Stem the Tide:

Addressing the Opioid Epidemic

American Hospital Association™

Advancing Health in America

Suggested Citation: American Hospital Association. (2017). *Stem the tide: Addressing the opioid epidemic*. Chicago, IL: Author. Accessed at www.aha.org/opioidtoolkit

Accessible at: www.aha.org/opioidtoolkit

Contact: physicianforum@aha.org or (312) 422-2600

© 2017 American Hospital Association

Contents

Clinician Education on Prescribing Practices 6

Nonopioid Pain Management 11

Addressing Stigma 13

Treatment Options for Opioid Use Disorders 15

Patient, Family and Caregiver Education 19

Transitions of Care 21

Safeguarding Against Diversion 23

Collaborating with Communities 24

Executive Summary

Every day, hospitals and health systems see the effects of the nation's opioid epidemic. According to the Centers for Disease Control and Prevention, more than 33,000 people died from an opioid-related overdose in 2015. **That's more than 90 people a day or approximately four people each hour.** There are also financial implications due to increased health care and substance use disorder treatment costs, lost productivity and costs to the criminal justice system, estimated to be $78.5 billion in 2016.

Across the U.S., hospitals and health systems are working to address this public health crisis. To help in their efforts, the American Hospital Association developed this toolkit to provide guidance and resources to hospitals and health systems on how to work with patients, clinicians and communities to stem the opioid epidemic. From working on the front lines of the emergency department to connecting patients with treatment and recovery resources in their communities, the nation's hospitals and health systems are partnering with community organizations and providers to address the opioid epidemic on a daily basis.

Examples of successful approaches that hospitals have employed include:

- Project Engage, an early intervention program, resulted in approximately 30 percent of 1,500 ED patients with substance use disorder accepting treatment; before this initiative, the number of patients accepting treatment was close to zero.
- The Alternatives to Opiates (ALTO) program effectively treats patients' pain, and has reduced opioid cases in one ED by 38 percent in five months.

Recognizing the multifaceted role of hospitals and health systems, the AHA developed this toolkit with input from a multidisciplinary team, including representatives from nursing, risk management, physician leadership, research and the AHA's Section for Psychiatric and Substance Abuse Services and Committee on Clinical Leadership. In addition, we vetted the resources with subject matter experts, including psychiatrists specializing in addictions, chief clinical officers and other clinical experts, pain management professionals, and a broad array of stakeholders. This toolkit will be updated regularly to help the field move forward in addressing the opioid epidemic in communities.

This toolkit includes resources for hospitals and health systems to share with clinicians and patients and to use to enhance partnerships within their communities. The information is categorized into eight topic areas:

1. Clinician education on prescribing practices
2. Nonopioid pain management
3. Addressing stigma
4. Treatment options for opioid use disorders
5. Patient, family and caregiver education
6. Transitions of care
7. Safeguarding against diversion
8. Collaborating with communities

Each topic area includes a variety of resources, national and state guidelines, training, simulations and case examples. The AHA recognizes that hospitals and health systems must tailor their efforts to meet the resource realities and unique needs of their local communities. Activities to address the opioid crisis will vary with the size of the organization, location, scope of hospital and physician services, and community and state resources. However, all services developed should be integrated with the resources across the community.

In addition to sharing this information with clinical leadership, care teams and organizations addressing this issue in your community, consider forming a team to look at the issue and joining a learning network. The AHA is working to develop a forum for hospitals and health systems across the U.S. to come together to think through key strategies to stem the opioid epidemic.

The AHA is on a mission to advance the health of individuals and communities in America. We hope you find this toolkit to be a valuable resource in supporting your initiatives to address the opioid epidemic and making your community healthier.

Let us know how you are using this toolkit.

Do you have stories of challenges or examples of successful approaches to share?

Are there additional resources that should be included in this toolkit?

Ensuring **Clinician Education** About and Oversight of **Appropriate Prescribing Practices**

According to the Centers for Disease Control and Prevention, there is much variability on the prescribing practices across the nation. The amount of opioids prescribed per person was three times higher in 2015 than in 1999. This translates to enough opioids to medicate every American around the clock for three weeks. By appropriately prescribing opioids and offering alternative pain management options or both, practitioners have the ability to limit potential long-term use, prevent opioid use disorder, and decrease opioids available for illegal theft and resale in the community.

Hospitals are educating their clinicians in a variety of ways—for example, through medical staff meetings, online CME, grand rounds and benchmarking—and sharing data with clinicians about their prescribing practices compared to others. The National Academy of Medicine emphasizes the importance of providing clinician education on appropriate prescribing practices and on recognizing and treating substance use disorder. These resources support those efforts.

