



Identifying and Closing Gaps in Care for Mainers with Opioid Use Disorder (OUD)

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Lives Saved in Maine 2024 A Powerful Impact on Future Generations



Average Life Expectancy:
79 years of age

Average Age of Overdose
Death: 41 years of age

Difference in Years:
38 years

Together, we've added 4,408 years of life to the future of Maine.

Call to Action:
"Every life matters. Together, we can continue to make a difference."



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Brief update on 1000 Lives Campaign

- Almost every significant healthcare organization and provider professional association in Maine has now signed onto the Campaign, including the Maine Hospital Association
- Recently awarded 2 years of funding from opioid settlement dollars by the Maine Attorney General for the role of a full-time project manager
- Recently completed first in nation survey of opioid use disorder (OUD) care of all the emergency departments and hospitals in Maine



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2024 Survey of Opioid Use Disorder Care in Maine Hospitals and Emergency Departments (ED)

- 1000 Lives Campaign survey supported by the Maine Hospital Association, administered by the Maine Medical Association Center for Quality Improvement
- Sent out in October 2024 to hospitals and CEO's all responses came in by December 2024
- 5 questions about OUD care in their ED- is your ED doing 5 specific things identified by the Campaign to help reduce the risk of death from OUD for patients who come to you for help
- 5 questions about OUD care for inpatients in their hospital - is your hospital inpatient treatment team doing 5 specific things identified by the campaign to reduce the risk of death from OUD




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We had **100%**
Participation
with the Survey

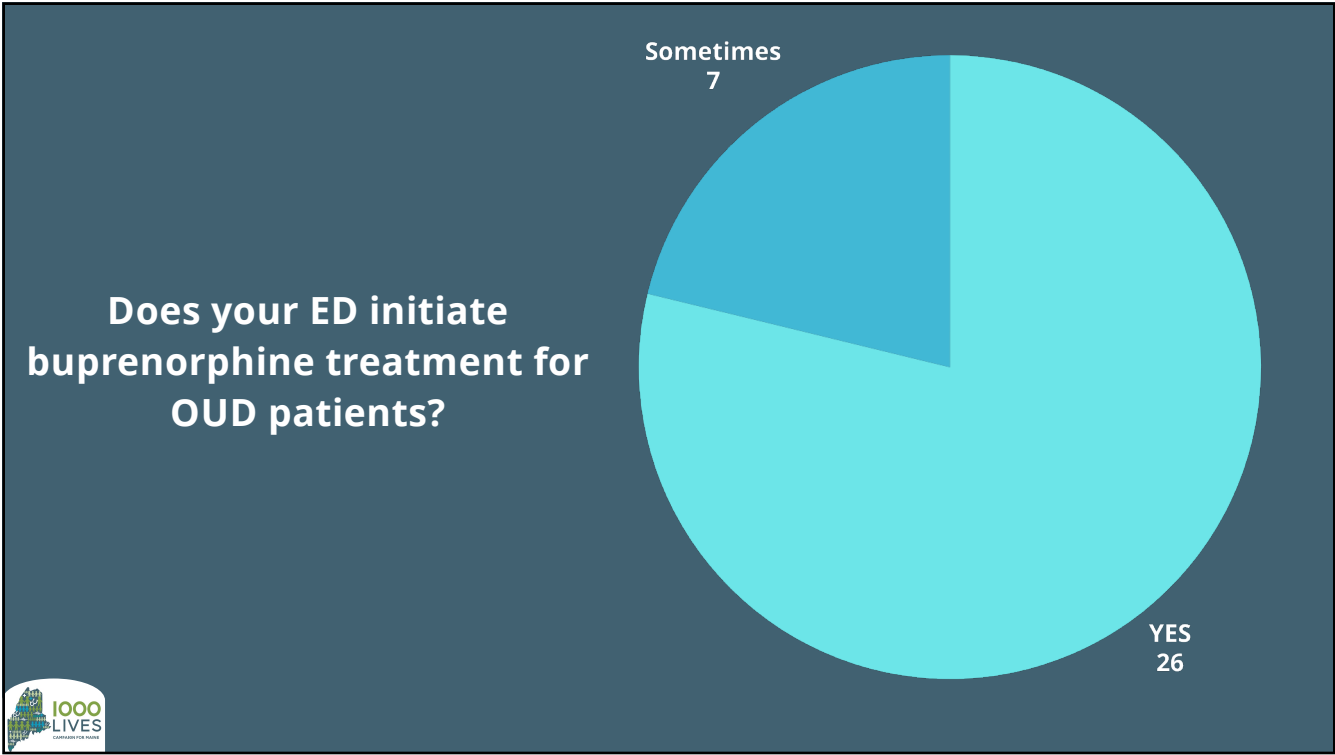
The logo for the 1000 LIVES Campaign for Maine. It features a stylized map of Maine composed of small human figures in various colors (green, blue, yellow). To the right of the map, the text "1000 LIVES" is written in a bold, sans-serif font, with "1000" in green and "LIVES" in blue. Below this, "CAMPAIGN FOR MAINE" is written in a smaller, all-caps font.

