The Opioid Epidemic

“We have to stop treating addiction as a moral failing and start seeing it for what it is: a chronic disease that must be treated with urgency and compassion.” —Dr. Vivek H. Murthy, United States Surgeon General

Thousands of people rely on painkillers each day to relieve everything from headaches to pain from injury or surgery recovery. However, when an individual develops a dependence on opioid painkillers to function in day-to-day life, the likelihood of addiction and substance abuse rises.

The United States has a long and sordid history with opioid addiction and abuse. Following the invention of the hypodermic syringe and hollow needle in the mid-1800s, injured Civil War veterans were treated with morphine for pain and injuries and became addicted to the drug. At the turn of the century, pharmaceutical companies began manufacturing and distributing heroin for commercial sale, claiming it to be more potent than morphine and free from abuse liability. Fast forward to today, and though the commercial sale and use of heroin and similar drugs have long-since been outlawed, sales of prescriptions opioid painkillers like Vicodin, OxyContin and Methadone have skyrocketed. News headlines flashing a celebrity’s name followed by the words “death” and “painkiller addiction” have become commonplace.

Approximately half of all opioid overdose deaths in the U.S. involve a prescription opioid. Between the years 1999 to 2014, sales of prescription opioids quadrupled. In that same time, more than 183,000 people died from overdoses related to prescription opioids.

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According to the Centers for Disease Control and Prevention (CDC), almost 2 million Americans were abusing or were dependent on prescription opioids in 2014. Unfortunately, many individuals with substance abuse problems aren’t identified as such in their medical records. In addition, the American College of Preventive Medicine (2011) reports 40 percent of practicing primary care physicians report difficulty discussing the possibility of prescription medication abuse with patients.

One tool available to prescribers and pharmacists are the Prescription Drug Monitoring Programs (PDMP). PDMPs are state-run databases built to monitor for suspected prescription abuse and can provide a prescriber or pharmacist critical information regarding a patient’s substance prescription history. Pharmacists are required to enter prescription data into the PDMP each time they dispense a controlled substance to a patient. As of 2016, the CDC has awarded more than $30 million to 29 states to improve safe prescribing practices, including integration of the PDMPs into electronic medical records (EMR) systems.

In March 2016, the CDC published the CDC Guideline for Prescribing Opioids for Chronic Pain. The guideline provides recommendations for prescribing opioid pain medications to non-cancer, non-palliative patients age 18 and older in primary care settings. In the summer of 2016, United States Surgeon General Vivek Murthy launched the “Turn the Tide” campaign. In a letter written to every physician in the country, Dr. Murthy asked for “help to solve an urgent health crisis” and requested that care providers take a pledge as a sign of commitment to turn the tide on the opioid epidemic.

In response to the widespread and growing prescription abuse problem, UTMB has formed an Opioid Task Force. Led by Dr. Courtney Williams, Dr. Edythe Harvey and Dr. Dwight Wolf, the group aims to gather data on opioid use within UTMB’s patient population and the Galveston County community. They also have plans to develop a multi-level comprehensive education plan on substance abuse disorders for all UTMB providers—from students to faculty—and to educate providers and patients about the resources available within the community, like the Gulf Coast Center Ambulatory Detox Clinic.

The Gulf Coast Center Detox Clinic began as a Delivery System Reform Incentive Payment (DSRIP) project with the aim of developing and implementing crisis stabilization services to populations who may have fallen through the cracks of the current system. Serving both men and women throughout Galveston and Brazoria Counties, the detox clinic has several goals:

1. Provide an alternative to hospitalization and/or arrest,
2. Provide rapid access to outpatient substance abuse detox treatment for people who have been admitted to inpatient psychiatric hospital, and
3. Facilitate quick discharge from inpatient psychiatric hospitalization and smooth transition to detox treatment if person has co-occurring mental illness and substance abuse issues.

By improving the coordination of care among substance abuse services like mental health services, law enforcement and hospital emergency departments, the clinic hopes that interventions will begin to occur early enough in the abuse cycle to prevent further deterioration for those with a co-occurring psychiatric and substance abuse disorder, eventually reducing the risk and cost for inpatient detoxification and stabilization.

The Gulf Coast Center Detox Clinic has offices and clinical facilities on the sixth floor of Shearn Moody Plaza. To find out more about the services offered at the Gulf Coast Center, visit http://gulfcoastcenter.org/.

For information on opioid addiction and overdose prevention, visit https://www.cdc.gov/drugoverdose/opioids/index.html.

As health care professionals, we believe we have the power to end the opioid crisis. We pledge to:

1. Educate ourselves to treat pain safely and effectively.
2. Screen our patients for opioid use disorder and provide or connect them with evidence-based treatment.
3. Talk about and treat addiction as a chronic illness, not a moral failing.

