WEBINAR

IMPROVING OPIOID MISUSE PREVENTION LITERACY BETWEEN OLDER ADULTS AND HEALTH CARE PROVIDERS

Effective Prevention Strategies and Approaches for Improving Understanding and Dialogue About Opioid Use Between Older Patients and Their Health Care Providers

MARCH 28, 2019  |  2 – 3:30 P.M. EDT
Chat with Us!

In the chat pod, share with us:

One prevention leader whose work has influenced you
Improving Opioid Misuse Prevention Literacy Between Older Adults and Health Care Providers

National Prevention Week Webinar
March 28, 2019
This meeting will be recorded for archiving purposes.
David Lamont Wilson  
NPW Coordinator  
Public Health Analyst, Center for Substance Abuse Prevention  
Substance Abuse and Mental Health Services Administration
Today’s Presenters

• **Jennifer Solomon, MA,** Public Health Analyst, SAMHSA

• **Kathleen A. Cameron, MPH,** Senior Director, Center for Healthy Aging, National Council on Aging

• **Carol Levine,** Director, Families and Health Care Project, United Hospital Fund

• **Jane Marks,** RN, MS, Associate Director, Johns Hopkins Geriatric Workforce Enhancement Program
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Pre·ven·tion Cham·pi·on

Noun: a person, activity, program, or organization that inspires others to take prevention actions every day that change lives.
WHO OR WHAT IS YOUR PREVENTION CHAMPION?

TAKE A PHOTO OR VIDEO.

ADD THAT ONE WORD.

SHARE YOUR #PreventionChampion
Who is your #PreventionChampion? Ours are Chicago teens and parents. You inspire us every day with your choices to talk about #underageddrinking and lead healthy lives without alcohol. You got this! #IGotThisChicago #PreventionDay #CADCAForum

I'm choosing @RizeConsultants as my #preventionchampion #NPW2019 Because she is #innovative
### NATIONAL HEALTH CENTER WEEK

This annual celebration raises awareness of America's health centers, which serve 27 million patients—a number that continues to grow. Learn more about this observance and how it shines a light on community health needs.

[www.healthcenterweek.org](http://www.healthcenterweek.org)

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Substance Use/Misuse in Older Adults
More than 80 percent of older adults use at least one prescription on a daily basis, with 50 percent taking five or more medications and supplements daily.¹

Nearly 16.2 million older adults over the age of 65 drank alcohol in the past month, with 3.4 million reporting binge alcohol use and 772,000 reporting heavy alcohol use.²

SAMHSA’s *TIP 26: Substance Abuse Among Older Adults* estimates that a combination of alcohol and medication misuse affects up to 19 percent of older Americans.³

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² What is the Scope of Prescription Drug Misuse, NIDA, 2015
How the opioid crisis has affected older adults:

• Rates of opioid analgesic use is higher among older adults\(^1\):
  • 8.1 percent for ages 40–59
  • 7.9 percent for those 60 and over

• According to CDC’s MMWR, in 2016 more than 44,000 Americans died from opioid overdose deaths, of which more than 7,000 were aged 55 and older.\(^2\)

• NSDUH data indicate that opioid misuse increased among older adults (50+) from 1.1 percent in 2002 to 2.0 percent in 2014, and by 2020 it’s estimated to increase to 3.1 percent (5.7 million people).\(^3\)

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One-fifth of emergency department (ED) visits involving prescription medication use among older adults were made by persons aged 70 or older.