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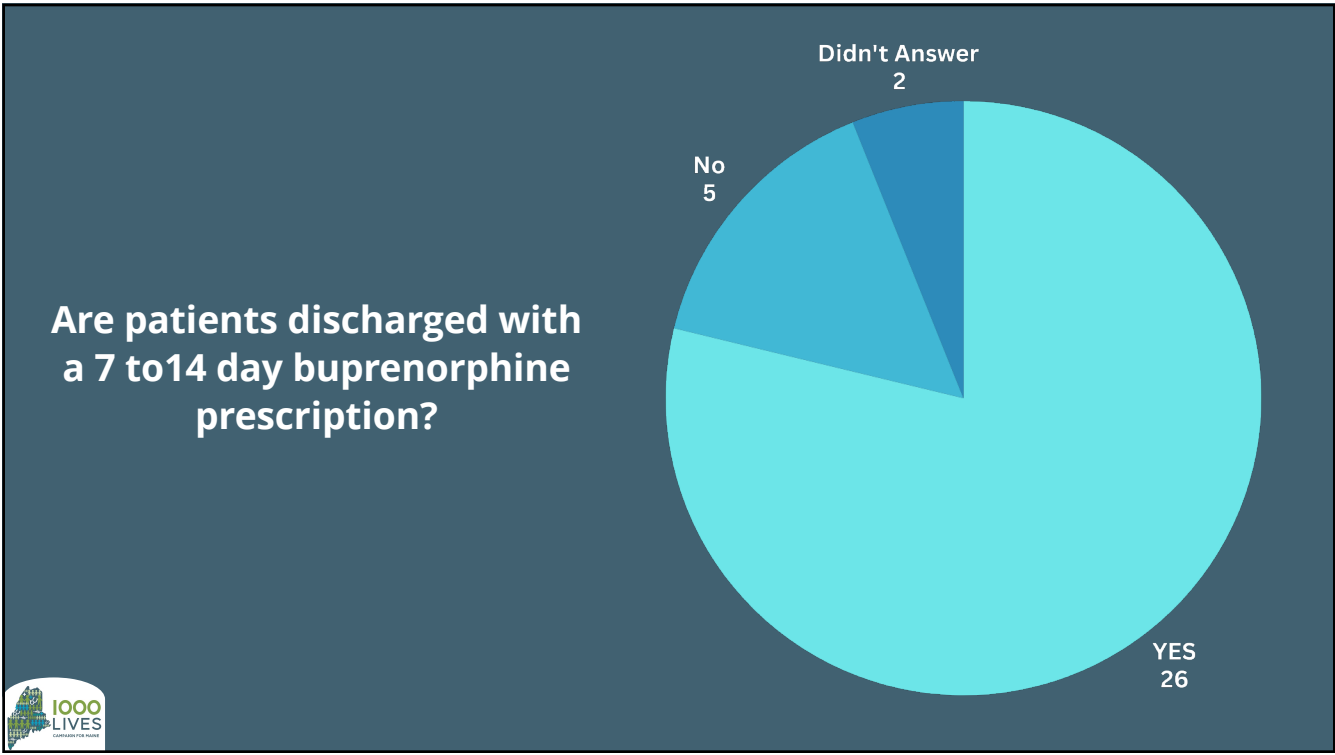
ED Survey Results

A smaller version of the 1000 LIVES Campaign for Maine logo, located in the bottom left corner of the slide. It consists of the stylized map of Maine and the text "1000 LIVES CAMPAIGN FOR MAINE".

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Are patients discharged with a follow-up appointment or contact information for community-based buprenorphine providers?

