



Hospital Insights

OHA OPIOID RESPONSE INITIATIVE

OHA Launches Overdose Data Sharing Program Supporting Community Initiatives to Address Opioid Crisis

The Ohio Hospital Association has launched an interactive dashboard (ohiohospitals.org/opioid-data) with downloadable files to provide state, regional and county-level data on opioid overdose encounters at Ohio hospitals to assist community health and human services organizations as they address the crisis at the local level.

The rising opioid overdose rate is taking an enormous toll on Ohio families and communities, and Ohio's hospitals are on the frontlines of this crisis managing 27,377 total overdose encounters in 2016, a 52 percent increase over 2015 and a 500 percent increase from 2008 when hospitals treated 5,216 cases.

OHA will release annual and quarterly rates of opioid overdose encounters at our member hospitals. For the first release April 2, OHA analyzed annual data from 2008-2016 and quarterly from second quarter 2016 through third quarter 2017 and sorted this by gender, race and age range of the patient along with marketplace totals and county level per-capita rates.

In May, OHA will release an update to the annual data covering 2008 to year-end 2017 data with additional detail on the demographics within the regional marketplaces. Quarterly updates will be posted thereafter.

OHA data are derived from the nearly 34 million annual coded hospital encounters in Ohio. The release of per-capita rates by county as well as by market area are intended to assist health policy makers, funders and local collaboratives in their work.

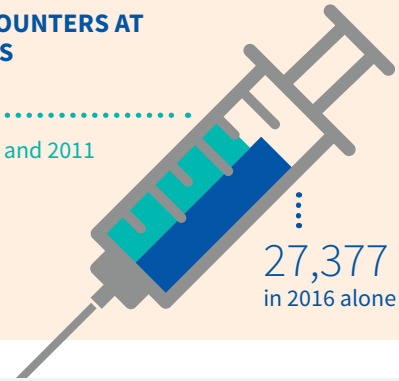
The data do not reflect overdoses that did not present for care at a hospital or overdoses that occurred among Ohio residents who were cared for at hospitals outside the state. This data set is encounter-level and does not reflect individual patients.

OHA worked with third-party experts to assure data in the release protects patient privacy.

OVERDOSE ENCOUNTERS AT OHIO HOSPITALS

25,650
in 2008, 2009, 2010 and 2011
combined

27,377
in 2016 alone



The OHA Opioid Response is:

• Advocacy

- ◊ The unified face of hospitals in Ohio regarding the opioid crisis and a force for change and advocacy at the state and local level.

• Patient Safety & Quality

- ◊ A repository for evidence-based and other successful interventions, protocols and initiatives
- ◊ An agency for the testing and implementation of these initiatives using standardized measures of success
- ◊ A vehicle for their spread to a larger state audience

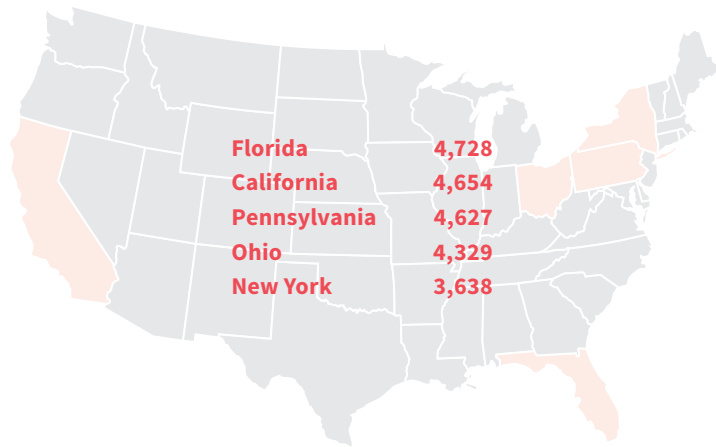
• Economic Sustainability

- ◊ A means of identifying funding streams for the initiation and maintenance of projects and programs that aid in the care of addicted patients in Ohio

