



Supporting State Efforts to Address the Opioid Epidemic

Introduction: State governments across the U.S. are currently leading a range of efforts to address the epidemic of Opioid Use Disorder (OUD), yet we continue to see a steady increase in the rate of opioid-related drug overdose deaths in most states. The federal agency, Substance Abuse and Mental Health Services Administration (SAMHSA), recently announced \$930 million in federal funding available to all states for its fiscal year FY2018 “State Opioid Response to Grants”, a program that “aims to address the opioid crisis by increasing access to medication-assisted treatment; reducing unmet treatment need; and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for OUD (including prescription opioids, heroin, and illicit fentanyl).”

Qualidigm and Maine Quality Counts (QC) collectively bring a solid set of expertise, experience, and technical assistance related to clinical improvement initiatives that can be leveraged to support states in their efforts to implement programs to address this epidemic, and specifically to help states in their efforts to decrease drug overdose deaths. These include a range of initiatives that span the following spectrum of efforts to address OUD prevention, screening, treatment, and recovery:

1. **Provide leadership for engaging clinicians and communities in a compassionate response to the opioid epidemic**

- **Caring for ME:** Since 2016, QC has partnered with the Maine Medical Association to lead “[Caring for ME](#)”, a statewide effort of education, support, and advocacy to engage clinicians and communities in building a stronger, compassionate response to the opioid epidemic. This has included hosting monthly meetings of clinician and community leaders statewide to share updates and best practices; assembling and curating a range of educational resources and clinical tools on the QC website; and promoting efforts to understand OUD as a chronic condition requiring a compassionate response and treatment.
- **Caring for ME Clinician Leaders Program:** QC is currently leading a two-year program to help clinicians develop their leadership skills to lead efforts to address public health issues, with an initial focus on addressing the opioid epidemic. Through this program, QC provides support for [30 clinicians](#) from around the state to strengthen their ability to identify and address systems-level issues in their community to respond to the opioid epidemic.

- An example of a Maine based project that could be replicated in other states is the community Opioid overdose response ECHO. In this project Maine Quality Counts (QC) and the Northern New England Practice Transformation Network (NNE PTN) will bring together key leaders from 10-20 specific geographic communities in Maine to work collaboratively to decrease drug overdose deaths within their community. We will use the proven Project ECHO model of web-enabled, case-based virtual learning sessions to promote collaborative learning and sharing of best practices across communities over a 10-month period. Recognizing the importance of coordinating efforts within communities, we are inviting local leaders within each community to serve as a “Community Convener” to bring together representatives of key sectors within their community and lead this effort to decrease drug overdose deaths. Project ECHO: Project ECHO® (Extension for Community Healthcare Outcomes) is an evidence-based method developed by researchers at the University of New Mexico. The ECHO model™ links teams of interdisciplinary experts with teams of participants from each community. During teleECHO™ sessions, experts mentor and share their expertise across a virtual network via case-based learning, enabling community teams to build capacity and expertise to address systems issues within their community, and improve their ability to track, prevent, and treat individuals with Substance Use Disorder and drug overdose.

2. **Prevent opioid misuse and OUD by decreasing the amount of opioids prescribed and improving the safety of opioid prescribing, while improving the management of chronic pain**

- **Chronic Pain Playbook:** In response to hearing the needs of primary care and other clinicians, we’ve developed the [Chronic Pain & Controlled Medications Playbook](#). This toolkit provides practical support and tools for practices providing chronic pain management and/or for those interested in developing a policy and protocol for the prescribing of controlled medications. The Playbook provides practices with a step-by-step guide, recommendations and templates for working with patients with chronic pain or those who are prescribed controlled medications.
- **Chronic Pain Collaborative:** From 2014-2016, QC conducted two rounds of a Chronic Pain Collaborative, using the learning collaborative model to provide structured support and learning to teams from over 20 primary care practices to implement better systems for opioid prescribing.
- **Chronic Pain Self-Management program.** In New Hampshire we have partnered with AHAC to offer the Stamford Chronic Pain Self-Management programs. In addition to clinicians prescribing fewer opioids, patients need other means to help manage their pain. When pain medication is decreased or removed, alternatives are required to address patients’ discomfort.

Furthermore, non-opioid strategies are essential as first-line treatment options to avoid opioid dependency entirely.

One effective option is the Stanford University Chronic Pain Self-Management Program (CPSMP). Stanford researched and developed a series of behavioral and medical self-management workshops, launched in 1979, including Diabetes, Arthritis, and Chronic Disease. CPSMP is a six-week, evidence-based program with 15 instructional hours, often facilitated by lay leaders who have chronic pain themselves or are caregivers to chronic pain sufferers. The CPSMP course is open to participants of any age, and is completely free of charge. This approach would allow patients to be actively involved in the management of their pain and could help decrease the need for opioids.

