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2015
EXCELLENCE IN
INNOVATION
Awards Program

recognizes the

Orange County Health Department

for development and implementation of the

Naloxone Access Program

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LGFCU Excellence in Innovation Award Project Evaluation

Project Number	HS-8
Title of Program	Orange County Naloxone Access Program
Program Category	Human Services
Submission Date	6/19/2015 12:54:00 PM
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Implementation Date	1/1/2014
FLSA Designation	Both (if applicable to a team)
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Description of Productivity Improvement

The North Carolina Injury and Violence Prevention Advisory Council estimates that in North Carolina, hospitalizations from drug overdoses cost \$221 million in medical costs, work loss costs, and quality of life costs. Additionally, for every death due to drugs and medication there are 4 hospitalizations, 8 visits to the emergency department, and many more individuals in the community misusing and abusing drugs and medication. (www.injuryfreenc.org) In North Carolina, where over 1,000 people die each year this equates to 4,000 hospitalizations, 8,000 emergency department visits, and many more uncalculated costs to families and communities. These monetary and societal costs are significant, though not yet specified locally for Orange County. As described below, the number of overdose deaths has continually increased since 1999, with a trajectory that is not currently predicted to slow down significantly.

These statistics illustrate that Orange County's efforts to increase access to naloxone through the Health Department and law enforcement agencies are productivity improvements because they avoid future cost increases and use sustainable practices to provide new service.

The Health Department program to screen patients, provide overdose education, and dispense free naloxone kits was implemented with existing staff time and grant funds to purchase an initial stock of 25 kits for approximately \$750. The process of engaging clinical staff in program development and implementation was straightforward and took 2-3 hours per week for 3 months. Furthermore, while it is not yet possible to calculate, we predict that allowing public health nurses to screen and address the potential for opioid overdoses has increased clients' willingness to discuss the sensitive issue of drug addiction and abuse. It also had the potential for decreased cost because physicians are not required to see the patient to provide a solution.

Working with students at UNC-Chapel Hill, we also described our process which is now included in a toolkit that will be made available to all health departments on the web. It was our hope throughout the process that our work would be easily replicable for local governments throughout the country - not just locally. This drove decisions, such as in-house production of patient education materials, and to a spirit of sharing that has led to others contacting the Health Department and law enforcement from as far away as San Francisco.

As for the work with law enforcement agencies, again the program was designed to ensure sustainability, replicability, and to avoid future cost increases. Training was developed and provided in-house in a streamlined manner. Kit supplies were ordered through existing contracts to ensure the lowest price possible and EMS staff committed existing resources, namely their naloxone supplies, to replace used kits by law enforcement. In the case that naloxone use by law enforcement increases beyond its current level, agencies may use funding sources such as the sale of seized assets to fund this cost-effective prevention program.

None of this work requires expensive software, capital investment, or other expenses that would make it cost prohibitive. It is simply work that requires a tenacious, innovative spirit and collaboration with other agencies to provide a reach not attainable otherwise.

Description of why this project was initiated

According to the North Carolina State Center for Health Statistics, the state has seen an increase in overdose deaths by over 300% since 1999. Unintentional poisoning is now the second leading cause of unintentional injury, after motor vehicle traffic deaths, and the upward trend means it will soon become the first if not addressed.

The majority of these deaths are due to prescription drugs, namely opioids, and are preventable through training and access to naloxone. Naloxone, also known as Narcan, is a medication that quickly and effectively reverses overdose caused by opioids. These include medications such as the prescription painkillers Oxycotin and hydrocodone, as well as heroin. If given in time, naloxone can prevent death from opioid overdose by restoring the breathing of someone overdosing.

The passage of the Good Samaritan Law/ Naloxone Access in North Carolina in the spring of 2013 made it possible for doctors to prescribe naloxone via a standing order to who is personally at-risk of an overdose, or may be in a position to help someone experiencing an overdose. This means that under the law, a doctor can prescribe naloxone to a person at risk of opioid overdose, as well as that person's friends and family members.