Prescribing Practices

Acute Pain

- **American College of Emergency Physicians' Clinical Policy on Opioid Prescribing.** (2012) This resource provides an overview for prescribing opioids to adults in the emergency department.
- **Opioid Prescribing: Where you live matters.** (2017) Centers for Disease Control and Prevention experts say prescribing opioids for three days or less is often enough; more than seven days is rarely needed. (See page three of linked document.) The CDC also created a checklist for prescribing opioids and a dosing calculation fact sheet.
- **Pain Management Dosing Guide.** (2016) This American Pain Society resource includes information providers should consider when prescribing pain medication and

treatment options. Opioid comparison charts provide a comprehensive overview of different types of opioids to be used to assist with dosing for adult and pediatric patients.

- A report by the National Academies of Sciences, Engineering and Medicine noted that "[t]here do not appear to be any widely accepted guidelines for postoperative prescribing." However, the report does highlight the following studies:
  - » An evaluation of postoperative opioid consumption, finding that patients are being prescribed approximately three times greater opioid medications than needed following upper-extremity surgical procedures. (2016)
  - » A retrospective review finding that an opioid prescribing guideline significantly decreased the rates at which opioids were prescribed for minor and chronic complaints in an acute care setting. (2016)
- **American Dental Association Recommendations.** (2017) This formal ADA Statement on the Use of Opioids in the Treatment of Dental Pain was adopted by the ADA House of Delegates.
- **Improving Pain Management for Hospitalized Patients.** This guide provides practical advice to hospitalists and other leaders who are developing programs to improve pain management in their services and facilities. The focus is on medical patients, though many of the principles described are relevant to patients recovering from surgical care.
- **Substance Use Disorder Prevention and Treatment.** This strategy-focused web page provides links to several resources, including Guidelines for Opioid Management by Clinicians and Staff within a Hospital Setting.

Chronic Pain

- **Guidelines for the Chronic Use of Opioid Analgesics.** (2017) These guidelines from the Federation of State Medical Boards include relevant recommendations and are consistent with recent releases of advisories issued by the CDC and the Food and Drug Administration. It is intended to be a resource to provide overall guidance to state medical and osteopathic boards in assessing physicians' management of pain in their patients and whether opioid analgesics are used in a medically appropriate manner.
- **CDC Guideline for Prescribing Opioids for Chronic Pain.** (2016) This guideline provides recommendations for primary care clinicians who are prescribing opioids for chronic pain outside of active cancer treatment, palliative care and end-of-life care.

- **Guideline Resources: CDC Opioid Guideline Mobile App.** (2016) The app is designed to help providers apply the recommendations of CDC's Guideline for Prescribing Opioids for Chronic Pain into clinical practice by putting the entire guideline, tools and resources in the palms of their hands.
- **VA Management of Opioid Therapy for Chronic Pain.** (2017) This guideline describes the critical decision points in the management of opioid therapy for chronic pain and offers clear and comprehensive evidence-based recommendations incorporating current information and practices for providers throughout the Department of Defense and Veterans Affairs health care systems.

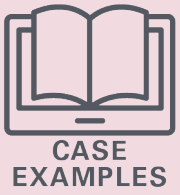
Clinician trainings, simulations and other resources

- **Applying CDC's Guideline for Prescribing Opioids.** (2017) This interactive, web-based training features self-paced learning, case-based content, knowledge checks and integrated resources to help health care providers gain a deeper understanding of the practice guideline. Earn free CE credit.
- **Joint Commission Enhances Pain Assessment and Management Requirements for Accredited Hospitals.** (2017) The Joint Commission's announcement of the implementation of new and revised pain assessment and management standards, effective January 1, 2018, for its accredited hospitals.
- **Substance Use Trainings.** (2017) The Substance Abuse and Mental Health Services Administration and the Health Resources and Services Administration's Center for Integrated Health Solutions compiled a repository of resources, including online trainings, webinars, live classes, in-person meetings and symposiums about substance use, that are available to health care professionals.
- **Providers' Clinical Support System for Opioid Therapies: Education and Training.** Clinical support is provided through online modules, webinars, archived webinars and the PCSS-O mentoring program.
- **A Primer on the Opioid Morbidity and Mortality Crisis: What Every Prescriber Should Know.** The American Medical Association has created this e-learning module that incorporates animation, infographics and storytelling to raise physician awareness about prescription opioid-related morbidity and mortality, factors influencing opioid-related harm, and what steps can be taken to promote the safe use of this important class of medications.

- **CO*RE.** CO*RE is a member-led health care professional organization that represents 750,000 clinicians. CO*RE has compiled a host of resources including live courses, online courses, state-specific information and other tools.
- **Continuing Medical Education (CME) Finder.** This online search tool for health care professionals lists accredited CE activities that are compliant with the FDA's Opioid Risk Evaluation and Mitigation Strategy.

