

Blueprint

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What About the Children? Addressing the Opioid Epidemic's Impact on Families

The opioid epidemic's devastation has been widely chronicled as lives are cut short, communities shattered, and futures derailed.

But a commonly overlooked ripple effect of the crisis is the impact on children and families. A study by the U.S. Department of Health and Human Services, released in March, found that the number of children entering foster care nationwide increased by 10 percent between 2012 and 2016, after decades of plateauing, and that the rise corresponded to a spike in opioid-related deaths. Even greater numbers of children have been placed with relatives in informal kinship arrangements.

"It's very clear that the statistics don't capture the full extent of the epidemic and the impact on families in particular," said Suzanne Brundage, director of UHF's Children's Health Initiative.

A FAMILY DISEASE

Yet opioid misuse is rarely seen as a "family disease." A groundbreaking United Hospital Fund project aims to change that. *The Ripple Effect: Children and Kinship Caregivers Affected by the Opioid Epidemic* is examining the impact of parental opioid addiction on youngsters' mental health, development, and family responsibilities.

The inaugural event of the project was a meeting on October 3 and 4 at UHF that brought together some 40 specialists in opioid addiction, child development, and family policy, ranging from medical professionals to government officials to representatives of local district attorney offices.



The need for family-based solutions to the opioid crisis is acute in New York's Sullivan County.

Photo credit: Rockefeller Institute of Government

Their presentations, observations, and discussions laid the foundation for the creation of a research agenda, policy options, and practice guidelines for a wide range of agencies and professionals that work with families and children.

Supported by a \$60,000 grant from the Alfred P. Sloan Foundation, the project is jointly led by Ms. Brundage and Carol Levine, director of UHF's Families and Health Care Project. The Milbank Memorial Fund is collaborating on the initiative.

A stark illustration of the need for family-based solutions can be found 100 miles north of Manhattan in Sullivan County, one of several counties in New York State reeling from the opioid epidemic. A rural area in the Catskill Mountains with a population of just 75,000, Sullivan County has by far the highest death rate from opioid use in the state—26.7 per 100,000 people. Almost six out of every 1,000 children under the age of 18 in the

Opioid Epidemic (continued from page 1)

county were removed from their homes in 2017—so many that there weren’t enough homes or facilities within the county to accommodate them all.

“We have seen this county go from single-parent households to zero-parent households in a single year,” said Katherine Zuber, Assistant Director for Policy and Research and Executive Director of the Center for Law & Policy Solutions at the Rockefeller Institute of Government, which is studying opioid addiction in Sullivan County. She told the meeting attendees that “we’ve heard stories of parents losing their children to drugs, but also of children losing their parents. We’ve heard of children witnessing their parents’ deaths and witnessing their parents being revived, sometimes multiple times. Of children being separated from their families and from their communities.”

PARALLELS WITH HIV/AIDS EPIDEMIC

The opioid epidemic is not the first time children have been largely unnoticed during a public health crisis. The *Ripple Effect* project was inspired in part by the realization that the current crisis shares many similarities with the HIV/AIDS epidemic in the 1980s and ’90s: both led to an increase in children entering foster care, caring for parents or younger siblings, and suffering from behavioral health issues.

“Like HIV, about half of opioid overdose deaths occur among men and women ages 25 to 44, and it’s reasonable to assume that many are parents,” said Ms. Levine, who is also the former director of the Citizens Commission on AIDS in New York City and the author of *A Death in the Family: Orphans of the HIV Epidemic* (published by UHF). She was awarded a MacArthur Foundation Fellowship in 1993 for her work in AIDS policy and ethics.

Jennifer Havens, Director of Child and Adolescent Behavioral Health at New York City Health + Hospitals and Vice Chair of the Department of Child Psychiatry at NYU Langone Health, said that

when she started working with HIV/AIDS patients in the 1980s, she found that children and their families suffered unique mental health issues that couldn’t be adequately addressed by facilities with no experience dealing with AIDS. “Working with kids living with HIV-infected parents and in kinship foster care, we figured out very quickly that you couldn’t stabilize kids if you couldn’t stabilize their caregivers,” she told the meeting.

