Cut and pasted from Michele Easter’s reply to request from Wanda Boone dated 8/16/2019

Hi,

Here are the Data Committee’s minutes for AUGUST 13 meeting, pasted below.

Attenders:

Stephanie Poley – Duke Clinical Research Institute

Helen Tripp – Durham Co. EMS Community Paramedics

Beth Steenberg – Durham Co. Criminal Justice Resource Center

Stephanie Eucker – Duke Emergency Department

Ryan Bell – Duke Psychiatry & Behavioral Sciences - HIV and Addictions Research Program

Michele Easter – Duke Psychiatry & Behavioral Sciences - Social and Community Psychiatry

Information-sharing:

Poley is working on building data resources to “tell the story” of Duke prescribing, overdose response, and other aspects of Duke healthcare related in some way to the opioid epidemic.  These resources provide a foundation for subsequent efforts to build interfaces and data queries that are tailored to specific projects under appropriate information-sharing agreements. (Also see below.)

Durham EMS Community Paramedics focuses on “familiar faces” (people seen 4 times in a 30-day period, or 8 times in a 6-month period) and is working toward creating a “warmer” handoff to services following overdose.

Recovery Response Center has peer navigators (who link to people at the ER just after an overdose) and peer bridgers (who follow people after they have left RRC’s facility). The peer navigators are working with Durham Health Dept., and Duke ER under a grant with Durham Joins Together members. (See below re expansion of this grant-funded work under a new funding source.)

CJRC provides assessment and healthcare to justice-involved people. Probation officers will refer people to TASC (Treatment Alternatives [Accountability] for Safer Communities), who then refer to CJRC for substance use disorder treatment or cognitive behavioral interventions.  The court also refers people to CJRC.

Transition: Michele is stepping down as co-chair (too many competing obligations, had to give up something) but wants to stay involved in some capacity

Project update re Duke data resources

·         Poley: Baseline data build is expected to be complete by end of Dec. 2019. This provides the basic data elements that can be used for future “production-level” data builds, such as interfaces, queries, reports (see above)

·          We will discuss “wish list” for Duke data linkage at 5-5:30 pm at next full DJT group (8/28). Important things to cover:

o   What data linkages would be of interest, and what specific purposes would they serve?

o   What level of data would be needed to achieve these purposes? (i.e., aggregate data, patient-level data, identified patient-level data)

o   Any data linkage would need to go through the Duke compliance officer, as this is a new, non-routine thing for Duke.

Project update re peers-in-ER and grant discussion

·         Current issue trying to solve: not enough referrals to the peers. It’s not that ER physicians are resistant; they are busy and have so many other things to focus on that it’s not “top of mind”

·         RRC is now trying a more proactive approach with communication

·         What else might help?  Some of these could be part of the FORE grant

o   To improve referral/uptake:

§  County paramedics call RRC so peers meet with people in the waiting room before entering ER. However, the peer can’t assess the person while they are high, so this contact shouldn’t take place when EMS first brings person to the ED.

§  There could also be communication with hospitalized people, where complicated cases end up.

§  Contact people while in jail?

§  More physician education, on top of what Stephanie Eucker does (weekly rounding to remind people)

§  Have a full time on-site person at Duke ED

·         Peer support specialist (but there are institutional hurdles as Duke will not currently employ PSS)

·         Social worker who can flag people and refer them to PSS

o   Assist people with housing and transportation

·         Note that Carlyle Johnson at Alliance recently received funding for related efforts

·         At the end of the meeting, these seemed like the most promising focus for a FORE grant

o   Beef up the PSS referral by working on a number of fronts simultaneously:

§  Partner with the social worker who will be hired by Duke/ Eucker in connection with the new multi-site buprenorphine study (PI Gail Donofrio at Yale, 30 sites, starting Jan. 2020). The SW would be flagging the same patients and could probably work with PSS referral too or even screening. This will help because in many cases the ED physicians who could refer just didn’t think of it; SW can solve this problem.

§  Partner with EMS Community Paramedics to follow up with opioid overdose cases that did not get to the ED at all (people whose overdose was reversed with Narcan and opted not to go to the ED – this is about 25% of cases).  They are not currently getting connected to PSS.

§  Work on Duke’s ability to hire PSS. Other hospitals have solved thisas part of their participation in similar initiatives through the NC Healthcare Association ([https://www.ncha.org/north-carolina-emergency-department-peer-support-pilot-project/](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ncha.org%2Fnorth-carolina-emergency-department-peer-support-pilot-project%2F&data=02%7C01%7C%7C0d981de088e842c7cb0808d7227967d8%7Cc16a00a3560947c0b2c272d8635e3423%7C0%7C0%7C637015777144290253&sdata=QwZYnFmuJgWKI4FbxQPwVKCLDp3VjFZ3OsyOseH%2BVy0%3D&reserved=0) )

§  Explore or pilot other referral strategies as noted above: jail, ER waiting room, inpatients

§  (Not discussed – would it be worth exploring coordination with any of these:  TASC, Formerly Incarcerated Transitions (clinic), Drug Court?)

o   Other considerations:  EMS may be changing its policy to now bring people experiencing overdose directly to the Recovery Response Center as the FIRST choice, rather than to ED. (Unless it’s clear the person needs an ED level of care.)on email