

# 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

# 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
  - State Legislators
- **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

# Guidelines within Hospital Settings

- Guidelines for Opioid Management within a Hospital Setting, including hospital owned/affiliated clinics or physician practices, including:
  - Prescriber Guidance
  - Pain Stewardship Program
    - [www.PainStewardship.com](http://www.PainStewardship.com)
  - Provider Core Competencies
  - Medical Education Core Competencies
    - <http://www.massmed.org/cme/#OPM>
  - Naloxone Standing Order Best Practices
  - Patient Fact Sheet (different languages)
  - Medication Storage
  - Drug Disposal Options

# Recommendations and Guidance for Provider Specific Practices

1. Adopt appropriate **screening** and assessment of patient risks associated with prescription opioids including but not limited to the risk of opioid misuse and substance use disorders.
  - *As required by section 27 of Chapter 52 of the Acts of 2016*
2. Incorporate within the treatment options the use of multimodal medications and alternative **non-opioid options** to limit unnecessary prescription opioids.
  - *As required by section 23 of Chapter 52 of the Acts of 2016*
3. **Limit prescription opioids** as medically appropriate following state standards
  - *As required by sections 23 and 24 of Chapter 52 of the Acts of 2016*

# Recommendations and Guidance for Provider Specific Practices (cont'd)

4. Provide continuous **education to patients** throughout the treatment continuum including side effects, risks, and expectations regarding active treatment plans and outcomes.
  - *As required by section 23 of Chapter 52 of the Acts of 2016*
5. Consider options for pain management treatment follow up and **best practices for ending prescription opioid treatment** that are in the best interest of the health and well being of patient populations.
6. Develop a **comprehensive pain stewardship program** to ensure proper internal controls to appropriately manage patient populations.

# Recommendations and Guidance for Hospital Organizations

1. Provide patients with standard **patient fact sheets** that outline the risks associated with the use of prescription opioids as well as guidance on storage and disposal.
2. Implement a **Standing Order Prescription for Naloxone**.
3. Implement internal processes to **monitor for appropriate opioid prescribing** based on clinical and departmental best practice standards
  - *As required by section 29 of Chapter 52 of the Acts of 2016*
4. Develop internal policies to **reduce the potential for opioid diversion** within the hospital setting by providers and other employees.

# Recommendations and Guidance for Hospital Organizations (cont'd)

5. Develop an internal process to ensure better communication/sharing of information following acute-level care to ensure **continuity of care**.
6. **Educate provider staff** on pain management education requirements as part of their licensing, credentialing, or renewal process
  - *As required by section 22 of Chapter 52 of the Acts of 2016*
7. Work with appropriate residency and fellowship programs to adopt these **Core Opioid Prescribing Competency Requirements** to train prescribers as adopted and endorsed by all Massachusetts Medical, dental, APRN, and PA societies and schools.
8. Evaluate the ability to increase the number of available DEA-X licensed staff and existing prescribing practices to **increase capacity for medication assisted therapy** to care for narcotic dependent patients.

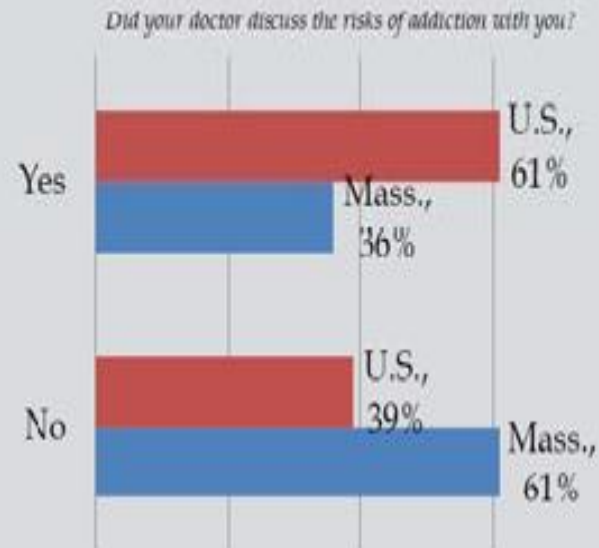
# Regarding Prescriber Guidelines.....