- **Supporting regulation/legislation: Education on Maine Chapter 488:** In 2016, Maine passed [legislation](#) enacting some of the most comprehensive and aggressive limits on opioid prescribing in the nation. QC responded by offering a range of educational supports and resources to help clinicians comply with the new law, while maintaining a compassionate approach to patients receiving opioid therapy. With support from QC and partners, Maine has seen the [largest decrease in the country](#) in amounts of opioid prescribing over the year.
- **Education & Support for Compassionate Tapering of Opioids:** In response to Maine's new law restricting opioid prescribing, and knowing the potential risks of suddenly discontinuing prescription opioids in patients who were dependent and/or addicted to opioid medications, QC stepped forward to support a range of educational activities and supports to engage clinicians in maintaining a compassionate approach to tapering those medications and potentially identifying previously unrecognized addiction. QC has sponsored a series of educational meetings, webinars, and tools to support a comprehensive approach to these issues, including sponsoring a [tele-ECHO](#) (Extension for Community Health Outcomes) program on compassionate tapering.
- **Online Learning Modules:** Recognizing the need for flexible approaches for busy clinicians, QC has developed [six online educational modules](#) related to the management of chronic pain, safe opioid prescribing, and compliance with Maine's new law regulating opioid prescribing. These 1-hr modules are available to all clinicians, and offer CME credit, with topics including the following:
 - Appropriate Diagnosis and Treatment of Addiction
 - Chronic Pain Management
 - Compliance with Maine Prescribing Laws
 - Safe Opioid Prescribing and Prescribing Limits

- Safe & Compassionate Opioid Tapering
 - Substance Exposure During Pregnancy
 - **Chronic Disease Self-Management Program for Chronic Pain:** As an active partner in the [Connecticut Healthy Living Collaborative](#), Qualidigm has promoted the “Live Well with Chronic Pain” self-management program. Based on the evidence-based “Live Well with Chronic Conditions” program, this initiative has provided an opportunity to work directly with members of the community to provide education and self-management support for alternative approaches to managing chronic pain.
 - **Education on Alternatives for Chronic Pain:** Through its [online educational resources](#), webinars, and learning sessions QC has continued to promote education and assistance to clinicians on the use of alternative therapies for chronic pain.
3. **Screen for & recognize addiction where it exists**
- **SBIRT Trainings & Learning Collaborative:** QC recognizes the importance of screening for Substance Use Disorder in a range of provider settings, and has offered support for clinicians to implement evidence-based models such as Screening, Brief Intervention, and Referral for Treatment ([SBIRT](#)) through learning collaboratives, an [online module](#), and educational webinars.
4. **Offer treatment for OUD & promote access to Medications for Addiction Treatment**
- **Primary care provider forums on MAT for OUD:** In conjunction with its efforts to promote primary care practice transformation, QC sponsored a series of provider forums in 2016 to engage primary care clinicians and practice teams in the need to screen for and treat addiction within the primary care setting.
 - **Medications for Addiction Treatment (MAT) ECHO:** QC is currently using the ECHO model to provide support for primary care clinicians and practice teams to provide MAT in the primary care practice setting. This 10-month program is [currently enrolling](#) up to 15 primary care teams from across Maine and New Hampshire to participate in collaborative learning from specialty experts and peers using the evidence-based ECHO model of didactic learning and video-based case presentations.
 - **Education on initiating MAT in Emergency Department settings:** QC is also working actively to identify new and innovative models for increasing access to MAT for patients with OUD, particularly for individuals at high risk of drug overdose. QC recently sponsored a widely-attended [educational webinar](#) on the topic of initiating MAT in the ED setting.
 - **Education on treating high-risk individuals:**

- **Perinatal Substance Use Disorder ECHO:** QC is currently conducting a 9-month [ECHO educational program](#) with clinicians to support their ability to provide high-quality, continuous care for mothers and infants impacted by SUD.
- **Snuggle ME Guidelines:** QC has actively partnered with the state of Maine and other organizations to [develop and provide education](#) on these guidelines for health care organizations to improve care for mothers and infants affected by SUD.

5. Promote overdose prevention, rescue, & harm reduction

- **Overdose prevention education:** QC has conducted multiple educational events and [webinars](#) on the topic of preventing, recognizing, and treating opioid overdose. Additionally, QC has supported efforts to provide [educational tools and resources](#) for clinicians to improve the prescribing and distribution of naloxone for overdose rescue.

For more information: Qualidigm and Maine Quality Counts are eager to assist state agencies on their efforts to address the opioid epidemic. For more information, please contact Dr. Timothy Elwell, President / CEO of Qualidigm at 860-632-6350 or telwell@qualidigm.org.