OPIOIDS IN THE EMERGENCY DEPARTMENT

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Alaska State Opioid Task Force
September 2, 2016

GOALS

- Define the Emergency Department
- The current problem of taking / dispensing opioids in the relation to the ED
- Complications from abuse in the ED
- Complications from withdrawal in the ED
- Steps to move forward

WHAT IS THE EMERGENCY DEPARTMENT?

- A place for “really big problems”?
- Where the uninsured go?
- Where I can go without having to pay?
- Where I can go and pay more to get “an answer”?
- The place that is convent after work?
- The place my primary provider or surgeon sends me when they are not sure, the office is closed, they are out of town, you are in more pain then they know what to deal with.
- My primary care?
- My quick fix?
- Where I go when I am not sure what else to do?

EMTALA

- Federal Law, passed in 1986 as an “anti-dumping law”
- Hospitals that receive Medicare must first provide a screening examination and medical stabilization regardless of insurance status
- Definition of emergent: ”a condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in placing the individual's health [or the health of an unborn child] in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of bodily organs."

EMERGENCY DEPARTMENT

- Emergent Screening and Stabilization
- The Pit to the Front Door
- A Care CoordinationCenter
- Defining the “E” in ED
  - *E*mergency
  - *E*veryone
  - *E*very time
  - *E*verything

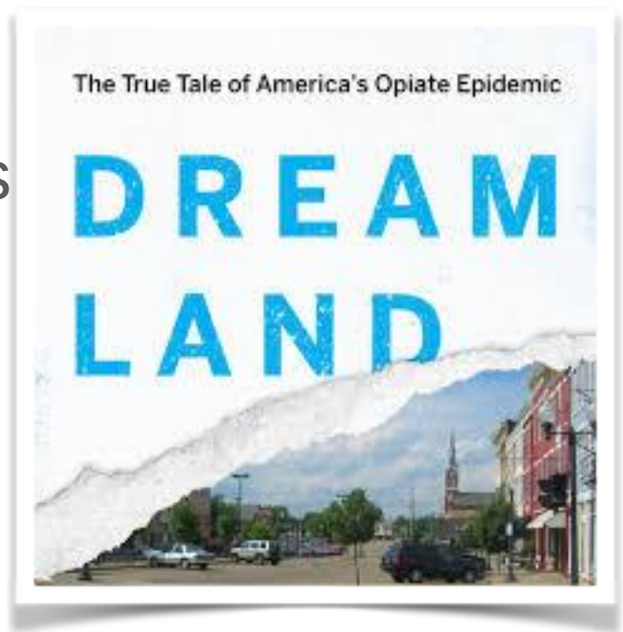
EXPECTATIONS

Patient Expectations

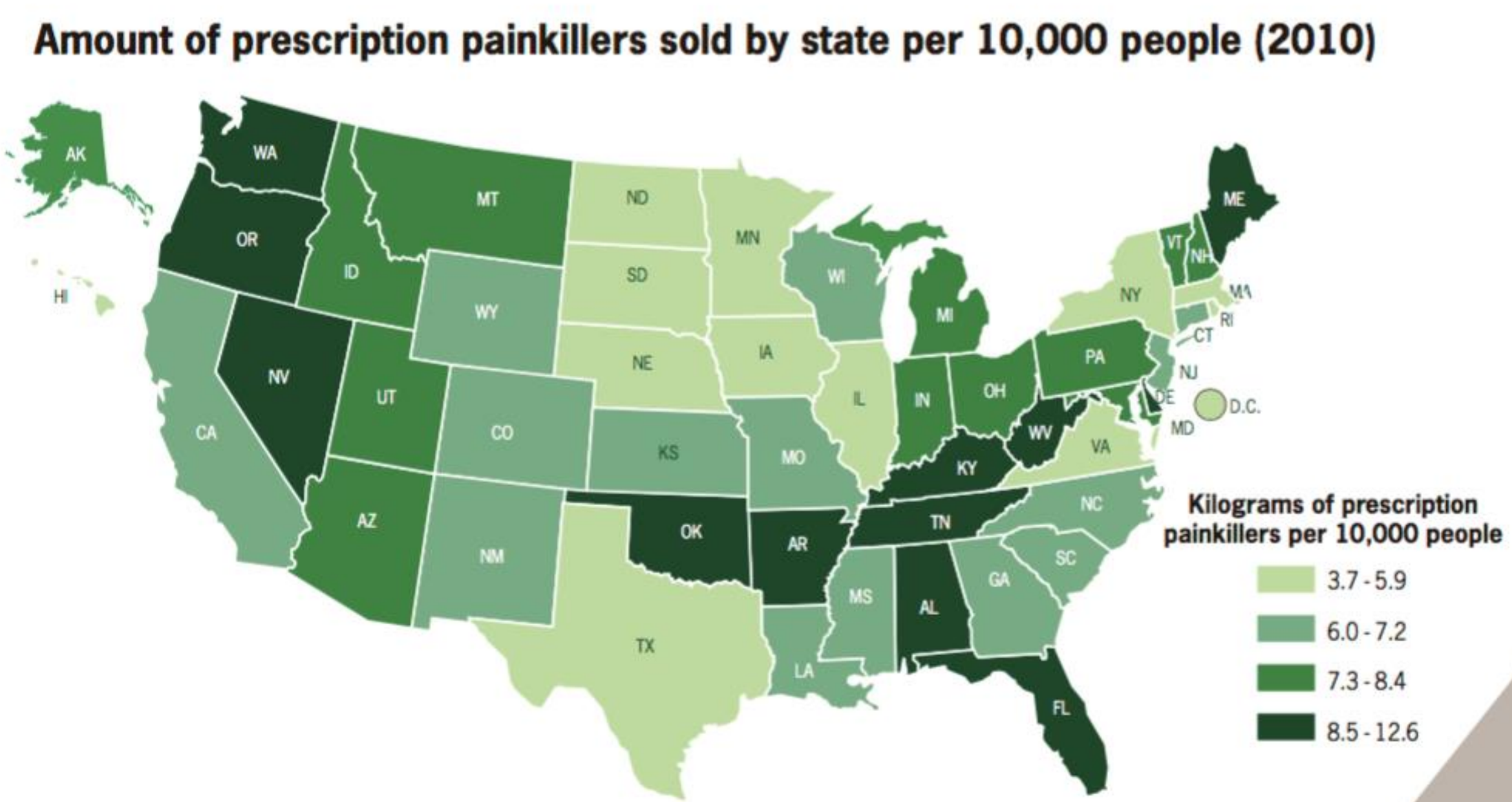
Reality

THE PERFECT STORM

- Drug Companies - direct marketing to physican
- The 5th vital sign
- Paying for Value
- Patient satisfaction scores
- Increase demand with decrease resources
- Paient expectations
- Compassion / Desire to help
- Dreamland by Sam Quinones

