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MASSACHUSETTS HOSPITAL ASSOCIATION

The leading voice for hospitals.

# **AHA Webinar: Combating the Opioid Crisis: Massachusetts' Path to Action**

**March 8, 2016**

# Massachusetts

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Plymouth and Chair, MHA Board of Trustees

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**Peter J. Holden**  
**President & CEO**  
**Beth Israel Deaconess**  
**Hospital – Plymouth**

**Chair, MHA Board of**  
**Trustees**

# Drug Epidemic in Plymouth, MA and South Shore

[https://www.youtube.com/watch?v=\\_nkwY2SgtkeE](https://www.youtube.com/watch?v=_nkwY2SgtkeE)

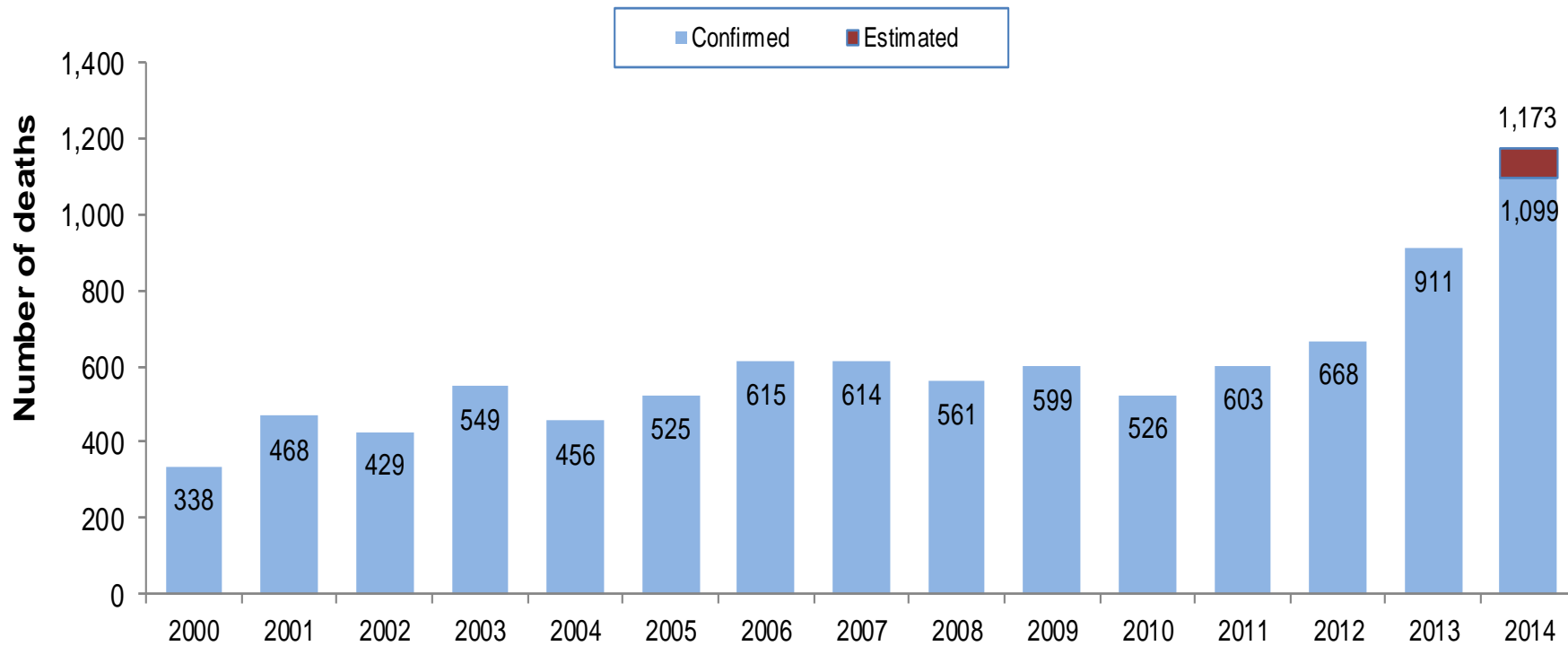


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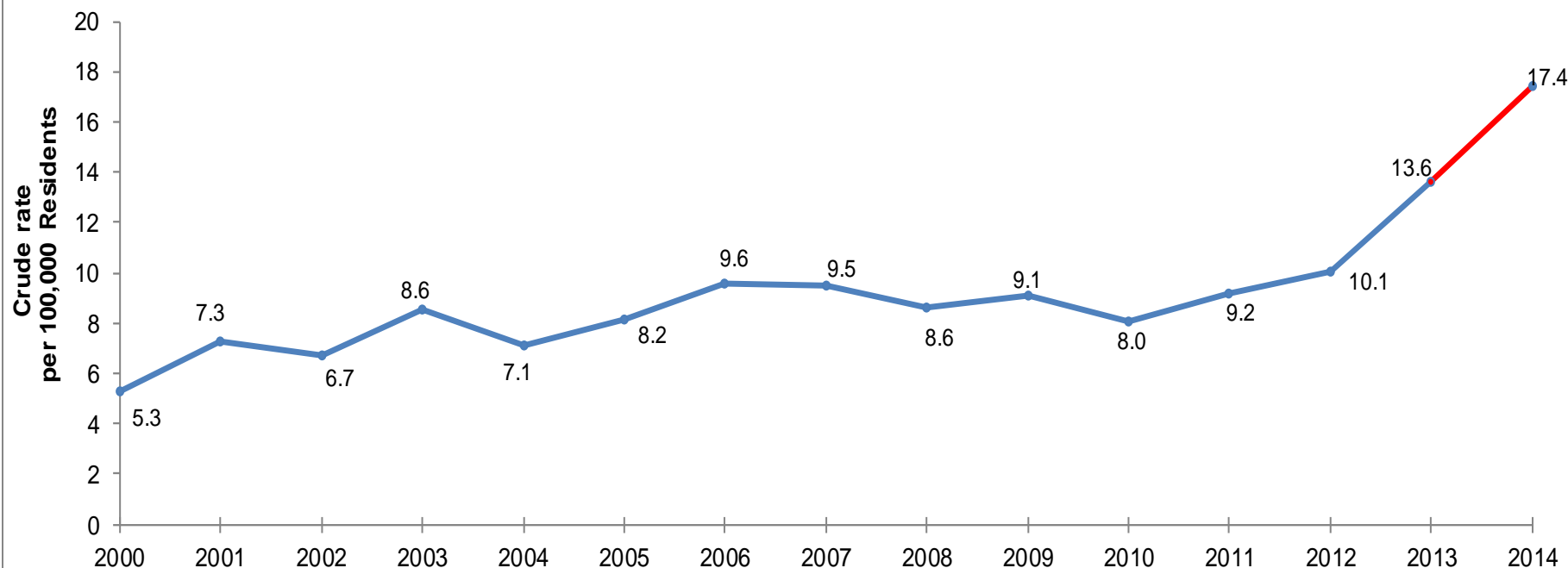
**MHA**

## Opioid-Related Deaths, Unintentional/Undetermined Massachusetts: 2000-2014



Note: These counts are complete as of the date that the state's statistical file was closed.

## Rate of Unintentional<sup>1</sup> Opioid Overdose Deaths Massachusetts Residents: 2000- 2014



<sup>1</sup> Unintentional includes unintentional and undetermined intents to account for a change in policies related to assignment of manner of death in overdose deaths that occurred in 2005. Opioids include heroin, opioid-based prescription painkillers, and other unspecified opioids. This report tracks opioid-related overdoses due to difficulties in identifying heroin and prescription opioids separately.



# 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.

# Task Force Endorsed Action Plan

**Phase I: Hospital Emergency Departments**

**Phase II: Hospital and Health System Ambulatory Clinics**

**Phase III: Private Medical Offices**

- **Actions in Each Phase**

- Best practices, principles shared
- Education of providers and public
- Prescription guidelines disseminated and followed
- Screening tool is adopted by every hospital, health system clinic, private medical practice
- Hospital/health system care team developed to which patient referral can be made and for chronic care patients

