Science, Stigma & Solutions: A Pennsylvania Health Network Takes a Three-pronged Approach to Addressing the Substance Use Disorder Crisis

Lehigh Valley Health Network
Opioid Stewardship & Linkage to Treatment Committee
Figure 2: Rate of Drug-Related Overdose Deaths per 100,000 people in Pennsylvania Counties, 2016

Source: Pennsylvania Coroner/Medical Examiner Data
Overdose Deaths are the Tip of the Iceberg

For every 1 prescription or illicit opioid overdose death in 2015, there were...

- 18 people who had a substance use disorder involving heroin
- 62 people who had a substance use disorder involving prescription opioids
- 377 people who misused prescription opioids in the past year
- 2,946 people who used prescription opioids in the past year

Results from the 2015 National Survey on Drug Use and Health: Detailed Tables [1]


Centers for Disease Control and Prevention
How did we get here?

Pharmaceutical Industry

Health Care Industry

Patient Factors
LVHN’s Multi-Pronged Approach to the Substance Use Disorder Crisis

- Prevent New SUD
- Reduce Stigma
- Treat Existing SUD
LVHN has developed opioid prescribing guidelines and resources to promote safe and effective pain management.

Prevent New SUD
Process Metrics

**MMED**
- Average MMED per provider
- Average MMED per division
- Ratio of average MMED in 48 hours before discharge to MMED in discharge script (favorable at <1)

**Discharges**
- Encounters discharged with opioids per 100 discharges
- Percentage of patients discharged with opioids that return to ED due to pain
- Percentage of patients discharged with opioids needing a refill within 30 days

**Opioid Scripts**
- Wean usage per total opioid scripts
- Percentage of scripts with ≤90 MMED with a naloxone script
Key Performance Indicators

PDMP Checked

Opioids Prescribed per Total Script Count

Average MMED
Process: Opioids after Joint Replacements

- Transition of Care (TOC) call center clinicians called patients post-op to help them transition from hospital to home care.
  - Follow-up for max of 90 days.
  - Once patient stated they were done with medication, the nurse counted how many pills were left over.
- In addition, information was pulled from patient’s chart.
Harm Reduction

Providing Naloxone for patients and community members at risk

Prevent New SUD
By educating our network colleagues about disease of SUD, we are increasing understanding and reducing stigma.
Reduce Stigma

LVHN is training our clinicians to use person-first language

<table>
<thead>
<tr>
<th>Positive, Person-First Language</th>
<th>Stigmatizing Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Person with a substance use disorder (SUD)</td>
<td>- Substance Abuse / Substance Abuser</td>
</tr>
<tr>
<td>- Person who uses drugs (PWUD)</td>
<td>- Addict, Alcoholic, Junkie</td>
</tr>
<tr>
<td>- Substance use / substance misuse</td>
<td>- Recovering “addict, alcoholic, substance abuser, junkie, etc.”</td>
</tr>
<tr>
<td>- Person in recovery</td>
<td></td>
</tr>
<tr>
<td>- Person with justice-involvement; person that is justice-involved</td>
<td>- Criminal, Felon, Convict</td>
</tr>
<tr>
<td>- Person experiencing homelessness</td>
<td>- Homeless</td>
</tr>
<tr>
<td>- Positive / Negative</td>
<td>- Clean / Dirty</td>
</tr>
<tr>
<td>- SUD / OUD pharmacotherapy</td>
<td>- Medication Assisted Treatment</td>
</tr>
<tr>
<td>- Medications for addiction treatment</td>
<td></td>
</tr>
<tr>
<td>- Neonatal abstinence syndrome / Neonatal opioid withdrawal syndrome</td>
<td>- Addicted baby</td>
</tr>
<tr>
<td>- Recurrence of use / recurrence of symptoms</td>
<td>- Relapse</td>
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</table>
LVHN is training its clinicians in motivational interviewing practices.

- **Evocation**: Ideas coming from the patient
- **Autonomy**: Respect to patients right to change or not to change
- **Collaborate**: Avoid the “Expert” role
- **Compassion**: With the patients best interest in mind

Reduce Stigma
Reducing Stigma in the Community

An overdose simulation for high school and college students to reduce students’ stigma.

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Center for Humanistic Change
Lehigh Country D&A
Upstream Education

Pre/Post Survey Results

Students accessed an electronic survey pre/post and were asked to answer the below questions as future health care professionals.

- How hopeful are you that a patient with Opioid Use Disorder could enter into long-term recovery?
- How hopeful are you that you could have a positive impact on the Opioid Use Disorder epidemic?