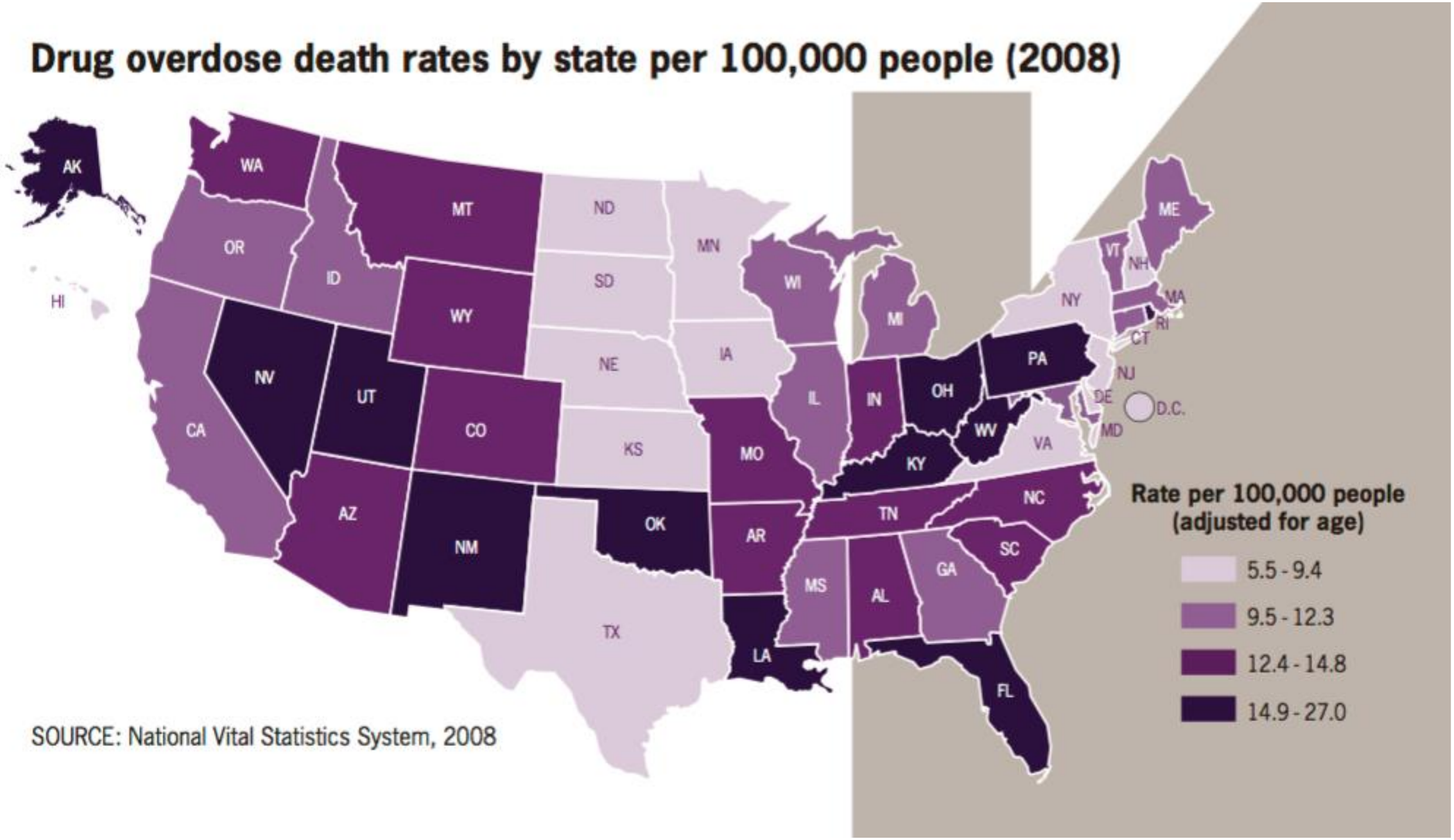


PRESCRIPTIONS OF PAINKILLERS

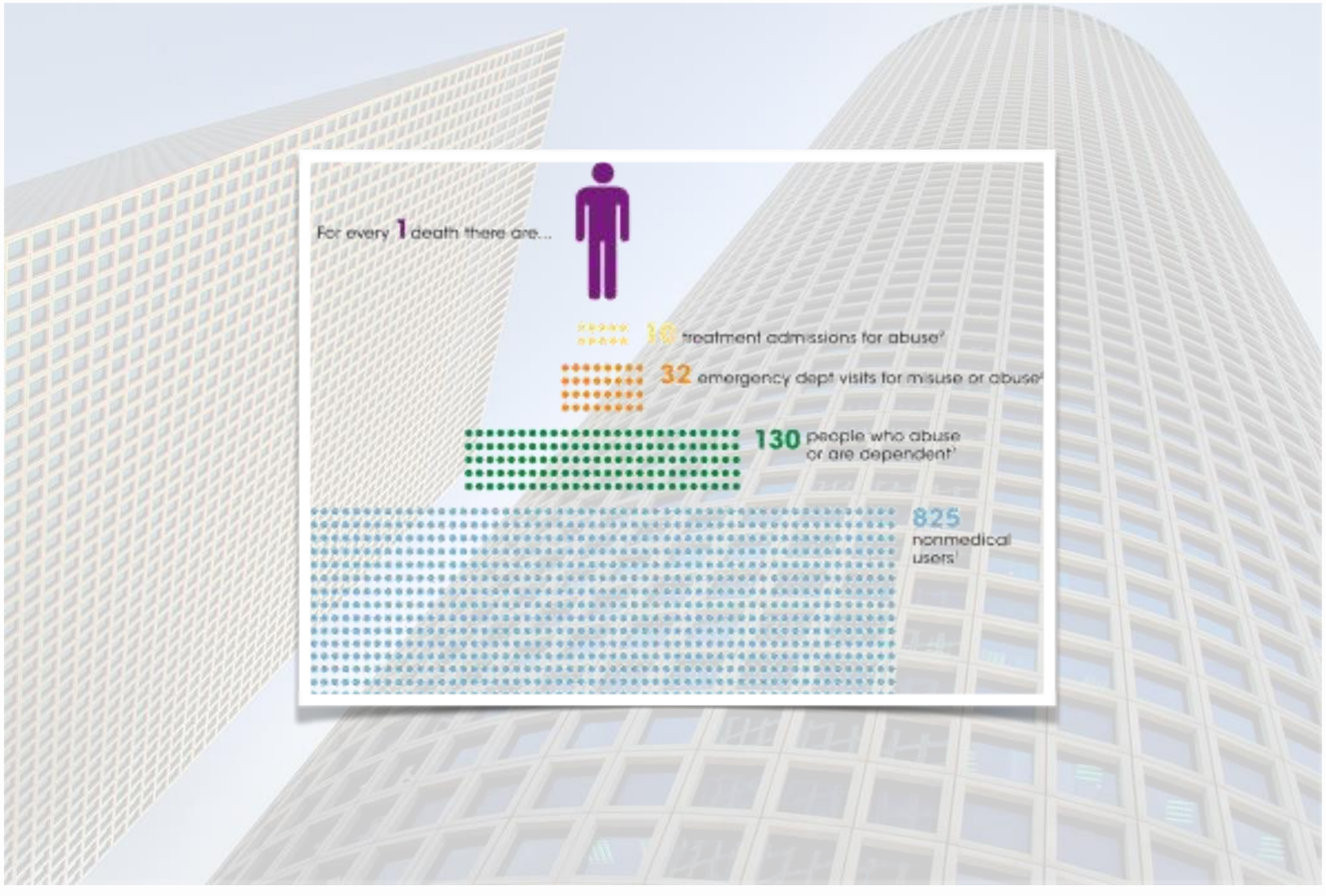


SOURCE: Automation of Reports and Consolidated Orders System (ARCOS) of the Drug Enforcement Administration (DEA), 2010

