

## Pain Management, Addiction, and Homelessness in Hawaii

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### Hawaii's Homeless

- Highest per capita homelessness in the US
- 8,000-12,000 homeless individuals
- 4,200 Homeless on Oahu
- Average life expectancy of homeless individuals in Hawaii is 51 (Average life expectancy in Hawaii is 81- highest in the nation)
- High rates of mental illness and addiction

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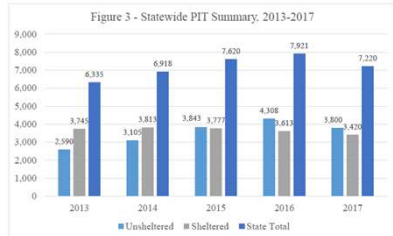
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### How did we get here?

- Highest per capita homelessness in the US...



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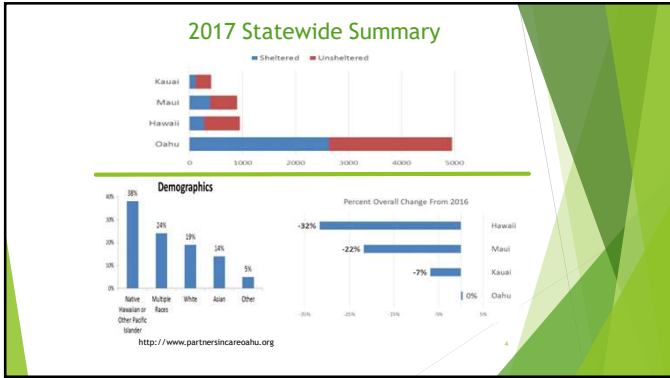
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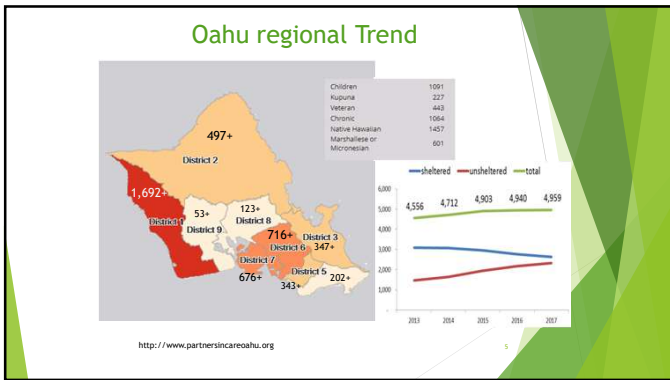
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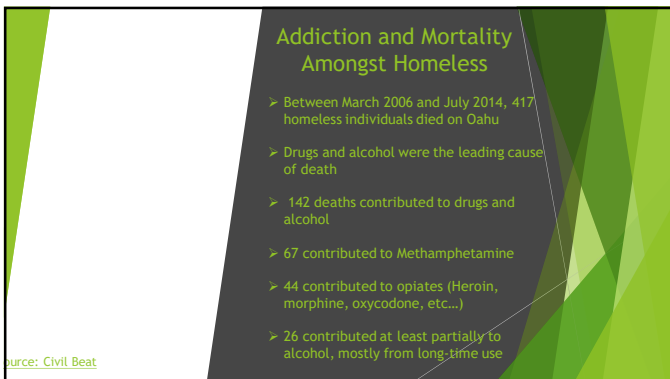
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## Homelessness and Substance Abuse In Hawaii

- ▶ Only 4% of addicted treated
- ▶ Drug and alcohol use during pregnancy
- ▶ Generational Homelessness
- ▶ Opioid Epidemic

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## Homelessness, Substance Abuse and Mental Illness In Hawaii

- ▶ Of the 4,940 homeless individuals counted on Oahu in the 2016 Point-in-Time survey 1,002 adults said they had a serious mental illness.
- ▶ 873 reported having substance abuse disorder
- ▶ Large overlap with those self-reporting mental illness and substance abuse disorder
- ▶ Most likely underreporting errors due to an individual's inability to understand the questions or their unwillingness to admit to drug use.

