*Implementation Plan: Boston/Cambridge Hospital Opioid Consortium Training Commitment*

**The Commitment: In July 2019, participating hospitals agreed to the following commitments:**

|  |  |
| --- | --- |
| 1. **Care Provider Training** | |
| Hospitals see many people in need of substance use disorder care at critical times. Unfortunately, there are often too few addiction medicine experts available and many internal medicine providers and other specialists have limited knowledge of how to treat addiction. Most have not taken the required waiver training to prescribe buprenorphine, a key medication, or any continuing education courses on treating addiction. These courses offer a key entry point for broader knowledge and understanding of the disease of addiction. To address this issue, we propose that all hospitals: | 1. Commit to mandatory training for all hospital-based emergency physicians, hospitalists, obstetricians, psychiatrists, adolescent pediatricians, infectious disease specialists, primary care providers, and internal medicine residents who are not waiver trained. These trainings should last at least 1 hour and emphasize a) fundamentals of addiction; b) modern treatment of opioid use disorder, including utilization of buprenorphine, and c) addressing stigma. In order to facilitate participation, the trainings can take place as part of regularly scheduled Grand Rounds or other educational series or departmental meetings. Enduring web-based recordings will also be an option for training. |
| 1. Strongly encourage training for all non-hospital-based primary care providers, psychiatrists, as well as hospital and non-hospital-based OBs, pediatricians and infectious disease specialists, as well as NPs and PAs working in these areas. |
| 1. Commit to increase the number of the above listed providers who obtain their buprenorphine waiver by a) demonstrating strong institutional support through a communications campaign, hospital statement, or other method; and b) providing in-person waiver trainings sessions. |
| 1. **Employee Support** | |
| In addition to being healthcare providers for the general public, Boston and Cambridge hospitals employ thousands of people, many of whom may need their own support with substance use. We propose that all hospitals commit to doing at least three of the following activities onsite, to encourage campus-wide discussion around substance use and increased uptake of needed health care support. Providing this support will impact thousands of employees, as well as their families and the broader community. | 1. Free onsite naloxone training + subsidized access to naloxone, where possible. (Naloxone costs are plan-dependent.) |
| 1. Survey the organization about employee & family need for substance use disorder support |
| 1. Review existing SUD benefits |
| 1. Send a specific SUD benefits guide to all employees |
| 1. Create an SUD Employee Support Policy. |
| 1. Develop a training for all managers regarding how to identify and support employees with substance use disorder needs |
| 1. Set up a family support group on site |
| 1. Hold a public event or town hall where people can tell their stories |
| 1. Send a letter from the CEO committing to SUD support and promoting a stigma-free workplace |
| 1. Share a pledge to encourage employees to use stigma-free language – i.e. “person with SUD” rather than “addict” |

***Tracking Guidance: All participating hospitals agreed to track and share information on progress at key dates***

**Key Dates:**

Agreement Date: July 16, 2019

Training Kickoff Date: December 12, 2019

6 Month Check-In Date: June 12, 2020

1 Year Check-In Date: December 12, 2020

**Groups to be trained**:

* Hospital Based Emergency Physicians
* Hospital Based Hospitalists
* Hospital Based Obstetricians
* Hospital Based Psychiatrists
* Hospital Based Adolescent Pediatricians
* Hospital Based Infectious Disease Specialists
* Hospital Based Primary Care Providers
* Hospital Based Internal Medicine Residents

**Optional Training Encouraged:**

* Hospital Based Psychiatric Residents
* Hospital Based Other / Non-Hospital Based Other
* Non-Hospital Based Primary Care Providers
* Non-Hospital Based Obstetricians
* Non-Hospital Based Psychiatrists
* Non-Hospital Based Adolescent Pediatricians
* Non-Hospital Based Infectious Disease Specialists
* NPs and PAs in all key areas

**Implementation and Tracking Framework:**

CEO/Presidents will work with key medical officers to disseminate this training and track participation. The goal is to set an expectation that all physicians, in all of the above disciplines, will participate in this training. It is up to section chiefs and medical leaders to set the example and provide the structure for offering the training and tracking participation.

* Grand rounds or in-person trainings with discussion are ideal, but a video of the training will be available as well.
* A discussion guide is available for download on the website.
* With the video, pre and post survey questions will be provided.
* In person trainings can use these same survey questions, also available for download on the website.

The Grayken Center will host the training deck and video on its website, and provide CMEs for online viewers, beginning in January 2020: [LINK and DETAILS PENDING]

**One-hour Progress Information to be tracked and compiled at 6 months (6/12/20) and 12 months (12/12/20):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Department | **Total # eligible for 1 hour training:** | **Total # Previously Waiver Trained?** | **Total # with Waiver Training Scheduled** | **Total # Participating in 1 hour training** |
| Hospital Based Emergency Physicians |  |  |  |  |
| Hospital Based Hospitalists |  |  |  |  |
| Hospital Based Obstetricians |  |  |  |  |
| Hospital Based Psychiatrists |  |  |  |  |
| Hospital Based Adolescent Pediatricians |  |  |  |  |
| Hospital Based Infectious Disease Specialists |  |  |  |  |
| Hospital Based Primary Care Providers |  |  |  |  |
| Other |  |  |  |  |

**Please describe the efforts of your institution to increase the number of waiver-trained physicians, per 1c:**