As with HIV/AIDS, families with addicted parents are likely to drop out during the numerous stages of the “care cascade”—testing, the beginning of treatment, adhering to the treatment regimen. Stigma is often the overarching reason they are lost to the system, Dr. Havens noted.

Addicted parents also fear that their children will be taken from them if they admit to opioid use. Criminalizing drug use keeps parents and other family members from seeking treatment.

CHALLENGES AND OPPORTUNITIES

Bringing together stakeholders from so many different disciplines and regions of the country, the two-day meeting laid out the stark challenges in treating children affected by the opioid epidemic. But participants also described innovative local and regional programs that serve women, children, and families and identified the resources needed to bring them to scale.

The meeting is expected to yield 10 to 15 recommendations that can help states and communities provide children the help they need. UHF staff will produce a report on the issue, expected in early 2019.

“The ramifications of childhood trauma are broad and quite pronounced, but it is not destiny,” Ms. Brundage noted. “The brain is resilient and malleable, and a lot of good can be done when working with children despite the adversities they have been exposed to.”

Blueprint

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United Hospital Fund is an independent, nonprofit organization working to build a more effective health care system for every New Yorker.

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A Word...

WITH TONY SHIH

What the Opioid Crisis Says About Our Health System



Almost every day, we see news stories about the heartbreaking toll of the opioid crisis. We read in detail about the extent of the problem as well as its root causes, including the unscrupulous actions of some members of the pharmaceutical industry. And increasingly, we hear how the ripple effects are reaching children and families—with destructive results (see cover story).

The medical community continues to debate the best treatment approaches, and each of us views the scourge of opioids through our own lens. From where I sit, the crisis lays bare fundamental flaws in our health care system that make quickly and adequately addressing it extremely difficult—even when everyone sincerely wants to. Importantly, these flaws should also serve as a warning sign for future health crises. Five problems stand out:

EMPHASIZING TREATMENT RATHER THAN PREVENTION

Our health care system is almost entirely built around treating diseases rather than preventing illnesses. We perform near-miraculous medical interventions for complex diseases and injuries and often get paid handsomely to do so. But we are almost never paid for successfully preventing an illness. When it comes to the opioid crisis, prevention efforts are often not reimbursed at all from health care dollars and require the allocation of external funds (though in this case, inadequate access and reimbursement for substance use treatment are also serious problems). The short shrift accorded to prevention is also a problem for many other diseases afflicting our nation—from diabetes and heart disease to lung cancer. We will not be able to create a healthier United States without striking a better balance between prevention and treatment.

LARGE PORTIONS OF THE POPULATION REMAIN UNINSURED

Although the opioid epidemic has affected almost all demographic groups, economically disadvantaged populations have been particularly hard hit. For these patients, the Medicaid program is critical to accessing treatment—yet 14 states have still not adopted Medicaid expansion as part of the Affordable Care Act (ACA). Even in New York State, where we have aggressively utilized all the

tools available from the ACA, over 1 million remain uninsured. Leaving significant portions of our population without coverage is not only unconscionable—it will prevent us from adequately addressing the opioid epidemic and future health crises.

SILOS ARE A SIGNIFICANT BARRIER TO OPTIMAL CARE

Behavioral health (including substance use disorders) and physical health are frequently intertwined, yet they are often addressed separately within provider, regulatory, and payment systems. Patients, of course, do not have the luxury of compartmentalizing their health issues. To deliver effective care, we need to focus not on this or that disorder but on the well-being of the whole person. That said, silos within the health system are only part of the problem. To sufficiently address many crises, health care needs to better coordinate with other sectors. In the case of opioids, that means, for instance, building bridges with criminal justice, child welfare, education, and emergency management.

INADEQUATE FOCUS ON THE SOCIAL DETERMINANTS OF HEALTH

It's clear that the opioid crisis is not purely a medical issue and is inextricably linked to larger socioeconomic factors like poverty and unemployment—so-called “social determinants of health.” In fact, these determinants are not limited to opioids but have an outsized impact on well-being across numerous conditions, leading to profound disparities between advantaged and disadvantaged populations. Our health system cannot achieve better outcomes without addressing and responding to broader health determinants.