Ref: Star Advertiser

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## Some Solutions for Combatting Narcotic Addiction and Overdose

- ▶ Support Naloxone education and distribution throughout the state of Hawaii consistent with recently passed legislation.
- ▶ Recommend initial prescriptions for Opiates and benzodiazepine be 7 days or less. Allow exemptions for Hospice, cancer and other specific conditions.
- ▶ Recommend a provider-patient agreement that allows for informed consent in chronic opiate treatment (greater than 3 months)
- ▶ Create an informed consent template for use by providers
- ▶ Encourage health plans to broaden non opiate treatment for chronic pain, including increasing availability of acupuncture, chiropractic, longer treatment with PT, and medical massage
- ▶ Recommend providers use non-opiate therapy as first line treatment for pain when appropriate

Ref: Hawaii Narcotic, Overdose, Treatment and Addiction Policy Committee

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## Some Solutions for Combatting Narcotic Addiction and Overdose

- ▶ Increase NDEA Narcotic specific Drug Take back program with incentives.
- ▶ Providers should avoid using long acting opiates in opiate naive patients
- ▶ Doses that exceed 90 MED (morphine equivalent dose) should be included in the provider patient informed consent of risk of overdose
- ▶ Provider- Patient informed consent should be required when combining opiates and benzodiazepines, which is now, a FDA Black Box Warning
- ▶ Providers should consider a referral to a psychiatrist or psychologist for concurrent care or consultation when chronic pain exceeds 6 months or a specific period of time
- ▶ All patients on chronic opiate therapy should be screen for risks including comorbidities or contraindications. Highlight risks of concurrent use of alcohol or Sleep Apnea, and others

Ref: Hawaii Narcotic, Overdose, Treatment and Addiction Policy Committee

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## Some Solutions for Combatting Narcotic Addiction and Overdose

- ▶ Providers should have an initial and ongoing assessment of treatment goals, record, improvement, and not solely on chronic pain
- ▶ Clinicians may consult with or refer to a pain specialist based on clinical need:
  - ▶ To assess the risk-benefit ratio of using opioids to treat pain in complex patients or those at high risk of adverse effects.
  - ▶ At the time of a trial of chronic opioid treatment.
  - ▶ To assist with management of a patient with significant co-morbidities.
  - ▶ When significant tolerance to opioids is suspected.
  - ▶ To assist with the management of aberrant behavior or patients who have opioid use disorder
  - ▶ To assist with tapering or weaning regimes
  - ▶ To assist with any complex patients not mentioned above

Ref: Hawaii Narcotic, Overdose, Treatment and Addiction Policy Committee

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## Hawaii Senate Bill 505

- ▶ Signed by Gov. Ige July 6, 2017
- ▶ Goes into effect July 1, 2018
- ▶ Intended to reduce addiction, overdose, and death related to opioid use
- ▶ Requires the use of informed consent between prescribing provider and qualifying opioid therapy patient in circumstances that may carry an elevated risk of causing dependency
  - ▶ Patient requiring opioid treatment for more than three months
  - ▶ Patient prescribed benzodiazepines and opioids together
  - ▶ Patient who is prescribed a dose of opioids that exceeds 90 morphine equivalent dose
- ▶ Limits initial concurrent prescriptions for opioids and benzodiazepines to a maximum of 7 consecutive days (with certain exceptions including hospice and cancer)

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## Homelessness and Chronic Pain

- Due to the high frequency of injury and prevalence of concurrent health conditions, chronic pain is common among the homeless population.
- Study out of Toronto: 162 out of 312 homeless individuals reported having chronic pain.
  - Average time experiencing Chronic Pain: 10.3 years
  - Average age of onset: 35.8 years old
  - Grade I (low disability, low intensity): 11%
  - Grade II (low disability, high intensity): 32.2%
  - Grade III (high disability- moderately limiting): 23.3%
  - IV (high disability, severely limiting): 33%

Source: Bio Medical Central  
Family Practice : Stephen W  
Hwang

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## Barriers to Chronic Pain Management for Homeless Individuals