## MASSACHUSETTS DOCTORS DISCUSS THE RISKS OF PRESCRIPTION PAINKILLERS WITH PATIENTS LESS THAN DOCTORS IN OTHER PARTS OF THE COUNTRY

In a 2015 survey, individuals who, in the past 2 years, **HAD** taken a strong prescription painkiller, such as Percocet, OxyContin, or Vicodin that was prescribed by a doctor for more than a few days, were asked the following question:

“Before or while you were taking these strong prescription painkillers, did you and your doctor talk about the risk of prescription painkiller addiction, or haven’t you talked about that?”

Only 36% of Massachusetts residents said “yes”, compared to 61% nationally



Source: Boston Globe and Harvard T.H. Chan School of Public Health, Prescription Painkiller Abuse: Attitudes among Adults in Massachusetts and the United States

*Finding 4: Opioid medications must be safely managed by prescribers, pharmacists, and patients*



## Physician Fact Sheet

### PHYSICIAN/PRESCRIBER REMINDERS WHEN PRESCRIBING OPIOIDS

#### *Before Prescribing Opioids, Remember to*

- CHECK** the Massachusetts Prescription Awareness Tool (MassPAT).\*
- DETERMINE** goals of using prescription opioids.
- DO** a Risk Assessment. If the patient is at risk for misuse or substance use disorder, make a plan to address and/or mitigate risks. Be sure benefits of opioid therapy outweigh potential risks.
- PRESCRIBE** for no longer than seven days for any first-time prescription unless an exception applies. Within the Emergency Department prescribe for no longer than five days. Any exceptions must be documented in the medical record.\* Prescribe the lowest dose for the least number of days.
- EXPLAIN** the expected benefits, side effects, risks, and important safety measures to patients (and caregiver if necessary).\*
- DISCUSS** the amount prescribed, appropriate dosing, and the option to fill a lesser amount.\*
- DOCUMENT** in the medical record: goals, exceptions and reasons, patient education, and treatment plan.\*
- TAKE** special precautions when prescribing long-term opioid therapy. Check the Opioid Prescribing Guidelines adopted by the Massachusetts Board of Registration in Medicine.

#### **Some Considerations**

- Consult with a pain specialist as deemed clinically appropriate by the treating prescriber.
- Prescribers must enter into a pain management agreement with patients when prescribing extended-release long-acting opioids in non-abuse deterrent form.\*
- Prescribers should consider entering into a pain management agreement for patients who are being prescribed opioids for long-term pain management, as the treating provider determines to be clinically appropriate.
- Consider co-prescribing Naloxone for patients on long-term opioid therapy.

- PLAN** follow-up.

\* Required by MA State Law

# MMS opioid online CME (for free)

## New Opioid Prescribing Guidelines in Practice

1.00 CME Credit | RM | Video & Slides

## Managing Pain Without Overusing Opioids

3.00 CME Credits | RM | Text & Graphics

## The Opioid Epidemic: Policy and Public Health (6 Modules)

2.75 CME Credits | RM | Video & Slides

## Legal Advisor: Identifying Drug Dependence

1.00 CME Credit | RM | Text

## Principles of Palliative Care & Persistent Pain Management (2 Modules)

3.00 CME Credits | RM | Video

<http://www.massmed.org/cme/#OPM>

## Educational materials and resources (continued)



### Acute pain management overview

Provides clinical staff with an overview of acute pain management in the hospital environment, the need for quality improvement in pain care, the role of MMA, and a compilation of published analgesic recommendations



### Acute pain management pocket reference

A compact reference guide designed to help clinical staff assess the presence and severity of acute pain and identify treatment-related risk factors



### Patient education brochure

Encourages patients to be active participants in managing perioperative acute pain by establishing realistic expectations for acute pain control and helping them understand the role of MMA



### Speaker resources

Presentations to provide an overview of the Pain Stewardship Program and to educate hospital stakeholders and decision-makers about the risks of ORADEs and the role of MMA

[www.PainStewardship.com](http://www.PainStewardship.com)

MMA, multimodal analgesia; ORADE, opioid-related adverse drug event.

Sponsored by Mallinckrodt Pharmaceuticals.



# Patient resources:

## Patient Fact Sheet

### PRESCRIPTION OPIOID RISKS AND TREATMENT RESOURCES

You have been prescribed an opioid as part of your pain treatment, which may be used following injury, surgery, or arising from other health conditions. All patients taking opioids are at risk for unintentional **overdose, addiction, or death**. Therefore, you should discuss with your prescriber all treatment options available to you.