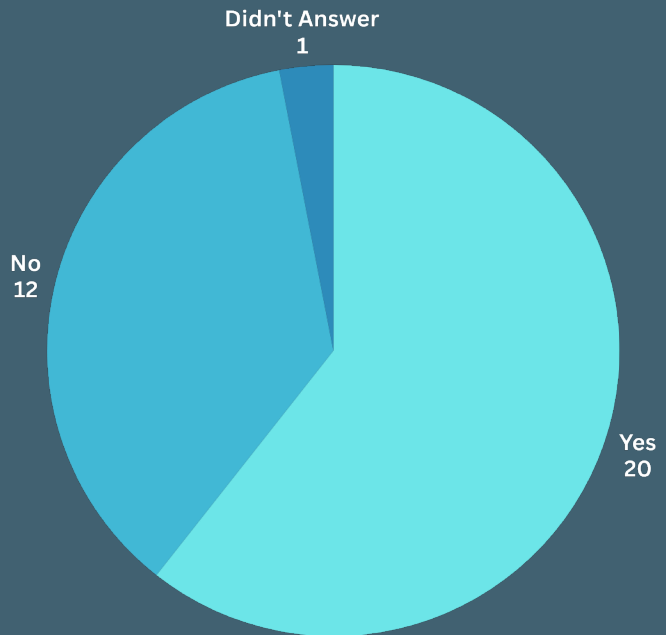


YES
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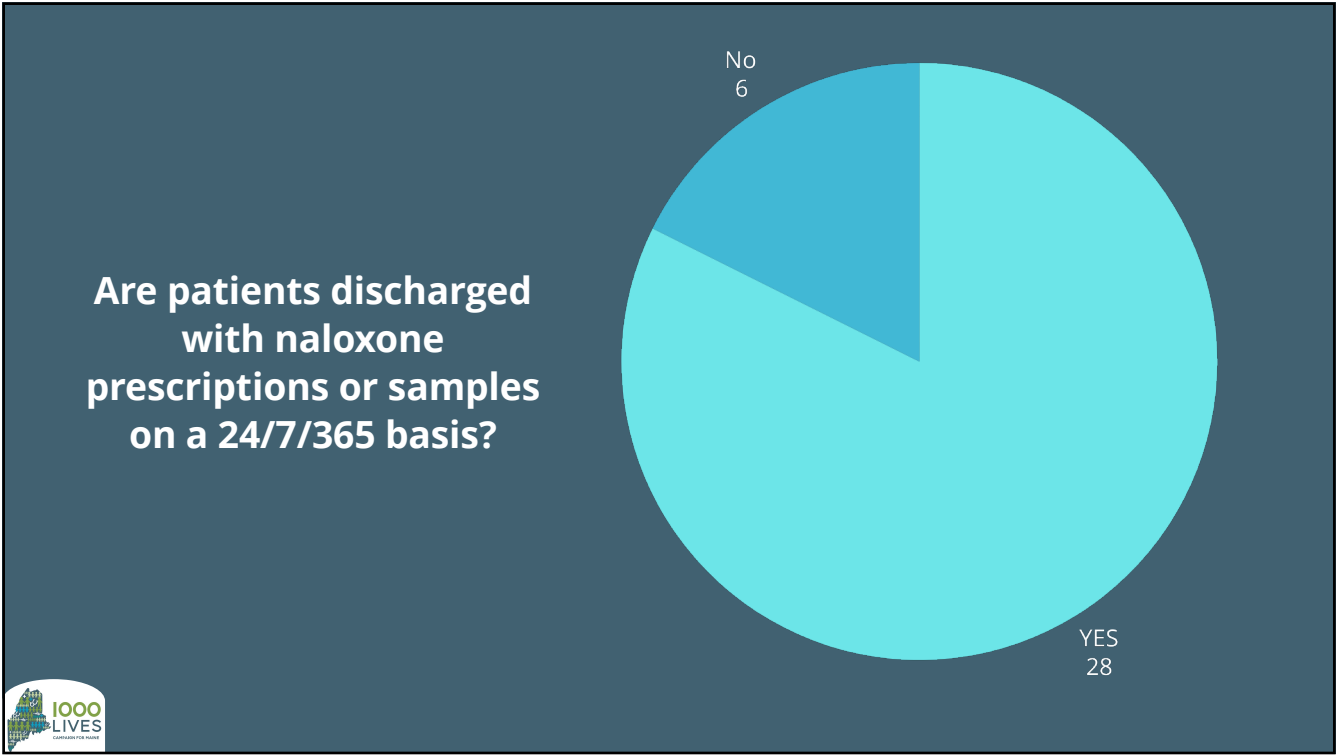


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Have you given your staff in the ED anti-stigma/anti-bias training regarding patients with OUD?



