Reducing Opioid Harm: Promoting People-Centered Care

Trinity Health is one of the largest multi-institutional Catholic health care delivery systems in the nation, serving diverse communities that include more than 30 million people across 22 states. We are building a People-Centered Health System to put the people we serve at the center of every behavior, action and decision. This brings to life our commitment to be a compassionate, transforming and healing presence in our communities. We advocate for public policies that support better health, better care and lower costs to ensure affordable, high quality, people-centered care for all.

Reverence—Honoring the Sacredness and Dignity of Every Person—is Inherently Necessary to Reducing Opioid Harm and Promoting People-Centered Care in Our Communities

Reducing opioid harm requires that we each honor the sacredness and dignity of every person. A comprehensive approach to the opioid epidemic acknowledges that—collectively—these below actions for policymakers are all imperative to reducing opioid harm and promoting people-centered care. Trinity Health is committed to partnering with all stakeholders to address opioid use through prevention, intervention, treatment and recovery initiatives.

People-Centered Imperatives for Addressing Opioid Addiction

Opioid-related deaths have reached an all-time high across the nation resulting in nearly 100 Americans dying daily from an opioid overdose, according to the Centers for Disease Control and Prevention (CDC). Altering the course of opioid addiction must include the following imperatives that encompass prevention, intervention, treatment and recovery:

- Building awareness, education and engagement across all stakeholders including patients, providers, pharmacists, families and communities. Broad community education is critical.
- Ensuring resources and coordinated, comprehensive solutions across local, state and federal levels of government.
- Supporting a whole-person approach to meet the full range of an individual’s physical, behavioral and social support needs in an integrated fashion and recognizing that each of these dimensions impacts a patient’s experience of pain as well as his/her health and wellness.
- Enhancing prevention through communication, transparency and accountability among all stakeholders.
- Breaking down barriers to effective treatment and recovery including reducing stigma and ensuring appropriate insurance coverage.

What Can Policymakers Do?

Support whole-person care.

Recommendations:

- Maintain coverage for vulnerable populations, including Medicaid, and align payment systems to support delivery system innovations targeted at high-need individuals—such as through Section 1115 Medicaid waivers—that allow for expanded substance use disorder services and improved care coordination.
- Amend federal privacy rules to fully align requirements for sharing a patient’s substance use records with the requirements in the Health Insurance Portability and Accountability Act (HIPAA) to ensure integrated care across providers and settings.
- Support funding for community care teams, crisis intervention teams, and high-utilizer programs which include critical wrap-around services.
- Allow psychiatrists, addiction medicine specialists, advance practice clinicians (e.g., PAs, NPs), psychologists, social workers, nurses, care coordinators, community health workers (CHWs), and peer-to-peer support specialists to practice in collaborative, team-based environments that enables them to practice at the highest level of their education, training and licensure.
Reducing Opioid Harm

Enhance prevention through communication, transparency and accountability.

**Recommendations:**
- Invest in innovative technology that advances interstate data-sharing and real-time, actionable alert data pushed to providers and care managers, and strengthen utilization and connectivity to prescription drug monitoring programs (PDMPs).
- Advance responsible, evidence-based opioid prescribing and counseling through pain management education, safe prescribing training, and addiction training for all prescribers and dispensers throughout medical schooling and beyond, including for physicians, nurses, physician assistants, dentists, veterinarians, and pharmacists.
- Support policies that limit initial supply of an opioid prescription for acute pain (excluding cancer and palliative care) to seven days, and couple with other pain management treatment as appropriate as well as patient education and counseling.
- Expand coverage for non-drug, alternative approaches to pain management such as physical therapy and cognitive behavioral therapy as well as complementary approaches like acupuncture and chiropractics.
- Increase the number and access to permanent prescription take-back programs and drop-off sites, including addressing regulatory barriers as well as explore other easy-to-access disposal options such as drug deactivation systems.
- Continue to study the effect of the revised patient satisfaction survey pain management questions as well as accreditation standards and their implications on opioid prescribing.

Break down barriers to treatment and recovery and reduce stigma.

**Recommendations:**
- Ensure meaningful insurance coverage of and access to evidence-based medication-assisted treatment (MAT) for opioid use disorder by limiting prior authorization requirements, and allowing for clinical decisions on medication dosage and length of treatment (e.g., no lifetime limits or arbitrarily low dose and time limits) as well as enforcing parity regulations.
- Expand pipeline of the behavioral health workforce with particular emphasis in growing professional expertise in addiction prevention, treatment and rehabilitation.
- Increase access to life-saving opioid overdose reversal drugs through laws that encourage the prescription, training and use of naloxone, the timely seeking of emergency medical assistance, and advancement of important protections for those administering naloxone (e.g., Standing Orders and Good Samaritan laws).
- Invest in and support public health-based interventions as well as use of specialty courts (e.g., mental health courts and drug courts) and stabilization centers as methods to direct persons with mental health and substance use disorders into appropriate levels of care.

