Creating Healthy Work Environments 2019

Innovative Response to the Opioid Crisis

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Introduction

Around 1996 there was a widespread drive to address chronic pain. The pharmaceutical companies pushed their opioid products on people with general pain like dental, back, sports injuries, and migraines. Physicians were pursued by these pharmaceutical companies to use opioids for all types of pain, not just cancer, surgery or terminal illness. These medications were marketed for chronic pain. 100 million people suffer from chronic pain in the United States. (Understanding the Opioid Epidemic, 2018) Unknown to the patients and physicians, the enormity of addiction potential was buried by the pharmaceutical companies. Pharmaceutical companies manufactured enough opioids that could have supplied every person in the United States to have a 30-day supply for months. Underestimating the drugs’ full capabilities, the nation slipped into overuse and abuse until deaths from overdose began to rise, and economic decline of the labor force began torpedoing communities. Pain clinics became the norm – in fact, every state had chronic pain facilities. The 5th vital sign of pain assessment became as important as a blood pressure. The stage was set for a nationwide epidemic. (Understanding the Opioid Epidemic, 2018)

Responses to the Crisis

Physicians, pharmaceutical companies and government all played a part in the flood of new addicts created over the course of several years. The impact was annihilating. Prescriptions for OxyContin and oxycodone exploded tenfold in less than 10 years. By 2002, prescription opioids killed 5000 people in a year. (Walters, 2017) The following decade that number tripled and continued to grow. These pills were scarcely regulated and were even been sold on the streets. Florida became known as the “pill mill.” The magic of the pill hit West Virginia hard with the highest deaths and economic devastation. The problem metastasized across the nation to New Hampshire, Kentucky and Ohio. (Walters, 2017) It was now a nationwide problem, overwhelming every state.

In 2016 a State of Emergency was declared by President Trump. By that point, the United States dominated the use of opioids globally at 80 percent, in spite of making up less than 5 percent of the world’s population. (Walters, 2017) Opioids kill more people in the U. S. than car crashes and gun deaths combined. (Better Prevention, Treatment, and Recovery Services, 2017) These statistics tell an important story. American citizens are dying at an escalating rate, and it starts with a simple toothache or a sports injury. Nobody is immune to this disease. Opioids were underestimated, overproduced, under-regulated, and marketed in a campaign to make the pharmaceutical companies rich – which it did. The consequences were excruciating for families and communities, leaving a tragic wave of destruction. Was it a mistake to push for widespread painkillers? This was asked of our government officials, and now, sadly, they say yes. A profound statement by the victims and their families is “We had no idea.” Patients trust their doctors, their government, and they thought regulations would prevent such negative life-altering results. This was to their detriment.

“Death changes you,” said the parents of a boy with Crohn’s disease featured in a PBS documentary. (Understanding the Opioid Epidemic, 2018) He had Crohn’s disease, but he died from opioid addiction.

The toll of the opioid crisis is evident in the U. S. labor market and economy. In 2015, over 2 million prime-age individuals were not in the labor force due to opioids. Many businesses report that they are unable to find workers because applicants cannot pass a drug test. (Gitis, 2018)
Every state has been affected differently, some to disastrous ends. But now, with the U. S. Department of Health and Human Services (HHS) making state-based grants available to fight this epidemic, innovative resources and solutions are now gaining ground. The Centers for Disease Control and Prevention (CDC) are at the forefront. They are supporting efforts to improve opioid prescribing, with the potential of preventing the disorder. In addition, treatments that include therapy, medication, rehabs, and educating physicians who over prescribe are showing promise. The CDC has treatment locators and help-lines that facilitate connections to the Substance Abuse and Mental Health Services Administration (SAMHSA). There are Good Samaritan Laws are in place. (Opioid Overdose, 2017) Technology is expanding healthcare informatics such as electronic health records (EHR) that can protect patients from errors or being overprescribed narcotic medication. Evidenced-based programs which combine research, access to clinical experts, community exposure and educational strategies are showing great promise. (Seven Best Practices for Optimizing EHR’s Clinically and Financially, 2018)

Understanding the disease is imperative to a treatment, but there is no cure and relapses are to be expected. Insurance companies like Aetna are visionary in the field of prevention. An interview with Chief Medical Officer Harold Paz, included a description of a program that notifies physicians about their drug-dispensing habits if they seem to cause an imbalance in the patient care. (Understanding the Opioid Epidemic, 2018) Mr. Paz stated physicians need to be trained in areas of prevention. Insurance companies like Aetna are working to ensure the best evidenced-based treatments. Aetna’s program ensures appropriate prescription habits by physicians. “Super prescribers” – physicians who over prescribe – are notified and actions are taken to help the physician understand both the safety issues, and alternatives to opioid medications. Looking at patterns of prescription abuse is a step that will decrease cost and addiction. (Understanding the Opioid Epidemic, 2018) Clinically-proven alternative treatments will be encouraged as the process of collecting data is accumulating worldwide.

In 2017, when HHS declared a public health emergency, a 5-point strategy to combat the crisis was introduced, including: (1) an emphasis on prevention, treatments, and recovery services; (2) data collection; (3) alternatives for chronic pain; (4) overdose-reversing drugs; and (5) research. A total of 800 million dollars in grants have been issued for help with this epidemic. One of the larger grants (200 million dollars) promotes action of health centers nationwide to encompass the mental health component of addiction (Better Prevention, Treatment, and Recovery Services, 2017).

