsychosocial support. Optimizing the transition of care can reduce issues, such as patients resuming opioid misuse activities after discharge and being lost to follow-up.

For patients declining a direct referral for treatment, clinicians should provide information on how to contact a treatment provider. Referral for treatment can be found at Utah 211 and the Substance Abuse and Mental Health Services Administration (SAMHSA).

Staff involved in discharge instruction should be trained and provided clear procedures for active referral to community care. Care transitions at discharge are critical for patient outcomes in the ED and inpatient settings.

Additional resources are available at:

- https://dsamh.utah.gov/services/adult-mental-health/substance-use-disorders

8. Comply with Utah requirements to report overdoses per Injury Reporting Rule R386-703.

The Injury Reporting Rule gathers information on serious injuries and death in Utah to provide data necessary to guide public health efforts in the state. Injuries where anyone involved in the incident was intoxicated with drugs or alcohol are included.

Applicable report requirements are described as:

- EDs treating a reportable injury must use the appropriate electronic format to submit ED logs to the Bureau of Emergency Medical Services. This will meet reporting requirements.
- If the patient dies as a result of the injury or poisoning, the death certificate submitted to the Bureau of Vital Records meets the reporting requirements.
- Reports must be submitted within 60 days.

Hospital policy and procedures should outline the process of reporting.

9. Perform laboratory drug screening that includes fentanyl on patients who overdose.

Drug testing is an evidence-based tool which should be combined with patient report of drug use to determine an overall picture of what has led to an overdose (ASAM, 2017, April 5). Emphasis of drug testing should be on therapeutic use, as in determining if the patient has been exposed to a substance they are not aware of, for appropriate risk mitigation to take place.

Protocols should be in place for patients who have suffered an overdose to receive a laboratory drug screen, which includes fentanyl and/or other high-risk substances suspected to be common in the community.

10. Provide syringe exchange program or referral.

Offering a syringe exchange program (SEP) is a harm reduction strategy that lowers risk for HIV and Hepatitis C virus transmission in individuals who inject drugs. Programs provide education on overdose prevention, testing and prevention for blood-borne disease, safe disposal of used syringes, referral to treatment and naloxone kits in addition to the sterile syringes and needles provided free of charge (Utah Department of Health Bureau of Epidemiology, 2019, October 15).

SEPs have been established in Utah since the signing of legislation in 2016 providing legalization and guidance for programs. Hospitals and EDs may choose to implement their own SEP or refer patients to community programs.

Calendar of community SEPs and provider resources are available online at Utah Syringe Network. Links to laws, SEP schedules and educational material are online at the Utah Department of Health. An extensive resource handbook is available from the Utah Department of Health.

11. Utilize the Utah Controlled Substance Database as required by Utah law and Administrative Code.

The ED should develop policies and procedures for use of the Controlled Substance Database (CSD) according to all applicable laws and rules. This type of database, generally called prescription drug monitoring programs (PDMP), is intended to collect data on prescribing practices for quality improvement education and to monitor patients for dangerous prescription-seeking behaviors to prevent opioid misuse.

Utah law requires a clinician to check the CSD when providing an opioid prescription to a patient for the first time, or to check the CSD occasionally when recurring prescriptions are provided to a patient.

Other elements of the law include:

- The CSD can be accessed by a registered designee of the provider
- An electronic health record with the approved connection to the CSD can be accessed in place of the CSD
- Exceptions are granted for when the CSD is disrupted or when an emergency results in the inability to comply

These and other aspects of the law are described in this Utah Department of Health Stop the Opidemic document.

For more information, application forms for a CSD designee, instructions for how use the CSD and link to CSD, access the Division of Occupational and Professional licensing.

12. Develop policies and procedures for buprenorphine initiation.

Buprenorphine, with well-established efficacy in community programs providing MOUD, has strong evidence showing its value when initiated in the ED. Patients are far more likely to have continued engagement with treatment and significantly lower reported frequency of opioid misuse 30 days after being referred to a program if they received buprenorphine in the ED. Buprenorphine initiation in the ED is endorsed by the American Academy of Emergency Medicine (AAEM) and the American College of Emergency Physicians (ACEP).

Community providers are required to carry a waiver for prescribing buprenorphine, but when administered (not prescribed) in the ED, no waiver is necessary due to what is commonly called the "three-day rule."

Buprenorphine can be utilized in the ED to relieve opioid withdrawal symptoms while arrangements are made for the willing patient to engage in a community treatment program.

Additional information and resources on buprenorphine use in the hospital setting are available from SAMHSA.

