

District of Columbia's Coordinated Response to Opioid Abuse

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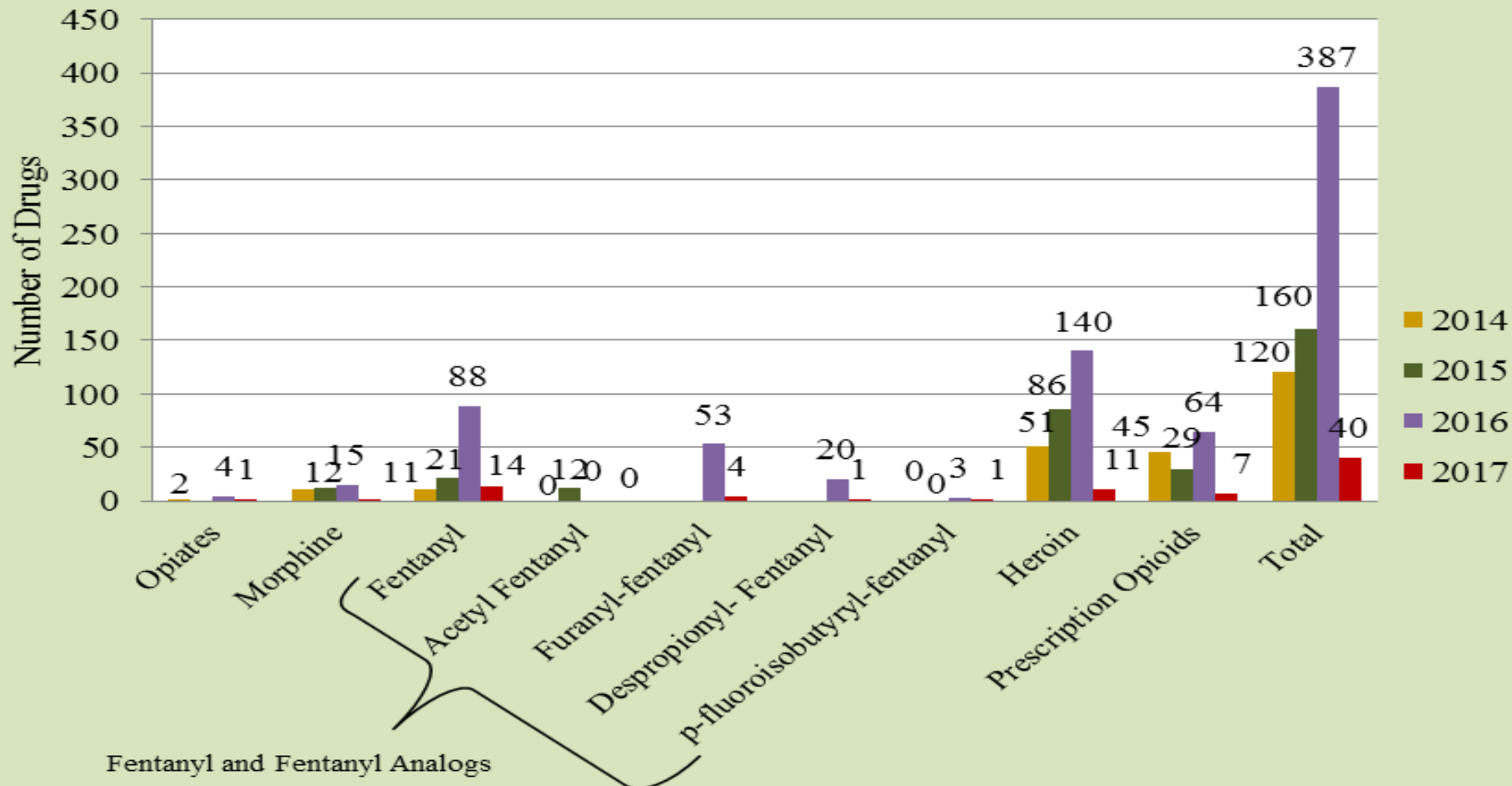
Regional Opioid Summit