#### Common side effects of opioids include:

- Constipation
- Breathing problems
- Low sex drive, energy, and strength
- Sleepiness/drowsiness
- Confusion
- Nausea

Opioids are powerful painkillers, and if misused can have serious side effects including addiction.

#### Your risk increases if:

- You are also *taking other drugs* like antihistamines, barbiturates, or antidepressant/anxiety medications (e.g., Benzodiazepines)
- You *consume alcohol* while taking opioids
- You or a family member have a *history of substance use disorder* or overdose
- You have a *mental health condition*, such as depression or anxiety
- You have *sleep apnea*
- You take *more than* the recommended prescribed amount

### Know Your Options

- Read all instructions for your medication, take your medication exactly as prescribed, do not adjust your doses, and keep track of when you take your medication.
- If you have any questions about your medication ask your prescriber or pharmacist, including information about possible side effects as well as options for seeking a partial fill of the prescription. If you decide to partially fill your prescription opioid, you will need to contact your prescriber if additional medication is needed.
- Talk to your prescriber about non-opioid treatment options or if you don't want to be treated with opioids.
- Ask your prescriber about having an antidote (e.g., Naloxone) in case of an accidental overdose.

### Protecting Family, Friends, and Others

**STORAGE:** Medications should be kept in a **locked cabinet or box** when not in use. Medications should be placed in a location hard for children and pets to reach.

**DISPOSAL:** For the safety of others and the environment, patients are encouraged to take advantage of **drug take-back programs and safe drop sites**, which are available on the Massachusetts Prescription Dropbox Location website.\* When these programs are not accessible, other secondary methods including flushing the medication down the toilet should be considered.

### Addiction Resources

Be aware of the signs of addiction, which include uncontrollable cravings and inability to control opioid use even though it is having negative effects on personal relationships or finances. If you suspect or are concerned about addiction, the following resources may help:

**FOR YOUTH, YOUNG ADULTS (UP TO AGE 24), AND PREGNANT WOMEN:** Massachusetts Central Intake and Care Coordination: (866) 705-2807 or (617) 661-3991

**FOR ALL MASSACHUSETTS RESIDENTS:** Information and Referrals for Substance Abuse Services: (800) 327-5050, TTY: (800) 439-2370, or online at [www.help-line-online.com](http://www.help-line-online.com)

\*[www.mass.gov/sohhs/gov/departments/dph/programs/substance-abuse/prevention/prescription-dropbox-locations.html](http://www.mass.gov/sohhs/gov/departments/dph/programs/substance-abuse/prevention/prescription-dropbox-locations.html)

Jointly issued by the Massachusetts Medical Society and the Massachusetts Hospital Association.

## Hoja informativa para el paciente

### RIESGOS DE LOS OPIÁCEOS RECETADOS Y RECURSOS DE TRATAMIENTO

Le han recetado un opiáceo como parte de su tratamiento para el dolor, que puede usarse después de una lesión, una cirugía o a causa de otra afección médica. Todos los pacientes que toman opiáceos se encuentran en riesgo de **sobredosis, adicción o muerte** accidentales. Por lo tanto, debe analizar con el médico todas las opciones de tratamiento que están disponibles para usted.

#### Entre los efectos secundarios frecuentes de los opiáceos se encuentran:

- Estreñimiento
- Problemas para respirar
- Disminución de la libido, la energía y la fuerza
- Somnolencia/adormecimiento
- Confusión
- Náuseas

Los opiáceos son analgésicos poderosos y su uso indebido puede provocar efectos secundarios graves, incluida la adicción. Su riesgo aumenta si sucede lo siguiente:

- Usted también está *tomando otros fármacos* como antihistamínicos, barbitúricos o antidepresivos/ansiolíticos (p. ej., benzodiazepinas).
- Usted *consume alcohol* a la vez que toma opiáceos.
- Usted o un familiar tienen *antecedentes de trastornos por consumo de sustancias* o sobredosis
- Usted tiene una *enfermedad mental*, como depresión o ansiedad.
- Usted tiene *apnea del sueño*.
- Usted toma *más* de la cantidad recetada recomendada.