Medications involved in ED visits made by older adults:
- 43.5 percent pain relievers
- 31.8 percent medications for anxiety or insomnia
- 8.6 percent antidepressants

What happened after ED visit?
- 52.3 percent were treated and released
- 37.5 percent were admitted to the hospital

SAMHSA Activities Focused on Older Adults

- Older Adult Evidence-based Mental Health Practices Panel – June 2017
- Older Adults with SMI and the Behavioral Health Workforce – May 2018
- Older Adult Mental Health Awareness Day – May 2018 and 2019
- Aging and Disability Resource Center (ADRC) and Older Adults with Serious Mental Illnesses Expert Panel – August 2018
- Older Adult Peer Services Expert Panel – September 2018
- National Prevention Week Older Adults Webinar – March 2019
- *Treatment Improvement Protocol: Treating Addiction in Older Adults* (in progress)
Developing stronger ties with ACL and others in order to:

- Provide training and technical assistance (TTA) to improve service delivery;
- Support family caregivers;
- Improve the workforce;
- Identify evidence-based practices; and
- Provide information to the public.
Get Connected Toolkit

The Get Connected Toolkit helps communities:

- Build health promotion programs
- Offer prevention messages and education
- Provide screening and referral for mental health problems and misuse of alcohol and medications

www.samhsa.gov

“It Can Happen to Anyone: Alcohol and Medication Among Older Adults” video

https://www.youtube.com/watch?v=FQan4-6amJk
Get Connected Toolkit Goals

• Educate older adults.

• Link older adults to resources.

• Help provider staff understand substance use/misuse and mental health issues.

• Increase staff competence and confidence.
Get Connected Toolkit Goals (continued)

• Help organizations understand and assess how ready they are to deliver substance use prevention services.

• Encourage peer support.

• Provide additional tools and resources.
Get Connected Toolkit: Session Topics

• **Session One:** It Can Happen to Anyone – Coping with Life Transitions
• **Session Two:** Using Medication Wisely
• **Session Three:** Keeping a Healthy Outlook on Life
Who Will Benefit From Using the Get Connected Toolkit

• Senior centers

• Adult day health services

• Nutrition programs

• State and local agencies
Who Will Benefit From Using the Get Connected Toolkit (continued)

• Administration for Community Living’s Area Agencies on Aging

• Health and social services providers

• Faith-based organizations

• Nursing homes
This National Institutes of Health resource provides questions older adults can ask their doctors about the medications they are taking. These are a sample of the questions:

- What is the name of the medicine and why am I taking it?
- What medical condition does this medicine treat?
- How many times a day should I take it? At what time(s)?
- If the bottle says take “4 times a day,” does that mean 4 times in 24 hours or 4 times during the daytime?

These guidelines are intended to help health care providers improve patient outcomes when providing opioid treatment, including potential adverse outcomes associated with the use of opioids to treat pain.
Additional Actions Communities Can Take Along with Using the Get Connected Toolkit

- Participate in National Prescription Drug Take Back Days.
- Share SAMHSA resources with your community.
- Educate members of your community about how to talk to their doctors or other prescribers about medications.
Additional SAMHSA Resources

[Image of book cover titled "Promoting Mental Health and Preventing Suicide: A Toolkit for Senior Living Communities"]

[Image of book cover titled "PROMOTING EMOTIONAL HEALTH AND PREVENTING SUICIDE: A Toolkit for Senior Centers"]

www.SAMHSA.gov
Additional SAMHSA Resources (continued)

SAMHSA
Opioid Overdose Prevention TOOLKIT

What Are the Risks of Opioid Pain Medications?

Side Effects and Interactions
Opioids can cause unpleasant side effects such as:
- Dry mouth
- Nausea or vomiting
- Constipation
- Drowsiness
- Other effects may be increased by:
  - Taking them in combination with alcohol, sedatives, or other medications
  - Taking them in high doses or more often than prescribed
  - Taking them in a different manner than directed, such as crushing pills to snort or inject

In 2015, an estimated 2 million people ages 12 or older had an opioid use disorder.