WORKFORCE SHORTAGES

The opioid crisis has highlighted deficiencies in the behavioral health workforce. But this is just one of many health care workforce challenges that we will face in the future, including chronic shortages among primary care physicians and non-physician clinicians, such as home health workers. This will only be exacerbated as the U.S. population ages—the number of Americans over 65 will double in four decades. How we manage the workforce pipeline will be a critical question over the next several years.

The opioid crisis yields numerous additional challenges, some of which are more specific to substance use disorders. But the issues outlined above are linked to many other health crises that we currently face or will likely face in the future. Until we tackle these fundamental challenges head on, attaining optimal health for everyone will remain elusive.

GRANT SPOTLIGHT

UHF Program Promotes the Patient’s Point of View

Even the most attentive doctors can overlook major issues affecting their patients’ health, says Northwell Health’s Dr. Ali Rahyab.

“You may examine the patient and think, ‘they don’t look bad,’” says the amiable internist. “You may address their hypertension or knee pain, and then they may leave your office—and there may be something you haven’t addressed.”

That “something” could include depression or another condition without obvious physical symptoms. “If you’re not addressing something as important as depression, it can have wide-ranging effects on overall health,” Dr. Rahyab says.

One key to identifying the often-unseen root causes of health problems, suggests Dr. Rahyab, is a conversation that prioritizes the patient’s point of view.

Establishing the patient as the final arbiter of health care success is the crux of the Patient-Reported Outcomes in Primary Care-New York (PROPC-NY) initiative developed by the United Hospital Fund’s Quality Institute. Supported by a \$300,000 grant from the Engelberg Foundation and \$150,000 in grants from UHF, the project brought together three health care partners—The Institute for Family Health, Montefiore Health System, and Northwell Health (where Dr. Rahyab works)—to participate in an 18-month learning collaborative. The three organizations developed and assessed methods for eliciting first-hand reports from patients on their symptoms, status, and health goals.

Patients were given a questionnaire with a standard set of specific questions and would discuss the answers with their doctors. The project, which concluded in

the spring of 2018, has given patients dealing with adversities a chance to share what’s going on in their lives. It has also afforded health care providers the opportunity to uncover problems they might otherwise not have detected.

CLOSING GAPS, IMPROVING OUTCOMES

Research indicates there may be significant gaps between the way patients view their conditions and the way physicians view them. Patient-reported outcome measures (PROs) can help close those gaps and lead to more satisfactory outcomes for everyone.

“The PROPC-NY Collaborative turned out to be much more than an exercise in adopting new measures,” says Anne-Marie Audet, MD, senior medical officer at UHF’s Quality Institute. “Practices realized the benefits of a new approach to care, one that prioritizes closing the feedback loop to assess what happened to patients after the visit versus focusing on what is done at the time of the visit—and a model of care where outcomes are assessed by asking the patients themselves.”

At Montefiore, pregnant patients were asked about health-related stress arising from inadequate food, housing, or domestic violence. This information was shared with the entire care team and used to provide appropriate resources to help reduce the impact of those factors—and to positively influence the pregnancy and delivery and, later, the infant’s development.

In follow-up surveys, over two-thirds of



Northwell Health internist Dr. Ali Rahyab (pictured here in an exam room) uses patient-reported outcomes to prioritize the patient’s point of view.

Photo credit: Northwell Health

the Montefiore patients said the process helped them find needed resources, 88 percent said the questions made it easier for them to raise concerns, and 92 percent said they felt better prepared to manage stress.

REMARKABLE SUPPORT

Implementing PROs takes persistent effort and coordination, and providers need to be persuaded of their value and must follow up with patients. Other challenges include electronic record systems that can’t accommodate PROs and a disconnect, in some cases, between PRO data and readily available interventions. Despite these obstacles, participants voiced overwhelming support for PROs as a way to make care more effective and patient-focused.