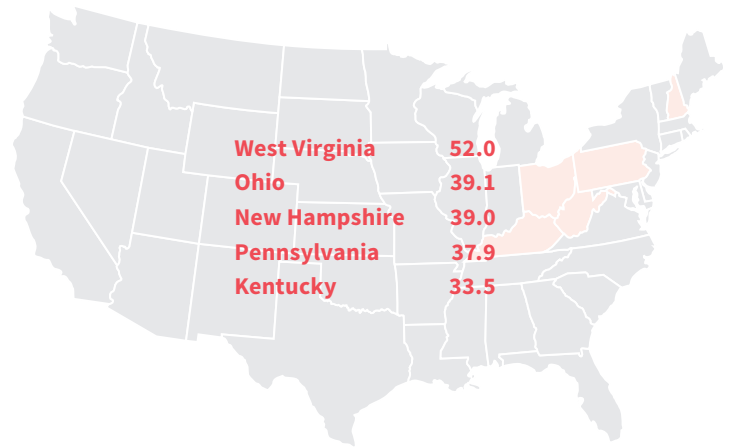
ALARMING TRENDS

Opioids Account for 66% of U.S. Overdose Deaths

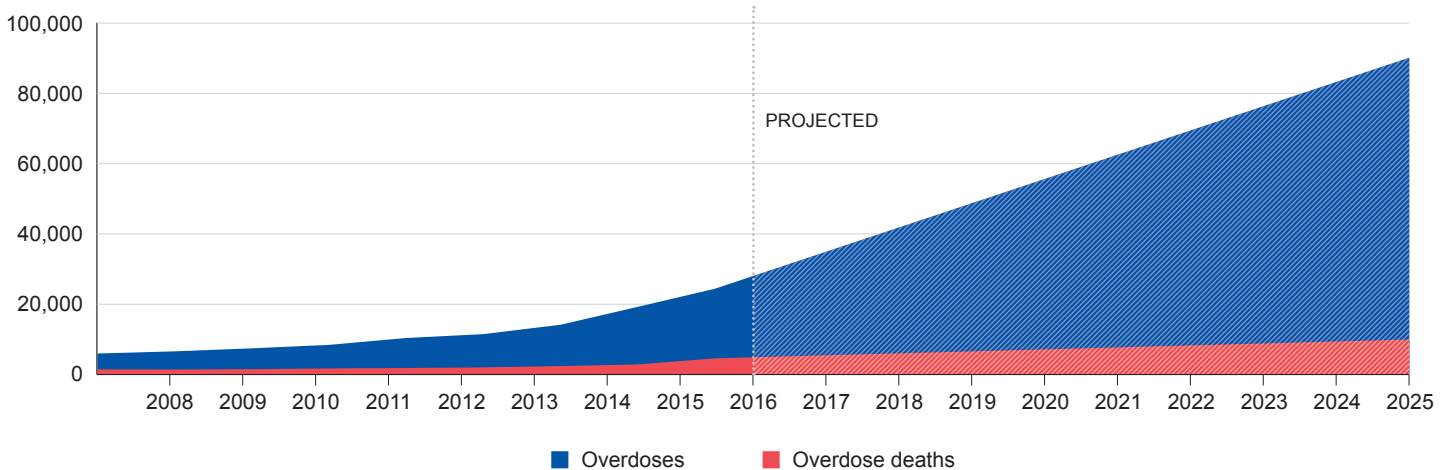
Deaths due to drug overdose, 2016



Rate per 100,000 population, 2016



Overdoses and overdose deaths 2008 through 2025



Source: Centers for Disease Control and Prevention

The U.S. Department of Health and Human Services on Oct. 26, 2017 declared the opioid crisis a national public health emergency, and Ohio is at the epicenter. Communities, families and patients of all backgrounds are affected, regardless of age, gender, race, ethnicity or income.

Opioids were involved in 66.4 percent or 42,249 of the nation's 63,632 overdose deaths in 2016. Ohio accounted for 4,329 of the overdose deaths, second per capita in the U.S. at 39.1 per 100,000 citizens. Our

neighboring state West Virginia ranked first with a per capita rate of 52.

Should these trends continue, OHA's conservative estimates suggest that by 2025, Ohio hospitals will be managing over 90,000 overdoses annually, or nearly 250 overdoses per day—and over 30 people will die each day due to overdose.

Much of the increase in overdose deaths—nearly 60 percent—is attributable to fentanyl and its other potent analogues. Fentanyl is 100 times more powerful than morphine,

and carfentanil is 10,000 times more powerful.

Fentanyl-related overdose deaths are categorized nationally as prescription opiate deaths even though the majority of such deaths are the result of illegally produced and trafficked fentanyl. Of the 1,155 fentanyl-related unintentional overdose deaths in Ohio in 2015, only 30 percent of the deceased had a fentanyl prescription within 90 days of their death.

