Rural Hospital Taking Ownership in Opioid & Heroin Epidemic
And Vowed to Make it Better

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Southern Illinois Opioid Prescription Drug and Heroin Conference
80% of heroin users started with Rx Pain Pills.

Who Rx the pills?

We did.

MGH will be a key member in the solving the problem.
Jump to Conclusion:

Educate Docs re: Rx practices + Implement Rx guidelines =

Estimated \downarrow \text{in Rx Pills}

> 64,900 pills in MGH ED

@ 34,000 pills in MGH Inpatient discharges & Physician Practices

@ 100,000 pills in Year 1

@ 246,500 pills in Year 2

Opioids
MGH: Mission for Change

STEP #1: Evaluate the Opioid & Other Controlled Substance (OOCS) abuse:
   Pull Measurable Data
      – MGH - Grant County - Indiana - USA

STEP #2: Investigate
   a. What can we do within our health system?
   b. Who needs to be involved?

STEP #3: Implement OOCS Rx Prescribing Guidelines

STEP #4: Educate & Coordination
   MGH Employees, Physicians & Community
STEP #1
CSR Abuse: Affects at MGH

- Rise in patient requests in ED & Physician Offices
- Patient’s disposition and aggressiveness
- Climate: threatening, volatile & disruptive = employee and physician dissatisfaction

Q: Research how other hospital system's handling?
A: NO MODEL, Create our own roadmap
CSR Abuse: Affects in our Community

Reality Check

CSR were entering the streets of our community from Rx written from our medical staff.
Knowledge is Power

- Education and Awareness
- Believed in the ethical backbone of our medical staff.
STEP #1: A Local Epidemic
Grant County Drug Court Stats

Drug of Choice by Year

- Alcohol
- Cannabis
- Stimulants
- Opioids
- Sedatives
- Other

Year: 2005 to 2014

OPIOIDS
HEROIN
STEP #2: Investigate “What can we do within our health system?”
STEP #2: Self Evaluation

In 2012-2013

- 27,000 Doses (30,000 tablets) of hydrocodone containing pain reliever
- 10,000 Hydromorphone injections
- 7,000 Fentanyl injections
- 11,000 Morphine injections

• Over 63,000 units of OOCS were administered hospital wide
• Over 9,600 doses of OOCS were administered in ED

• 2,343 (21%) patients prescribed OOCS

• 36,400 pills prescribed
• 15.5 – average pills per patient
• Largest single prescription – Lortab 5-500 #60 for rib fracture
• Second largest prescription – Norco 5-325 #40 for toothache
MGH Prescribing Guidelines in the ED

- Not to take place of clinical judgment
- Provide UNIFORM guidance to emergency care providers
- Treat the pain until they could see the referring specialty *(3 days vs. 45 days)*
- Appropriate treatment of acute & Chronic pain
- Use of **INSPECT** – 100% employed 80% non-employed
MGH Journey towards Education

Education for area Physicians, MGH Staff & Community

- INSPECT – IN Board of Rx, JEAN Team & Judge Spitzer

- Howard County Dep. Prosecutor
  “4 Doctors jailed for Opioid Prescribing Patterns”

- INSPECT – IN Board of Rx (7 times)

- 5 sessions at MPD yearly officer training
- MGH Rx Guidelines Education
  » CME for all ED Staff & Physicians, all medical Practitioners and MGH staff
  » Service Line meetings (Medical & Surgical)
  » MGH Primary Care Physicians Meeting
  » MGH Board of Directors
  » Community Discussion and Education – 25 local organizations

This presentation 61 times
NOT a Hospital Journey:
GRANT COUNTY Journey

• Community Roundtable
  – Law Enforcement Agencies
  – Healthcare Providers
  – JEAN (Joint Effort Against Narcotics) Team
  – Grant Co. Courts and Prosecutor’s Office
  – Local Pharmacies
  – Substance Abuse Treatment Providers
  – Social Services
  – Medical Providers
  – Grant County Health Department
Community Support a Priority

Our mission to provide a safer community is supported by:

- Emergency Medicine INdiana
- Walgreens pharmacy
- CVS pharmacy
- Walmart pharmacy
- Marsh Supermarket & Pharmacy
- Meijer pharmacy
- Good Neighbor Pharmacy
- Grant County Department of Health
- Grant County Dental Society
- Joint Effort Against Narcotics (J.E.A.N) Team
- Grant County, Indiana Courts (Drug Court)
- Grant County Prosecutors Office
- Grant County Coroner's Office
- Grant County EMA
- Cornerstone/Milestone
- Family Service Society Inc.
- Department of Child Services
- Indiana Health Center
- Maternal Child Substance Abuse Coalition
- IWU Health Center
- Marion State Department of Health
- Marion County Police Department

OPIOIDS

HEROIN
Pain Management in our Emergency Department

Our staff understands pain relief is important when someone is hurt or needs emergency care. However, providing ongoing pain relief is often complex. Because mistakes or misuse of pain medication can cause serious health problems and even death, it is important you provide accurate information about all medication you are taking. Our Emergency Department will only provide pain relief options which are safe and appropriate.

