

The Opioid Epidemic and Its Effect on Texas Hospitals

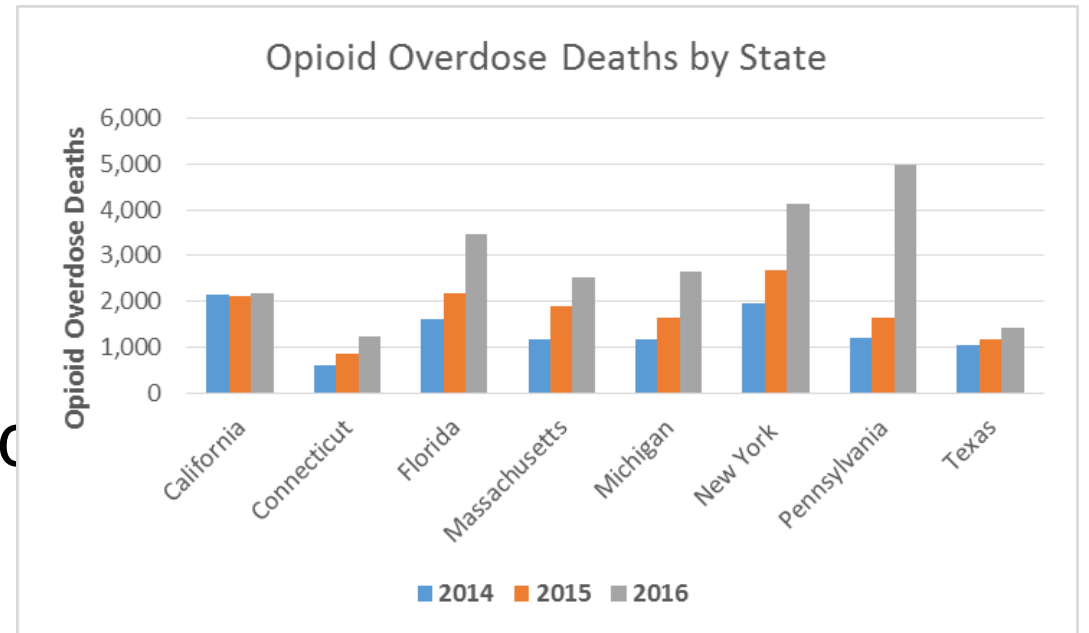


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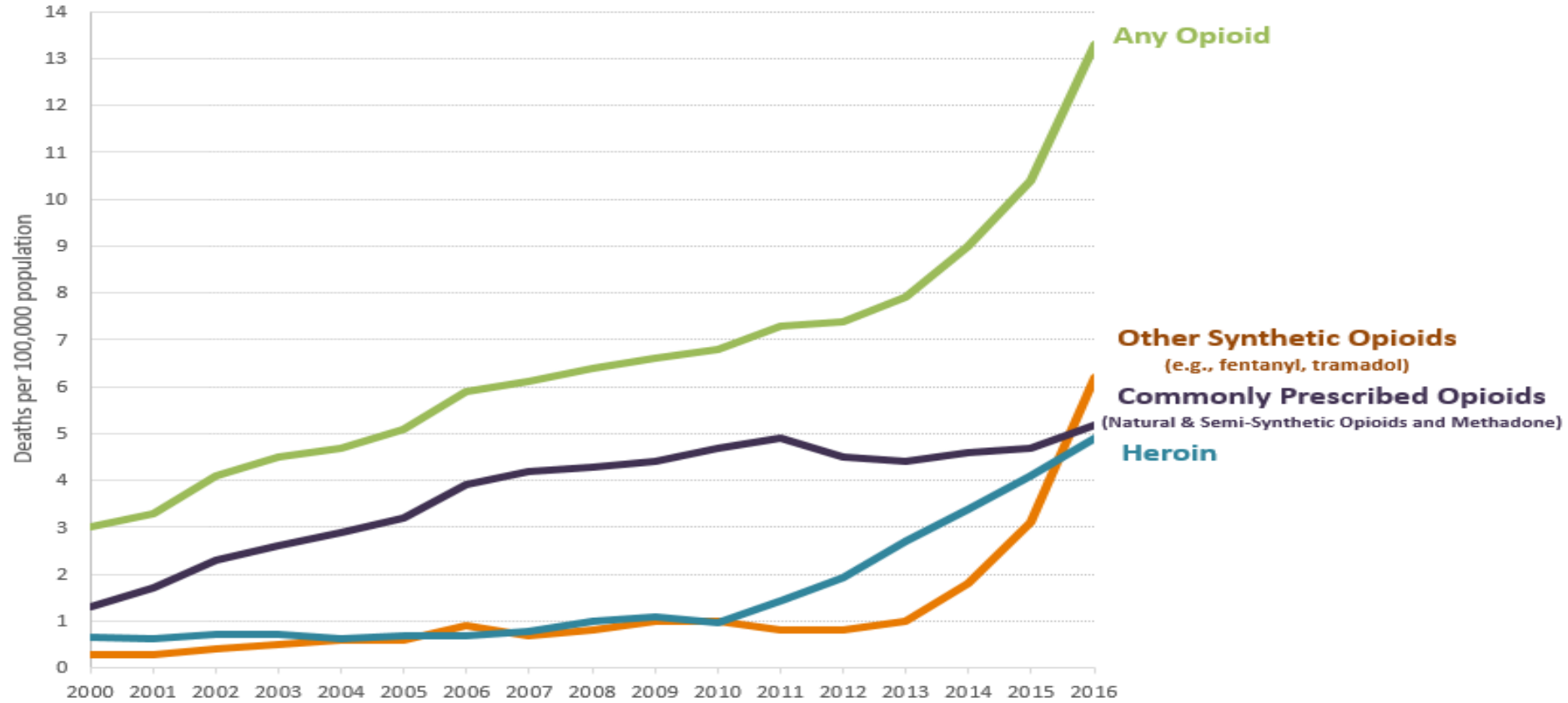
Opioid Epidemic

