Combatting Substance Use Disorder

1. Problem is huge and worsening….
2. A disease, not a choice
3. We have to own it
4. Spigot *and* Treatment challenge
5. You can help

"Drug Epidemic in Plymouth and South Shore"

- Video by Plymouth North High School, Plymouth, MA forced recognition of this crisis and stimulated action in the hospital community

- Link to full video found here: http://vimeo.com/84727397

- Link to short video found here: https://www.youtube.com/watch?v=nkwY2SgtkeE

MHA

Substance Use Disorder

Under the leadership of its board of trustees, The Massachusetts Health & Hospital Association has created a Substance Use Disorder Prevention and Treatment Task Force to develop provider focused strategies to help address the high incidence of opioid misuse that affects our communities.

Click here for detailed information on MHA's Substance Use Disorder Prevention and Treatment Task Force (SUDPTTF). It is located on the association's quality and patient safety website, *PatientCareLink*.

10.16.2017 | **Advancing Quality Improvement Efforts through Coordination** »Read More

Quality improvement leaders from Massachusetts hospitals and patient safety organizations met at MHA headquarters in Burlington on Wednesday to have a focused conversation on whether to, and how to, align the numerous healthcare quality initiatives n

Resources

SUBSTANCE USE DISORDER TASK FORCE ("SUDPTTF") ON

Substance Use Disorder Prevention & Treatment

Massachusetts Health & Hospital Association Substance Use Disorder Prevention and Treatment Task Force

Charge

The Substance Use Disorder Prevention and Treatment Task Force (SUDPTTF) was developed at the direction of the MHA Board of Trustees to develop provider focused strategies to help address the high incidence of opioid misuse that affects our communities. The SUDPTTF is focused on developing operational practices within hospitals and physician practices that would assist in reducing the number of opioid pain prescriptions and result in a corresponding reduction in the number of opioid overdoses that are occurring in Massachusetts.

Task Force Guidelines

Guidelines for Opioid Management within a Hospital Setting

The SUDPTTF has approved and issued a second set of guidelines outlining several provider and operational recommendations related to prescribing opioid and/or opiate medications within a hospital setting, including hospital owned/affiliated clinics or physician practices. The goal is to develop a general standard for limiting the use of or finding

Substance/Opioid Use Disorder & Treatment

Baker-Polito Administration Launches New Substance Misuse Anti-Stigma Campaign

Calling on every resident to do their part to stop addiction in its tracks, Governor Charlie Baker announced a second statewide media campaign today, with the bold goal of making Massachusetts" #StateWithoutStigMA." The campaign, built off one of the Governor's Opioid Working Group recommendations last June, is designed to impact the negative stereotype of drug misuse, asserting that addiction is not a choice, it's an illness.

"Addiction is a chronic illness, not a moral failure," said Governor Baker at a State House press conference, surrounded by people in recovery. "Studies show that stigmas can prevent people from getting into treatment—holding them back from recovery, stability and success. This campaign is another effort to bend the trend and change the way we think about opioid misuse and addiction."

Read more...

Resources:

CDC AHA Prescription Opioids,

What you need to know, June 2016.

Template Patient Fact Sheet

Jointly issued by MHA and Massachusetts Medical Society, - It is recommended that patients are provided this form when a prescription opioid is issued .

Template Medication Storage Fact Sheet

Proposed recommendations for safe and appropriate storage of opioid

Task Force Charge

- To coordinate healthcare providers (hospitals and clinicians) in **developing provider-focused strategies** that will enhance statewide efforts to address substance abuse disorders.

- The work of the task force will be based on **supplementing current provider and state-based education and operational initiatives** as well as considering the **development of statewide clinical protocols** to decrease inappropriate use of prescriptions.

MHA

Task Force Endorsed Action Plan

Phase I: Hospital *Emergency Departments*

Phase II: Hospital and Health System *Ambulatory Clinics* and associated *Medical Offices*

- *Best practices*
- *Education* of providers and public
- *Prescription guidelines* disseminated and followed
- *Screening tool* is adopted
- *Care team developed* to which patient referral can be made

MHA

MHA Guidelines for ED Opioid Management

1. Hospitals, in conjunction with Emergency Department personnel, should develop a process to **screen for substance misuse** that includes services for brief intervention and referrals to treatment programs for patients who are at risk for developing, or who actively have, substance use disorders.

2. When possible, Emergency Department providers, or their delegates, should consult the Massachusetts **Prescription Monitoring Program** (PMP) before writing an opioid prescription.

3. Hospitals should develop a process to share the Emergency Department visit history of patients with other providers and hospitals that are treating the patients in the Emergency Department by using a **health information exchange** system.

