Bridging Barriers:
Nurse-Led Advocacy for Individuals with Opioid-Use History

Kate Gleason-Bachman, BSN, RN
Hillary Miller, BSN, RN

Pathways to Housing PA
Philadelphia, PA

Objectives

- Identify the role of the community health nurse
- Identify the importance of nurse-led advocacy within hospital-settings
- Discuss the importance of MAT for withdrawal management and treatment
- Strategies for engaging with medical providers in hospital settings

Questions to Consider:

- What is the role of the community health nurse?
- What are some of the barriers for opioid-using individuals seeking health care?
- How can nurse-led advocacy impact a patient's hospitalization and follow-up?

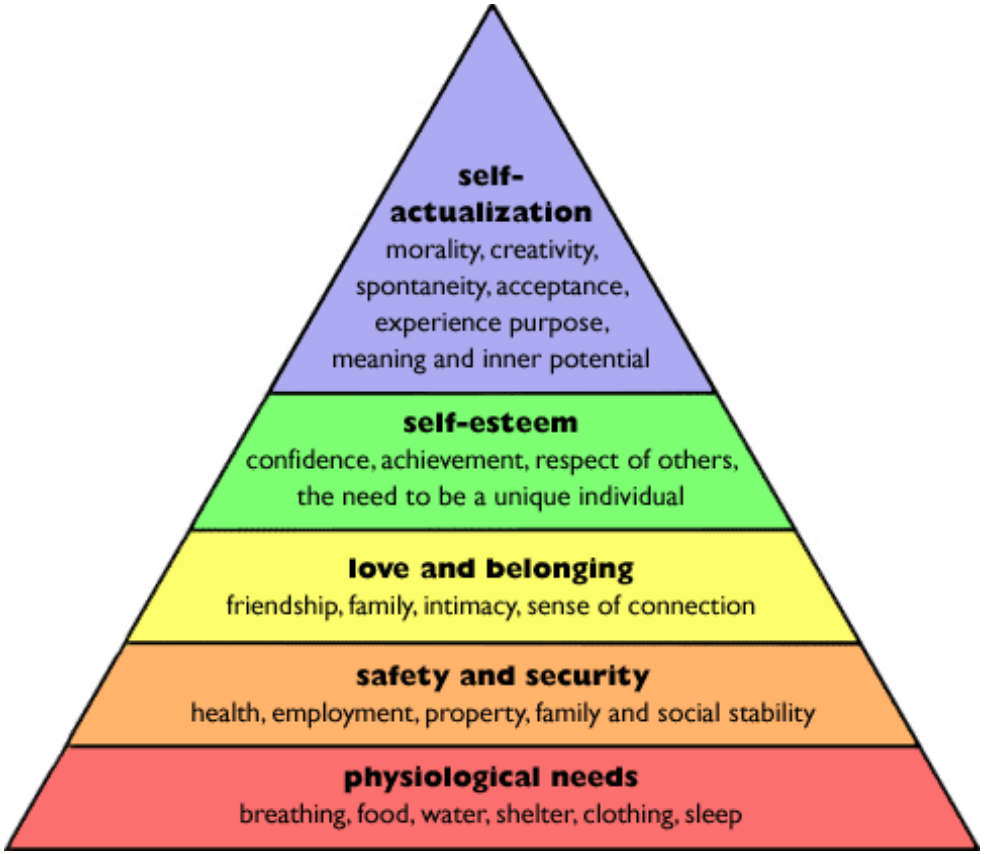
- “According to the 2015 National Survey on Drug Use and Health, an estimated 3.8 million individuals, composing 1.4% of the US population aged 12 years and older, were current misusers of pain relievers. An additional 329,000 people aged 12 years and older use heroin. During the same year, more than 2.1 million individuals initiated the inappropriate use of prescription pain medications, and nearly 135,000 became new heroin users. There were 63,632 drug overdose deaths in 2016, representing a 21.4% increase from 2015. Furthermore, 66.4% of drug overdose deaths involved an opioid (illicit, prescription or both), an increase of 27.7% from 2015. Since 2000, there has been a 200% increase in the rate of opioid overdose deaths, with heroin and synthetic opioids other than methadone considered the primary drivers.”

