Collaboration as a Radical Approach to the Opioid Epidemic

Opioids: A Nationwide Epidemic

Opioid abuse continues to be a growing problem in the U.S.—causing 49,068 deaths in 2017 and accounting for 66.4%[1] of all drug overdose-related deaths.

While healthcare providers nationwide continue to roll out programs aimed at controlling the epidemic, some areas have seen more success than others. Washington State saw a 12% reduction in opioid-related deaths, while Maryland, Florida, Pennsylvania, and DC all saw dramatic increases of over 40% (58.9%, 46.3%, 44.1%, and 108.6% respectively) just in the last year.

So what's the difference between the states that are seeing significant improvement and those that are steadily declining—even with statewide awareness initiatives?

There's no silver bullet to such a complex crisis. But states seeing improvements do have one thing in common: Technology-facilitated collaborative care initiatives.

Technology and the Healthcare Industry

Understanding the power of integrating technology and healthcare, the Obama administration began offering incentives in 2009 under the HITECH Act for healthcare providers that were able to demonstrate successful implementation of electronic health records (EHR). However, the results of the act were not increased sharing or collaboration. Rather, EHRs remained locked, siloed, and trapped by the constraints of their poorly built tech.

The real benefits of integrating technology in the healthcare industry come when providers move patient info away from traditional, static, and siloed EHRs and begin utilizing technology as a proactive part of larger collaborative care initiatives. Collective Medical plays a part in numerous statewide and region-specific care collaboration initiatives with new, innovative approaches to addressing the opioid epidemic plaguing hospitals and states today.

In this whitepaper, learn how ED physicians, staff, primary and behavioral care providers, rehabilitation centers, and social workers across the country are teaming up to collectively address the opioid epidemic sweeping the country.

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Washington State

Washington State turned to care collaboration technology as a way to facilitate better care collaboration for patients across the state. Washington chose Collective Medical to provide the technical backbone to its "ER is for Emergencies" program starting in 2014, and now connects hospitals and other healthcare providers across all points of care by sending relevant, real-time patient notifications to physicians at the point of care.

These one-page notifications provide essential patient data—including visit dates, complaints, medication histories, care plans, and existing prescription-management programs—contributed by physicians, case workers, therapists, and other healthcare professionals in the network. In the ED, where the Washington State intiaitive began, the Collective Platform analyzes a patient's data, identifies the most pertinent info for ED physicians, and delivers a succinct, helpful report for ED staff.

These notifications help ED doctors quickly identify high-utilizing patients and patients with a significant history of prescription opioid use. With this information, doctors are better able to coordinate effective discharge strategies, prevent unnecessary readmissions later on, and avoid unneccesary opioid prescriptions.

One year after the Collective Platform was implemented in Washington, the Brookings Institution[3] reviewed the results achieved by the state and found:

in total Medicaid ED visits year-over-year

in ED visits with opiate prescriptions

in total cost savings

Today, Washington ED case managers use platform-based technology to coordinate remotely and in-person with substance abuse and mental health providers, primary care physicians, and rehabilitation facilities. Together, these care teams discuss patient opioid trends and outcomes, and draft and execute care programs for patients in periods of high ED and opiate utilization. Each care program includes specific ED care recommendations, which caution against administering or prescribing opioids from the ED when complaints of pain can't be substantiated—or when a history of chronic pain medication administration exists.

Washington continues to fine-tune and see results with its implementation of cross-collaboration leveraging the Collective Network. These results include a reduction in opioid abuse and fatal overdoses—**decreasing the Washington overdose rate in 2016 by 1.4%** despite a national overdose growth of 21%.

Washington has expanded the Collective Network statewide and across all points of care, including behavioral health, primary care providers, post-acute facilitites and more.

St. Anthony Hospital

St. Anthony was battling high utilization rates and facing growing numbers of patients with high levels of substance use when they learned of Washington's success with tech-driven care collaboration. Steve Hardin, RN BSN and ED Manager, knew that implementing a similar process of real-time analytics and alerts could help St. Anthony address their own challenges.