MHA Guidelines for ED Opioid Management

4. Hospitals should develop a process to **coordinate the care** of patients who frequently visit Emergency Departments.

5. For acute exacerbations of chronic pain, the Emergency Department provider should **notify the patient's primary opioid prescriber or primary care** provider of the visit and the medication prescribed.

6. Emergency Department providers should not provide prescriptions for controlled substances that were **lost, destroyed, or stolen**. Further, Emergency Department providers should not provide doses of methadone for patients in a methadone treatment program, unless the dose is verified with the treatment program and the patient's ED evaluation and treatment has prevented them from obtaining their scheduled dose.

MHA Guidelines for ED Opioid Management

7. Unless otherwise clinically indicated, Emergency Department providers should **not prescribe long-acting or controlled-release opioids**, such as OxyContin®, fentanyl patches, and methadone.

8. When opioid medications are prescribed, the Emergency Department staff should **counsel the patient**:

- **to store** the medications securely, not share them with others, and **dispose** of them properly when their pain has resolved;
- to avoid using the medications for **non-medical purposes**, and
- to avoid using opioids and **concomitant sedating substances** due to the risk of overdose.

9. As clinically appropriate and weighing the feasibility of timely access for a patient to appropriate follow-up care and the problems of excess opioids in communities, Emergency Department providers should **prescribe no more than a short course and minimal amount** of opioid analgesics for serious acute pain, lasting no more than five days.

ED Cautions

- The ED Opioid Management Policy nor the patient information sheet should be posted in a hospital
- The documents should only be provided to a patient in the ED after an appropriate medical screening exam.
- At no time should any document be used in a manner that may coerce, intimidate, or discourage patients, who present to the ED with painful medical conditions, from leaving the ED prior to receiving an appropriate medical screening exam and stabilization;
- Be aware of a patient's limited English proficiency needs when communicating or providing this document.

Guidelines for ED Opioid Management

Emergency Department Opioid Management Guidelines

The first guidelines developed by the task force impacts opioid prescribing practices within hospital Emergency Departments (ED). The ED Opioid Management Guidelines establish a baseline ED operational practice that will: standardize opioid prescribing practices, provide guidance on screening patients seeking opioid prescriptions, offer information on appropriate pain management and treatment, and help identify resources for patients needing substance use treatment. The overall goal is to better enable ED providers to take an active role in limiting inappropriate access to opioid pain medications. The materials include the following:

- MHA Guidelines for Emergency Department Opioid Management
- Emergency Department Opioid Management Patient Information Sheet
- Members who have signed the Emergency Department Guidelines Commitment Letter

