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OCT 15-18 ——— ★ ——— VIRTUAL



# Managing the Opiate Crisis in the ED

**Jessica Hobbs, DO, FACEP**

Medical Director, Adult Emergency Medicine, Greenville Memorial Medical Center

Medical Director, Sexual Assault Forensic Examiner Program

Clinical Assistant Professor, University of South Carolina School of Medicine Greenville

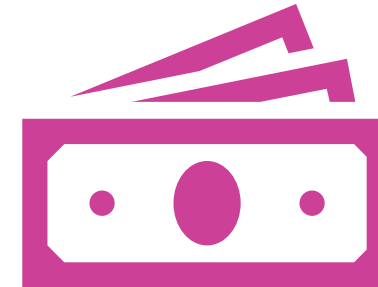
Department of Emergency Medicine, Prisma Health–Upstate

# Disclosures

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Jessica Hobbs, DO, FACEP

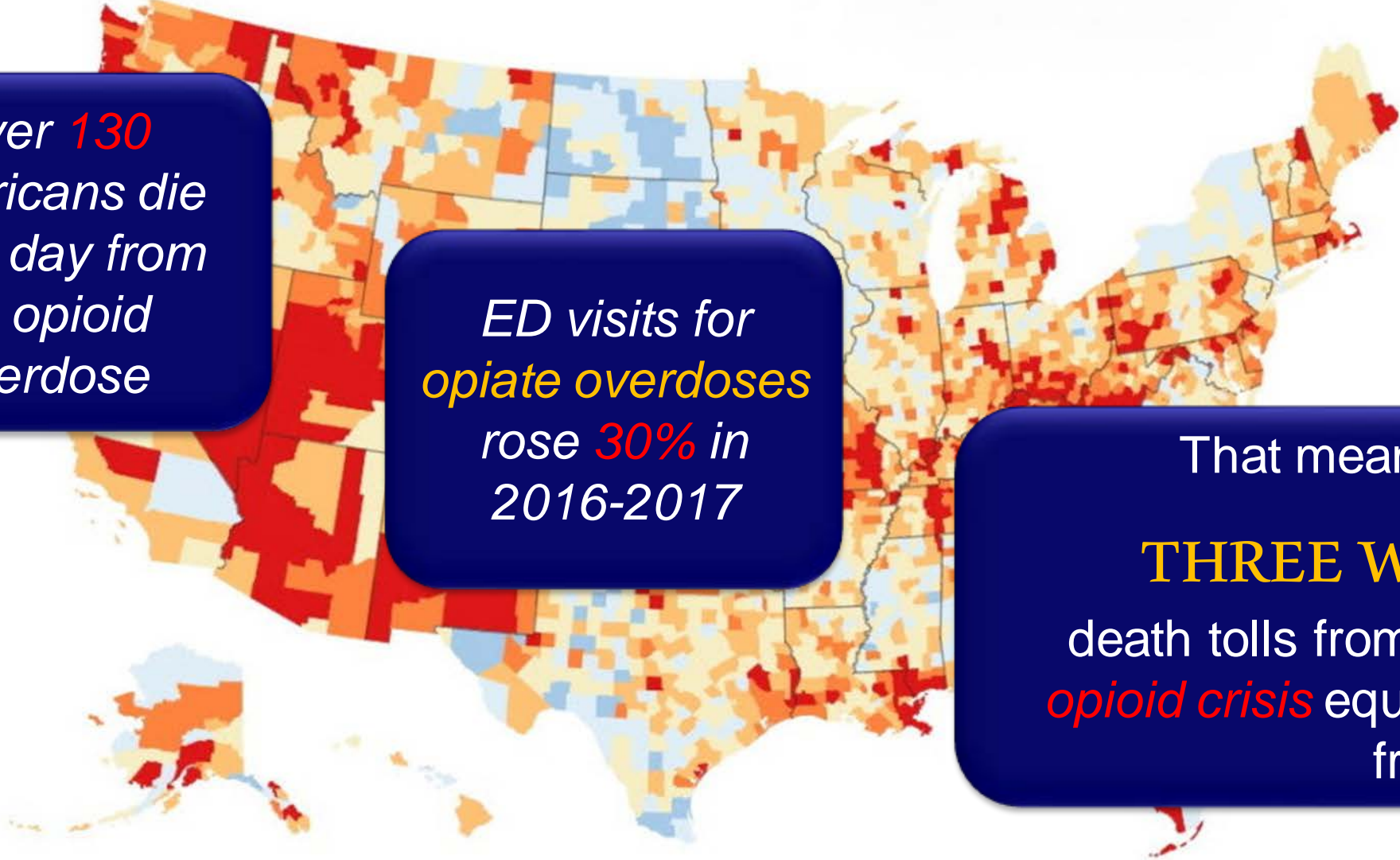


I have no relevant financial disclosures

# Objectives

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- Develop an increased understanding of the outcomes and novel strategies to combat the opiate crisis
- Determine the best approach and treatment options for judicious opioid use in and out of the ED



