

**Greenville Health System**

**Greenville, South Carolina**

**Opioid Prevention, Awareness, Education, and Treatment Efforts**

**April 5, 2018**

Greenville County had 258 overdose deaths/100,000 population in 2017, Laurens 38, Oconee 51 and Pickens 105.

- **Greenville Health System Opioid Stewardship Committee**
  - **Formed October 2017**
  - **Mission Statement**
    - To develop holistic patient-centered strategies that mitigate pain, optimize recovery and promote well-being for the communities we serve.
  - **Purpose**
    - To provide advisement on proposed evidence-based best practices, assist with mitigating barriers, and set the tone and behaviors for system-level coordination.
    - The Committee serves as an oversight and decision-empowering team for all seven hospital campuses which evaluate, vet, and recommend strategies (including methods, approaches, and processes) and tools (including technologies) for successful opioid prescribing.
    - The Committee has the authority to research, collaborate, vet, and recommend best practices in an effort to contribute to the goals of improving quality of care, clinical outcomes, and enhancing the patient experience.
  - **Membership – Leadership Team (Meets Weekly)**
    - R. Bruce Hanlin, MD – Vice Chair, Medical Staff Affairs and Quality, Department of Family Medicine, GHS
    - Vito Cancellaro, MD – Chair, Department of Anesthesiology, GHS
    - Kevin Walker, MD – Director, Division of Pain Management, GHS
    - Douglas Furmanek – Clinical Director, Pharmacy Services, GHS
    - Poonam Jain – Strategic Project Coordinator, CCI
  - **Membership – Committee (Meets Monthly)**
    - Physician representatives from all specialties
    - Nursing
    - Data Analytics
    - Marketing
  - **Provider Education**
    - Many educational sessions to departments meetings and practice group meetings.

- **Response to Opioid Overdose in GHS Emergency Department (Dr. Chris Carey and Rich Jones):** DAODAS (Dept. of Alcohol & Other Drug Abuse Services) has funded a pilot program in place at GMH ED initiated in 11/2017, FORCE (FAVOR Opioid Recovery Coaching Evaluation). The overarching goal of FORCE is to determine if peer counseling, initiated at the time of a patient's presentation to an Emergency Department (ED) for unintentional opioid overdose can decrease overall opioid mortality and morbidity. 81% of patients enrolled to date (50) are receiving ongoing case management support/coaching. Of those, 23% are enrolled in medication assisted treatment (MAT) and 18% have completed detox. Notably, none of the patients engaged with FAVOR coaches has returned to the emergency department (GHS or elsewhere based on self-report/family report).
  
- **ECHO – RX Greenville - Empowering Communities for Health Outcomes** led by the Phoenix Center with community partners through a SAMHSA Grant specific to Greenville County for education, awareness and prevention. Strategies include – reducing retail availability, reduce social availability, education and awareness.  
**ECHO Greenville** assisted with getting Drop Boxes through-out Greenville County. GHS Police Department has installed drop boxes at 3 campuses and leads the effort at GHS.
  - **ECHO Retail Subcommittee** – core group of medical, nursing, pharmacy, Law Enforcement, DHEC Diversion and Control, Coroner's Office, 13<sup>th</sup> Circuit Solicitor's Office, Treatment and Prevention Coordinators and Counselors from Phoenix Center who meet monthly to provide community education on responsible prescribing, diversion, treatment, drug courts and opioid related fatalities. Developed the community forum "Pathway of a Prescription" held in October 2107 and January 2018 with over 100 people in attendance each time. The next "Pathway of A Prescription" forum 6/19/2018 to include a two-hour forum "A Call to Action – Where we go from here. Words from a physician and pharmacist."