Agenda

- State of Opioid Abuse and Mortality in the District
- District's Coordinated Strategy
- Current Response

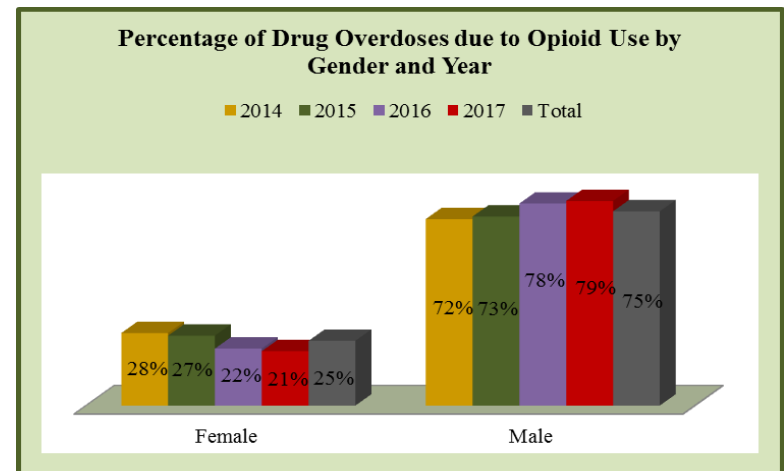
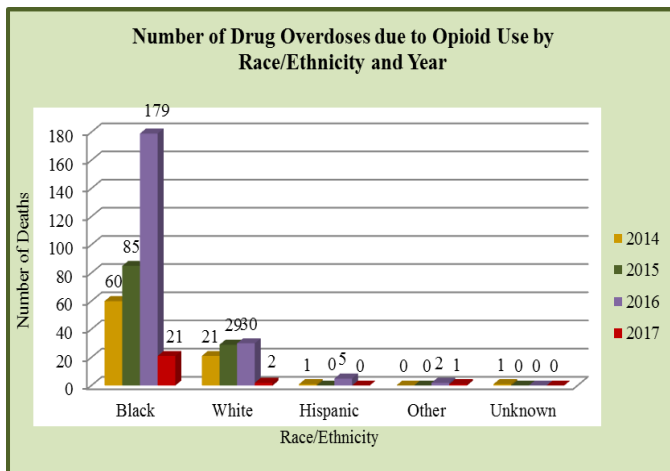
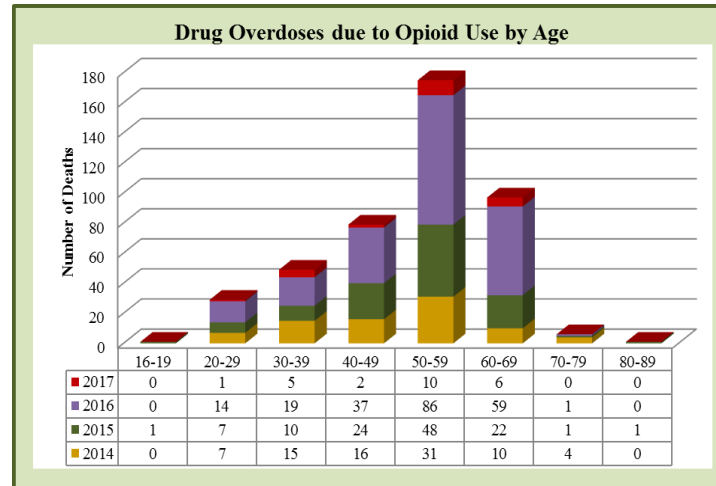
STATE OF OPIOID ABUSE AND MORTALITY

Number of Opioid Drugs Contributing to Drug Overdoses by Year (All Opioids)