Risk Evaluation and Mitigation Strategy (REMS)

- **Risk Evaluation and Mitigation Strategy.** (2017) REMS is a strategy to manage known or potential serious risks associated with a certain drug product and is required by the FDA to ensure that the benefits of a drug outweigh its risks. The FDA requires a REMS for extended-release and long-acting opioid analgesics.
- **Risk Evaluation and Mitigation Strategy (REMS) for Extended-Release and Long-Acting Opioid Analgesics.** (2017) The FDA provides an overview on the extended-release, long-acting analgesics and provides resources on strategies and how they should be used.



Case Examples

- **Monterey County Prescribe Safe Initiative: Community Hospital Foundation.** (2016) The Prescribe Safe initiative was created by law enforcement, four Monterey County hospitals, and local physicians. Prescribe Safe educates and provides resources for local physicians and patients on the safe use of prescription medications and promotes safe and effective pain management.
- **An Educational Intervention Decreases Opioid Prescribing After General Surgical Operations.** (2017) The aim of this study was an educational intervention to decrease opioid prescribing.
- **Physician/Prescriber Reminders When Prescribing Opioids.** Jointly issued by the Massachusetts Hospital Association and Massachusetts Medical Society, this document provides a checklist of reminders for prescribers to reference when issuing opioid medication.
- **Michigan Opioid Prescribing Engagement Network (OPEN).** Michigan-OPEN is a program created to raise awareness among patients and providers and offer interventions that reduce postoperative opioid prescribing.

- **Levels of Care for Rhode Island Emergency Departments and Hospitals for Treating Overdose and Opioid Use Disorder.** (2017) This resource seeks to standardize humane, evidence-based care of patients with opioid use disorder in the state's emergency and hospital institutions.
- **Interagency Guideline on Prescribing Opioids for Pain.** (2015) This guideline from Washington state offers a balanced approach to pain management. It also recommends multimodal therapies for chronic pain patients.
- **North Carolina Guidelines for Pain Management in Emergency Departments.** The North Carolina Hospital Association developed ED pain management guidelines that the North Carolina Chapter of the American College of Emergency Physicians has since endorsed for pain management, which also incorporate CDC guidelines.

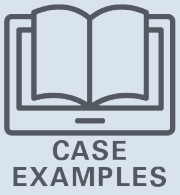
CASE EXAMPLES

Does your hospital or health system have a successful clinician education program around prescribing practices? Share your story here.

Nonopioid Pain Management

According to the CDC, from 1999 to 2014, the sales of prescription opioids in the U.S. nearly quadrupled, but there was no overall change in the amount of pain that Americans reported. Pharmacologic therapy and opioid therapy can be effective strategies to address a patient's pain. These tools and guidelines offer information about other options for pain management.

- **Treating Chronic Pain without Opioids.** (2017) This CDC interactive training module focuses on treating chronic pain without the use of opioids.
- **Nonopioid Treatments, CDC Webinar.** (2016) CDC Recommendations for Nonopioid Treatments in the Management of Chronic Pain.
- **Evidence-based Evaluation of Complementary Health Approaches for Pain Management in the United States.** (2016) This article examines the clinical trial evidence for the efficacy and safety of several specific approaches — acupuncture, manipulation, massage therapy, relaxation techniques including meditation, selected natural product supplements, tai chi and yoga — as used to manage chronic pain and related disability associated with back pain, fibromyalgia, osteoarthritis, neck pain and severe headaches or migraines.



Nonopioid Pain Management Case Examples

- **Creating Clarity in the Confusion of Treating Pain Patients.** (2016) University of Tennessee Medical Center uses a systematic approach that includes three treatment pathways with one for seasoned providers and the other two geared to those with little experience treating pain.
- **Alternatives to Opiates (ALTO℠) program.** (2016) The ALTO program was developed by St. Joseph's Regional Medical Center in Paterson, N.J. This program uses targeted nonopioid medications, trigger-point injections, nitrous oxide, and ultrasound-guided nerve blocks to tailor its patients' pain management needs and avoid opioids when possible.

- **Colorado launched a prescribing program about alternatives to opiates.** A total of eight EDs are currently implementing a guideline developed by the Colorado chapter of the American College of Emergency Physicians.
- **Noninvasive Treatments for Acute, Subacute and Chronic Low Back Pain: A Clinical Practice Guideline from the American College of Physicians.** (2017) The American College of Physicians developed this guideline to present the evidence and provide clinical recommendations on noninvasive treatment of low back pain.

