Collaboration to Combat the Opioid Misuse Crisis

By Barbara Brown

Hannah Newsome’s descent into substance abuse began with pain pills at a time when late nights and parties were recurring themes in her life, Newsome relays in a Virginia Attorney General’s Office documentary about the scourge of prescription and illicit opiate abuse in Virginia. For Newsome, pills were a gateway to heroin. As her dependence worsened, she stole from friends, family, and stores to fuel a drug habit that eventually left her constantly ill. Before she got help for her addiction, Newsome became so sick that even taking more heroin offered no relief. Newsome recovered from addiction. She survived.

Not everyone is so fortunate.

Caitlyn Weems of Virginia Beach played soccer in middle and high school. As a high school freshman, she suffered a serious dental injury during a playoff game that required significant repair work and surgeries over the next year. Over time, Weems’ pain medication tolerance developed to the point that it no longer provided her relief. She began using heroin days after starting college. Within two years of becoming addicted, Weems found herself pregnant, then a mother, and then sober following treatment. Sadly, her story ended tragically – Weems died from a drug overdose.

Those two Virginia stories, in all their redemption and tragedy, are stark reminders that substance abuse is a problem that can ensnare and ruin otherwise productive lives. Opioid misuse and abuse is a real threat to public well-being across the nation and in Virginia. In the Commonwealth, its rise has led to a multi-pronged response by community groups, law enforcement, elected officials, and the health care community. A collaborative approach to combatting this threat is necessary, and Virginia’s hospitals are participating in that effort. Responding to community health needs – whether on an individual or group scale – is a core mission of Virginia’s local hospitals and health systems. The hospital role in responding to the opioid abuse community health crisis illustrates how health care providers are a critical part of society’s health care safety net.

Drug overdose is the leading cause of accidental death in the nation, with more than 47,055 lethal drug overdoses in 2014, according to the U.S. Centers for Disease Control and Prevention. Opioids are a major driver of that trend. About 60 percent (nearly 29,000) of 2014’s fatal drug overdoses were opioid-related deaths involving pain relievers and heroin. Since 2000, the rate of overdose deaths due to opioid abuse has increased 200 percent. Each day, 78 Americans die from a drug overdose involving opioids. In Virginia alone, there were 4,036 recorded opioid-related deaths, according to Virginia Department of Health data spanning 2007-2015. That’s nearly two per day.

Working with members and stakeholders, the Virginia Hospital & Healthcare Association (VHHA) is addressing this challenge. VHHA’s Board of Directors in January 2016 established an opioid task force and charged it with examining ways to reduce opioid abuse, particularly related to emergency room prescribing practices. Following deliberation and research, the Task Force that featured representatives from VHHA-member organizations, the Virginia College of Emergency Physicians, and the Virginia Chapter of the American Academy of Emergency Physicians, developed a set of 14 recommendations to help guide Virginia hospital emergency departments in setting general standards on opioid prescribing. Many Virginia hospitals and health systems had already developed internal standards. The overarching guidelines complement those efforts.

The recommendations address specific instances in which emergency department (ED) personnel should exercise caution in prescribing opioids for treating
chronic pain. They advise prescribers to dispense medications for the shortest time possible. They encourage greater communication between ED prescribers and patients’ primary care physician. They discourage the practice of providing replacement prescriptions, and advise caution when dispensing medication to patients without photo identification. They encourage providers to consult the Prescription Monitoring Program (PMP) before making opioid prescriptions. They discourage the prescription of long-acting and controlled release opioids. And they encourage hospitals and ED providers to use clinical judgment regarding prescription decisions and care coordination to help patients appropriately and safely manage pain. These judicious recommendations come in an era when statistics indicate access to opioid pain medication has skyrocketed. In 2012, for instance, more than 259 million prescriptions for opioid pain medication were written. That’s enough for every adult in the U.S. to have a bottle of pills. And since 1999, the amount of prescription opioids sold in the U.S. nearly quadrupled, without an overall change in the amount of pain Americans report.

The opioid prescribing guidelines were publicly unveiled in April during an event at VCU Medical Center. Also that month, VHHA’s Virginia Hospital Research & Education Foundation (VHREF) hosted a successful webinar (now available for online viewing) highlighting how a Northern Shenandoah Valley community coalition developed strategies to effectively respond to the challenge. Since its premiere, the film has been viewed online more than 57,000 times. Beyond Virginia’s health care providers, public officials at the local, state, and federal levels have likewise responded to the problem. Virginia Governor Terry McAuliffe in 2014 formed a Governor’s Task Force on Prescription Drug and Heroin Abuse. The panel, established to improve public safety and public health, was co-chaired by Secretary Hazel and Virginia Public Safety and Homeland Security Secretary Brian Moran.