Demographics

- The median age, race and gender
 - 52 year old
 - Black
 - Male



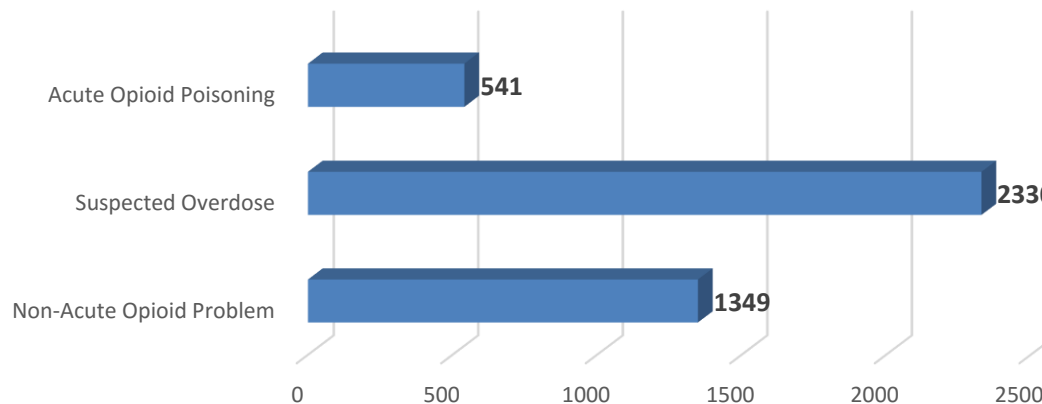
ESSENCE Syndromic Surveillance Overview

- ESSENCE = Electronic Surveillance System for the Early Notification of Community-Based Epidemics
- Monitors health indicators of public health importance in the Emergency Department (ED) and identify outbreaks
- Near real-time de-identified data
 - 8 acute care DC hospitals
 - Data elements include sex, DOB, chief complaint, discharge diagnosis etc.
- Resources
 - Data Server in DC DOH
 - Maintained by JHU Applied Physics Laboratory and a Public Health Informatics Fellow at DC DOH