Ultimately, says Dr. Rahyab, the approach enables doctors and patients to home in on what’s most important. “It allows patients and physicians to cut to the chase and decide: ‘This is something worth speaking about.’”

An implementation guide and related resources on the PROPC-NY initiative will soon be available on the UHF website.

HEALTHWATCH

Securing Healthier Enrollees for a Healthier Insurance Pool

Congress and the Trump administration have not been able to repeal the Affordable Care Act (ACA), though they have sought to undermine the law by cutting funding, and issuing rules to get around key ACA protections. For the most part, New York has successfully defended the ACA in the courts, and by flexing its own regulatory muscles. But Congress' repeal of the federal "individual mandate" penalty—the fine someone must pay if they do not have health insurance coverage—presents a real challenge. The penalty was intended to encourage everyone to sign up for an insurance plan if they didn't already have one—not just because coverage is a good idea, but because broad, healthy risk pools help keep insurance markets stable and premiums low.

A look at New York's population and recent filings from its health plans highlight

the dangers to the state's individual market that may follow from dismantling this piece of the ACA. A recent UHF HealthWatch report—*2019 Shaping Up as a Watershed Year for New York's Individual Market as Federal Challenges and Uncertainty Continue*, by Peter Newell and Mandy Miller—checks in on how New York's individual market is faring in this new landscape. According to the report, the population enrolled in the state's individual health plans is, in aggregate, sicker than those in most other states (see figure). Some 37 states had healthier individual market risk pools than New York in 2017.

A sicker population means higher medical costs, which means higher health insurance premiums, which means more people—especially relatively healthy people—opting to drop their increasingly expensive coverage, which means an even

sicker population, and so on.

To avoid this worsening feedback loop, states are looking for ways to keep premiums low and boost enrollment, especially among younger or healthier people. The report lays out three options New York could take to stabilize its individual market:

- Take advantage of federal matching funds for a reinsurance program, which helps offset the costs of caring for the sickest members of a health plan.
- Implement an individual coverage mandate at the state level (the federal mandate penalty from the ACA has been repealed).
- Use state funds to provide deeper subsidies or help for people not eligible for ACA tax credits.

These are all steps that have been taken or are being considered by other states, which means New York State is not alone in trying to figure out how to ease the pressures on its individual market.

RECENT UHF GRANT

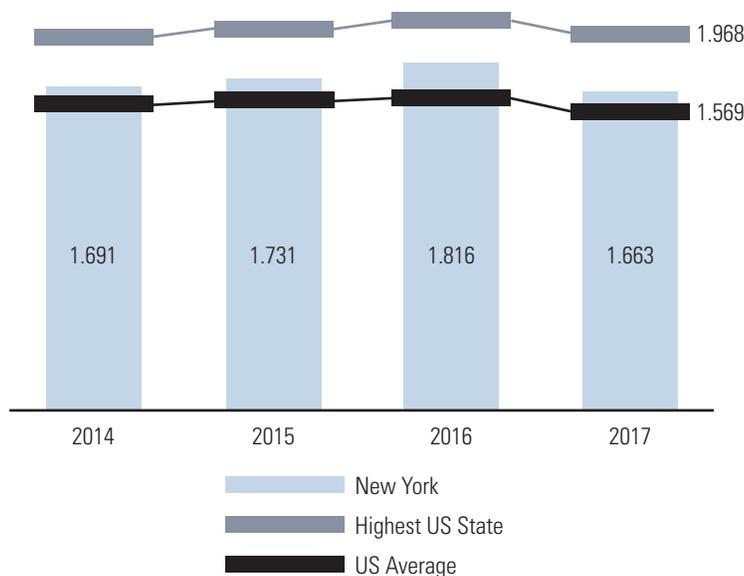
UHF's grantmaking aims to improve health care for New Yorkers—specifically, in New York City—with a focus on vulnerable populations.

