

## **A Multi-Pronged Approach to the Opioid Crisis**

### **Catholic Medical Center – Manchester, NH**

#### **Overview**

Catholic Medical Center (CMC) is a 330-bed, not-for-profit, full-service acute care hospital in Manchester, N.H. The hospital offers medical-surgical care with more than 26 subspecialties, inpatient and outpatient services, diagnostic imaging and a 30-bed 24-hour emergency department (ED). Norris Cotton Cancer Center at CMC offers medical oncology and infusion services, and the New England Heart and Vascular Institute provides advanced cardiology and cardiac surgery services to the region.

In New Hampshire, drug overdoses have surpassed motor vehicle crashes as a cause of death. About 80 percent of those who use illicit street drugs such as heroin began by misusing prescription opioids, whether they were prescribed to themselves or obtained from a friend, relative or dealer. As opioids have taken a grip on the state, hospitals have been inundated with patients suffering from addiction. In EDs alone last year, 6,000 patients struggled with opioid addiction, with more than 1,000 being treated at CMC. Those patients are mostly in their 20s and 30s but range from newborns to the elderly.

CMC has responded aggressively to this opioid epidemic by providing the hospital's medical staff with tools to cope with the influx of patients suffering from Substance use Disorder (SUD). These tools include embedding the New Hampshire Prescription Drug Monitoring Program (PDMP) in the hospital's EMR to identify patient prescription patterns that might indicate an addiction; informing patients of the hospital's pain treatment policy; increasing provider education on substance misuse; partnering with pre-hospital and post-hospital resources; and organizing a continuing medical education program that evolved into an annual Summit on Substance Misuse and Pain Management, which attracts health care professionals including physicians, surgeons, pharmacists, nurses, social workers, first responders, and others so that they can stay abreast of this rapidly evolving opioid epidemic from all over the state.

To help prescribers embrace the state's new opioid prescribing rules, they were given background information detailing how opioid prescriptions can lead to excess pills being available for misuse and diversion. For example, it was shared that in New Hampshire during June 2016, based on data from the PDMP, approximately 4.9 million opioid tablets were prescribed to New Hampshire residents, which is approximately 10 pills per household during just that single month. Early on, to inform patients visiting the CMC ED, patient education posters were mounted in the ED to inform patients that lost opioid prescriptions will not be replaced, opioid pain relievers are used as a last resort therapy, long-acting opioids will not be started in the ED, and contact information for addiction service is provided.

#### **Opioid Prescribing Rules**

Every prescriber in the state is required to use the PDMP, a database that tracks opioid prescribing patterns in New Hampshire and surrounding states, prior to giving patients their initial opioid prescriptions. This database aims to reveal patients who take an excessive amount of these powerful pain medications and who is prescribing them. Medical leadership at CMC played an integral role in development of the new legislation underlying the new opioid prescribing rules and the enhancements to the PDMP.

In fact, N.H. Governor Hassan's designee to the opioid prescribing rules committee was CMC's chief medical officer. New Hampshire's new Opioid Prescribing Rules took effect Jan. 1, 2017, affecting the way health care professionals prescribe, manage, and approach opioid therapy.

The new prescribing rules are far reaching by design, to reduce reliance on prescription opioids and begin to reverse this crippling public health epidemic. When prescribing opioids for acute pain, a prescriber is required to complete a risk-assessment tool to determine whether the patient is appropriate for opioids and provide a written consent document informing the patient of the risks associated with opioids. If the opioid is being prescribed for chronic pain purposes, then one must add a written treatment agreement outlining the responsibilities of both the patient and the prescriber.

In addition, New Hampshire's rules influence practitioners to be cautious and mandate that for acute pain, opioids must be prescribed at the lowest effective dose, for a limited duration. For those patients who need treatment for longer than 90 days, they must undergo random, periodic urine drug testing to ensure they are benefiting from the pain medication. In EDs, urgent care, and walk-in clinics, where there is no continuous relationship between patient and prescriber, one cannot write an opioid prescription for longer than seven days.

