Joint Webinar: Vital Signs Town Hall and COCA Call

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Coordinating Clinical and Public Health Responses to Opioid Overdoses Treated in Emergency Departments

Joint Webinar: Vital Signs Town Hall and COCA Call

March 13, 2018

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- Planners have reviewed content to ensure there is no bias. Content will not include any discussion of the unlabeled use of a product or a product under investigational use.
- CDC did not accept commercial support for this continuing education activity.

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  - Click the **Q&A** button in the webinar
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  - Submit your question
- **For media questions, please contact CDC Media Relations at 404-639-3286 or send an email to media@cdc.gov.**
- **If you are a patient, please refer your questions to your healthcare provider.**

At the conclusion of the session, participants will be able to accomplish the following:

- Explain the latest epidemiological data around opioid-related morbidity within emergency departments.
- Describe ways that public health and emergency departments can collaborate to advance prevention and treatment efforts related to opioid overdoses.
- Identify steps that can be taken to establish protocols within emergency departments to prevent future opioid overdoses.

Rear Admiral Anne Shuchat, MD (USPHS)

Acting Director, Centers for Disease Control and Prevention and Acting Administrator for the Agency for Toxic Substances and Disease Registry

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National Center for Injury Prevention and Control
Division of Unintentional Injury Prevention

Centers for Disease Control and Prevention
MMWR
Morbidity and Mortality Weekly Report
Early Release / Vol. 67 March 6, 2018

Vital Signs: Trends in Emergency Department Visits for Suspected Opioid Overdoses — United States, July 2016–September 2017

Abstract

Introduction: From 2015 to 2016, opioid overdose deaths increased 27.7%, indicating a worsening of the opioid overdose epidemic and highlighting the importance of rapid data collection, analysis, and dissemination.

Methods: Emergency department (ED) syndromic and hospital billing data on opioid-involved overdoses during July 2016–September 2017 were examined. Temporal trends in opioid overdoses from 52 jurisdictions in 45 states were analyzed at the regional level and by demographic characteristics. To assess trends based on urban development, data from 16 states were analyzed by state and urbanization level.

Results: From July 2016 through September 2017, a total of 142,557 ED visits (15.7 per 10,000 visits) from 52 jurisdictions in 45 states were suspected opioid-involved overdoses. This rate increased on average by 5.6% per quarter. Rates increased across demographic groups and all five U.S. regions, with largest increases in the Southwest, Midwest, and West (approximately 7%–11% per quarter). In 16 states, 119,198 ED visits (26.7 per 10,000 visits) were suspected opioid-involved overdoses. Ten states (Delaware, Illinois, Indiana, Maine, Missouri, Nevada, North Carolina, Ohio, Pennsylvania, and Wisconsin) experienced significant quarterly rate increases from third quarter 2016 to third quarter 2017, and in one state (Kentucky), rates decreased significantly. The highest rate increases occurred in large central metropolitan areas.

Conclusions and Implications for Public Health Practice: With continued increases in opioid overdoses, availability of timely data is important to inform actions taken by EDs and public health practitioners. Increases in opioid overdoses varied by region and urbanization level, indicating a need for localized responses. Educating ED physicians and staff members about appropriate services for immediate care and treatment and implementing a post-overdose protocol that includes naloxone provision and linking persons into treatment could assist EDs with preventing overdose.

Introduction

The opioid overdose epidemic continues to worsen in the United States. In 2016, a total of 63,632 drug overdose deaths occurred, a 21.4% increase from 2015 (1,2). Nearly two thirds (66.4%) of drug overdose deaths in 2016 involved prescription opioids, illicit opioids, or both, an increase of 27.7% from 2015 (2). Heroin and synthetic opioids (e.g., fentanyl) are driving increases in opioid-involved deaths (2–4). Tracking opioid overdoses is important to informing targeted interventions; however, timely national data on opioid overdoses evaluated in emergency departments (EDs) have been unavailable. Hospital billing data from 2014 indicate that approximately 92,000 ED visits occurred for unintentional, nonfatal opioid overdoses (5), but the time lag poses challenges to monitoring and response. ED syndromic data are important for tracking public health outbreaks (6) and can potentially identify changes in opioid overdoses quickly. Compared with billing data, syndromic data are collected in near real-time and can be viewed within 24–48 hours of an ED visit. ED syndromic data can serve as an early warning system to alert communities to a rise in

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

CDC Vitalsigns™

↑30% Opioid overdoses went up 30% from July 2016 through September 2017 in 52 areas in 45 states.

↑70% The Midwestern region saw opioid overdoses increase 70% from July 2016 through September 2017.

↑54% Opioid overdoses in large cities increased by 54% in 16 states.

Opioid Overdoses Treated in Emergency Departments

Identify opportunities for action

Emergency department (ED) visits for opioid* overdoses rose 30% in all parts of the US from July 2016 through September 2017. People who have had an overdose are more likely to have another, so being seen in the ED is an opportunity for action. Repeat overdoses may be prevented with medication-assisted treatment (MAT) for opioid use disorder (OUD), which is defined as a problematic pattern of opioid use. EDs can provide naloxone, link patients to treatment and referral services, and provide health departments with critical data on overdoses. ED data provide an early warning system for health departments to identify increases in opioid overdoses more quickly and coordinate response efforts. This fast-moving epidemic does not stay within state and county lines. Coordinated action between EDs, health departments, mental health and treatment providers, community-based organizations, and law enforcement can prevent opioid overdose and death.