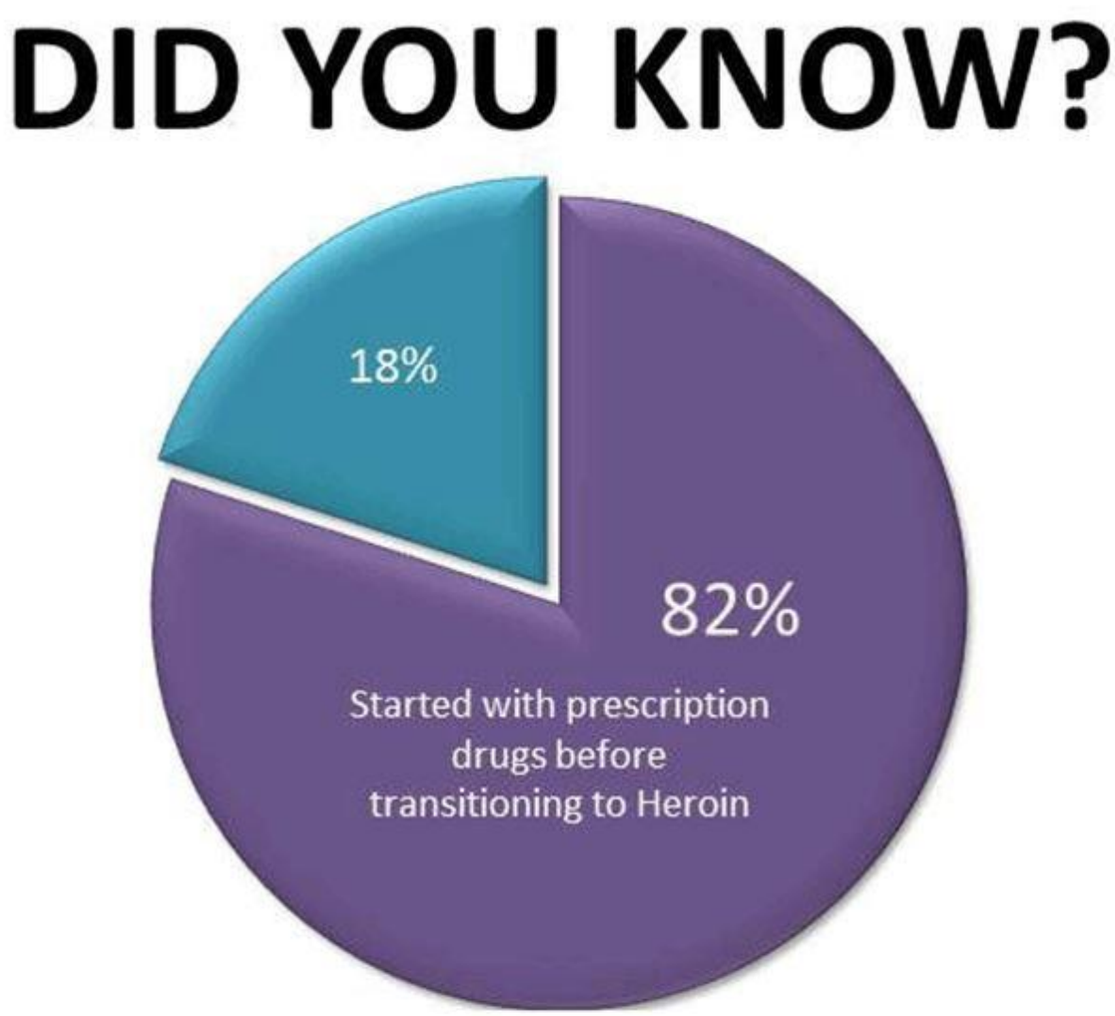
DEATHS BY OPIOIDS



A TOWERING PROBLEM



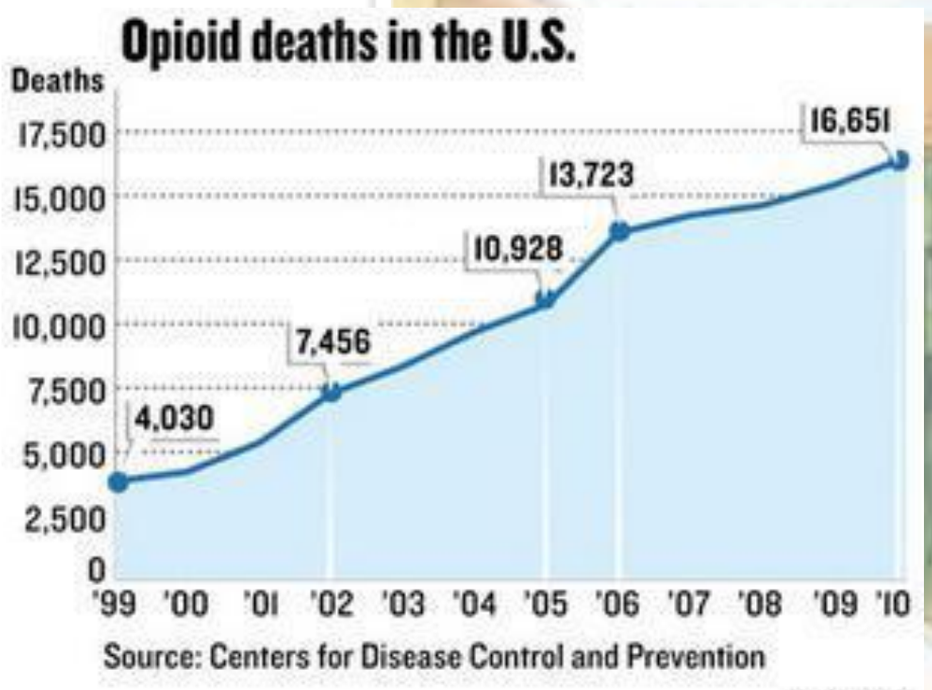
ONE IN THE SAME



Of all individuals currently addicted to Heroin, 82% began misusing prescription opioids. Many of which began with a legitimate medical necessity for pain relief