Be the solution. Join the movement.
2017 UTMB Health Pain Conference

UTMB’s 2017 Health Pain Conference, *Pain Control: Beyond the Challenge*, will be held Saturday, Apr. 1, 2017. The conference will provide updated information and evidence-based best practices for pain management. Attendees will learn how to improve and strengthen clinical practices and achieve improved outcomes in pain management and patient and staff satisfaction related to pain treatments.

UTMB Continuing Nursing Education (CNE) is an approved provider of continuing nursing education by the Texas Nurses Association. Nurses who attend this professional development activity will receive **6.41 CNE contact hours including 1.0 pharmacotherapeutic hour.** Nurses must be present for the entire conference in order to obtain credit.

UTMB is accredited by the Accreditation Council for Continuing Medical Education (CME) to provide continuing medical education for physicians. UTMB designates this live activity for a **maximum of 6.25 AMA PRA Category 1 Credits ™ and up to 1.0 hour in medical ethics/professional responsibility** as require by the Texas Medical Board. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

For the conference schedule and online registration information, visit [https://www.utmb.edu/nursing/conferences/pain-conference](https://www.utmb.edu/nursing/conferences/pain-conference)

Kidney Transplant Team Grows Program

There are currently more than 120,000 people waiting for lifesaving organ transplants across the United States. Of these, slightly more than 100,000 patients are awaiting kidney transplants. Since the number of patients who need an organ far exceeds the number of eligible donors, the UTMB Kidney Transplant Team has been aggressively and successfully working to grow the UTMB Kidney Transplant program by increasing both the number of transplants as well as live donations. Since 2014, kidney transplant volume has increased by 156 percent.

From Aug. 2014 to Aug. 2016, kidney and pancreas transplant volume increased by 71 percent (48 transplants to 82 transplants). The elevated volume can be credited to sustaining the growth of active patients on the transplant waitlist and targeted outreach that increased the number of referrals received. In that same time period, living kidney donor volume increased from two to six (with a goal of 10).

This increase can be attributed to the presence of an on-site living donor coordinator who is available for consultations, as well as an increase in the number of referrals. Quality indicators such as one-year graft failure and one-year patient survival have also improved.

The Kidney Transplant Team plans to continue growing the program by collaborating with physician liaisons to increase outreach to providers in the region, focusing on building relationships with providers with the recruitment of a transplant outreach coordinator as a shared resource among all of the transplant programs and achieving a “Center of Excellence” distinction to improve referrals and access to the program.

*Established in 1967, and the first in the Houston/Galveston area, UTMB’s Kidney Transplantation Program has performed 2,500 transplants to date while continuing to achieve excellent results and exceeding national standards for patient/graft survival.*
I AM BEST CARE.

“I do not provide patient care, but I know that my role here is important. Every UTMB employee has the power to influence and improve our ranking and outcomes in some way. Our director, Barbara Bonificio (who will soon retire), set an excellent example by treating us as valued peers, and she never missed a chance to recognize accomplishments. I was pleased that you mentioned helping people find their way on campus, because not a day goes by that we don’t do that very thing! The day after your first Best Care Lunch & Learn, I encountered a gentleman from Fort Worth trying to find his way to Research Building 6. The directions he printed (pre-fire) told him to enter through John Sealy Hospital. I walked him to his appointment and also told him about the UTMB Health Resource Center in Jennie Sealy Hospital, where people can charge their phone, use a computer, get documents notarized.” –Cynthia Grasso, Nursing Education

EPIC EMR OPTIMIZATIONS

Several optimizations were recently made to the Epic EMR in support of Best Care—you may have heard some of these mentioned during the recent Best Care Lunch & Learn Series: (1) Several note templates were added as a way of prompting documentation of readmission criteria. (2) A new list identifies patients considered “Hospital Dependent” so the care team can focus care on avoiding a potentially preventable readmission. Certain criteria were also added that help providers determine when it is more appropriate to manage the patient in an outpatient setting or in observation. (3) A process improvement project was piloted that increased MRI slots by 2-3 per day by ensuring all appropriate paperwork for MRI orders is completed before patients are sent for imaging; plans are underway to expand the new process to others areas across UTMB. (4) To help accelerate patient recovery, a new Mobility Therapy service for post-op patients is now being piloted.

MISS A BEST CARE LUNCH AND LEARN? NOW AVAILABLE ONLINE.

The recent series of Best Care Lunch & Learns concluded earlier this month. If you missed any of the following presentations, you can view the recording and related materials on the Best Care website.