### Conozca sus opciones

- Lea todas las instrucciones de su medicamento, tome su medicamento exactamente como se le haya recetado, no ajuste sus dosis y mantenga un control de las horas en las que toma su medicamento.
- Si tiene preguntas sobre su medicamento, consulte con el médico que se lo haya recetado o con su farmacéutico, incluida información sobre los posibles efectos secundarios, así como sus opciones para surtir parcialmente su receta. Si decide surtir parcialmente su receta de opiáceos, deberá comunicarse con su médico si necesita medicamento adicional.
- Hable con su médico sobre las opciones de tratamiento sin opiáceos o si no quiere ser tratado con opiáceos.
- Consulte con su médico sobre la opción de contar con un antidoto (p. ej., naloxona) en caso de una sobredosis accidental.

### Proteja a su familia, amigos y otras personas

**ALMACENAMIENTO:** Los medicamentos deben conservarse en una **caja o gabinete cerrado con llave** cuando no se usen. Los medicamentos deben guardarse en un lugar de difícil alcance para los niños y las mascotas.

**ELIMINACIÓN:** por la seguridad de los demás y el medioambiente, se alienta a los pacientes a beneficiarse de los **programas de devolución de fármacos** y los **lugares de eliminación segura** que están listados en el sitio web de puntos de eliminación de medicamentos recetados de Massachusetts\*. En el caso de que estos programas no sean accesibles para usted, deben considerarse otros métodos secundarios como desechar el medicamento por el inodoro.

### Recursos con respecto a las adicciones

Esté al tanto de los signos de adicción, que incluyen ganas incontrolables de consumir opiáceos y la incapacidad para controlar su consumo aunque afecte de manera negativa sus relaciones personales o finanzas. Si sospecha que tiene una adicción o tiene preocupaciones al respecto, los siguientes recursos pueden ser de ayuda:

**PARA MENORES, JÓVENES ADULTOS (HASTA 24 AÑOS) Y MUJERES EMBARAZADAS:** Massachusetts Central Intake and Care Coordination (Coordinación central de admisión y atención de Massachusetts): (866) 705-2807 o (617) 661-3991

**PARA TODOS LOS HABITANTES DE MASSACHUSETTS:** Information and Referrals for Substance Abuse Services (Servicios de información y derivación para el abuso de sustancias): (800) 327-5050, TTY: (800) 439-2370, o por Internet en [www.help-line-online.com](http://www.help-line-online.com)

\*[www.mass.gov/sohhs/gov/departments/dph/programs/substance-abuse/prevention/prescription-dropbox-locations.html](http://www.mass.gov/sohhs/gov/departments/dph/programs/substance-abuse/prevention/prescription-dropbox-locations.html)

Emitted de manera conjunta por Massachusetts Medical Society y Massachusetts Health and Hospital Association. Este proyecto cuenta con el apoyo parcial de MetroWest Health Foundation.

[www.mass.gov/PatientOpioidFactSheet](http://www.mass.gov/PatientOpioidFactSheet)

# Patient resources:

## Recommendations for Medication Storage

Medications can be an important part of any treatment but also come with serious risks. Prescription opioids in particular are used to treat moderate or severe pain following injury, surgery, or for other health conditions. To avoid accidental or illegal use of prescriptions by others, it is critical that you properly store medication in areas least likely to be found or accessible by children, family members, and guests.

### Commonly Abused Prescription Medications:

- **Pain Medications** prescribed for people with serious, long-term pain, and sometimes short term pain: Vicodin<sup>®</sup>, OxyContin<sup>®</sup>, Percocet<sup>®</sup>, and codeine
- **Stimulants** used to treat attention deficit hyperactivity disorder (ADHD), or other disorders: Ritalin<sup>®</sup>, Concerta<sup>®</sup>, Adderall<sup>®</sup>, Dexedrine<sup>®</sup>, and Meridia<sup>®</sup>
- **Sedatives, Tranquilizers, and Barbituates** prescribed to treat stress, anxiety, panic attack, insomnia and seizures: Valium<sup>®</sup>, Xanax<sup>®</sup>, Ativan<sup>®</sup>, Klonopin<sup>®</sup>, Ambien<sup>®</sup>, Lunesta<sup>®</sup>

### Keeping others Safe:

It is important to store your medication in a place that is not likely to be found by children, family members, and guests.

- Keep your prescriptions in a secure location to make sure kids, family, and guests don't have access to them, preferably in a locked box which you can purchase at your local pharmacy.
- Know where your prescription medications are at all times.
- Keep prescription medications in the original bottle with the label attached and the child-resistant cap secured.
- Keep track of how many prescription pain pills are in your bottle so you are immediately aware if any are missing.