Substance Abuse and Mental Health Services Association (SAMHSA), 2013

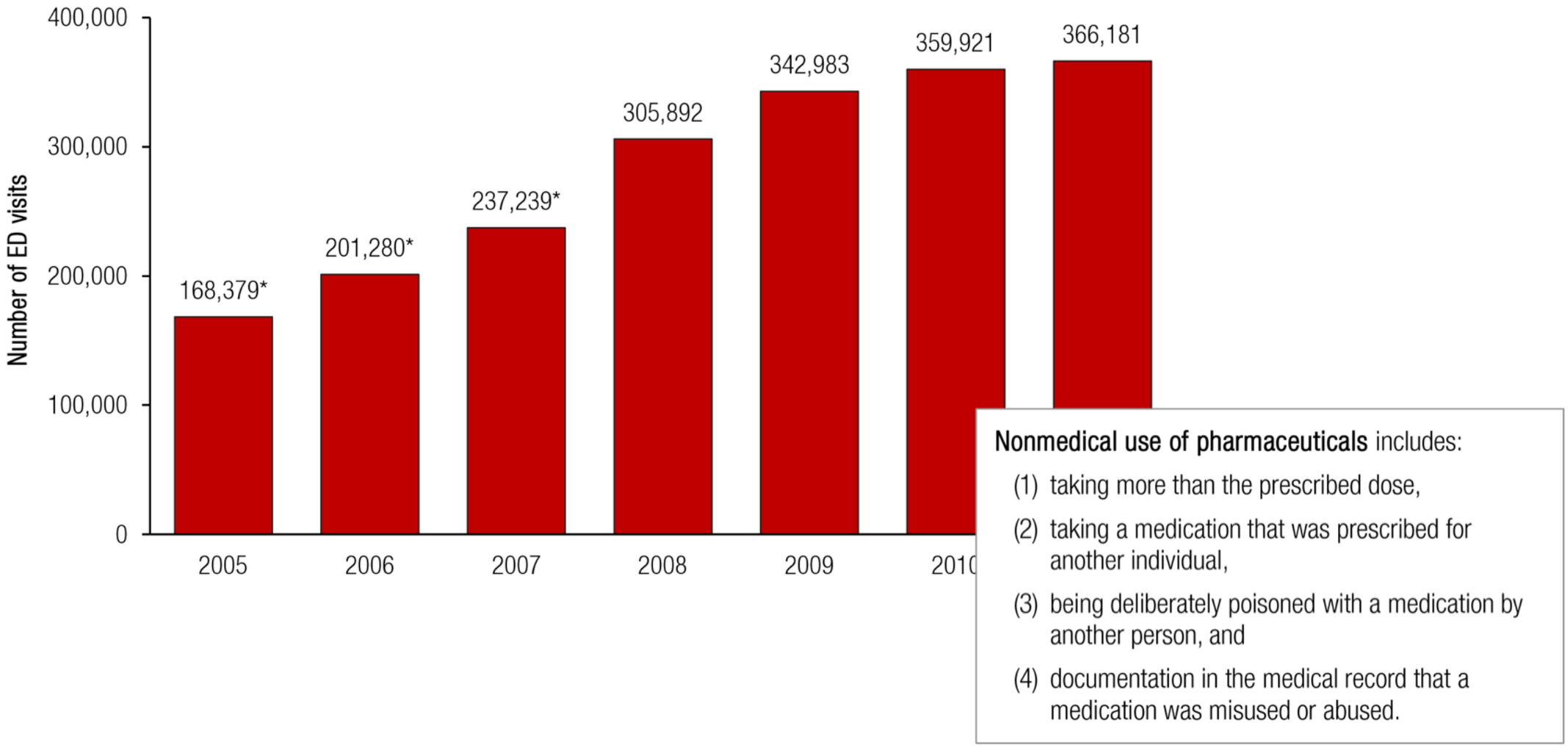
AND ITS GETTING WORSE



ROLE OF THE EMERG ENCY DEPART MENT

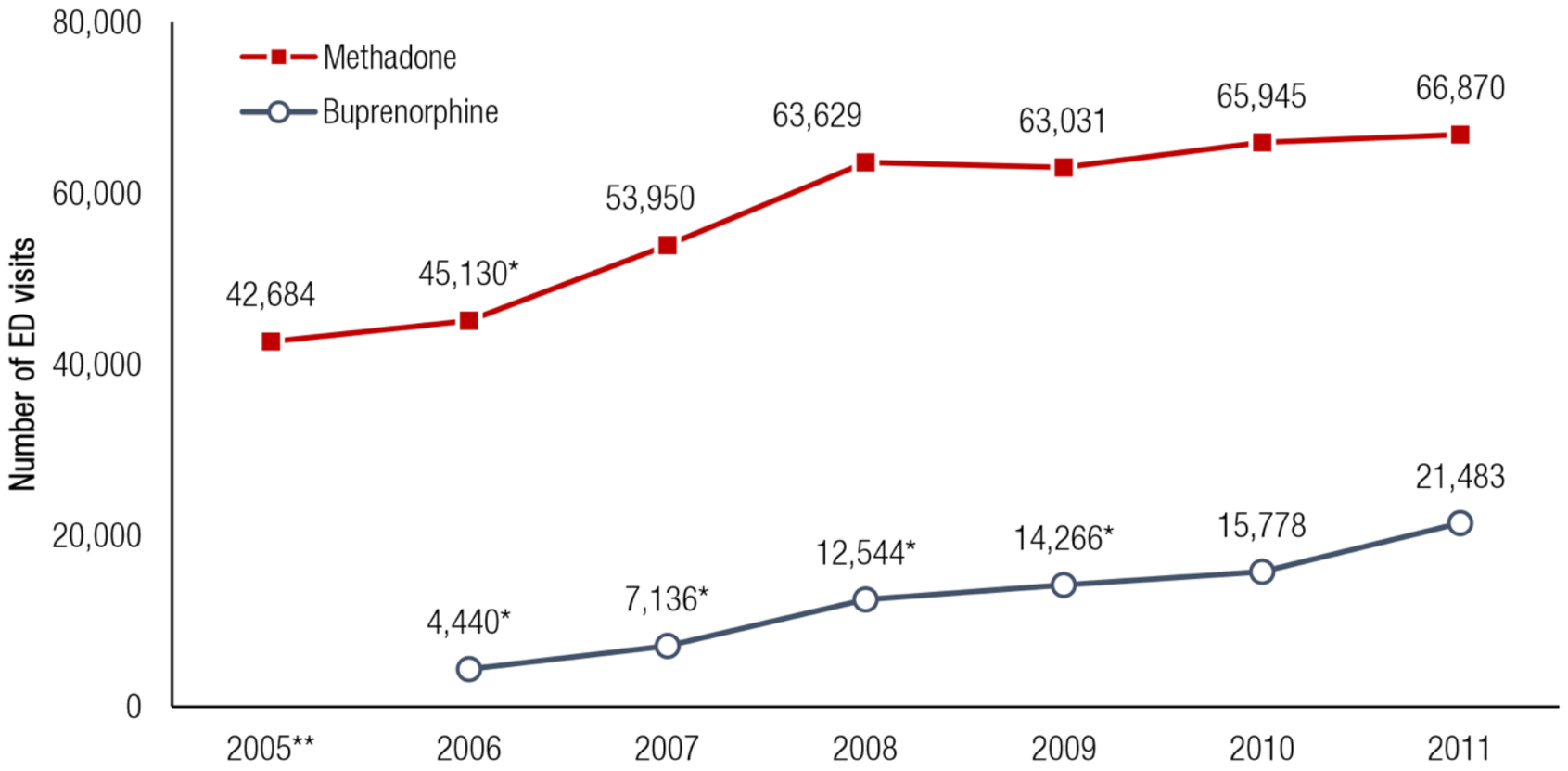
WHO COMES TO THE EMERGENCY DEPARTMENT

- Emergency Department visits involving non-medical use of narcotic pain relievers: 2005-2011 (samhsa.gov)



AND AN INCREASE IN MISUSE OF TREATMENT MEDICATION

- Emergency department (ED) visits related to non-medical use of pharmaceuticals involving the narcotic pain relievers methadone and buprenorphine (samhsa.gov)



AN INCREASING PROBLEM

2001 and 2010, the percentage of overall ED visits (pain-related and non–pain-related) where any opioid analgesic was prescribed increased from 20.8% to 31.0%, an absolute increase of 10.2% - Academic Emergency Medicine 2014

HOW BIG OF THE PROBLEM

Table 2. Prescription and Pill Numbers by Specialty Category (In Order of % Total Rx)

	Number Providers	Number Rx	% Total Rx	% Total Pills	Rx/ Provider	Pills/ Rx	#Rx to Doctor Shopper Per Provider	%Rx to Doctor Shoppers	#Rx to Chronic User per Provider	% Rx to Chronic Users
Primary Care/Internal Medicine	384	2709	62.1	65.0	7.1	79	3.3	47.1	6.8	96.8
Psychiatry	77	795	18.2	14.0	10.3	58	5.8	55.7	10.0	97.1
Surgery	56	306	7.0	11.5	5.5	123	3.8	69.3	5.2	95.4
Pain	20	257	5.9	7.6	12.9	97	4.9	37.7	12.9	100
Emergency/ Urgent Care	140	217	5.0	1.5	1.6	22.9	1.0	64.1	1.2	78.8
Dentistry	33	79	1.8	0.5	2.4	19	1.3	55.7	2.0	84.8
TOTAL	710	4363						50.7		95.8
MEAN					6	75	3.1		5.9	

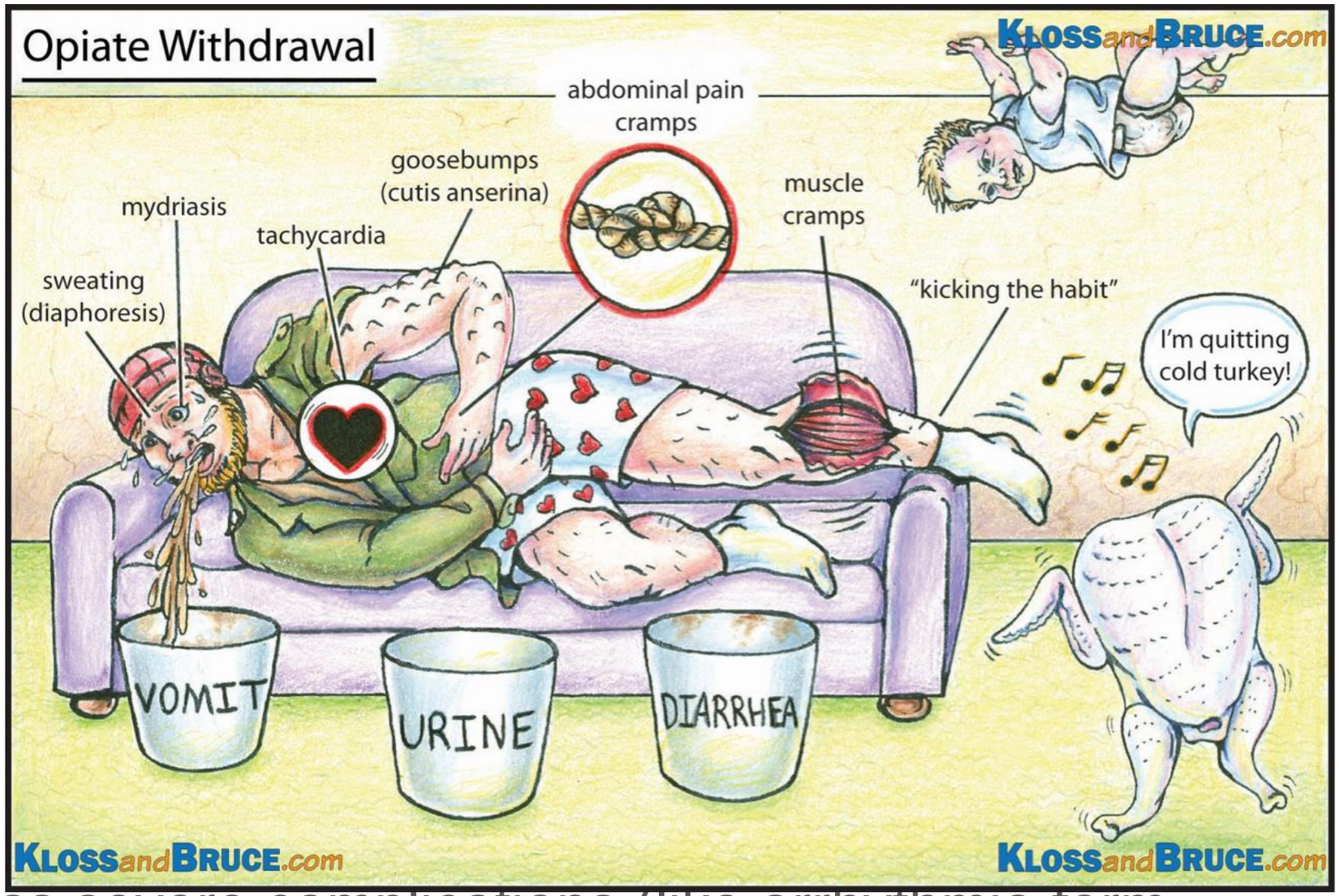
Lev Roneet, Lee Oren, Petro Sean, Lucas Jonathan, Castillo Edward M., Vilke Gary M., Coyne Christopher, Who is prescribing controlled medica- tions to patients who die from prescription drug abuse?, American Journal of Emergency Medicine (2015), doi: 10.1016/j.a jem.2015.09.003

