

## **FRAMINGHAM STATE UNIVERSITY NONPROFIT GIVING PROPOSAL**

### **1. ORGANIZATION AND ITS RELATIONSHIP TO THE COMMUNITY**

#### **A. Organization Description**

End Mass Overdose, Inc. is a 501(c)3 nonprofit that implements pharmacy-based strategies and solutions to improve access to care, optimize patient outcomes, and modernize the way substance abuse and addiction are approached in Massachusetts.

#### **B. Summary of the Organization's Qualifications and Experience**

- Established the first integrated model of Medication Therapy Management (MTM) for substance use disorder in Massachusetts
- Developed Opioid Rescue <sup>SM</sup> the first traveling pharmacy in Massachusetts. This model allows pharmacists to remotely dispense naloxone offsite to increase community access to the antidote
- Established the Addiction Medicine Practicum for Advanced Pharmacy Practice: first clinical training for Doctor of Pharmacy students at Northeastern University and MCPHS University
- Created naloxone (Narcan) training and overdose prevention program approved by the Massachusetts Board of Registration in Pharmacy. Trained over 1,500 individuals
- Developed content for continuing education, workforce development, and training guides utilized across the country, including materials for the Iowa National Guard Counterdrug Unit

#### **C. Key Stakeholders**

- 1. Population served:** community members diagnosed with a substance use disorder or co-occurring addiction and mental health disorders. Our patients are diverse and have complex social issues, including history of homelessness, incarceration, sexual abuse, trauma, and physical violence. We work with all genders, races, ethnicities, religions, and sexual preferences, Unique characteristics of the community members we serve:
  - i. Age 18 and older
  - ii. Prescribed high risk medications
    - Medication-Assisted Treatment, including Suboxone, Methadone, Vivitrol
    - Prescribed infectious disease treatment, including Hepatitis C and HIV
  - iii. High overdose burden. Average number of overdoses per patient = 10

- iv. High medication burden and/or complex medication regimens. Average number of medications per client is 5. Range: 1 to 18 medications taken daily.
- v. Pregnant or single parents
- vi. Stipulated to care through drug court or Department of Corrections

**2. Organizations served:**

BSAS-licensed substance use disorder programs, with focus on residential rehabilitation programs.

Current number of beds served: 169

Potential number of beds: 2,236

As of September 1, 2016, the total number of operational BSAS-licensed beds increased to 2,405 beds. Please note: one bed is not equivalent to one person. One bed serves multiple community members. There were 600 discharges among 2,398 beds in a one-month period (2014 MA Dept. of Public Health). Therefore, we serve many more than 169 people per month.

**Table 3.1 Estimated Service Capacity of BSAS-licensed Adult 24-hour SUD Programs by Level of Care**

	Total Beds	Assumed Average Length of Stay	Average discharges per month
ATS	868	1 week	3472
CSS	297	2 weeks	594
TSS	331	1 month	331
Residential Rehabilitation	2398	3 months	600

*Source: Special BSAS Report: Licensed Programs as of November 11, 2014*

Furthermore, these community members are at a higher risk of relapse and overdose due to frequent transitions in addiction treatment and the lack of continuity of care. In the standard course of care, an individual will have four transitions within the first 3 months of treatment from detox (ATS) to crisis stabilization (CSS) to transitional support (TSS) to residential rehab.

**D. Establishing Relationships with Stakeholders**

Relationships established with key stakeholders through Qualitative Service Organization Agreements (QSOAs). These QSOA’s meet the standard policies and procedures of the MA Dept. of Public Health.

**2. ADDRESSING THE OPIOID CRISIS AND ADDICTION THROUGH COMMUNITY ENGAGEMENT**

End Mass Overdose's innovative partnerships and pharmacy-based services target gaps in care to foster community capacity development and integrative healthcare for addictive disorders and co-occurring mental illness. To balance the immediate and long-term needs of the community we have structured our services into 3 pillars that mirror the 3 stages of chemical dependency and overdose.

## **A. Prevention Services: Pre-Overdose**

End Mass Overdose prevention (pre-overdose) services utilize a knowledge-to-action cycle to identify gaps in knowledge, provide education, and then translate learning into practice. Substance abuse and chemical dependency training is critical for clinicians to provide adequate patient care and prevent unintentional opioid overdoses.

- I. Continuing Education and Workplace Development Programs:** Trained 1,000+ professionals in FY17, including Mass Housing Conference, Worcester County Elder Abuse Prevention/Central Mass Agency on Aging Conference, Cape Cod Outreach Continuing Pharmacy and Nursing Education Conference. Upcoming FY18 Spring programs (April 2018 to May 2018) include Women’s Recover Conference, DPH/BSAS Aging with Dignity Conference- Substance Abuse in Older Adults, Modern Assistance Programs Lecture Series on Alcohol and Drug Addiction, and the Massachusetts Nurses Association’s Understanding the Complexities of Impaired Practice in Health Professionals.
- II. Substance Abuse and Chemical Dependency Educational Guides and Training Manuals:** Commissioned to develop the content for educational materials, training guides, and manuals utilized by schools, organizations, professional associations, and employers, including the MA Department of Public Health, Massachusetts Pharmacists Association and Iowa National Guard Counterdrug Task Force
- III. Advanced Pharmacy Practice Addiction Medicine Practicum and Clinical Training Program:** End Mass Overdose established the first specialized training for Doctor of Pharmacy (PharmD) students at Northeastern University and MCPHS University in a substance abuse residential treatment setting. This training is accepted for pharmacist licensure in all 50 states and US territories. Our program is a targeted response to address the unmet needs of the complex, dual-diagnosis patients suffering from a chemical dependency in Massachusetts. The program modernized the PharmD curriculum and expanded the role and competency level of new pharmacists entering practice.