GREATER NEW YORK HOSPITAL ASSOCIATION (GNYHA), \$125,000

During the 2018-19 grant period, GNYHA and UHF will work together to build clinical capacity in the Clinical Quality Fellowship Program, promote a culture of safety in hospitals, and explore the feasibility of a training program to build the quality improvement capacity of nursing home staff.

Individual Market Risk Scores in US and New York, 2014-17

Higher risk scores represent a sicker risk pool, and lower risk scores represent a healthier one. Source: Centers for Medicare & Medicaid Services, Center for Consumer Information & Insurance Oversight.



ANNUAL GALA

UHF Gala Honors Three Exceptional Health Care Champions

United Hospital Fund brought together more than 500 health care, business, and community leaders at its October 1 annual gala at Cipriani 42nd Street. The event paid tribute to three extraordinary individuals for their contributions to hospitals and health care in New York.

“The individuals and organizations we are honoring embody the ideals of United Hospital Fund and our mission to improve health and health care and build a more effective health care system,” said Anthony Shih, MD, president of UHF. “We are inspired by their commitment to addressing the health needs of all people, especially of vulnerable populations.”

Stanley Brezenoff received the Health Care Leadership Award in recognition of four decades of public service in which he tackled some of the metropolitan region’s toughest challenges and led its most complex organizations, including New York’s vast public hospital network—twice. He also helmed the city’s Human Resources Administration and the Port Authority of New York and New Jersey. In April Mayor de Blasio called him out of retirement to take over as interim chairman of New York City Housing Authority.

The Distinguished Community Service Award was presented to Debra G. Perelman, president and CEO of Revlon, Inc., for her leadership to improve treatment for childhood mental health disorders as co-founder and vice-chair of the Child Mind Institute. She co-founded CMI in 2009, an independent national nonprofit dedicated to transforming the lives of children and families struggling with mental health and learning disorders. The award was presented to Ms. Perelman by Roger W. Ferguson, Jr., President and Chief Executive Officer of TIAA, which generously underwrites the annual award.

Afya Foundation and its founder, Danielle Butin, were awarded a Special



(From left) Stanley Brezenoff, Anthony Shih, Danielle Butin, Debra G. Perelman, and J. Barclay Collins II.

Tribute for the organization’s vital assistance to Puerto Rico in the aftermath of Hurricane Maria last year, and for its response to crises worldwide. Since Ms. Butin founded Afya in 2007, the organization has sent hundreds of shipping containers, packed with surplus medical and humanitarian supplies gathered from hospital and health care partners across the New York metropolitan region, to more than 70 countries.

UHF board chairman J. Barclay Collins II served as chairman of the gala, which raised almost \$1.3 million to advance UHF’s work.

GALA DONORS

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UHF Toolkit Tackles Antibiotic Resistance

Each year, some two million people in the U.S. develop antibiotic-resistant infections, and 23,000 die as a result. The Centers for Disease Control and Prevention (CDC) has labeled antibiotic resistance one of the biggest public health threats of our time—and one of the main causes is misuse and overuse of antibiotics.

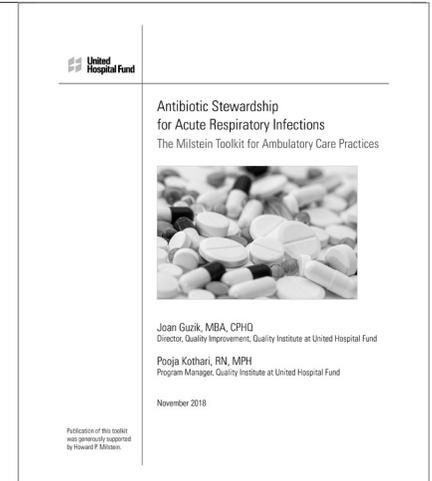
Although many hospitals have focused on improving antibiotic prescribing for their inpatients, antibiotic stewardship in the outpatient setting has been limited. Yet about 150 million outpatient visits a year result in an antibiotic prescription, and a third of these prescriptions are unnecessary, according to the CDC.

To tackle this problem, United Hospital Fund launched an outpatient antibiotic stewardship initiative in 2016, partnering with more than 30 hospital-owned outpatient practices from 9 New York City

health systems.