CHI St. Anthony is a 103,000 square-foot critical access hospital that operates outside Pendleton, Oregon under the Catholic Health Initiatives family. This rural hospital is home to a level four trauma center, four operating rooms, eleven emergency rooms, 30 private patient rooms, and a number of intensive care and specialist units.

St. Anthony turned to the Collective Platform to identify and begin tracking patients who had visited the ED more than 10 times in 12 months. Hospital staff believed that many of its ED frequent utilizers were also at risk of substance use disorder. Identifying these patients, and supporting them on the best path forward, was critical not only to acting as a good community steward but also to address Left Without Being Seen (LWBS) rates. Using this info, St. Anthony staff grouped and began engaging with patients frequently utilizing the ED—all while maintaining limited financial and staffing resources. Now, the Collective Platform also enables St. Anthony's physicians to collaborate with other hospitals, clinics, and primary care providers in the nearby communities to support patients with suspected substance use disorder and other complex conditions. .

For any institution looking to move to more collaborative care, getting consistent cooperation from providers network-wide can be hard. Initially, implementing tech systems can mean an increased workload for ED staff, physicians, psychologists, and others as each adjusts to using the tech as part of their day-to-day workload. As St. Anthony staff began proactively reaching out to patients in high periods, more patient concerns were brought to light, enabling St. Anthony to do something about it. The successes were well worth the challenges.

Since implementing the Collective Platform in 2015, St. Anthony has seen:

- A 60% reduction in narcotic prepack prescriptions from the ED
- A reduction in ED Left Without Being Seen (LWBS) rates from 6% to 2%
- A drop in identified frequent ED users from 17% of overall visits to 4.25%
- $200K in hospital cost savings
- 50% fewer visits from identified high-utilizing patients.

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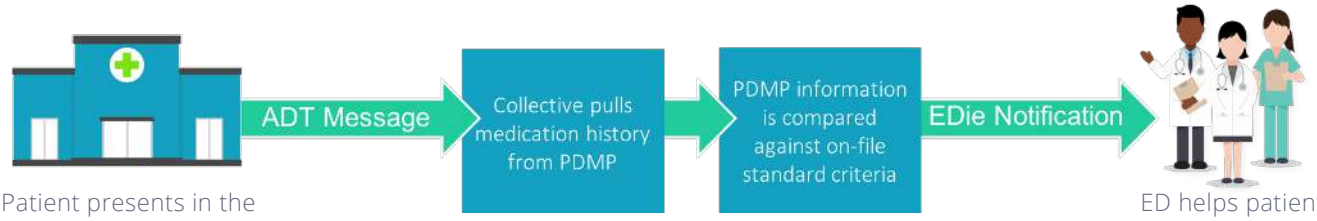
Mat-Su Regional Medical Center

Alaska developed a unique set of initiatives to establish better statewide opioid prescribing guidelines and address the opioid crisis. These initiatives include using Collective Medical to connect real-time patient notifications with the state prescription drug monitoring program (PDMP) for instant patient prescription tracking and care.

No separate portal launches. No external systems. And no physician time wasted sifting through databases for prescription histories.

With the PDMP partnership, once a patient enters the hospital, his or her demographic information is immediately shared to and checked against existing patient records on the Collective Platform. The platform contacts the state PDMP, retrieves the prescription history, and pertinent information about both patient and prescription history is sent directly to the ED according to the criteria established by the treatment facility.



Patient presents in the emergency department

ED helps patient accordingly

For hospitals in Alaska, like Mat-Su Regional Medical Center, the combination of opiate prescribing guidelines, the state PDMP and Collective has been transformational. Mat-Su—a small hospital located in Palmer, AK—saw a significant reduction in prescription opioid use after implementing the notification Platform. By combining the Collective Network, the PDMP, and the state-mandated opioid prescription guidelines, Mat-Su Regional Medical Center saw a 61% reduction in opioid scripts written between 2015 and 2017, and a 47% reduction in opioids given in the ED.

Ultimately, the hope is that physicians will use this opportunity to not only limit opioid prescriptions, but to dialogue with patients struggling with substance use disorder about getting the help they really need.