Opioid Use Disorders and Overdose
After taking certain opioids regularly for a short time, some individuals could become physically dependent and experience uncomfortable withdrawal symptoms when stopping the medication. Mixing these medications increases the risk of:
- Substance use disorders, including addiction
- Overdose
- Death

PROTECT YOURSELF
Talk to your health care provider about:
1. Tell your health care provider about all other medications you are taking, including over-the-counter medications.
2. Ask if there are nonpharmacologic treatments that may be effective, like physical therapy or counseling.
3. Avoid alcohol and illicit drugs when taking prescription pain medicines.
4. Store your medications in a safe place and dispose of unused amounts appropriately.
5. Talk to your health care provider about how to stop taking opioids safely, as some are your body’s opioid receptor replacement and stopping them abruptly is not advocated.
6. Use opioids only as directed by your health care provider.
7. Return any unused prescriptions with friends or family—don’t just throw them out and discard.
8. Talk to your health care provider about what to expect from your medications—such as whether you will be completely eliminated or discontinued.

ADDITIONAL INFORMATION
For more information about overdosing on opioids, visit www.cdc.gov/drugoverdose or https://store.samhsa.gov/pubs/Opioid-Overdose-Prevention-Toolkit-Updated-2015/SMHSA-07622.

SAMHSA
Substance Abuse and Mental Health Services Administration

www.SAMHSA.gov
Additional SAMHSA Resources (continued)

www.SAMHSA.gov
Additional SAMHSA Resources (continued)

https://findtreatment.samhsa.gov/

https://suicidepreventionlifeline.org/

https://www.samhsa.gov/find-help/national-helpline
SAMHSA’s mission is to reduce the impact of substance abuse and mental illness on America’s communities.

Jennifer Solomon, M.A.
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention
Email: Jennifer.Solomon@SAMHSA.HHS.gov

www.SAMHSA.gov
1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD)
Kathleen A. Cameron, MPH
Senior Director
Center for Healthy Aging, National Council on Aging
Improving Opioid Misuse Prevention Literacy Between Older Adults and Health Care Providers

March 28, 2019

Kathleen Cameron
Senior Director
Center for Healthy Aging
National Council on Aging
Our Mission:
Improve the lives of millions of older adults, especially those who are struggling

Our Social Impact Goal:
Improve the health and economic security of 10 million older adults by 2020
NCOA’s Center for Healthy Aging

- **Goal:** Increase the quality and years of healthy life for older adults and adults with disabilities

- **Two national resource centers funded by the Administration for Community Living**
  - Chronic Disease Self-Management Education (CDSME)
  - Falls Prevention

- **Other key areas:** behavioral health, physical activity, immunizations, oral health
What Is Health Literacy?

Health literacy
The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

Health literacy is dependent on individual and systemic factors:

- Communication skills of patients and professionals
- Patient and professional knowledge of health topics
- Culture
- Demands of the health care and public health systems
- Demands of the situation/context

Source: Office of Disease Prevention and Health Promotion, DHHS
What Are Opioids?

Opioids are derived from opium found in the poppy plant or created synthetically and act by binding to specific "receptors" in the brain, spinal cord, and gastrointestinal tract. Opioids can change the way a person experiences pain.

Examples

- Codeine (Tylenol #3®)
- Oxycodone (OxyContin®, Percocet®, Percodan®)
- Hydrocodone (Vicodin®, Lortab®)
- Morphine (MS Contin®, Roxanol®)
- Meperidine (Demerol®)
- Hydromorphone (Dilaudid®)
- Tramadol (Ultram®)
- Fentanyl (Duragesic® transdermal patch)
Chronic Pain and Other Chronic Conditions Among Older Adults

- **Chronic Pain**
  - 30% of older adults have chronic pain.
  - Negative impact on physical, mental, sexual, and cardiovascular health, including a person’s ability to complete daily activities, think clearly, sleep, and manage their mood.
  - Pain leads to increased physician visits, hospital stays, medication use, and challenges with going to work and socialization.

- **Depression is highly prevalent (14–20%).**
  - Depression is a risk factor for substance use disorders and suicide.
  - Depression is linked to pain and social isolation.