WHO AND WHERE

Opioid Abuse Shows Distinct Demographic Trends

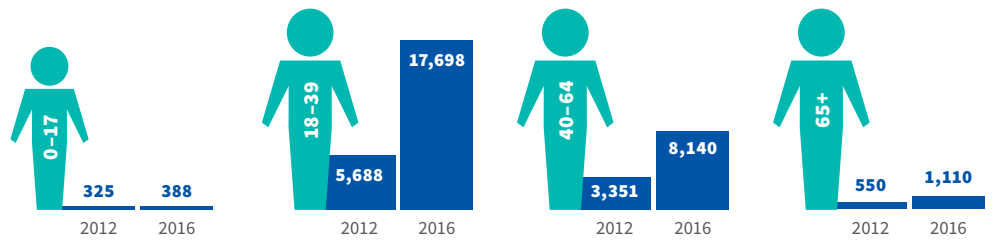
Looking at trends over time, statewide and regional data show Substance Use Disorder, or SUD, historically has been more concentrated among younger males. This is especially true among those suffering from opioid addiction. This epidemic has spread most aggressively among 18- to 39-year-old men.

Novel to opioid addiction, though, is its over-representation among white Ohioans. U.S. Census estimates show 82.5 percent of Ohioans were white and 12.8 percent were African American in 2016. Among overdoses in Ohio, 88 percent occurred among whites and 8 percent among African Americans. This disparity has been growing steadily year over year.

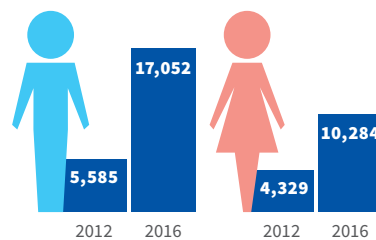
There is also regional predominance in both opioid overdoses and deaths. Twenty-five Ohio hospitals cared for 50 percent of the overdoses in Ohio in 2015. Two corners of the state are particularly hard hit—southwest and northeast Ohio—but few of the 88 counties have been spared.

Overdoses in every market area and region of the state have increased between 200 and 500 percent since 2008.

Overdoses by patient age

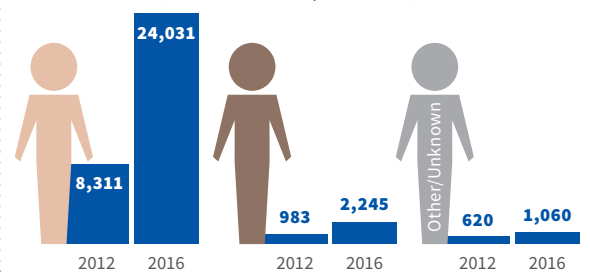


Overdoses by patient gender



Overdoses by patient race

(Data inconsistent prior to 2012)



Source: Ohio Hospital Association

AGGREGATED AGE-ADJUSTED PER CAPITA RATES IN OHIO FROM 2011-2016

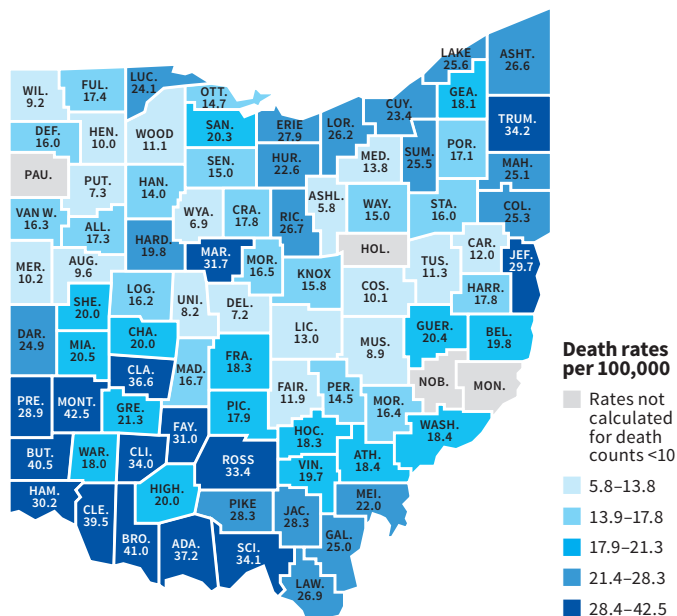
Recently, the Ohio Department of Health released updated per capita death rates for unintentional overdose by county. These

rates are aggregated from 2011 to 2016 and include deaths from all drugs and illicit substances, not just opioids.