Health departments can

- Alert communities to rapid increases in overdoses seen in EDs for an informed and timely response.
- Increase naloxone distribution (an overdose-reversing drug) to first responders, family and friends, and other community members in affected areas, as policies permit.
- Increase availability of and access to treatment services, including mental health services and MAT for OUD.
- Support programs which reduce harms from injecting opioids, including those offering screening for HIV and hepatitis B and C, in combination with referral to treatment.
- Support the use of the *CDC Guideline for Prescribing Opioids for Chronic Pain*, which encourages using prescription drug monitoring programs (PDMPs) to inform clinical practice.
https://go.usa.gov/xn4uQ

*Opioids include prescription pain medications, heroin, and illicitly manufactured fentanyl.

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CDC Vital Signs: Opioid Overdoses Treated in Emergency Departments

March 13, 2018

Alana Vivolo Kantor, PhD, MPH
Behavioral Scientist
Division of Unintentional Injury Prevention
National Center for Injury Prevention and Control

Main points

- Latest data on emergency department visits for opioid overdoses
- Identify opportunities for action among emergency departments, public health, treatment providers, community organizations, and public safety

Vital Signs Overview

- **Two data sources: CDC's National Syndromic Surveillance Program (NSSP) and Enhanced State Opioid Overdose Surveillance (ESOOS)**
  - NSSP=52 jurisdictions representing 45 states
  - ESOOS=16 states
- **Syndromic (e.g., chief complaint) and hospital discharge data**
- **Time period: July 1, 2016 to September 30, 2017**
- **Variables used: US region, age group, sex, state, and level of urbanization**

Vital Signs Main Takeaways

↑30%

Opioid overdoses went up 30% from July 2016 through September 2017 in 52 areas in 45 states.

↑70%

The Midwestern region saw opioid overdoses increase 70% from July 2016 through September 2017.

↑54%

Opioid overdoses in large cities increased by 54% in 16 states.

PROBLEM:

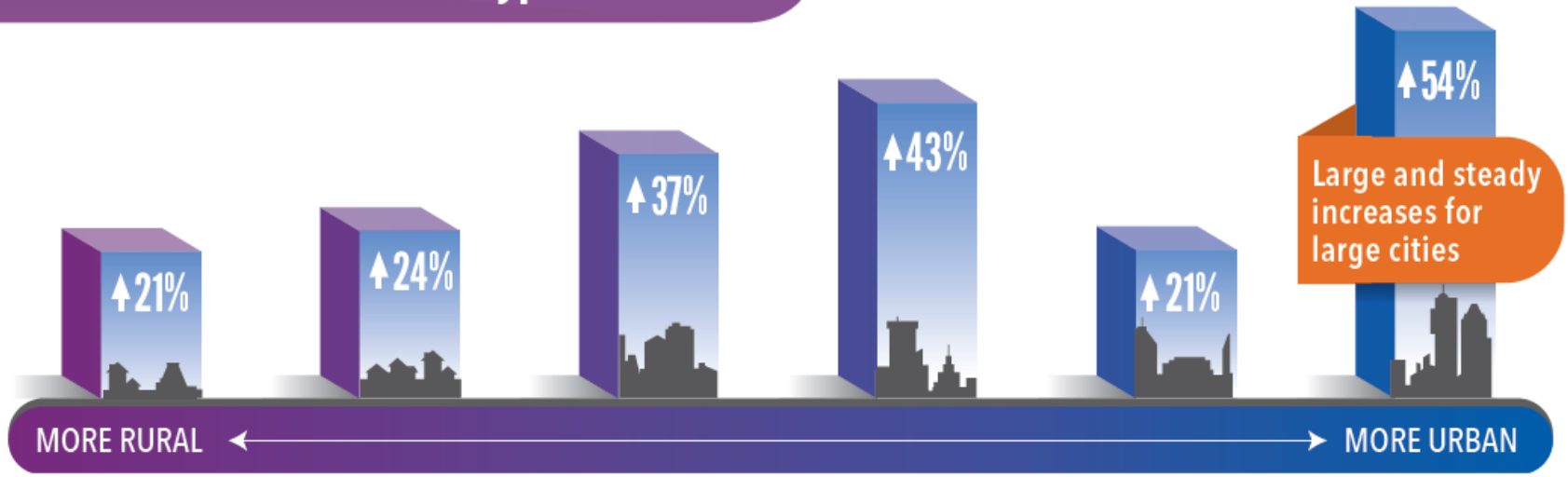
Opioid overdose ED visits continued to rise from 2016 to 2017.

From July 2016 through September 2017, opioid overdoses increased for:

- Men (↑30%) and women (↑24%)
- People ages 25-34 (↑31%), 35-54 (↑36%), and 55 and over (↑32%)
- Most states (↑30% average), especially in the Midwest (↑70% average)