The Center for Disease Control and Prevention has been a huge player in addressing this epidemic. Strategies include Prescription monitoring programs, Medication assisted treatments, guidelines for prescribing opioids for chronic pain and more research and evidenced based strategies that are currently working in states. A few examples are Ohio, Kentucky and Florida. Prescription drug monitoring has been found effective, as well as monitoring pain clinics. Florida showed significant results by regulating pain clinics. Prescription decreased by 80 percent in some counties between 2010- 2015. With these advances there was a 50 percent decrease in opioid death overdose. The trends are hopeful for the other parts of the country. (Opioid Overdose, 2017)

Technology, such as the electronic health record, continues to lead in preventive measures. The collection of data, research, and the oversight of prescriptions being written in EHR will facilitate better strategies and results. (Seven Best Practices for Optimizing EHR’s Clinically and Financially, 2018) As mentioned by Aetna’s Harold Paz (Understanding the Opioid Epidemic, 2018), that data is utilized to hold physicians accountable for not following guidelines of opioid prescriptions. Data is also informing the actions of employers as they seek ways to ensure their workers have what they need to stay healthy in the workplace.

Research has confirmed opioids are not more effective than non-opioid painkillers. If only physicians and patients knew this data and understood that the opioids were highly addictive. Getting the opioid epidemic under control is complex and with leaders in technology and research attempting to change patterns of present obstacles. Emerging technologies are inventing prescription implants for addicted people. It is a slow and low dosage release of buprenorphine rather than opioids. Apps are being developed that have patients include health stories about generations of family members. This type of information can help
doctors identify risk and see patterns in families. There is a pilot program at Brigham’s and Women’s Hospital in Boston where a capsule is ingested with wireless sensors that can capture data to help identify how patient’s bodies react to medications. Being able to prevent overdose and intervention is a part of the puzzle, but solutions are yet to be tested. (Landi, 2018)

Promoting awareness is a crucial part of the equation. Networking and partnering with States that are leading successful efforts will speed progress. Support in the community may be as simple as a fund raiser to pay for rehab for families that can’t afford it.

Call to Action

Do your part. Find out what your community, your professional association, your employer, your State, etc. is doing to fight this epidemic. Ask what you can do to amplify the message, promote services, grow awareness, and educate others. Network and share. Every successful response will result in healthier, more productive workplaces for all. Chances are that the opioid epidemic touches someone you know; start there.

Title:
Innovative Response to the Opioid Crisis

Keywords:
Epidemic, Opioid and Prevention

References:


The Opioid Crisis (n.d.). [Motion Picture].


Abstract Summary:
The impact of the opioid epidemic has caused widespread destruction to communities, workplaces, and healthcare. The impact is deadly and harming our economy. Prevention, treatment, education, and technology are some of the focuses used to combat this awakening disease.

Content Outline:
Innovative Responses to the Opioid Crisis
I. Introduction
   A. Origins: Drive to address chronic pain
   B. Role of pharmaceutical industry
      1. Marketing
      2. Manufacture and supply of opioids
   C. Role of physicians
      1. Pain clinics
      2. Effects underestimated

II. Responses to the Crisis
   A. Setting the Stage
      1. Increasing production
      2. Prescription rates grow
      3. Lack of government regulation
      4. Effects spread beyond patient
      5. Economic Costs - Employers
   B. The Conversation Changes
      1. Opioid addiction recognized as crisis
      a) Defined as Public Health Emergency in 2017 by U.S. Department of Health and Human Services (HHS)
      b) HHS State-based grants made available
      2. Centers for Disease Control and Prevention Committed to combatting epidemic
         1. Supporting state responses
         2. Improving quality and access of related data
         3. Assisting healthcare providers and systems
         4. Partnering with public safety
         5. Promoting consumers’ safe choices
   C. Examples of Innovative Responses
      1. State
      2. Health Informatics
      3. Healthcare Providers and Systems
      4. Public Safety
      5. Workplace

III. Conclusion
   A. Common elements of exemplary responses
      1. adequate funding
      2. awareness/marketing campaign
      3. common goal is focus on patient
   B. Call to Action:
      Do your part
      1. Promote awareness as part of professional development
      2. Reach out to current and potential partners for help

First Primary Presenting Author

Primary Presenting Author
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2017- Implementing policy of license in every state: continued requirements to maintain those licenses.
2016- Team lead on value streaming project to expose waste and improve work flow efficiency.
2009-2012: Trauma Team and ER Charge Nurse. Data collection and analysis as well.
certifications including top ten nurse, excellence in nursing awards, silver excellence star excellence. Served as Chair on hospital wide committees. Grants on Obesity for school and Dance company. Raised seed capital for corporation. Published author.

**Author Summary:** Cindy Delaughter born in Mississippi, now resides in Utah, has been a registered nurse since 1992. Her expertise is ER, trauma, and writing. Currently working for Aetna, writing and attends Western Governors University. Her last novel "The Shotgun House" is an expression of her southern upbringing and patients discussions of near death experiences. She has won numerous nursing and writing awards. She is honored to represent WGU today and those afflicted by addiction.