## **B. Intervention Services: During Overdose**

Intervention services focus on increasing access to naloxone and opioid overdose response training.

- I. Community Opioid Overdose Education and Narcan Training Sessions**
- II. Opioid Rescue <sup>SM</sup>** is a first-of-its-kind traveling pharmacy and education program designed to increase access to the opioid overdose antidote naloxone (Narcan) and remove barriers to care in the community. Opioid Rescue is authorized by the Massachusetts Board of Pharmacy to turn any public space, including community centers, schools, gyms, churches, and auditoriums, into a mobile pharmacy (pharmacy without walls), where pharmacists can legally dispense naloxone rescue kits and provide drug education.

### **C. Treatment Services: Post-Overdose**

End Mass Overdose treatment services address the challenges of treating substance abuse that inherently exist in a healthcare system siloed between medical, mental health, and social services. Furthermore, medications are increasingly becoming a central part of addiction care. Residential homes and rehabs often cite complex medication regimens as a reason to deny admittance because they do not have staff with adequate medication training. The SUDPP increases the level of care that a residential rehab facility provides.

#### **I. Substance Use Disorder Pharmacy Program (SUDPP)**

The SUDPP is an innovative model of medication therapy management that brings pharmacy services and residential rehab treatment under one roof. The SUDPP delivers coordinated care, reduces healthcare costs, and optimizes therapy outcomes to keep people in treatment. The following services are part of the SUDPP:

- Medication dispensed in specialty blister packaging to improve compliance and prevent diversion
- Prescription delivery directly to the residential facility. Allows patients to focus on recovery rather than spending hours at the pharmacy waiting for prescriptions to be filled
- Drug protocol, policy and procedure development and systems analysis
- Medication reconciliation: develop the most accurate medication list. Check each drug for correct dose, route, frequency, and directions at every transition in care to ensure that unnecessary medications are eliminated, and all medical conditions are being appropriately treated.
- Medication Therapy Management (MTM): continuous quality assurance program with medication review and evaluation to assess therapeutic appropriateness and safety. The pharmacist will check each medication for therapy duplication, drug-drug/ drug- disease / drug-food interactions, allergies, potential for misuse and abuse, side effects, convenience, adherence, time to onset
- Identification of medication-related issues: prioritize problem list, develop patient-specific action plan, intervene, and resolve
- Compliance monitoring and non-adherence root cause analysis of behavior

### **3. METHODS AND METRICS**

End Mass Overdose has developed methods and metrics with the Massachusetts Department of Public Health- Bureau of Substance Addiction Services and Boston Medical Center to analyze the impact of our work on the community. To assess the quality and effectiveness, surveys have been developed for Opioid Rescue (offsite Narcan dispensing and education) and the Substance Use Disorder Pharmacy Program. Additionally, data is being collected for the Medication Therapy Management component of the SUDPP in collaboration with the Centers for Disease Control to analyze the effectiveness of pharmacist-led (pharmacist as the medical home) models of addiction care.

#### **4. HOW THE GRANT IMPACTS THE ORGANIZATION'S WORK**

The Massachusetts Department of Public Health (DPH) and Bureau of Substance Addiction Services (BSAS) have identified the value of End Mass Overdose's SUDPP. DPH has targeted medication management as a tenant of coordinated care and issued a statement that BSAS-licensed facilities cannot use medication as a denial for entrance. BSAS is currently enacting changes to include the End Mass Overdose Medication Therapy Management (MTM) service a part of reimbursement, i.e. facilities that use our MTM program will receive more reimbursement per bed for an enhanced level of care. One major challenge to implementing our MTM program in facilities across the state is MTM is not a reimbursable service through Medicaid (Mass Health). Although each residential facility could receive more funds per bed, the facilities do not have the payroll to employ the 6-figure salary of a pharmacist (Per the US Bureau of Labor 2016 media pay \$122,230 per year, \$58.77 per hour). Authorization for Mass Health to reimburse pharmacists for MTM services will require legislative action from the Massachusetts legislature. It is well documented that MTM fosters collaboration between pharmacists and healthcare providers, allowing each to better identify and resolve medication-related problems, leading to better health outcomes and cost savings. However, legislation and reimbursement are barriers that prevent End Mass Overdose from implementing our program. Using the Framingham State University Nonprofit Giving grant, End Mass Overdose will utilize pharmacists as independent contractors to provide the MTM services to contracted BSAS-licensed residential facilities. Pharmacists will also serve as trainers to select and re-purpose residential staff at each facility to become medication specialists. These re-purposed staff can help provide MTM-like services in the interim until legislation authorizes Mass Health to reimburse for pharmacist-provided MTM services.

#### **5. PROGRAM BUDGET**

##### **A. Key Personnel**

\$8,462.88 is requested for key personnel. Contract pharmacists will be utilized to provide MTM services and serve as trainers to establish medication specialists at each facility. Per US Bureau of Labor Statistics, the 2016 pharmacist average hourly wage is \$58.77.  $\$58.77 \text{ per hour} \times 12 \text{ hours per month} \times 12 \text{ months} = \$8,462.88$

##### **B. Equipment**

\$500.00 is requested for equipment, including, but not limited to, electronic devices and tablets to execute our program

##### **C. Supplies**

\$1,037.12 is requested for supplies, including, but not limited to desk supplies, paper, printing/photocopying costs, organization supplies (binders, folders), research data collection (paper/electronic/survey) to execute MTM services.

**Total Annual Budget: \$10,000.00**