CASE EXAMPLES

What is your hospital or health system doing to provide alternatives to opioids in pain management? Share your story here.

Addressing Stigma

According to the American Psychiatric Association, fear of stigma can lead patients to forgo treatment, leading to poor health outcomes. These resources focus on understanding and addressing the stigma of opioid use disorder and treatment to ensure that patients have the support they need.

- **The Role of Shame in Opioid Use Disorders.** (2016) Shame plays an important role in opioid use disorders (OUD) and can impede treatment if not addressed appropriately. In this module, participants learn to recognize and appropriately address shame in patients with OUD. CME credit available.

- **Follow-up Q&A Webinar: The Role of Shame in Opioid Use Disorders.** (2016) This Q&A webinar further discusses the online module "The Role of Shame in Opioid Use Disorders," with questions from participants and a few cases related to this topic. CME credit available.

- **Addiction, Stigma and Discrimination: Implications for Treatment and Recovery.** (2015) This presentation outlines the background and significance of stigma in relation to addictive disorders, highlights how stigma influences treatment access and treatment and recovery outcomes, and discusses what can be done to address and reduce stigma. CME credit available.

- **Stigma in Methadone and Buprenorphine Maintenance Treatment.** (2015) This module describes methadone maintenance and the effectiveness and key myths of opioid agonist treatment. The module explores empowering clinicians to support patients and their significant others. CME credit available.
- **The Other Victims of the Opioid Epidemic.** (2017) A New England Journal of Medicine opinion piece by a physician on ensuring adequate pain relief for patients during the opioid crisis.

- **Colorado ACEP 2017 Opioid Prescribing & Treatment Guidelines.** (2017) This guide addresses the challenges associated with stigma that patients with substance use disorder experience (see page 17).
- **Mental Health First Aid.** (2013) Many hospitals and health systems use programs such as Mental Health First Aid to combat stigma. A program course includes information on "listen nonjudgmentally."

Addressing Stigma Case Examples

- Words Matter. (2017) Boston Medical Center created a list of stigmatizing and nonstigmatizing language in addition to a pledge that explains the importance of committing to using clinically appropriate and medically accurate terminology.
- **Deconstructing Stigma: A Change in Thought Can Change a Life — McLean Hospital, Belmont, Mass.** (2017) This webinar describes the steps that McLean Hospital took to deconstruct and eradicate stigma.
- **The Value of Patient/Peer Advisory Groups: Improving Behavioral Health Services at Northern Kaiser Permanente, Oakland, Calif.** (2017) This presentation describes the selection, composition and qualifications of Kaiser's advisory council, comprised primarily of individuals who have used behavioral health services at Kaiser.
- **How Hospitals Are Fighting on the Front Lines of the Opioid Crisis.** (2016) This article includes a discussion of how Gundersen Health System decreased stigma.
- **Racism and discrimination in health care: Providers and patients.** (2017) Doctors take an oath to treat all patients equally, and yet not all patients are treated equally well. The answer to why is complicated.

What is your hospital or health system doing to combat the stigma associated with opioids? Share your story here.

Options to Identify and **Treat Opioid Use Disorders**

The AHA acknowledges there is a fuller continuum of care inside and outside of the hospital. It is important that clinicians be aware of how to screen for opioid use disorders and what treatment options are available. This section provides some of those resources. We will continue to add more resources on this topic and include other options as appropriate.

Screening

- **National Institute for Drug Abuse Drug Screening Tool.** (2013) This tool can be used by providers to screen patients for drug use.
- **Screening, Brief Intervention and Referral to Treatment (SBIRT)** (2016). The screening, brief intervention and referral to treatment training is a way for providers to quickly recognize opioid use disorder and either treat or refer patients to more substantial treatment.

Medication-Assisted Treatment

- **Substance Abuse and Mental Health Services Administration's (SAMHSA) Medication-Assisted Treatment.** (2016) This web page includes multiple resources for how to use medication-assisted treatment for patients with substance use disorders.
- **SAMHSA Medication-Assisted Treatment of Opioid Use Disorder.** (2016) This guide for physicians discusses various types of approved medications, screening and assessment tools, and best practices for patient care.
- **The National Practice Guideline.** (2015) The American Society of Addiction Medicine developed the National Practice Guideline to provide information on evidence-based treatment of opioid use disorder.
- **Providers' Clinical Support System for MAT.** (2017) PCSS-MAT is a national training and clinical mentoring project developed in response to the opioid use disorder crisis.