Level 2 Elements

Best Practices for Emergency Departments and Inpatient Hospital Settings

The facility incorporates all Level 3 services and in addition provides:

- Comprehensive assessment of SUD using a standardized tool
- Addiction specialists or contracted providers able to fully evaluate and treat OUD

Level 2 status indicates that an organization has established a larger commitment to comprehensive assessment and on-site treatment beyond buprenorphine initiation in the ED. Staff should be available at the facility with specialized training in SUD management. Patients who are identified with a quick screen as at risk for SUD will receive a comprehensive assessment and be offered MOUD treatment if warranted. Patients will be included in decisions about their care as the comprehensive assessment results inform best treatment options.

1. Provides comprehensive assessment of SUD using a standardized tool.

Level 2-certified facility SUD clinician will conduct comprehensive assessments of all patients identified as at risk for SUD or OUD. The specialist should use a tool that assesses holistic needs, such as those detailed in the six American Society of Addiction Medicine (ASAM) Criteria dimensions, including the ASAM CONTINUUM.

Additional screening tools are available from the National Institute on Drug Abuse.

2. Offers addiction specialists or contracted providers who can fully evaluate and treat OUD.

MOUD, such as buprenorphine, may be initiated in the ED setting in Level 3 facilities, but a Level 2 facility will have inpatient or outpatient resources for continued MOUD treatment and counseling, with a waivered provider available. Facility addiction specialists will be involved in identification of candidates for MOUD and management of patients referred for treatment.

Level 1 Elements

Best Practices for Emergency Departments and Inpatient Hospital Settings

The facility incorporates all Level 3 and Level 2 services, and in addition:

- Maintains a comprehensive program for management of OUD, including MOUD

Level 1 indicates the ability to provide the comprehensive and high-quality care necessary for management of complex patients in need of OUD management. Both outpatient and inpatient care may meet these requirements.

1. Maintains a comprehensive program for management of OUD, including MOUD.

The Level 1 facility maintains the ability to perform the following OUD management:

- Assess and administer medication for OUD programs
- Maintains capability to transition patients to/from inpatient and outpatient programs as necessary to provide seamless care during stabilization and restabilization

Policies and training should be in place to ensure leadership, staff and the health department can achieve and verify compliance. Standardized tools, communication and incorporating nudges into electronic health records streamlines and promotes high-quality interventions into normal workflow and is part of the Center of Excellence expectation. Established relationships with community treatment programs as well as the ability of the facility itself to manage OUD are essential.

It is not expected in any of the levels that every patient identified as at risk of OUD be placed into treatment but rather that all patients will be screened, those at risk assessed and treatment be offered, including MOUD when appropriate.

Summary of Level Components

Level 3

Component	Required Elements	References
Follows discharge planning per law	Organization has developed policies that identify applicable federal and state laws and provide implementation guidance.	Laws and guidelines: • https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_a_hospitals.pdf • https://rules.utah.gov/publicat/code/r432/r432-100.htm • R432-100-28. Substance Abuse Rehabilitation Services Reference material: • https://www.dhss.delaware.gov/dhss/dph/hsp/files/visconlevelsofcare.pdf
Substance use screening	Organization utilizes and implements a standardized SUD screening tool for all patients.	SBIRT and short screen resources: • https://www.drugabuse.gov/nmassist/quick-result • https://www.samhsa.gov/sbirt • https://store.samhsa.gov/product/TAP-33-Systems-Level-Implementation-of-Screening-Brief-Intervention-and-Referral-to-Treatment-SBIRT/SMA13-4741 • https://ucoop.utah.gov/wp-content/uploads/Appendix-7.-Opioid-Risk-Tool.pdf Utah law for provider education: • https://www.lawserver.com/law/state/utah/ut-code/utah_code_58-37-6-5 Links to continuing education: • https://cme.utahmed.org/ • https://substanceei.com/topics/sbirt/ Reference material: • https://ascpjournal.biomedcentral.com/articles/10.1186/s13722-018-0117-1 • https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6817947/ • https://pubmed.ncbi.nlm.nih.gov/30318376/ • https://pubmed.ncbi.nlm.nih.gov/26369588/ • https://pubmed.ncbi.nlm.nih.gov/32234267/ • https://www.macep.org/Files/MHAGuidelinesED-OpioidManagementREVISED.pdf • https://www.dhss.delaware.gov/dhss/dph/hsp/files/visconlevelsofcare.pdf
Education	Organization educates all patients who are prescribed opioids on safe usage, storage and disposal. Policies exist that outline the required elements of this education.	Utah law: • https://le.utah.gov/xcode/Title58/Chapter37/58-37-S6.html Educational tools: • https://www.cdc.gov/drugoverdose/pdf/aha-patient-opioid-factsheet-a.pdf • https://www.end-opioid-epidemic.org/storage-and-disposal/ (American Medical Association) • https://health.utah.gov/vipp/topics/prescription-drug-overdoses/prevention.html • www.utahtakeback.org/collection.php • https://www.fda.gov/drugs/safe-disposal-medicines/disposal-unused-medicines-what-you-should-know#MEDICINES

