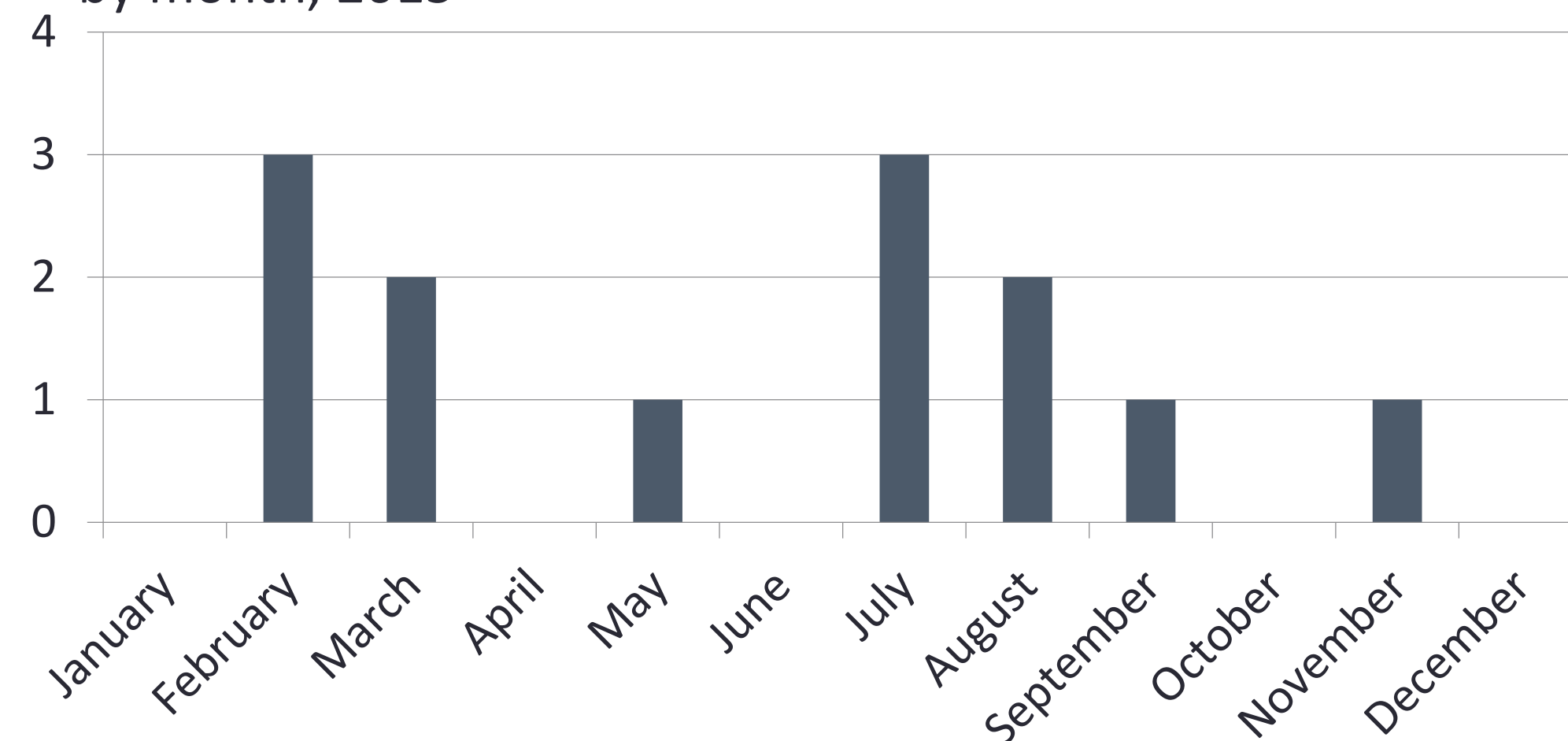


Introduction

- The Cooley Dickinson Health Care Opioid Task Force was formed to:
 - Make recommendations for a comprehensive, coordinated approach to reduce opioid use, dependence, and overdose
 - Match recommendations to MA legislation, Centers for Disease Control and Prevention guidelines, and Partners best practices
 - Work in collaboration with the Hampshire HOPE Coalition