Naloxone

- American College of Emergency Physicians — Emergency Department Naloxone Distribution
- Rhode Island Emergency Department Naloxone Distribution Toolkit
- Naloxone co-prescribing for opioid overdose prevention:
  - » Prescriber info: http://prescribetoprevent.org/prescribers/emergency-medicine/
  - » Patient info: http://prescribetoprevent.org/patient-education/materials/
  - » YouTube video on talking to patients about naloxone

Buprenorphine

Training programs (sign-up required):

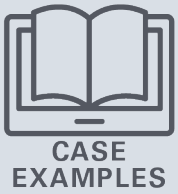
- Providers' Clinical Support System
- American Society of Addiction Medicine
  - » Nurse Practitioner
  - » Physician Assistant
  - » Physician
- American Psychiatric Association
- American Association of Nurse Practitioners

Neonatal Abstinence Syndrome

- **Neonatal Drug Withdrawal.** (2012) The American Academy of Pediatrics' clinical report explains the impact of opioid use and multiple drug use on infants at the time of birth. This resource discusses topic-specific challenges for preterm infants, use of multiple drugs, differential diagnosis and assessment and nonpharmacologic treatment.
- **Neonatal Abstinence Syndrome (NAS).** (2015) Cincinnati Children's provides information on signs of NAS, treatment and answers to frequently asked questions.

Opioid Use Disorder Treatment Options Case Examples

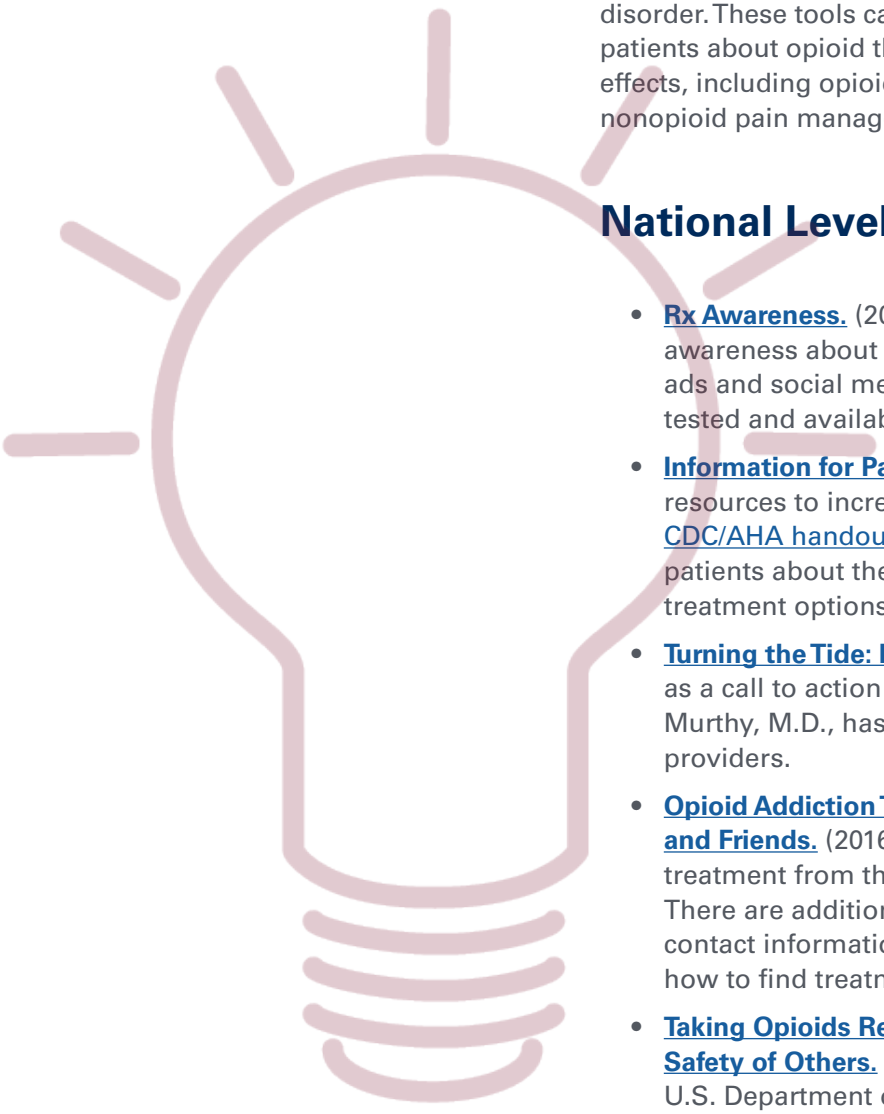
- **Effective Programs for Identification and Treatment of Pregnant Addicted Women.** (2014) One inpatient program increases access to providers, addresses stigma associated with "treatment centers" and provides options for detoxification of pregnant mothers. Another program provides an overview of an outpatient recovery program.
- **Stretching the Scope — Becoming Front-line Addiction-Medicine Providers.** (2017) This New England Journal of Medicine article describes how an infectious disease practice is actively providing medication-assisted treatment to patients.
- **Essentia Health's Chronic Opioid Analgesic Therapy (COAT) Program Reduces Opioid Addiction.** (2016) The COAT program is designed to help people with a history of chronic opioid use reduce or eliminate their dependence on the medications for noncancer-related pain. Since October 2015, Essentia's COAT program has reduced the number of patients that were diverting or inappropriately using opiate medications by roughly 10 percent.
- **Empowering Patients and Families in Times of Crisis: BWFH Emergency Department offers take-home nasal naloxone kits to those struggling with opioid addiction.** A program at Brigham and Women's Faulkner Hospital provides patients and their families with the tools they need to treat an overdose at home using nasal naloxone.
- **Memorial Healthcare System: Maternal Addiction Treatment — Preventing Neonatal Abstinence Syndrome.** (2016) Speakers on this webinar explain what drove the creation of this initiative, the team members who implemented the treatment program and how it has improved access to care as well as quality outcomes for mothers and babies.
- **Effective Programs for Identification and Treatment of Pregnant Addicted Women.** (2014) This AHA webinar explores two unique models of care for the early identification and treatment of pregnant women with a substance use disorder. Each hospital – one a women's and children's hospital and the other a psychiatric facility – has made a commitment to improve the experiences and outcomes for women of all socio-economic groups who are pregnant and have a substance use disorder.