Promoting People-Centered Care and Reducing Harm Through Opioid Use Prevention, Intervention, Treatment and Recovery Initiatives

From Mercy Behavioral Health Care's Pathways to Care model in Springfield, Massachusetts to the Opioid Response Team convened by Mercy Dubuque in Iowa and the Substance Use Disorder Task Force at Saint Joseph Mercy Health System in Southeast Michigan, efforts are taking place inside and outside the four walls of the hospital to build awareness, convene communities in open dialogue, identify local gaps and address them together. Investing in peer support specialists and CHWs to help identify at-risk individuals, get them into treatment, and connect them to critical community resources — such as housing and transportation — has demonstrated significant results at Mount Carmel Health System in Columbus, Ohio and Pittsburgh Mercy Health System in Pennsylvania.

Committed to putting the people and communities served at the center of every behavior, action and decision, Trinity Health is broadly collaborating—through the Opioid Utilization Reduction initiative—for the system-wide development, evaluation and dissemination of evidence-based tools and protocols for optimizing care and reducing opioid harm. Focused on early identification and education, initial strategies include physician and clinician tools, nursing assessment tools, case management tools, and electronic health record (EHR) solutions that support real-time clinician notification.

Digital Access: [http://advocacy.trinity-health.org](http://advocacy.trinity-health.org) * advocacy@Trinity-Health.org * #Opioids #HarmReduction

**Mission:** We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

**Core Values:** Reverence • Commitment to Those Who Are Poor • Justice • Stewardship • Integrity
Opioid Epidemic

**BACKGROUND**

Opioid use and overdose deaths represent a public health crisis requiring innovating, evidence-based responses with community involvement. Opioid overdose mortality represents a major and preventable threat to public health. Deaths from unintentional drug poisoning have reached crisis levels in the United States and in Iowa. Last year in Dubuque, we had nine opioid-related overdose deaths, and three have occurred already this year. Other communities in Iowa are also experiencing the devastating effects of illicit opioids.

A growing body of evidence and experience supports innovating community-level approaches to preventing opioid overdose deaths in the broader context of efforts to reduce the risk of overdose through primary prevention of opioid misuse. Numerous pilot programs and evaluations have demonstrated the feasibility and viability of providing opioid education to the community, to health care providers, including Naloxone administration, use, and education on the opioid prescription monitoring program.

The Dubuque community has been monitoring the increasing opioid crisis and we are very concerned about the growing impact on our community. A local, community-based opioid response team has assembled and is meeting regularly. To date, they have educated 435 community and health professionals, along with 168 law enforcement personnel, on Nalaxone administration and promoted community-based organizations to educate the community on the opioid misuse problem. Much of the task force work has become a model for the state.

**POLICY RECOMMENDATIONS**

- Pass "good Samaritan" legislation protecting individuals from arrest and prosecution for possession or use when they are saved from overdose or for calling 911 to save others who overdose;

- Establish drug specialty courts in statute for each judicial district, funded with standing appropriations to the Judicial Branch and Department of Corrections;

- Maintain coverage for vulnerable populations and ensure immediate health benefit coverage to Medicaid and insurance-eligible offenders when released from incarceration, including coverage of naltrexone prescriptions for addicted offenders;

- Direct the Board of Medicine and Board of Pharmacy to collaborate in requiring physician, pharmacist, and eligible prescribers participation in the state prescription monitoring program; to enable inter-state exchange of prescription information; to assure provider adherence to the CDC Guideline for Prescribing Opioids for Chronic Pain; and to limit opioid prescriptions to 7-day supplies,
enabling closer patient supervision by pharmacist and physicians and reducing opportunities for diversion;

- Advance responsible, evidence-based opioid prescribing and counseling through pain management education, safe prescribing training, and addiction training for all prescribers and dispensers throughout medical schooling and beyond, including physicians, nurses, physician assistants, dentists, veterinarians, and pharmacists.

- Create a new public long-term treatment facility for dual-diagnosis patients;

- Direct the Department of Human Services and Iowa Insurance Division to assemble a comprehensive report containing the following elements:
  - Coverage and payment policies for diagnosis and treatment of substance use disorders by insurance companies,
  - Management care organizations and third party administrators on behalf of self-funded plans;

- Aggregate utilization data by county on the number of people treated, services provided, costs incurred and payments made;

- Prospects/research on the success of abuse-deterrent opioid pharmaceuticals.

- Peer to Peer support
  Recognize and support the importance of informal, peer supports such as narcotics anonymous, I Hate Heroine, CRUSH etc. This includes expanding education, increasing inclusivity and financial supports needed to expand reach and efforts.

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9/25/17