- **80% of older adults have at least one chronic disease.**
  - Nearly 2 of every 3 have multiple chronic conditions

- **Chronic conditions are expensive.**
  - 95% of health care costs for older Americans are for chronic diseases.
  - Spending is escalating with the increase in chronic diseases and the aging population.
  - There are many out-of-pocket costs.

- **Fragmented care, especially for patients with multiple chronic conditions, makes conditions difficult to manage.**
Opioid Use Among Medicare Part D Beneficiaries

- 1 in 3 Medicare Part D prescription drug beneficiaries received an opioid prescription.
- 500,000 beneficiaries received high amounts of opioids.
- Almost 90,000 beneficiaries were at serious risk of addiction due to being prescribed high amounts of opioids.
- More than 6 out of every 1,000 Medicare patients are diagnosed with an opioid disorder, compared with 1 of every 1,000 patients covered by commercial insurance plans.

Prescription Misuse Among Older Adults

- Prescription misuse is the second most common type of substance misuse among older adults.
- At least one in four use psychoactive medications with abuse potential.
- Up to 11% of older women misuse prescription drugs.

Opioid-Related Harm to Older Adults

- Associated with falls and motor vehicle accidents
- Dependency
- Increases lethargy and fatigue
- Decreases respiration/breathing
- Lowers immunity
- Emergency department visits
- Suicide
- Elder abuse, which includes physical mistreatment, emotional abuse, financial exploitation, and neglect
- Death

Sources of Prescription Opioids Among Past-Year Non-Medical Users

![Bar chart showing sources of prescription opioids among past-year non-medical users](chart-image)

- **Given by a friend or relative for free**
- **Prescribed by ≥1 physicians**
- **Stolen from a friend or relative**
- **Bought from a friend or relative**
- **Bought from a drug dealer or other stranger**
- **Other**

**Number of Days of Past-Year Non-Medical Use**

- **Any**
- **1-29**
- **30-99**
- **100-199**
- **200-365**

**Percent of Users**

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*a Obtained from the US National Survey on Drug Use and Health, 2008 through 2011.5
*b Estimate is statistically significantly different from that for highest-frequency users (200-365 days) (P<.05).
*c Includes written fake prescriptions and those opioids stolen from a physician's office, clinic, hospital, or pharmacy; purchases on the Internet; and obtained some other way.

Factors Contributing to Prescription Drug Misuse and Abuse

- Higher levels of prescribed medications
  - Multiple chronic conditions
  - Multiple prescribers

- Higher prevalence of stressful life events and transitions
  - Parenting to “empty nesters”
  - Employment to retirement
  - Changes in housing
  - Bereavement
  - Diminishing physical and other abilities
  - Social isolation
  - Health issues/chronic disease
  - Depression
The Health Literate Care Model

Health Literate Care Model

A Universal Precautions Approach

- Health Literate Systems
  - Organization of Health Care
    - Delivery system design
    - Health information systems
    - Self-management support
    - Shared decision making

- Strategies for Health Literate Organizations
  - Apply improvement methods
  - Improve verbal interaction
  - Improve written communication
  - Link to supportive systems
  - Engage patients as partners in care and improvement efforts

- Informed, Health Literate, Activated Patient and Family
- Prepared, Proactive, Health-Literate Health Care Team

Productive Interactions

Improved Outcomes
The Health Literate Care Model

- **Shared decision-making**: Effective dialogue helps ensure that health care providers understand their patients’ priorities and values — and that they clearly identify different treatment options, describe the risks and benefits of each in plain language, and involve patients in the development of a treatment plan.

- **Teach-back method**: An effective strategy for confirming that health care providers have explained what patients need to know in a way that the patients can understand.

