

NO PAIN NO GAIN HEALTH SYSTEMS (NPNG)

Executive Summary

No Pain No Gain (NPNG) Healthcare Systems is an integrated network of Community members, Health Care Providers, Patients, the NPNG Network and Quality Committee, Policymakers, Hospitals, Clinics, Physicians and Office Staff targeting individuals suffering from chronic opioid treatment for pain management. NPNG calls for a scalable, simple and research supported intervention that will assist those suffering from opioid addiction in living a better, healthier life. By facilitating a successful integrated system that utilizes the Triple Aim Journey, with a focus on patient experience, population health, and per-capita cost, NPNG has the potential to save Murray County, Georgia millions of dollars on preventable measures that will decrease the amount of overdose deaths (OD) and misuse of opioids. NPNG network would work towards normalizing the variation in delivery of opioid care, education, and pain management. NPNG will establish scorecard metrics based on quality, cost measures, NPNG prevention, screening, intervening, and pain management. It will also build an electronic health records system; to collect medical health records and incorporate an opioid scorecard metric for residents of Murray County, Ga.

Expand Prevention and Educational Efforts

- Aimed at non-Hispanic whites and American Indian or Alaskan Natives, persons aged 25 to 54, and men populations, to prevent the use of opioids and heroin, and to promote physician care, education, treatment and recovery.
- Expand the availability of naloxone to law enforcement agencies and other first responders to help in the reversal of overdoses to save lives
- Launch an evidence-based opioid and heroin integrated treatment and intervention program that includes providers to community based organizations that will provide the best practices and managed care in treating patients who are addicted to opioids.
- Utilize an electronic health record system that would monitor prescription drug in Murray, County, Ga. That will monitor and track prescription drug diversion and to help at-risk individuals access services.
- Physicians, physician assistants, nurses, and nurse practitioners, we will utilize psychiatrists and addiction therapists to detect and effectively address comorbidities of addiction such as addiction and depression, bipolar disorder, and suicides.
- Opioid Scorecard to display metrics on NPNG prevention, screening, intervening, and treating residents of Murray County, Ga.
- Launch a medication assisted treatment (No Pain No Gain) intervention program
 - o Gradually decrease the number of opioids a patient takes over time.
 - o Empower communities regarding knowledge based on opioid overdoses
 - o Foster relationships between local law enforcement, local health departments/local based physicians and community members

The Problem What's Wrong?

Exogenous opiates taken for a long period of time leads to physiological changes that require an individual to utilize a larger amount of the substance to regain the initial dopamine release or 'high'. The patient eventually develops a tolerance and subsequently an addiction to the substance. Prescription rates are a product of patient need for pain relief as well as prescriber education. Although Georgia has not implemented mandatory prescriber education, there have been efforts put in place such as House Bill 178 "The Georgia Pain Management Clinic Act", mandating that all pain management clinics in GA must be owned by licensed physicians and must be registered with the Georgia State Board of Pharmacy (GPP, 2016). Any operation of pain management clinics outside of this regulation is considered a felony.

The Solution Design

Law enforcement is generally on the frontline regarding opioid overdoses by administering naloxone, a direct opioid antagonist shown to rescue individuals from overdose, making them quality targets to educate

police/firemen on how to best empower/educate the community on prevention and recovery from opioid addiction. Contracted public health professionals and health education specialists from a community faction would work in conjunction with first responders for treatment, and rehabilitation. The implementation of the biopsychosocial model in treating patients for opioid addiction provides a transparent conversation with patients about their; history of substance use, family history, social history, and psychological history, key components to identifying the onset of opioid addiction and formulating an appropriate and individualized treatment plan for each patient. Our strategy streamlines the patients care into the No Pain No Gain (NPNG) Health System, a stand-alone service provider that supports and educates patients suffering from addiction. To facilitate efficient communication between at-risk patients and the NPNG Service Delivery network we will implement a central electronic patient network accessible to referring providers, community organizations and the administrators of NPNG.

Funding

Utilizing the Comprehensive Addiction and Recovery Act (CARA), which authorizes over \$181 million each year in funding, local health departments, and law enforcement agencies can use monies from this act to fund “No Pain! No Gain!”. The act enhances grant programs that expand prevention/education efforts. The aims of the No Pain! No Gain! Education program incorporate each of the six pillars of the CARA act. Currently, The U.S. Department of Health and Human Services has been given an additional \$144.1 million in grants to support the advancement of the treatment and prevention against the opioid epidemic. These grants are administered by the Substance Abuse and Mental Health Services Administration (SAMHSA). There are currently six grant programs that are going toward this contribution: First Responders- Comprehension Addiction and Recovery Act (44.7 million), State Pilot Grant for Treatment of Pregnant and Postpartum Women- Comprehensive Addiction and Recovery Act (\$9.8 million), Building Communities of Recovery - Comprehensive Addiction and Recovery Act (\$ 4.6 million), Improving Access to Overdose Treatment - Comprehensive Addiction and Recovery Act (\$1 million), Targeted Capacity Expansion: Medication Assisted Treatment (MAT) – Prescription Drug and Opioid Addiction – (\$35 million), Services Grant Program for Residential Treatment for Pregnant and Postpartum Women (\$49 million). These funds are awarded for 3-5 years depending on availability and program. The money is distributed to 58 recipients, including states and local governments, healthcare providers and community organizations. Also, there is an additional award of \$485 million in grants under the Century Cures Act to all 50 states by SAMHSA for opioid abuse and prevention.

Outcomes

Short term: Improve educational and training efforts for Physicians prescribing opioid prescriptions and first responders targeting the highest risk populations, non-Hispanic whites and American Indian or Alaskan Natives, persons aged 25 to 54, to prevent the use of opioids and to deliver a healthier treatment and recovery.

Intermediate term: To decrease the rates of emergency room (ER) hospitalization and health care costs associated with treating opioid patients, readmissions, overdose deaths and lack of knowledge by general population on the addictive nature of using opioids as the only option for chronic pain.

Long term: Improve the lifetime outcomes for Georgians addicted to opioids, with an established system of Primary Care to provide education on opioids, provide additional funding and education for first responders, scalable pain management system, and a policy pathway that would provide future initiatives and resources for community based organizations that provide re-integration services.

Implementation

NPNG integrated health care, recovery supports, and rehabilitative services in coordination with medication management treatment to ensure holistic care of each patient. NPNG, with a team of collaboration health and addiction professions will monitor and coordinate access to treatment and rehabilitation, counseling, and case management services. NPNG will consist of entities of primary care medical homes, physician practices, pain management clinic, mental health treatment providers, community outpatient centers and federally qualified health centers. NPNG may be difficult to recreate in a larger state but the model implemented is feasible in a smaller healthcare setting such as a rural or urban center.