TRANSCRIPT

Driving Research into Action with Dr. Eric Dickson

Dr. Todd Mandell:

Welcome, Dr. Dickson. You're a president and CEO of a large health system. You developed an exemplary approach to care and created a Chief Opioid Officer role for your organization to drive results at the leadership level. Other CEOs want to know, how did you do that?

Dr. Eric Dickson:

Well, thank you so much for having me on, Todd. It's a pleasure to be here and to talk about such an important topic that is having such a negative effect on our community and the health of our community.

First, we use data to show people the problem and help people understand the problem. We're now at 80,000 deaths in the United States, or 2,000 deaths in Massachusetts each year related to opioid use, and here in Worcester County, and our primary service area, we're over 300 in the county and 500 in our primary service area and going up; and that's scary and with no clear end in sight. We all wanted the number to go down, but we didn't have agreement about how to get the number down.

My kind of standard approach is get the experts in a room together, and we started a series of opioid strategy dinners and meetings where we'd go through the data, and I would say okay I'm not an expert in this, I don't know what to do, you're the experts, I need to know what it is you think we should do to try to curb this growing epidemic.

But in the end, after several meetings, it came down to two things: one, we needed a champion. We needed somebody that would own this every day, and you know, the first rule in any crisis is, we teach people in emergency medicine is, put somebody in charge and empower them to make decisions. And fortunately for us, we had that champion. Everybody knew who it was going to be: it was Dr. Kavita Babu, the head of toxicology here and one of my colleagues in the department of emergency medicine.

Everybody said we should make Kavita the chief opioid officer and charge her with developing and executing a plan to deal with this crisis. I said, okay, what's the second thing? And they said, the second thing, Eric, is we need everyone in this organization to know this is important, and that means your time. Truly, time is the currency of leadership, and so we want you to go through X waiver training, which I did, and was one of the first emergency physicians to go through it here within the organization. We want Kavita to have access to the Board of Trustees and your senior leadership team. So, when she bumps into an obstacle—budget, IT, whatever it

might be, medical staff rules, mandatory training exercises—that everyone will know, oh, this is important strategically for the organization.

Even 10 years in as CEO, I've got a lot to learn. But for leaders, for people in these CEO positions, in these leadership positions, whatever it might be, CMO, people will not give things the attention it deserves until they know it's important to the CEO.

So, I think that's my big message. I think for anybody trying to figure out, how do I reduce opioid-related deaths in my community, it's to use the data to create the burning platform. But once you've done that, get deep into the community, put the experts in a room, and put somebody in charge to develop and execute a strategy to reduce that number over time and give that person the attention that they need and the leadership exposure that they need.

Dr. Todd Mandell:

Thanks for that introduction, for sure. What are the responsibilities of your Chief Opioid Officer and what has been the focus of your health system's activities to improve care for patients with OUD?

Dr. Eric Dickson:

Well, Dr. Babu's job as Chief Opioid Officer is to develop and execute a strategy to reduce the number of opioid-related deaths in our community and the harm created to our community from opioid use disorder. The first part for her is to really educate, both to the community, but surprisingly, to our providers, and that was the first part of what she started to do.

Rescue therapy with naloxone was a big approach in making that readily available and training people in the use of nasal naloxone, which is very effective, was another pronged approach. Stewardship of our opioids and changing our opioid prescribing practices as physicians and even working out beyond what we do here at UMass Memorial Healthcare and working with the dental community and other prescribers of opioids, and using opioids in a much more sensible manner, and putting on less prescriptions out there and less quantities out there was a big part of this.

Ultimately, where we're really going to start to have an impact is all prescribers within the health care system of opioids getting comfortable with suboxone treatment or easy referral and all of the community knows that there's a place where they can just walk up and get treatment if they want it without being judged.

Dr. Todd Mandell:

You mentioned that Dr. Babu is a toxicologist. Is that the only kind of professional that can fill the role of your champion?

Dr. Eric Dickson:

That's a great question, Todd, and I would say that I'm blessed that we have a great division of toxicology here and wonderful toxicologists like Dr. Babu that understand this problem very well. But, that's not what's required. What is required is somebody that has a passion for this, first and foremost, that cares deeply about the harm that this is causing to your community.