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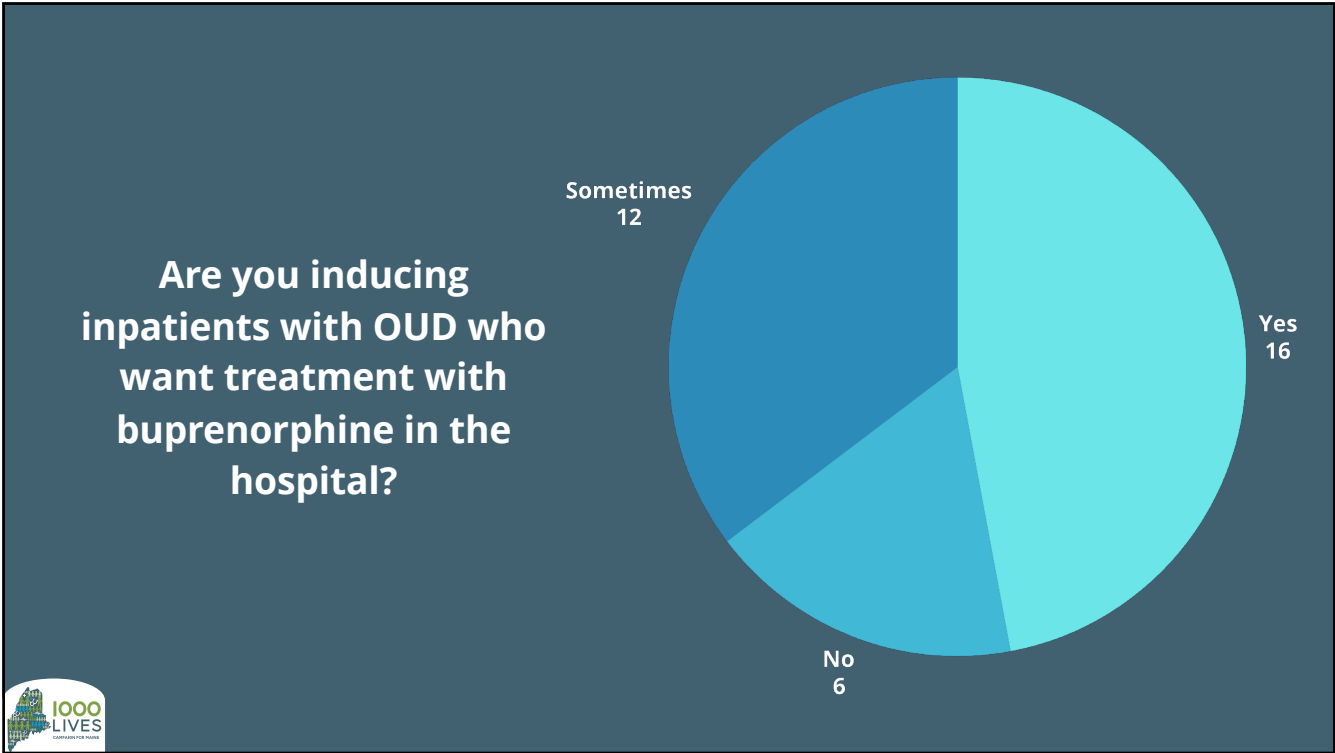