		Reference material: • https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6817947/ • https://pubmed.ncbi.nlm.nih.gov/30318376/ • https://pubmed.ncbi.nlm.nih.gov/29107318/ • https://pubmed.ncbi.nlm.nih.gov/32234267/ • https://www.macep.org/Files/MHAGuidelinesED-OpioidManagementREVISED.pdf • https://www.dhss.delaware.gov/dhss/dph/hsp/files/visconlevelsofcare.pdf
Prescribing guidelines and use of opioid alternatives	The organization has developed and implemented clear protocols for opioid prescribing according to law and considered Utah and CDC recommendations for pain management	Prescribing laws and guidelines: • https://le.utah.gov/xcode/Title58/Chapter37/58-37-S6.html • https://www.opidemic.org/wp-content/uploads/2019/08/Controlled-Substances-Laws-and-Rules.pdf • http://www.health.utah.gov/vipp/pdf/RxDrugs/UtahClinicalGuidelinesOnPrescribing.pdf • https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm#recommendations • https://www.cdc.gov/drugoverdose/pdf/Guidelines_At-A-Glance-a.pdf Reference material: • https://pubmed.ncbi.nlm.nih.gov/32234267/ • https://pubmed.ncbi.nlm.nih.gov/31040501/ • https://pubmed.ncbi.nlm.nih.gov/30318376/ • https://pubmed.ncbi.nlm.nih.gov/29103410/ • https://pubmed.ncbi.nlm.nih.gov/31718956/ • https://pubmed.ncbi.nlm.nih.gov/28544288/ • https://pubmed.ncbi.nlm.nih.gov/26369588/ • https://www.macep.org/Files/MHAGuidelinesED-OpioidManagementREVISED.pdf
Naloxone protocols	Organization has developed and implemented a clear protocol for dispensing naloxone to patients at risk.	Utah laws and resources: • https://le.utah.gov/xcode/Title26/Chapter55/C26-55_2016051020160510.pdf • https://rules.utah.gov/publicat/code/r156/r156-17b.htm • https://health.utah.gov/vipp/topics/prescription-drug-overdoses/ American College of Emergency Physicians (ACEP) policy statements: • https://www.acep.org/globalassets/new-pdfs/policy-statements/naloxone-access-and-utilization-for-suspected-opioid-overdoses.pdf • https://www.acep.org/globalassets/new-pdfs/policy-statements/naloxone-prescriptions-by-emergency-physicians.pdf Reference material: • https://healthinsight.org/tools-and-resources/send/479-naloxone/2011-sample-prescription • https://bit.ly/2RC0U6i (sample policy) • https://naloxone.utah.gov/media • https://prescribetoprevent.org/prescribers/emergency-medicine/ • https://www.hhs.gov/surgeongeneral/priorities/opioids-and-addiction/naloxone-advisory/index.html • https://pubmed.ncbi.nlm.nih.gov/30770141/

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Peer support	Organizations have a list of resources for peer-to-peer support and a referral process.	How to access Utah's peer support network: • http://www.myusara.com/ • https://dsamh.utah.gov/education/certification/peer-support • https://211utah.org/ Utah peer support law: • https://rules.utah.gov/publicat/code/r523/r523-005.htm Reference material: • https://store.samhsa.gov/product/What-Are-Peer-Recovery-Support-Services-/SMA09-4454 • https://pubmed.ncbi.nlm.nih.gov/31326776/ • https://www.dhss.delaware.gov/dhss/dph/hsp/files/visconlevelsofcare.pdf
Referral to community treatment provider(s)	Organization has developed and maintains a list of community OUD providers. Discharge policies outline the referral process.	Links to find treatment providers: • https://findtreatment.samhsa.gov/ • https://211utah.org/index.php/mental-health • https://dsamh.utah.gov/services/adult-mental-health/substance-use-disorders Reference material: • https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6817947/ • https://pubmed.ncbi.nlm.nih.gov/30318376/ • https://pubmed.ncbi.nlm.nih.gov/31326776/ • https://pubmed.ncbi.nlm.nih.gov/32234267/ • https://www.macep.org/Files/MHAGuidelinesED-OpioidManagementREVISED.pdf • https://www.dhss.delaware.gov/dhss/dph/hsp/files/visconlevelsofcare.pdf • https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/patient-family-engagement/pfeprimarycare/warm-handoff-guide-for-clinicians.pdf
Overdose reporting	Organization has developed policies and procedures for overdose reporting.	Utah injury reporting law: • https://rules.utah.gov/publicat/code/r386/r386-703.htm Reference material: • https://www.dhss.delaware.gov/dhss/dph/hsp/files/visconlevelsofcare.pdf
Performs laboratory drug screening	Organization has developed policies outlining the requirement for screening all patients	Reference material: • https://www.asam.org/docs/default-source/quality-science/appropriate_use_of_drug_testing_in_clinical-1-(7).pdf?sfvrsn=2 • https://pubmed.ncbi.nlm.nih.gov/30318376/