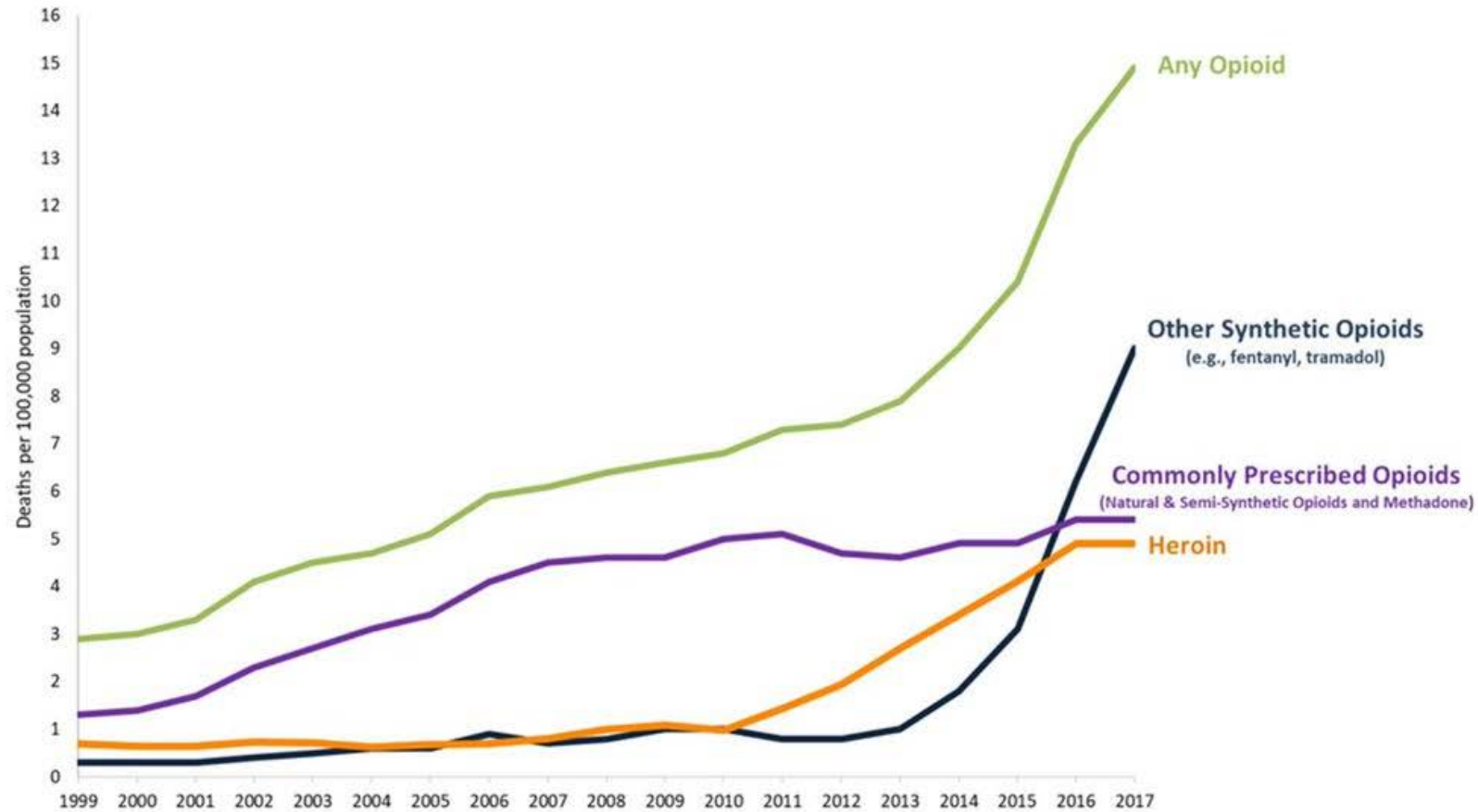
Over **130**  
Americans die  
each day from  
an opioid  
overdose

ED visits for  
**opiate overdoses**  
rose **30%** in  
2016-2017

That means every  
**THREE WEEKS**,  
death tolls from the US  
**opioid crisis** equal those  
from **9/11**