- Stress of shelter life (instability and lack of privacy)
- Inability to afford prescription medicine
- Personal beliefs that medications are ineffective
- Hardships with Doctor/Patient relationships
- Poor sleeping conditions
- Inability of physicians to identify the cause of pain
- Transportation hindrances (inability to get to medical appointments)
- Inability to restrict physical activity
- Study participants who reported more severe pain were more likely to report higher barriers to pain management

Source: Bio Medical Central Family  
Practice : Stephen W Hwang

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**National Healthcare for the Homeless Council's Findings on Chronic Pain Treatment**

- 2010 Survey from HCH Clinicians Network
- HCH Grantees Settings:
  - Community Health Centers (34%)
  - Stand alone entities (30%)
  - Shelters (23%)
  - Other settings included but were not limited to medical respite programs, mobile units, HCH projects within public health departments and HCH projects within hospitals.
- Care providers Reporting Involvement with Pain Management
  - Primary care providers (e.g. MD, NP, PA) (89%)
  - Nurses (64%)
  - Social Workers (45%)
  - Psychologists/Psychiatrists (41%)
  - Case Managers (39%).

Source: Molly Meibresse, MPH, Nancy Elder, MD, MSPH, Meredith Johnston, MD, Matthew Joslyn, MD, Lisa Thompson, DNP, APRN, PMHNP-BC, Barbara Wismer, MD, MPH, National Health Care for the Homeless Council (www.nhchc.org)

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**National Healthcare for the Homeless Council's Findings on Chronic Pain Treatment**

- Resources reportedly used to assist with pain management :
  - General policies and procedures: 59%
  - Patient/provider agreement for treatment with opiates: 58%
  - Case management: 48%
  - Case conferences: 39%
  - Informed consent for use of opiates: 36%
  - Addiction medicine specialist on staff: 33%
  - Trainings: 22%
  - Standardized progress notes for patients on opiates: 20%
  - Registry or list of patients on opiates
  - Special guidelines for clients from substance abuse rehabilitation facilities: 12%
  - Pain management specialist on staff: 8%
  - Pain groups: 2%
  - None: 19%
  - Other: 5%

Source: Molly Meibresse, MPH, Nancy Elder, MD, MSPH, Meredith Johnston, MD, Matthew Joslyn, MD, Lisa Thompson, DNP, APRN, PMHNP-BC, Barbara Wismer, MD, MPH, National Health Care for the Homeless Council (www.nhchc.org)

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**National Healthcare for the Homeless Council's Findings on Chronic Pain Treatment**

- Pharmacological Interventions Prescribed and/or dispensed at sites:
  - Opiates: 68%
  - NSAIDs: 93%
  - Neuropathic Pain Meds: 89%
  - Muscle Relaxants: 87%
  - Analgesics: 93%
- Non-Pharmacological Interventions Available at Sites:
  - Acupuncture: 28%
  - Addiction Medicine Specialist: 52%
  - Chiropractics: 22%
  - Cognitive Behavioral Therapy: 61%
  - Massage Therapy: 11%
  - Physical Therapy: 50%
  - Yoga: 12%

Source: Molly Meibresse, MPH, Nancy Elder, MD, MSPH, Meredith Johnston, MD, Matthew Joslyn, MD, Lisa Thompson, DNP, APRN, PMHNP-BC, Barbara Wismer, MD, MPH, National Health Care for the Homeless Council (www.nhchc.org)

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**National Healthcare for the Homeless Council's Findings on Chronic Pain Treatment**

- Clinician Attitudes Towards Pain Management
  - 91% reported it was difficult to manage pain in patients with a history of addiction
  - 91% reported pain management was a significant issue in their practice
  - 79% reported they frequently struggle with issues surrounding pain management
  - 75% reported finding successful pain management gratifying
  - 69% reported they found it difficult to distinguish between pain management and addiction
  - 49% reported that pain management was a priority in their practice or work-site
  - Only 23% reported that they felt pain was adequately managed at their site

