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Mitigating the Opioid Epidemic in Pregnant Women and Newborn Infants on a Shoestring Budget

You're listening to Lifelong Learning on ReachMD. The following program was recorded at the 2018 annual meeting for the Alliance for Continuing Education in the Health Professions. Here is your host Alicia Sutton.

Alicia Sutton: We are broadcasting from the Alliance for Continuing Education in the Health Professions in Orlando at the annual meeting and my guest is going to talk to us a little bit about pullin' up from the bootstraps and having a CPT response to a public health problem with zero budget. So, I'd like to hear about that. Please introduce yourself to us.

Dr. Camille Fung: Thank you for interviewing me. My name is Dr. Camille Fung. I am an assistant professor at the University of Utah, particularly in the Division of Neonatology. I also have a collaboration with the Utah Department of Health.

Alicia Sutton: Great. So, you know we're all living in the time of do more with less, but you take it to a whole other level with zero budget. Give me the lay of the land of the clinical issue that you were looking to address.

Dr. Camille Fung: So, as many of you know, the opioid epidemic has really skyrocketed in the United States and because of the need for better opioid education for prescribers this is sort of the impetus of why we decided to do this to begin with. The problem with a lot of education that is currently available only targets ambulatory adult patients. As a neonatologist who takes care of women and newborns, when a call for education came out by the Utah legislature in 2011, we saw two great areas of public health problems that would be ignored. One was with pregnant women and the other one would be their newborns. So, again, back in the year of 2011 the Utah legislature came out with a mandate that all prescribers who are eligible to prescribe opioids should get four hours of education and this occurs at the time of their license renewal. What the Utah legislature came up with is that we have to have these four hours and it has to follow the FDA blueprint which, again, targeting mostly outpatient ambulatory adult patients. However, if you look at the opioid epidemic according to the CDC, Utah is one of the states that actually has the highest prescription per person in the United States and so that is one problem. The second problem is that Utah women actually have the highest opioid overdose and deaths.

Alicia Sutton: Oh my.

Dr. Camille Fung: Yeah. So, as a neonatologist, we actually treat a lot of babies who are born addicted to opioids, a public health crisis that is termed neonatal abstinence syndrome. Again, because a lot of women are dying and a lot of women, including pregnant women, are afflicted with this opioid epidemic it became imperative to us that we must include education, not just targeting outpatient ambulatory adults, but also including women, particularly pregnant women and to raise the awareness of neonatal abstinence syndrome within our state.

Alicia Sutton: Absolutely. It sounds like a perfect example of going right into the niche of a health issue that was being missed. So, any challenges in how you wanted to approach hitting that very target audience and the patient population? Can you talk about some of those challenges you faced?

Dr. Camille Fung: Because we had some guidance onto what was required of the four-hour education and because the FDA blueprint actually came out with what needed to be covered, we thought we needed to go beyond that. We need to expand our education to include pregnant women and newborns. So, actually back in 2012 at this meeting was when there is a group called CO*RE. It stands for Collaboration of REMS Education, and so this group actually came up with a two-hour core slide deck that we were able to use as a two-hour core education and then we thought we would spend another one-and-a-half hours to target pregnant women and children.

Alicia Sutton: Excellent.

Dr. Camille Fung: And so, because we didn't have a curriculum for the pregnant women and children, we ended up really just asking around to see if anybody at the University of Utah would be interested in helping us create this curriculum.

Alicia Sutton: That sounds like your first approach to a zero budget doesn't it? Seeking the volunteers, and how was the response to that request?

Dr. Camille Fung: Fortunately, because I think our maternal-fetal medicines or obstetric colleagues were also very interested in this topic. We were able to solicit Dr. Andres who is in the Division of Maternal-Fetal Medicine and he was really charged to tackle the slides for opioid prescription for pregnant women. Myself and two other colleagues within our division came up with the slides for neonatal abstinence syndrome to target the newborn population.

Alicia Sutton: So, is this education delivered in a closed circuit, the physicians, nurses, NPs, PAs, in your hospital setting or in your academic setting?

Dr. Camille Fung: So, we started really just targeting a small group of people. We essentially were looking at mostly people internal of the university, so we only wanted to produce an education that people could just come to the scheduled meetings and really it just started out with one meeting in March and one meeting in June. That was what we started out with the process, but then as we continued this process, we realized that we needed to reach other people who couldn't come to our live courses, so that meant we probably had to get it filmed and videotaped and then put it on the website where outside people could get access.

Alicia Sutton: Right. Is that something you've done already or you're pending doing it into an enduring

Dr. Camille Fung: No, we've actually transitioned already into an enduring internet material and have actually vastly expanded that since.

Alicia Sutton: That's terrific. So what are you seeing from an outcomes perspective in terms of learning or change in practice performance and maybe even on the patient level?

Dr. Camille Fung: So, what I call version 1.0, the very first course that we rolled out, we educated a little over one thousand people, including physicians and physicians both trainees and already faculty members. We educated mid-level providers and I wanted to target dentists too because they are actually included as part of the opioid prescribers. But the first version, because of its internal approach, it didn't have a reach for outsiders.

Alicia Sutton: It's still a significant number.

Dr. Camille Fung: The second version that we have rolled out since is definitely reaching a lot of people in the state of Utah.

Alicia Sutton: Excellent. Has it been enough time to gather some outcomes data to see what the learning is on this?

Dr. Camille Fung: So, even with the first version, I would say the evaluations that we got immediately after the course, most of them were positive. Some of them were not as positive and I think it became clear to us that we needed to plan this out a little bit more which we have done since with the second version. We were in a little bit of a time crunch with the first version because of how there was just less time between when we heard that we needed to get this done to when the core curriculum was actually approved by DOPL, which is the Division of Occupation Professional Licensing. There were just some hurdles that we had to cross, so we only had a very small amount of time to get the curriculum approved and get it rolled out. We have learned some lessons since then.

Alicia Sutton: Right. Well, there are always logistics in everything. What are some areas of sort of pearls that you could give to other educators on any level when thinking about how do I go about something on such a limited budget or your case really was a zero budget, but any pearls to take away from and give some advice to educators?

Dr. Camille Fung: I think there are many pearls and many lessons that we have learned from this course. First of all is don't be afraid to ask your colleagues for help. I think being in an academic institution everybody has a component of education in their mind and so reaching out to your friends and colleagues is kind of a free way to get this done. Also, even though as you're moving along you're only tackling small steps at a time, but think larger as you go. For example, we initially thought we would do it in a classroom setting but then the classroom setting the next time we did a live course we did it in an auditorium where we could actually film that almost like a grand rounds and then we had satellite sites where other people can sit in other rooms and actually watch the live course and then the bigger reach was the videotaping for an internet enduring material.

Alicia Sutton: Right. It sounds like you have a lot of very willing participants in the value chain across all of this, so that's terrific.

Dr. Camille Fung: I think you just have to ask, just don't be afraid to ask because even the first time we put it on as internet enduring material, we only hosted it even within our learning management system at the University of Utah, so it was a small internet production and then now it's even gone statewide.

Alicia Sutton: That's terrific. Thank you for sharing these thoughts with us. We really appreciate it and look forward to hearing more out of your group and other ways that you are helping to educate

clinicians on a small budget or no budget. Thank you for joining us.

Dr. Camille Fung: Thank you.

Alicia Sutton: We have been broadcasting from the Alliance for Continuing Education in the Health Professions at their annual meeting and we will see you again soon.

You've been listening to Lifelong Learning on ReachMD, featuring key insights from the Alliance's 2018 annual meeting. To download this podcast and others in this series, please visit reachmd.com/lifelonglearning.