COMPLICATIONS FROM OPIOIDS IN THE ED

- Overdoses
  - 2/3 of Overdoses seen in the ED are from narcotics
  - Does not include deaths that EMS attends, and we call but do not com
- Abdominal Pain
  - Increased constipation
  - Making other symptoms and delay in diagnosis
  - Increase testing and therefore cos
- Impaired Judgement
- Diversion
- Withdrawal

WITHDRAWAL

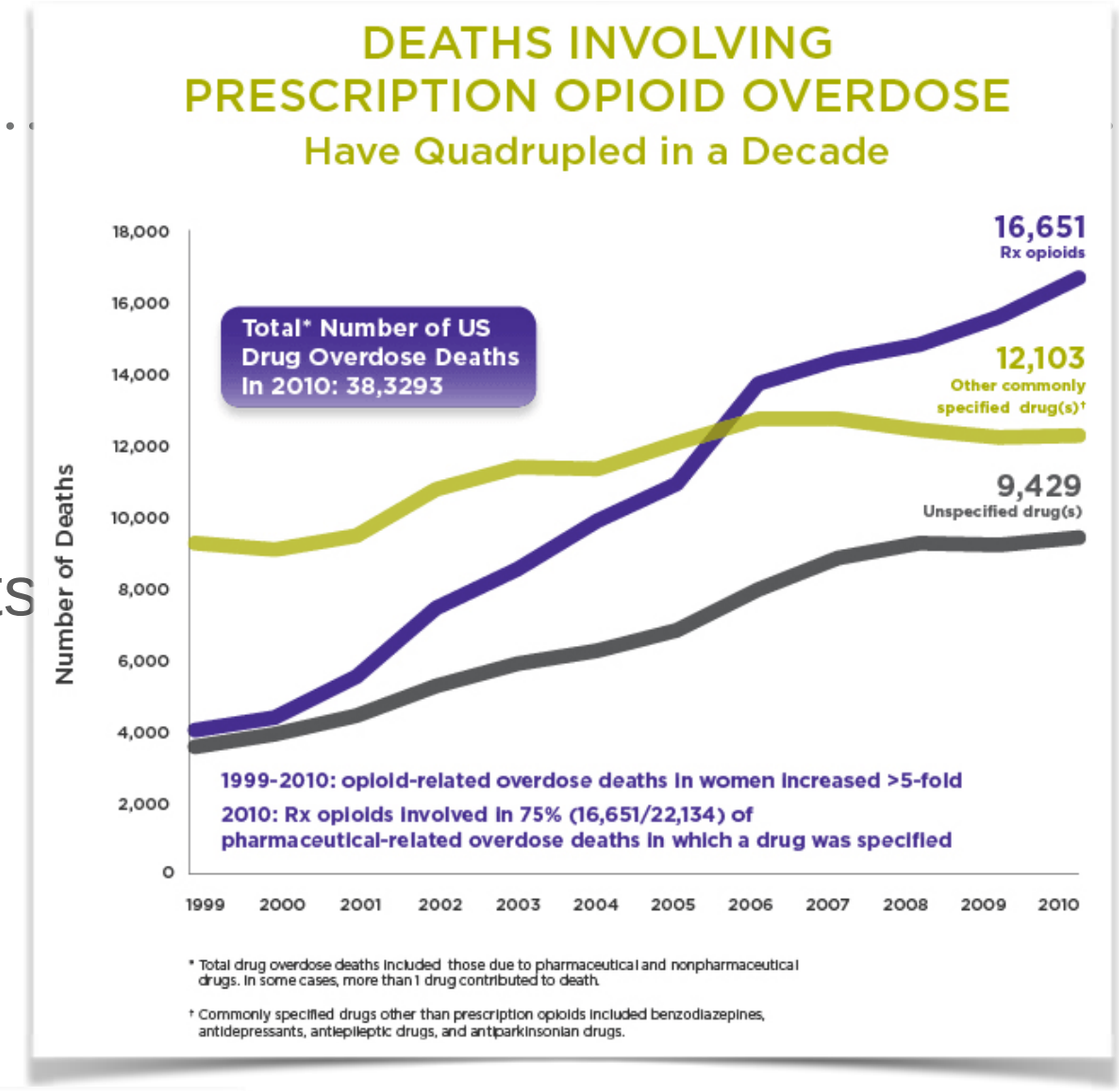
- Nausea / Vomiting
  - Dehydration
  - Electrolytes
- Pioloerection
- Shaking
- Sweats
- Total body pain

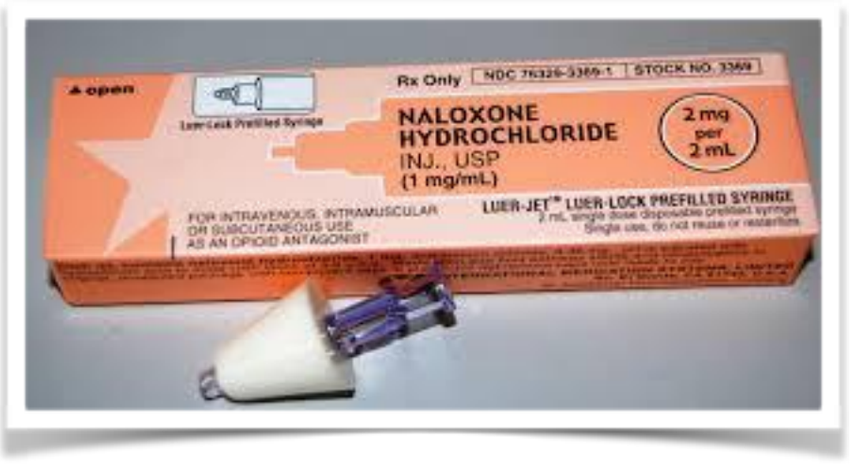


NOT in itself fatal unless severe complications (like arrhythmia form marked dehydration / electrolyte abnormalities) - it is a fundamentally different withdrawal than alcohol, and therefore managed differently in the ED.

OVERDOES

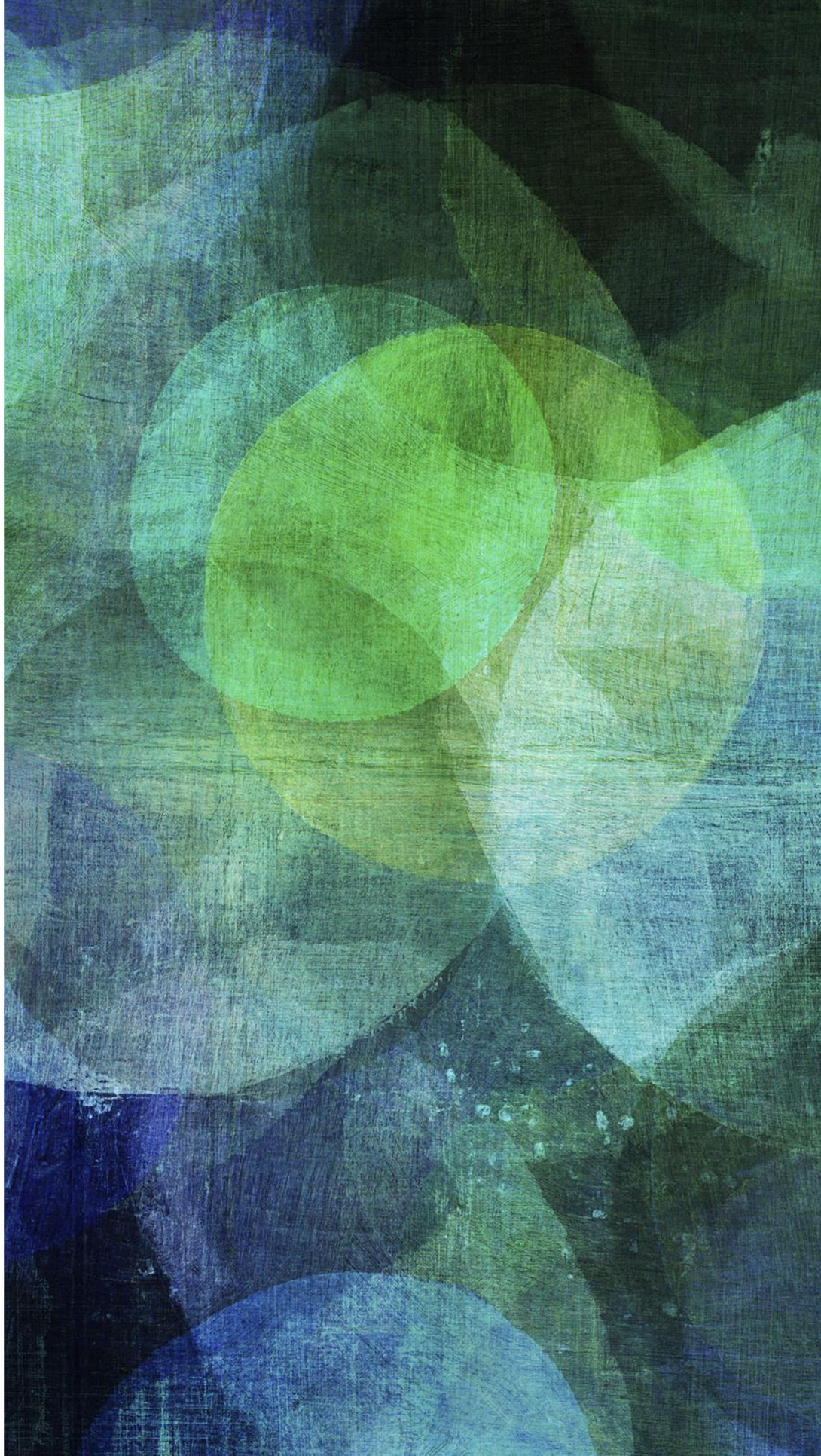
- Somnolent (Sleepy)
- Decreased breathing
- Constipation
- Made worse by other depressants
  - Alcohol
  - Benzos
  - Multiple Narcotics
- Possible duel ingestion
  - Tylenol
  - Ibuprofen
  - Additional medication
- Narcan- Variable half life





