UPMC LIFE CHANGING MEDICINE

Magee-Womens Hospital
Pregnancy Recovery Center
300 Halket Street
Pittsburgh, PA 15213

412-641-1211

Good morning and thank you for the invitation to participate in your investigation.

It is an honor and privilege for me to be here today. My name is Michael V. England, M.D. and I am an obstetrician/gynecologist by training. I have been in practice for the past 25 years. Over the past 15 years I have been employed by Magee-Womens Hospital of UPMC and during this time I have seen the impact that opioids have had on my patients. In addition to my responsibilities as an obstetrician/gynecologist, I am the medical director of the Pregnancy Recovery Center at Magee-Womens Hospital of UPMC in Pittsburgh. The Pregnancy Recovery Center is a program that offers treatment to pregnant women with opioid use disorder. The program was developed to provide treatment for this often overlooked group of women. By providing care to this group of women we have reduced their risk for poor obstetrical outcomes, polysubstance abuse, infections, legal issues, personal trauma, overdose and Neonatal Abstinence Syndrome (NAS) to their newborn.

We are all here today because of the opioid epidemic that we are facing in the United States and in the state of Pennsylvania. The epidemic started in the late 1990s and shows no signs of slowing. The problem started by a confluence of multiple events:

1. American Pain Society's recommendation on the assessment of pain as the "fifth" vital sign
2. Aggressive marketing by the pharmaceutical companies for opioid medications
3. Lack of education by the health care providers on the risks of the opioid medications
4. Inexpensive and higher quality heroin that was now available
5. Patient satisfaction grading of the physicians/healthcare professionals by their patients

The consequences of this epidemic have affected all of us. They include an increase in crime, incarceration and stress on the legal system. The epidemic has fragmented families and caused employment loss, increased the spread of infectious diseases, increased the misuse of the health care system and increased the rate of NAS.

The United States has ~ 5% of the world's population. In the early 1970's the United States consumed 5% of the world's opioid prescription medication. By 2014 the United States consumed 80% of the world's opioid prescription medication. From 1999 to 2012 there has been a quadrupling of the opioid prescriptions written in the United States for the treatment of chronic pain. During this time the population of the United States has increased by 10% and the amount of chronic pain has remained stable. In 2012, 259 million prescriptions were written for opioid pain medication. That was enough prescriptions to give every adult in the United States a bottle of pills. With this quadrupling of the opioid prescriptions there has also been a quadrupling of the overdose deaths in the United States. From 1999

to 2014 there has been 165,000 deaths due to prescription opioids. Since 2008, heroin has caused more overdose deaths than the prescription opioid pain medications. In 2013, 1.9 million people in the United States abused or were dependent on prescription opioid pain medications. It is known that 80% of heroin users started their opioid misuse or abuse with prescription opioid medications and 70% of people using prescription opioids for non-medical reasons get their medications from family or friends.

As health care providers, elected officials, concern citizens and policy makers we can affect this epidemic and change its course of destruction.

1. Recognize that Substance use disorder is a chronic medical condition and not a "moral weakness" of the afflicted individual

2. Destigmatize the chronic medical condition

3. Provide appropriate treatment options which include medication-assisted treatment (MAT), behavior health counseling, peer group support and psychiatric care

4. Provide appropriate education to the patients, health care providers, law enforcement agencies, families, policy makers and other key stakeholders involved in the epidemic

5. When prescribing opioid medication to patients discuss issues such as the duration of use, safe storage and disposal of unused medication, pregnancy, additional treatment options, risk for dependence and consider the prescription of naloxone with the opioid prescription

6. Encourage the use of the Prescription Drug Monitoring Program (PDMP) for every opioid prescription

7. Encourage regular screening of all patients utilizing SBIRT or the 4 "P's" (parents, partner, past and present)

8. Increase access to reputable MAT programs. The state of Pennsylvania has 45 Centers of Excellence programs throughout the state

Pregnancy Recovery Center/Magee UPMC

The PRC is a program that has used the Medical home model approach for patient care. The PRC was developed to offer complete care to pregnant women with opioid use disorder. With the patient as the leader in her care she has access to 5 specialties to help her manage her pregnancy care.

1. Obstetrical Team
2. Peer Specialists
3. Behavioral Health team
4. Social Services
5. Buprenorphine Prescribers

The PRC employs MAT with buprenorphine. The PRC patients are required to keep all of their obstetrical appointments. They are required to complete 2.5 hours of behavior health therapy per

month and are seen by the social services team providers on a regular basis. The buprenorphine physicians in the PRC are all obstetricians and see the patient no less than biweekly. The PRC's center is at Magee-Womens Hospital of UPMC in Pittsburgh. There are 5 satellite locations in Allegheny, Beaver and Butler counties in which the PRC provides services. The locations are in the towns of Beaver, Butler, Clairton, Monroeville and Natrona Heights. The goals of the PRC are to provide stability to our pregnant opioid use disorder patients by offering a safe and caring environment, to provide MAT with buprenorphine, to provide excellent obstetrical care, to offer available social services and to provide Behavior health counseling. The PRC has been providing care to our patients since June of 2014. During this time our patients have a NAS rate of 39%.

This month with the help of the Centers of Excellence (COE) grant we have expanded the care given to our OUD patients to a Woman's SUD program that will allow non pregnant women to be treated at the PRC/UPMC/Magee locations. In addition to Buprenorphine, Suboxone and Vivitrol will be used as MAT treatments. These patients will also be given gynecological care including pap smears, sexually transmitted disease screening, birth control and consultation to Hepatology if they are found to have been infected with Hepatitis C.

Thank you for allowing me to participate in your program today.

Michael V. England, MD