MASSACHUSETTS HEALTH POLICY COMMISSION

HEALTH CARE INNOVATION SPOTLIGHT SERIES

UMASS MEMORIAL HEALTH HARRINGTON HOSPITAL

Innovative Approaches to Improving Care and Reducing Stigma for Patients with Opioid Use Disorder

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WHEN IMPLEMENTING the SHIFT-Care Challenge Investment Program (SHIFT-Care) opioid use disorder (OUD) initiative, UMass Memorial Health Harrington Hospital (Harrington Hospital) staff quickly identified stigma as a major barrier to efforts to provide high quality care to patients with OUD. "The most challenging element of the program—it wasn't hiring, it wasn't setting it up structurally, it wasn't trying to tie it in to our other outpatient services, it wasn't the electronic medical record. It was the cultural phenomenon of treatment of [OUD] patients within the context of the emergency room and perspectives of staff."

In an interview with Health Policy Commission (HPC) staff, Gregory Mirhej, Vice President for Behavioral Health Services at Harrington Hospital, shared insights and strategies to change emergency department (ED) clinician and staff attitudes both towards medication for addiction treatment (MAT) and patients with OUD.

> *"This program brought to everybody's attention* ***what was really going on with opiate use*** *in our community and the kind of devastation that was happening.* ***We had an opportunity to make a difference*** *and it really was the difference, in many cases, between life and death."*
>
> -GREGORY MIRHEJ, VICE PRESIDENT, Behavioral Health Services, UMass Memorial Health Harrington Hospital

PROGRAM AT A GLANCE

In 2018, Harrington Hospital launched a SHIFT-Care initiative that aimed to increase access to recovery support and MAT for people with OUD presenting in the ED. **"The [ED was the] one place where we saw the most acuity, especially with overdose… [and] the one place where we really didn't have services,"** Mirhej explained. The initiative was designed to complement the hospital's existing behavioral health services, which include an inpatient co-occurring disorders unit and a range of outpatient treatment programs, but left a gap in the ED. As Mirhej noted, patients with OUD "…were going in [to the ED], Narcan was used, and then patients were leaving," without receiving comprehensive support for their behavioral health needs. By offering MAT and other recovery services in the ED and establishing structures to ensure follow-up with patients after discharge, Harrington Hospital staff were able to **increase the chances that patients would have the clinical and non-clinical support necessary to maintain their recoveries after they left the ED.**

ABOUT UMASS MEMORIAL HEALTH HARRINGTON HOSPITAL

UMass Memorial Health HARRINGTON

Harrington Hospital is a community hospital in the UMass Memorial Health system that serves patients from more than 25 communities across south-central Massachusetts and northeastern Connecticut. Harrington Hospital has 119 beds and maintains two sites of care in Southbridge and Webster, both with a large focus on behavioral health.

IDENTIFYING THE ROOT OF THE PROBLEM

Harrington Hospital's SHIFT-Care program staff took a number of steps to equip their ED clinicians and staff with resources to treat patients with OUD, yet they observed that stigma associated with OUD may have been preventing clinicians from taking advantage of those resources. **While stigma towards people with substance use disorders is a prevalent issue across the health system, the ED may be particularly susceptible to it.** "It's a cultural phenomenon…that I think gets translated unfortunately in the emergency room," said Mirhej.

> *"**Nobody asks the diabetic patient 'Why did you eat all that chocolate cake'**…you're in a crisis and we're going to give you insulin…**we don't ask how you got this, why you got this, or what you're doing about it.** I think that one day we may get to that point where substance use disorders and diabetes are treated the same way"*
>
> – GREGORY MIRHEJ

One reason for the prevalence of stigma in the ED is the nature of ED itself. Mirhej noted that clinicians and staff in the ED "just get thrown everything…and they're supposed to deal with it…[and determine] what's the priority and what's something that I can do something about." Given the limitations of conventional treatment for OUD in the past, **ED clinicians and staff may have observed patients cycle through the ED repeatedly and felt frustration based not only on their lack of treatment options but also on their perceptions of patients' culpability for their situations.** "We've known [OUD is] a disease for a long time but I still think it's that evolving sense of it truly being a disease… trying to remove that sense of morality, that sense that it's up to somebody's motivation or personal actions rather than seeing somebody in the throes of a disease."

Because the ED may be especially conducive to creating and reinforcing stigma, it may also be the most important place to address it. Patients with OUD who use the ED are usually there when they are "at the worst point in their lives because of overdose or some other acute situation. It's challenging [for clinicians] in the moment to try to engage a patient who…[is] in acute withdrawal after overdose after they've received Narcan," said Mirhej. **"In the emergency room is where you need that very concerted, progressive perspective in order to really treat people. You're not going to be successful in a passive way."**

REDUCING OUD STIGMA AND ENHANCING SELF-EFFICACY AMONG ED CLINICIANS AND STAFF

Having observed how stigma could influence clinicians' attitudes towards initiating patients with OUD on MAT, the Harrington Hospital team committed to changing the way patients with OUD were perceived in the ED. With the support of hospital and ED leadership, Harrington Hospital staff undertook three activities to promote culture change within the ED.