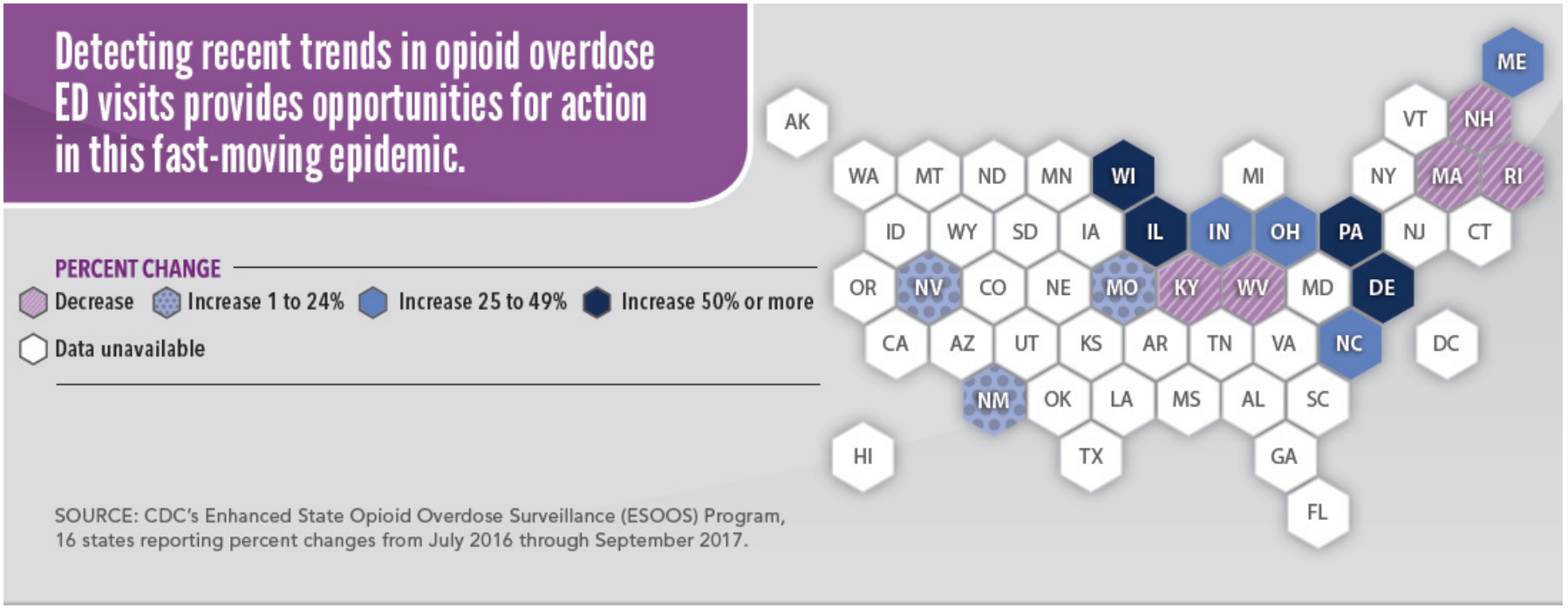
SOURCE: CDC's National Syndromic Surveillance Program, 52 jurisdictions in 45 states reporting.

Opioid overdoses continued to increase in cities and towns of all types.*



SOURCE: CDC's Enhanced State Opioid Overdose Surveillance (ESOOS) Program, 16 states reporting percent changes from July 2016 through September 2017.

* From left to right, the categories are:
1) non-core (non-metro), 2) micropolitan (non-metro), 3) small metro, 4) medium metro, 5) large fringe metro, 6) large central metro.



CDC's Enhanced State Opioid Overdose Surveillance Program seeks to improve the timeliness and comprehensiveness of fatal and nonfatal overdoses.

What can you do?

Local emergency departments

- Offer naloxone and training
- Connect patients with treatment
- Plan for increasing number of patients with opioid-related conditions

Mental health and substance abuse treatment centers

- Offer naloxone and training
- Connect patients with treatment

Local health departments

- Alert the community to the rapid increase in opioid overdoses and inform timely responses
- Ensure adequate naloxone supply
- Increase availability and access to necessary services

First responders and public safety

- Get adequate supply and training for naloxone administration
- Identify changes in illicit drug supply
- Collaborate with public health

THE FEDERAL GOVERNMENT IS

- Tracking overdose trends to better understand and more quickly respond to the opioid overdose epidemic.
- Improving access to OUD treatment, such as MAT, and overdose-reversing drugs, such as naloxone.
- Educating healthcare providers and the public about OUD and opioid overdose, and providing guidance on safe and effective pain management.
- Equipping states with resources to implement and evaluate safe prescribing practices.
- Coordinating actions to reduce production and impacts of the illicit opioid supply in the US through the High Intensity Drug Trafficking Areas (HIDTA) Program.
- Supporting cutting-edge research to improve pain management and OUD treatment.

Thank you!

www.cdc.gov/vitalsigns

www.cdc.gov/opioid-overdoses

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348

www.cdc.gov/injury

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Levels of Care for Rhode Island Emergency Departments and Hospitals for Treating Overdose and Opioid Use Disorder