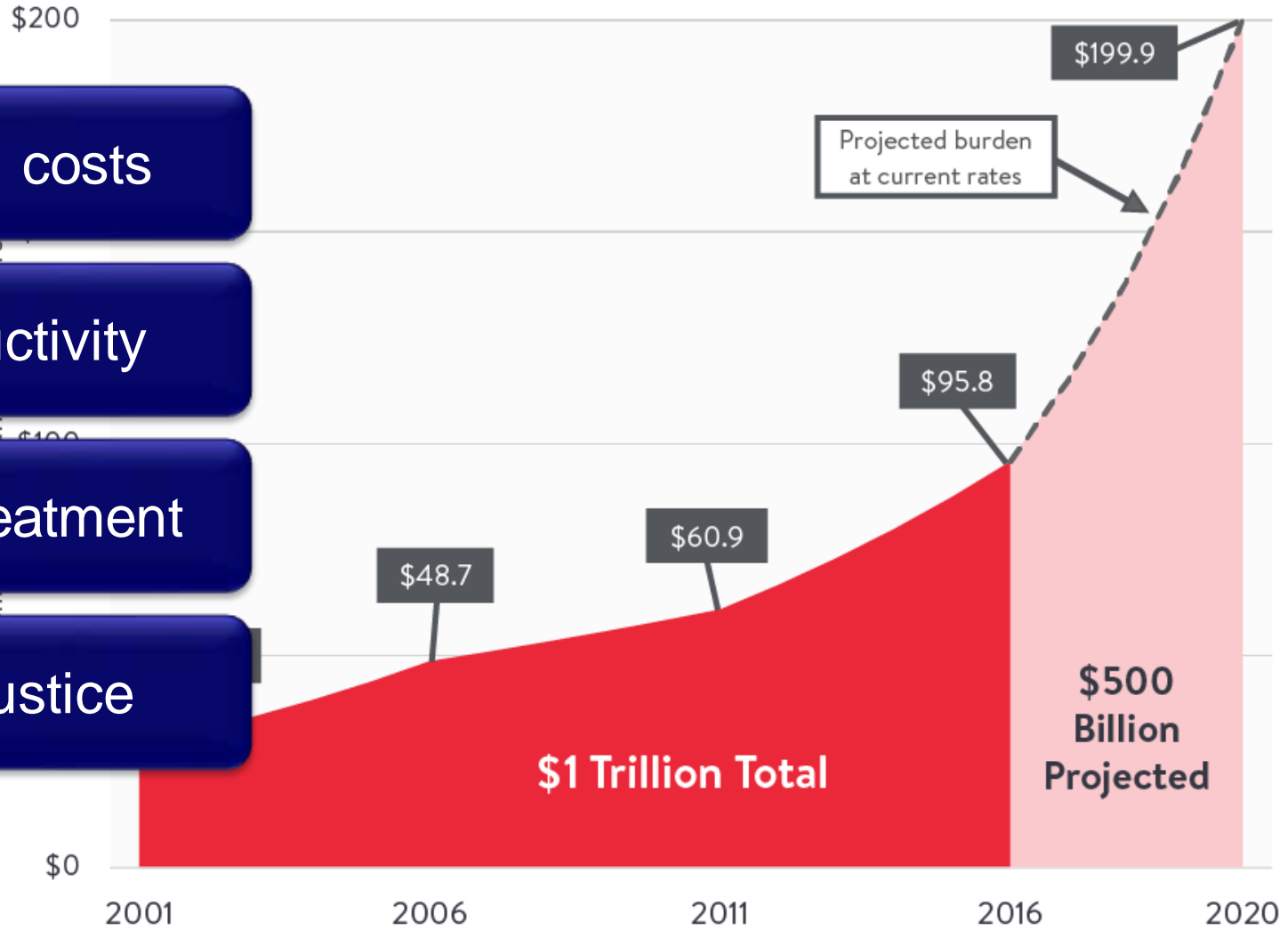
## Overdose Deaths Involving Opioids, by Type of Opioid, United States 2000–2017



Source: CDC National Center for Health Statistics, National Vital Statistics System, "Overdose Deaths Involving Opioids, by Type of Opioid, United States, 2000–2017"

# Total and Projected Costs of the Opioid Epidemic

- Healthcare costs
- Lost productivity
- Addiction treatment
- Criminal justice



\* Data between labeled estimates interpolated using constant growth rates

# What do we know about the opiate crisis?

**It's not that common to become addicted to opiates if you are prescribed them by your doctor.**

Roughly 25% of patients prescribed opioids for chronic pain misuse them

**It's not that common for opiate prescriptions to be misused.**

Between 8-12% develop and opiate use disorder

**Heroin use and prescription opiate misuse are not related.**

About 80% of people who use heroin first misused prescription opioids



# What can we do about it?



## What can we do about it?

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- Prioritize pain management education and training
- Create process and structures that support clear pathways for pain management treatment and escalation
- Provide feedback and peer assessment of individual pain management practices
- Identify embedded beliefs and practices that limit ability to adequately treat pain
- Develop process to identify those patients at highest risk
- Support alternative pain management treatments in the ED

## What can we do about it?

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- Increased screening for substance use disorders for all patients
- Increased access to care resources for those who screen positive
  - Outpatient clinic follow up
  - Social work/case management consults
  - Peer recovery coaches
- Medication Assisted Therapy (MAT)
  - X waiver training
- Naloxone distribution
- Collaborate and connect

# What did we do about it?

NIH U.S. National Library of Medicine  
**ClinicalTrials.gov** Find Studies About Studies

Home > Search Results > Study Record Detail

### FAVOR Opioid Recovery Coaching Evaluation (FORCE)

**⚠** The safety and scientific validity of this study is the responsibility of the study sponsor and investigators. Listing a study does not mean it has been evaluated by the U.S. Federal Government. Read our [disclaimer](#) for details.

**Sponsor:**  
Prisma Health-Upstate

**Collaborators:**  
FAVOR (Faces and Voices of Recovery) OF GREENVILLE  
South Carolina Department of Alcohol and Other Drug Abuse Services



# FAVOR FACES AND VOICES OF RECOVERY GREENVILLE



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