### Additional Best Practices for Proper Storage:

- Don't leave the cotton plug in a medicine bottle.
- Check the expiration date each time you take a drug
- Never use a medication that has changed color, texture, or odor, even if it has not expired. Safely dispose of capsules or tablets that stick together, are harder or softer than normal, or are cracked or chipped.
- Ask your pharmacist about any specific storage instructions for your medications.


### Why this information is important:

According to recent statistics, approximately 71% of obtained prescription drugs are gifted, purchased, or stolen from friends and relatives. In fact, survey results from 2010-2011 suggest that 6.1 million people have used prescription drugs for non-medical purposes in a given month. Proper storage and keeping commonly abused medications out of reach of children, family members, and guests can prevent others from illegally or accidentally taking your medications and prevent harmful risks such as overdose or death.


## Local Disposal Options for Prescription Medications

Medications used to treat pain, ADHD, Seizures, Anxiety, and sleep disorders are just some of the medications that are dangerous if taken accidentally or illegally. These medications should be disposed of in a way that makes it difficult for other people to take them. There are various ways to simply and safely dispose of drugs through programs available in many communities.

**Commonly Available Disposal Programs in Massachusetts:** You should discuss with your pharmacist or your provider, the programs available to you through any of these programs listed below.

 **Drug Take-Back Programs:** Drug take-back programs approved by federal and state agencies are free. Take-back programs can be found at many drug treatment programs, retail pharmacies, or hospitals/clinics. There are two ways to find a location near you:

- The federal Drug Enforcement Agency has several drug disposal locations that are available on its website (<https://www.deadiversion.usdoj.gov/pubdispsearch/spring/main?execution=e2s1>);
- Within Massachusetts, there are several safe and secure locations within community pharmacies or local law enforcement, and are available at: <http://www.productstewardship.us/page/1051>

 **Prescription Dropbox Locations:** Many local communities also have drop box locations where people can dispose of unwanted, expired, or unused medications in a safe and secure manner. To find a location close to you, please visit <http://www.mass.gov/eohhs/gov/departments/dph/programs/substance-abuse/prevention/prescription-dropbox-locations.html>.

*Disposal Options within the Hospital:* This hospital also provides a safe and secure location for disposing of unused and unwanted medications. For more information, please talk to your treating provider or the department you are visiting for details on the location within the hospital:

- Locations at this hospital can be found at ***insert hospital specific locations, hours, etc.***

**Other Methods:** Many people may not be able to use one of the programs listed above because of mobility, inability to leave the house, or if a program is not available in their community. In these circumstances, providers should educate patients/consumers about possible secondary disposal methods, which include:

- Disposing medications on the following list provided by the FDA, down the sink or toilet\*: [http://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm#Flush\\_List](http://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/ucm186187.htm#Flush_List)
- A patient/consumer can also dispose of the unused medication in the trash by covering the medication in an undesirable substance such as kitty litter or coffee grinds, and using an unmarked, sealed container that is neither colorless/clear nor opaque

\*Please note - Flushing or disposing medications in the trash may negatively affect our environment and our water systems. The best way to dispose of drugs is through take-back programs, mail-back programs, and disposing of medication at dedicated drop off sites in the community. When these programs are not available or accessible by the patient, other secondary methods including flushing the medication down the toilet should be considered.

<http://www.mass.gov/eohhs/gov/departments/dph/stop-addiction/>



# STOP Addiction IN ITS TRACKS

**FOR HELP: 1-800-327-5050 (tty: 1-800-439-2370)**  
Monday-Friday 8am-10pm | Weekends 9am-5pm

If you're viewing this page, please know you are not alone. Opioid addiction is an epidemic that has spread across this state and throughout the nation. A recent report found that nearly 4 in 10 (39%) of residents in the Commonwealth know someone who has misused prescription painkillers in the past five years.\* When prescription opioids become unavailable, some turn to heroin. Addiction has torn apart far too many of our families and has killed far too many of our loved ones.

The goal of this website is to give you information on how to prevent and identify opioid misuse and where to go for help. You are not alone. Together, we can stop addiction in its tracks.