Background Data

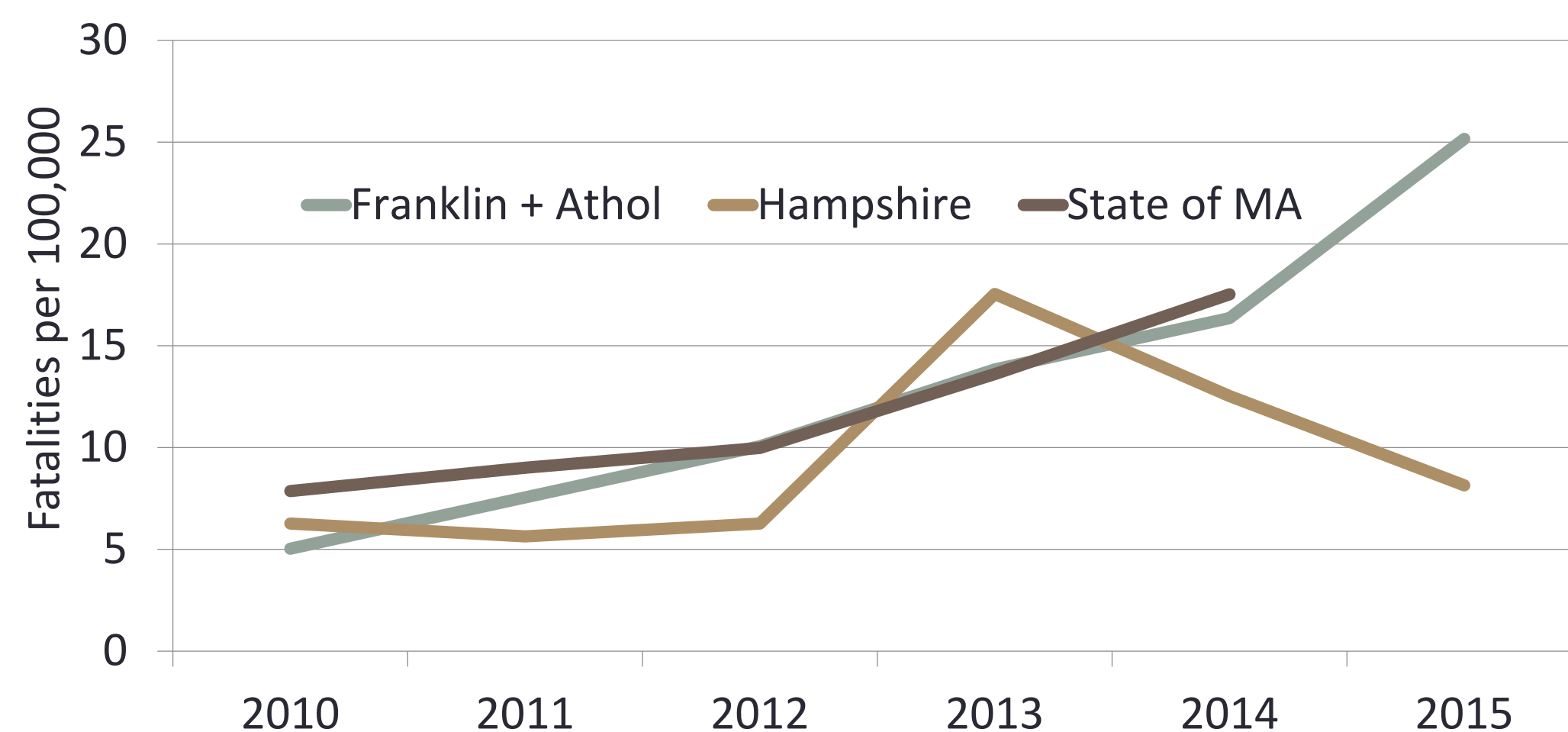
Suspected Unintentional Overdose Fatalities Hampshire County by month, 2015



Total for Hampshire County: 13

Data source: Massachusetts State Police for 2015 data. 2015 data has not yet been confirmed by the office of the Chief Medical Examiner. 02/01/16

Unintentional Opioid Overdose Deaths 2010 - 2015



2015 data source is Massachusetts State Police. All other data are from MA-DPH who does not yet have 2015 data available. 2015 data has not yet been confirmed by the office of the Chief Medical Examiner. 02/1/16

Goals

- First Priority– Reduce overdoses & treat dependence and addiction:
 - Improve detection of patients through more effective screening
 - Increase medication-assisted treatment (MAT) availability
 - Develop comprehensive treatment program including MAT, mental health treatment, and coordination with community resources
 - Eliminate stigma and replace with compassionate care
- Prevent iatrogenic opioid use disorder
 - Adopt guidelines of best practices for pain management and opioid prescribing

Design

- Divided into 3 subgroups, each with unique topics to address:
 - Inpatient**
 - Screening
 - Referrals for MAT and detoxification
 - Education and support and patients, family, and staff
 - Maternal and child health
 - Outpatient**
 - Prescribing guidelines for pain management
 - Prescription Drug Monitoring Program (PDMP)
 - Medication-assisted treatment (MAT)
 - Comprehensive treatment program for opioid use disorder
 - Community resources
 - Patient Contract
 - Emergency**
 - Buprenorphine induction (on-site and referrals to 3rd parties)
 - SBIRT (screening, brief intervention, referral to treatment)
 - PreManage ED
 - Prescription Drug Monitoring Program (PDMP)
 - Recovery Coaches
- Each subgroup met several times to address their designated topics and draft corresponding recommendations
- The full task force then reconvened to consolidate and review recommendations

Outcomes

- At this time, the task force has agreed on over 20 recommendations, including the following:
 - Screen for drug use in all adult patients using the following question: “In the past year, have you used an illegal or prescription drug for non-medical reasons?”
 - Implement Screening, Brief Intervention, and Referral to Treatment (SBIRT) in the ED
 - Ensure all providers are aware of and in compliance with the new state requirement for checking the Massachusetts Prescription Awareness Tool (MassPAT)
 - Recommend all physicians who treat pain and/or addiction become licensed to prescribe buprenorphine for the treatment of opioid use disorder
 - Offer naloxone (Narcan) “prescription” to patients who screen as high-risk for adverse reactions to opioids (e.g. overdose)
 - Educate select clinical staff to specialize in a comprehensive treatment approach of substance use disorder, including medication-assisted treatment (MAT)—buprenorphine and buprenorphine/naloxone (Subutex, Suboxone), methadone, naltrexone (Vivitrol)—and behavioral therapy

Future Directions

- The recommendations of this task force are designed as a first step in addressing the opioid crisis but additional work will be required after they are implemented
- Due to the complexity of pain management and opioid prescribing, the task force will recommend that these topics be addressed by a separate, specialized task force at a later time

Acknowledgements

- I would like to thank the University of Massachusetts Medical School, Heather-Lyn Haley, PhD, Cooley Dickinson Hospital, Jeff Harness (preceptor, task force co-chair), and funding by the MassAHEC Network for making my work possible.
 - HRSA Grant No. 5U77HP03016