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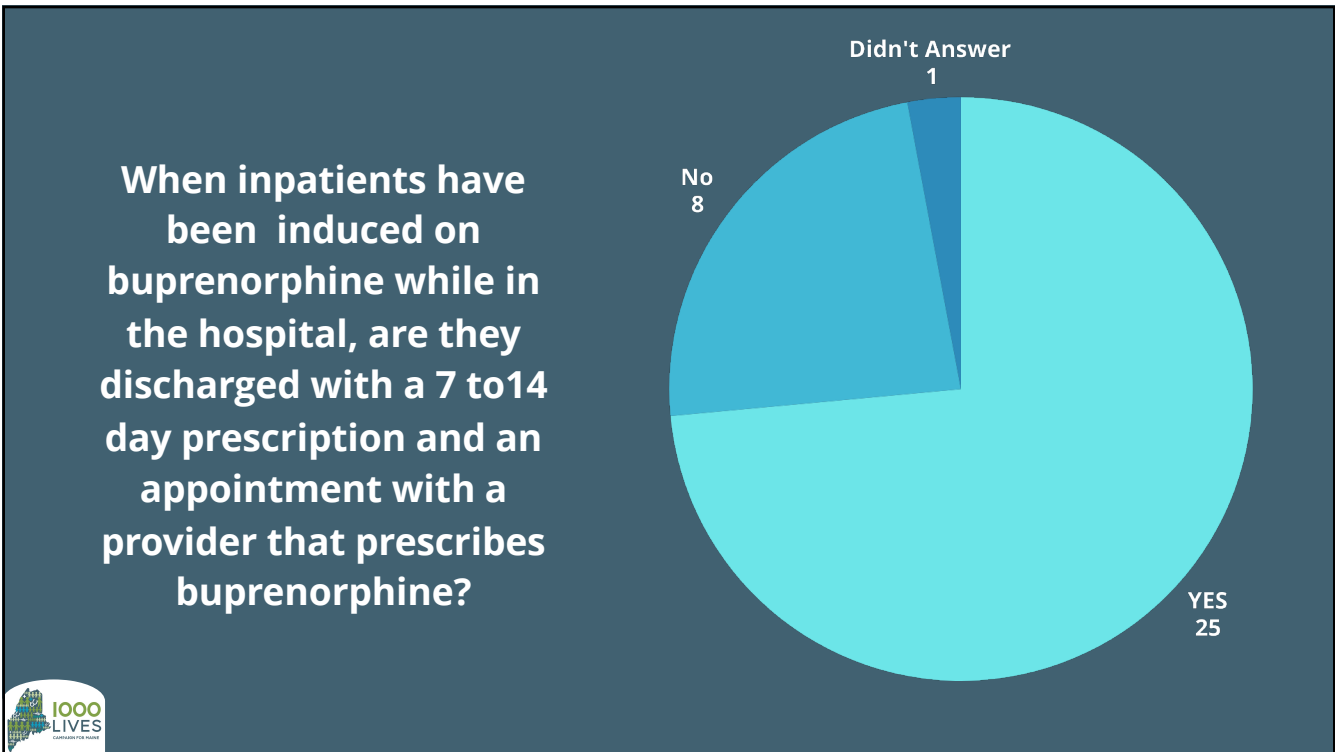
Inpatient Care Survey Results

1000 LIVES
CAMPAINS FOR HUMAN

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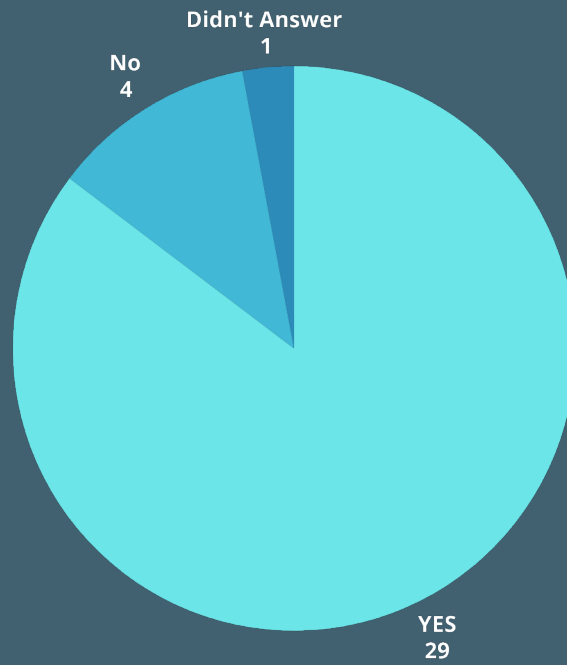


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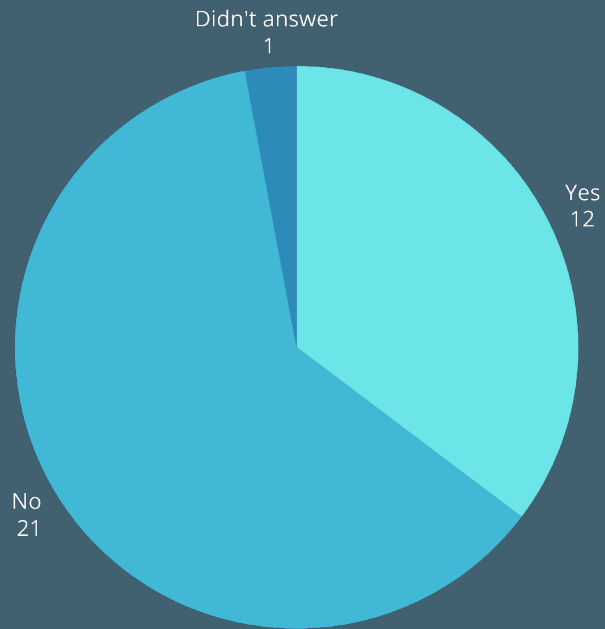
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When discharged from the hospital with a follow-up appointment with a community-based prescriber of buprenorphine or names of such providers who are taking patients?