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Coordinating Care With Automated Narcan/Naloxone Notifications

The West Virginia Hospital Association is partnering with Collective Medical to pilot a program that tracks Narcan/Naloxone administration through collaborative care technology.

The technology works using a network platform that connects to West Virginia's Office of Emergency Medical Services (OEMS), which serves as a database for all EMS encounters. The OEMS sends EMS event information, including Narcan/Naloxone administration, to Collective which then flags these patients for further follow-up.

When a patient presents at an ED and requires Narcan or Naloxone, providers are alerted in real-time with insights at the point of care. By tracking these events, providers can get the information they need from the OEMS, at the moment they need it, to better engage with patients having a full knowledge of the patient's history. While the program is currently being piloted in a single West Virginia county, it will eventually expand to cover the entire state.

Increasing Overdose Awareness Through Physician Follow-up Letters

As opioid use continues to rise, so do the fatality rates that accompany it. In 2016, opioid overdoses killed more than 42,000[5] people; of those deaths, 40% of them were from prescription opioids.

Not only is this dangerous, but expensive. The CDC estimates that—between healthcare, lost productivity, and addiction treatment—prescription opioid misuse costs the U.S. about $78.5 billion[6] each year.

Washington State Medical Association (WSMA), Washington State Hospital Association (WSHA), Washington State Health Care Authority, and the Washington State Department of Health are teaming up to address this issue.

Select Washington providers are currently piloting a program that allows WSHA to send participating doctors a notification letter when a patient overdoses to whom they have prescribed opioids.

When the patient presents at the ED during an opioid overdose, the hospital sends this information to Collective. The Collective Platform pulls patient info and uses this to identify all opiate-prescribing physicians for the patient in the state's PDMP. Letters are then sent directly to those physicians, notifying them of the overdose and whether it was fatal or not.

This program was put into place to help doctors become more aware of the collaborative role they play in not only fighting, but in developing patient opioid addictions. Each letter sent includes clinician education on best practices for prescribing opioids, non-opioid pain management, and recommendations for MAT strategies—further encouraging physicians to reduce the amount of opioids they prescribe and better address the opioid epidemic.

Identifying, Tracking, and Caring for Patients with Neonatal Abstinence Syndrome

As opioid utilization continues to rise, so does the number of babies born with Neonatal Abstinence Syndrome (NAS). Cabell Huntington Hospital in West Virginia is doing something about it.

Each year, Cabell Huntington delivers approximately 600 babies that have been exposed to a controlled substance. Of the babies delivered, roughly two-thirds of them require medication assisted treatment (MAT).

With most NAS babies, this MAT includes creating an individualized care recommendation for the baby while still in the neonatal intensive care unit (NICU), with staff who know the history of both the baby and mother. But when the baby leaves the NICU, those care recommendations may not be accessible by other hospitals and caregivers..

This is problematic because, compared to other, uncomplicated births, NAS infants are:

- 30% more likely to have respiratory problem diagnoses
- 19.1% more likely to have a low birth rate
- 18.1% more likely to experience feeding difficulties
- 2.3% more likely to have seizures

All of these components, along with the symptoms accompanying NAS, make NAS infants twice as likely as uncomplicated term infants to be readmitted to the hospital within 30 days of discharge. And since 78.1% of NAS babies are covered by Medicaid[7], those babies are also more likely to be transferred between different hospitals for care[8]. Without access to the infant's initial care recommendations, physicians may struggle to appropriately treat the baby—especially if the family seeking medical attention fails to disclose the history of substance abuse during pregnancy.

Cabell Huntington is pioneering a NAS identification and notification system. The system utilizes the Collective Platform, which captures NICU staff input and care plans while the infant is in the NICU. Once the baby is discharged, that care plan is housed in the platform, and pediatricians and case managers who are connected to the Platform's network can access the information for better hand-off, communication, and developmental tracking. In addition, the technology seeks to improve the care these infants receive in emergency situations.