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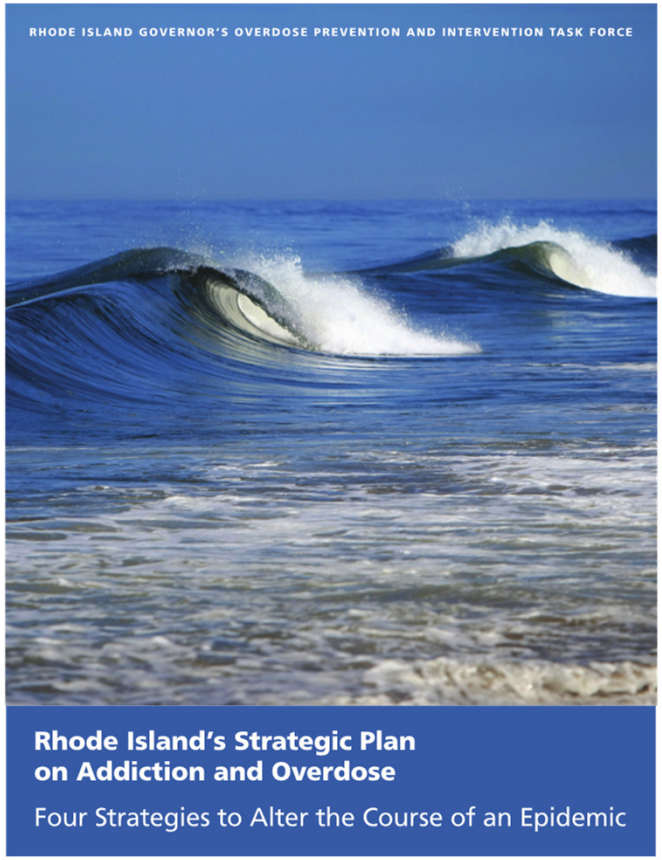
Rhode Island's Strategic Plan



Governor Raimondo's Overdose Prevention Action Plan

Prevention

Help doctors protect their patients by using safe prescribing practices.

Fact It's time to change how we treat pain — opioids don't need to be the first line of defense.

Rescue

Make sure everyone has access to naloxone.

Fact Nearly every opioid overdose death is preventable with naloxone.

Treatment

Make sure everyone who needs it can get medication-assisted treatment (MAT), like methadone or buprenorphine.

Fact MAT lowers the risk of both relapse and death.

Recovery

Expand peer recovery services and treatment options that help people start recovery.

Fact We're making sure that all patients treated for addiction have a long-term recovery plan.

Levels of Care

Levels of Care for Rhode Island
Emergency Departments and Hospitals
for Treating Overdose and Opioid Use Disorder

Levels of Care

LEVEL 3

1. Follows discharge planning per law
2. Administers standardized substance use disorder screening for all patients
3. Educates all patients who are prescribed opioids on safe storage and disposal
4. Dispenses naloxone to patients at risk, according to clear protocol
5. Offers peer recovery support services
6. Provides active referral to appropriate community provider(s)
7. Complies with 48-hour reporting of overdose to RIDOH
8. Performs laboratory drug screening that includes fentanyl on patients who overdose

LEVEL 2
Meets all criteria of Level 3 and:

1. Conducts comprehensive, standardized substance use assessment
2. Maintains capacity for evaluation and treatment of opioid use disorder using support from addiction specialty services

LEVEL 1
Meets criteria of Level 3 and Level 2 and also:

1. Maintains a Center of Excellence or comparable arrangement for initiating, stabilizing, and re-stabilizing patients on medication assisted treatment
   - Ensures transitioning to/ from community care to facilitate recovery
   - Evaluates and manages medication assisted treatment

48-Hour Overdose Reporting

Rhode Island Opioid Overdose Case Report

Please report all cases of suspected opioid overdose to the Rhode Island Department of Health within 48 hours.

Patient medical record number *

Must be between 1 and 11 characters. *Currently Used:* **0** *characters.*

Patient city or town of residence *

Patient gender *

Patient age *

Patient race (self reported) *

Patient ethnicity (self reported) *

Does the patient self report to be gay, lesbian, bisexual, and/or transgender? *

In what city/town did the overdose occur? *


Prevent Overdose RI
HOME
SUPPORT LINE
HOME
ABOUT
PREVENT OVERDOSE
SEE THE DATA
FIND RESOURCES
MORE TOPICS
We all have a role to play in ending Rhode Island's overdose crisis.
What's yours?
Family & Friends
First Responders
Providers
Get Help
Leave

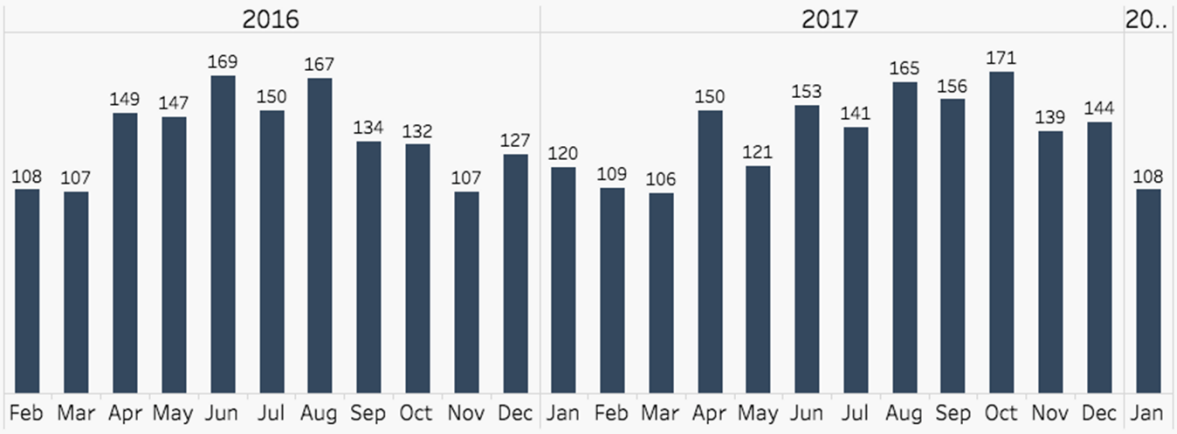
Prevent Overdose RI

Emergency departments (EDs) across Rhode Island treat patients for overdose

Under regulation **R23-1-OPIOID**, the Department of Health requires every health professional and hospital in Rhode Island to report all opioid overdoses or suspected overdoses within 48 hours. The data shown below reflect cases submitted to this anonymous 48-hour reporting system since January 2016.

