Battling Opioids on the Frontlines

By Peter Graber
NCAFP Communications

ASHEVILLE, NC -- The Friday evening began just the way Dr. Blake Fagan of the MAHEC-Asheville Family Medicine Residency Program wanted. After a hectic week teaching, seeing patients, and attending to administrative duties every physician loves, unwinding with his family was just what he needed. He glimpsed the start of his call-free weekend as a just reward for navigating another crazy schedule.

Then his cell phone rang.

Recognizing the number from Mission Hospital in Asheville, he did what many family doctors do on their time off – he answered on the second ring.

The news wasn't good. One of Fagan's longtime patients was in the ICU and couldn't be stabilized. He recognized her name instantly, a remnant of having delivered two of her children and knowing her family. His heart sank as he found out more.

"I was very disturbed that the patient was in the ICU, and after finding out it was from an overdose, it prompted me to ask many questions," Dr. Fagan recalled in relating the story.

Tragically, his patient died that night. The magnitude of the loss and what it represented set-in immediately. "Right there, I realized that the opioid problem was not just a little problem, but a major crisis."

North Carolina's opioid and prescription drugs crisis has drawn the attention of family physicians, state legislators, and has fostered new educational requirements by the NC Medical Board. Family doctors in practices large and small, urban and rural, independent and hospital-affiliated have all seen the effects of the crisis. Addiction and tragedy respect no divide.

Blake Fagan, MD
MAHEC-Asheville Family Medicine Residency

Fight Comes to Residency Programs

Like no other style of practice, North Carolina's family medicine residencies have a front row seat to our opioid crisis. As teaching centers that operate busy outpatient clinics and maintain close ties with local hospitals, North Carolina's residencies are witnessing the epidemic firsthand. And with their responsibility of training physicians who often graduate to the frontlines of care delivery, residency programs are taking the lead on educating new physicians about addiction medicine, modern pain management, and interventional, in-office care.

In Dr. Fagan's case, as MAHEC's then-Residency Program Director, he was in the unique position to help make a difference. He committed to developing a solution as soon as possible.

"That patient really taught me a lot. And I wanted to help with solutions like training the next generation of family doctors to screen for, recognize addictions, provide brief intervention and treat or refer to treatment," he said. "I also wanted to train all providers in appropriate opioid prescribing to reduce the number of people who start in their addiction."

Over the next 18-months, Dr. Fagan and his team developed and launched a teaching curriculum designed for that very purpose. MAHEC-Asheville is now training new physicians about addictions, prescribing best practices, modern pain management, brief interventions, and helping prepare them for what they may encounter in daily practice.

Fagan says the response has been extremely positive, both by trainees and patients. The program has now taught its graduating residents for two straight years and recently expanded its work to include residents of MAHEC's Obstetrics residency program. MAHEC's approach features didactic training on addiction and brief interventions, appropriate opioid prescribing, and helps prepare residents to become licensed buprenorphine/Suboxone prescribers. The program complements its training with multi-disciplinary clinical teams led by physicians and consisting of a nurse practitioner, pharmacists, and behavioral health providers. Group therapy is also being used with growing success.

Although it took time to develop the necessary policies and procedures, and to set up the group therapy visits, Dr. Fagan says the program's efforts are paying off. MAHEC has now begun to expand its training to the local provider community, as well.

Marina MacNamara, MD, MPH, is a 2016 graduate of MAHEC Asheville who serves patients at Mission Community Primary Care-Haywood, in Clyde, NC. She was part of the first class of residents to go through MAHEC's new program. The training was instantly applicable.

"My very first continuity OB patient in residency was on Subutex. For a mom who already has enough appointments, to be able to obtain her Subutex from her prenatal provider simply makes sense on so many levels," MacNamara shared. Dr. MacNamara sees the training as improving the kind of help patients often need, but may not immediately recognize. At her four-physician rural health center, she is the only

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physician licensed to be a buprenorphine/Suboxone provider.

"Opiates are out there - even if you yourself don't prescribe them. Instead of simply saying, 'I don't prescribe opiates,' help your patients who are already on them by offering safer ways to manage these potentially harmful medications," MacNamara noted.

Outside of MAHEC, all other North Carolina family medicine residencies are working to educate their residents on opioids, too. At training centers from Wilmington to Morganton, programs are training new physicians on pain management best practices, mandating strict adherence to controlled substances care policies, and utilizing tools like the NC Controlled Substances Reporting System.

"North Carolina's residency programs are on the frontlines and in many respects, setting the pace against the crisis," explained NCAFP President Dr. Charles Rhodes, President of Cabarrus Family Medicine in Concord. "Their work multiplies with every physician they produce."

Practical Harm Reduction

The core of MAHEC's approach is the concept of harm reduction as a means toward overcoming addiction and dependency. Because patients often have significant shame and guilt associated with their addictions and will often be extremely wary of the medical community (including their own personal physicians), services that are presented in a non-judgmental manner make them respond very positively.

Harm reduction exists in a growing range of today's most effective addiction management efforts, from initiatives like needle-exchange programs and methadone clinics, and through progressive laws like North Carolina's 911 Good Samaritan/ Access to Naloxone bill passed in 2013. When this kind of approach is combined in the exam room of a primary care physician, it often represents a practical, scalable strategy in battling a crisis like opioid abuse.

Dr. Fagan says MAHEC's program is seeing growing success with patients and has seen a marked impact on resident and faculty prescribing patterns. Patients who have been stabilized on Suboxone have been able to keep their children, obtain jobs and make progress in their recoveries.

"People with addictions make-up approximately 8% of the population, so they are already in our practices," said Fagan. "With the opiate crisis we're facing, if we can provide the therapy in our offices, that eliminates a major barrier to care."

Training by NC's Residency Programs

All Family Medicine residency programs across North Carolina are training new physicians on pain management, prescribing best practices, controlled substances, and addictions. Examples of some of our residency program efforts include:

Morganton / Blue Ridge - All incoming residents are oriented about controlled substance prescribing policy, UDS screening, and controlled substance agreement forms. Formal didactics feature presentations from physicians at our pain management group on opiate prescribing practices.

Cabarrus - All new residents use the DEA registry, collaborate with pharmacy care team members on opiate policy reviews, quality improvment project was trying to increase the use of narcan rx. Another was trying to identify people taking both benzodiazepines and opiates to intervene.

Carolinas HealthCare System - Several learning modules are available for residents and faculty to complete for independent learning. CHS programs also give several didactic seminars in various venues.

Cone Health Medical Center - Residents attend up to 2 conferences yearly on opioids, opioid overdose deaths, and appropriate prescribing. The clinical workflow uses a custom EHR template and features routine UDS screening and review for all chronic opioid users.

New Hanover Regional Medical Center - Uses standardized approach to all patients on controlled substances that includes a controlled substance agreement, a clinical workflow that checks with the NC Controlled Substances Reporting System, and the use of EHR templates.

UNC - Provides multi-faceted training that includes 2-hour sessions on chronic pain and safe prescribing of controlled medications, multiple sessions on safe opioid prescribing and opioid dependence treatment with buprenorphine.