Source: Molly Weinbrenne, MPH, Nancy Elder, MD, MSPH, Meredith Johnston, MD, Matthew Joslyn, MD, Lisa Thompson, DNP, APRN, PMHNP-BC, Barbara Wismer, MD, MPH, National Health Care for the Homeless Council (www.nhchc.org)

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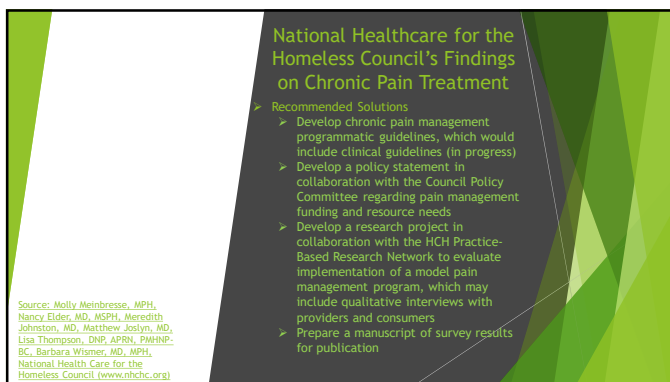
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**National Healthcare for the Homeless Council's Findings on Chronic Pain Treatment**

- Recommended Solutions
  - Develop chronic pain management programmatic guidelines, which would include clinical guidelines (in progress)
  - Develop a policy statement in collaboration with the Council Policy Committee regarding pain management funding and resource needs
  - Develop a research project in collaboration with the HCH Practice-Based Research Network to evaluate implementation of a model pain management program, which may include qualitative interviews with providers and consumers
  - Prepare a manuscript of survey results for publication

Source: Molly Weinbrenne, MPH, Nancy Elder, MD, MSPH, Meredith Johnston, MD, Matthew Joslyn, MD, Lisa Thompson, DNP, APRN, PMHNP-BC, Barbara Wismer, MD, MPH, National Health Care for the Homeless Council (www.nhchc.org)

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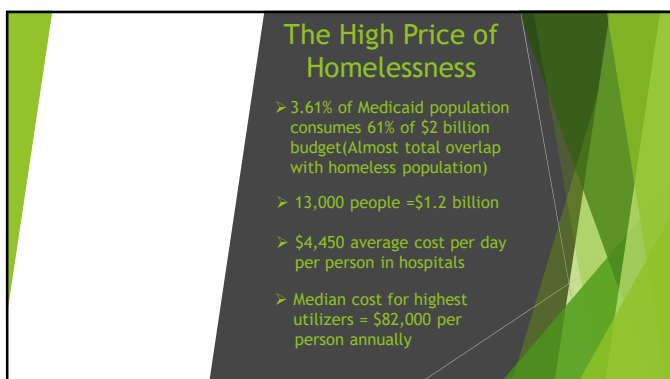
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**The High Price of Homelessness**

- 3.61% of Medicaid population consumes 61% of \$2 billion budget (Almost total overlap with homeless population)
- 13,000 people = \$1.2 billion
- \$4,450 average cost per day per person in hospitals
- Median cost for highest utilizers = \$82,000 per person annually

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# “The Gary Challenge”

- Gary is a homeless man who has been to the hospital 241 times in the last year.
- His total cost to Hawaii Medicaid in 2016 was \$1,229,570.

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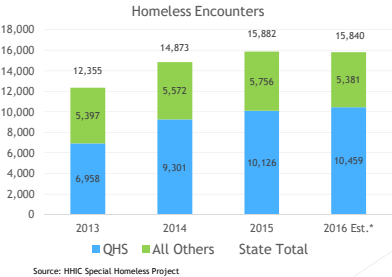
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## Impact to Health System



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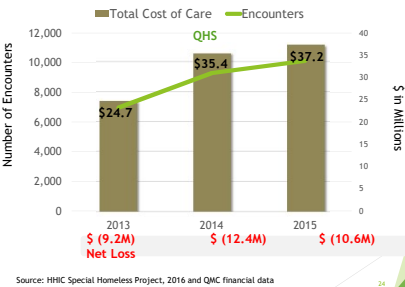
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## Cost of Healthcare