Source (RIDOH)

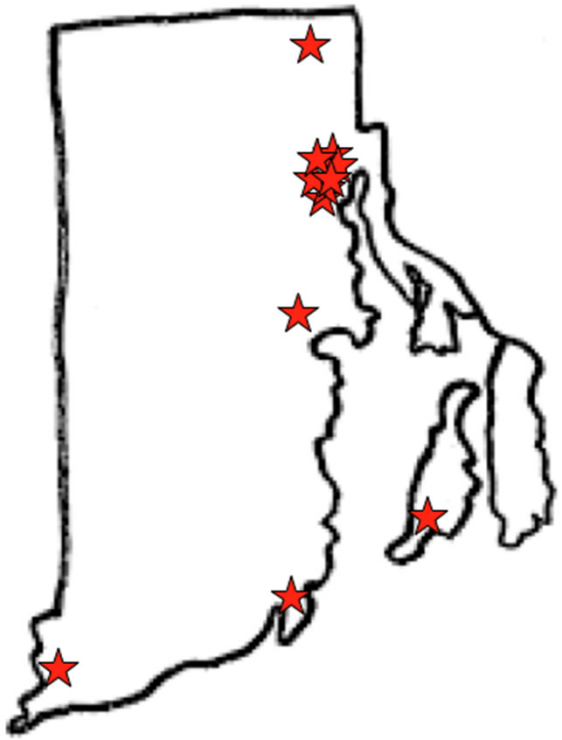
Number of Emergency Department (ED) Visits for Overdose (Feb 2016 – Jan 2018)



Implementation

- **Nine Hospitals Certified:**
- Seven Level 1 Hospitals
- Two Level 3 Hospitals

- **In Process:**
  - Two Level 3
  - One Level 1



Challenges & Opportunities

- Stakeholder engagement
- 48-hour reporting
- Naloxone cost
- Availability of MAT
- Stigma

Implementation Facilitators

Implementation Facilitators

Next Steps

- Improve efficiency and timeliness of data surveillance
- Full implementation
- Evaluation

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Rhode Island Opioid Overdose Surveillance, Response, and Intervention

Meghan McCormick, MPH
Drug Overdose Prevention Epidemiologist
Rhode Island Department of Health