WARNING  
SIGNS

RISKS

PREVENTION

COMMONLY  
MISUSED  
MEDICATION

GET HELP

NALOXONE

## GOVERNOR BAKER'S OPIOID ADDICTION WORKING GROUP

[LETTER FROM THE  
SECRETARY](#)

[RECOMMENDATIONS  
JUNE 2015](#)

[ACTION PLAN UPDATE](#)

[CHAPTER 55 OVERDOSE  
ASSESSMENT](#)

[CURRENT STATISTICS](#)

[GOVERNOR SIGNS  
LANDMARK OPIOID  
LEGISLATION INTO LAW](#)

# Guidelines for Opioid Management within a Hospital Setting

## 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 alternatives to prescription opioids. We encourage all hospitals to adopt the recommendations. The guidance includes the following materials:

- [Guidelines for Opioid Management by Clinicians and Staff within a Hospital Setting](#)
  - [Suggested Opioid Prescribing Guidelines Flowchart](#), - Provides a quick, visually graphic picture of the prescribing process for physicians and providers who prescribe opioids as outlined in detail within the guidelines.
  - [Physician/Prescriber Reminders When Prescribing Opioids](#), - Jointly issued by MHA and Massachusetts Medical Society, - Provides a quick checklist of reminders for physicians and prescribers to reference when issuing opioid medication.
  - [Pain Stewardship Program](#) – Jointly released by Beth Israel Deaconess Hospital- Plymouth and Mallinckrodt Pharmaceuticals, provides acute pain management resources and tools to help institutions educate patients and provide improved assessments and non-opiate treatments options for acute pain.
  - [Provider Core Competencies](#), - Jointly issued by MHA, MMS, COBTH, and DPH – Hospitals with a residency and/or fellowship program are requested to include these core competencies as part of their trainings to ensure that all future providers are aware of and meeting expected prescribing standards for opioids.
- 
- MHA, MMS, and the Department of Public Health issued the following [Designated Institutional Officials \(DIO\) letter](#).
  - Training resources that physicians should use to meet necessary competencies can be found on the [MMS Medical Education Core Competency webpage](#)

# Guidelines for Opioid Management within a Hospital Setting (continued)

- [Naloxone Standing Order Best Practices](#), - A summary of the state - recommended steps that facilities should follow if they choose to adopt a standing order within their internal pharmacies.
- [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 (or a provider may use some or all of this language in your existing fact sheets provided to patients)
  - [Folha de informações ao paciente](#) (Portuguese patient fact sheet)
  - [Hoja informativa para el paciente](#) ((Spanish patient fact sheet)
- [Template Medication Storage Fact Sheet](#), - Proposed recommendations for safe and appropriate storage of opioid medications within a patient's residence that may also be provided to patients when a prescription is issued.
- [Available Drug Disposal Options](#), - Provides an overview of local and statewide appropriate and safe disposal options for opioids. Also provides space for a hospital to include information on disposal options within each facility, if available.
- [Hospital Commitment Letter](#), - Asking all hospitals to complete to demonstrate their commitment to each of the six provider and eight operational recommendations.
- [Members who signed the Opioid Management within a Hospital Guidelines commitment letter.](#)



# Law Chapter 52 of the Acts of 2016

## Baker Signs Compromise Opioid Bill Into Law

March 14, 2016 Updated 03/14/2016 11:40 AM By [WBUR Newsroom](#)



March 14, 2016

Boston Massachusetts Governor, Charlie Baker has signed into law a compromise bill that seeks to alleviate the state's opioid crisis.