	who overdose including screening for fentanyl.	• https://www.dhss.delaware.gov/dhss/dph/hsp/files/visconlevelsofcare.pdf
Syringe exchange	Organization has developed policies for clean needle exchange referral or program access	Utah Department of Health resources: • http://health.utah.gov/epi/prevention/syringeexchange/UTSEP_Handbook.pdf • http://health.utah.gov/epi/prevention/ • https://sites.google.com/a/utah.gov/user-network/home Utah Syringe Exchange Administrative Rule 386-900 • https://le.utah.gov/xcode/Title26/Chapter7/26-7-S8.html • https://rules.utah.gov/publicat/code/r386/r386-900.htm Reference material: • https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6817947/ • https://pubmed.ncbi.nlm.nih.gov/30318376/
Controlled substance database	Organization has policies that define the requirements for reporting to the Utah Controlled Substance Database and can demonstrate that providers or their designees have obtained access.	Utah-specific reference material: • https://dopl.utah.gov/csd/index.html • https://www.opidemic.org/wp-content/uploads/2019/08/Controlled-Substances-Laws-and-Rules.pdf Utah laws and Administrative Rule: • https://le.utah.gov/xcode/Title58/Chapter37F/58-37f-S304.html • https://rules.utah.gov/publicat/code/r156/r156-37f.htm#T6 Reference material: • https://pubmed.ncbi.nlm.nih.gov/30318376/ • https://pubmed.ncbi.nlm.nih.gov/26369588/ • https://www.macep.org/Files/MHAGuidelinesED-OpioidManagementREVISED.pdf • https://pubmed.ncbi.nlm.nih.gov/32234267/
Buprenorphine initiation	Organization has developed policies and procedures for buprenorphine initiation.	Three-day rule: • https://www.deadiversion.usdoj.gov/21cfr/cfr/1306/1306_07.htm • https://www.samhsa.gov/medication-assisted-treatment/legislation-regulations-guidelines/special Reference material: • https://pubmed.ncbi.nlm.nih.gov/32234267/ (AAEM) • https://pubmed.ncbi.nlm.nih.gov/30318376/ (ACEP) • https://pubmed.ncbi.nlm.nih.gov/25919527/ (Randomized clinical trial) • https://pubmed.ncbi.nlm.nih.gov/32391893/ • https://pubmed.ncbi.nlm.nih.gov/32220414/ • https://pubmed.ncbi.nlm.nih.gov/31862684/ • https://pubmed.ncbi.nlm.nih.gov/32309637/ • https://pubmed.ncbi.nlm.nih.gov/31326776/ • https://www.dhss.delaware.gov/dhss/dph/hsp/files/visconlevelsofcare.pdf

Level 2

Component	Required Elements	References
Level 3 elements	Organization complies with all Level 3 elements.	See references in Level 3 table
Comprehensive standardized substance use assessment	Organization employs or contracts with providers capable of completing a comprehensive assessment of patients experiencing OUD or overdose.	National Institutes of Health (NIH) assessment tools: • https://www.drugabuse.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools Reference material: • https://pubmed.ncbi.nlm.nih.gov/30318376/ • https://www.dhss.delaware.gov/dhss/dph/hsp/files/visconlevelsofcare.pdf
Maintains capacity for evaluation and treatment	Organization employs, credentials or contracts with providers licensed and qualified to provide in-depth evaluation to patients with OUD and treatment of the disorder.	• https://www.dhss.delaware.gov/dhss/dph/hsp/files/visconlevelsofcare.pdf