- “General Status Update; Maintaining Equity of Care & Patient-Centered Care” with Donna Sollenberger, executive vice president and chief executive officer, UTMB Health System and Dr. David Marshall, Chief Nursing and Patient Services Officer
- “Clinical Documentation Improvement and Reducing UTMB’s Mortality Rate” with Dr. Gulshan Sharma, vice president, chief medical and clinical innovation officer
- “Reducing Preventable Readmissions and Improving Patient Safety” with Dr. Mark Kirschbaum, vice president and chief quality, safety and clinical information officer
- “Efficiency: Appropriate Length of Stay and the Patient Resource Optimization Program” with Deb McGrew, vice president and chief operating officer, UTMB Health System
This year’s Winter Correctional Managed Care (CMC) Conference began with a day on the UTMB Galveston campus. Master of Ceremonies Dr. Olugbenga Ojo, chief medical officer for the Texas Department of Criminal Justice (TDCJ) Hospital Galveston, introduced discussions about TDCJ’s impact on areas across UTMB.

Donna Sollenberger, executive vice president and CEO for UTMB Health, spoke specifically about CMC’s impact on UTMB’s Road Ahead. She explained that UTMB’s partnership with TDCJ helps expand UTMB’s Road Ahead mission “to improve health for the people of Texas and around the world” by ensuring a sufficient and diverse population of patients for education, research and financial viability. The partnership with TDCJ also allows UTMB health care providers to gain experience in offering high-quality health care at lower cost, something that other states and offender care providers seek. Other areas of expertise, such as the UTMB telemedicine program, have been able to grow and expand. She concluded by complimenting the work done by CMC and for being a forerunner in the population managed care model.

Attendees spent the following day at the Moody Gardens Hotel Spa & Convention Center participating in workshops, training sessions, lectures and award ceremonies.

UTMB-TDCJ Hospital Galveston remains the first and only hospital specializing in offender care on the campus of a major medical center and teaching institution.

The five-year clinical strategic plan is intended to help the organization stay focused on our greatest opportunities to solidify our place in the market and assure future partnerships and alliances for growth. To achieve this, two specialty programs were selected to become patient “destinations” and provide a “halo” effect to our system.

These services were selected based on the greatest need and demand in our market area. Clinical expertise, capability and supporting technologies were also taken into consideration when selecting services that would most strongly differentiate UTMB from its competitors. The clinical strategic planning process, conducted
in alignment with the Research Strategic Plan, ultimately helped identify Integrated Neurosciences and an Eye & Ear Institute as services that will present strong opportunities for clinical growth. Together, the “eyes, ears and brains” of The Road Ahead will help UTMB become the essential provider to Southeast Texas and enhance our national reputation for clinical and academic excellence.

While Integrated Neurosciences and an Eye & Ear Institute will receive initial prioritized focus, meaning that we will spend 80 percent of our new investments on these areas, these are not the only programs that will be supported in the plan. These two leading programs will serve as destination services, which works well because these patients also have other care needs—for example, neurosciences patients frequently have comorbidities, such as heart and musculoskeletal medical needs. Meanwhile, the Eye & Ear Institute located on the island will help grow UTMB’s otolaryngology and ophthalmology mainland presence. The remaining 20 percent of our investments will be made in other important service areas. In subsequent years, the plan will focus on heart and vascular services, oncology, musculoskeletal and rehabilitation, and gastrointestinal service lines.

When it comes to the communities we serve, assuring care for patients on the mainland is key to growing our overall patient base. Maintaining and growing our primary care services will remain a continual focus, because it is a major way we help manage continuity of care and help them effectively and conveniently manage all of their health needs. Primary care is also the “front door” to our system, ultimately directing patients to UTMB’s specialty care services and more acute care, when needed. Our goal at UTMB is to utilize all of our services to offer comprehensive care to our patients. We will also improve our referral management processes to help retain existing patients in our system.

The Clinical Strategic Plan will continue our focus on Best Care in the years to come. Offering excellent care and service is our goal, and through Best Care, we strive to always deliver the right care, at the right time, in the right way, for the right person, with the best possible results, for every patient, every time. As part of this effort, and in alignment with The Road Ahead, UTMB’s will continue to focus on improving access to care for patients. We will look at a variety of methods to do this, including locating clinics where there is patient demand.

To ensure we remain patient-centered in all of our endeavors, we will continue inviting patient and family advisors to weigh in on all operational and quality initiatives to assure that we are meeting patients’ needs. We will work toward offering a consistent patient experience across all of the Health System. Other initiatives that will receive focus include providing reliable estimates to patients for their care and offering financial counseling and payment options for routine services. Lastly, we want to continue developing our care management capabilities to close critical gaps for patients and focus on managing care for those patients who are high utilizers—the goal is to help our patients stay well and out of the hospital when possible.