GHS members Kevin Walker, M.D., Douglas Furmanek , Pharm.D., and Michelle Greco, RN, BSN, MNN, Bethany Gambrel, Pharm.D., GHS PD Officer Devon Dixon

- **Greenville Opioid Narcotic Eradication (GONE) Coalition**
  - GHS Members – R. Bruce Hanlin, M.D., Kevin Walker, M.D., Doug Furmanek, Pharm.D., and Michelle Greco, RN, BSN, MNN

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- **South Carolina Behavioral Health Coalition** – composed of over 200 members throughout SC to address behavioral health with an emphasis on Opioids. Monthly meetings at the SC Hospital Association. Three work groups –
  - Crisis Stabilization/Acute Care Management
  - Substance Use Disorder Prevention and Treatment

Behavioral Health/Primary Care Outpatient Alignment group GHS participates in monthly meetings and has representation on Substance Use Disorder Prevention and Treatment Group – GHS member Michelle Greco, RN, BSN, MNN

- **South Carolina Alliance for Drug Endangered Children (DEC)** – The S.C. Alliance for DEC, established in April of 2014 and the Greenville Alliance for DEC established in May 2014, is a coalition of professionals assisting local communities and agencies to effectively and efficiently identify and protect children endangered by caregivers who produce, distribute, cultivate, manufacture or whose use or misuse of illegal and/or legal substances. The Alliance exists to serve the professional community that serves South Carolina’s drug endangered children population. Training on identification of drug endangered children for professionals and how to work as a multidisciplinary team to address exposures, medical care and supportive services for the child to include a plan of safe care for prevention of further abuse and or neglect and working with agencies for treatment services for parents/caregivers. Group focuses on preventing children from being exposed to substances.
  - Michelle Greco, RN, BSN, MNN with Greenville Health System Bradshaw Institute for Community Child Health & Advocacy is the state contact for the SC Alliance and the lead for the Greenville Alliance
- **Managing Abstinence in Newborns (MAiN) Program** – MAiN is a family-centered program that provides coordinated care for newborns that are at risk for or diagnosed with Neonatal Abstinence Syndrome (NAS).
  - MAiN program provides outreach and partnership to providers caring for pregnant women with opioid and substance use disorders as well as education, support and other resources to mothers using controlled or illegal substances during pregnancy to minimize the risk of health problems for their babies. MAiN Treatment consists of three components: early medication for healthy newborns exposed to methadone or high doses of buprenorphine during late gestation, full care on the Mother/Baby Unit, rooming in with the infant when appropriate and available and medication weaning under the supervision of an outpatient medical home. The MAiN Model consists of the hospital services and clinical pathways that support the care of all substance-exposed newborns and their mothers. The MAiN treatment is an innovative treatment method for opioid-dependent newborns that significantly improves outcomes and reduces withdrawal symptoms by beginning low-dose medication (Methadone) within 24 hours of delivery to prevent the infant going into withdrawal. The program was piloted in January 2014 through June 30, 2017 with the support of SC DHHS. Due to the success of the program SC DHHS has funded the program for an expansion to 10 other birthing hospitals in SC over the next 4 years. For every 8 infants treated in this model of care it saves \$1 million as 85% of infants are born to mothers covered under state managed care organizations.

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- GHS Principle Investigator- Jennifer Hudson, MD; Program Manager – Michelle Greco, RN, BSN, MNN
- **SC Department of Social Services Child Abuse Prevention and Treatment Act (CAPTA ) Performance Improvement Plan** -The purpose of this CAPTA Program Improvement Plan (PIP) is to ensure that the state is meeting the **Child Abuse Prevention and Treatment Act as Amended by P.L. 111-320, the CAPTA Reauthorization Act of 2010 (CAPTA)** eligibility requirements related to the needs of infants born with and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder. Create policies and procedures (including appropriate referrals to child protection service systems and for other appropriate services) to address the needs of infants born with and identified as being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder
  - The development of a plan of safe care for the infant born and identified as being affected by illegal substance abuse or withdrawal symptoms or Fetal Alcohol Spectrum Disorder.
  - Part of the CAPTA is to identify ways to prevent future exposures during pregnancy through coordination of services and treatment for women.