Level 1

Component	Required Elements	References
Level 2 & 3 elements	Organization complies with all level 2 & 3 elements.	
Maintains a comprehensive treatment center	Organization has implemented processes for initiating, stabilizing, and re-stabilizing patients on medication assisted treatment.	• https://www.dhss.delaware.gov/dhss/dph/hsp/files/visconlevelsofcare.pdf
Transition to/from community care	Organization either has or has an arrangement with outpatient organizations capable of providing ongoing care for patients experiencing OUD post-discharge.	• https://www.dhss.delaware.gov/dhss/dph/hsp/files/visconlevelsofcare.pdf
Evaluates and manages MOUD	Organization employs, credentials or contracts with waivered providers capable of inpatient or outpatient medication management (i.e. buprenorphine).	• https://www.dhss.delaware.gov/dhss/dph/hsp/files/visconlevelsofcare.pdf

References

Agency for Healthcare Research and Quality (AHRQ). (n.d.). Warm Handoffs: A Guide for Clinicians. https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/patient-family-engagement/pfeprimarycare/warm-handoff-guide-for-clinicians.pdf

American College of Emergency Physicians. (2015, October). Policy Statement: Naloxone Prescriptions be Emergency Physicians. https://www.acep.org/globalassets/new-pdfs/policy-statements/naloxone-prescriptions-by-emergency-physicians.pdf

American College of Emergency Physicians. (2016, June). Policy Statement: Naloxone access and utilization for suspected opioid overdoses. https://www.acep.org/globalassets/new-pdfs/policy-statements/naloxone-access-and-utilization-for-suspected-opioid-overdoses.pdf

American Society of Addiction Medicine (ASAM). (2017, April 5). Consensus Statement: Appropriate Use of Drug Testing in Clinical Addiction Medicine. https://www.asam.org/docs/default-source/quality-science/appropriate_use_of_drug_testing_in_clinical-1-(7).pdf?sfvrsn=2

American Society of Addiction Medicine. (2020). ASAM Criteria. https://www.asam.org/asam-criteria/about

American Society of Addiction Medicine. (2020). ASAM CONTINUUM. https://www.asam.org/asam-criteria/software

American Medical Association. (2020). Encourage safe storage & disposal of all Rx medications. End the epidemic. https://www.end-opioid-epidemic.org/storage-and-disposal/

Ashford, R. D., Brown, A. M., McDaniel, J., Neasbitt, J., Sobora, C., Riley, R., Weinstein, L., Laxton, A., Kunzelman, J., Kampman, K., & Curtis, B. (2019). Responding to the opioid and overdose crisis with innovative services: The recovery community center office-based opioid treatment (RCC-OBOT) model. Addictive behaviors, 98, 106031. https://doi.org/10.1016/j.addbeh.2019.106031

Bogan, C., Jennings, L., Haynes, L., Barth, K., Moreland, A., Oros, M., Goldsby, S., Lane, S., Funcell, C., & Brady, K. (2020). Implementation of emergency department-initiated buprenorphine for opioid use disorder in a rural southern state. Journal of substance abuse treatment, 112S, 7378. https://doi.org/10.1016/j.jsat.2020.02.007

Centers for Medicare and Medicaid Services. (2020, February 21). State Operations Manual: Appendix A – survey protocol, regulations and interpretive guidelines for hospitals. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_a_hospitals.pdf

Centers for Disease Control and Prevention. (2016, May 9). Prescription opioids: What you need to know. https://www.cdc.gov/drugoverdose/pdf/aha-patient-opioid-factsheet-a.pdf

Centers for Disease Control and Prevention. (n.d.). CDC guidelines for prescribing opioids for chronic pain. https://www.cdc.gov/drugoverdose/pdf/Guidelines_At-A-Glance-a.pdf

Comagine Health. (n.d.). Counseling patients on the need for naloxone. https://healthinsight.org/tools-and-resources/send/479-naloxone/2011-sample-prescription

Comagine Health. (2017, April 26). Sample policies and procedures. https://bit.ly/2RC0U6i

Devries, J., Rafie, S., Ajayi, T. A., Kreshak, A., & Edmonds, K. P. (2019). Results of a Naloxone Screening Quality-Improvement Project in an Academic Emergency Department. The Journal of emergency medicine, 56(4), 378–385. https://doi.org/10.1016/j.jemermed.2018.12.029

D'Onofrio, G., O'Connor, P. G., Pantalon, M. V., Chawarski, M. C., Busch, S. H., Owens, P. H., Bernstein, S. L., & Fiellin, D. A. (2015). Emergency department-initiated buprenorphine/naloxone treatment for opioid dependence: a randomized clinical trial. JAMA, 313(16), 1636–1644. https://doi.org/10.1001/jama.2015.3474

