



Dr. Joanne Conroy, *CEO and President*

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NH Department of Health and Human Services  
129 Pleasant Street  
Concord, NH 03301

To Whom It May Concern:

Dartmouth-Hitchcock Health (D-H Health) is pleased to provide input on the State of New Hampshire's application to the Substance Abuse and Mental Health Services Administration (SAMHSA) for the State Opioid Response grant (the Grant).

#### WHO WE ARE

D-H Health is a non-profit academic health system primarily serving New Hampshire and Vermont as well as patients from across New England. As the largest health care system and employer in New Hampshire, D-H Health is an integrated health care delivery network of providers and member organizations committed to providing the highest quality of care to the nearly 2 million community members we serve throughout the region. Our member organizations include: Alice Peck Day Memorial Hospital, Cheshire Medical Center, Mt. Ascutney Hospital and Health Center, New London Hospital and Visiting Nurses and Hospice for New Hampshire and Vermont.

D-H Health is anchored by Dartmouth-Hitchcock Medical Center (DHMC), our flagship academic medical center located in Lebanon, New Hampshire that is composed of Mary Hitchcock Memorial Hospital, a 396-bed hospital founded in 1893, and the Lebanon division of the Dartmouth-Hitchcock Clinic, a large multi-specialty physician group practice. DHMC serves as the teaching hospital and research partner for the Geisel School of Medicine at Dartmouth (Geisel), offering 49 accredited medical education training programs to nearly 400 residents and fellows annually. U.S. News & World Report ranked Geisel the 27<sup>th</sup> best medical school for primary care in 2018.

Dartmouth-Hitchcock (D-H) is the collective identity of Mary Hitchcock Memorial Hospital and the Dartmouth-Hitchcock Clinic. As one of the largest multispecialty physician group practices in New England, the Dartmouth-Hitchcock Clinic provides medical services to patients, as well as medical education to clinicians and research through its six main sites in Lebanon, Keene, Manchester, Nashua and Concord, New Hampshire and Bennington, Vermont, as well as through a network of smaller practice sites at over 24 locations throughout the region. We also provide care at the Norris Cotton Cancer Center, one of 49 comprehensive cancer centers in the country, at the Children's Hospital at Dartmouth-Hitchcock, New Hampshire's only comprehensive full-service children's hospital.

As New Hampshire's largest and most active research center, D-H – in partnership with Geisel – conducts a wide range of research in basic, clinical and translational science, and applied research projects on current problems in various medical specialties.

### ONGOING EFFORTS

As New Hampshire's only academic medical center, D-H has responded to the opioid crisis by leveraging our clinical, educational, research and community engagement expertise with dozens of programs. The below examples highlight those current D-H programs with a nexus to the focus areas of the Grant, including increasing access to Medication Assisted Treatment (MAT), reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities. These programs could be readily expanded with appropriate funding to continue to meet the demands of the opioid crisis.

#### Clinical Care and Treatment

- **Addiction Treatment Program:** Provides intensive outpatient addiction treatment services including addiction evaluation, counseling, psychiatric evaluation, and MAT.
- **D-H Moms In Recovery:** D-H clinical program for pregnant and parenting women with opioid use disorders, offering a range of levels of care from intensive outpatient, outpatient care to maintenance treatment. (On-site family support is available so moms can bring their young children to treatment with them.)
- **iMAT – OB Project:** Funded through the 21<sup>st</sup> Century Cures Act, to standardize and improve care for pregnant women with Opioid Use Disorder (OUD), this project has been expanded to include support for seven off-site programs and consultation expertise.
- **OB Purple Pod:** Within D-H OB/GYN practices, a dedicated clinic run by second-year residents, creates recovery-friendly workflows, flexible scheduling, access to behavioral health, community health workers, and recovery coach for pregnant and early postpartum women with substance use disorders with a special emphasis on those who receive treatment for OUD from community based prescribers.
- **Pediatric Purple Pod:** Within D-H OB/GYN practices, creates recovery-friendly workflows, scheduling, best practices including developmental supports for neonatal abstinence syndrome (NAS) babies and families in early opiate recovery.
- **Pediatric Screening, Brief Intervention, and Referral to Treatment (SBIRT) Initiative:** Implements behavioral health screening for adolescents (including substance use disorder (SUD) screening) using DartScreen.
- **Eating, Sleeping, Consoling (ESC) Care Tool Development and Use:** The development and use of a tool that improves care for opioid-exposed newborns, with a focus on increased parent involvement and rooming-in, decreasing pharmacologic treatment, length of hospital stay and