# 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.

# Phase I: Hospitals Committed to MHA's Guidelines for ED Opioid Management

Anna Jaques Hospital

Athol Hospital

Baystate Franklin Medical Center

Baystate Mary Lane Hospital

Baystate Medical Center

Baystate Wing Hospital

Berkshire Medical Center

Beth Israel Deaconess Hospital–Milton

Beth Israel Deaconess Hospital–Needham

Beth Israel Deaconess Hospital–Plymouth

Beth Israel Deaconess Medical Center

Boston Children's Hospital

Boston Medical Center

Brigham and Women's Faulkner Hospital

Brigham and Women's Hospital

Cambridge Health Alliance

Cape Cod Hospital

Clinton Hospital

Cooley Dickinson Hospital

Emerson Hospital

Fairview Hospital

Falmouth Hospital

Hallmark Health System

Harrington Hospital

Health Alliance Hospitals

Heywood Hospital

Holyoke Medical Center

Lahey Hospital & Medical Center

Lawrence General Hospital

Lowell General Hospital

Martha's Vineyard Hospital

Massachusetts General Hospital

Mercy Medical Center

MetroWest Medical Center

Milford Regional Medical Center

Mount Auburn Hospital

Nantucket Cottage Hospital

Newton-Wellesley Hospital

Noble Hospital

North Shore Medical Center

Northeast Hospital Corporation

Saint Vincent Hospital

Signature Healthcare Brockton Hospital

South Shore Hospital

Southcoast Hospitals Group

Sturdy Memorial Hospital

Tufts Medical Center

Umass Memorial Marlborough Hospital

UMass Memorial Medical Center

VA Boston Healthcare System

Winchester Hospital

# Massachusetts Emergency Department Opioid Management Policy

## PROVIDER INSTRUCTIONS ONLY – DO NOT HAND OUT

### Patient Information Sheet

At the request of the Massachusetts Hospital Association (MHA) Substance Use Disorder Prevention and Treatment Task Force, the attached document was developed to assist Emergency Department (ED) clinicians with educating patients who come to the ED (especially those seeking an opioid prescription pain medication) about the scope and reasons behind the policy's creation.

MHA has produced this document which your facility can customize, change, or add your hospital's logo and contact information.

*Due to legal EMTALA concerns that could arise with using this policy, MHA worked with outside legal counsel to develop these instructions to ensure that any such use of the documents that the task force developed do not trigger a regulatory review. To that end, we encourage hospitals to work with their legal counsels to consider when to provide this patient information sheet during patient encounters.*

- Neither the ED Opioid Management Policy nor the patient information sheet should be posted in a hospital patient waiting room, triage area, or patient treatment room;
- The documents should only be provided to a patient in the ED after an appropriate medical screening exam. It may be provided during or after the discussion involving appropriate treatment for stabilization;
- 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;
- Do not let this document be a substitute for an informed decision-making discussion; and
- Be aware of a patient's limited English proficiency needs when communicating or providing this document.

# Massachusetts Emergency Department Opioid Management Policy

## Patient Information Sheet

The Massachusetts Hospital Association, with assistance from its hospital and physician practice membership, developed a prescription opioid pain medication policy for hospital Emergency Departments (EDs). The policy's purpose is to help reduce the high number of injuries and deaths to people who misuse opioid medications.

Emergency Departments in Massachusetts have agreed to follow a basic set of principles, outlined below, while doing their best to find the right treatment for your illness or condition. If you have any questions about this policy, please contact \_\_\_\_\_.

**Depending on each patient's specific medical condition and need, the ED clinician may:**

- 1) Screen patients being considered for an opioid pain medication prescription, for risk of substance use disorder or misuse, and for medication/prescription history, which includes reviewing available databases and/or medical records;
- 2) Share information, if available, with a patient's primary care provider or treatment program about opioid pain medications provided, prescribed, or sought in the ED;
- 3) Discuss the potential risks and benefits of taking certain prescription opioid pain medications, the availability of other alternative treatments, and/or no treatment;
- 4) Limit the prescribing of certain opioid pain medication if such medications are lost, stolen, or destroyed – unless the clinician can verify the prescription with a primary care provider or treatment program; and
- 5) Limit the dosage of prescription opioid pain medications to, at most, three days.