Resources

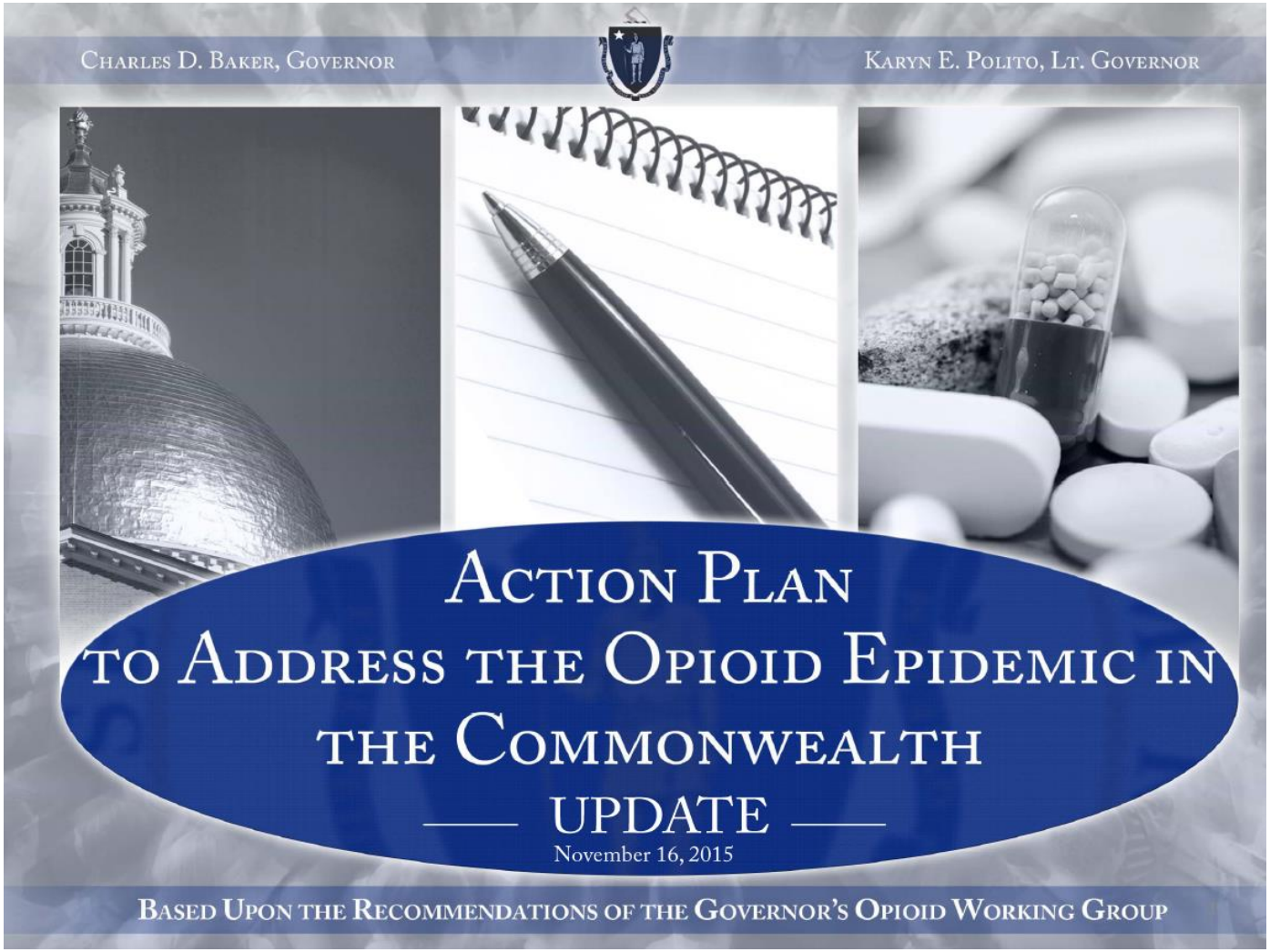
- AHA's Stem the Tide: Addressing the Opioid Epidemic
- Screening Tools Resource Packet
- MHA Annual Emergency Medicine Conference 2015 Slide Deck – All Presentations
- CDC AHA Prescription Opioids, What you need to know, June 2016

MHA SUDPTTF Collaboration

- **Public Education:** EOHHS, MHA, MMS and MAHP
- **Professional Specialty Groups**
  - i.e., Emergency medicine, primary care, surgery, orthopedics, obstetrics and neonatal, behavioral health, pain clinics, pharmacy
- **Associations:** MMS, Dental, Veterinary, Podiatry, APRN, PA
- **Medical and Dental Schools:** MMS, DPH
- **Residency Programs:** DPH, MMS, COBTH
- **State Agencies**
  - EOHHS – Governor's Recommendations
  - DPH
  - Health Policy Commission (HPC)
  - Attorney General
- **PDMP System now MassPAT:** MHA worked with DPH to revise system to ensure adoption by hospital EMRs, streamline resident and intern inclusion.
- **Federal Legislators**
  - Proposed federal legislation and support

MHA

Collaborative Work Across the State



ED Guideline Results

- Every MHA Hospital member committed to implement phase I Guidelines.
- Opioid prescriptions written by MHA members declined by 15 -25% in the first year.
- At one institution, opioid prescriptions declined by 50%.
- At two years: statewide opioid prescriptions reduced by 28%
- PreManage ED Implementation
- Prescription Drug Monitoring Program updated (MassPAT)

PreManage ED

Patient presents at ED check-in	Hospital EMR automatically alerts PreManage ED	PreManage ED identifies patient, analzes visit history	PreManage ED notifies provider if visit meets specified criteria	Provider, others take action to influence care outcome
				
• Patient checks in with hospital registration • Hospital records core identification and demographic info	• PreManage ED is directly integrated with the hospital EHR; no additional data entry required • Patient registration data immediately sent to PreManage ED • PreManage ED will act as a node on the HIway, send Direct messages via HIway infrastructure for participating hospitals who elect that message type	• PreManage ED identifies patient (even if key information missing from patient's hospital record) • PreManage ED cross-references patient with all prior ED and In-Patient visit history, independent of location	• If visit triggers a pre-set criterion, PreManage ED notifies the hospital • Notifications contain visit history, diagnoses, prescriptions, guidelines, and other clinical meta data • Notifications typically sent to EHR within seconds	• Provider has the information in hand before she sees patient • Patient-provider information asymmetry is closed; provider better able to make informed care decision