

Opinion

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How Opioid Crisis is Affecting Healthcare



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Opinion

It would seem that every other day there are news articles talking about the opioid crisis in the U.S., not surprisingly, there hasn't been any significant improvement with this epidemic. Many companies including hospitals are struggling to deal with this problem from a patient perspective. The rise in opioid abuse is a growing health crisis in the United States, particularly in areas hardest hit by the economic downturn, with an average of 115 Americans dying every day from drug overdoses, according to the National Institute on Drug Abuse Lagasse [1].

According to Lagasse [1] the number of patients hospitalized with endocarditis has dramatically increased over the past decade. The reason for this spike in patients is due to the mixed drug use, specifically in opioids. Patients taking drugs like cocaine, Oxycontin, Demerol and Percocet as well as the mixed drug use is causing this substantial increase in hospitalization. In turn, there has been an increase in cost on state and federal healthcare programs. According to Nordqvist [2], studies suggest that endocarditis affects at least 4 in every 100,000 people each year and that the number is increasing.

Endocarditis may be one of the most perplexing and expensive complications of the intravenous drug epidemic, as it's an uncommon, life-threatening bacterial infection that can destroy heart valves and spread throughout the human body. The impact on hospitals and utilization has also increased. The Centers for Disease Control and Prevention claim that addicts with endocarditis are 10 times more prone than other patients to die or require a second surgery months after initially leaving the hospital Meehan [3]. There was a study done to observe trends in hospitalizations for endocarditis among patients in North Carolina with drug dependence during 2010–2015, records from the North Carolina Hospital Discharge database were examined. The incidence of hospital discharge diagnoses for drug addiction combined with endocarditis increased well over twelvefold from 0.2 to 2.7 per 100,000 persons per year over a six-year period.

Respectively, hospital expenses for these patients amplified eighteen fold, from \$1.1 million in 2010 to \$22.2 million in 2015. Similarly, another study done in a West Virginia hospital

reported that infective endocarditis cases increased from 26 cases in 2008 to 66 cases in 2015 out of 462 patients who'd been consuming Cocaine, OxyContin, Demerol, Percocet and other opioids in great quantity. In this study, the findings showed that most of the patient cases were uninsured (10.4 percent) or underinsured by state and or federal programs federal and/or state programs (56.2 percent and 10.6 percent, respectively). Throughout the study period, the hospital billed \$17.3 million but its total reimbursement was only \$3.8 million. In 2015 alone, the hospital lost \$3.5 million treating for these patients [4].

Hospitals, doctors and administrators are now fighting back around the country by stepping up instead of waiting on the sidelines for state and federal government intervention to this growing epidemic. Action plans that can be taken as part of your preventive strategy may include: limiting opioid prescription usage in our emergency rooms by working with medical staff on appropriate opioid prescribing standards, screening patients for substance abuse disorders and developing the use of other methods of pain management, such as acetaminophen or ibuprofen, non-pharmaceutical techniques like ice or heat, physical therapy and meditation Scripps Mercy Hospital [5]. The primary goal of any preventive program is ultimately to foster trust, empathy and a sense of community. This can be achieved by creating an opioid stewardship program designed at teaching patients about opioid use, the risks that come with it, and alternatives to opioids.

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