



Knox County, Tennessee, OFR

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Collective Impact Approach

Knox County, Tennessee

- County Mayor: Glen Jacobs
 - Republican
- City Mayor: Indya Kincannon
 - Democrat

Numerous government agencies, nonprofit organizations, health care providers, and many others were working to address the substance misuse epidemic. However, it was challenging for any single agency to maintain a comprehensive, big-picture view of everything occurring. A shared understanding was important to identify gaps and to create meaningful and sustainable solutions.

All4Knox Initiative

- Prevention & Education
- Housing
- Access to Judicial Diversion
- Standardization of Practice
- Access to Treatment
- Recovery Support
- Overdose Fatality Review Team

Tennessee: No Current OFR Legislation

- Member Collaboration
 - Systems that did not previously work together had to trust one another
- Data Sharing Agreements
 - Knox County's Health Department took the lead
 - Organizations independently chose to sign DSAs with the KCHD
 - Data provided to the KCHD for OFR purposes was collected but never dispersed
- Confidentiality Agreements
 - Individual members who attend the meetings sign CAs, allowing open discussion of PI
- Data Collection Process
 - Our RFC randomly selects five cases that are then vetted by our legal/law partners
 - Organizations that have signed DSAs then receive those names and submit their data to the OFR coordinator
 - The OFR coordinator utilizes etHIN, KCHD's EHR, and social media to conduct research
 - The OFR coordinator then compiles comprehensive data and individual profiles for the team to review monthly

Knox County Overdose Fatality Review Team Members

- Knox County Health Department
- Tennessee Department of Health
- Regional Forensics Center
- Knoxville Police Department
- Knox County Sheriff's Office
- Knox County Detention Facility
- Appalachian High Intensity Drug Trafficking Area
- Knox County District Attorney's Office
- 4th Judicial District, State of Tennessee
- American Medical Response
- Seymour Fire Department
- Knoxville Fire Department
- Karns Fire Department
- Rural Metro Fire
- Cedar Recovery
- Cherokee Health System
- Orexo Pharmaceuticals
- Behavioral Health Group
- TeamHealth
- University of Tennessee Medical Center
- University of Tennessee College of Pharmacy
- University of Tennessee, System
- University of Tennessee, SMART Initiative
- McNabb Center
- Metro Drug Coalition
- Choice Health Network
- Centers for Disease Control Foundation
- Homeless Management Information System
- Knox County Probation Office
- Knox County Juvenile Court
- Knox County Safe Baby Court
- Department of Children's Services
- Children's Protection Services
- National Guard

What did we find?

- Real-life stories—this can happen to anyone
- As of December 2022, we had reviewed 110 cases
 - 50 decedents were originally from another area
 - Limits data that is available
 - Records were not available for all local decedents
 - Our members were added over time, which means the data available at the beginning was limited by membership and DSAs
 - Data is still lacking
 - Not all decedents visited the hospitals that submit data to eHIN
 - Data is not available from PCPs, all mental health providers, MOUD clinics, etc.
 - Lack of legislation continues to prevent family and friend interviews
 - 44 had detailed information available from medical chart reviews
 - 41 had limited information available from medical chart reviews

What did we find?

- Hospitals and Emergency Departments (excluding unknowns)
 - 96% had a mental health diagnosis
 - Depression > Anxiety > Bipolar > Schizophrenia
 - 64% had a history of SI/SA
 - 99% had a history of substance use
 - 59% had co-occurring disorders
 - 70% had a history of an overdose
 - 101 overdoses that required medical assistance
 - 11 self-reported overdoses
 - 81% had a history of a +UDS
 - 145 +UDSs
 - 69% had a history of being treated for an injury or illness that was SUD-related
 - 742 emergency department visits
 - 5% were referred to treatment but did not go because of a lack of bed/insurance
 - 20% were referred to treatment but either refused or left AMA
 - 12% were successfully referred to treatment

OFR Member Input

- **Dr. Stephen Loyd**
 - CMO Cedar Recovery, TN Board of Medical Examiners, Chair TN Opioid Abatement Council, Federal Expert Witness, DopeSick
 - Suboxone vs. Vivitrol
 - Reaching people where they are and jump on the opportunity when they are ready
 - You cannot treat a dead patient
- **Lauren Allard, Allard Consulting**
 - Research showed that MOUD was not being offered within our region's hospitals & EDs
- **Dr. Randal Dabbs, Co-Founder & President of TeamHealth**
 - Employs over 16,000 emergency medicine providers across the nation
 - Conducting research on MOUD
- **Dr. Julia VanZyl & Dr. Stanton Elseroad**
 - Developed the University of Tennessee Medical Center's Bridge Program with assistance from the McNabb Center

UTMC & McNabb's Program

- Both organizations are represented on Knox County's OFR team
- How does the program work?
 - Patients are identified and offered assistance
 - They are then partnered with a peer navigator that stays with them throughout the process
 - Each patient is provided one dose of buprenorphine-naloxone to curb their withdrawal symptoms. The peer navigator ensures that each patient receives the medication before leaving the facility by going to the pharmacy to obtain the medication, taking it to the patient while inside the facility, and then observing them take the medicine
 - The McNabb Center holds one spot at their facility per day to guarantee the availability of immediate treatment and follow-up care
 - The peer navigator escorts the patient to the McNabb Center to ensure that no one is lost in transition
 - Everything is FREE to the patient

Bridge Program Success

Data Through Week 46

- Patients Screened: 198
- Patients Enrolled: 103
- Mortality Rate: 1.5% (n=1)
- 1st Appt. Show Rate: 98%
- 2nd Appt. Show Rate: 75%

Data Through Mid-December

- Patients Screened: 27
- Patients Enrolled: 27
- Decrease in Utilization
 - ED: 52%
 - IP: 90%

What can our OFR do?

- All of these organizations are represented on our OFR team
 - The data and trends are available for review and to support new ideas
- Our OFR team also consists of leaders at our other area hospitals
 - The lack of MOUD and follow-up care at other hospitals was transparent
- Dr. VanZyl and Dr. Elseroad were invited to speak to Knox County's Standardization of Practice Implementation team
 - The need of similar Bridge Programs in all area hospitals was abundantly clear
 - Bridge Programs should be the standard of care
- A new workgroup to gather their data and disseminate it was formed
 - Working together as a community (collective impact approach) is necessary
 - We obtained the data to show the trends, we found a working solution, and then we formed a team to implement the change



This has been a presentation of

 **KNOX COUNTY**
TENNESSEE
HEALTH DEPARTMENT