WHAT IS A PROVIDER TO DO

Demand vs Risk



CDC GUIDELINES

1 **ASSESS.** Evaluate for factors that could increase your patient's risk for harm from opioid therapy such as:

- Personal or family history of substance use disorder
- Anxiety or depression
- Pregnancy
- Age 65 or older
- COPD or other underlying respiratory conditions
- Renal or hepatic insufficiency

2 **CHECK.** Consider urine drug testing for other prescription or illicit drugs and check your state's prescription drug monitoring program (PDMP) for:

- Possible drug interactions (such as benzodiazepines)
- High opioid dosage (≥50 MME/day)
- Obtaining opioids from multiple providers

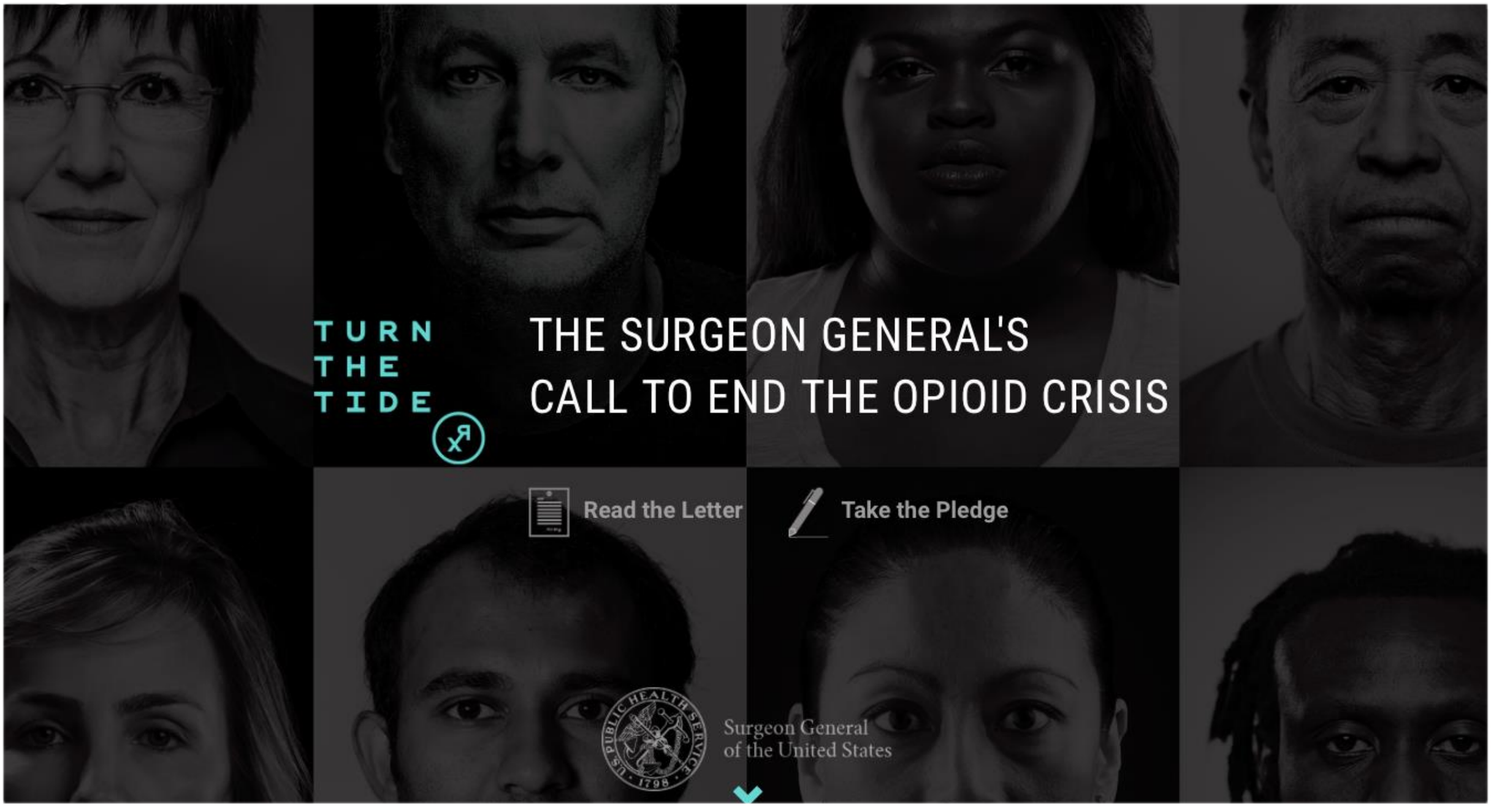
3 **DISCUSS.** Ask your patient about concerns and determine any harms they may be experiencing such as:

- Nausea or constipation
- Feeling sedated or confused
- Breathing interruptions during sleep
- Taking or craving more opioids than prescribed or difficulty controlling use

4 **OBSERVE.** Look for early warning signs for overdose risk such as:

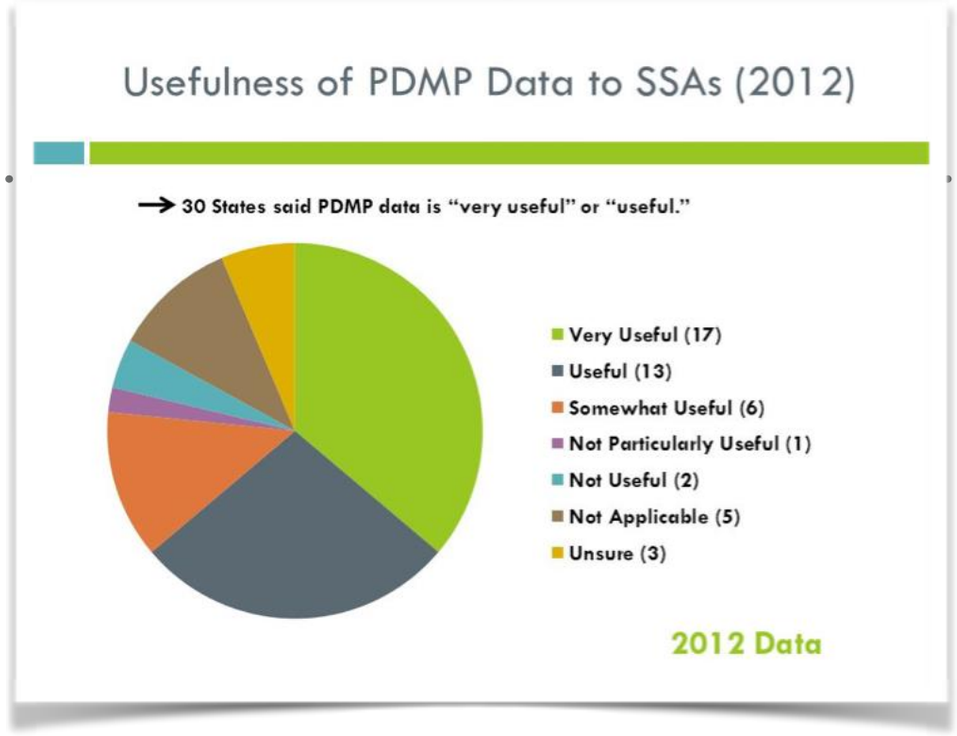
- Confusion
- Sedation
- Slurred speech
- Abnormal gait