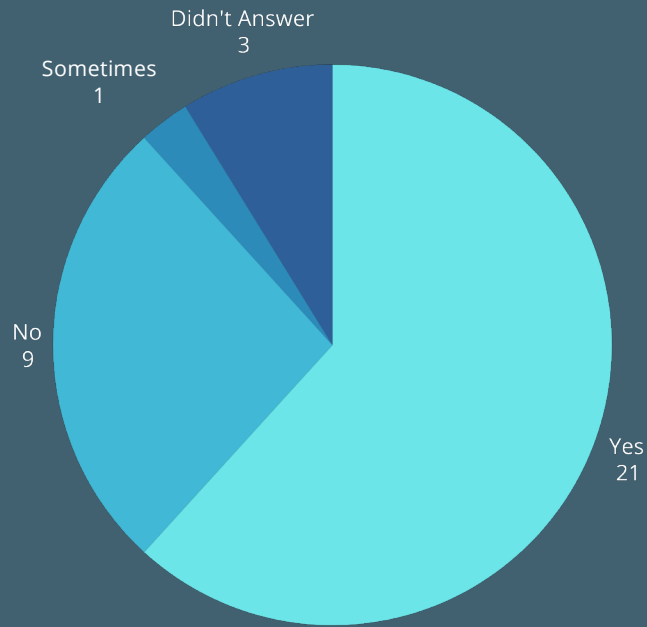
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Have you given your inpatient hospital staff anti-stigma/anti-bias training regarding patients with OUD?



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When discharging patients with OUD from the hospital is it with naloxone prescriptions or samples on a 24/7/365 basis?



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2025 Goals of the 1000 Lives Campaign

Close those gaps ED and Hospital Care in Maine

Emergency departments all doing 24/7/365 induction and follow up scripts and referrals by July 1, 2025

Hospital inpatient care all doing 24/7/365 inpatient inductions, follow up scrips and referrals by 12/1/2025



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Patients with opioid use disorder die at a rate similar to heart attacks

OHSU research is the first to characterize rate of death for patients with opioid use disorder within 12 months of hospital discharge

By [Erik Robinson](#) • September 13, 2021



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For Hospitals and Emergency Departments not offering Buprenorphine treatment 24-7-365....

- As though you are treating some patients with acute heart attacks in the ED but do not treat other patients with acute heart attacks in your ED
- Same for inpatient- as though you admit some patients with heart attacks and treat but admit other patients with heart attacks and don't treat them
- Really now and indefensible double standard of care for patients with the life-threatening condition of Opioid Use Disorder



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Hospitals and Emergency Departments induction on Buprenorphine Most of the barriers are now gone

- Lack of evidence base that this is life saving care - GONE
- Lack of clinical protocols and workflows that can be shared - GONE
- Need for an X-waiver to prescribe buprenorphine - GONE
- Lack of follow up rapidly available OUD/Buprenorphine prescribers -GONE
- Lack of standards of care -GONE
- Lack of help for your Hospitals or EDs to implement - WE ARE HERE



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Closing the double standard care for patient with OUD in your ED and hospitals is CEO work

- If you find it unacceptable as the CEO that an acute MI patient would be seen in your ED and not treated with appropriately it should be unacceptable to you as a CEO to allow OUD patients to go untreated in your ED
- If you would find it unacceptable as the CEO that an acute MI patient would be admitted to your hospital and go untreated for their acute MI it should be unacceptable to you as the CEO to allow inpatients with OUD to go untreated in your hospital.



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ED AND HOSPITALS INDUCTION ON BUPRENORPHINE –ONE LAST BARRIER

The lack on the imperative to get it done is the last barrier- and when difficult things that must be done to save lives and take good care of patients are not getting done it is the hospital CEO’s job to say that not acceptable, get it done, by this date, and tell me what you need to get it done.

NO MI untreated, no patient with OUD untreated, by.....?



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Q&A

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