

## **Alternatives to Opiates (ALTO<sup>SM</sup>) Program**

### **St. Joseph's Regional Medical Center – Paterson, NJ**

#### **Background**

Pain is the chief reason nearly 75 percent of patients seek emergency treatment. It is what happens after patients leave the emergency department (ED) that public health experts believe has contributed to a crisis of addiction in the United States. At discharge, patients are often given opioid prescriptions. Since the medication has kept their pain at bay, they seek refills from their primary doctors. Though many patients never become dependent, others do. And so although emergency physicians write not quite 5 percent of opioid prescriptions, EDs have been identified as a starting point on a patient's path to opioid and even heroin addiction.

The ED at St. Joseph's Regional Medical Center is the busiest in New Jersey, with approximately 170,000 patient visits expected in 2016. St. Joseph's emergency medicine leaders were determined to take measures to decrease the potential for opioid abuse and addiction.

#### **Program Overview**

In January 2016, St. Joseph's Regional Medical Center launched the Alternatives to Opiates (ALTO<sup>SM</sup>) Program, the first program of its kind in the United States. Led by Dr. Mark Rosenberg, Chairman of Emergency Medicine and Medical Director for Population Health at St. Joseph's Healthcare System, and spearheaded by Dr. Alexis LaPietra, Medical Director of Pain Management in the ED at St. Joseph's Regional Medical Center, ALTO's goal is to stem the use of opiates whenever possible in St. Joseph's ED.

“Our job here together is to look at the whole equation and understand how we can stop people from going from a prescription to an addiction,” said Rosenberg.

ALTO uses targeted non-opioid medications, trigger-point injections, nitrous oxide, and ultrasound-guided nerve blocks to tailor its patients' pain management needs and avoid opioids when possible. Alternatives to opioid treatment have successfully treated patients with five different acute pain diagnoses including headache, long bone fractures, kidney stones, back pain and other musculoskeletal pain. In these diagnoses, non-opioid pain medication is frequently better than opioids because the non-opioid medications target receptors in the body that block the sensation of pain.

Opioids are very powerful medications that when used correctly can help patients with severe pain, such as a trauma victim with a fractured femur or a patient with cancer-associated pain. Opioid painkillers most frequently used in the ED are Oxycodone, Vicodin and Percocet. While they will still be used by St. Joseph's staff to treat chronic pain, they are no longer the first line of treatment.

## **Impact**

In five months, the hospital has reduced opioid use in the ED by 38 percent. St. Joe's has treated about 500 acute pain patients with non-opioid protocols. About three-quarters of the efforts were successful. The other 25 percent eventually needed opioids to curb pain, most of them patients with sciatica, kidney stones or migraines so devastating that they resisted a non-opioid headache protocol developed by the Cleveland Clinic. Upon discharge, some of them were given a limited prescription for opioids. ED staff not only warns these patients about the medications' risks, they help prevent acute pain from becoming chronic by connecting patients with hospital physical therapists, pain management specialists, psychiatrists and primary care physicians who have committed to sticking to the program's goals.

## **Lessons Learned**

Physicians have been trained to ease pain and prevent suffering. Over the years, the "toolbox" had limited medication options to manage pain. The ALTO program allowed for expansion of treatment options available for physicians. It has enabled good medicine and improved patient satisfaction, and has made the doctors' job easier.

## **Future Goals**

Next steps are to expand the program to other acute care settings across the country. Many emergency physicians are ready to jump onboard. Chronic pain and dependency need to be addressed as this program matures.

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