- In 2017, 64,070 Americans died of a drug overdose, a 21% increase from 2016.
- In 2016, the five states with the highest rates of drug overdose deaths were West Virginia, Ohio, New Hampshire, Pennsylvania and Kentucky.
- However, significant increases in drug overdose death rates from 2015 to 2016 were seen in the Northeast, Midwest and South Census Regions, including Texas.



Opioid Deaths

Overdose Deaths Involving Opioids, United States, 2000-2016



SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2016. <https://wonder.cdc.gov/>.

www.cdc.gov
Your Source for Credible Health Information



Opioid Epidemic in Texas

- In 2017, nearly 3,000 Texans died due to drug overdose.
 - More than the population of a Texas 6A high school.
 - More than the population of nearly 60 percent of the cities and towns in Texas.
- Among Texas students in grades 7-12, 9 percent misused codeine cough syrup and 4 percent misused other opioids.
- About 5 percent Texas college students reported misusing opioids.



Financial Consequences of Opioid Epidemic

- In addition to the devastating toll opioid abuse takes on individuals and families, the financial consequences also are significant.
- Overdoses and other consequences of drug use cost the U.S. \$500 billion in 2015—roughly 3 percent of total gross domestic product—due to increased health care and substance use disorder treatment costs, lost productivity and costs to the criminal justice system.
- The opioid crisis costs Texas \$20 billion annually—1.27 percent of GDP. Non-fatal opioid costs are \$202 per capita in Texas, all costs—including loss of life—total \$706 per capita.



Financial Consequences of Opioid Epidemic

- For U.S. hospitals, the cost of treating an opioid overdose victim in intensive care units rose 60 percent between 2009 and 2015.
- In 2015, average cost among 162 academic hospitals was nearly \$93,000 per patient in intensive care.
- Texas Medicaid claims for opioid-related emergency department visits increased by more than 40 percent from 2008 to 2011.



State Legislation Related to Opioids

- SB 315 – Texas Medical Board Sunset Bill

Opioid Related Provisions:

- Permits TMB to inspect uncertified pain management clinics or facilities. TMB must establish grounds for inspection, including grounds based on the population of patients served, the volume or combination of drugs prescribed and other criteria that TMB deems sufficient.
- TMB must adopt guidelines for the prescription of opioid antagonists. (Note: This provision is also included in SB 584.) The guidelines must address:
 - Prescribing an opioid antagonist to a patient to whom an opioid medication also is prescribed.
 - Identifying patients at risk of an opioid-related drug overdose and prescribing an opioid antagonist to that patient or to a person in a position to administer the opioid antagonist to that patient.



State Legislation Related to Opioids

- HB 2561 – Pharmacy Sunset Bill

Opioid Related Provisions:

- Requires the Texas State Board of Pharmacy to work with other agencies to identify potentially harmful prescribing practices and patient prescription patterns that suggest drug diversion or drug abuse.
- Requires dispensing pharmacists to send all prescription information to the Prescription Monitoring Program by the following business day.
- Beginning in 2019, all prescribers and dispensers shall consult the PMP prior to dispensing or prescribing opioids, benzodiazepines, barbiturates or carisoprodol.
*There is an exception for cancer patients.
- Each regulatory agency that licenses, certifies or registers prescribers must implement guidelines for responsible opioid prescribing and access information submitted to TSBP to determine whether the prescriber is engaging in potentially harmful prescribing practices.
- Creates a joint interim committee to conduct an interim study on the prescribing and dispensing of controlled substances in this state.