- **Hospital and Health Systems Impacting the Opiate Crisis: Alexian Brothers Behavioral Health Hospital's Approach.** (2016) This webinar features an innovative inpatient and outpatient "rapid opiate detox" program.
- **Project ASSERT: To improve Alcohol & Substance Use Disorder Services, Education and Referral to Treatment.** (2017) Project ASSERT is the first nationally published program in an ED to deploy peer counselors/educators as motivators and navigators to identify and intervene with patients with unhealthy alcohol and drug use.
- **Tackling the opioid crisis in a rural community.** (2017) A rural Maine family practice physician worked to set up medication-assisted treatment – or MAT – to treat opioid use disorder in his primary care practice. MAT pairs nondrug therapies, such as counseling or cognitive behavioral therapy, with an FDA-approved medication, like buprenorphine and naloxone, to treat patients suffering from OUD.

Does your hospital or health system have a successful medication-assisted treatment program? Share your story here.

Ensuring **Patient, Family and Caregiver Education** about the Risks of Opioids



Patients may not be aware of the risks of taking opioids or when and how to seek help if they are concerned about opioid use disorder. These tools can be used by practitioners to help educate patients about opioid therapies and their potential adverse side effects, including opioid use disorder. These tools also provide nonopioid pain management techniques.

National Level

- **Rx Awareness.** (2017) This CDC campaign increases patient awareness about opioids. Resources include videos, online ads and social media. All resources are evidence based, tested and available to the public.
- **Information for Patients.** (2017) The CDC has a number of resources to increase patient awareness. Additionally, this CDC/AHA handout is meant to foster communication with patients about the risks of using opioids and alternative treatment options.
- **Turning the Tide: For Patients.** (2016) The website, developed as a call to action by former U.S. Surgeon General Vivek Murthy, M.D., has educational materials for patients and providers.
- **Opioid Addiction Treatment: A Guide for Patients, Families and Friends.** (2016) This document provides facts about treatment from the American Society of Addiction Medicine. There are additional patient resources, including a list of contact information for support groups and information on how to find treatment.
- **Taking Opioids Responsibly for Your Safety and the Safety of Others.** (2012) This guide, authored by the U.S. Department of Veterans Affairs, provides patient information on long-term opioid therapy.
- **High-Alert Medications: Consumer Leaflets with Safety Tips.** (2012) The Institute for Safe Medication Practices has created educational materials to make consumers aware of high-alert medications. Pamphlets are available in English and Spanish for 11 different medications.

- **Effectively Communicating with Patients about Opioid Therapy.** (2016). This webinar, part of the Clinician Outreach and Communication Activity Call series, discusses how to apply principles of motivational interviewing and describes a six-step process that is patient centered and supports clinical judgment when conflict arises.
- **Lock Your Meds Campaign.** (2017) Lock Your Meds® is a national multimedia campaign designed to reduce prescription drug abuse by making adults aware that they are the "unwitting suppliers" of prescription medications being used in unintended ways, especially by young people. Produced by National Family Partnership, the campaign includes a wide array of educational materials.