March 13, 2018

Surveillance Response Intervention (SRI) Team

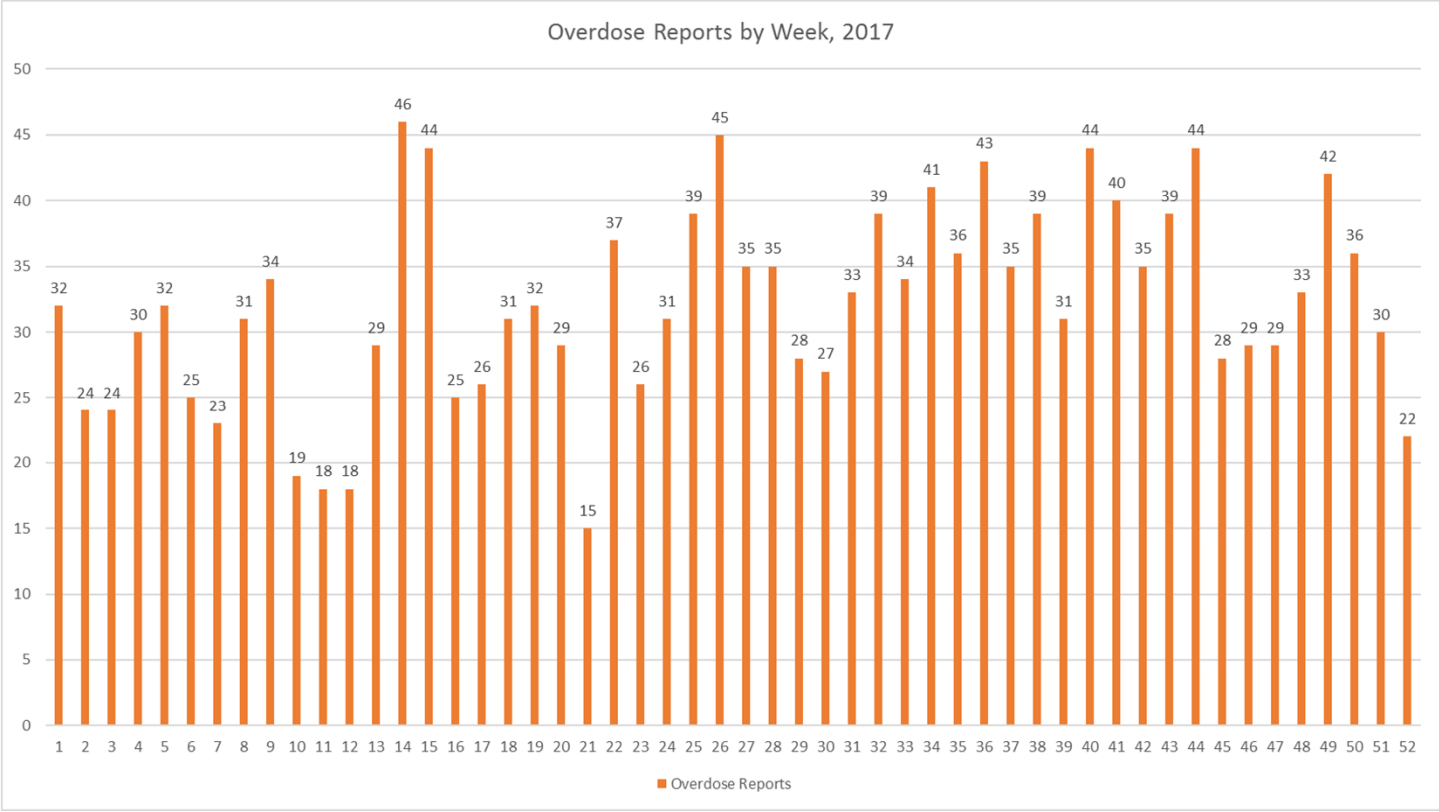
SRI Overview

- First SRI team meeting took place on April 17, 2017 in an effort to track overdose data trends.
- Conference call occurs every Tuesday.
- Review most recently-available overdose data.
- Recommendations are recorded and tracked.
- Stakeholders receive alerts based on concerns raised during the weekly meeting.

Data Sources

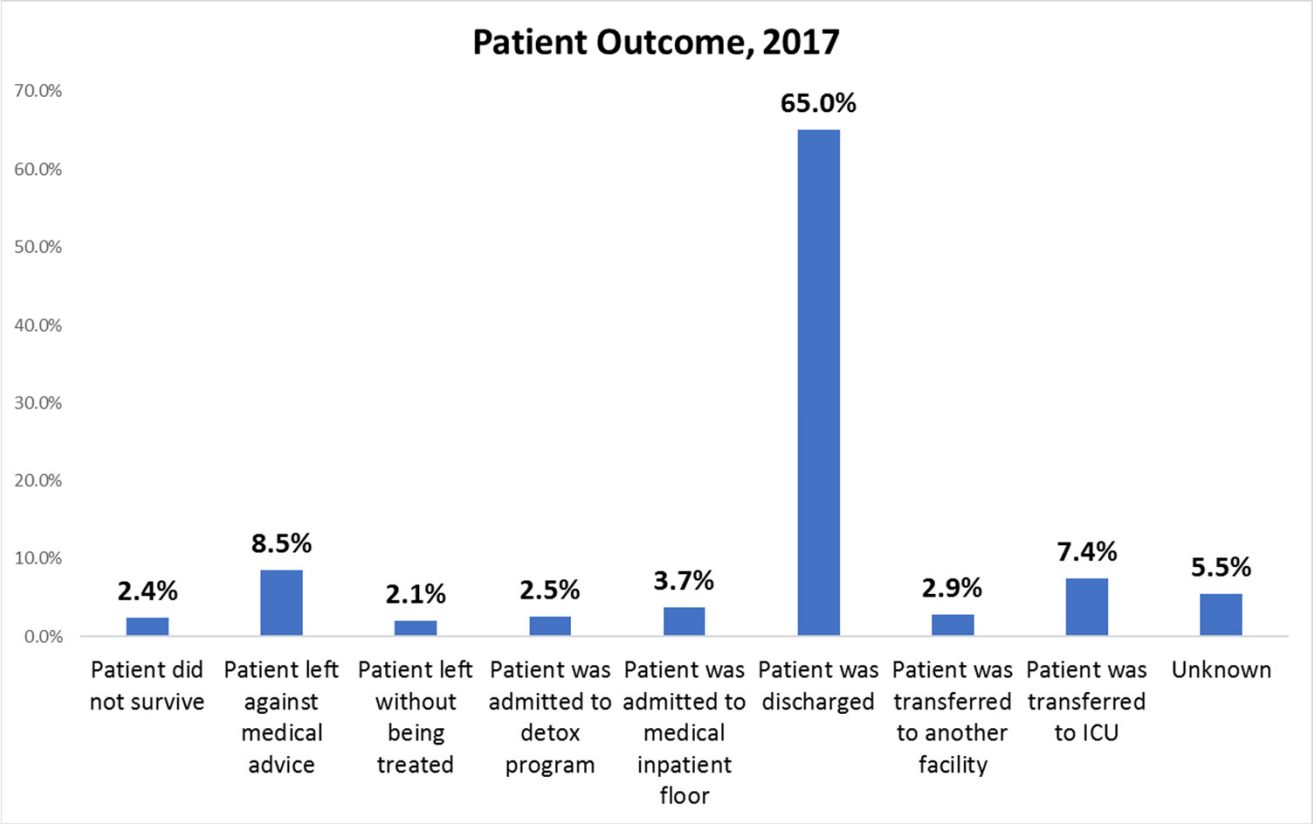
- Rhode Island Opioid Overdose Reporting System (i.e., “48-hour Overdose Reporting System” data)
- Rhode Island State Health Laboratories
- Rhode Island Fusion Center
- Office of the State Medical Examiners
- Rhode Island Multidisciplinary Review of Drug Overdose Death Evaluation (MODE) Team quarterly reports
- Emergency Medical Services (EMS)