Texas Hospitals' Response to the Epidemic

- Feb. 2018, THA Board of Trustees approved use of **voluntary** opioid prescribing guidelines for emergency departments.
- Goal: To curb opioid addiction and overdose deaths as well as overprescribing.



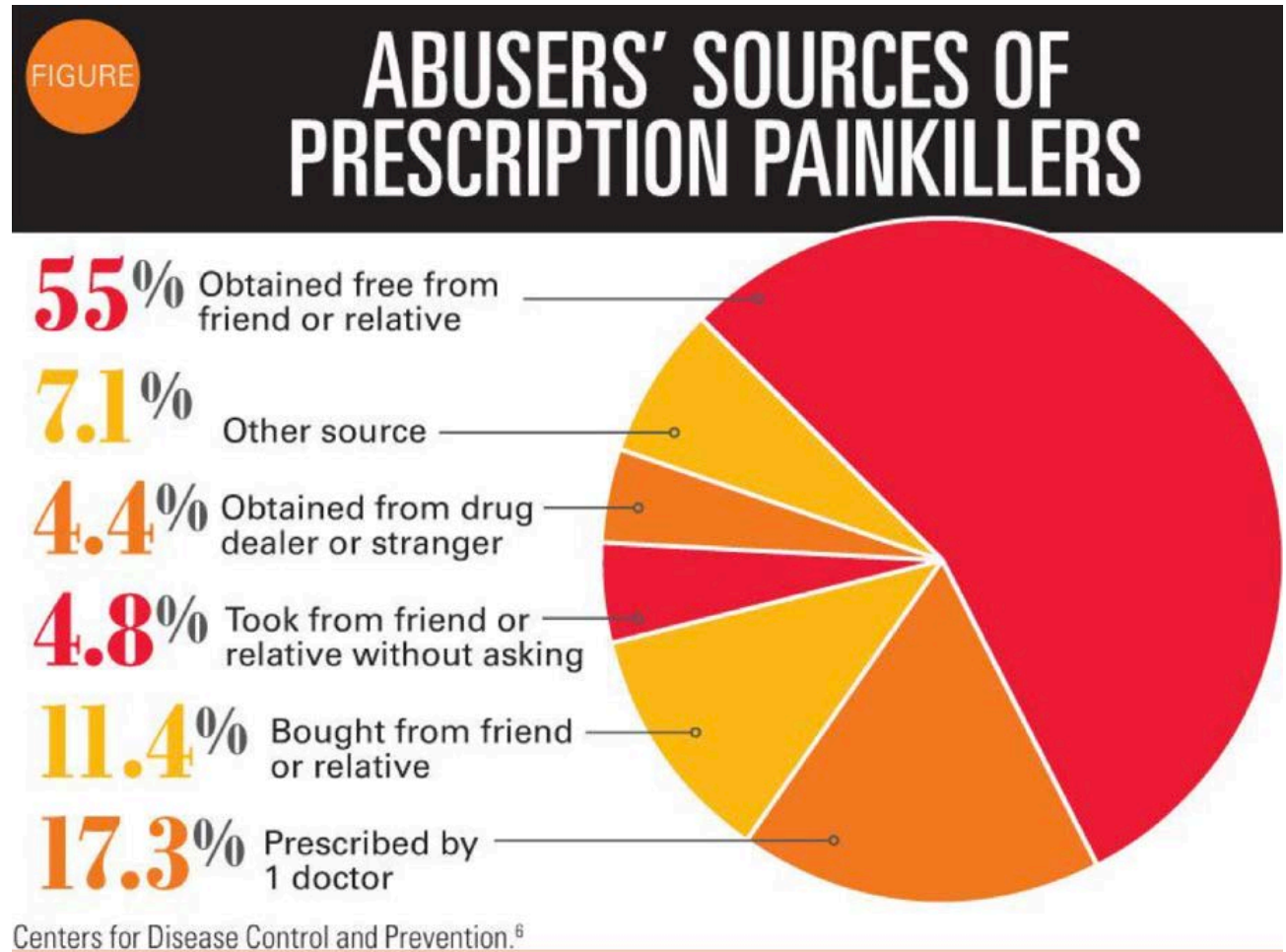
Why Start with Emergency Departments?

- Increased morbidity and mortality related to prescription opioid use have led to an exponential increase in ED visits.
- **ED visits for opioid overdoses jumped by 30 percent in 45 states between July 2016 and September 2017.**
- Total drug-related ED visits increased 99 percent from 2005 to 2014.
- Rate of opioid-related inpatient stays increased 64 percent from 2005 to 2014.
- Opioid misuse continues to climb, with nearly 12 million people aged 12 or older reportedly misusing the drug.