A standing order is a set of instructions by a physician that cover a general condition and the appropriate treatment or medication. Standing orders are used frequently in medical settings so that non-physicians can order routine tests and provide treatment or medications that are relatively simple and safe - without the need for a physician. This saves time and money because a physician is not required to be present for each and every encounter and prescription. This is extremely important for a public health department because most services are provided by nurse practitioners or other clinicians without prescribing privileges.

The new law also explicitly permitted a person who is prescribed the drug to administer it to anyone experiencing an opioid overdose. The law provides protection from civil and criminal liability to that person as long as they administered the naloxone in good faith. This encourages people to act to save lives without concern for civil or criminal consequences.

The Orange County Health Department and Board of Health saw the new law as an opportunity to increase the availability of naloxone in Orange County to save lives from overdose in two innovative ways. The first was to become the first health department in North Carolina to pursue a standing order and provide naloxone to patients. The second was to work with our Emergency Management System (EMS) and law enforcement agencies to train and equip their officers with naloxone to be used in the case of an overdose. Currently, there are three of the four law enforcement agencies in the county trained and either deploying or ready to deploy naloxone with their personnel on patrol.

Quantifiable results (sustainability, cost savings, cost avoidance and/or a higher level of service).

Indication of what resources were used and what was done with any accrued time savings

While the state law passed in spring 2013 opened the door to increasing naloxone access in the state, it was the efforts of the Orange County Health Department, Board of Health, and Emergency Management Services that truly made implementation possible. There are two examples of this work that exemplify

sustainability and a higher level of service.

First, in order to allow public health nurses to dispense naloxone from the pharmacy, the Board of Health and Health Director successfully proposed and defended the need for a regulatory change through the North Carolina Board of Pharmacy. This change allowed all public health nurses in North Carolina to provide naloxone - not just Orange County. The research, materials, and protocol of the Orange County Health Department are those that were used to create the statewide training for public health nurses to learn about naloxone, create their own program, and officially be trained to dispense it under a local standing order.

Second, in order for Orange County Law Enforcement to be equipped with naloxone, Orange County Emergency Management staff had to advocate for a change in state policy of the North Carolina Office of EMS. Based on Orange County EMS' work, the state pursued and achieved a change in the North Carolina scope of practice for law enforcement.

Locally, training and equipping law enforcement with naloxone is a sustainable improvement that not only increases the level of local government services to citizens, but is literally saving lives. One law enforcement agency has deployed naloxone twice since beginning the program. National data show that naloxone distribution costs approximately \$400 for each year of life gained - well below the threshold considered acceptable for medical intervention's cost effectiveness (Coffin, 2013). This puts naloxone in the category of smoking cessation or blood pressure check-ups.

Resources needed for implementation are relatively small. The main cost is kits, which our county assembled in-house for less than \$30 a kit. Compared to the cost of a police or EMS uniform, this is an attainable cost for most departments. Training for personnel can occur from sister departments, in this case EMS and the Health Department. Training for each department need only occur once a year, and staff from EMS, the Health Department, and law enforcement are creating a video instruction tool to reduce staff time needed for in-person trainings at all. The Orange County EMS also offered to replace naloxone used by law enforcement personnel because their staff would have likely used it regardless in an overdose situation.

The opportunity to train all law enforcement personnel also provided EMS the opportunity to provide brief training on the response to cardiac arrest because symptoms presented can be similar to overdose. EMS personnel are also now excited that the collaboration has opened the door to further collaborations - such as equipping all patrol cars with portable defibrillators.

Other descriptive information

The success of these programs would not have been possible without the dedication of both staff and leadership at Orange County Emergency Management, our local law enforcement agencies, the Health Department, and the Board of Health. It truly was a collaborative effort that brought together staff, like police and health department personnel, that have not worked together ever before. In this way, it was not only an innovative, cost-effective, or sustainable program, but also a community-building one.