

Hospital staff, performance metrics can help tackle opioid crisis, policy expert says

Hospital leaders should tackle the nation's opioid epidemic by supporting staff who are passionate about the issue and implementing opioid-related performance metrics, said Dr. Andrew Kolodny, co-director of the Opioid Policy Research Collaborative at Brandeis University, in a keynote address in New York.

"I believe the opioid crisis is not a drug-abuse crisis," Kolodny said. Rather, he said, the epidemic has corresponded to an increase in opioid prescriptions. The epidemic will take different approaches to end it, he said. About 72,000 people died from drug overdoses last year nationwide, including about 50,000 whose deaths were tied to opioids, according to provisional data from the Centers for Disease Control and Prevention.

Kolodny spoke Tuesday at the annual Symposium on Health Care Services in New York: Research and Practice, presented by the United Hospital Fund and the Greater New York Hospital Association Foundation.

Kolodny said a three-pronged approach is needed to control the epidemic: prevent new cases of opioid addiction, treat people who are already addicted, and reduce the supply from pill mills and the black market.

He recommended leaders participate in county opioid crisis task forces and encourage and support hospital staff members championing the issue. For performance metrics, he suggested tracking reductions in unnecessary use and improvements in access to buprenorphine, which can aid in addressing opioid dependence.

Starting in the mid-1990s, industry-funded messages encouraged physicians to prescribe opioids by suggesting that physicians were needlessly allowing patients to suffer, opioids were safe and effective for chronic pain, and opioid addiction was rare in pain patients, Kolodny said.

"Many of the people involved with this were promoting these messages because they really believed them," he said.

Current data do not necessarily support the effectiveness of opioids for chronic pain, but they do show the potential dangers of their use, he said. Yet doctors continue to prescribe opioids, and a new drug market has even emerged for medications to address opioid-induced side effects, as evidenced by a 2016 Super Bowl ad for a drug to treat opioid-induced constipation.

While the opioid prescribing rate has fallen in the U.S. since 2012, doctors still wrote close to 58 prescriptions for every 100 Americans in 2017, according to the CDC. And the average length of a prescription reached 18 days last year.

Addiction will remain difficult to treat if the drugs remain easy to obtain. He cited the example of how New York City reduced smoking by increasing the tax on cigarettes and banning smoking in many places.

Ultimately, better access to treatment is critical. "Treatment has to be easier to access than heroin," Kolodny said.