> *"I don't think I had a good enough sense of* ***how vital [cultural changes] were*** *[to the success of the program] …* ***[you] need to put a lot of the work and effort up front*** *– even before the program starts – to assess what the issues are, what people's perspectives are, [and] how much you can educate people."*
>
> -GREGORY MIRHEJ

A PSYCHIATRIST PROVIDED EDUCATION ON OUD THROUGH WEEKLY ROUNDS.

A hospital psychiatrist conducted weekly rounds with ED doctors and clinical staff to share her perspectives and experience working with patients with OUD. These rounds facilitated **peer-to-peer learning on topics such as harm reduction** and helped to provide perspectives on OUD as a medical concern rather than a moral one. This ongoing peer learning helped to forge a common understanding of how ED staff could **better support patients who presented in the ED with OUD.** Mirhej highlighted that "progressive" attitudes from this psychiatrist, as well as a Medical Director hired during the SHIFT-Care program, reflected a shift in medical education regarding substance use disorders.

PATIENT NAVIGATORS COMMUNICATED PATIENT PROGRESS WITH ED STAFF.

Witnessing the same patients with OUD repeatedly returning to the ED often led to ED staff frustration and reinforced stigmatizing beliefs that people with OUD do not recover and that OUD is an untreatable disease. Mirhej explained that part of the challenge was that when people get better, the [ED staff] never hears about them because they don't see them. Patient navigators, who fostered relationships with patients and followed up with them after discharge were particularly well-equipped to respond to this challenge. **Navigators communicated patient success stories to other ED staff**, which provided evidence of patients with OUD recovering with support from ED clinicians. "We made a point of letting the [ED staff] know, the reason you haven't seen this person in two weeks is because [the patient] has been going to an outpatient program." Hearing these success stories helped raise the morale of the ED staff and instilled a sense of hope that motivated them to support the program.

LEADERSHIP MADE EFFORTS TO REDUCE THE USE OF STIGMATIZING LANGUAGE.

Recognizing that language can play a significant role in perpetuating stigma, Mirhej included **intentional reflection on language and naming conventions** in stigma reduction efforts when naming a new part of the ED dedicated to patients with behavioral health needs. Noting that some administrative staff referred to this space as a "behavioral health holding area," Mirhej pointed out, "the only [places] you call a holding area are … within the criminal justice system. If you don't change that language … you are sort of setting up this perspective of how we're treating behavioral health patients." Instead, Mirhej and the CNO renamed this area the "Behavioral Health Pod."

TACKLING STIGMA THROUGH ALTERNATIVE SETTINGS FOR BEHAVIORAL HEALTH TREATMENT

The SHIFT-Care Challenge highlighted **the need for patients to enter a space where they could receive treatment for OUD without feeling stigmatized or judged**. Patients are aware of the negative perceptions, according to Mirhej, "they're sensitive to having dealt with it in the past, sensitive to that stigma, the sense of being treated differently." While continuing their efforts to address stigma in the ED, **Harrington Hospital also established a behavioral health alternative to the ED for less acute care that would feel more inviting and tailored to meet patients' behavioral health needs**. Like urgent care centers, the Addiction Immediate Care Center (AIC) is open seven days a week and available by appointment or for walk-ins. The AIC is equipped to treat patients with behavioral health needs, including substance use disorders as well as other, sometimes co-occurring, mental health conditions. While implementing this model required applying for many different licenses in order to be able to offer multiple MAT options and treatment for co-occurring behavioral health conditions in one centralized location,[1] Harrington Hospital was resolute in creating this patient-centered approach. In reflecting on the value of the AIC in ensuring patients are able to access help when they are open to it, Mirhej said "sometimes the window opens and opens just a little bit, [and you need to] have something available … at that time when someone finally says 'I'm ready'… because if you don't have something available at that time, chances are that you may miss that window and therefore miss any opportunity for a change."

Mirhej shared that while there is still room for growth, these culture change efforts created **"both a willingness and ability to treat a disorder where typically people weren't receiving services."** As a result, Harrington Hospital now has a more "integrated system" of specialized care for patients with OUD as well as "staff who are much more engaged in [OUD] treatment."

1 MA Health Policy Commission, Co-occurring Disorders Care in Massachusetts: A Report on the Statewide Availability of Health Care Providers Serving Patients with Co-Occurring Substance Use Disorder and Mental Illness, 2019, Available at: https://www.mass.gov/doc/co-occurring-disorders-care-in-massachusetts-a-report-on-the-statewide-availability-of-health/download

Addiction Immediate Care Center, Harrington Hospital