

# SPOTLIGHT: Pennsylvania's Warm Hand-Off



## Background

Pennsylvania has the fourth highest overdose death rate in the country, with more than 4,600 deaths in 2016. This is the equivalent of 13 drug overdose deaths every day—an increase from 10 deaths a day in 2015. Governor Tom Wolf's first response to this crisis was to get the opioid reversal medication naloxone in the hands of local and state police and first responders. The state Department of Health (DOH) also instituted a standing order to make naloxone available through a prescription written for the general public. With these policies in place, an increased number of patients started presenting to emergency departments (EDs) following an overdose. But unlike with other diseases, which have established processes to connect patients who receive emergency care with specialists for follow-up treatment, there were no such protocols in place for patients with a substance use disorder.

## How It Works

In January 2016, the Pennsylvania Department of Drug and Alcohol Programs (DDAP) started requiring Single County Authorities (SCAs), the county offices that oversee local substance use disorder (SUD) programs, to develop a "warm hand-off" plan for patients who survived a recent overdose. This requirement, a part of DDAP's 2015-2020 grant agreement with SCAs, aims to ensure that patients who require emergency medical care due to the use of drugs or alcohol are directly referred to treatment if medically appropriate.

DDAP defines a warm hand-off as a seamless transition for opioid overdose survivors from emergency medical care to specialty substance use disorder treatment that improves their prospects for recovery. The department's treatment manual does not specify a standardized protocol but requires the plan to include screening, assessment, treatment and tracking of individuals who receive emergency care for an overdose, as well as 24/7 direct referral from the ED to treatment.

Depending on the model each SCA chooses to implement, providers designated to offer the warm hand-offs can include:

- SCA case management staff or treatment staff
- Contracted providers, including case management units, treatment providers or crisis intervention staff
- Certified recovery specialists

"As we invest in and promote naloxone use around Pennsylvania, we must also be sure that patients treated for an overdose are properly screened for a substance use disorder and directed to treatment if necessary. Establishing a warm hand-off process allows emergency responders and drug and alcohol treatment providers to coordinate care that is vital to a patient's long-term health when they need it most."

— Jennifer Smith, Secretary, Pennsylvania Department of Drug and Alcohol Programs

- Local addiction treatment providers
- Social worker, detox personal or other hospital staff
- Recovery organization staff or volunteers
- Another approved alternative

To support SCAs' development of these processes, DDAP, DOH and the College of Emergency Physicians' Pennsylvania chapter released a recommended warm hand-off clinical pathway in February 2017. Modeled after protocols used for other disease states, the flowchart breaks the warm hand-off into single tasks to identify and move patients who have an SUD from the ED to treatment. It also provides guidance on addressing the patient's overdose, motivating them to seek treatment, and providing resources to patients who decline treatment.

SCAs can use federal block grant funds from the Substance Abuse and Mental Health Services Administration (SAMHSA) that are designated for case management services to pay for warm hand-off programs. They also received a significant allocation from the Opioid State Targeted Response (STR) grants created by the 21st Century Cures Act. Additionally, they have pursued collaborative payment models with local hospitals and payers.

**Focus on Innovation:** *Transitioning overdose survivors from the emergency department to treatment*

While patients' insurance coverage and payment for services were anticipated to be barriers to implementation, transportation from midnight to 8 AM was recently identified as the top challenge to developing warm hand-off plans. Some options that have been proposed to address the need for more transportation options included using Uber; contracting with EMS providers; establishing regular, volunteer driving schedules with recovery support and other grassroots organizations; contracting with independent-living communities to use their shuttle services in the evening and nighttime hours; and purchasing vehicles that remain at the hospital for use by certified recovery specialists.

## How it is Innovative

When a person has a heart attack, the first step is to rush him or her into the nearest ED and rapidly provide lifesaving treatment. But the second step, ensuring these patients receive the care they need for their underlying heart condition after discharge—through referral to a cardiologist, is just as important. It is this aspect of medical care that is often missing for people who survive an overdose and receive emergency services. Recognizing this second step as essential, the state of Pennsylvania's policy requires all county offices that provide drug and alcohol programs to establish protocols for seamless transitions—"warm hand-offs"—for patients leaving the ED and entering substance use disorder treatment in their communities. The goal is to increase the number of Pennsylvanians who are in recovery.

## Demonstrating Success

Armstrong, Indiana and Clarion counties in Western Pennsylvania implemented a warm hand-off program, called ARMOT for Addiction Recovery Mobile Outreach Team, in May 2015. The program received 789 referrals involving 685 people through April 30, 2018.

**Total Patient Referrals:** 789

**Admitted After An Overdose:** 95 (12 percent)\*

**Screened:** 511 (65 percent)

**Assessed:** 376 (48 percent)

**Discharged Prior to ARMOT Meeting:** 109 (14 percent)

**Entered Treatment After Assessment:** 275 (73 percent)

**Completed Treatment:** 163 (59 percent)

**Discharged Prior to ARMOT Meeting:** 109 (14 percent)

**Refused Treatment:** 69 (9 percent)

Case managers continue to follow patients throughout their entire continuum of care.

\*Though the program's target population is patients who have survived an overdose, ARMOT's referrals come from people receiving care throughout the hospital who are found to be in active withdrawal. The top two substances among those referred are opioids and alcohol. Its outcomes are summarized below.

## Stakeholders & Partners

In March and April 2018, the DDAP and DOH held six regional summits to bring together people working in the public and private sectors to assess progress, address challenges and develop local action plans to further the development of local warm hand-off plans. Those in attendance included: state government, county government, county and regional services, private insurers, the Hospital and Healthsystem Association of Pennsylvania, behavioral health facilities, and the hospital and provider community. The state plans to hold another series of summits at the same time next year. The state conveners found the SCAs that had strong relationships with local ED providers rapidly implemented these plans and are reporting early results on their effectiveness. Other SCAs that first had to establish the local relationships necessary to develop their plans are still working on implementation.

## The Future of Warm Hand-Offs

On Jan. 10, 2018, Governor Wolf declared that the heroin and opioid epidemic was a statewide disaster emergency, renewing this declaration after 90 days. His goal is to further coordinate health and public safety agencies to increase access to treatment and save more lives. State health experts say that the focus of the warm hand-off program, to ensure people are not left without help, permeates all of Pennsylvania's efforts to address the opioid crisis. The state is continuing its work to ensure that warm hand-off plans are implemented, with the next step to develop tool kits based on findings from the recent summits to support regions that are having difficulty complying with the program's requirements.

## Resources & References

Pennsylvania DDAP's Warm Hand-Off website: <http://www.ddap.pa.gov/Pages/Warm-Hand-Off.aspx>

Warm Hand-Off Flow Chart: <http://www.ddap.pa.gov/SiteAssets/Pages/Warm-Hand-Off/WarmHandoff%20Schematic.pdf>