Hackensack Meridian Health (HMH) has embarked on an earnest network wide effort to reduce the use of opioid medication in our patient population. To ensure success, a Network Opioid Task Force unites medical professionals, medical research, academics, community leaders and a robust opioid tracking system through pharmacy. A recently finalized partnership with Carrier Clinic will optimize behavioral health management and improve management of mental health issues.

HMH utilizes a comprehensive, mutli-disciplinary, patient centered, patient partnership approach to pain. Our goal is maximal pain control with minimal impact to quality of life.

HMH recognizes Social Determinates of Health and the impact to health, including pain. This is particularly evident in the Hackensack Meridian School of Medicine at Seton Hall University (HMSOMSHU) where Human Dimension curriculum directly examines the health impact of pain.

HMH has implemented a network initiative for the utilization of evidence based Integrative Medical approaches (e.g. acupuncture, meditation, exercise, music therapy, etc.) for improving pain management.

1. **Health professional education and training**
   - Medical staff (including medical residents, medical students, RNs, APNs, PAs, NPs, PTs, OTs, psychologists and other practitioners): regular lectures and CME on opioid reduction, pain management and non-pharmacological pain management.
     - Examples:
       - Department of Psychiatry: Substance Use Disorders in 2017: Tackling the Opioid Epidemic & More
       - Unintended Consequences of Opioids: We Can Minimize Opioids - 2019
   - HMSOMSHU student education:
     - Students trained to use Suboxone. Upon graduation, licensed to provide.
     - Comprehensive curriculum with pain specialists and substance abuse (behavioral, palliative, anesthesia, integrative medicine specialists (non-pharmacological options))
   - CME lectures on non-pharmacologic pain management, rationale, safety, efficacy and appropriate implementation for various pain conditions
   - Discharge Planning (pending) will include expanded pain medication education, non-pharmacological options, support documents and media. Digital, cloud based to ensure complete access and coverage.

2. **Opioid prescribing guidelines and evidence standards**
   - Example: HUMC orthopedics:
     - minimizing opioids post-operatively (implant and total knee replacement program)
     - Replacement intravenous opioids with multimodal approach (multiple non-opioid agents to minimize pain before, during and after surgery)
     - Increased utilization regional blocks, spinal blocks
     - Elimination opioid combination medications
     - Reframed goal of “comfort” as opposed to “pain”
     - Genetic testing to determine at-risk for addiction
- Cohesive and standardized pill number dispensing between surgical disciplines
- Discharge class for patients with non-pharmacological options discussed

- Example: Palliative Medicine: all patients prescribed opioids undergo the following:
  - Utilization of Opioid Risk Assessment Tool
  - Pain management contracts
  - NJ Prescription Monitoring Program
  - Baseline and random urine drug screening
  - Opioids reserved for acute pain, especially acute cancer pain
  - Comprehensive psychosocial, spiritual and existential pain assessment with multidisciplinary approach to pain management
  - Use of interventional procedures to minimize opioid use
  - Use of integrative therapies such as acupuncture and massage
  - Severity and functional impairment scores to assess pain and set goals

3. Prevention, treatment, and recovery services
- HMH-Carrier Clinic will change environment, stigma and culture surrounding treatment of behavioral health
- Behavioral Health Urgent Care Center will improve access
  - Goal: reduction of “deaths of despair” (attributable to depression, anxiety, isolation and sequelae, including suicide), often result of poor access to mental health services
- Bundling mental health services simplifying and integrating follow up care
- Collaborating with community leaders (e.g. Monmouth University Institute for Health and Wellness)
  - Increase community awareness of responsible opioid use
  - Offer non-pharmacological pain management options (e.g. acupuncture) in accessible and affordable ways
- Community awareness programs (e.g. “Knockout Opioids- Town Hall meetings”)
- Addiction prevention:
  - Professional education
    - Grand Rounds Series and Annual Symposium (Department of Psychiatry, JSUMC)
    - Addiction Medicine Fellowship: Preparing ACGME application
  - Community
    - Free-of-charge re-supply of NARCAN to First Responders
    - “Project Aware” educational program: Ocean County Junior High students
    - “Blue HART” Police and Prosecutor’s Office partnership offering treatment entry via local Police station

4. Research, data, and metrics needs
- Examples:
  - HUMC Orthopedics: studying optimal number pills per prescription (joint replacement)
  - JSUMC Oncology: acupuncture pilot to diminish chemotherapy side effects
• JSUMC: Hepatobiliary surgery (ongoing) and Orthopedics (pending): Personalized Resilience and Empowerment Program (PREP) to diminish use of pain medication.
• HUMC (Pending): PCORI grant (partnership with MSK): acupuncture in BMT to reduce mucositis pain

• Pharmacy tracking of opioid use:
  • Department and specialty
  • Actual medication prescribed
  • Total orders and percentage of total medication orders
  • Volume via Emergency Department
  • Volume: month, year, provider
  • Orders placed and actual administration of prescription
  • “PRN” orders
  • Associated diagnosis
  • Associated procedure
  • Age & zip code
  • Overdose via ED
  • Naloxone

• Future projects:
  • Special populations:
    ▪ Pediatrics
    ▪ Oncology
    ▪ Primary Care
    ▪ Emergency Department
    ▪ End of life care