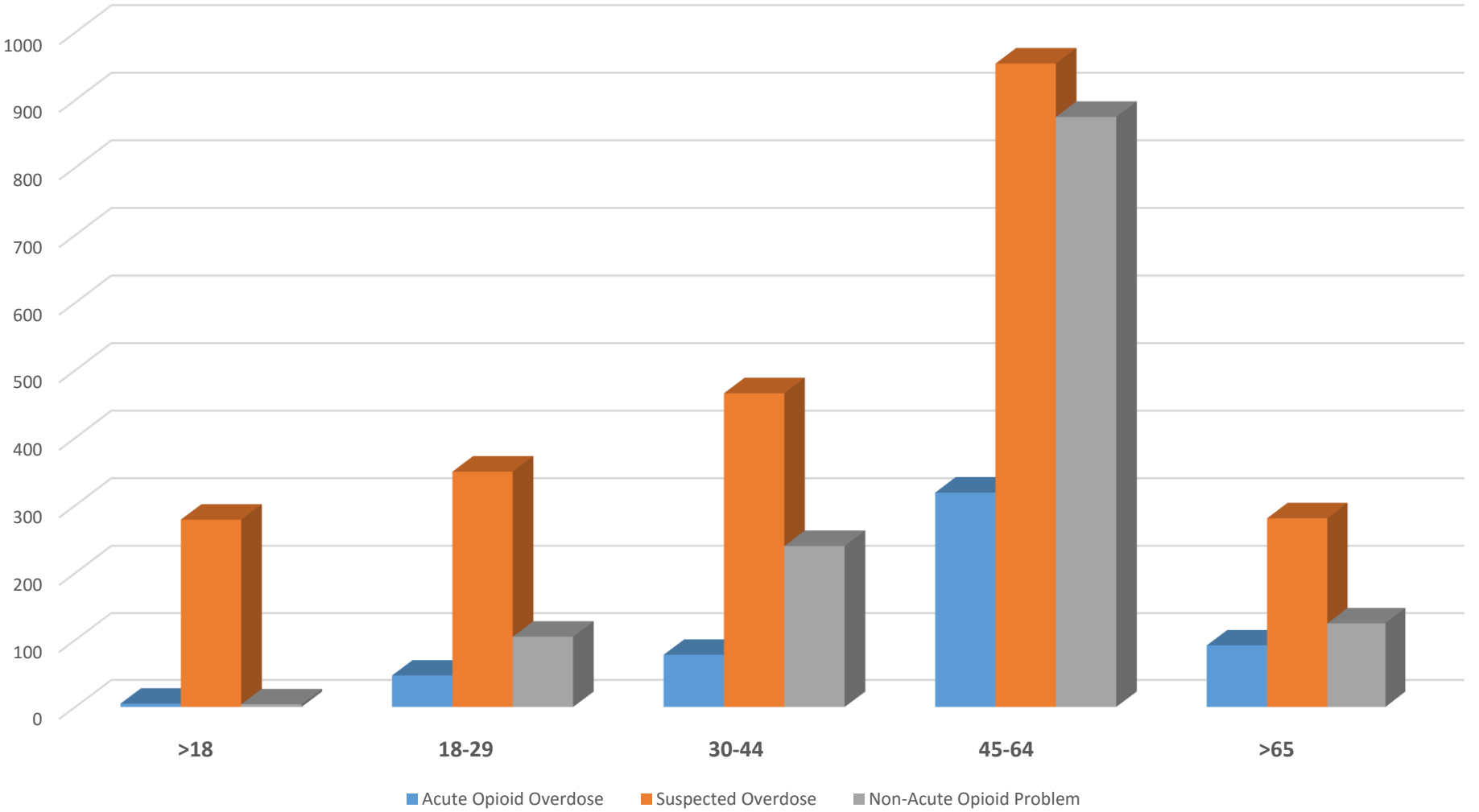
Working Case Definition For Opioid Overdose

- **Acute opioid poisoning:** Opioid poisoning (ICD 9/10) in any discharge diagnosis fields
 - **Suspected Overdose:** Acute opioid poisoning above, OR Non-poisoning opioid ICD 9/10 discharge diagnosis code(s) AND overdose/unresponsiveness/poisoning in chief complaint
- **Non-acute opioid problem:** Opioid (non-poisoning) discharge diagnosis (ICD 9/10) with no mention of overdose/unresponsiveness in chief complaint

**Opioid- Related ED Visits
May 1, 2016 to April 30, 2017**



Opioid Case Status, By Age Group -5/1/16 to 4/30/17 (N=4,220)



COORDINATED STRATEGY

Heroin Task Force

- District Agencies
 - Department of Behavioral Health (DBH)
 - Department of Forensic Sciences (DFS)
 - Department of Health (DOH)
 - Department of Healthcare Finance (DHCF)
 - Fire and Emergency Medical Service Department (FEMS)
 - Metropolitan Police Department (MPD)
 - Office of the Attorney General (OAG)
 - Office of Chief Medical Examiner (OCME)
 - Washington Regional Threat Assessment Center/Fusion Center (WRTAC)
- Regional and Federal Partners
 - US Drug Enforcement Agency (DEA)
 - Federal Bureau of Investigation (FBI)

The purpose of the group is *to decrease the morbidity and mortality from opioid use and addiction in the District of Columbia through a multi-disciplinary approach.*

CURRENT RESPONSE

Opioid Overdoses as Outbreaks

- Establish opioid overdoses, both fatal and non-fatal, as reportable conditions to the DC DOH surveillance program and establish capacity to receive information from community providers, FEMS, etc.