- **Patient engagement**: Assessing risk, building rapport, and gaining insight into the mental state of people with chronic pain. Effectively engaging patients reinforces their role on the health care team and empowers patients to play an active role in their pain management.
Doctor and Patient Communication

Talking Points

- How opioids can reduce pain during short-term use, yet there is not enough evidence that opioids control chronic pain effectively long term.
- Non-opioid treatments (such as exercise, other medications, and cognitive behavioral therapy) that can be effective with less harm.
- Importance of regular follow-up.
- Protecting family and friends by storing opioids in a secure, locked location and safely disposing of unused opioids.
- Precautions that can be taken to decrease risks, including checking drug monitoring databases, conducting urine drug testing, and prescribing naloxone if needed to prevent fatal overdose.
What Patients Need to Know

- The risks and side effects of opioid use:
  - Tolerance
  - Physical dependence
  - Increased sensitivity to pain
  - Constipation
  - Nausea, vomiting, dry mouth
  - Sleepiness and dizziness
  - Depression
  - Itching and sweating
What Patients Need to Know

Risks are greater with:

- History of drug misuse, substance use disorder, and overdose
- Mental health conditions (e.g., depression or anxiety)
- Sleep apnea
- Older age

Risks are greater with:

- Use of alcohol
- Use of certain types of medications. These should be avoided:
  - Benzodiazepines
  - Muscle relaxants
  - Sedatives/hypnotics
  - Other prescription opioids
What Patients Need to Know

Know options that don’t include opioids:

- Non-opioid pain relievers
- Other medications that are used for depression or seizure disorders
- Physical therapy and exercise
- Cognitive behavioral therapy
What Patients Need to Know

- Never take opioids in greater amounts or more often than prescribed.
- Follow up with your primary health care provider within ___ days.
  - Work together to create a plan on how to manage your pain.
  - Talk about ways to help manage your pain that don’t involve prescription opioids.
  - Talk about any and all concerns and side effects.
- Help prevent misuse and abuse.
  - Never sell or share prescription opioids.
  - Never use another person’s prescription opioids.
- Store prescription opioids in a secure place and out of reach of others (this may include visitors, children, friends, and family).
- Safely dispose of unused prescription opioids: Find your community drug take-back program or your pharmacy mail-back program, or flush them down the toilet, following guidance from the Food and Drug Administration (www.fda.gov/Drugs/ResourcesForYou).
Questions to Ask Clinicians About Opioids

- Is this medication an opioid?
- Is it safe to take with my other medications?
- Are there other non-opioid pain relievers I can take instead?
- Is this the lowest dose possible?

- May I have fewer pills?
- How should I taper off the medication?
- Where should I store my medication?
- How do I dispose of unused opioids?
- Should I have naloxone (Narcan) on hand?
Community Evidence-Based Interventions

- Substance Use Disorders
  - Screening, Brief Intervention, and Referral to Treatment
- Chronic Disease Self-Management Education (CDSME) Programs
- Physical Activity and Falls Prevention Programs
- Depression
  - Healthy Ideas
  - PEARLS
- **Screening** quickly assesses the severity of substance use and identifies the appropriate level of treatment.

- **Brief intervention** focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.

- **Referral to treatment** provides those identified as needing more extensive treatment with access to specialty care.

(www.samhsa.gov/sbirt)
SBIRT

- **Primary Goal**: Reducing and preventing related health consequences, disease, accidents, and injuries associated with risky use.

- **Screens for all types of substance use**, not just dependencies.

- **Provides information and assistance** tailored to the individual and his or her needs.

- **Intervening early** with individuals at moderate risk is effective in reducing substance use, preventing health and other related consequences, and saving health care costs.
Evidence for SBIRT

**FL BRITE Project (BRief Intervention and Treatment for Elders)**

- **Results:** Health educators screening solely within medical sites recorded fewer positive screens than those from mental health, substance abuse, or aging services that screened in a variety of community-based and health care sites. Six-month follow-ups revealed a significant decrease in substance use.

- **Conclusions:** SBIRT can be extended to nonmedical services that serve older adults.