GHS members – Jennifer Hudson, MD, Michelle Greco, RN, BSN, MNN

- **SC Birth Outcomes Initiative (SC BOI)**- The SCBOI is a state-wide effort of more than 100 stakeholders that work together to improve the health outcomes for moms and babies In South Carolina. Meetings are held the second Wednesday of the month at the SC Hospital Association with key note speakers and break out work groups as well as a meeting of the Vision Team (Leadership Team). The Behavioral Health Work Group through SC BOI focuses on awareness of women of childbearing age or who are expectant mothers that may have a behavioral health disorder or a substance misuse disorder and connecting them with appropriate screening tools, services, treatment and medical homes. A focus of the group has been on prevention education of Opioids and substance misuse, the access and implementation of SBIRT as well as Neonatal Abstinence Syndrome (NAS). A yearly symposium is held in November in Columbia and provides breakout sessions on awareness, education, prevention and services focusing on maternal and infant health.
  - GHS members – co chairs of the Behavioral Health Work Group – Jennifer Hudson, M.D., and Michelle Greco, RN, BSN, MNN. GHS members of the SC BOI are composed of representatives from Women’s Hospital, Children’s Hospital, GHS and Laurens, Oconee, Patewood, Greer, Easley Baptist and GMH.
- **Utilization of Prescription Drug Monitoring Program (PDMP)**
  - PDMPs have been shown to reduce opioid prescribing and “doctor shopping.”
  - “SCRIPTS” is the South Carolina program, administered by the SC DHEC
  - Smart Link built into our Electronic Health Record.
    - Clicking the link pulls up the patient’s current report.

- **Electronic Prescribing of Controlled Drugs**
  - Pilot started August 2017
  - No known instances of fraudulent prescriptions through electronic prescribing so far.
- **Opioid Use Disorder Screening (Dr. Meenu Jindal): Opioid Use Disorder Screening, Brief Intervention, and Referral to Treatment (SBIRT)**
  - We are currently screening for opioid use disorders in our primary care center that serves our underserved populations. Patients who are diagnosed with opioid use disorders are referred to affiliated addiction treatment programs.
- **Inpatient Link to Addiction Recovery - A Pilot Program (Dr. Prerana Roth and Rich Jones)**
  - Despite the high prevalence of substance abuse disorder, only 10% of patients ever receive treatment. In this pilot program, patients who are admitted with substance use disorders including opioid use disorder will be matched with a recovery coach while they are still in the hospital. Patients with opioid use disorders will be actively referred to medication assisted treatment and other addiction treatment services.
- **Opioid Use Disorder GHS/Community Workgroup (Drs. Alain Litwin and Lauren Demosthenes)**
  - Key internal and external stakeholders are meeting monthly at GHS to discuss community approaches to fighting the opioid epidemic.
- **Magdalene Clinic Serving Pregnant Women with Substance Use Disorders (Dr. Kacey Eichelberger)**
  - This high-risk program serves pregnant women with substance use disorders including opioid use disorders. High-risk Pregnant women have access to multidisciplinary teams and spend increased time with obstetrician.
- **Medical Students Trained as Recovery Coaches (Dr. Lauren Demosthenes and Rich Jones)**
  - FAVOR is training University of South Carolina School of Medicine – Greenville medical students to serve as recovery coaches.
- **Opioid Education for Nurse Pain Liaisons**
  - Two-day training course.
  - Leads to a certification.
  - Developed by Kevin Walker, M.D., and nursing leadership.
- **Graduate Medical Education (Resident) Education**
  - Ongoing education in the Internal Medicine Resident Teaching Clinic
    - Kevin Walker, M.D.
  - Training in SBIRT (Screening, Brief Intervention, Referral to Treatment)
    - Meenu Jindal, M.D.
- **Medical Student Education – University of South Carolina School of Medicine Greenville**
  - Education in appropriate use of opioid pain medication
  - Kevin Walker, M.D. and Doug Furmanek, Pharm.D.

