COACEP & Emergency Departments Continue to Confront the Opioid Epidemic

Emergency physicians serve on the front line of America’s opioid epidemic. We witness the overdoses, the shooters abscess and patients in withdrawal pleading for help in a way that no other specialty can claim. It is for these reasons our organization stepped forward and authored Colorado ACEP’s 2017 Opioid Prescribing & Treatment Guidelines. COACEP can take pride in the fact that our guidelines were the first in the nation to formally champion Alternative to Opioids (ALTO) and Harm Reduction as a pillars of EM practice, and were among the first to recommend EDs adopt Medication Assisted Treatment (MAT) programs with buprenorphine. The guidelines with their 35 practice recommendations and 11 policy recommendations created a common vision for how emergency physicians can address the opioid epidemic in our communities. Two years on, the successes our efforts have borne are clear to see and it is not hyperbole to state that our guidelines have helped define emergency care, not only in Colorado but across the nation. After our guidelines were published, Colorado ACEP entered into a partnership with the Colorado Hospital Association. Together, we piloted our ALTO guidelines in 10 Emergency Departments and demonstrated a 36% decrease in ED based opioid use. In 2018, our partnership with CHA launched the Colorado ALTO Project and helped establish ALTO programs in over 90 of Colorado’s Emergency Departments. Beyond our direct efforts, COACEP’s ALTO guidelines have been adopted by the entire VA healthcare system and multiple other state hospital organizations across the nation. Our efforts culminated when Congress passed the ALTO act, making available 20 million dollars for states to implement ALTO programs. Beyond ALTO, our emergency departments have made tremendous strides in decreasing opioid prescribing and multiple EDs now offer MAT and buprenorphine inductions to patients with opioid use disorders (OUD). Our framework has also been adopted for a larger project sponsored by the Colorado Hospital Association, Colorado Medical Society and Colorado Consortium for Prescription Drug Abuse. The

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2018 marked the first time in years that overdose deaths in Colorado have decreased, from a record high of 1,102 in 2017 to 974 last year. The decrease in overdose deaths is no accident, and is in great part due to the efforts that you and our organization have put forth. Despite our past accomplishments, we’re not satisfied and realize that if we are to further drive down overdose deaths in our state we must do more. It is with this in mind that COACEP is proud to announce 3 new resources that will be made available to Emergency Physicians through partnership with the Colorado Hospital Association and Colorado Consortium. The first, ColoradoMAT.org, will help us create a standard approach to establishing MAT and Buprenorphine programs in your ED. Filled with resources and education we hope this will allow emergency departments across the state to start offering this life saving medication to patients struggling with OUD. The second resource, ERNaloxone.org, will provide a one stop shop for education and resources that emergency physicians and administrators can use to launch take home Naloxone programs, or educate patients on this life saving medication. Both ColoradoMAT.org and ERNaloxone.org will be available this fall. The last project is COACEP’s participation in Colorado’s CURE. As part of the initiative, we will be updating our own guidelines and looking to improve upon what are already the most complete guidelines in the nation. The new guidelines will be published in early 2020.

Colorado ACEP and emergency physicians have set an amazing example for the rest of the house of medicine to emulate. But we still have a long way to go - so I’d like to end with a challenge. If your department does not have an ALTO program, it’s time you start one. If you do not offer buprenorphine to patients in opioid withdrawal or with opioid use disorder, I’d like you to expand your practice. If you don’t prescribe or give patients at high risk of overdose Naloxone, I’d like you to start doing so. If you need help, Colorado ACEP and our Opioid Task Force is eager to assist you. Together, we can continue to improve our practices and I have no doubt that we can make further inroads into saving lives, driving down overdose deaths and ending the opioid epidemic in our community.
NEWS FROM ACEP

Congress Needs to Hear from Emergency Physicians about Surprise Billing

The ACEP DC office hosted an ACEP members only Surprise Billing Advocacy townhall on August 5th. Laura Wooster, Associate Executive Director, ACEP Public Affairs, provided an update on Congressional activity and spoke about the importance of utilizing the August congressional recess while legislators are back home to advocate for emergency physicians and patients. ACEP offered tips to effectively engage your legislators and a toolkit with resources to facilitate effective outreach. A link to the archived townhall is available HERE. And, you can LOGIN HERE to access the ACEP members-only surprise billing advocacy toolkit. Related resources are available to view and share HERE. For updates on ACEP’s federal advocacy activities, join the ACEP 911 Grassroots Network HERE.

We’ve heard that some of your hospitals are already implementing the 2020 AUC requirements, so we drafted a sample letter you can personalize to help you explain the emergency exemption to your administrators. Download it on the AUC section of our EHR advocacy page.

Explaining the AUC Exemption

More than 4,000 ACEP members meet minimum membership requirements – three years of continuous membership post-training – to become a Fellow of the College. Is that you? Apply today, and be recognized at a ceremony on Oct. 26, the day before ACEP19 in Denver. If you can’t make it to ACEP19, no worries. You will be included in the program and can start using your new FACEP credential immediately. Learn More HERE!

Point-of-Care Tools - 3 New Smart Phrases

FACEP Deadline Extended to Sept. 1

During their June 2019 meeting, the ACEP Board of Directors approved the following new policy statements and Information papers. For a full list of the College’s current policy statements, consult the ACEP Policy Compendium.

New Information Papers (click text below to go to link):

Models for Addressing Transitions of Care for Patients with Opioid Use Disorder

Best Practices in Testing Adults and Adolescents for Chlamydia and Gonorrhea in the Emergency Department
NEWS FROM ACEP - cont.

Articles of Interest in Annals of Emergency Medicine - Summer 2019

Sam Shahid, MBBS, MPH
Practice Management Manager, ACEP

ACEP would like to provide you with very brief synopses of the latest articles and articles coming soon to *Annals of Emergency Medicine*. Some of these have not appeared in print. These synopses are not meant to be thorough analyses of the articles, simply brief introductions. Before incorporating into your practice, you should read the entire articles and interpret them for your specific patient population. View synopses here.

Join us at the Brown Palace

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Hosted By:

- [EMERGENCY MEDICINE DENVER HEALTH](#)
- [American College of Emergency Physicians](#)
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- [University of Colorado Anschutz Medical Campus](#)

Monday, October 28
6:00PM - 8:00PM

The Brown Palace Hotel and Spa,
Autograph Collection
321 17th Street
Denver, CO 80202

Tap [HERE](#) to RSVP

www.paperlesspost.com
Auna Leatham, MD

Where did you train?

At University of Texas Southwestern Parkland County Hospital in Dallas, TX.

Where do you practice in Colorado?

Primarily in Woodland Park, CO at Pikes Peak Regional Hospital a critical access facility.

Why did you choose to practice where you do?

Colorado is a great place to live and practice. My primary hospital is a 6 bed critical access ER. It is very challenging to work, single coverage with limited resources and I feel like I am contributing to the good of the community. Most of all, I love the patient population in and around Woodland Park.

Hobbies outside of medicine?

I love hiking, kickboxing, traveling, and playing bar trivia.

Favorite place to visit in Colorado?

My family has loved so many parts of Colorado but our favorite so far has been Telluride. We went during the Mushroom festival and had a blast!

Anything else you would like us to know about you?

My work life balance is my family. My husband and I are raising two crazy sweet little kids and feel so thankful to get to live in such a beautiful state surrounded by family.