### The general risks of using opioid pain medications include, but are not limited to:

- Developing tolerance, dependence, or addiction;
- Withdrawal symptoms;
- Overdoses that can lead to slowed/stopped breathing, which can cause disability or death;
- Drowsiness or other impairments to the operation of vehicles and machinery, which can lead to injury; and
- Interactions with other drugs that may enhance or intensify the effects of opioids and/or increase the risk of overdose.

### If you receive a prescription for opioid pain medications from this ED, please:

- Store the medications securely;
- Do Not share them with others;
- Do Not use the medications for non-medical purposes;
- Do Not combine opioid medications with other sedating substances;
- Take the medication only as directed;
- Dispose of any leftover medication properly; and
- Schedule a follow-up appointment with your primary care provider (PCP) or, if you do not have a PCP, ask for a list of free clinics in your area.





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## OTHER MHA WEBSITES:

[PatientCareLink.org](http://PatientCareLink.org)

Commitment to Patient Safety  
and High Quality Care



[MAHospitalCareers.com](http://MAHospitalCareers.com)

Matching Healthcare  
Professionals with Hospitals



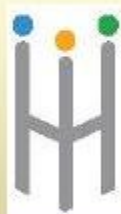
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## MHA a Supporting Organization of the Healthier Hospitals Initiative

Promotes green stewardship in the areas of leaner  
energy and healthier food within the healthcare  
system across the state of Massachusetts.

[Read More »](#)

## [Substance Use Disorder Treatment and Prevention Task Force Guidance](#)

The Massachusetts Hospital Association  
(MHA) and its Substance Use Disorder  
Prevention and Treatment Task Force  
(SUDPTTF/Task Force) has issued new  
provider-focused and provider-developed



## UPCOMING EDUCATIONAL PROGRAMS



Friday, September 18

[9th Annual Administrative Professionals  
Conference](#)

MHA Conference Center at Executive Park,  
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- » [Healing Inside and Out: MA Tobacco-Free Hospital Initiative](#)
- » [Healthy Hospitals Initiative](#)
- » [Substance Use Disorder Prevention and Treatment Task Force](#)

## Massachusetts 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 impacts our hospital communities. Toward that goal, 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

#### 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

- » [Screening Tools Resource Packet](#)
- » [MHA Annual Emergency Medicine Conference 2015 Slide Deck – All Presentations.](#)

# Task Force Progress: Phase I – ED Guidelines

- Actions to Date
  - Issued guidelines in Spring 2015
  - All member hospitals with ED have signed commitment to work with staff to implement
- Next Steps
  - Issued ED Metrics Survey to determine how implementation is occurring
  - *PreManage ED* Care Management Tool
    - Received MACEP/ACEP formal endorsement to work with MHA to implement in all hospitals
    - Able to connect all EDs (through unique hospital EMR systems) to allow real-time communication on high risk opioid patients
    - Discussing implementation plans with hospital CIOs and GCs

# Phase II Progress:

## Focus on all Hospital Licensed Services

- General Hospital Guidelines
  - Developing provider best practices on prescribing and treatment alternatives as well as facility policies related to referrals, storage, disposal, and patient education
  - Collaborating with specialists, professional organizations, Congressional offices, and federal/state agencies
  - Goal is to complete work product prior to April

# Phase II Guidelines in Development

## **Provider Guidance/Recommendations:**

1. Develop/improve clinical and/or prescribing guidelines that: (1) limit/lower supply and/or dose, as clinically indicated; (2) promote use of use of short acting and discourage use of long-acting or extended release opioids when appropriate; (3) use of multimodal medications and alternative therapies; (4) use of new techniques (e.g., nerve blocking, IV NSAIDS, etc.); (5) appropriate tapering practices; (6) mitigate the risk of patients being prescribed/ordered an opioid if they are on a benzodiazepine or other potentially interactive medications; (7) consider non-opioid medication and treatment for pain first; (8) manage and track patient functional progress to prevent patients from remaining on opioid medication long-term and from developing chronic pain; (9) implement screening for stress, distress, and ineffective coping strategies; (10) optimize empathy and communication strategies to ensure patients in pain feel understood, heard, and cared for; (11) incorporate language, concepts, and treatments based on cognitive behavioral therapy principles
2. Develop/improve process to screen patients for risk of unhealthy substance use, risk for development of SUD/addiction, and other important risks including taking benzodiazepines or other potentially interactive medications.
3. Providers should be educated on and versed in treating and addressing the needs of patients suffering from SUD who have acute pain, including safe discharge and patient education/support. Additionally, providers should be educated on special populations of concern, such as pregnant and recently postpartum women, as well as NAS.
4. Develop Guidance for Residency program training and protocols

