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**Boston and Cambridge Hospitals Announce Commitment to Enhanced Provider Training and Employee Support for Substance Use Disorders**

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BOSTON – The leaders of 12 Boston and Cambridge Hospitals are stepping forward with a commitment to train their providers about addiction as well as to support employees who are dealing with their own or a family member’s issues related to substance use disorders (SUD). Convened earlier this year by Kate Walsh, president and CEO of Boston Medical Center Health System, Betsy Nabel, MD, president of Brigham Health, and RIZE Massachusetts, these hospitals came together to develop a collective strategy that builds on the work each institution is doing to address the opioid epidemic.

Hospitals are uniquely positioned to alleviate the stigma of SUD – a stigma that remains all too common, even in the health care industry. A recent survey from Shatterproof found that 45 percent of providers did not feel prepared to treat patients with opioid use disorders, and fewer than 50 percent of emergency medicine and family medicine providers agree that opioid use disorder was treatable, despite evidence of effective treatments.

As the first people that many individuals seeking care encounter, hospital staff play an important role for patients seeking treatment. Educating hospital staff about the disease of addiction, and facilitating trainings to receive a waiver to prescribe buprenorphine, an FDA-approved evidence-based medication to treat opioid use disorder, are key steps to maximize this opportunity. As large employers, hospitals can also lead the way in supporting employees and families seeking help. A Boston and Cambridge Hospital consortium agreed to take on the following priorities as the first step in an ongoing agenda of collective action to reduce stigma and enhance the uptake of treatment for SUD:

1. Commit to mandatory training for all hospital-based physicians and residents in key departments. With this commitment, addiction care will be further mainstreamed into all primary care encounters and residents will be further prepared to treat addiction, including with medication, as a foundational part of their practice.
2. Commit to at least three support initiatives for employees and their families.

The full commitment is outlined below, which the undersigned enthusiastically support.

Kate Walsh, MPH – President and CEO, Boston Medical Center Health System  
Betsy Nabel, MD – President, Brigham Health  
David McCready, MBA, MHA – President, Brigham and Women’s Faulkner Hospital  
Michael Apkon, MD, PhD, MBA – President and CEO, Tufts Medical Center  
Peter Slavin, MD – President, Massachusetts General Hospital  
David Passafaro, MA – President, New England Baptist Hospital  
Assaad Sayah, MD – Interim CEO, Cambridge Health Alliance  
Jeanette Clough, MS, MHA, RN – President, Mt. Auburn Hospital  
Sandra Fenwick, MPH – CEO, Boston Children’s Hospital  
Peter Healy, MHSA – President, Beth Israel Deaconess Medical Center  
Tom Sands, MBA, MHA, FACHE – President, Carney Hospital  
Harrison Baner, MHCDS – President, St. Elizabeth’s Medical Center

**All undersigned hospitals in Boston and Cambridge have agreed to:**

<b>1. Care Provider Training</b>	
<p>Hospitals see many people in need of substance use disorder care at critical times. Unfortunately, there are often too few addiction medicine experts available and many internal medicine providers and other specialists have limited knowledge of how to treat addiction. Most have not taken the training required to prescribe buprenorphine, a key medication, or any continuing education courses on treating addiction. These courses offer a key entry point for broader knowledge and understanding of the disease of addiction. To address this issue, we propose that all hospitals:</p>	<p>a. Commit to mandatory training for all hospital-based emergency physicians, hospitalists, obstetricians, psychiatrists, adolescent pediatricians, infectious disease specialists, primary care providers, and internal medicine residents who are not waiver trained. These trainings should last at least 1 hour and emphasize a) fundamentals of addiction; b) effective treatment of opioid use disorder, including utilization of medications, and c) addressing stigma. In order to facilitate participation, the trainings can take place as part of regularly scheduled Grand Rounds or other educational series or departmental meetings. Enduring web-based recordings will also be an option for training.</p>
	<p>b. Strongly encourage training for all non-hospital-based primary care providers, psychiatrists, as well as hospital and non-hospital-based OBs, pediatricians and infectious disease specialists, as well as NPs and PAs working in these areas.</p>
	<p>c. Commit to increase the number of the above listed providers who obtain their buprenorphine waiver by a) demonstrating strong institutional support through a communications campaign, hospital statement, or other method; and b) providing in-person waiver trainings sessions.</p>
<b>2. Employee Support</b>	
<p>In addition to being healthcare providers for the general public, Boston and Cambridge hospitals employ thousands of people, many of whom may need their own support with substance use. We propose that all hospitals commit to doing at least three of the following activities onsite, to encourage campus-wide discussion around substance use and increased uptake of needed health care support. Providing this support will impact thousands of employees, as well as their families and the broader community.</p>	<p>a. Free onsite naloxone training + subsidized access to naloxone, where possible. (Naloxone costs are plan-dependent.)</p>
	<p>b. Survey the organization about employee &amp; family need for substance use disorder support</p>
	<p>c. Review existing SUD benefits</p>
	<p>d. Send a specific SUD benefits guide to all employees</p>
	<p>e. Create an SUD Employee Support Policy</p>
	<p>f. Develop a training for all managers regarding how to identify and support employees with substance use disorder needs</p>
	<p>g. Set up a family support group on site</p>
	<p>h. Hold a public event or town hall where people can tell their stories</p>
	<p>i. Send a letter from the CEO committing to SUD support and promoting a stigma-free workplace</p>
	<p>j. Share a pledge to encourage employees to use stigma-free language – i.e. “person with SUD” rather than “addict”</p>