hospital costs, and improving the care experience for newborns who have had In-utero Opioid exposure along with their families, and staff.

- Rooming-in for Neonatal Abstinence Syndrome: Improves treatment for NAS babies, including rooming-in (mothers and babies together for their full hospital stay, with the help of volunteer “cuddlers”), changing newborn withdrawal symptom assessment scores, and team training on how to optimally work with families struggling with addiction and recovery.

### Education

- D-H Emergency Department Recovery Coaches: Provides additional assistance and connects people with substance abuse problems who enter the Emergency Department to community services and a Recovery Coach.
- Healthy Moms / Healthy Babies: A regional quality improvement / learning collaborative to improve the quality, safety and efficiency outcomes of care for infants with prenatal opioid exposure in Northern New England.
- TLC Parents in Recovery: Provides a peer support recovery group and provides parents the tools and resources to maintain healthy and supportive parenting while in recovery.
- Addiction Psychiatry Fellowship Training: Two D-H psychiatry fellows are trained as addiction specialists at the Addiction Treatment Program and at the Veterans Administration Hospital.
- Safe Care Planning: an array of activities to engage patients, professionals and policy-makers in order to help women achieve the requirements of the federally mandated Plan of Safe Care for their infants.

### Research

- Appropriate Opioid Prescribing: Research offers ways to reduce opioid prescribing patterns after surgical operations, identifying target areas for improvement or education, and implementing improvement and education.
- Photo Voice – Stigma and Recovery: Two Schweitzer Fellows worked with people in recovery to create a photo-narrative display focusing on aspects of SUD recovery.
- Mental Illness and Opioid Use: A D-H study published in June 2017 in the *Journal of the American Board of Family Medicine*, found that 19 percent of the 38.6 million Americans with mood disorders use prescription opioids, compared to 5 percent of the general population – a difference that remained even when the researchers controlled for factors such as physical health, level of pain, age, sex and race.

## Community Engagement

- 0 – 3 Recovery Friendly Pediatric Practices: Supports community pediatric practices in implementing services to better support Moms In Recovery.
- Integrated Care: As a partner in the State’s DSRIP Waiver 1115 demonstration program, Building Capacity for Transformation, supporting integration of primary care and behavioral health services, expanding the range of treatment options for individuals with opioid, alcohol, and other drug addictions and supporting coordination of mental health services with multiple providers and departments.
- Syringe Services Program (SSP Capacity Expansion): Student volunteers from Geisel and D-H Community Health are exploring new syringe services locations in Grafton and Sullivan Counties.
- Mothers in Supportive Housing: Working with community partners, this program offers housing, recovery support, financial stability, and referrals to pregnant and parenting women.

There is, however, much more work to be done to address the opioid epidemic. D-H has focused on meeting the emergent needs of patients who desperately need help and treatment, collaborating with others in building solutions. We are hardly alone in addressing the issues, but we have organizational, clinical, and academic strengths that can help the State meet its objectives.

## RECOMMENDATIONS

In addition to the option of expanding the ongoing efforts discussed above, D-H submits the following recommendations for consideration in connection with the Grant.