- **Undergraduate Student Education – Clemson University**
  - Health Psychology Course
  - R. Bruce Hanlin, M.D.: Lecture on “The Treatment of Pain.”
- **Buprenorphine Prescribing Training Session**
  - Qualifies physicians for DEA buprenorphine waiver
  - Planned for May 12, 2018
  - University of South Carolina School of Medicine Greenville
  - Provided by MUSC MAT ACCESS (Medication Assisted Treatment for Opioid Addiction)
- **Ketamine to Reduce Opioid Use**
  - GHS’ Department of Anesthesiology is actively reducing the amount of opioids used in surgery and after surgery by using Ketamine instead.

**Planned GHS initiatives related to the treatment and prevention of opioid use disorders**

- **Medication Assisted Treatment Program Serving Patients with Opioid Use Disorders at GHS (Dr. Alain Litwin and Laura Roache)**
  - This GHS program will provide treatment to patients with opioid use disorders using pharmacotherapy (e.g. buprenorphine and naltrexone). Staffing will include 2 part-time physicians, nurse practitioner, substance use counselor, and recovery coaches.
- **Expanding Medical Workforce for Medication Assisted Treatment through On-site Buprenorphine Training**
  - On May 12, 2018, MUSC will come on-site to GHS to provide training to primary care providers (internal medicine and family medicine), hospitalists, ED physicians, psychiatrists, and OB GYN.
- **Telementoring (ECHO) to Provide Ongoing Education and Support to Buprenorphine Providers**
  - MUSC will offer a one-hour telementoring session twice per week to GHS providers.
- **Possible GHS initiatives related to the treatment and prevention of opioid use disorders (to be conducted if funding can be secured):**
- **Expansion of Opioid Use Disorder Screening, Brief Intervention, and Referral to Treatment throughout GHS (Drs. Meenu Jindal and Alain Litwin)**
  - The proposed project, Coaches Advancing Recovery through SBIRT (CARE-SBIRT), will expand SBIRT services throughout a four-county catchment area. The specific intervention will include integrating SBIRT prescreens and extended screens into clinical workflow in both inpatient and outpatient settings and warm hand offs to recovery coaches who will provide evidence-based treatment interventions and referrals for further treatment as needed. We will leverage Medication Assisted Treatment (MAT) programs in the community and at GHS. Recovery coaches will provide care coordination, navigation and follow up with patients as illustrated in Fig. 1. This process will address the need for increased SBIRT in the catchment area, as well as the lack of recovery support and follow-up for those identified as needing additional services.
- **Expansion of the Magdalene Clinic Serving Women with Opioid Use Disorders (Dr. Kacey Eichelberger)**
  - The existing program will be expanded to increase capacity and continue to improve outcomes in both mothers with opioid use disorders babies born to mothers with opioid

use disorders.

- **Inpatient Addiction Medicine Team (Dr. Alain Litwin)**
  - A multidisciplinary team including addiction medicine/psychiatry physician, social worker, nurse practitioner, and recovery coaches will engage all patients admitted with substance use disorders. Medication Assisted Treatment will be started in the hospital setting and patients will receive navigation to community-based addiction treatment services.
- **Initiating Medication Assisted Treatment in the ED Setting (Drs. Karen Lommel and Alain Litwin)**
  - Patients with opioid use disorders seen in the ED will be evaluated for initiation of buprenorphine in the ED and receive navigation to community-based addiction treatment services.
- **Onsite HCV treatment for those with Opioid Use Disorders (Dr. Alain Litwin)**
  - Patients with opioid use disorders and comorbid chronic hepatitis C will receive curative HCV treatment at the same site where they receive addiction treatment services.
- **COACH Program (Rich Jones and Dr. Alain Litwin)**
  - A large network of recovery coaches and peer educators will be trained and employed in Greenville and adjoining counties. Coaches with lived experience and expertise in overcoming addiction, comorbid medical illnesses (e.g. HIV, HCV, and diabetes) and comorbid psychiatric illnesses will serve patients with substance use disorders, provide navigation to social and medical services, and improve medical outcomes and quality of life while decreasing emergency department and inpatient admissions. Coaches will work to connect people across multiple institutions including criminal justice system, social services, medical care, psychiatric care, and addiction treatment.

# Appendix A

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