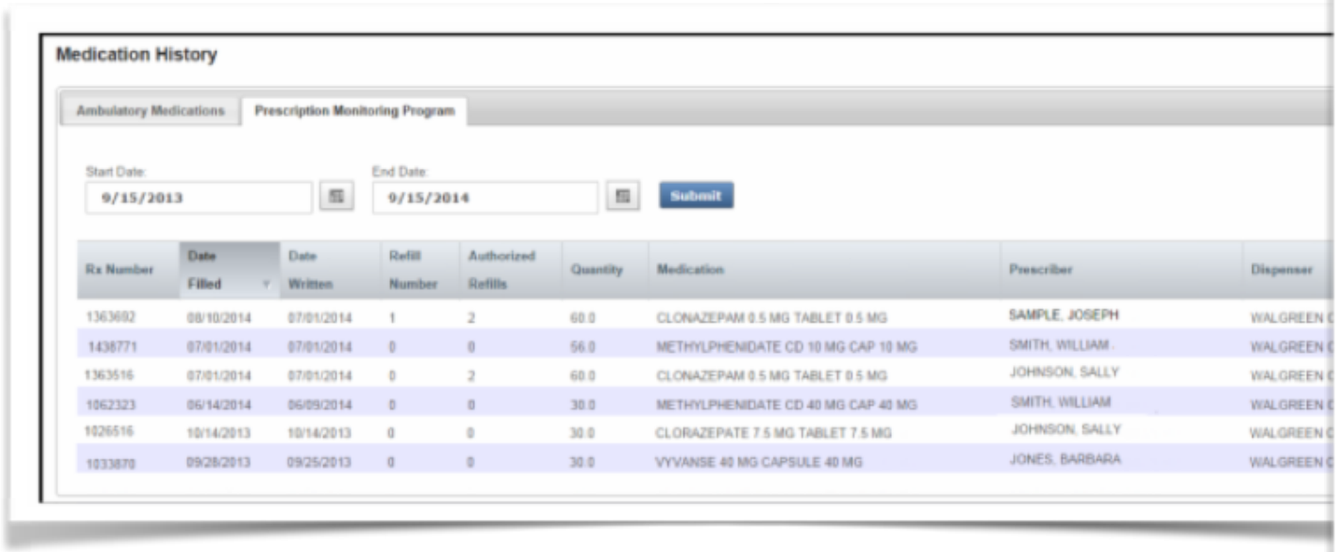
CDC HELP - WWW.TRUNTHETIDERX.ORG

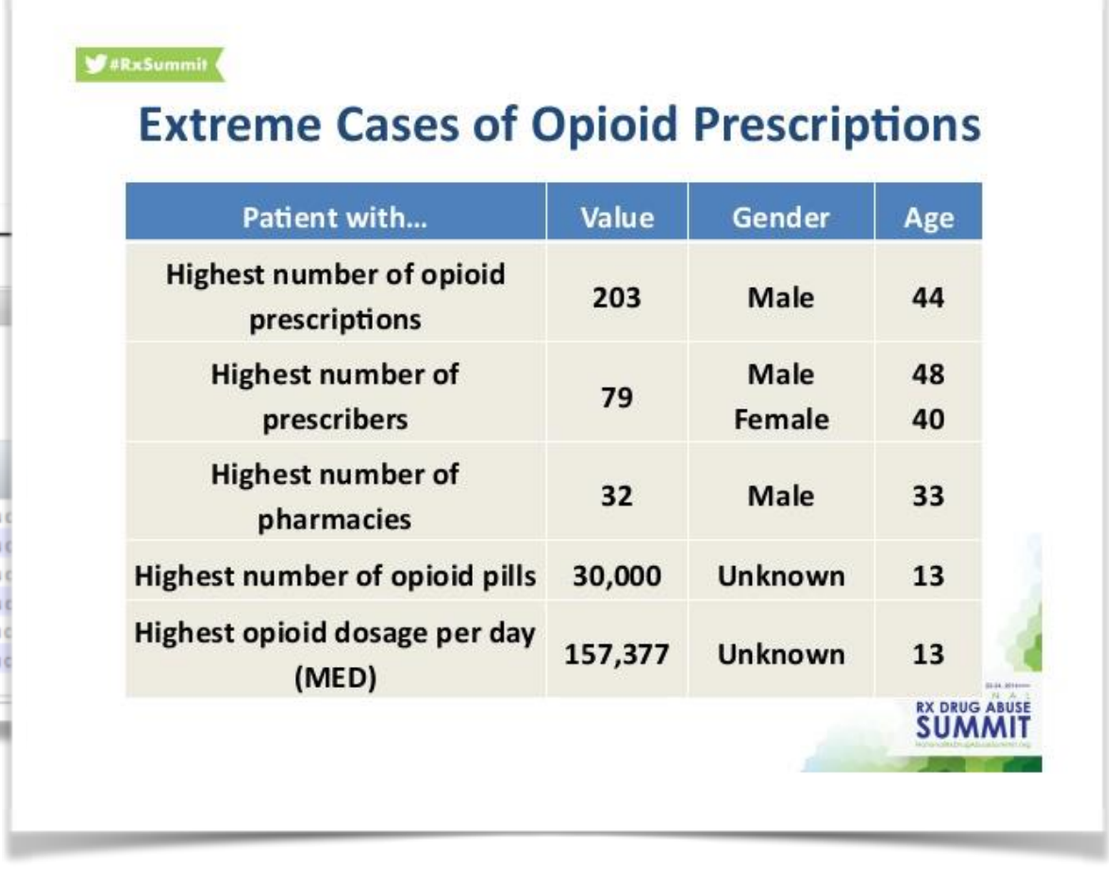


PDMP

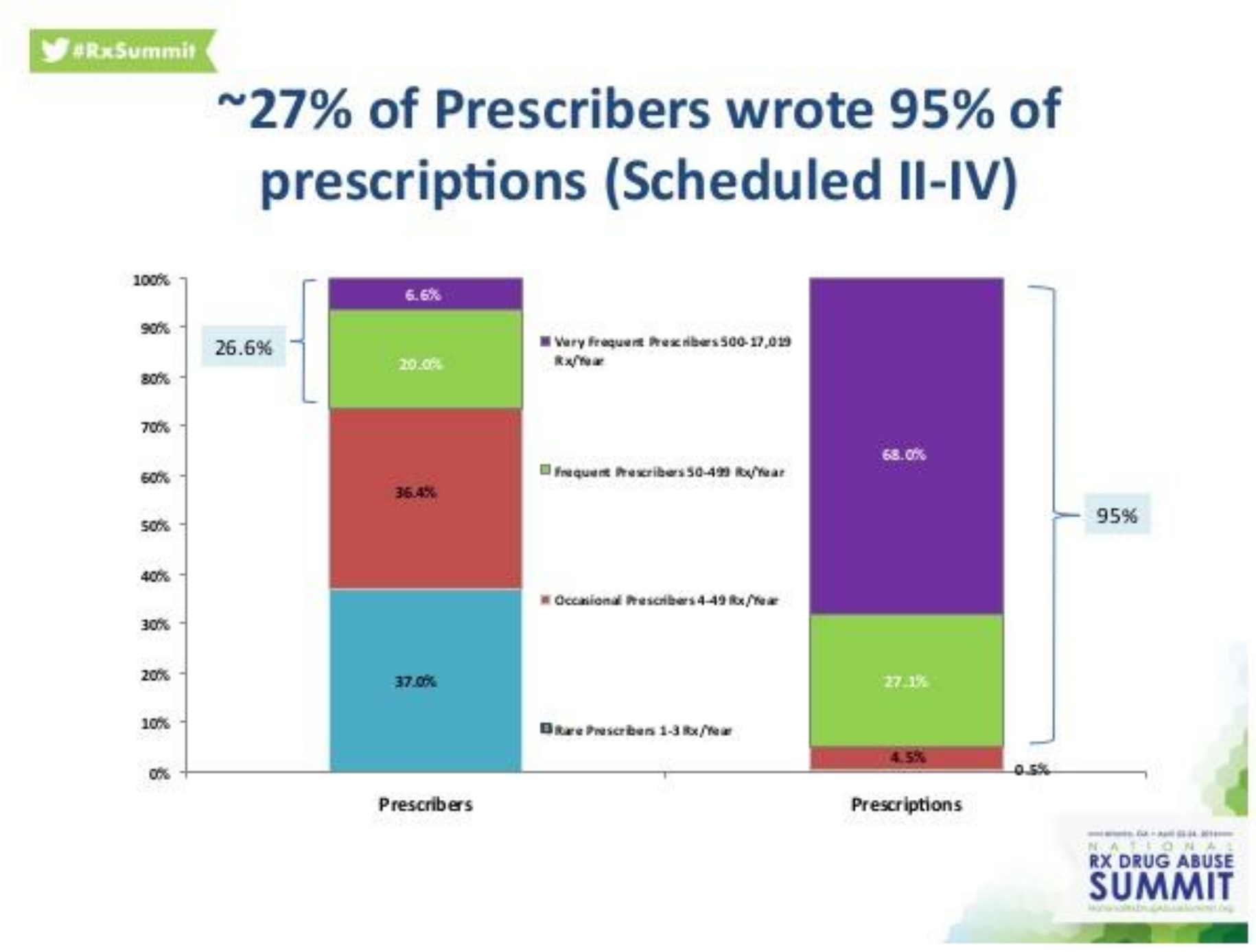
- Allows clinicians to make decisions with data instead of judgement
- Allows data based conversations
- Real time and easy access are key
- Changes with SB 74 to increase use and usefulness