1. Expand the capacity of the current opioid-treatment workforce by establishing new education and training programs.
  - Support a new training program in addiction medicine, offering fellowships for non-psychiatrist MDs so they can achieve board certification in addiction medicine;
  - Education, training and support for advance practice nurses to achieve addiction board certification;
  - Develop education and training programs in addiction care for social workers;
  - Deliver education and training programs for supervisors of licensed staff providing opioid use disorder therapy;
  - Create a one-year fellowship for behavioral health clinicians working in primary care clinics to educate and train this workforce in the integrated care model (the delivery of general primary care and behavioral health care, including opioid use disorder therapy, in the same setting);

- Establish a competency based education and training programs for the lay workforce (e.g., community health workers, who provide care for patients with current/former opioid use disorders); and
  - Pay for ongoing education and training for clinicians to build skills and keep the workforce up-to-date with advances in therapeutic approaches.
2. Build an infrastructure to efficiently disseminate knowledge through the State of New Hampshire.
    - Establish a Project ECHO hub. ECHO is an established method of disseminating knowledge that has led to improved clinical outcomes for patients, improved skills and confidence of frontline care providers, and more efficient use of resources. An established Project ECHO hub could assist teams providing MAT in a variety of settings.
    - The Project ECHO infrastructure can be used to provide support in a large number of settings and to diverse audiences (e.g., managers of housing units for supported recovery, employers hiring persons in recovery, first responders, etc.).
  3. Expand access to specialists.
    - Establish a virtual specialist consult service for addiction medicine based on the MCPAP model through which clinicians are able to call experts for advice and consultation. Funds would be used not only to provide reimbursement for the specialist but also to evaluate the effectiveness of the program.
    - Expand access to electronic consults (eConsults). This is an asynchronous form of consultation in which the clinician submits a question to the expert using an EHR portal (or alternative secure IT solution). This service is currently available to providers in the D-H system. Funding could expand the service to providers who are not on the Epic IT system.
  4. Invest in supported housing solutions to support recovery.
    - Supported housing for new mothers and babies; and
    - Supported housing for adults of all ages.
  5. Supported employment programs.
    - Expand the number of programs in the State that are focused on preparing and supporting persons in recovery and preparing and supporting employers.
  6. Focused programs for pregnant and parenting mothers.
    - Establish and evaluate perinatal addiction residential programs;
    - Provide supported housing for pregnant women and new mothers in recovery; and
    - Develop and implement programs to provide long term support for families with opiate exposed babies/children.

7. Improve care coordination at a community level.
  - Supporting patients in recovery often requires coordination between clinical and social services. Recommend funding a pilot project based on the Community Hub model (<https://insight.livestories.com/s/v2/summit-county-pathways-hub/36774132-df44-40d8-881a-de19ba3cdb0e/>) using community health workers and a centralized “hub” to efficiently address social determinants of health needs using a standardized assessment tool and a centralized coordination center.
8. Education and prevention
  - Intensive provider and patient education utilizing novel methods for convenient excess opioid disposal.
  - Clinical intervention demonstration with chiropractic services for those with lower back pain to avoid opioid addiction and corresponding costs.
9. Establish an Addiction Medicine Center to rapidly translate science to clinical practice.
  - As we do in other areas, D-H researchers, clinical experts, and implementation scientists could create a center dedicated to the translation of addiction science into clinical practice. This center would work with stakeholders across the state to consolidate lessons learned and disseminate knowledge.

We note that a single infusion of funding creates a potential challenge in terms of sustainability. (One-time funds that must be expended within a short period are best used to support structural investments in systems of care whereas sustainability requires long-term changes in the payment system.) As such, we submit the prior suggestions for investments with a strong recommendation to commit to sustainable financing.

In addition to sustainable financing for services, we recognize the need to rapidly expand the knowledge and science of addiction, rigorously evaluate the effectiveness of interventions, and understand how to implement effective, evidence-based programs across many settings. We recommend robust evaluation of funded programs and investments in an infrastructure that supports dissemination and implementation of evidence-based care.

Thank you for the opportunity to provide input on the Grant, and for your consideration. We would be happy to provide additional information and discuss any of the programs described above or elaborate on the suggestions offered.

Sincerely,



Joanne M. Conroy, MD  
CEO and President  
Dartmouth-Hitchcock Health