PODCAST TRANSCRIPT

ILLICIT FENTANYL USE AND DRUG SCREENING PRACTICES IN A DOMICILIARY RESIDENTIAL REHABILITATION TREATMENT PROGRAM

OCTOBER 16, 2018

Alison Loughran:

I'm Alison Loughran, a Director from the Baltimore Office of Healthcare Inspections.

Today, I'm speaking with Lindsay Gold, a Health Systems Specialist from our San Diego Office about the OIG report, *Illicit Fentanyl Use and Drug Screening Practices in a Domiciliary Residential Rehabilitation Treatment Program* at New York's Bath VA Medical Center.

Lindsay, would you explain for us what fentanyl is?

Lindsay Gold:

Sure, fentanyl is a synthetic opioid pain medication that produces an effect 50 to 100 times stronger than morphine. It is used for anesthesia in medical settings and is prescribed to treat residents with severe or chronic pain. Fentanyl can be swallowed, inhaled, injected, or absorbed through mucous membranes. Like heroin, fentanyl reduces feelings of pain and increases euphoria and relaxation.

Fentanyl is also used illegally. It is sometimes mixed with heroin or cocaine to increase the effects, sometimes without the user's knowledge. Fentanyl's high potency and rapid onset increase the risk for addiction, withdrawal symptoms, overdose, and even respiratory depression and death.

Alison Loughran:

There is a lot of news coverage and discussion about the opioid epidemic; how is fentanyl involved and how are veterans affected?

Lindsay Gold:

Well according to the National Institute on Drug Abuse, approximately 115 people throughout the United States die each day from an opioid overdose. Overdose rates involving fentanyl have more than doubled in recent years. For some time now, prescription opioid overdoses were the major problem. However, the increase in fatal overdoses is now also being attributed to the use of heroin and synthetic opioids, specifically illegally manufactured fentanyl. Veterans have almost twice the risk for accidental overdose compared to the general population. This is true for a variety of reasons including military service-related mental health and pain management challenges.

Alison Loughran:

How has the VA addressed the rise of fentanyl use and increases in veterans at risk for overdose?

Lindsay Gold:

Since 2015, all VA facilities distribute naloxone to veterans with opioid use disorders, as well as to those veterans prescribed opioid pain medications. Naloxone, also known as Narcan®, is a medication that may reverse the impact narcotics have on breathing and consciousness, for example, when a person overdoses with opioids such as fentanyl.

The Veterans Health Administration offers a continuum of care for opioid use disorders that includes general outpatient services, intensive outpatient programs, opioid substitution therapies, residential rehabilitation treatment programs, and acute hospital services.

Residential treatment programs like the one in Bath provide a structured supportive environment that operates 24 hours a day, seven days a week. The Bath residential treatment program can serve up to 170 veterans, most of whom have a history of substance abuse.

Alison Loughran:

At the Bath VA Medical Center, two veterans had non-fatal fentanyl overdoses in February 2017. Is that how the OIG got involved?

Lindsay Gold:

Yes it is. Our inspection focused on the Domiciliary Residential Rehabilitation Treatment Program in that facility. Because of allegations of fentanyl use by treatment program residents, the OIG Office of Healthcare Inspections looked into the residential treatment program's processes and policies to identify opportunities to recognize fentanyl use and enhance resident safety.

Alison Loughran:

What did the OIG team find at the Bath residential treatment program?

Lindsay Gold:

We found that the facility took some actions to address fentanyl use in the treatment program following the two residents' overdoses. In March 2017, facility leaders amended the urine drug testing policy to include an extended panel, which tests for fentanyl for an additional five percent of daily randomly selected patients. Facility leaders also started notifying residents of their required urine drug test on the same day they would be tested, rather than giving residents more advance notice.

Facility managers started to track positive urine test results and ensure that naloxone rescue kits were visible and easily accessible. They also clarified staff responsibilities when a resident is found

unresponsive from a possible overdose. Additionally, facility managers implemented a color-coded sticker program to identify residents at risk for opioid use or at high-risk for suicide.

Alison Loughran:

It sounds like Bath VA managers have made important efforts to address the issues. What areas for improvement did you identify?

Lindsay Gold:

We identified areas for improvement within the Bath residential treatment program as well as for VA's Veteran Health Administration nationally.

After reviewing all Bath residential treatment program's fentanyl positive drug tests for fiscal year 2017, we found that the average turnaround time for results was 8.3 days. We concluded that waiting this long for results compromised staff's ability to address substance use concerns in a timely and effective manner.

We also found that the Bath VA's tracking of positive drug tests was inaccurate. Staff had recorded several test results incorrectly and did not include all confirmed positive test results.

Our team also identified concerns with the use of color-coded stickers to identify patients at risk for opioid use or at high risk for suicide. The goals of this practice were to allow staff to identify high-risk residents and to provide treatment program staff with more information during emergencies. But we found that several key staff, such as the Suicide Prevention Coordinator and Privacy Officer, were not fully involved in the development of this practice. This is important because we had concerns that this practice may lead to inadvertent disclosures of residents' personal health information.

We also found that treatment program assistants did not have sufficient personal protective equipment or training to safely and effectively conduct searches of residents' belongings and rooms. Given the potential lethality of contact with fentanyl, protective equipment is critical.

Alison Loughran:

Can you tell me about the recommendations the OIG team made to the Veterans Health Administration Program Office, the regional Veterans Integrated Service Network 2, and the Bath VA facility?

Lindsay Gold:

We recommended that the Veterans Health Administration's national leaders consider routine drug testing to include drugs that are prevalent in a local region and we asked them to review drug screening guidelines for VA facilities and determine if fentanyl should be included in that routine screening. We also recommended that the Director of their National Mental Health Program for Addictive Disorders develop and implement a monitoring program to identify regional drug abuse trends.

We recommended that the VISN 2 Director evaluate laboratory processes for fentanyl test results and take appropriate action to ensure timely follow-up.

At the facility level, we recommended that the Bath VA Medical Center leaders address the turnaround time for lab results, evaluate the tracking of positive urine drug test data for accuracy and utility, and ensure residential treatment program clinical staff are trained in interpreting drug screen lab results.

To address concerns about the sticker program, we recommended that the facility director consult with experts such as an ethicist and the national residential rehabilitation treatment program leaders to evaluate the color-coding practice.

And, finally, we recommended that the Bath VA Medical Center Director ensures that residential treatment program staff are provided with training and personal protective equipment for use while conducting searches of residents' belongings and rooms.

Alison Loughran:

Thank you, Lindsay.

OIG podcasts are produced by OIG staff and are available on the OIG's website.

To report fraud, waste, abuse, or possible criminal activity you can also visit our website at W-W-W dot V-A dot G-O-V slash O-I-G.