#### Cuddling Protocol

In CMC's Mom's Place obstetrical unit, there has been almost a doubling in the percentage of babies born with Neonatal Abstinence Syndrome (NAS) since 2011. But with time, fewer and fewer babies need pharmacological treatment for NAS. Catholic Medical Center treats these babies in quiet rooms designed for one mom and her baby, in contrast to previous usual care that included care in the stimulating environment of an intensive care unit. Some babies still require morphine to wean off their addiction, but many do better without the morphine due to a cuddling protocol with an emphasis on skin-to-skin contact between mother and baby.

In the CMC Pregnancy Care Center, an innovative program named Roots was developed to engage pregnant mothers suffering from SUD so that they can have a safe pregnancy and ultimately deliver an infant who is not addicted. A physician works with other health care professionals to prescribe buprenorphine and provide social supports. Incentives such as baby equipment or a car seat are given periodically to mothers who successfully pass certain milestones in the program.

#### Community Outreach

Hospital staff are interacting more than ever with first responders and treatment centers throughout the city. The goal is to provide patients suffering from SUD with seamless access to outside resources upon discharge so the hospital is a step along the path toward sobriety instead of a big revolving door for people who can't get healthy.

Catholic Medical Center is the "safety net" hospital for Manchester Fire Department's "Safe Station" program. A person suffering from addiction and looking for treatment can enter a fire station and, regardless of the person's ability to pay, is evaluated by firefighters and either taken directly to a community organization that can facilitate the individual's enrollment in the appropriate treatment program or, if medically necessary, taken to Catholic Medical Center for management. Safe Station, which started in Manchester, has been duplicated in Nashua, N.H., and is being used as a model access point for care in many other locations in the country.

## **Impact**

The PDMP was made available to New Hampshire prescribers more than a year ago and is already showing success. The state has started to see a noticeable decline in the number of opioid prescriptions written. Last year, the number of deaths from opioid overdose plateaued in Manchester and has started to fall during the first few months of 2017.

## **Lessons Learned**

CMC has learned that the complicated multifaceted public health crisis cannot be solved by replacing infected heart valves, administering Narcan to a patient in the field, or arresting people trafficking illicit drugs. Rather, a full spectrum of services needs to be available in the community, and they must work in a coordinated and efficient manner. Members of the first-responder community, law enforcement, legislators, medical societies, recovery community, and addiction services are all meeting in Catholic Medical Center on a regular basis brainstorming and planning how to ensure Manchester and New Hampshire can respond effectively to this terrible epidemic. Without the necessary resources and their coordinated interplay, success will be elusive. To overcome stigma, CMC's medical staff and all those caring for patients are routinely reminded that it is not who you are but what you do that can lead you to misuse and become addicted to opioids.

## **Future Goals**

Catholic Medical Center is leading a group of community partners who are participating in a Medicaid Delivery System Reform Incentive Payment (DSRIP) 1115 waiver program. Through this program, community partners strive to enhance and expand behavioral health services and help people enter into recovery. This innovative waiver program has brought together health care providers and community partners to form new relationships focused on transforming how care is delivered. The 1115 Medicaid Waiver provides funding to provide more resources for combatting the opioid crisis and strengthening the state's strained mental health delivery system. Another goal that requires careful coordination of services is to have CMC inpatients suffering from SUD and a severe infection to be transferred from within the acute care hospital to a community-based medical detox and residential treatment facility where they can continue prolonged intravenous antibiotics.

Efforts are planned to educate the health care community and the prescribers on prudent use of opioids to help reduce the number of new prescriptions written for opioids and reduce the number of opioids in circulation, and decrease opioid diversion and the development of new addicts. Pills being stored are prone to being diverted; therefore, CMC is embarking on a program to educate the public to destroy excess pills, and CMC is installing a take-back box in its lobby so people can drop off their unused pills.

CMC has convened a group of ethicists, cardiologists, nurses and administrators to develop sound guidelines to help to fairly and consistently make decisions for challenging patients who might require valve replacement surgery for endocarditis, especially the ones who have endocarditis after already undergoing valve surgery once.

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