Dowell D., Haegerich T.M., & Chou R. (2016, March 18). CDC Guideline for Prescribing Opioids for Chronic Pain — United States. MMWR Recommendations and Reports. 65(No. RR-1):1–49. DOI: http://dx.doi.org/10.15585/mmwr.rr6501e1

Fan, A. Y., Miller, D. W., Bolash, B., Bauer, M., McDonald, J., Faggert, S., He, H., Li, Y. M., Matecki, A., Camardella, L., Koppelman, M. H., Stone, J., Meade, L., & Pang, J. (2017). Acupuncture's Role in Solving the Opioid Epidemic: Evidence, Cost-Effectiveness, and Care Availability for Acupuncture as a Primary, Non-Pharmacologic Method for Pain Relief and Management-White Paper 2017. Journal of integrative medicine, 15(6), 411–425. https://doi.org/10.1016/S2095-4964(17)60378-9

Guerrero, E., Ober, A. J., Howard, D. L., Khachikian, T., Kong, Y., van Deen, W. K., Valdez, A., Trotzky-Sirr, R., & Menchine, M. (2020). Organizational factors associated with practitioners' support for treatment of opioid use disorder in the emergency department. Addictive behaviors, 102, 106197. https://doi.org/10.1016/j.addbeh.2019.106197

Hawk, K., & D'Onofrio, G. (2018). Emergency department screening and interventions for substance use disorders. *Addiction science & clinical practice*, *13*(1), 18. https://doi.org/10.1186/s13722-018-0117-1

Hawk, K. F., D'Onofrio, G., Chawarski, M. C., O'Connor, P. G., Cowan, E., Lyons, M. S., Richardson, L., Rothman, R. E., Whiteside, L. K., Owens, P. H., Martel, S. H., Coupet, E., Jr, Pantalon, M., Curry, L., Fiellin, D. A., & Edelman, E. J. (2020). Barriers and Facilitators to Clinician Readiness to Provide Emergency Department-Initiated Buprenorphine. JAMA network open, 3(5), e204561. https://doi.org/10.1001/jamanetworkopen.2020.4561

LaPietra, A. M., & Motov, S. (2019). A Country in Crisis: Opioid Sparing Solutions for Acute Pain Management. Missouri medicine, 116(2), 140–145.

LawServer. (2020). Utah Code 58-37-6.5. Continuing education for controlled substance prescribers. https://www.lawserver.com/law/state/utah/ut-code/utah_code_58-37-6-5

Massachusetts Hospital Association. (2015). MHA Guidelines for Emergency Department Opioid Management. Retrieved from https://www.macep.org//Files/MHAGuidelinesED-OpioidManagementREVISED.pdf.

Melnick, E. R., Nath, B., Ahmed, O. M., Brandt, C., Chartash, D., Dziura, J. D., Hess, E. P., Holland, W. C., Hoppe, J. A., Jeffery, M. M., Katsovich, L., Li, F., Lu, C. C., Maciejewski, K., Maleska, M., Mao, J. A., Martel, S., Michael, S., Paek, H., Patel, M. D., … D'Onofrio, G. (2020). Progress Report on EMBED: A Pragmatic Trial of User-Centered Clinical Decision Support to Implement Emergency Department-

Initiated Buprenorphine for Opioid Use Disorder. Journal of psychiatry and brain science, 5, e200003. https://doi.org/10.20900/jpbs.20200003

Mullennix, S. C., Iseler, J., Kwiatkowski, G. M., McCann-Spry, L., Skinner, J., Kuhl, N., VanDePol, E. K., & Poland, C. A. (2020). A Clinical Nurse Specialist-Led Emergency Department Naloxone Distribution Program. Clinical nurse specialist CNS, 34(3), 116–123. https://doi.org/10.1097/NUR.0000000000000515

National Institute on Drug Abuse. (2018, June 22). Screening and assessment tools chart. https://www.drugabuse.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools

NIDA Drug Screening Tool: NIDA-Modified ASSIST (NMASSIST). (n.d.). https://www.drugabuse.gov/nmassist/quick-result

Office of the Surgeon General. (2018, April 5). U.S. Surgeon General's Advisory on Naloxone and Opioid Overdose. https://www.hhs.gov/surgeongeneral/priorities/opioids-and-addiction/naloxone-advisory/index.html

Opiate Overdose Response Act. (2016, May 10). Utah Code. https://le.utah.gov/xcode/Title26/Chapter55/C26-55_2016051020160510.pdf

Prescribe to Prevent. (2015). Emergency Medicine. https://prescribetoprevent.org/prescribers/emergency-medicine/

Rhode Island Department of Health. (2017). Levels of Care for Rhode Island Emergency Departments and Hospitals for Treating Overdose and Opioid Use Disorder. Retrieved from https://www.dhss.delaware.gov/dhss/dph/hsp/files/visconlevelsofcare.pdf.