UHF distilled the participants' experiences and its own research into *Antibiotic Stewardship for Acute Respiratory Infections – The Milstein Toolkit for Ambulatory Care Practices*. Authored by Joan Guzik, MBA, CPHQ, UHF director of Quality Improvement and Pooja Kothari, RN, MPH, UHF program manager, the toolkit contains a set of guides and tools designed to help outpatient clinics understand their own prescribing patterns and identify priorities and target areas for intervention. There are overviews of the interventions implemented by participants in the project, lessons learned, and a patient survey, translated into six languages, that can be used to assess patient knowledge of antibiotic resistance and proper antibiotic use. Howard P. Milstein provided support for the toolkit, which will be disseminated widely.

“We know that stewardship efforts in the outpatient setting work,” says Ms. Guzik. “Our initiative demonstrated that overall antibiotic prescribing rates for acute respiratory infections dropped 5 percentage points over the course of the program.



We're hopeful that practices will take advantage of the toolkit and use it to assess their own prescribing and develop antibiotic stewardship interventions.”

The toolkit can be downloaded from UHF's website.

Participants in the outpatient antibiotic stewardship initiative included Interfaith Medical Center, MediSys Health Network, Memorial Sloan Kettering Cancer Center, Montefiore Medical Center, Mount Sinai Health System, NewYork-Presbyterian/Queens, NYU Langone Health, Northwell Health, and Wyckoff Heights Medical Center.

NEWS BRIEFS

The William J. and Dorothy K. O'Neill Foundation recently awarded a **\$375,000**

grant for UHF's Partnerships for Early Childhood Development (PECD) program, which helps pediatric primary care practices screen children for social and environmental risks. The grant will support UHF efforts to strengthen the PECD program's “two-generational” features, meaning that it will more explicitly focus on assisting both children and their parents. Specifically, the funding will enable the PECD learning collaborative to evaluate parent and child

outcomes at primary care sites that are implementing a “two-generational” approach.

Two United Hospital Fund staff members were recently honored with awards. Carol Levine, director of UHF's Families and Health Care Project, received the 2018 **Donald A.B. Lindberg Distinguished Health Communications Award** from the Friends of the National Library of Medicine. Suzanne Brundage, project director of the Children's Health Initiative, was included on *City & State's* 2018 list of **40 talented individuals under the age of 40** who work in New York City

government, politics, and advocacy; Ms. Brundage was also named by *Crain's New York Business* as one of its **“Notable Women in Health Care.”**

UHF supported a groundbreaking report released by the Legal Action Center in October, which analyzes New York State initiatives to provide access to health care for people exiting jail and prison. **“Health and Justice: Bridging the Gap”** recognizes New York for its “noteworthy reforms,” cites lessons learned, and offers recommendations for jurisdictions around the country to help improve health care for the formerly incarcerated.



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ON THE CALENDAR

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MAY 6, 2019

United Hospital Fund's Tribute to Excellence in Health Care. Cipriani 42nd Street

OCTOBER 7, 2019

United Hospital Fund Gala, presenting the Health Care Leadership and Distinguished Community Service Awards, and a Special Tribute. Cipriani 42nd Street

OFF THE PRESS

These and other UHF reports are available at www.uhfny.org

2019 Shaping Up as a Watershed Year for New York's Individual Market as Federal Challenges and Uncertainty Continue, a HealthWatch report, reviews New York's progress in bolstering its individual health insurance market in the face of federal challenges to the Affordable Care Act.

Antibiotic Prescribing for Acute Respiratory Infections in New York City: A Model for Collaboration looks at a fruitful collaborative effort assessing the status of antibiotic prescribing in ambulatory settings. The article was published in *Infection Control & Hospital Epidemiology*.

Stable Housing, Stable Health: Addressing Housing Insecurity Through Medicaid Value-Based Payment, a HealthWatch brief, identifies New York City neighborhoods with high levels of housing insecurity, health care utilization, and Medicaid enrollment.

ON THE WEB

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