48-hour Overdose Reports, by Week



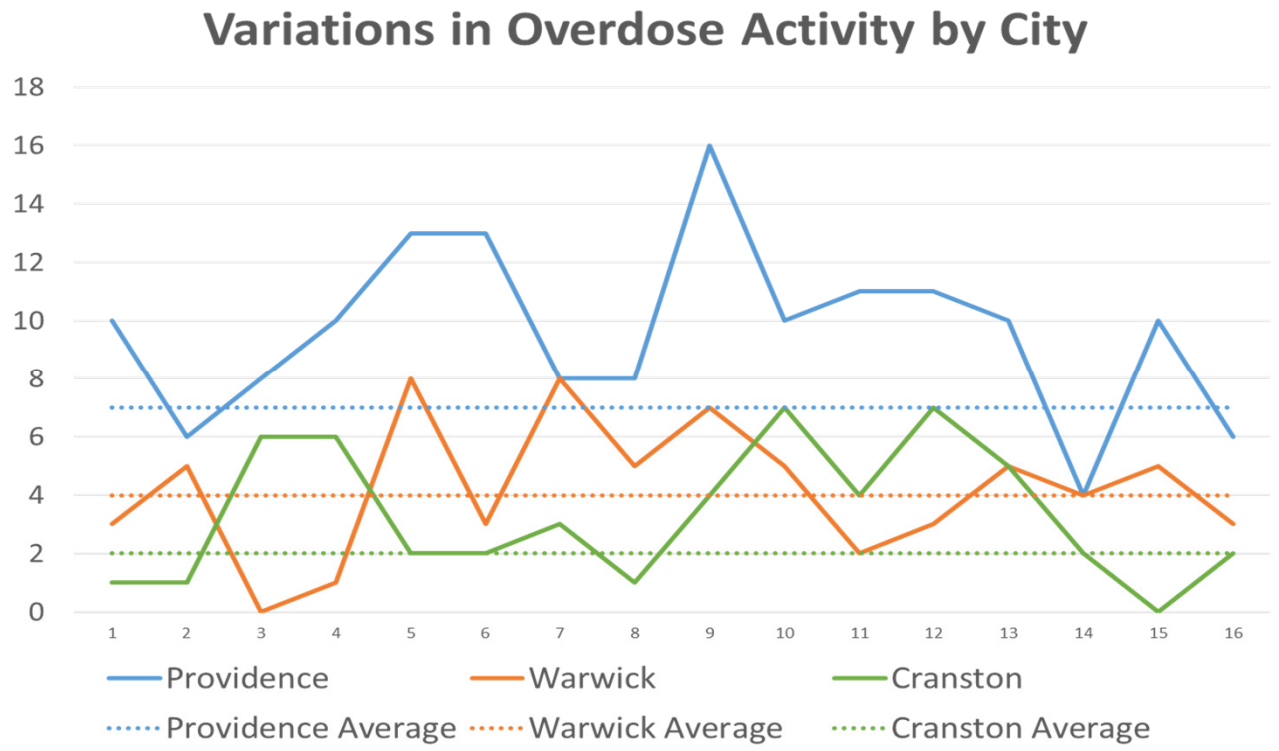
Data Source: 48-hour Overdose Reporting System, Rhode Island Department of Health

Patient Outcome



Data Source: 48-hour Overdose Reporting System, Rhode Island Department of Health

Geographic Variation



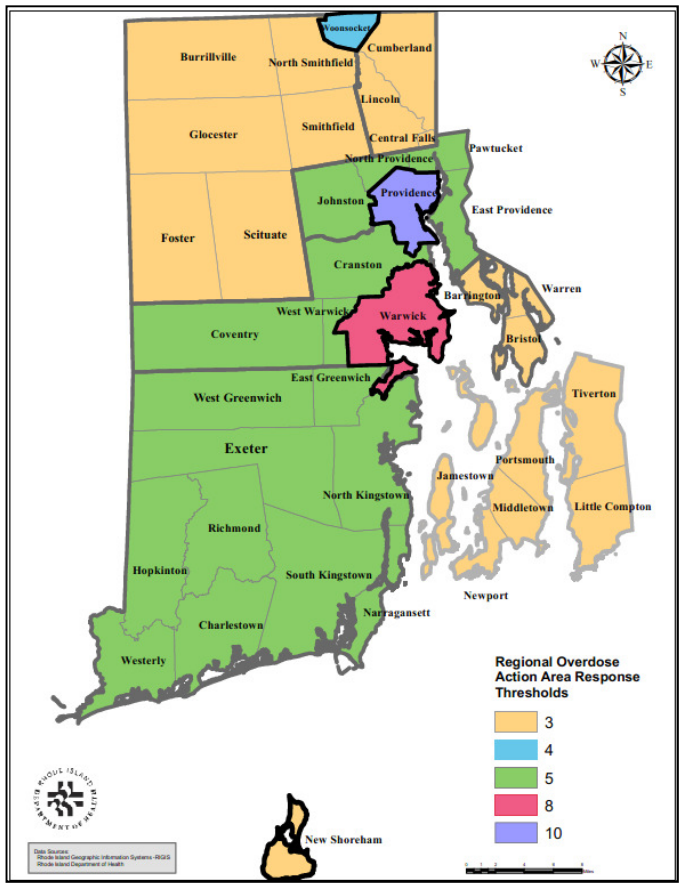
Data Source: 48-hour Overdose Reporting System, Rhode Island Department of Health

Alerting Stakeholders of Increased Overdose Activity

- **Regional Overdose Action Area Response (ROAAR)** divides Rhode Island into 11 regions based on pre-determined overdose thresholds.

- **Rhode Island Department of Health and Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals** use these data to alert stakeholders of increased overdose activity within a region and send "Public Health Advisories."

