

1000 Lives Campaign For Maine Concept Statement, October 2023

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PROBLEM STATEMENT: The number of drug overdose deaths in Maine has continued to rise significantly during the past 10 years, despite the tremendous collective efforts to reduce deaths through multiple interventions from clinicians, first responders, the recovery community, Maine state government, and many others. Given the presence of highly lethal drugs such as fentanyl, Maine needs its healthcare organizations and clinicians, in partnership with the State, counties, and municipalities, to assume a leadership role in this effort and enhance their care of Mainers in response to this daunting public health crisis.

PROPOSAL: THE 1000 LIVES CAMPAIGN FOR MAINE – a systematic, clinician-led, collaborative campaign to reduce the number of predicted opioid-related deaths in Maine by 1,000 from current projections – in other words to prevent 1000 drug overdose deaths in Maine during the next 5 years. The campaign seeks to do this by implementing a set of health care site- and clinician-specific interventions to improve the treatment of substance use disorders (SUDs), with particular attention to improving treatment for opioid use disorder (OUD). The interventions would be chosen based on their ability to reduce deaths. This campaign would be led by Maine’s physician and other clinician leadership, partnering with the State of Maine and other key stakeholders. Health care organizations and clinicians would assume the leadership role that this effort requires, and take the lead in convincing health care organizations and clinicians to sign on to these increased efforts.

The 1000 Lives Campaign for Maine concept is based on the Institute for Healthcare Improvement’s (IHI’s) 100,000 Lives Campaign – a highly successful effort to prevent 100,000 deaths in hospitalized patients from preventable errors and complications of inpatient care through the implementation at every participating hospital of five specific interventions. Each intervention had a ‘bundle’ of specific components to be implemented, with interventions supported by evidence that had the potential to save 100,000 lives during a five year period if systematically implemented in our hospitals. The campaign’s tag line was “Some is not a number, soon is not a time,” reflecting the goal of systematic implementation of a series of specific steps to prevent those deaths within a specific period of time. Beginning in 2004, more than 3,000 American hospitals literally signed a pledge to implement the steps, and five years later, exceeded the goal of preventing more than 100,000 deaths.

The 1000 Lives for Maine Campaign will invite clinicians’ and other health care professional organizations to lead this effort, organizations such as the Maine Medical Association; the Maine Osteopathic Association; the Maine Academy of Family

Physicians; the Maine Chapters of the American College of Physicians (internal medicine), Pediatrics, and Emergency Medicine; the Maine Nurse Practitioners Association; the Maine Association of Physician Assistants; the Maine Primary Care Association; the Alliance for Addiction and Mental Health Services; the Maine Hospital Association; and other willing professional associations. Participating associations will be asked to sign a pledge to undertake a specific set of interventions designed to reduce drug overdose deaths.

The specific campaign interventions will be identified from several sources:

- Hospitals and Emergency Departments: “Proposed Position on Enhancing Access to Medication for Opioid Use Disorder for Patients in Hospital Settings”
- Primary Care Providers: March 13, 2023 JAMA Viewpoint article “Universal Precautions for People at Risk of Opioid Overdose”
- Biden Administration’s “Saving Lives is Our North Star” program, and other evidence-based harm reduction interventions

For example, a hospital “bundle” of interventions might include:

1. Identifying inpatients who should be started on medications for OUD (MOUD);
2. Offering initiation of buprenorphine to such patients;
3. Maintaining patients admitted on buprenorphine or methadone on their MOUD treatment during hospitalization;
4. Providing bridging MOUD prescriptions for hospital patients at the time of discharge until they can be seen in follow up by an MOUD clinician;
5. Providing naloxone kits at discharge for appropriate patients;

An emergency department “bundle” could include:

1. Offering initiation of buprenorphine therapy in the ED;
2. Providing bridging MOUD prescriptions for ED patients until they can be seen for an initial appointment with a follow up MAT prescriber in the area;
3. Developing and maintaining a list of follow up MOUD prescribers willing to take ED patients in follow up to establish OUD care;
4. Providing naloxone kits at discharge for appropriate patients;

A primary care practice ‘bundle’ could include:

1. An expectation that all PCPs who prescribe opioids would also offer treatment for OUD with buprenorphine, being capable and willing to at least take care of the OUD patients in their own panels (and yes, we all have them);
2. Providing rapid follow up of their patients from handoffs/referrals from emergency departments following ED treatment for overdose or other opioid-related problems;
3. Providing naloxone kits at discharge for appropriate patients;

Other bundles could be developed for other partnering organizations, such as Maine's pharmacies and first responders.

TARGETS: Target reductions of drug overdose deaths for the Campaign would be developed by the State of Maine, based perhaps on Maine's share of the National Drug Control Strategy goal to reduce opioid-related in America to 81,000 annually that was announced in April 2022 by the Biden Administration. Meeting that national goal would save more than 160,000 American lives during the next three years; Maine's share of that goal would be about 1000.

PARTNERS: There are multiple other potential partners that could help to support the 1000 Lives for Maine Campaign; while leadership of this must be by health care professionals making the case and providing support, many organizations and leaders outside the health care sector might be interested in enhancing their own efforts with a bundle of interventions specific to them. If given a bundle tailored to them, major employers, for example, will improve their own efforts for employees. A family member also could do more in their own home.

1000 LIVES FOR MAINE CAMPAIGN" ANNOUNCEMENT: Governor Mills' Opioid Response Summit, July 20, 2023, Portland, Maine

1000 LIVES CAMPAIGN FOR MAINE INITIAL (DEVELOPMENT) PHASE: July 2023 – end December 2023

1000 LIVES FOR MAINE CAMPAIGN" START DATE: January 1, 2024