(Source: Schonfeld et al, AJPH 2013)
Chronic Disease Self-Management Education (CDSME) Programs

- CDSME model developed at Stanford University Patient Education Center.
- Participants gain the knowledge, skills, and necessary support to take control of their health and make healthy lifestyle changes.
- 6 workshop sessions held once a week.
- Each session is 2 ½ hours and highly interactive.
- Co-facilitated by two trained leaders, one of whom has an ongoing health condition.
- Core content:
  - Symptom management/social role function
  - Exercises to build self-efficacy
  - Goal setting and action plans
  - Problem solving to overcome challenges
  - Based at the Self-Management Resource Center

https://www.selfmanagementresource.com/
## Session Topics

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Healthy IDEAS Program Goals

- **Detect and reduce the severity of depressive symptoms** in older adults through existing community-based case management services.
- **Reach** underserved populations.
- **Train** agency staff to deliver an evidence-based intervention for depression to older adults.
- **Improve linkage** between community aging service providers and health/mental health professionals.

For more information: [http://healthyideasprograms.org/](http://healthyideasprograms.org/)
Core Program Components

▪ Step 1: Screening

▪ Step 2: Education

▪ Step 3: Referral & Linkage

▪ Step 4: Behavioral Activation
  • Empowering older adults to manage their depressive symptoms by engaging in meaningful, positive activities.

▪ Step 5: Re-assessment with ongoing case-management
Benefits to Clients

- Reduction in severity of depressive symptoms
- Reduction of self-reported pain
- Increased knowledge of how to get help for depression
- Increased level of activity
- Increased knowledge of how to manage depressive symptoms
Kathleen Cameron
Senior Director
Center for Healthy Aging
National Council on Aging
kathleen.cameron@ncoa.org
571-527-3996
Carol Levine
Director
Families and Health Care Project, United Hospital Fund
Health Literacy and Pain Management: Family Caregivers as Partners

Carol Levine
Director, Families and Health Care Project
United Hospital Fund

SAMHSA Webinar on Improving Opioid Misuse Prevention
Literacy Between Older Adults and Health Care Providers
March 28, 2019
United Hospital Fund works to build a more effective health care system for every New Yorker. An independent, nonprofit organization, we analyze public policy to inform decision-makers, find common ground among diverse stakeholders, and develop and support innovative programs that improve the quality, accessibility, affordability, and experience of patient care.

www.uhfnc.org

Created by UHF, Next Step in Care is designed to change health care practice by routinely identifying, acknowledging, training, and supporting family caregivers, especially at times of transitions in care. It provides practical advice and easy-to-use guides for both health care providers and family caregivers that focus on transitions between hospitals, rehabilitation facilities, nursing homes, and home. While New York is the primary focus of UHF and Next Step in Care’s work, the impact and relevance are national and even international.

www.nextstepincare.org
Importance of Health Literacy in Pain Management

• Health care today is complex and challenging.
• Understanding multiple medications is essential for best possible patient outcomes.
• Pain medications present particular challenges.
• Worry about misuse may prevent patients from getting appropriate pain relief.
• There is a difference between short-term and chronic pain management.
• Prevalent misunderstandings and myths interfere with appropriate decision-making.
• Stigma pervades culture, including health care settings.
Health Literacy Is Hard to Achieve

• Obtaining, processing, and understanding basic health information and services is a high standard for patients and family caregivers.
• People need to understand insurance, bureaucratic language, and institutional arrangements, not just medical terminology and prescription orders.
• Understanding “services” may be harder than understanding “basic health information.”
• Health literacy is particularly important for drug treatment options, which are limited, especially in rural areas.
What a Caregiver Expects From the Health Care System
What a Caregiver Actually Experiences
• 43 million Americans are family caregivers (including family members, friends, neighbors) who provide personal care, do household tasks, and undertake medical/nursing tasks such as managing multiple medications, wound care, and monitoring machines.

• Caregiver worry about pain medications (too much? too little?) is a major source of caregiver stress.