REVIEW AND REGULATION



HELP FROM SB 74

* **Sec. 46.** AS 47.07 is amended by adding new sections to read:

Sec. 47.07.038. Collaborative, hospital-based project to reduce use of emergency department services. (a) On or before December 1, 2016, the department shall collaborate with a statewide professional hospital association to establish a hospital-based project to reduce the use of emergency department services by medical assistance recipients. The statewide professional hospital association shall operate the project. Subject to (b) of this section, the project may include shared savings for participating hospitals. The project must include

(1) an interdisciplinary process for defining, identifying, and minimizing the number of frequent users of emergency department services;

(2) to the extent consistent with federal law, a system for real-time electronic exchange of patient information, including recent emergency department visits, hospital care plans for frequent users of emergency departments, and data from the controlled substance prescription database;

(3) a procedure for educating patients about the use of emergency departments and appropriate alternative services and facilities for nonurgent care;

(4) a process for assisting users of emergency departments in making appointments with primary care or behavioral health providers within 96 hours after an emergency department visit;

(5) a collaborative process between the department and the statewide professional hospital association to establish uniform statewide guidelines for prescribing narcotics in an emergency department; and

(6) designation of health care personnel to review successes and challenges regarding appropriate emergency department use.

(b) After January 1, 2022, the department may not compensate hospital emergency departments, through shared savings, for a reduction in hospital fees resulting from the project.

(c) The department shall adopt regulations necessary to implement this section, request technical assistance from the United States Department of Health and Human Services, and apply to the United States Department of Health and Human Services for waivers or amendments to the state plan as necessary to implement the projects under this section.

PRE-ESTABLISHED GUIDELINES AND EDUCATION

Prescribing Pain Medication in the Emergency Department

Educational Material

Our emergency department staff understand that pain relief is important when someone is hurt or needs emergency care. However, providing pain relief is often complex. Mistakes or misuse of pain medication can cause serious health problems and are a major cause of accidental death. Our emergency department strives to provide pain relief options that are safe and appropriate.

Our main job is to look for and treat an emergency medical condition. Chronic pain is best managed and coordinated by primary care providers or a pain specialist outside the emergency department.

We use our best judgment when treating pain, and follow all legal and ethical guidelines. For your safety, we:

- Might not refill stolen or lost prescriptions for medication.
- Do not prescribe missed methadone doses or long-acting pain medication that has a high risk of addiction or overdose.
- Review your health and prescription history to determine the best approach to managing your pain.
- Prescribe the most appropriate pain medication, favoring those with the lowest risk of addiction or overdose, and for no longer than necessary.
- Take into consideration whether you already receive pain medication from another health care provider or emergency department, and whether you have a doctor who can follow up on your condition.
- Will help you find treatment for any pain or medication problems that you may have.

Washington State Department of Health DOH 346-037 December 2013
PUBLIC HEALTH ALWAYS WORKING FOR A SAFER AND HEALTHIER WASHINGTON
ENA Emergency Nurses Association Washington State Council
Washington State Medical Association WSMA Physician Driven Patient Focused
Washington State Hospital Association
American College of Emergency Physicians Washington Chapter Advancing Emergency Care

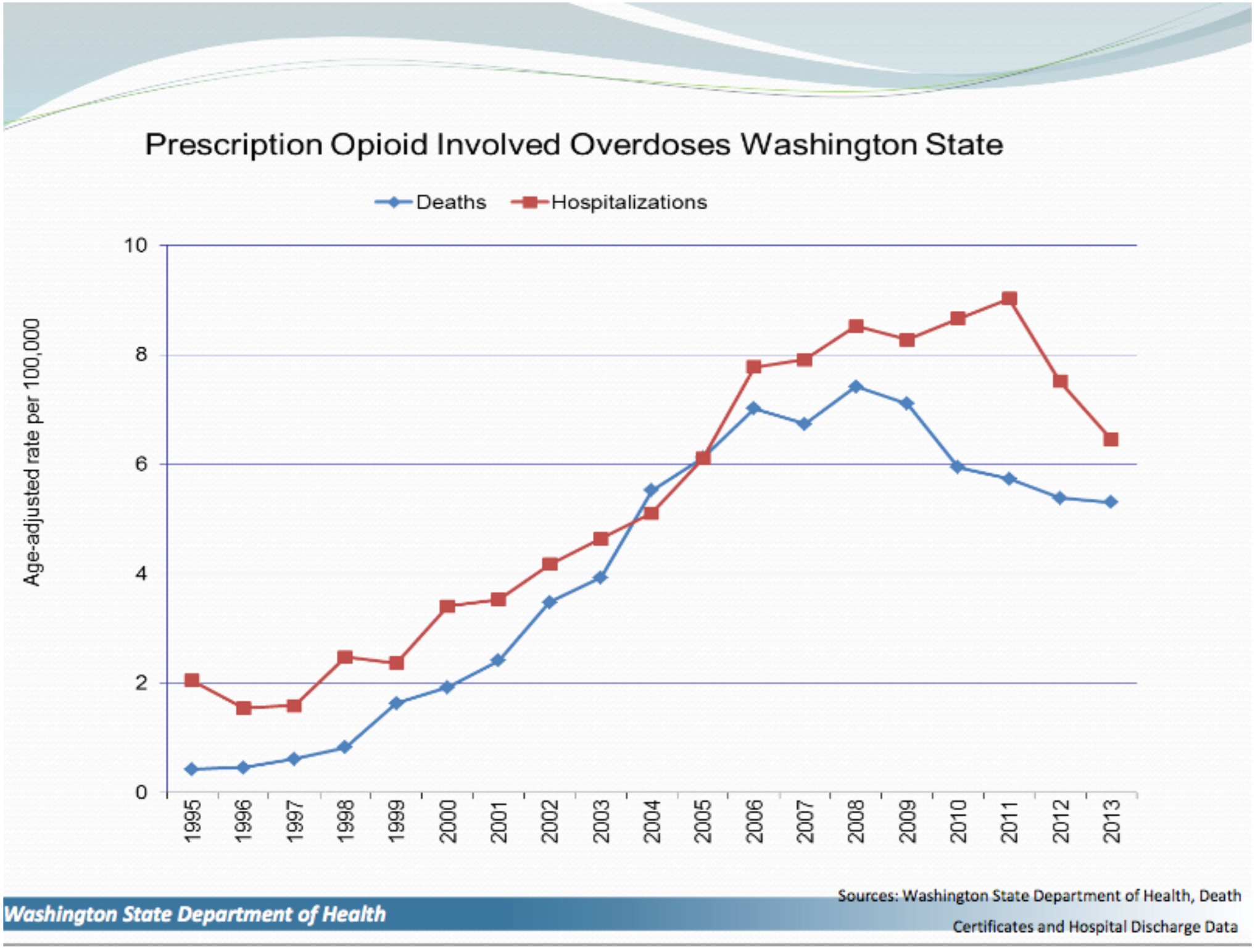
COMMUNITY COMING TO

MY House

ALASKA
WELLNESS
SUMMIT

Conquering the Opioid Crisis

THERE IS HOPE




If opportunity doesn't knock,
build a door
- Milton Berle

THANK YOU

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