# Phase II Guidelines in Development

## **Organizational Guidance/Recommendations**

1. Hospitals should ensure that patients are educated and counseled on safe medication storage and disposal options.
2. Recommend that hospitals promote and encourage more providers to obtain a DEA-X license to prescribe buprenorphine for SUD as well as expand methadone maintenance treatments.
3. Hospitals should develop and implement policies and promote technology and other practices to assist providers in safer prescribing practices, thereby reducing the potential for opioid misuse or diversion
4. Consider development of standing order prescriptions for Naloxone Rescue Kits for hospital pharmacies and guidance to providers for referrals to all patients or third parties at risk of opioid overdose.
5. Providers should develop internal process to ensure better communication/sharing of information following acute level of care to a post-acute or primary care provider to ensure continuity of care.
6. Hospitals should maintain current policies for patient and staff education on opioid medication. Hospitals should provide staff with regular training and up-to-date materials to aid in patient discussions. Further, hospitals should have a policy in place and provide any necessary education (initial and continuing) on engaging patients who may have particular needs, such as those who are on medicated assisted treatment (MAT), who have substance use disorder, who are pregnant or recently postpartum with appropriate care and sensitivity. Such policies and training should include specifics on populations of concern, which may include pregnant and recently postpartum women, adolescent patients, geriatric patients, those who currently use alcohol or other substances, those who have a history of SUD or AUD, patients with mental health illnesses, among others.



**Steven M. Defossez,  
MD, EMHL**

**Vice President,  
Clinical Integration**

**MHA**

# Collaborating Work with Others

- Professional specialty groups
  - i.e., Primary care, surgery, orthopedics, emergency medicine, obstetrics and neonatal, behavioral health, pain clinics, pharmacy
- State agencies
  - EOHHS – Governor's Recommendations
  - Health Policy Commission (HPC)
  - Attorney General
- Joint Prevention/Education Communications Strategy
  - EOHHS, MHA, MMS, MAHP
- Provider Association Advocacy
  - Massachusetts Medical Society Task Force
- Statewide Reporting Systems
  - Prescription Monitoring Program (PMP)
  - Adoption of statewide Emergency Department Information Exchange (EDIE) proposal
- Federal legislators
  - Proposed federal legislation and support

# MHA SUDPTTF Collaboration

- **Public education:** EOHSS, MHA, MMS and MHAP
- **Associations:** MMS, Dental, Veterinary, Podiatry, APRN, PA
- **Medical and Dental Schools:** MMS, DPH
- **Residency:** DPH, MMS, COBTH
- **Webinars:** WHA and AHA
- **PMP system:** MHA working with DPH on revised system to ensure adoption by hospital EMRs, streamline resident and intern inclusion
- **Physicians for Responsible Opioid Prescribing**



# Parallel Work by Others



# Parallel Work by Others



COMMONWEALTH OF MASSACHUSETTS

**In order to reduce opioid deaths, the Commonwealth must use all the tools in the toolkit**

## **Prevention**

- School based prevention education
- Parent education about signs of addiction
- Community coalition initiatives
- Local drug-free school initiatives
- Prescriber and patient education
- Drug take-back programs
- Public awareness

## **Intervention**

- Evidence-based screening for risk behaviors and appropriate intervention methods
- Prescription monitoring program
- Civil commitment
- Utilization of data to identify hot spots
- Access to naloxone
- Recovery coaches in Emergency Departments



## **Treatment**

- Continuum of treatment from acute inpatient services to outpatient services
- Civil commitment: court-ordered SUD treatment
- Medication assisted treatment
- Outpatient counseling
- Emergency services
- Central database of treatment resources