Regional Overdose Action Area Response (ROAAR)



Public Health Advisory

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Inquiries can be made by replying to this communication.

Public Health Advisory: Rhode Island Overdose Action Area Response
Cranston, Coventry, and West Warwick

The Rhode Island Department of Health (RIDOH) is issuing a public health advisory due to increased drug overdose activity in Cranston, Coventry, and West Warwick.

From **Monday, February 12–Sunday, February 18, 2018**, RIDOH received **eight reports of suspected drug overdoses** from hospital emergency departments. Increased drug overdose activity in this area is considered more than five non-fatal/fatal overdoses within a seven-day period.

Emergency responders, Emergency Department (ED) providers, and overdose treatment providers should be aware that in 2016, over 50% of Rhode Island's overdose deaths involved fentanyl. Fentanyl is 100 times more potent than morphine and 50 times more potent than heroin. Most cases of fentanyl-related overdoses have been linked to illicitly-manufactured fentanyl.

Emergency Medical Services, Fire Departments, and Law Enforcement:

- **Promptly identify signs and symptoms of opioid overdose**, including central nervous system depression (i.e., coma, lethargy, or stupor); constipation; nausea; vomiting; respiratory depression; and seizures.
- **If fentanyl is suspected, multiple doses of naloxone may be required** to reverse overdose. Intramuscular injection is preferred.
- **Train your staff and use personal protective equipment** to prevent occupational exposure to fentanyl and other synthetic opioids.
- **Share** 401-942-STOP (7867), Rhode Island's recovery hotline that connects individuals in crisis with treatment and recovery support. English and Spanish-speaking counselors licensed in chemical-dependency are available 24 hours a day, 7 days a week.
- **Print and share** RIDOH treatment and recovery education materials with overdose patients, family members, and/or other caregivers.

Emergency Department and Hospital Providers:

- **If fentanyl is suspected**, multiple doses of naloxone may be required to reverse overdose. Intramuscular injection is preferred.
- **Screen for fentanyl** in all blood and urine toxicology tests for all suspected overdose patients.
- **Dispense intranasal/intramuscular naloxone kits** to emergency department patients, family members, and/or other caregivers at risk for opioid overdose.
- **Encourage overdose patients to** connect with a peer recovery specialist prior to ED discharge.
- **Refer patients to the** Rhode Island Centers of Excellence where Medication Assisted Treatment (MAT) options for opioid use disorder are available at outpatient programs throughout the state.

Meghan McCormick, MPH

Drug Overdose Prevention Epidemiologist

Rhode Island Department of Health

Meghan.McCormick@health.ri.gov

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  - CDC Media: media@cdc.gov or 404-639-3286
  - Patients, please refer your questions to your healthcare provider

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When: A few days after the live call

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Where: On the COCA Call webpage

https://emergency.cdc.gov/coca/calls/2018/callinfo_031318.asp

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Upcoming COCA Call

Shingles Vaccine

Thursday, March 8, 2018

2:00-3:00 ET

Upcoming Town Hall

Mark your calendars for the next Vital Signs Town Hall Teleconference

CDC's Containment Strategy for Unusual Antibiotic Resistance

April 10, 2018

2:00–3:00 PM (EDT)

Thank You

Send questions or feedback to: OSTLTSFeedback@cdc.gov

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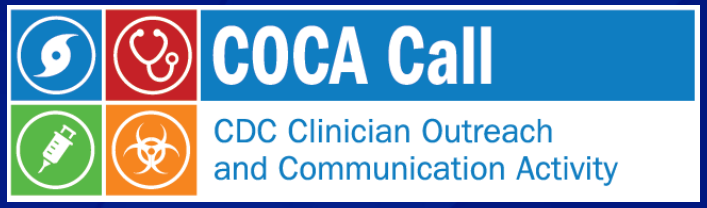

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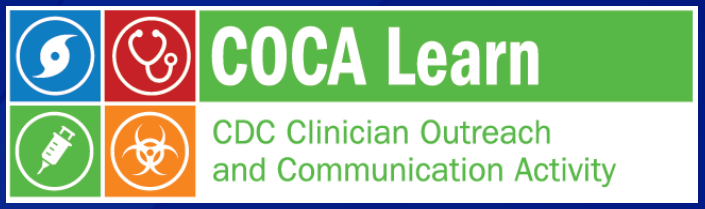

Monthly email that provides information on CDC training opportunities, conference and training resources located on the COCA website, the COCA Partner Spotlight, and the Clinician Corner.

Provides comprehensive CDC guidance so clinicians can easily follow recommendations.

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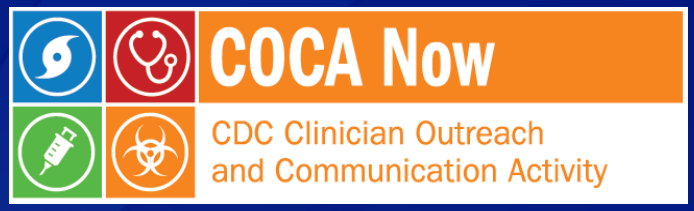
Monthly email that provides new CDC & COCA resources for clinicians from the past month and additional information important during public health emergencies and disasters.



Informs clinicians of new CDC resources and guidance related to emergency preparedness and response. This email is sent as soon as possible after CDC publishes new content.

CDC's primary method of sharing cleared information about urgent public health incidents with public information officers; federal, state, territorial, and local public health practitioners; clinicians; and public health laboratories.

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