



Institute for
Healthcare
Improvement

Adopting a Systems Approach to the Opioid Crisis

Clinicians and healthcare leaders cannot focus solely on prescribing.

The opioid crisis in the United States has generated significant morbidity and mortality in the past two decades. While the epidemic now receives much-needed attention and resources, the ways in which some organizations and clinicians are responding are not nearly as robust as they should be. There remains a tendency to focus solely on opioid prescription reduction as the end goal, leaving patients with poorly managed pain that causes both physical and psychological distress.

The intense focus on reducing opioid prescriptions has led to many missed

opportunities for hospitals and health systems to prevent, identify, treat and reduce other health harms associated with opioid use disorder. These other harms include overdose deaths, increased rates of hospitalization for substance use-related conditions, poor quality of life for patients and their families and poor pain management.

Clinicians, concerned about recriminations for overprescribing opioids, and insurers, misapplying the Centers for Disease Control and Prevention guidelines to deny payment for badly needed medications,

are abandoning their responsibility to ensure patients with chronic pain are appropriately assessed and treated. If, as CDC guidance recommends, opioids are not advised for the initial course of treatment for most chronic pain patients, there has to be comprehensive pain assessment and care planning that considers and includes multimodal and nonpharmacologic interventions.

Physicians and healthcare leaders cannot successfully fight the opioid epidemic solely through reducing overuse. A systems approach to timely and effective treatment for

Strategies to Reduce the Harms of Substance Use Disorder

Enhance the availability of supportive social services and connections to long-term, ongoing comprehensive treatment (medication for addiction treatment and behavior-based therapy).

Specific Improvement Idea or Project:

- Collaborate with local communities and private and public addiction treatment facilities to support the continuum of care.
- Enhance transitions to other levels of substance use care such as clinical stabilization services, transitional support services and residential treatment programs.
- Increase access to and availability of social services often required by those in recovery to support continued recovery and prevent relapse, including affordable housing, employment support and child care.

Develop and promote harm reduction to optimize safety in people with addictions.

Specific Improvement Idea or Project:

- Increase prescribing and other access to naloxone kits, including among pharmacists, community and family members, and nonparamedic first responders. Ability to do this varies by state. State governments and payers should cover naloxone with little or no cost to the individual.
- Initiate naloxone co-prescribing processes for high-risk patients, for example, when prescribing opioids or buprenorphine.
- Providers should offer comprehensive harm reduction services (including syringe exchange, safe use instructions and harm reduction kits) and preventive care.
- Consider fentanyl testing.

opioid use disorder, in tandem with pain assessment and management, would be far more effective in helping communities across the country.

So, what can healthcare leaders do to encourage a systems approach rather than a myopic focus on opioid prescription reduction? There are five key strategies toward a more comprehensive approach, drawn from *Effective Strategies for Hospitals Responding to the Opioid Crisis*, co-published in 2019 by the Institute for Healthcare Improvement and the Grayken Center for Addiction at Boston Medical Center.

1. No Wrong Door for Treatment

Hospital leaders can support the adoption of robust processes for identifying and treating individuals with opioid use disorder at key clinical touchpoints, including inpatient settings and EDs. Yale New Haven (Conn.) Hospital and Boston Medical Center, for instance, have implemented interventions to provide screening, urgent care treatment with medication for opioid use disorder and referrals to ongoing care. Integrating addiction care into primary care and other care settings is another treatment approach that needs strengthening. Physicians and nurse practitioners should be encouraged to become certified to prescribe medications such as buprenorphine. While studies are showing some promising results, the spread of this kind of integration has been far too limited.

2. Screen in Many Sites

As part of expanding treatment, healthcare organizations need to hardwire into the care-delivery workflow processes to identify and screen

individuals at high risk of developing opioid use disorder. These screening efforts should focus on people with a history of substance use, adolescents and young adults, and those with significant needs related to the social determinants of their health. Hospitals can deploy proven, evidence-based approaches known as SBIRT—Screening, Brief Intervention, and Referral to Treatment. This identifies, reduces, and prevents misuse and dependence on alcohol and illicit drugs, along with numerous other existing screening tools.

3. Enhance Pain Assessment and Management

Lurking behind the opioid epidemic is a concurrent crisis of physical pain, the management of which is crucial to patients' health and quality of life. A generation of clinicians were taught incorrectly about managing opioids and pain treatment. As a result, pain assessments may be rushed or perfunctory, with opioids often prescribed as a default, thereby institutionalizing opioids as a blanket solution for treating all pain. Importantly, clinician response to pain was not the same for all patients: black patients were less likely to receive opioid treatment for pain, as described in a 2018 *Epidemiology* article. Thus, as we move toward more comprehensive pain assessment, we must also use this as an opportunity to correct historic racial inequities in the treatment of pain.

This training has also contributed to significant variation in clinician pain assessment practice and an erosion of skills. Clinicians have been trained to evaluate pain through the narrow lens of a numeric rating using a 1-to-10 assessment scale,

often without comprehensive and ongoing assessment, as well as updated plans for managing pain. Physicians and medical leaders need to find a better equilibrium for opioid prescribing practices, striving for a balance that minimizes harm and maximizes benefit. Evidence from programs such as St. Joseph Health's Alternatives to Opiates, or ALTO, demonstrates that a more comprehensive and textured approach to pain assessment and management is both feasible and effective. Pharmacists and payers also have a role to play in improving opioid dispensing practices and enhancing the availability of multimodal pain management strategies.

4. Educate Everyone

As part of their work on prescribing practices, hospital leaders have an obligation to educate stakeholders—healthcare professionals, patients and the public—both about the risks of opioid use and about the stigma around substance use disorders. CDC materials support patient education about prescription opioid misuse and the risks of addiction, while also teaching safe medication storage and disposal. Other essential parts of this education are to reframe substance use disorder as a chronic disease, to be managed like other chronic conditions such as diabetes, and to use clinical rather than judgmental language (e.g., say that someone has a substance use disorder, not that they're an addict).

5. Aim to Reduce Harm, Not Just Limit Opioid Use

Leaders need to collaborate actively with local communities and addiction treatment facilities to reduce all the harms of substance use disorder.

The chart on Page 50 describes two key strategies and specific improvement ideas that health systems can implement to enhance their work on harm reduction.

Some hospitals already have elements of these five strategies in place. All should. It is crucial to reframe efforts toward a balanced focus on pain and treatment for opioid use disorder. Existing processes, too often focused on single solutions, are less effective than a coordinated, systems approach and may, unintentionally, do more harm than good. ▲



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Editor's note: The publication, *Effective Strategies for Hospitals Responding to the Opioid Crisis*, is available for free download at ihi.org/OpioidStrategies.