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AN EPIDEMIC AMONG US

During the week of August 22, there were over 225 heroin overdoses in four states. Hospital personnel are seeing the devastation caused by addiction, overdoses and deaths related to opioids. Opioid-related deaths reported by the U.S. Centers for Disease Control and Prevention (CDC) continued to increase through 2014,



when there were 29,467 deaths which is a record number. CDC has provided guidelines to assist providers in combating the epidemic. In 2012, health care providers wrote 259 million prescriptions for opioid pain medication, enough for every adult in the United States to have a bottle of pills¹. According to the National Survey on Drug Use and Health (NSDUH), nonmedical use of opioid analgesics such as oxycodone and hydrocodone peaked in 2012, however there has been an increase in heroin use. The data suggest that a major reason for opioid deaths is related to mixing opioids and other medications, and not specifically from drugs such as Percocet and Vicodin. A secondary reason seems to be that the availability and cheap cost of heroin, an illegal opioid, helps the death rate skyrocket. It is reported that makers of prescription painkillers, particularly OxyContin, report a whopping sale of nearly \$3 billion a year.

People who have never had an addiction don't understand how hard it can be.

--Payne Stewart

¹ Paulozzi LJ, Mack KA, Hockenberry JM. Vital signs: variation among states in prescribing of opioid pain relievers and benzodiazepines—United States, 2012. MMWR Morb Mortal Wkly Rep 2014;63:563–8. Pub-Med.

THE SCIENCE BEHIND ADDICTION

Addiction is a chronic disease which can be characterized by drug seeking and use that is compulsive (must have the substance), or difficult to control, despite harmful consequences.

Usually, the decision to take drugs is voluntary, but repeated drug use can lead to brain changes that challenge an addicted person's self-control and interfere with their ability to resist intense urges to take drugs, the need to use. These brain changes can be persistent and long-lasting, which is why drug addiction is considered a "relapsing" disease. People in recovery may experience a continued struggle to not "use" thus making them more vulnerable to relapsing even after many years of sobriety or being clean. With that in mind, drug addiction is a complex disease, and quitting usually takes an individualized plan of care that addresses the physical, biological and psychosocial aspects of this chronic disease. Good intentions and/or a strong will are important yet not likely to assure recovery. The data suggest that at least 10% of the population has a substance abuse problem which translates to one in every ten people.

Many health care professionals do not view substance abuse as a chronic disease, and often label these individuals as "frequent flyers" due to their drug-seeking behaviors. It is important to educate oneself and others that the use of substances is no different from other chronic diseases like diabetes, CHF, chronic back pain, or HIV since all are life threatening and all require care and empathy.



COST OF ADDICTION

Based on the current literature regarding the opioid epidemic, the cost is almost incalculable. Addiction affects the user who may lose all assets to support a habit, they may end up tangling with law enforcement since they have to find ways to support their habit, they may lose family and friends, and ultimately, they may lose their life.

Financially, hospitals may realize bad debt due to the inability to be reimbursed for care of a substance user who cannot pay; hospitals may have few or no resources to refer the patient so the cycle continues. For certain, the cost of care must be paid for, and it is imperative to break the cycle of addiction.

HOSPITAL STRATEGIES TO ADDRESS THE EPIDEMIC

Recently, legislation has been passed at the federal level that allocates funding to combat the opioid epidemic. Generally, patients who are complaining of pain are either seen in the primary care provider's office or the emergency department. One usually becomes suspicious when seeing a patient multiple times who complains of pain. A cautionary note is that it is important not to let one's guard down, and assume the patient's behavior is drug-seeking. That thinking can result in a disastrous outcome.

The American Hospital Association (AHA) has promulgated the following recommendations for hospitals to address the opioid epidemic:

- ◆ *Ensure clinician education about and oversight of appropriate prescribing practices, which includes patient education*
- ◆ *Offer treatment/referrals for patients with a substance use disorder*
- ◆ *Ensure that patients treated for substance use disorder are properly discharged*
- ◆ *Handle individuals with drug-seeking behavior in the ED appropriately, which includes the use of prescription drug monitoring programs*
- ◆ *Review opioid alternatives to pain management*
- ◆ *Safeguard prescription opioids against diversion*

Additionally, communication between hospitals, clinics and primary care providers to reduce "doctor-hopping" for prescriptions is easier to accomplish today with electronic health records. There are always signs of substance abuse, however there are subtle signs as well.