For your safety, we follow these guidelines when managing chronic pain:

1. We are trained to look for and treat an emergency or urgent condition. We use our best judgment when treating pain, and follow all legal and ethical guidelines.

2. We typically do not prescribe narcotic pain medicine for chronic pain if you have already received narcotic pain medication from another health care provider, emergency or acute care facility.

3. We may contact your primary care provider to discuss your care. Typically, we will not prescribe narcotic pain medicine if we cannot talk directly with your primary care provider. If you do not have a primary care provider, we will provide you with a number to call and they will assist you with finding one.

4. We may provide only enough pain medication to last until you can contact your primary care provider. We will prescribe pain medication with a lower risk of addiction and overdose whenever possible.

5. We will ask you to show a valid photo ID (like a driver’s license) when you check into the Emergency Department or before receiving a prescription for narcotic pain medication. If you do not have a photo ID, we may take your picture for the medical record.

6. We may ask you to give a urine sample before prescribing narcotic pain medication.

7. Health care laws, including HIPAA, allow us to request your medical record and share information with other health care providers who are treating you.

8. Before prescribing a narcotic or other controlled substance, we check the Indiana Scheduled Prescription Electronic Collection (INSPECT) Tracking Program or a similar database that tracks your narcotic and other controlled substance prescriptions.

9. For your safety, we do not:
   a. Routinely give narcotic pain medication injections (such as IV) for flare ups of chronic pain;
   b. Refill stolen or lost prescriptions for narcotics or controlled substances;
   c. Prescribe long-acting or controlled-release pain medication such as Oxycontin, Vicodin, Duragesic, Methadone, Fentanyl, and Opiate ER;
   d. This does not include patients receiving end-of-life care (terminal).

10. Frequent users of the Emergency Department may have care plans developed to assist in improving their care. The plans may include avoiding medicines likely to be abused or addictive.

11. If you would like to discuss further options regarding your care, please contact your primary care provider. If you do not have a primary care provider, call (765) 660-MGH4.

It is against the law to attempt to obtain controlled substance pain medication by deceiving the health care provider caring for you. This can include getting multiple prescriptions from more than one provider or using someone else’s name to obtain a prescription.

Our mission to provide a safer community is supported by:

[List of logos]
How did we do in Grant County: 1 year later? 2 years later?

**STEP #5: Evaluate and Awareness**
Jump to Conclusion:
Estimated decrease in Rx Pills

> 64,900 pills in MGH ED

@ 34,000 pills in MGH Inpatient discharges & Physician Practices

@ 100,000 pills in Year 1
@ 246,500 pills in Year 2
% of Emergency Department Patient's Prescribed OOCS

May 2013 - July 2013: 20.7%
Jan 2014 - Feb 2014: 16.2%
May 2014 - June 2014: 13.5%
Nov 2014 - Dec 2014: 14.4%
Mar 2015 - Apr 2015: 17.0%
May 2015 - Sep 2015: 15.8%
Mar 2016: 12.5%

Opioid and Other Controlled Substance (OOCS) Guidelines instituted 4/14/14
Average Number of Pills Prescribed per Patient

4/14/14
Opioid and Other Controlled Substance (OOCS) Guidelines instituted

> 64,900 pills
Patient Satisfaction Scores
How was your PAIN managed?

MGH Patient Satisfaction Scores in ED
Since Opioid Rx Guidelines

Overall PG Score  Pain Question  Linear (Pain Question)
Monitoring Addictive Behaviors in Grant Count: Changes in Drug of Choice
80% of heroin users started with Rx Pain Pills.

Who Rx the pills? We did.
Opioid Task Force
Heroin Task Force

Grant County Substance Abuse Task Force

150 Members @ 25 Organizations

1. Data Collection
2. Heroin & Substance Abuse Care Plan
3. Education, Outreach & Communication
4. Syringe Exchange Program (Logistics)
5. Nalaxone in Law Enforcement Vehicles
# of Patients Requiring Narcan Admin by EMS

- **2014**: Ave. 8/month, 96
- **2015**: Ave. 11/month, 113
- **2016**: Ave. 7/month, 88

Not Included: Drive by, Drop-off, ED Patient
NAS
(Neonatal Abstinence Syndrome)

- Infants with NAS
- NAS/1000 births

2008 2009 2010 2011 2012 2013 2014 2015 2016 2017q1

24 Est 2017

6 Q1-2017

OPIOIDS
HEROIN
HIV/ Hep C: MGH Data

Notes:
- MGH data: Preliminary cases, labs we report to ISDH.
- Does not deduct transmission or contracted through intravenous drug use.
- May not be newly diagnosed, but new to our system.
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Thank you

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