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## The Success of Housing First Programs

- ▶ **HOUSING FIRST: PROVEN SUCCESS**
- ▶ Portland, OR - the number of chronically homeless people sleeping outside declined by 70%
- ▶ Los Angeles, CA - For each chronically homeless person placed in Housing First, L.A. saved \$80,000+ over 2 years
- ▶ Denver, CO - 36% reduction in chronic homelessness 2005 to 2007
- ▶ Quincy, MA - 50% reduction in chronic homelessness
- ▶ New York City, NY - FUSE Program 91% housed after 1 year, 53% reduction in days in jail, 92% reduction in shelter day use
- ▶ Portland, ME - chronic homelessness declined by 49%

**Housing First**

What were the health outcomes?

Proportion of users reporting the following:

Health Outcome	one year prior to working with service	currently reported
Bad or very bad physical health	43%	28%
Bad or very bad mental health	52%	18%
Drug and alcohol use	18%	18%

Outcomes uneven... but some evidence of reduction

www.housingfirst.org.uk

Let's end homelessness together

Honolulu.gov: Mayor's Office on Housing

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## Hawaii Homeless Healthcare Hui "H4"

Founders:  
Senator Josh Green M.D.  
Scott Mischovich M.D.

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## H-4 Vision

- ▶ A Private / Public partnership, supported by all healthcare professionals, regional health systems and philanthropists to create a new model to address chronic homelessness

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## H-4 Mission

- To care for the people of Hawaii who are struggling the most among us.

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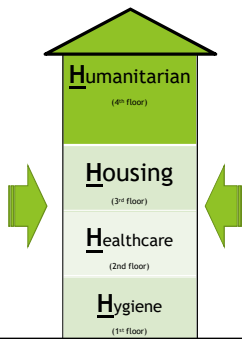
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## Proposal: "H4" at Kuwili Street



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## Objectives

- Provide a safe, functional environment for those in need to get services and treatment
- Alleviate the financial and medical strain on over taxed emergency rooms

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### Services

- New Urgent Care Facility in Iwilei catering to homeless and struggling populations.
- Overall health and wellness facility
  - Showers
  - Laundry services
  - Health clinic
  - Drug treatment
  - Mental health services
  - Extended stay care
  - On-site case workers to assist patients in obtaining permanent housing

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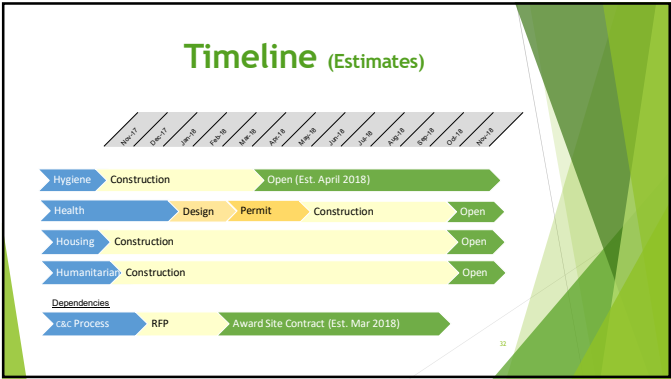
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### Housing is Healthcare

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## Health and Financial Benefits of Housing

### Health Complications from Homelessness

- Exacerbates existing medical conditions
- High levels of stress
- Cleanliness challenges resulting in infections
- Nowhere to store prescriptions
- Exposure to the elements
- Heightens risk for injuries

### Benefits of Housing

- Medicaid expenses drop an average of 43% for individuals in Hawaii when they receive housing
- 55% in Seattle

*Housing Hawaii's 1800 chronically homeless would result in savings of \$300 million in Medicaid funds annually and drastically improve the health and quality of life for those currently suffering with chronic homelessness.*

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## Hawaii Senate Bill 2

- Classifies homelessness as a medical condition
- Allows healthcare providers to “prescribe” housing for chronically homeless
- Allocates Medicaid dollars for housing
- Follows housing first and compassionate care initiatives

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## Mahalo...

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