Excerpt from Duber, Barata, Cioe-Pena, Liang, Ketcham, Macias-Konstantopoulos, Ryan, Stavros, Whiteside (2018) article “Identification, Management, and Transition of Care for Patients with Opioid Use Disorder in the Emergency Department”
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6613583/

Maslow's Hierarchy of Needs:

Where do you think people experiencing chronic homelessness spend most of their energies? How does this impact their health?

Retrieved from http://theskooloflife.com/wordpress/self-actualization-in-the-maslow-hierarchy/



Pathways to Housing PA

- Mission: Empowering people with disabilities to improve their **housing** stability, achieve better health, and reclaim their lives.
- Housing First
- Harm Reduction
- https://youtu.be/qqw3nS6WDco

“The critical flaw in our health-care system that people like Gunn and Brenner are finding is that it was never designed for the kind of patients who incur the highest costs. Medicine’s primary mechanism of service is the doctor visit and the E.R. visit. (Americans make more than a billion such visits each year, according to the Centers for Disease Control.) For a thirty-year-old with a fever, a twenty-minute visit to the doctor’s office may be just the thing. For a pedestrian hit by a minivan, there’s nowhere better than an emergency room. But these institutions are vastly inadequate for people with complex problems: the forty-year-old with drug and alcohol addiction; the eighty-four-year-old with advanced Alzheimer’s disease and a pneumonia; the sixty-year-old with heart failure, obesity, gout, a bad memory for his eleven medications, and half a dozen specialists recommending different tests and procedures. It’s like arriving at a major construction project with nothing but a screwdriver and a crane.”

Excerpt from Atul Gawande’s (2011) article “The Hotspotters: Can we lower medical costs by giving the neediest patients better care?”
http://www.newyorker.com/magazine/2011/01/24/the-hot-spotters

Barriers to care

- Stigma
- Poor access to preventive care
- Lack of ID/Insurance
- Transportation
- Communication/cognitive delays
- Substance use

Role of the Clinician in Homeless Services

- Assessment and triage
- Management of clinic/patient flow
- Staff supervision
- Linkages to care, medical case management and referrals
- Clinical support for providers
- Management of acute health needs
- Health education – DM, CHF, new meds, etc.
- Provision of preventive services – vaccines, family planning
- Management of medication inventory
- Maintenance of emergency plans and supplies
- Assist with clinical emergencies

Role of Community Health RN at Pathways to Housing PA

- Nurse case management support of 75 participants with opioid use disorder
- Medication management
- Medical management of multiple chronic conditions and co/morbidities including HIV, Hepatitis C, endocarditis, sepsis, cuteneous abscesses and vascular wounds
- Nursing care in home, hospital and out-patient specialty appointments

Common Health Problems?

- Neuro: s/p CVA; neuropathies; seizure disorders
- HEENT: migraines, allergic rhinitis, cerumen impaction, decreased vision, retinopathies, glaucoma, retinal hemorrhages (2/2 uncontrolled HTN), arrhythmias
- CV: HTN, CAD, MI, CHF, PAD, DVT
- R: asthma, COPD, PNA, PE, cancer
- GI: constipation, diarrhea, GERD, hep C, rectal bleeding, cirrhosis
- GU: BPH; incontinence, CRI/CKD, ED
- Musc: arthritis, sciatica, traumatic injuries
- Skin: scabies, lice, sunburn, malignancies, bed bugs, wounds/ulcers, cellulitis, abscesses/MRSA
- Endocrine: DM2, thryoid dysfxn
- Heme: anemia, blood dyscrasias, HIV
- Mental and behavioral health concerns