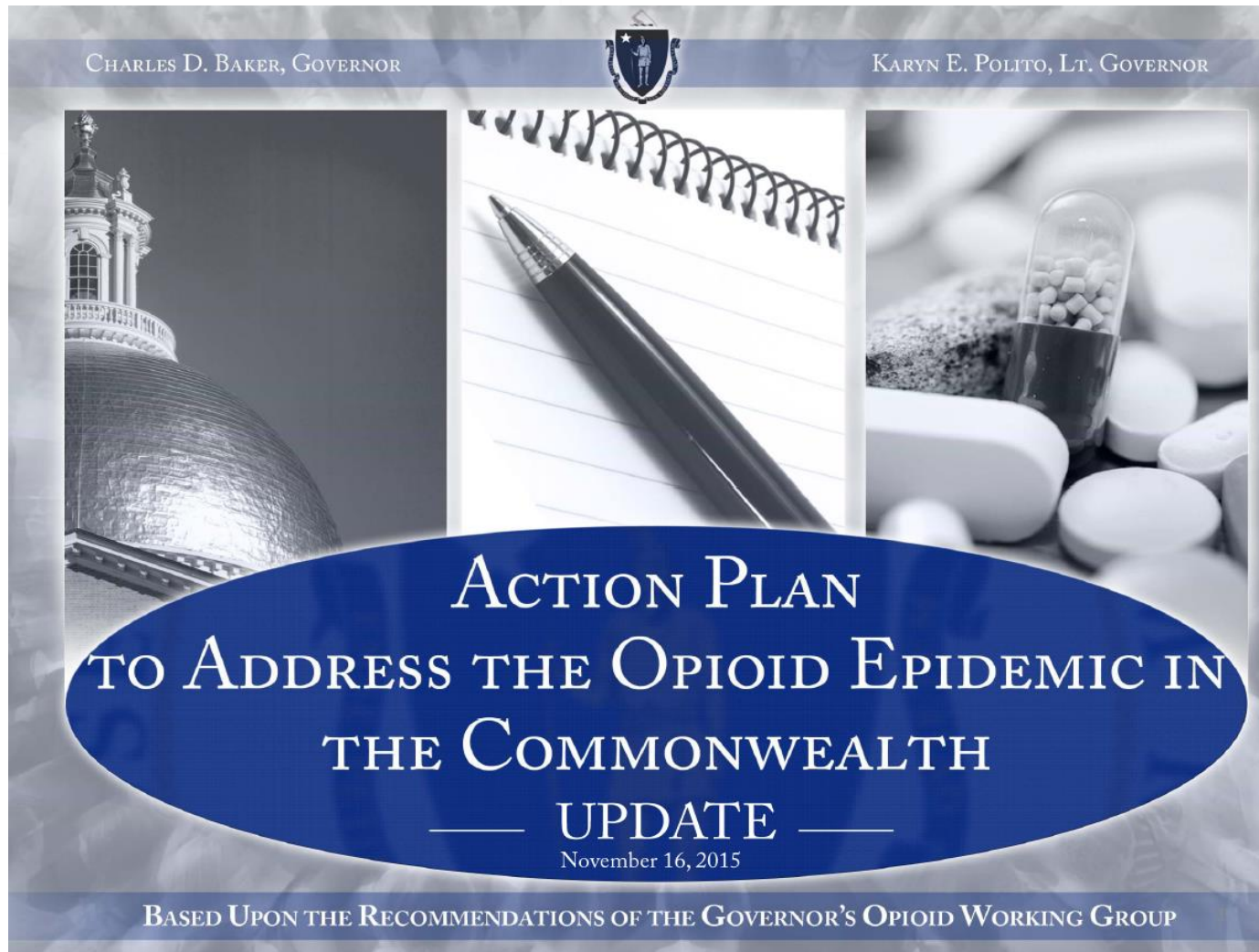
## **Recovery Support**

- Residential rehabilitation programs
- Alcohol and drug free housing
- Family and peer support
- Recovery high schools
- Resource navigators and case management