Why Start with Emergency Departments?

- Despite emergency departments prescribing a fraction of the prescriptions written nationally, ED prescriptions for opioids are reported to account for approximately 45 percent of those opioids diverted for non-medical use.



Other States' Emergency Department Prescribing Guidelines

- THA found that the following hospital associations developed ED guidelines:

Connecticut

Indiana

North Carolina

Massachusetts

West Virginia

Ohio

Rhode Island

Washington State

Colorado

Virginia

Southern California

Nevada

Missouri

Oklahoma

Maryland

Washington, D.C.

Oregon

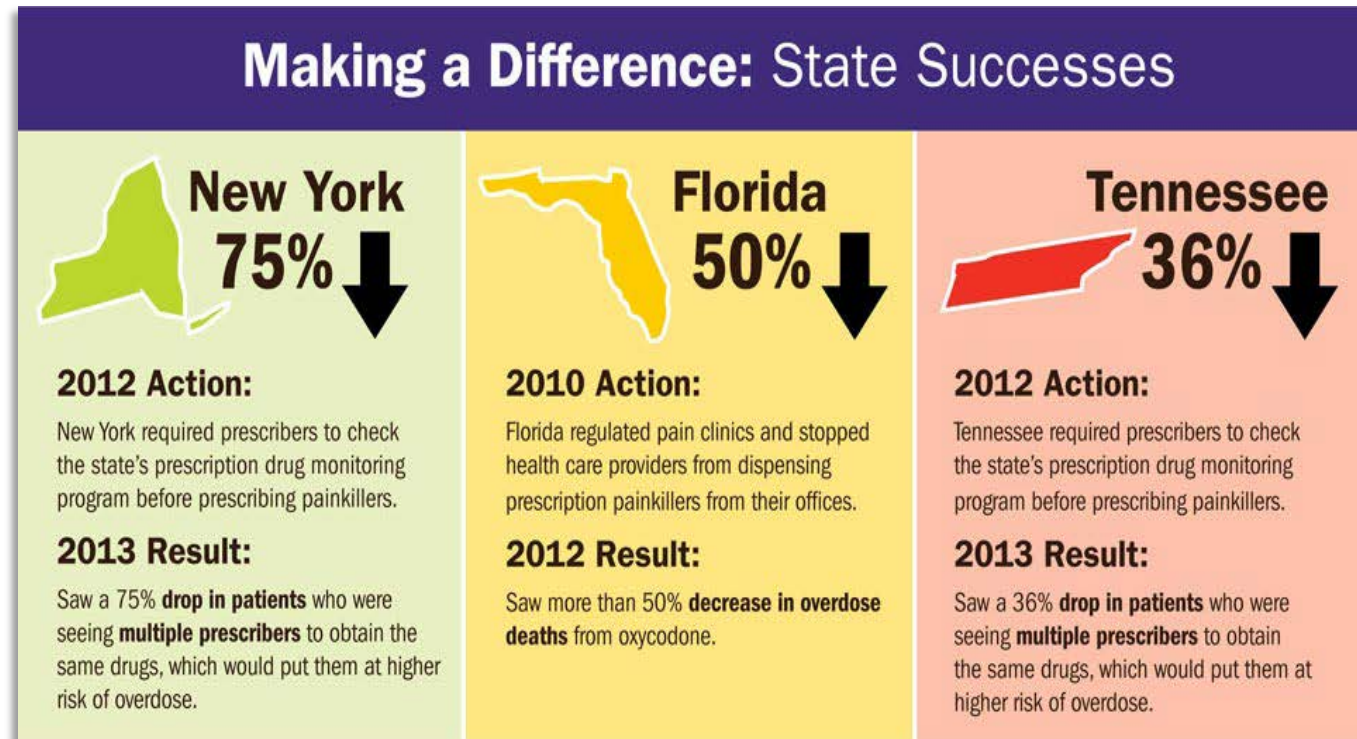
New Mexico



Other States' Emergency Department Prescribing Guidelines

Other state hospital associations' guidelines generally recommend:

- Developing a substance use screening process.
- Limiting replacement prescriptions.
- Discouraging prescriptions for opioids. If opioids are prescribed, limit the prescription to 3-5 days.
- Taking extra precaution with chronic pain patients and consulting the primary pain management doctor whenever possible.
- **Encouraging the use of the Prescription Monitoring Program before prescribing opioids. This will be required by law in 2019.**
- Developing a health information exchange system to share emergency department visit history to better track patients who may be seeking opioids.



Questions?



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