Meanwhile, Virginia Attorney General Mark R. Herring has devoted considerable focus to the opioid epidemic. His office spearheaded the powerful “Heroin: The Hardest Hit” documentary about the opioid epidemic and its effect on Virginians. The documentary released in 2015 examines the epidemic from several angles. It features Virginians sharing their own stories of addiction, testimony from parents who have lost their children to opioid overdose, and insights from law enforcement and public health officials who are working to address this challenge. Since its premiere, the film has been viewed online more than 57,000 times.

Legislatively, the 2016 Virginia General Assembly approved several bi-partisan measures focused on curtailing opioid misuse. Among them: HB 293 from Delegate Charniele Herring (D-Alexandria) and SB 513 from Sena-
tor Siobhan Dunnivant (R-Henrico County) require those prescribing opioids to patients for a period longer than 14 days to check the PMP. HB 1044 from Delegate Steve Landes (R-Augusta County) and SB 491 from Senator Emmett Hanger (R-Augusta County) would allow Medicaid managed care organizations to access information in the PMP as necessary to manage the care of MCO enrollees who are included in a Patient Utilization Management Safety or similar management program designed to protect enrollees and detect possible substance abuse. Also, Virginia’s new two-year budget has $11 million in funding (with anticipated federal matching funds) to create new and expand current substance use disorder treatment services for Medicaid beneficiaries.

Beyond Richmond’s Capitol Square, the opioid epidemic is attracting a concerned response on Capitol Hill. The U.S. House of Representatives recently enacted several proposals aimed at addressing the growing challenges posed by opioid misuse. The House action arrives on the heels of the U.S. Senate’s enactment of the Comprehensive Addiction and Recovery Act (CARA) in March. Among the enacted proposals are bills authorizing and reauthorizing new and existing grant programs to states, bills requiring reports on the adequacy of opioid abuse programs and infrastructure, and a bill creating a task force to develop best practices for pain management and prescribing pain medications. Legislation passed with overwhelming support from the Virginia delegation includes H.R. 3680, requiring the U.S. Department of Health and Human Services to establish a grant program to support prescribing overdose reversal drugs for patients at an elevated risk of overdose; H.R. 3691, reauthorizing residential treatment programs for pregnant and postpartum women, and providing grants to states to address the growing epidemic of infants suffering from opioid dependency; and H.R. 4641, establishing an inter-agency task force to review, modify, and update best practices for pain management and prescribing pain medication.

Back in the Old Dominion, Drug Free Virginia has the “Sink or Swim” campaign to provide tools and resources in an effort to build awareness about the dangers of drug misuse. The campaign website features real-life testimonials, drug facts, and drug disposal options.

National chain pharmacies like Rite Aid, Kroger, Walgreens, and CVS are also involved in anti-abuse efforts. Rite Aid has trained more than 8,400 pharmacists on how to dispense naloxone, an opioid overdose reversal drug, and currently dispenses the drug without a prescription. Kroger also dispenses naloxone without a prescription, as does Walgreens (in 35 states and Washington, D.C.) and CVS Pharmacy. In Virginia, Gov. McAuliffe has teamed up with CVS Health to underscore the availability of naloxone.

And starting this fall, more than 60 medical schools, 50 pharmacy schools, and nearly 200 nursing schools will now require students to take some form of prescriber education lecture or class to graduate. Virginia schools that have signed onto this initiative include Hampton University, James Madison University, Old Dominion University, Radford University, and Virginia Commonwealth University.

As with many evolving health challenges, collaboration is crucial to success. Hospitals will continue to partner with community and government allies, continue to serve the public, and continue to innovate in pursuit of solutions. It is encouraging to see the public and private sectors step forward in response to this crisis. Ongoing efforts and continued support is imperative, particularly considering the magnitude of this challenge. Federal legislative responses are an important start. Beyond legislation, funding to implement treatment programs is critical. The President included $1 billion in his FY 2017 budget to expand access to treatment for drug abuse and heroin use over the next two years. Investing in reducing barriers to treatment for substance use disorders will help enable health care providers, including Virginia’s local hospitals and health systems, to combat this epidemic. The numbers are staggering. The magnitude of the problem is distressing. Lives are at stake. Together, we can combat this crisis. Continued collaboration is key.

About the Author

Barbara Brown is VHHA’s Vice President of Data and Research. In that role, she oversees VHHA’s analytical and workforce and community health programs. Prior to VHHA, she worked in risk management for a multi-state malpractice insurer, at a health services research institute, and as editor of a national nursing journal. Her clinical practice work has been as a pediatric nurse practitioner and neonatal intensive care nurse.

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