Cooley Dickinson Health Care Opioid Task Force  
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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. 02/16

Unintentional Opioid Overdose Deaths 2010 - 2015  
- Franklin + Athol  
- Hampshire  
- State of MA

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  
    o Screening  
    o Referrals for MAT and detoxification  
    o Education and support and patients, family, and staff  
    o Maternal and child health  
  • Outpatient  
    o Prescribing guidelines for pain management  
    o Prescription Drug Monitoring Program (PDMP)  
    o Medication-assisted treatment (MAT)  
    o Comprehensive treatment program for opioid use disorder  
    o Community resources  
    o Patient Contract  
  • Emergency  
    o Buprenorphine induction (on-site and referrals to 3rd parties)  
    o SBIRT (screening, brief intervention, referral to treatment)  
    o PreManage ED  
    o Prescription Drug Monitoring Program (PDMP)  
    o 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

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