• Caregivers accompany patient to doctor visits, ED visits, and hospital stays, yet they may not be included in medication reconciliation and decision-making.

• Caregivers may have more accurate information about a patient’s drug use than patient.

• Caregivers may get inconsistent or incomplete information.
Before Learning New Information, Have to Unlearn Misinformation

Common myths:
• Taking pain drugs always leads to addiction.
• If a doctor prescribed it, it must be good for me.
• I don’t have to keep track of my medications because they are all “in the system.”
• Medication-assisted treatment is just substituting one drug for another.
• People who use illegal drugs are weak and do not deserve costly treatment.
• Treatment for substance abuse doesn’t work.
Enhancing Health Literacy
About Pain Management

• Start discussions early, not while in crisis.
• Consider all medications and whether some can be dropped.
• Use simple definitions of types of drugs and how they differ.
• Explain how drugs affect the brain.
• Avoid demeaning and judgmental terms (not just with patients but also with colleagues).
• Remember to dispel myths.
• Involve family caregiver(s) at every stage.
• Listen to their concerns.
• Answer questions and repeat information as often as needed.
• Use teach-back to ensure comprehension—patient/caregiver tells what routine to follow using their own words.
Medication Reconciliation and Management

Medication reconciliation: the process of creating the most accurate list possible of all medications (RX and OTC) a patient is taking and comparing that list to admission, transfer, and/or discharge orders, with the goal of preventing adverse medical events.

Source: IHI

Medication Management is how one ensures for any medications given

- the right patient
- the right drug
- the right dose
- the right route
- the right time
Points to Discuss with Patient and Caregiver

- Why is this pain medication being prescribed?
- What are the benefits? And the risks?
- Are there alternatives to this drug?
- Are there non-drug alternatives to controlling pain?
- How long should I take the medication?
- What kind of side effects should I watch out for?
- How should I keep the medication safe from children who live with me or visit?
- How should I dispose of the leftover pills?
The Four Habits Approach to Effective Communication

1. Invest in the beginning—develop trust.
2. Elicit the patient’s and family caregiver’s perspective—listen.
3. Demonstrate empathy—words and body language.
4. Invest in the end—summarize and review next steps

Thank you

Carol Levine  
clevine@uhfny.org

United Hospital Fund’s Next Step in Care website  
www.nextstepincare.org

Suzanne C. Brundage and Carol Levine, “The Ripple Effect: The Impact of the Opioid Epidemic on Children and Families,” available at:  
Community Outreach

Jane Marks, RN, MS
Associate Director
Johns Hopkins Geriatric Workforce Enhancement Program
• Supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number UIQHP28710, Johns Hopkins Geriatric Workforce Enhancement Program. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
Objective

- To discuss community outreach and education through faith-based communities regarding the opioid crisis.
Partners

• Brown Memorial Church
• Johns Hopkins Bayview Medical Center
  – Healthy Community Partnership
  – Community Outreach
  – Addiction Medicine Faculty
• Baltimore City Health Department
• Living Well Center
• Mental Health Association of Maryland
Brown Memorial Church
Two Faith Communities - Baltimore City
First Panel Session

• Addiction
• Breaking the Stigma
• Depression
• Pain Management
  – Partner with your health care team
  – Alternatives to pain management
    * Physical Therapy
    * Chronic Pain Management
Panel (con’t)

• Storing Medications safely
• How to dispose unused medications
• Role of Faith Based Communities
Resources

• Handouts
  – Opioid Use Disorder
  – Addiction
Second Session

- Baltimore City Health Department
  - Naloxone
  - Resources for treatment
- Mental Health Association of Maryland
I came to you with all my deep pain,
and in time you gave me more pain.
GET CONNECTED
Linking Older Adults with Resources on Medication, Alcohol, and Mental Health

Download the Get Connected resource at store.SAMHSA.gov.
Please use the chat feature to share your questions and thoughts with us.
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A Prevention Workforce Development Webinar

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