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ARBOUR Health System

AHS News

A Publication of Arbour Health System

Arbour Hospital ▪ Arbour-Fuller Hospital ▪ Arbour-HRI Hospital ▪ Pembroke Hospital ▪ Westwood Lodge
Arbour Counseling Services ▪ Arbour SeniorCare ▪ Lowell Treatment Center ▪ The Boston Center ▪ The Quincy Center

DR. MIGEED PARTICIPATES IN OPIOID ABUSE DISCUSSIONS

October 28th, Medhat Migeed, MD, a psychiatrist with Arbour Health System, was on a panel, "Why Opioid Management Matters: Behavioral Health" for CeltiCare Health's day-long Alternatives to Opioids Summit at the Renaissance Boston Waterfront Hotel.

The summit's promoted objective was to bring together "primary care prescribers and others who provide treatment, who utilize non-opioid approaches, to discuss the barriers to accomplishing this collaboration, identify best practice alternatives to 'opioids as a default' and engage key public officials."

According to Karen Weinberg, Director of Cenpatico Behavioral Health, CeltiCare Health, "Dr. Migeed was a great addition to the panel for our summit. He provided insight and guidance to the other panel participants as well as to the Summit audience. Thank you so much for having him join us!"

CelticCare Health will share the outcome of the conference in a publication, PCP's Guide to Managing Pain to assist prescribers in better managing opioid-using patients.

On November 13th, Dr. Migeed met with Governor Charlie Baker on the topic of opioid addiction at the State House, specifically, how to treat people who have chronic pain and abuse opioids.

Dr. Migeed was part of a small group made up of behavioral health specialists and people who have experienced addiction in their own families, including Vic DiGravio, president and CEO of the Association for Behavioral Healthcare, and Joanne Peterson, founder and CEO of Learn to Cope. Governor Baker has had a series of meetings to gather support for his opioid abuse bill from various medical, legal and law enforcement communities.[1]

The new legislation includes limiting prescriptions for opioids to three days for either a new prescription or when the patient is new to the physician, as well as empowering doctors to hold a patient, without a court order, if they have determined a patient to be a Section 35. According to Dr. Migeed, "We can get them into treatment immediately, and not just treat their pain, but develop a comprehensive approach. As with programs at Arbour Health System hospitals, we can do a toxicology screen to see if they test positive for other drugs, discuss a Suboxone or Methadone maintenance program, outline a prescription monitoring program (PMP), and refer patients for psychotherapy, which they need. This approach is how you help people to maintain sobriety and to stop abusing opiates."

Dr. Medhat Migeed

[1]State House News Service

CHAPTER 258 IN EFFECT TO ADDRESS SUBSTANCE USE TREATMENT

On October 1, 2015, Massachusetts Chapter 258, "An Act to Increase Opportunities for Long-Term Substance Abuse Recovery" became effective. This Act removes prior authorization requirements for substance use treatment services for fully insured health plans in the state. Chapter 258 does not apply to those covered through government programs, self-funded employment-based health plans or coverage issued outside of Massachusetts. Insurance carriers must pay for "substance abuse treatment services" delivered by providers who are certified or licensed by the Department of Public Health without any prior authorization requirements. Most Arbour Counseling Services outpatient centers are licensed by DPH's Bureau of Substance Abuse Service and AHS hospitals including Arbour, Arbour-HRI and Arbour-Fuller offer programs for patients with a primary diagnosis of substance abuse. For more information on addictions treatment services offered by AHS organizations, please visit arbourhealth.com.

GETTING TO THE HEART OF THE MATTER

Asking the right questions can help target the real issues causing readmissions

When a patient is readmitted to a behavioral health facility within 30 days of being discharged, there is a regulatory requirement—of both the The Joint Commission and Centers for Medicare and Medicaid Services—to complete an updated psychosocial assessment. The questionnaire that is used is often referred to simply as "the psychosocial."

If the right questions are asked during the psychosocial assessment, it can mean the difference between success and failure for many patients who are struggling. "Were your family and friends supportive? Did you relapse on alcohol or substances? Were you able to fill your medication prescriptions? Are you homeless?"

Karen Braunwald, PhD, Chief Clinical Officer of Westwood Lodge and Lowell Treatment Center and Director of Lowell Treatment Center, says that the readmission psychosocial assessment that had been in use for many years was cursory and did not provide any specific information about what had precipitated the hospital readmission. She says, "we really did not capture the reasons for the readmission in a useful way. We are trying to prevent readmissions from happening, so having a better understanding of what leads to them can highlight those issues for clinicians during initial hospitalizations."

As part of revising the readmission questionnaire, Dr. Braunwald reviewed the records of patients who were readmitted within 30 days, as well as relevant research literature, and came up with the most common reasons that contributed to that outcome. The review of these specific issues with

patients "is a way to engage patients in thinking about their situation. They can see for themselves that they may be more likely to end up back in the hospital when they stop taking a prescribed medication, for example." Dr. Braunwald says.

This proactive approach allows staff to provide therapeutic intervention, counseling and referrals for services that can increase the odds that the patient will be successful in following their treatment plan once released. "We can refer them to a community services program that can help facilitate transportation or, as an example, if they are not attending AA meetings, we can encourage them to get a sponsor while they are here in the hospital."

In addition, new questions were incorporated into the initial psychosocial assessment, done during the first admission, based on input from the UHS corporate risk department. UHS identified issues related to suicide risk that were directly pertinent to common reasons for readmission. Case managers have always done an initial evaluation of new patients within 72 hours of admittance, but now they will have a more targeted, and hopefully more effective, set of questions based on the ability for self-care to get at the very specific needs of each individual.

The revised readmission psychosocial has been in use since January of 2015 and recent data show that readmissions have dropped and are well below the UHS average for both locations. The revised initial assessment was approved at the most recent medical executive committee meeting for use at Westwood Lodge and Lowell Treatment Center and is currently being implemented.

PATIENT TESTIMONIALS

Excerpts from letters from former Arbour Health System patients.

"Thank you very much for the program. I found it to be incredibly helpful and I think I will truly be able to use some of the DBT skills I have learned to make my life easier going forward. I have been in other programs before but found this one to be the most helpful for me. The staff as a whole were very good and seemed to work well together. Their different personalists and teaching styles were also highly effective. Again, thank you for the excellent job you are doing."

Arbour-Fuller Hospital Patient

"I can't think you enough for all of your help, support, guidance, optimism, professionalism and genuine care over the past few weeks. The PHP program and wonderful staff have been an authentic Godsend. Thank you for doing what you do and know that you are doing an awesome job!"

ACS, Worcester
Adult PHP Patient

"I'd like to thank you for your patience and kindness during my stay...You have very difficult jobs and your interactions with patients are very important. Thank you for your gentle care and understanding."

Pembroke Hospital Patient