# Key Components & Regulatory Timelines in the Opioid Bill

**3/1/2016**

Prescribing Requirements

**3/1/2016**

Partial Fill Requirements

**3/1/2016**

Provider Education Requirements

**4/1/2016**

Monthly Reporting of Exposure Infants & Children

**7/1/2016**

Substance Use Disorder Evaluations

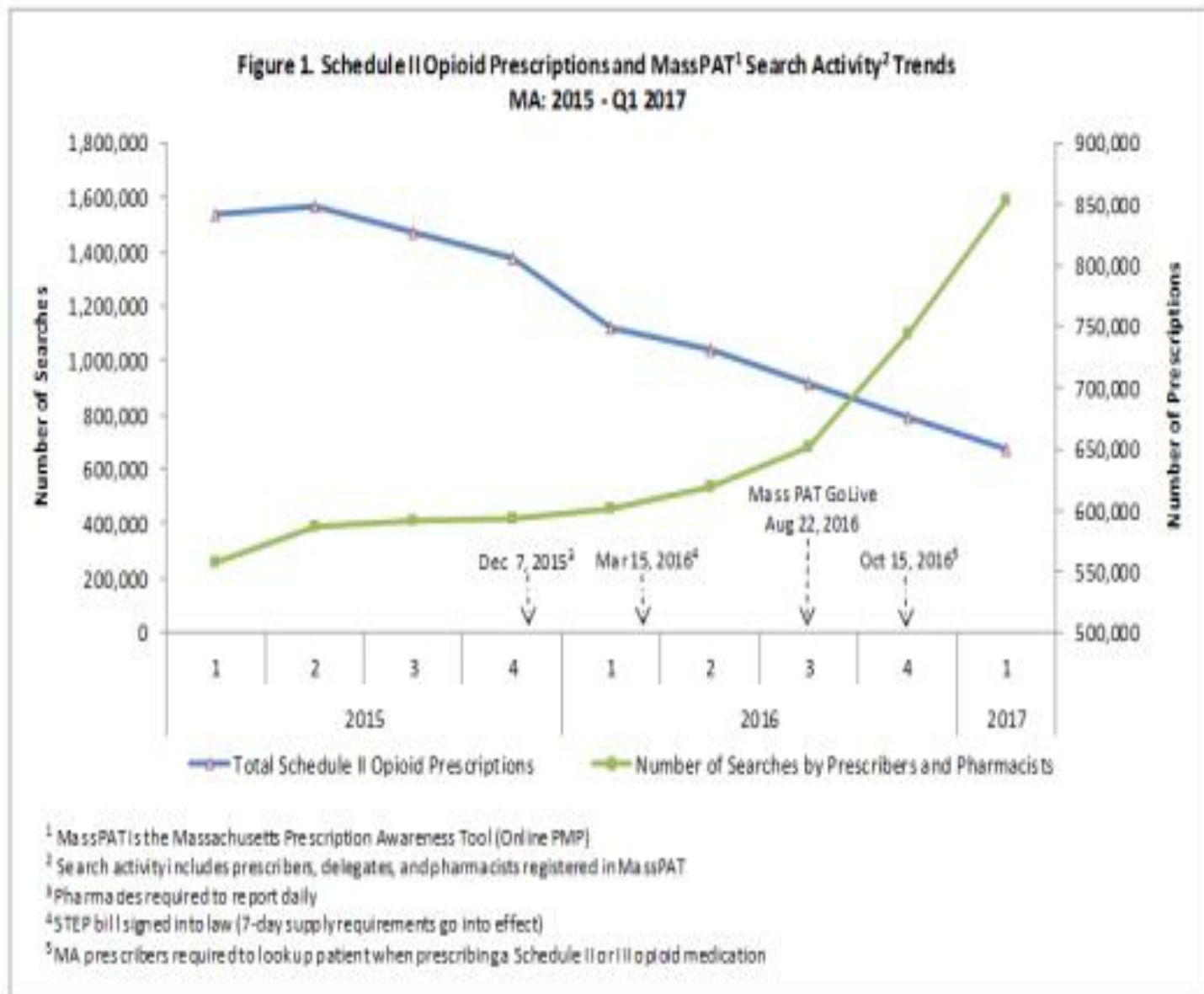
**10/15/2016**

Prescription Monitoring Program

**12/1/2016**

Non-Opiate Directive

# MA Prescription Monitoring Program Data Trend Analyses for Schedule II Opioids Only



# Hospital Setting Guideline Results

- Every MHA member hospital committed to implement Phase II Guidelines.
- At two years: statewide opioid prescriptions reduced by 28%
- PreManage ED Implementation ongoing
- Pain stewardship program developed
- Fatal opioid overdoses have declined in parts of eastern Massachusetts
  - 5 % decline in fatal ODs statewide

# Work in Progress....

- PreManage ED (EDIE in other States) from Collective Medical Technology implementation in all hospital EDs
- Patient and Family Agreement on Controlled Substances (PAFACS)
- Supervised Injection Facility Sites (SIFs)
- Improving the Care of Opioid-Exposed Newborns and Families – PNQIN Initiative

# Work in progress, available soon from MHA...Addressing acute withdrawal



## Inpatient Opioid Abuse Prevention

A Comprehensive Guide for Patient Management with Regards to Opioid Abuse

## Patient and Family Agreement on Controlled Substances (PAFACS)

**We care about our patients and are committed to their recovery and wellness. These policies have been developed to help us achieve that.**

