

HANYS' Regional Roundtables Provide Critical Insight into the Opioid Crisis



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In October 2017, HANYS' Quality Advocacy, Research, and Innovation (QARI) division began a series of regional roundtable sessions on the prevention and treatment of opioid abuse. These roundtables provided a forum to identify local barriers, challenges, and successes experienced by healthcare organizations and providers. Across the state, more than 100 HANYS members and other stakeholders voiced consistent themes related to structures, data, education, funding and reimbursement, and public awareness.

Structures

Participants said that the lack of standardization for prevention, treatment, and management is a barrier to establishing operational policies and clinical systems/processes. Unlike other chronic conditions such as heart failure or HIV, a standardized, evidence-based approach to opioid abuse has not been identified or adopted by New York State or the healthcare community.

That said, there is also recognition that there are unique challenges that require tailored interventions, as this epidemic affects a diverse group of people across the care continuum, including newborns, adolescents, young adults, pregnant

mothers, the elderly, those who live in rural areas, and the homebound.

At an organizational level, leadership engagement and support varies widely. When leaders provide the necessary resources, tools, and support, organizations are able to achieve steady progress to reduce unnecessary opioid administration and create access and pathways to opioid use disorder (OUD) care. Unfortunately, these organizations are the minority. HANYS' roundtable participants have asked for strategies, tactics, and networking opportunities to facilitate organizational engagement and support.

Data

Roundtable participants indicated a need for improved access to meaningful and actionable data to support improvement efforts. The data currently available are not timely; do not reflect true numbers; or are provided in aggregate, and are therefore not operationally actionable. The data requests HANYS has received from members

are at a process level (e.g., number of times a complementary and alternative medicine [CAM] is ordered), or outcome level (e.g., readmission of a person with OUD). Roundtable participants are eager to have a dashboard that would help drive their OUD work.

HANYS' OPIOID ADDICTION PREVENTION AND MANAGEMENT COLLABORATIVE: *The Opioid Addiction Prevention and Management Collaborative includes education, networking opportunities, and resources designed to support New York healthcare providers' efforts to prevent opioid addiction, treat this as a chronic condition, and advance the community dialogue while appropriately managing patients with pain.*

The resources and information are provided to assist HANYS members in advancing and refining their own campaigns to address this crisis within their facilities and beyond.

Education

Education and support are lacking for all stakeholders, ranging from multidisciplinary providers and staff across the continuum of care to patients, families, and community members.

Those in the healthcare field need patient-centered, interdisciplinary education related to pain management and OUD prevention, treatment, and management. Many roundtable participants expressed frustration that New York State's mandatory education content for pain management does not address key elements such as medication assisted therapy (MAT) or the stigma associated with opioids.

They also expressed frustration that state buprenorphine training requirements are varied, depending on licensures (eight hours are required for physicians, whereas physician extenders require 24 hours). Additionally, the nursing student curriculum does not currently include pain management or OUD education.

In addition to traditional education, participants have requested provider mentoring, particularly related to the administration of buprenorphine and management of chronic pain.

Funding and Reimbursement

Roundtable participants identified two chief barriers related to reimbursement: (1) lack of support for interdisciplinary team care; and (2) low or no insurance coverage for CAM and inpatient detoxification.

In addition, navigating the maze of documentation and coding requirements, such as those associated with Screening, Brief Intervention, and Treatment (SBIRT), is a major barrier to care.

Recognizing the costs and social toll of the opioid epidemic, organizations are eager to launch pilot programming and develop education materials, but need funding to support these efforts. Providers are aware that some funding is being allocated at both the federal and state levels, but point to a lack of clarity about where and how to access these dollars.

Public Awareness

Roundtable participants identified a need for community education related to the risks associated with opioid use, alternative pain therapies, opioid disorder signs and symptoms, and proper medication storage and disposal for patients, families, and communities. This may include a public safety message campaign, along with materials related to signs/symptoms, risks, and treatment that can be distributed during healthcare encounters in the community and schools.

Stigma was identified as a barrier and participants strongly recommended a public awareness campaign be developed, along with healthcare provider, staff, patient, family, and community education. Many suggested that the content should focus on addiction as a chronic illness, not a moral failure. Cultural and diversity challenges were identified, and a lack of information, guidance, and support was voiced.



HANYS TAKES ACTION

Armed with local level insight, perspectives, and experiences, HANYS has been able to advocate on behalf of our members throughout the state budget process, during the review of bills in congressional committees, and by supporting the newly introduced federal Opioid Workforce Act of 2018. HANYS has also advocated on behalf of members at the state level related to coding and reimbursement challenges, targeted education, and licensure requirements.

To help address the many concerns raised during the regional roundtable sessions, HANYS established a Member Advisory Committee, including substance abuse and addiction experts, healthcare leaders, providers, pharmacists, behavioral health professionals, and nurses. This group provides input and guidance to HANYS to ensure the collaborative work is timely and relevant.

To support evidence-based, best practice sharing, HANYS has created a designated section of HANYS' website for federal, state, and accreditation requirements; guidelines and protocols; educational materials; and data. The website is updated continuously to best provide our members with rapidly changing policy, issues, tools, and resources related to the opioid crisis.

HANYS has partnered with national and state organizations such as the American Hospital Association, The Joint Commission, New York State Office of Alcoholism and Substance Abuse Services (OASAS), American College of Obstetricians and Gynecologists (ACOG) District II, and the New York State Department of Health to provide educational

programming, based on the requests of roundtable participants. Further feedback has resulted in the transition to HANYS' monthly *Lunch and Learn* educational sessions, targeted to begin in the third quarter of 2018.

These roundtable sessions have yielded networking and best practice sharing, enabling knowledge and experience to be shared among members. To date, subject matter experts from Mount Sinai West, United Health Services of Binghamton, and Montefiore Medical Center have shared with our members operational solutions and clinical practices that have demonstrated positive outcomes. These opportunities have enabled participants to see things from a different perspective, as well as save time, energy, and resources by learning from others' experiences.

To support proper disposal of unused medications, HANYS has created and distributed medication take-back location materials and the Product Stewardship Institute's *How-to Guide for Drug Take-back* to members. Recognizing the barriers for patients who are homebound, HANYS distributed medication disposal system bags to home care members with reduced pricing rates from the manufacturer. HANYS also provided these to the New York State Office for the Aging for considered use.

HANYS is also collaborating with the Rockefeller Institute and the Research Foundation for the State University of New York on developing practical solutions and strengthening advocacy efforts associated with the themes identified during these sessions.

IN SUMMARY:

Using the lessons from the regional roundtables and other member interactions, HANYS will continue to create programming, tools, and connection to best practices to assist members with the rapidly evolving challenges of the substance use crisis.

HANYS will help members address stigma to help reduce barriers to patient treatment, and to support recovery.

In the coming year, HANYS will focus on continuing member discussion, timely education, consolidation of resources, and advocacy to support real-life process improvement. In addition, HANYS will work to bring meaningful data to the frontline to assist with targeting the best actions at the right place and time.