In the event that an infant experiences an extreme withdrawal episode and is taken to the ED, the new notification platform sends the baby's history and care plan immediately to the hospital upon check-in. These notifications allow ED physicians to accurately identify and address NAS symptoms and treat symptoms according to already-established care guidelines.

While the long-term effects are still being tracked, physicians are hopeful that the NAS notification program will ultimately lead to:

- **Better hand-off from hospital to pediatrician**
- **Increased bi-directional communication for better case management**
- **Improved follow-up compliance and developmental tracking beyond infancy**
- **A stronger network and protection plan coordination**
- **More effective postpartum support**

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Creating a Bridge Between ED Overdose Care

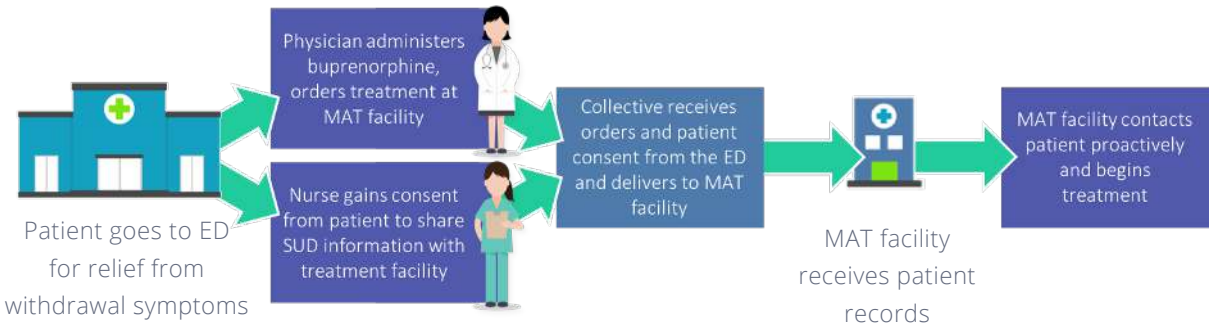
Buprenorphine and Suboxone treatments temporarily suppress opioid cravings and withdrawal symptoms, providing a period of lucidity during which a patient can seek out help.

Traditionally, the hospitals providing these buprenorphine/suboxone treatments talk with the patient about receiving help, provide a handful of brochures about treatment options, and then send the patient on his or her way. However, the number of patients who actually follow-through with receiving the needed treatment are few.

Select hospitals are exploring the possibility of teaming up with rehabilitation centers to coordinate patient hand-off through a new program—ED Bridge.

With ED Bridge, providers are part of a connected network of healthcare providers. Providers administering buprenorphine/suboxone obtain patient permission at the time of treatment to share SUD information with a referral treatment clinic. The hospital's EMR then sends the patient's treatment info and consent to the network, and the network connects directly with the referred treatment facility. The medication assisted therapy (MAT) facility now has the patient's information—including contact info and buprenorphine/suboxone administration time, date, and dosage—to reach out to the patient proactively during his or her period of lucidity and begin treatment.

ED Bridge Approach



Ultimately, ED bridge hopes to help patients who fall through the cracks of the healthcare system by using a proactive approach to connect patients with MAT programs.

About Collective Medical

Collective Medical provides the nation's largest and most effective network for care collaboration.

While the opioid crisis continues to rise in many parts of the country, many regions are seeing success in slowing its growth by combining front-edge technology with collaborative care coordination between providers across the healthcare network. Washington, Alaska, West Virginia, and Oregon are just a few of the states that have found success in using the Collective Platform to combat suspected opiate abuse and overdoses.

Collective's risk-adjusted event notification and care collaboration platform spans across all points of care—including hospitals, payers, behavioral and physical ambulatory, and post-acute settings. The Collective Platform pulls from the network to identify at-risk, complex patients and share actionable, real-time information with diverse care teams, leading to better care decisions. With Collective, provider decisions and plans become a collaborative effort between team members—improving patient outcomes by executing on a single, shared, and consistent plan of care.

Learn more about addressing opioid-related issues with Collective's platform. Contact us today and find out what you can do to help identify and better support patients with suspected substance use disorder.

www.collectivemedical.com

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