Hospital Setting

- The opioid epidemic has altered homelessness in Philadelphia, likely contributing to the number of unsheltered persons
- Caring for those with opioid addiction adds new challenges to supporting those experiencing homelessness
- Withdrawal, infections, AMA discharges, overdose risk, transitions to treatment and addressing mental health

Advocacy

- Addiction medicine/psychiatry consult coordination upon entrance to the Emergency Room
- Withdrawal management
- Initiation of MAT if requested
- Provider awareness of use history
- Importance of RN provider relationship
- Coordination of discharge planning for out-patient MAT
- Coordination of clear instructions to patient for withdrawal management plan

Collaboration with Medical Providers

- Education on the Pathways to Housing PA case management team support model
- Immediate access via phone or in-person for patient while hospitalized
- Encourage collaboration with pathways if patient suggests AMA discharge
- Collaborative education with provider to advocate for patient's medical concerns

Medication Assisted Treatment

- MAT treatment comes in many forms
- Many of the participants have had multiple experiences with the variety of MAT methods in Philadelphia
- Suboxone is not the right choice for every patient
- Providing education to the provider on the importance of providing MAT options-including vivtrol, sublocade, Methadone and suboxone

Methadone vs. Suboxone-Mechanism of Action (Walen & Remski, 2012)

- Methadone:
  - A **full** opioid agonist
  - Risk for cardiac problems in high doses (prolonged QT)
  - Recommended Use: all levels of dependence

- Buprenorphine (suboxone)
  - A **partial** opioid agonist
    - "ceiling effect" –reduces the effects of additional opioid use
    - Risk for precipitated withdrawal
    - Risk for diverson
    - Recommended Use: mild/moderate dependence

Buprenorphine	Methadone
Partial mμ agonist	Full mμ agonist
36–48 hour half-life	24–36 hour half-life
Daily or alternate day dose frequency	Daily dose frequency
Less abuse potential	More abuse potential
Ceiling effect limits overdose risk	No protective overdose factors
Limited to mild–moderate dependence	More effective for severe dependence
Mild withdrawal symptoms	Moderate/severe protracted withdrawal
Tablet preparation—risk of injection	Oral liquid[a]—less risk of injection
	Tablet preparation is available
Moderately expensive	Inexpensive

[a]Methadone is sometimes prescribed as an intravenous preparation

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3271614/

Harm Reduction in Nursing

- Providing support to the patient regardless of use history
- Taking an approach to decrease risk and increase safety
- Education on location of needle-exchange programs
- Providing wound care supplies for IV drug related abscesses
- Awareness of the patient's use history and removing stigma when working with outpatient health care providers

Case Study 1

- Patient A was hit by a car while panhandling and was intubated in the ICU. Patient A was hospitalized for many weeks while recovering and then was transferred to a step-down where patient requested vivitrol
- Vivitrol was not on the treatment formulary and became quite difficult for the patient to obtain
- After many phone calls, vivitrol was administered upon discharge
- Patient was just administered her 12th injection
- 12 months without substance use
- (Vivitrol is now on the formulary ☺)

Case Study 2

- Patient B was hospitalized for an abscess in groin after IV drug use
- Patient was transferred to skilled nursing facility for in-patient PICC line IV antibiotics for 6 weeks
- Provider coordinated Methadone intake assessment and provided medical management support to ensure medication coverage until Methadone induction

Case Study 3

- 29 year old patient with a history of endocarditis who presented with worsening cardiac symptoms and sepsis
- Found to have bacterial and fungal endocarditis
- Successful tricuspid valve replacement but unable to remain hospitalized due to low tolerance for hospitalization
- Has left AMA 15 times

Discussion

- Does anyone have experiences working with individuals with opioid use in hospital settings?

- Any barriers? Difficulties? Positive moments?

Contact Information:

- Kate Gleason-Bachman: kgleason@pathwaystohousingpa.org

- Hillary Miller:
- hmiller@pathwaystohousingpa.org