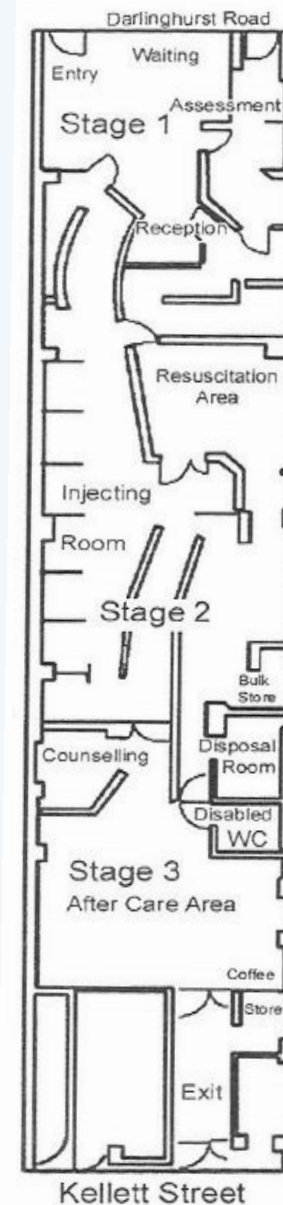
# WHAT IS A SIF?

A legally sanctioned facility where people who use injection drugs can inject pre-obtained drugs under medical supervision

a.k.a. supervised injection sites (SIS), drug consumption facilities (DCF), medically supervised injection centers (MSIC)



Sydney Facility Floor Plan



### Staffing:

- Medical Director & Nurses
- Peer supporters
- Public health advocates
- Security





# The Neonatal Quality Improvement Collaborative of Massachusetts

[Home](#)[Meetings and Events](#)[Our Projects](#)[Contact](#)

## Improving the Care of Opioid-Exposed Newborns and their Families: A PNQIN Initiative

The Neonatal Quality Improvement Collaborative of Massachusetts (NeoQIC) and the Massachusetts Perinatal Quality Collaborative (MPQC) are excited to launch a joint statewide quality improvement initiative focused on improving the care of infants and families impacted by perinatal opioid use and neonatal abstinence syndrome. This initiative builds upon years of past improvement work by NeoQIC, MPQC, and hospitals throughout the state, and relies on close collaborations with many state organizations, including the Department of Public Health, the Bureau of Substance Abuse Services, the Department of Children and Families, Early Intervention, and the Health Policy Commission.

This initiative was formally launched in January 2017. It will be built around multi-disciplinary hospital-based improvement teams, and will rely on the open sharing of practices and data to improve care throughout the state. All hospitals that care for mothers or newborns are invited to participate.

Project components are listed below. For more information, please contact: **Munish Gupta** ([mgupta@bidmc.harvard.edu](mailto:mgupta@bidmc.harvard.edu)), **Ron Iverson** ([ronald.iverson@bmc.org](mailto:ronald.iverson@bmc.org)) or **Mary Houghton** ([mhoughto@bidmc.harvard.edu](mailto:mhoughto@bidmc.harvard.edu)).

>> [Fall 2017 Summit: Improving the Care of Mothers, Infants and Families Impacted by Perinatal Opioid Use: A MA Initiative](#)

Click here to see details for the upcoming summit as well as to access slides and supporting materials for the day.

This page is password protected. If you do not have the password, email Mary Houghton at [mhoughto@bidmc.harvard.edu](mailto:mhoughto@bidmc.harvard.edu).

>> [NICHQ QI Training Webinar Series](#)

This webinar series provided structured quality improvement education to participating teams, and lead teams through the initial steps of formulating and conducting a quality improvement project.

>> [Neonatal Abstinence Syndrome Inpatient Management Quality Improvement Toolkit \(CLICK HERE TO SEE TOOLKIT\)](#)

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>> [MPQC Maternal Opioid Use During Pregnancy Toolkit \(CLICK HERE TO SEE TOOLKIT\)](#)

This toolkit was developed by all the maternal health providers that encompass the Massachusetts Perinatal Quality Collaborative, the Massachusetts Department of Public Health, Bureau of Substance Abuse Services, Boston Medical Center's STATE QBAT-B, and Institute for



# Presidential Commission on Combating Drug Addiction and the Opioid Crisis

- President Trump declared a national emergency, August 10, 2017.
- This should awaken every American to this simple fact: **if this scourge has not found you or your family yet, without bold action by everyone, it soon will.**
- Final report with more than 50 recommendations issued on November 1, 2017

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Thank You!