If you're running an FQHC [Federally Qualified Health Center], you're not going to have a toxicologist. If you have a small clinic and you're dealing with this, you're not going to have toxicologist access. But you probably will have somebody that has a passion for this, that will put people together that have expertise in, and will develop that plan, prioritize the potential actions that can be taken, and then follow through and make sure countermeasures are put in place. I would say that the number one priority is to find somebody that deeply cares about this and that is good at execution and follow-through.

Dr. Todd Mandell:

Now, Dr. Dickson, once you had your champion in place, what was your health system's approach? I mean, were there financial aspects or other key points that helped you convince your board of the need?

Dr. Eric Dickson:

Yes, you know, the approach really started with rescue therapy and education and started to move into buprenorphine treatment, both in the emergency department and in, out in the community setting, programs that went really well. And when you showed people the data and help people understand that this was having a very negative impact financially, as well on the organization in terms of not the treatment, but the disorder itself, that made it really easy for the board and for my CFO to say, geez, we've got to put some resources into this.

I think the approach we took is to start to say, okay, we have a crisis, a humanitarian crisis in terms of harm being done to patients, but also this is having a very negative financial impact on UMass Memorial Health Care. So, let's do something that helps take better care of patients and also helps our finances.

Dr. Todd Mandell:

It sounds like buprenorphine initiation is just one part of UMass Health's toolbox to help manage and treat OUD in your patient population. Dr. Dickson, could you please explain how you integrated buprenorphine initiation into routine practice in your emergency department?

Dr. Eric Dickson:

Well, our goal for our emergency department providers, who are pretty overwhelmed right now, coming out of COVID with workforce shortages, is to make this as easy and as safe as possible. That really has to do with getting agreement on a standardized approach that we can build into the electronic health record, getting our ED physicians to be comfortable prescribing. We had to get agreement on when we would prescribe and what the contraindications would be and how. And then we wanted to hardwire that and build it into the EHR [electronic health record], the electronic health care system, such that it was as easy as possible.

The big part for us in the ED was creating an order set that everybody could agree to was the evidence-based and the gold standard as it currently existed today, with a recognition that we would be willing to continuously improve that order set over time, and really having it be that you had to opt out of the prescribing, not opt in, and that everyone with opioid use disorder being discharged from the emergency department was going to be placed on buprenorphine unless there was a contraindication, a reason not to. That has really helped in terms of increasing the numbers of patients that have been treated for opioid use disorder with medication as they leave the emergency department.

One of the things that you should go through is look at your standing orders for your prescribing practice, and that makes a difference, as well, and you know, a lot of us just jump to the order sets and click on whatever's there, because it's the easiest pathway, and you can go and change the defaults on many of these things in the prescribing practice and the discharge instructions to say, call this number if you want help with addiction, for example, put that right into your discharge instructions. It's automatically there.

Dr. Todd Mandell:

Dr. Dickson, thank you. You've demonstrated that OUD treatment that starts in the ED can be part of a sound health care and business strategy for hospital leaders. Could you say what the takeaways are for hospital leaders for us?

Dr. Eric Dickson:

I think number one, you have to create that burning platform. You have to show people the data, but more importantly, tell the stories of families that have just been devastated by this horrible disease. Take away the stigma of addiction and make sure that people understand this is like treating cancer or anything else we treat here. It's a horrible disease and there is good medical treatment for it, but tell the stories of the people and once you've used the data to say we have a big problem, turn it into human suffering.

I think the second part for any leaders, you always, anything like this, you have to lead from the front. People want to see that this is important to you and use your currency as a leader, which

is your time, and let people see you, whether you're an MD or an MBA, in the community trying to learn about this problem. I think for me, the first rule in a crisis is to put somebody in charge, empower them to make decisions, and let everybody know that they're in charge such that they don't run into obstacle after obstacle of garnering resources that they need. That's really when you're into these CEO roles, the job is all about developing people into problem solvers, not really solving the problems yourself.

So, that's my takeaway, and that's my message to the other CEOs out there. Empower your people, but stand by them and help develop them into problem solvers because they'll be there for you during the next crisis, as well.

Dr. Todd Mandell:

Dr. Eric Dickson, thank you so much. It's been great to talk to you. Much appreciated.

Dr. Eric Dickson:

Thank you for everything that everyone is doing out there to help treat this horrible disease and to help reduce the suffering to the patients and the families from opioid use disorder. God bless you all.

Dr. Todd Mandell:

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