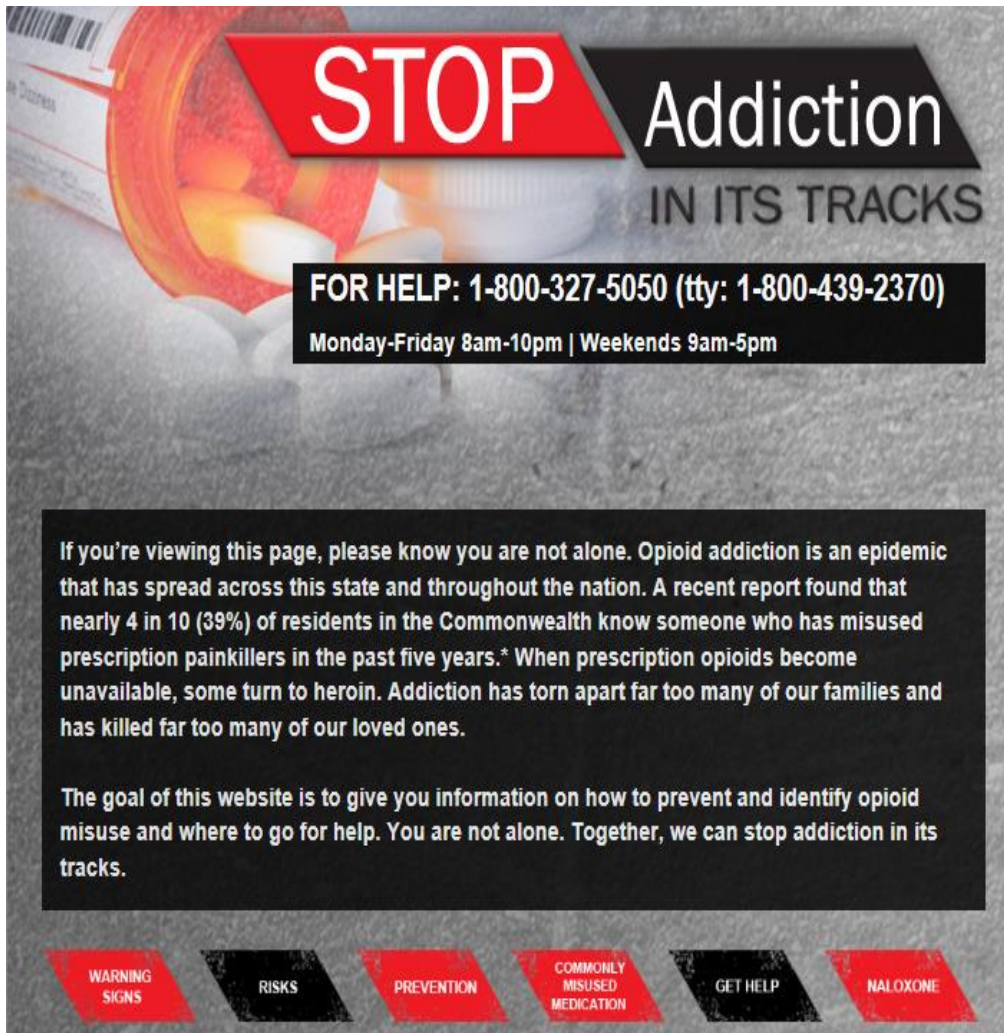
RECOMMENDATIONS OF THE OPIOID WORKING GROUP

9

# Parallel Work by Others



# Parallel Work by Others



**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 -  
NOV. 16, 2015](#)

[BILL ON SUBSTANCE USE  
TREATMENT, EDUCATION, &  
PREVENTION](#)

[CURRENT STATISTICS](#)





# Parallel Work by Others



End the  
**StigMA of  
Addiction**

**#StateWithoutStigMA**

**End the Stigma of Addiction**  
Massachusetts launches the #StateWithoutStigMA campaign.

1 2 3 4 | 

[Learn More »](#)

# Substance Use Disorder Bills

- House and Senate have passed their respective bills and now there is a conference committee.
- **SB2103, An Act Relative to Substance Use, Treatment, Education & Prevention**– Passed in September
- **HB3947, An Act Relative to Substance Use, Treatment, Education & Prevention** – Passed in January
- Notable exceptions to both bills:
  - No 72 hour involuntary hold in EDs
  - No unworkable 3 day prescription limit for first time opiate prescriptions

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