Process Feedback

- “I thought it was very useful and that the live component of the sim was the most beneficial.”
- “The simulation gave us an inside look at the appropriate care and treatment of a patient suffering from a substance use disorder.”
- “Very realistic and impactful, education is important, yet seeing and observing the issue makes it ten times more personal.”
- “The volunteer health care workers were so friendly and informative. The way each part of the simulation was paused and then explained was beneficial.”
- “I enjoyed it a lot. It was eye opening and educational to see the process of EMS to seeking treatment. Great format.”

Opioid Use Disorder Simulation

This year, LVHN received funding from Lehigh County Drug & Alcohol to conduct 16 Opioid Use Disorder simulations serving 265 high school and undergraduate nursing students along with 21 instructors.

The simulation begins with students viewing a pre-recorded video created by LVHN and funded by The Dorothy Rider Pool Health Care Trust. The video features the experience of a standardized patient, “Sarah,” who is found unresponsive by her family. In the video, “Sarah’s” family finds her and calls 911 to initiate the emergency response.

The program transitions to a live simulation in the LVHN Department of Education Simulation Center, where the students observe the LVHN Emergency Medicine team conduct a “warm hand-off.”

Students then debriefed and reflected upon the empathetic attitudes and communication they observed between members of the health care team, “Sarah,” and her family. Students also receive an educational program and hear the story of a person in recovery from the Center for Humanistic Change's HOPE Program as part of the overall immersion.
Treat Existing SUD

Meet LVHN’s Addiction Recovery Specialist (ARS)
Linkage to treatment for ED and Inpatient Setting
Treat Existing SUD

- Use of medications + counseling & behavioral therapies
  - “Whole patient approach”
  - Goal: to help sustain recovery

https://www.samhsa.gov/medication-assisted-treatment
Since 2017, a county-funded Hospital Opioid Support Team (HOST) and Addiction Recovery Specialist (ARS) were implemented in ED & inpatient settings to screen, identify, and link patients with SUD to treatment.

**ARS**
A licensed social worker and certified recovery specialist in Lehigh County, who provides bedside motivational interviewing and care management.

**HOST**
Provides a bedside level of care assessment and warm hand off to treatment in Lehigh County.

**Warm Hand Off Process**
Network wide process in effect in each county.
Expansion Plan: Hub and Spoke Model

LVHN continues to develop a hub & spoke model by expanding MAT services in outpatient practices across the network.
LVHN obstetrics program has developed a Perinatal Substance Use Pathway

PERINATAL SUBSTANCE ABUSE PATHWAY – MATERNAL AND NEWBORN SCREENING AND TREATMENT

INDICATIONS TO ORDER MOTHERAL, AFD/NEONATAL BIOLOGIC SCREENING

1. Did any of your parents have a problem with alcohol or drug use?  
2. Do you have any relatives with history of alcohol or drug use?  
3. In the past, were you held back in school due to alcohol or other drug use?  
4. In the past month, have you drunk alcohol or used any other drug?  

LEGEND

CAC - Children's Advocacy Center  
CMH - Child Protection Medicine  
CSS - Comprehensive Opioid Drug Screen  
CPM - Community Professional Counselor  
MAT - Medication Assisted Therapy  
OYS - Office of Children and Youth Services  
ODD - Opiate Use Disorder  
PSMP - Prescription Drug Monitoring Program  
PNC - Personal Nurse License  
SUB - Substance Use Disorder

Connections Clinic

- Follow in Connections with community care providers if ARM provider visits 18, 37, and 19 weeks
- Follow up with LPC and/or Care Coordinator

Transitional Well visits or OB positive tests (see page 8)

Maternal Substance Use

- Order CDS on presentation and each trimester ARM if expected to be a high-risk patient
- Follow up in Connections with Connections for Perinatal ARM visits (ARM provider visits at 18, 37, and 19 weeks)
- Follow up with LPC and/or Care Coordinator

Other Options

- Notify child at diagnosis and follow

Rehabilitation or Treatment Facility

- Follow up visits at Connections open discharge

General provider

- Follow in Connections with community care providers if ARM provider visits 18, 37, and 19 weeks
Care Coordination - It Takes a Village

- Obstetrical Care
- Addiction Medicine
- Behavioral Health
- Postpartum Care Coordination
- Community Outreach Liaison
- Case Management
- Nursing

Treat Existing SUD
What about the baby?

- Comprehensive pathway
- NAS monitoring and scoring
  - Finnegan scoring
- Nonpharmacological treatment options
  - Skin to skin
  - Breastfeeding
  - Rooming in
- Pharmacologic treatment options
  - Morphine
Addressing SUD with Children & Adolescents

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Adolescent and School Health

- Health Services for Teens
- High-Risk Substance Use Among Youth
- Sexual Risk Behaviors
- Program Evaluation
- Health & Academics
- How the WSCC Model Informs HIV, STD, and Pregnancy Prevention
- Tools
Questions?

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LVHN Opioid Stewardship
&
Linkage to Treatment