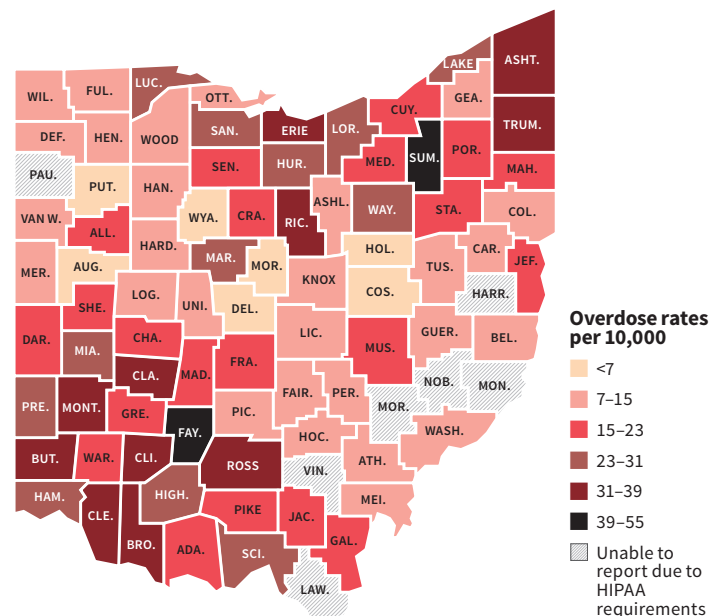
But Ohio families are affected more widely than by deaths alone as their family members struggle with addiction and abuse

on a daily basis. OHA has calculated the overdose rates per capita and by county, similar to the ODH calculations. Here, though, we present data for opioid overdose only and for all cases of overdose, regardless of intent, that presented to Ohio hospitals in 2016.

Aggregated age-adjusted per capita overdose and death rates in Ohio from 2011-2016



Source: Ohio Department of Health



Source: Ohio Hospital Association

YOUNGEST VICTIMS

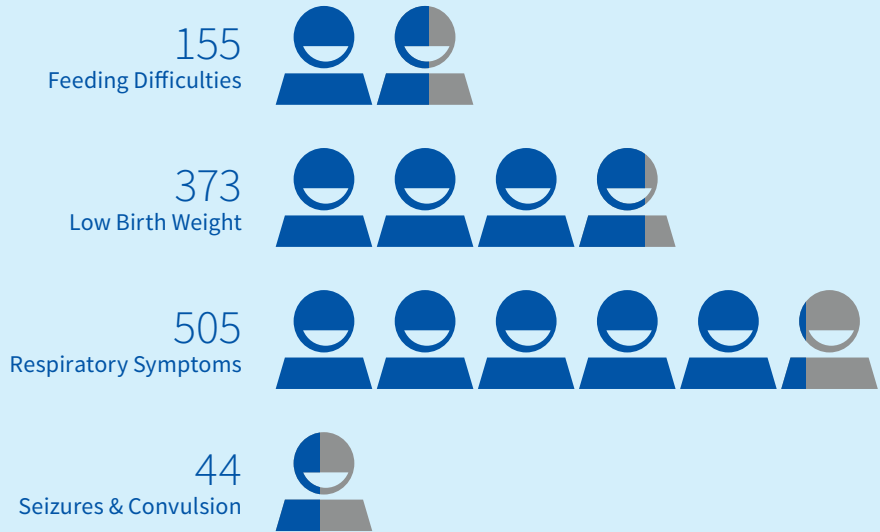
Neonatal Abstinence Syndrome Contributes to 4 Complications

The plight of addiction does not affect just adults, but also the youngest Ohioans. Births among women who were addicted is increasing year over year, and the rate of Neonatal Abstinence Syndrome, or NAS, among newborns has increased 500 percent in the past 10 years to 2,216 Ohio hospitalizations in 2016.

While NAS does not seem directly tied to infant mortality in the first 28 days of life, there are many complications that occur among these babies. Seizures occur more than three times more frequently in babies with NAS than with other babies. NAS babies are nearly twice as likely to have respiratory difficulties and low birth weight, and nearly three times as likely to have feeding problems.

Ohio hospitals are starting to make headway. In the past 10 years, infant encounters with NAS have seen more than a 30 percent decrease in feeding difficulties, 52 percent decrease in low birth weight, 56 percent decrease in respiratory symptoms, and 73 percent decrease in seizures and convulsions. In 2016, 1,077 NAS babies were less affected than they could have been.

Fewer Adverse Events in 2016



Source: Ohio Hospital Association

Glossary

BENZODIAZEPINES

Sometimes called “benzos,” these are sedatives often used to treat anxiety, insomnia and other conditions. Combining benzodiazepines with opioids increases a person’s risk of overdose and death.