Opioid-Induced Side Effects

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| <ul style="list-style-type: none">• Common side effects<ul style="list-style-type: none">– Constipation– Nausea– Sedation– Confusion– Hallucination– Sweats– Dry mouth | <ul style="list-style-type: none">• Uncommon side effects<ul style="list-style-type: none">– Urinary retention– Pruritis– Delirium– Myoclonus– Hyperalgesia– Seizures– Respiratory depression |
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Miaskowski C, et al. APS Guideline for the Management of Cancer Pain in Adults and Children, 2005.
Emanuel LL, et al. EPEC-O: Education in Palliative and End-of-Life Care – Oncology, 2005.
Swarm R, et al. NCCN Clinical Practice Guidelines in Oncology™ Adult Cancer Pain, v.1.2007.
Levy, MH. NCCN Clinical Practice Guidelines in Oncology™ Palliative Care, v.1.2008.

Assessment of a patient should include some of the side effects that should be assessed. Imbed this information in the EHR which will keep a record of the patient's complaints and treatment. Triggers can include multiple opioid prescriptions over a 30-day period. A comprehensive and intense assessment should be completed as a means of determining opioid use and potential abuse. This type of communication via the EHR will help to minimize patients from shopping around. Determine what alert system works best for your providers to avoid alert fatigue. Prescription drug monitoring can be a valuable tool to address the opioid epidemic.



MISSING LINK AND BOLO

Clearly, resources for the treatment of addictions have been a target for money savings. Behavioral health programs have closed, others are hanging on by a thread, yet lives are being lost. Hospitals in rural areas suffer from a lack of resources to refer patients in need of treatment. Recent legislation has provided \$181 million per year to fight the opioid battle. Enough? Probably not, but it is a start. The Department of Health and Human Services will distribute grants to fund treatment programs, law enforcement-assisted diversion, prisons, educational programs, and to increase the number of patients able to receive medication-assisted treatment according to Michael Gavin, Duluth, Georgia-based president of medical cost management company Prium. For 16 million people in the U.S. who suffer from some form of substance use disorder, the federal bill would only provide \$11 per person per year, Mr. Gavin said, so sadly insufficient. As a result, health care providers must devise ways to help each patient one day at a time.

Be on the lookout (BOLO) for another drug that is rearing its ugly head. It is called carfentanil which is an analgesic for animals and has been seen in high-use heroin regions in specific parts of the country. This drug is being imported from overseas and being shipped to Canada or Mexico and brought across the border.

FINAL THOUGHTS

As a country, the issue of substance abuse, particularly opiates and heroin, has been somewhat ignored as has the treatment for those addicted to the substances. The question this writer struggles with is: does adding money to programs and resources resolve the problem, and is this a real epidemic? Regardless of the answer, hospitals and providers have a responsibility to their communities to care for those with substance abuse problems. Hospitals must determine how to find a way to balance the treatment of chronic pain and prescribing opioids. Perhaps a strange suggestion is to work with recovering opioid users and the P&T Committee to determine the balance needed. After all, who better to provide ideas than those who walk the fine line between recovery and relapse to provide ideas to non-users.

The algorithm for substance abusers is a scary one. Research suggests that users who cannot obtain prescriptions for opioids will turn to heroin. Since heroin is an illegal opioid, indiscriminant "pushers" will lace heroin with a variety of other substances that are lethal. These are the patients seen in the ED.

As new substances enter the market, education about signs and symptoms, is essential as is education for those who are using. Substance abuse is a chronic illness that requires the appropriate treatment and empathy for those battling the disease. Policies and procedures should be in place to reflect the care of these patients, and ongoing education must be in place as a means of continuing to mitigate the loss of more lives. Collaboration with community agencies to establish relationships that will be advantageous to all when the need arises is essential. It takes a village to attach this epidemic.

The Moth don't care when he sees
The Flame. He might get burned,
but he's in the game. And once he's
in, he can't go back, he'll Beat his
wings 'til he burns them black...
No, The Moth don't care when he
sees The Flame. . . The Moth don't
care if The Flame is real, 'Cause
Flame and Moth got a sweetheart
deal. And nothing fuels a good
flirtation, Like Need and Anger and
Desperation... No, The Moth don't
care if The Flame is real. . .

Aimee Mann

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