Ensuring Patient, Family, Caregiver and Provider Education about the Risks of Opioids Case Examples

- **Massachusetts Emergency Department Opioid Management Policy, Patient Information Sheet.** (2015) This document was created by the Massachusetts Hospital Association to assist emergency department clinicians with educating patients who come to the ED about the scope and reasons behind the policy's creation. These instructions are intended to be used by providers and not distributed to patients.
- **Side Effects and Risks of Opioid Use for Chronic Pain: Patient Education.** (2013) University of Utah created this document, which outlines important information that patients need to know when taking opioids.
- **Template Patient Fact Sheet.** (2016) Jointly issued by the Massachusetts Hospital Association and Massachusetts Medical Society, this form is intended for providers to give to patients when a prescription opioid is issued.
  - » English patient fact sheet
  - » Folha de informações ao paciente (Portuguese patient fact sheet)
  - » Hoja informativa para el paciente (Spanish patient fact sheet)

Does your hospital or health system have a successful patient education program? Share your story here.

Ensuring Safe and Effective **Transitions of Care**

According to the CDC, each day more than 1,000 people are treated in emergency departments for misusing prescription opioids. Especially when patients are taken to the ED after an overdose and an administration of naloxone, there is an opportunity to assist patients beyond surviving the overdose. Even though patients may be experiencing withdrawal and thus may not be receptive to assistance, hospitals are implementing a number of strategies to reach patients and provide stronger connections to behavioral health services, including:

- **The American Society of Addiction Medicine Criteria.** ASAM's criteria are part of a comprehensive set of guidelines that addiction medicine professionals can use to provide a nomenclature for describing the continuum of addiction services.
- **Westmoreland County's Warm Handoff System.** This approach embeds case managers in emergency departments during peak times for overdose patients to present.
- **Recovery Supports for Overdose Survivors.** This program connects individuals who have presented at Rhode Island emergency rooms with an opioid overdose with recovery services delivered by certified peer recovery coaches.
- **Warm Handoff Protocol Outlines Steps for Helping Overdose Patients.** (2016) The Pennsylvania College of Emergency Physicians and the Pennsylvania Departments of Health and Drug and Alcohol Programs partnered to develop this protocol, which was distributed to emergency departments statewide.

Transitions of Care Case Examples

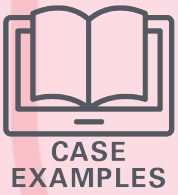
- **Could peer-recovery coaches help fight drug addiction epidemic?** (2016) A new approach involving connecting overdose patients to coaches who have had similar experiences.
  - » **Against the odds, emergency rooms are getting people into addiction treatment.** (2017) Crozer-Keystone Health System in Delaware County, Penn., uses an ED visit as a "warm handoff"—the patient is transferred directly from the ED into a treatment program.
  - » **Project Engage seizes "reachable moment" to treat substance use disorder.** (2017) The ED team at Christiana Care Health System began screening patients who exhibit signs of substance use disorder — people who are at clear risk of doing further harm to themselves and others and are becoming frequent visitors to the ED.

What is your hospital or health system doing to ensure that patients treated for substance use disorder are properly discharged? Share your story here.

Safeguarding Prescription Opioids **Against Diversion**

The resources below are guidelines to help prevent opioid diversion in hospitals and communities.

- **American Society of Health System Pharmacists Guidelines on Preventing Diversion of Controlled Substances.** (2017) These ASHP guidelines provide evidence-based approaches to preventing opioid diversion in the inpatient setting.
- **Drug Diversion: How to Avoid Becoming an Unwitting Participant.** (2016) This session provides an overview of the scope of the problem and addresses why every institution needs to have a program in place to promptly detect diversion. Investigatory techniques are outlined, including analytics technology and transaction reports.



Safeguarding Prescription Opioids Against Diversion Case Examples

- **Cuyahoga County's Collaborative to Create Public Awareness.** (2017) Cuyahoga County, Ohio, launched an extensive, collaborative, long-term public awareness campaign whose purpose is to educate residents about the potential dangers of opioid prescriptions.
- **6 Steps for Hospitals to Take to Prevent Prescription Drug Abuse, Diversion.** (2016) This article describes six interventions that a hospital can implement to control substance diversion.

What is your hospital or health system doing to safeguard prescription opioids against diversion? Share your story here.

Collaborating with Communities

Ending the opioid epidemic requires a coordinated community response. Hospitals and health systems are actively partnering with organizations and people in their communities to address the epidemic together. It is important to connect with community opioid treatment programs, buprenorphine/naloxone providers, and explicitly encourage communitywide conversations. For example, hospitals and health systems are reaching out to other health care providers, state and local health departments, local behavioral health authorities, law enforcement, nonprofit organizations (including those focused on substance use disorders), community mental health centers, federally qualified health centers, faith-based groups, pharmacies, local political leaders, schools and district attorneys.