FENTANYL

Pharmaceutical fentanyl is a synthetic opioid pain medication, approved for treating severe pain, typically advanced cancer pain. It is 50 to 100 times more potent than morphine. However, illegally made fentanyl is sold through illegal drug markets for its heroin-like effect, and it is often mixed with heroin and/or cocaine as a combination product.

HEROIN

An illegal, highly addictive opioid drug processed from morphine.

MEDICATION-ASSISTED TREATMENT (MAT)

Treatment for opioid use disorder combining the use of medications (methadone, buprenorphine or naltrexone) with counseling and behavioral therapies.

NALOXONE

A prescription drug that can reverse the effects of opioid overdose and can be life-saving if administered in time. The drug is sold under the brand name Narcan or Evzio.

OPIOID

Natural or synthetic chemicals that interact with opioid receptors on nerve cells in the body and brain, and reduce the intensity of pain signals and feelings of pain. This class of drugs that include the illegal drug heroin, synthetic opioids such as fentanyl, and pain medications available legally by prescription, such as oxycodone, hydrocodone, codeine, morphine and many others. Opioid pain medications are generally safe when taken for a short time and as prescribed by a doctor, but because they produce euphoria in addition to pain relief, they can be misused.

OPIOID ANALGESICS

Commonly referred to as **prescription opioids**, medications that have been used to treat moderate to severe pain in some patients. Categories of opioids for mortality data include:

- **Natural opioid analgesics**, including morphine and codeine
- **Semi-synthetic opioid analgesics**, including drugs such as oxycodone, hydrocodone, hydromorphone and oxymorphone
- **Methadone**, a synthetic opioid
- **Synthetic opioid analgesics** other than methadone, including drugs such as tramadol and fentanyl

OVERDOSE

Injury to the body (poisoning) that happens when a drug is taken in excessive amounts. An overdose can be fatal or nonfatal.

Member Hospitals Identify Evidence-Based Interventions

Ohio hospitals have been at the forefront of collaborations addressing issues of prescribing patterns, partnering with local resources and agencies and promoting the best and most comprehensive treatment available for the estimated 110,000 Ohioans currently suffering with an addiction to opioids.

OHA in 2017 launched the Opioid Response Initiative. Leveraging the association's data on Ohio hospital encounters, OHA analysts pinpointed communities and hospitals disproportionately affected by the opioid epidemic. Leading experts from the state's most highly impacted hospitals assembled in the fall of 2017 to identify proven interventions from local, regional and national sources and to create a plan to share best practices with OHA's 233 member hospitals.

The group identified 32 programs and interventions. Currently, 27 of these interventions are in place or in development in at least one hospital or health system in Ohio. This statewide collaborative serves as a means of sharing best practices while also being a

PREVENTION

testing ground to evaluate these promising practices based on uniform patient-centered metrics of success.

The OHA Opioid Response Initiative's three focus areas of **prevention, transition to treatment and recovery, and harm reduction** have been organized into two phases:

PHASE 1

Community education and the promotion of regional, state or national media campaigns, instituting Alternative to Opioids, or ALTO, protocols in multiple settings which have been shown to decrease the use of opioids in the treatment of acute and chronic pain, and

TRANSITION TO TREATMENT AND RECOVERY

the implementation of distribution programs for life-saving naloxone to high-risk individuals.

PHASE 2

Transitioning patients to more stable recovery is the focus of the second phase. Activities include SBIRT, or Screening, Brief Intervention, and Referral to Treatment; increasing the number of clinicians who are trained to provide Medication Assisted Treatment, or MAT, and who use this in multiple settings; and linking patients to community support systems through a variety of mechanisms.

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SOURCES

Centers for Disease Control, [2016 Drug Overdose Death Data](#)
United States Census Bureau. (2016). <https://www.census.gov/quickfacts/OH>
American Society of Addiction Medicine. (2016). [Opioid Addiction 2016 Facts & Figures](#)
Ohio Department of Health. (2016). [2016 Ohio Drug Overdose Data: General Findings](#)
Centers for Disease Control and Prevention. (2016). [Increases in Drug and Opioid-Involved Overdose Deaths—United States, 2010-2015](#)
Ohio Hospital Association

Deaths are classified using the International Classification of Diseases, Tenth Revision (ICD-10). Drug-poisoning deaths are identified using underlying cause-of-death codes X40-X44, X-60-X-64, X85 and Y10-Y14. Aged-adjusted death rates were calculated as deaths per 100,000 population using the direct method and the 2000 standard population.