Samuels, E. A., D'Onofrio, G., Huntley, K., Levin, S., Schuur, J. D., Bart, G., Hawk, K., Tai, B., Campbell, C. I., & Venkatesh, A. K. (2019). A Quality Framework for Emergency Department Treatment of Opioid Use Disorder. Annals of emergency medicine, 73(3), 237–247. https://doi.org/10.1016/j.annemergmed.2018.08.439

Skaer, T. L., & Nwude, A. C. (2016). Opioid Prescribing Laws and Emergency Department Guidelines for Chronic Non-Cancer Pain in Washington State. Pain practice: the official journal of World Institute of Pain, 16(5), 642–647. https://doi.org/10.1111/papr.12359

Smalley, C. M., Willner, M. A., Muir, M. R., Meldon, S. W., Borden, B. L., Delgado, F. J., & Fertel, B. S. (2019). Electronic medical record-based interventions to encourage opioid prescribing best practices in the emergency department. The American journal of emergency medicine, S0735-6757(19)30649-7. Advance online publication. https://doi.org/10.1016/j.ajem.2019.158500

Strayer, R. J., Hawk, K., Hayes, B. D., Herring, A. A., Ketcham, E., LaPietra, A. M., Lynch, J. J., Motov, S., Repanshek, Z., Weiner, S. G., & Nelson, L. S. (2020). Management of Opioid Use Disorder in the Emergency Department: A White Paper Prepared for the American Academy of Emergency Medicine. The Journal of emergency medicine, 58(3), 522–546. https://doi.org/10.1016/j.jemermed.2019.12.034

Substance Abuse and Mental Health Services Administration. (n.d.a). TAP 33: Systems-level implementation of screening, brief intervention, and referral to treatment (SBIRT). Publications and digital products.

https://store.samhsa.gov/product/TAP-33-Systems-Level-Implementation-of-Screening-Brief-Intervention-and-Referral-to-Treatment-SBIRT/SMA13-4741

Substance Abuse and Mental Health Services Administration. (n.d.b). Behavioral health treatment services locator. https://findtreatment.samhsa.gov/

Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. (2009). What are peer recovery support services? HHS publication no. (SMA) 09-4454. Rockville, MD. https://store.samhsa.gov/product/What-Are-Peer-Recovery-Support-Services-/SMA09-4454

Substance Abuse and Mental Health Services Administration. (n.d.). Special circumstances for providing buprenorphine. https://www.samhsa.gov/medication-assisted-treatment/legislation-regulations-guidelines/special

Substance Abuse and Mental Health Services Administration (SAMHSA). (2017, September 15). Screening, Brief Intervention, and Referral to Treatment (SBIRT). https://www.samhsa.gov/sbirt

Substance Education Institute. (2019). SBIRT: Screening, brief intervention, and referral to treatment. https://substanceei.com/topics/sbirt/

Sun, B. C., Lupulescu-Mann, N., Charlesworth, C. J., Kim, H., Hartung, D. M., Deyo, R. A., & John McConnell, K. (2017). Impact of Hospital "Best Practice" Mandates on Prescription Opioid Dispensing After an Emergency Department Visit. Academic emergency medicine: official journal of the Society for Academic Emergency Medicine, 24(8), 905–913. https://doi.org/10.1111/acem.13230

U.S. Department of Justice. (n.d.). Title 21 code of federal regulations. Diversion Control Division. https://www.deadiversion.usdoj.gov/21cfr/cfr/1306/1306_07.htm

U.S. Food and Drug Administration. (2017, September 20). FDA drug safety communication: FDA warns about serious risks and death when combining opioid pain or cough medicines with benzodiazepines; requires its strongest warning. https://www.fda.gov/drugs/drug-safety-and-availability/fda-drug-safety-communication-fda-warns-about-serious-risks-and-death-when-combining-opioid-pain-or

U.S. Food and Drug Administration. (n.d.). Disposal of unused medicines: What you should know. https://www.fda.gov/drugs/safe-disposal-medicines/disposal-unused-medicines-what-you-should-know#MEDICINES

Utah Administrative Code. (2017, August 23). Injury reporting rule. https://rules.utah.gov/publicat/code/r386/r386-703.htm

Utah Administrative Code. (2017, October 17). General hospital standards. https://rules.utah.gov/publicat/code/r432/r432-100.htm

