

The Opioid Crisis: A CTSA Program Hub Response

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Objective: The following document summarizes how the [Irving Institute for Clinical and Translational Research](#), Columbia University's Clinical and Translational Science Award (CTSA) Program hub, is responding to a request from the National Center for Advancing Translational Sciences (NCATS) to address the opioid crisis and develop potential strategies that maximize the special capacities at our hub and of the overall CTSA Program network.

Current and Ongoing Efforts to Address the Opioid Crisis

From the outset, it should be noted that Columbia University, and our partners including New York-Presbyterian Hospital (NYP), New York State Psychiatric Institute (NYSPI), and Northern Manhattan community organizations, have been active in a range of domains that can be leveraged towards a consortium-wide response to the opioid crisis.

Examples include:

- Mechanisms of pain
 - Basic and translational science mechanisms of pain/opioid systems
 - Discovery and translation of novel pain therapies and management
- Preventing addiction:
 - Alternates to opioids for pain management: basic and clinical research
 - Managing prescription, follow-up with patients: policy and infrastructure
 - Epidemiology and public health
 - Clinical approaches
- Treating addiction:
 - Clinical/Psychiatric approaches
 - Public Health
- Preventing death:
 - Overview of efforts in Emergency Departments
 - Overview of efforts among first responders
 - Research efforts in developing effective treatments and treatment protocols
 - Community/Public health approaches
- Multiple categories
 - Engineering School initiatives, e.g., Columbia Design Challenge – October 26, 2017
 - Services and policy research [including, economics, social sciences]

A CTSA Program Hub Response to an NCATS Call to Action: The Opioid Crisis

In August 2017, a survey distributed by the Clinical and Translational Science Award (CTSA) Program Steering Committee contained a series of questions about the opioid crisis. Feedback was sought on what opportunities exist within the CTSA Program Consortium and CTSA Program hubs to participate in research opportunities especially those within three domains or networks – Emergency Departments, Primary Care Physicians, and Neonatal Care. The Columbia University CTSA Program hub, led by Dr. Muredach Reilly (PI and Director), responded to the survey request by gathering a preliminary list of about 15 experts within the institution and disseminating the survey questions for their responses and suggestions. Detailed responses were received from six faculty members, which were compiled and submitted to the CTSA Program Steering Committee. This list of 15 experts formed the initial network of Columbia's potential CTSA Program hub opioid workgroup.

At the CTSA Program meeting on October 26, 2017, Dr. Chris Austin, NCATS Director, made an urgent call to action. A portion of the meeting's agenda was dedicated specifically to the opioid crisis and the Steering Committee's findings from the summer 2017 survey. Dr. Austin discussed in depth how Dr. Nora Volkow, Director of the National Institute for Drug Abuse, contacted him to see how NCATS and the CTSA Program consortium could be leveraged to address the crisis. On the same day, President Trump directed the Department of Health and Human Services to declare an opioid public health emergency.

In response to the October 2017 CTSA Program Meeting, Dr. Reilly appointed Dr. Harold Pincus, Co-Director of the Irving Institute, Vice Chair of Psychiatry to serve as co-lead for the Columbia hub's opioid efforts. At the request of the President of the National Academy of Medicine, Dr. Pincus had recently presented to the National Academies Governing Board on the opioid crisis and had served as an advisor to the Aspen Institute's Health Strategy Group addressing these issues. Building upon the list of 15 experts initially gathered in summer 2017, Drs. Reilly and Pincus identified an additional 100 faculty and executive leaders from CU, NYSPI, and NYP who have expertise ranging from pain research to patient care and community education. A high level scan of current opioid-related activities also began and a key finding was the lack of a campus-wide institutional opioid workgroup or task-force. To address this gap, the Columbia CTSA Program hub invited approximately 100 faculty and executive leaders to attend a brainstorming session on December 21, 2017 and form a workgroup.

During the brainstorm session experts and leaders were convened from across CU, NYP, NYSPI, and Northern Manhattan community organizations. Columbia University experts represented the spectrum of opioid and pain research ranging from the mechanisms of pain to community interventions, implementation research, and education for pain and opioid addiction. The brainstorm was held from 11:30am – 2:00pm and featured a pre-meeting lunch (11:30am-12:00pm), an introduction and overview (12:00 – 12:05pm), brief talks from six experts (12:05 – 12:35pm), four individual breakout group sessions (12:40 – 1:30pm), a discussion session integrating all breakout groups (1:30 – 1:50pm), and a closing summary (1:50 – 2:00pm).

Summary and Future Plans

As of January 2018, the Irving Institute has moved forward to address the opioid crisis on a number of different fronts. The efforts began in the summer of 2017, when we reached out to prominent leaders in addiction and related research at CUMC to help complete a survey distributed by the CTSA Program Steering Committee. In response to the declaration of the opioid crisis as a public health emergency by the Department of Health and Human Services and Dr. Austin's call to action, Drs. Reilly and Pincus began a scan of faculty involvement in pain, addiction and overdose research at Columbia University. This led to the Opioid Brainstorm session that took place on December 21, 2017, with over a 100 invited faculty, and featured presentations and breakout sessions. Following the success of the Opioid Brainstorm, a document summarizing the event was distributed to presenters for feedback and then was circulated, along with a contact list of relevant faculty and staff, and a list of potential funding opportunities related to opioid research.

Future plans include a symposium to take place in spring 2018. There is also exploration of a potential pilot funding opportunity focused around opioid research under the Irving Institute Pilot Award Program umbrella. The Irving Institute is also engaged in a number of institution-wide efforts across New York- Presbyterian Hospital and CUMC using our data systems capacity to track opioid-related practices and events and implement systematic quality improvement strategies. These efforts have also stimulated a collaboration among the Mailman School of Public Health, the Department of Anesthesiology, and Bassett Healthcare to develop approaches to implement the Centers for Disease Control (CDC) guideline for prescribing opioids for chronic pain. The recently awarded national project to expand training and dissemination of evidence-based practices, in which faculty in the Department of Psychiatry play leadership roles, provides further significant opportunities for collaborative activities. The Irving Institute is also planning for collaborative funding mechanisms from the NCATS CTSA Program (e.g., January 30, NCATS U01 mechanism extended to research opioid addiction treatment strategies) and other funding mechanisms (e.g., CDC).