Disease Intervention Strategy

- Identify DIS/appropriate staff to provide case investigation, interviews, outreach to individuals with an non-fatal overdose
 - Investigate patient's background (including an interview), document location of overdose, map social networks, usage patterns, etc.
 - Create a real-time city-wide geographic profile of opioid overdoses
 - Refer to community based services as appropriate

Disease Intervention Strategy

- Use ESSENCE to build a reporting system for non-fatal overdoses
 - The system is set to ‘alarm’ after more than 5 overdoses
 - The data is based upon Diagnostic Codes: acute opioid poisoning, non-acute poisoning, and suspected opioid OD Chief Complaint
 - The data is sent to a Project Manager, who compiles the statistics, along with weekly reports from the pilot sites to share with DOH and DBH Directors
 - Data includes quantitative and qualitative evidence of kits distributed, kits used in reversals, as well as geographic locations for increased usage and overdoses.
 - The data is then used by peer educators (at each pilot site) and Peer Outreach Specialists from DBH to do targeted outreach in those ‘hot spot’ areas

Disease Intervention Strategy

- Trained 35-40 peer educators from the pilot sites to provide direct outreach and intervention guided by trends of overdoses and IDU
 - The peer educators have been supported by grant funding to provide direct outreach—syringe exchange and Narcan training for users.
- DOH DIS staff have been trained to provide outreach as needed in targeted areas
 - They are educated on the most recent trends/statistics in opioid overdoses

Disease Intervention Strategy

- Using patient information, utilize community partnership network to identify patient's social networks
 - Fatal overdoses:
 - Using toxicology and scene evidence, establish a drug usage profile
 - Identify collaborators, establish protocol for compiling profile, communicating to team, at large

Educational Outreach

- Coordinate Town Hall meetings for community at large on usage patterns; IDU community on drug profiles
 - Pilot sites have conducted numerous town hall meetings to discuss impact of Fentanyl on IDU communities and to discuss recent trends
 - The information from the Chief Medical Examiner's monthly report is shared with the pilot sites and the peer educators disseminate the information to their clients so that they are aware of trends
- Develop and provide targeted trainings for health care providers, needle exchange providers
 - Designing webinar for CME for providers
 - A Dear Colleague letter is being drafted to send to providers to remind them of provisions to write scripts for Narcan/third party scripts
 - Will be meeting with ER programs to discuss their naloxone prescribing trends for patients who are seen for Opioid Related Overdoses

Educational Outreach

- Work with professional organizations, such as the DC Primary Care Association (DCPA) and Managed Care Organizations, to increase primary care provider naloxone prescribing patterns
 - Met with DCPCA and provided targeted outreach and training to clinical staffs for major FQHC in DC, including Unity, Community of Hope, Whitman Walker
 - Conducted approximately 5 trainings for Naloxone Distribution and Opioid Overdoses, including approximately 110 individuals from pilot sites as well as a number of community providers

Community Naloxone Program

- Continue to target highest risk populations, but expand kit availability to first-time users of programs as well as users with more extensive histories
 - Approximately 975 kits have been distributed (June 2016- present) with anecdotal evidence of over 100 reversals as a result of kits distributed
 - Each site has an identification system to ‘track’ the kits in communities, and have developed ‘highest risk’ criteria for dispersal
 - Timely reporting, including the weekly check ins, has helped identify high use areas more quickly, and allow for more timely intervention by DOH and DBH staff
- Explore partnership with other naloxone distributors in the District to include in pilot program
 - Discuss with entities/agencies on how to expand provider capacity to offer Narcan separately from the pilot program

New CDC Funding

- Prescription Drug Overdose Data Driven Initiative
 - 3 year, \$300,00/year funding
 - Enhancing surveillance of prescription drug and heroin overdoses (fatal and non-fatal)
 - Collaboration between DBH, DOH, OCME and FEMS
 - Improving stakeholder and community engagement as well as exploring usefulness data in newly launched Prescription Drug Monitoring Program data

Thank you!



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