Utah Administrative Code. (2019, January 29). Peer support specialist training and certification. https://rules.utah.gov/publicat/code/r523/r523-005.htm

Utah Administrative Code. (2019, May 14). Opiate prescription consultation. https://le.utah.gov/xcode/Title58/Chapter37/58-37-S19.html

Utah Administrative Code. (2019, May 15). Special measures for the operation of syringe exchange programs. https://rules.utah.gov/publicat/code/r386/r386-900.htm

Utah Administrative Code. (2019, November 25). Pharmacy practice act rule. https://rules.utah.gov/publicat/code/r156/r156-17b.htm

Utah Administrative Code. (2019, December 9). Controlled substance database act rule. https://rules.utah.gov/publicat/code/r156/r156-37f.htm#T6

Utah Coalition for Opioid Overdose Prevention. (n.d.). Opioid risk tool. https://ucoop.utah.gov/wp-content/uploads/Appendix-7.-Opioid-Risk-Tool.pdf

Utah Department of Commerce Division of Occupational and Professional Licensing. (2020). Controlled substance database. https://dopl.utah.gov/csd/index.html

Utah Department of Health. (2017, November). Utah syringe exchange program handbook. http://health.utah.gov/epi/prevention/syringeexchange/UTSEP_Handbook.pdf

Utah Department of Health Bureau of Epidemiology. (2019, October 15). Disease prevention: Syringe exchange. http://health.utah.gov/epi/prevention/

Utah Department of Health & Utah Medical Association. (2018). Utah clinical guidelines on prescribing opioids for treatment of pain. http://www.health.utah.gov/vipp/pdf/RxDrugs/UtahClinicalGuidelinesOnPrescribing.pdf

Utah Department of Human Services Department of Substance Abuse and Mental Health. (n.d.a). Certified peer support specialist. https://dsamh.utah.gov/education/certification/peer-support

Utah Department of Human Services Department of Substance Abuse and Mental Health. (n.d.b). Substance Use Disorders. https://dsamh.utah.gov/services/adult-mental-health/substance-use-disorders

Utah.gov. (n.d.). Naloxone: media. https://naloxone.utah.gov/media

Utah Medical Association. (2020). UMA Foundation. https://cme.utahmed.org/

Utah State Legislature. (effective 2017, May 9). Opiate overdose response act: Prescribing dispensing and administrating an opiate antagonist—Immunity from liability. https://le.utah.gov/xcode/Title26/Chapter55/26-55-S104.html

Utah State Legislature. (effective 2017, May 9). Opiate overdose response act: Overdose outreach providers.

Utah State Legislature. (effective 2018, May 8). Utah health code: health promotion and risk reduction-syringe exchange and education. https://le.utah.gov/xcode/Title26/Chapter7/26-7-S8.html

Utah State Legislature. (effective 2020, May 12). Utah controlled substances act: License to manufacture, produce, distribute, dispense, administer, or conduct research—issuance by division—denial, suspension, or revocation—records required—prescriptions. https://le.utah.gov/xcode/Title58/Chapter37/58-37-S6.html

Utah State Legislature. (effective 2020, May 12). Controlled substance database act: access and utilization-database utilization. https://le.utah.gov/xcode/Title58/Chapter37F/58-37f-S304.html?v=C58-37f-S304_2018050820180508

Utah Support Advocates for Recovery Awareness. (2018). http://www.myusara.com/

Utah Syringe Exchange Network. (n.d.). Home. https://sites.google.com/a/utah.gov/user-network/home

Utah Take Back. (2017). Collection sites. www.utahtakeback.org/collection.php

Utah 211 & United Ways of Utah. (2020). https://211utah.org/

Violence and Injury Prevention Program. (2014a). Opioid drug overdoses. Opioid overdoses. https://health.utah.gov/vipp/topics/prescription-drug-overdoses/prevention.html

Violence and Injury Prevention Program. (2014b). Opioid overdoses. https://health.utah.gov/vipp/topics/prescription-drug-overdoses/

Violence and Injury Prevention Program. (n.d.). Summary of Most Recent Utah Controlled Substances Laws and Rules. https://www.opidemic.org/wp-content/uploads/2019/08/Controlled-Substances-Laws-and-Rules.pdf

Waszak, D. L., Mitchell, A. M., Ren, D., & Fennimore, L. A. (2018). A Quality Improvement Project to Improve Education Provided by Nurses to ED Patients Prescribed Opioid Analgesics at Discharge. Journal of emergency nursing, 44(4), 336–344. https://doi.org/10.1016/j.jen.2017.09.010