As good stewards of our resources, we will also continue working to minimize variation and cost of care. In the last year, UTMB’s new Patient Resource Optimization Program (PROP) resulted in $7.2 million in cost savings. This was achieved by reviewing our cost per case and patient outcomes compared to the use of resources, improving processes in support of higher productivity, and working to manage an appropriate

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length of stay for each patient, depending on their care needs. By optimizing our Epic electronic medical record (EMR) with better functionality, incorporating disease-specific care pathways into EMR work flows, and improving clinical documentation and coding, we are increasingly able to better understand our performance in many aspects of Best Care. Ensuring we manage and document care well for our patients is imperative to positive long-term patient outcomes, and it also helps academic medical centers like UTMB retain reimbursement for care.

The Road Ahead sets forth a strategy for success that as an organization, UTMB will dramatically improve operational processes to be more efficient. One way the Clinical Strategic Plan will achieve this is by leveraging our analytics capabilities to improve clinical and business decision-making. UTMB Discover, our new data warehouse, will serve as the central repository for our data and provide a number of applications to help us better understand performance trends and find opportunities to improve performance in Best Care measures, such as preventable 30-day readmissions.

Last but not least, the Clinical Strategic Plan supports The Road Ahead as it seeks to identify opportunities for key collaborations and partnerships with groups external to UTMB, such as post-acute and long-term care continuum providers. Because there is a physician shortage in certain markets like our service areas, these partnerships help us elevate the quality of access to care we can offer in a community. UTMB has already formed collaborative relationships with facilities like Regent Care in League City, which is a rehabilitation and long-term nursing facility. While patients always have a choice as to where they receive their rehabilitation and/or long-term care, when organizations like UTMB and care centers work together, they can better facilitate continuity of care and improve patient outcomes. UTMB’s new affiliation agreement with Baptist Hospitals of Southeast Texas is another example of sharing resources and expertise to better serve patients in the region, as is our agreement with MD Anderson to build the MD Anderson Cancer Center on UTMB’s League City Campus. In the future, these sorts of partnerships will be key as health care organizations enter into payment arrangements that include financial and performance accountability for episodes of care for assigned patient populations (i.e., bundled payments).

The Clinical Strategic Plan is a carefully designed, five-year plan developed to generate opportunities for reinvestment in education, research and patient care services. Its ultimate goal is to ensure UTMB provides continuity of care to improve patient health and outcomes for years to come. As a more detailed plan that supports the Road Ahead, UTMB Health can better chart its future course.

Members of the Krewe of Momus visited Shriners Hospital, the Acute Care for Elders (ACE) Unit and the Pediatric Unit Februrary 23, 2017. Patients, families and staff happily welcomed the visitors who arrived bearing gifts of beads, crowns and toys.

Pictured Above: Krewe of Momus with ACE Unit Staff
Pictured Below: Krewe of Momus with Pediatric Staff
Letters from patients and staff:

I constantly receive compliments from patients about how well Prisha Thompson treats them. One particular patient recently had an ankle surgery. Before she left the patient’s room, Prisha made sure he was okay and brought the table close to him. He was very thankful for her thoughtfulness and wanted everyone to know he appreciated the time she took to make sure he was comfortable and able to have his meals due to his limited mobility. He noted her kindness and her smile every time she entered his room.

Rodney Benson (Environmental Services) has been a huge help to our department. He always arrives with a smile on his face and quickly cleans rooms without hesitation. He was not assigned to our area today and was just walking through and noticed some dirty rooms. He took it upon himself to not only clean the dirty rooms, but also to clean all of the bathrooms since he was not able to locate the EVS in the department.

To Radiology Oncology: I wanted to thank you for the support and care I received from all of you. I feel your treatment team has to be one of the best in the field. I was afraid my claustrophobia would prohibit me from even starting my treatments, but thanks to the support of my family, along with your constant daily encouragements throughout each and every treatment, I’ve successfully gotten through all four weeks of them. All of you are always upbeat, friendly and personable and I really appreciate everyone going the extra mile for me. Thank you!

We recently received a patient satisfaction survey from the daughter of a patient who was admitted to JEN 9D on December 14, 2016. The patient’s daughter expressed thanks on behalf of her family for the care and service provided to their mother during her inpatient stay. The daughter noted that the nursing care was “outstanding” and that the nurses were “attentive, kind, and concerned” for their mother and “tolerant” of the families reaction in dealing with their mother’s diagnosis. She also noted that they felt “blessed” for their mother to have been accepted by UTMB from a rural outside facility and added, “The care my mom received was a true godsend during a difficult time.” Thank you for the outstanding care and service you and your team provide to our UTMB patients and for everyone’s commitment to providing a very good patient experience.