Results of Topic Selection Process & Next Steps

The nominator is interested in a way to effectively track opioid overdose in Massachusetts in patients between 16-55 years old. Primary research and statistical analysis is needed to investigate opioid overdoses in the requested subgroups such as race and socioeconomic status, and is outside the purview of the EPC Program. No further activity will be undertaken on this topic.

The EHC Program acknowledges that this is an important topic. These evidence reports may be of interest to the nominator:

- Naloxone Guidelines for Emergency Medical Technicians (in-process). https://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productid=2292
- Technical Brief: Medication-Assisted Treatment Models of Care for Opioid Use Disorder. https://www.effectivehealthcare.ahrq.gov/search-for-guides-reviews-and-reports/?pageaction=displayproduct&productid=2190

Topic Brief

Topic Name: Tracking Opioid Overdose

Topic #: 0708

Nomination Date: 09/29/2016

Topic Brief Date: October 2016

Nominator: Individual

Summary of Nomination: The nominator recently attended a professional meeting where limited and outdated data was presented in regards to opioid overdose. Additionally, the nominator states that no mention of treatment or follow-up care was presented. The nominator wants a way to track people who have overdosed, their treatment, their follow-up, and their demographics as a way to predict groups who may be at risk of overdosing in the future and provide them with preemptive help.

Proposed Key Questions

Key Question 1. How effectively does opioid overdose treatment and tracking coincide with enrollment into Medicaid treatment programs?

Background and Clinical Context

The CDC tracks opioid overdose deaths. From 2013 to 2014, opioid overdose deaths increased 18.8% in Massachusetts; from 1,081 in 2013 to 1,289 in 2014.[1] This is a statistically significant change, according to the CDC. In August 2016, the Department of Health and Human Services announced $53 million in wards to 44 states, four tribes, and Washington D.C. to better track fatal and nonfatal opioid-involved overdoses. Massachusetts will be receiving $4.27 million of this as part of the Enhanced State Surveillance of Opioid-Involved Morbidity and Mortality program.[2]

Selection Criteria Summary

Selection Criteria	Supporting Data
1. Appropriateness	
1a. Does the nomination represent a health care drug, intervention, device, technology, or health care system/setting available (or soon to be available) in the U.S.?	No, this topic does not represent a health care drug and intervention available in the U.S.
1b. Is the nomination a request for a systematic review?	The nominator does not explicitly state the desire for an AHRQ systematic review.
1c. Is the focus on effectiveness or comparative effectiveness?	The nomination focuses on the effectiveness of a tracking system for opioid overdoses.
1d. Is the nomination focus supported by a logic model or biologic plausibility? Is it consistent or coherent with what is known about the topic?	Yes, it is biologically plausible. Yes, it is consistent with what is known about the topic.
2. Importance	
2a. Represents a significant disease burden; large proportion of the population	This topic represents a significant disease.
2b. Is of high public interest; affects health care decision making, outcomes, or costs for a large proportion of the US population or for a vulnerable population	This topic affects health care decision making or costs for a large proportion of the US population.
2c. Represents important uncertainty for decision makers	Yes, this topic represents important uncertainty for decision makers.
2d. Incorporates issues around both clinical benefits and potential clinical harms	No, this nomination does not address benefits and harms.
2e. Represents high costs due to common use, high unit costs, or high associated costs to consumers, to patients, to health care systems, or to payers	Yes, this nomination represents high cost to consumers, patients, health care systems, or payers.

References

1. Centers for Disease Control and Prevention (2016). Injury Prevention & Control: Opioid Overdose. State Data. Internet: http://www.cdc.gov/drugoverdose/data/statedeaths.html

2. U.S. Department of Health and Human Services (2016). HHS awards $53 million to help address opioid epidemic. Internet: https://www.hhs.gov/about/news/2016/08/31/hhs-awards-53-million-to-help-address-opioid-epidemic.html