Many hospitals are engaging recovery specialists to help patients admitted for drug overdose to enter treatment, expanding substance use disorder treatment services, providing naloxone to first responders, integrating physical and behavioral health care, joining with law enforcement to facilitate access to treatment, funding public education programs, educating community clinicians, participating in drug take-back days, and more. Below are resources and examples to help facilitate community partnerships and activities.

- **Project Lazarus.** This project is a community-based overdose prevention program that focuses on increasing access to naloxone for prescription opioid users by encouraging physicians to prescribe the antidote to patients at highest risk of an overdose. Project Lazarus offers communities and individuals access to a host of resources on many topics, including: coalition formation, capacity building, sustainability, chronic pain management, safe prescribing practices for providers, opioid overdose education, awareness, safe medication usage materials, and project Pill Drop, a community-based medication disposal program.
- **Opioid Overdose Prevention Toolkit.** (2016) This toolkit from SAMHSA offers strategies to health care providers, communities, and local governments for developing practices and policies to help prevent opioid-related overdoses and deaths.

- **Project ECHO® — Opioid Addiction Treatment.** (2017) Project ECHO (Extension for Community Healthcare Outcomes) is a collaborative model of medical education and care management that empowers clinicians to provide better care to more people, where they live. The ECHO model increases access to specialty treatment in rural and underserved areas by providing front-line clinicians with the knowledge and support they need to manage patients with complex conditions.
- **Drug Overdose Immunity and Good Samaritan Laws.** (2017) The National Conference of State Legislatures has a compilation of resources including the importance of the use of naloxone and Good Samaritan laws.
- **Webinar: Strategies Addressing the Opioid Crisis in Tribal Communities.** (2017) This webinar highlights effective approaches to addressing the opioid crisis in tribal communities.
- **Drug Take Back and Disposal Resources**
  - **National Drug Take Back Days.** The Drug Enforcement Administration hosts two national drug take-back days annually. The AHA recommends that hospitals wishing to support these efforts work with their community coalitions, which should include law enforcement.
  - **Ongoing Take Back Programs.** In 2014, DEA finalized a regulation that expanded opportunities for drug disposal. The regulation explicitly describes how hospitals and clinics with on-site pharmacies, narcotic treatment programs, and retail pharmacies can run mail-back programs or maintain collection receptacles at their registered locations. Click here to read the AHA's advisory about the regulation.
- **Other Activities:** Through newsletters and social media, hospitals can make patients aware of other ways to dispose of unused medications.
  - The DEA's website has a search tool for authorized collector locations.
  - **Disposal of Unused Medicines: What You Should Know.** The FDA provides information on what medications can be flushed down the toilet.

Collaborating with Communities Case Examples

- **Our Community Responds to the Opiate Epidemic: Hospitals and Health Systems Impacting the Opiate Crisis.** (2016) Senior executives from Oregon Health State University Hospital, Portland, Ore., provide extensive details about a three-county collaborative involving 14 hospitals from four health systems, two coordinated care organizations and four health departments, which developed a community standard to reduce the use of and addiction to opiates.
- **Hampton Police and Sentara partner to combat opiate overdoses.** (2016) This article describes how Sentara CarePlex Hospital partnered with the local police in Hampton, Va., to supply and provide training on using naloxone.
- **Morrison County's Success in Combating Prescription Drug Abuse.** (2015) This webinar describes the work and impact of a Controlled Substance Care Team and a community Prescription Drug Task Force in Morrison County, Minn.
- **The Addiction Crisis: A Community's Response.** (2016) The speakers share how their community in rural Virginia coalesced to develop strategies to effectively respond to the challenge of heroin and opiate use. Initiatives include "Breaking the Code of Silence," an educational campaign to highlight awareness; development and access to transitional care after incarceration; establishment of a drug treatment court; and use of a peer recovery network.
- **The Safe Passage Initiative: Hospitals and Health Systems Impacting the Opiate Crisis.** (2016) Safe Passage is an addiction recovery initiative that allows people seeking treatment to contact police without fear of arrest, as long as they don't have any outstanding warrants. People can also turn over drugs and paraphernalia without being charged.
- **Improving Addiction Care Team.** (2017) To address the rise in opioid-related admissions and deaths, the Improving Addiction Care Team (IMPACT) at Oregon Health Sciences University built on existing relationships with OHSU leadership and community partners. Specifically, the IMPACT intervention was built on a program called the Care Transitions Innovation (C-TRAIN), following an assessment of community needs and resources.

Has your hospital or health system participated in a community collaboration? Share your story here.

Sharing Additional Resources and Suggestions

Do you have suggestions or resources for this toolkit? Submit them here.