

the opioid **epidemic**

Collaborative proposal to create an “All Hands” approach to reducing opioid epidemic combining efforts of healthcare and law enforcement.



Objective: Gather comparative evidence and publish on different effective techniques to reduce opiate usage due to prescription usage for pain.

Background: The US is suffering from an Opiate epidemic. This is acknowledged from the President through all levels of government and medical authorities. Despite an all hands alarm, our fellow citizens continue to die at alarming rates with the medical authorities unable to change the trajectory yet despite 2 years of focused efforts.

Problem: Despite volumes of peer reviewed published literature, western medicine remains unconvinced and slow to adopt alternative modalities to control pain. Western clinicians are unaware of peer-reviewed literature that presents a great deal of evidence that safe, efficacious and affordable alternatives exist. Western clinicians are not trained in laser and microcurrent modalities to control pain. A small DoD project demonstrated over 93% of severe pain could be controlled non-pharmacologically. US clinicians didn't learn these techniques in medical school or during residency training. They incorrectly conclude the modalities are nascent, or won't work. The fact is that there is more evidence supporting safer alternatives than there is supporting the current opiate treatments. Certainly from a safety 'do no harm' perspective these alternatives should be proven and then rapidly adopted.

Project: NFIM will launch a 2-year translational effort to demonstrate the scalability that its members have previously demonstrated. The research team will focus on training inner city public clinic staffs and then capture the translational data demonstrating that these technologies work in varied settings. This will be done through side-by-side comparisons of these alternative modalities compared to current standards of care. NFIM will raise money and will focus on 3 municipalities that provide matching funds and clinical staffs who want to learn these techniques.

Budget: The required \$3.5M NFIM budget for 'Project Four' allows procuring the technologies and adding the inner city clinics into the NFIM network of independent research partners being established throughout the country. NFIM will provide training, equipment, admin support, data analysis and the informatics platform to capture the data turning it into medical 'evidence' that will stand up to western medical scrutiny. This will inform the next generation of pain control modalities and standards of care and reduce opiate usage from medical sourcing.

Principles: At no time will NFIM accept donations from conflicted parties while this study is ongoing or in its publication cycle. Please refer to NFIM's R&D principles covered elsewhere in this brochure that preclude any conflicted influence upon NFIM's research products. Above all else, NFIM values full disclosure and transparency. We will never knowingly violate that trust.

Project 5: Opiates

OBJECTIVE & EXECUTION



National Foundation for
Integrative Medicine

"The **US** makes up only **4.6%** of the world's population, but consumes **80%** of its opioids."

American Society of Interventional Pain Physicians ¹

"Nearly 80% of all new heroin users report taking opioids first."

National Institute of Health ²



THE EPIDEMIC

The Problem:

Drug overdose has surpassed motor vehicle accidents and is now the leading cause of injury death in the US. This resurgence in illicit drug use, specifically heroin, is being fueled by widespread, medical use of controlled substances - both lawfully from prescribing physicians and illegally from drug dealers hence the dilemma: both establishments deal with the problem but have not teamed up in the fight sufficiently to make a difference. Current measures aimed at fixing this epidemic have largely been reactive in nature and have had little impact:

1. Legitimate medical treatment
2. Fighting illegal commerce

Another argument supporting this need to take a new approach is the work heretofore of DEA with its ODMAP efforts declaring themselves a "bridge between law enforcement and healthcare."

The solution must include a 2 part solution: 1) helping patients manage their pain without addictive substances

2) providing real time informatics tools for health care givers that provide an easy and reliable dashboard of currently prescribed drugs that they are required to check for during each encounter and partner with the local law enforcement community for involvement

Programs like SOLID in Calvert County illustrate the effectiveness of this willingness to help. The solution is low risk, low cost whose constituent parts have been proven.

¹ <https://www.asipp.org/documents/ASIPPFactSheet101111.pdf>

² <https://www.drugabuse.gov/publications/research-reports/relationship-between-prescription-drug-heroin-abuse/prescription-opioid-use-risk-factor-heroin-use>

³ https://www.cdc.gov/nchs/data/factsheets/factsheet_drug_poisoning.htm

⁴ <https://www.justice.gov/archive/ndic/pubs33/33775/execsum.htm>

⁵ <https://www.cdc.gov/mmwr/volumes/65/wr/mm650501e1.htm>

1) Controlling pain - with clinically proven non-addictive Integrative Medicine (IM) Techniques

The ability to reduce severe acute and chronic pain via bio-energetic devices has been established for decades. We only use FDA cleared devices for pain. The peer reviewed published literature from around the world exceeds gigabytes and is readily searchable for anyone seeking answers and alternatives. Many federal agencies already use such techniques in their everyday clinical activities such as the US Air Force practicing Battlefield Acupuncture and using micro-current devices such as InterX, Calmare and Acutron in their Pentagon clinics for senior officers and throughout most of their medical treatment facilities. The evidence for cold laser in pain amelioration is extensively documented as well and soon to be new introduced within the DoD. The US Army also uses similar techniques as does the US Navy and parts of the Veterans Administration - but regrettably, despite at times being even MORE efficacious than pharmaceuticals for pain, providers have largely not been trained and thus reach for their script pads and prescribe doses of opiates. These FDA cleared devices work for both acute and chronic pain. The epidemics cannot be stopped until pain is stopped. These proven alternatives are highly effective, safer, and cheaper. NFIM has teamed with providers from around the country as affiliates who are committed to teaching and assisting pain and primary care clinics about these techniques. The NFIM is committed to outreach into your most needy districts to demonstrate and validate proven approach which can largely be accomplished by all allied health care providers and nurses - even in free clinics. This is nationally scalable for next to nothing compared to what this scourge is costing our nation.

2). THE INFORMATICS DASHBOARD

NFIM has secured the rights to the HEALTHeFORCES Health Information Platform developed at Walter Reed Army Medical Center. This secure cloud-based platform has captured more than 3 million patient records, has been successfully used for statewide deployments as HEALTHe West Virginia ("HeWV"), and is currently live on U.S. military bases worldwide. The US Army's Medical Journal ("AMEDD") featured an article about this system in 2015.

HealthWV Program Impact Statistics:

- 43 clinics (42 in West Virginia, 1 in Ohio) including 2 academic curricular sites
- 153 providers and 450 clinical staff users trained to utilize the system
- Average of 890 unique users access the system
- More than 1,199,900 prescriptions have been written
- More than 894,700 patient progress notes documented

6 <http://www.healtheforces.com/our-story/>

7 <http://www.cs.amedd.army.mil/FileDownloadpub7lic.aspx?do-cid=59a05848-b980-44c1-9360-54ff18cca777>

8 <http://www.healtheforces.com/our-story/>

"The leading cause of injury death in the US is drug overdose."

Center for Disease Control ³

"The estimated cost of CPD diversion and abuse is **\$72.5 billion.**"

National Drug Intelligence Center ⁴

"**52,404** drug overdose deaths in **2015.**"

Center for Disease Control ⁵



National Foundation for
Integrative Medicine

Proven Technology Gets A New Mission

NFIM's customized platform will allow patients and providers to directly link critical health information in real time- even in disasters, so that providers can monitor patients' use of prescription drugs, document all findings, and implement their DEA-mandated Diversion Control Plans as necessary. This will be accomplished by linking existing secure web-based patient-portals with practice-portals and labs to facilitate a triad of care: Patient, Provider, Lab – which then yields relevant reporting. Measurement of any critical information falling outside acceptable parameters will trigger instant alerts to all parties prompting timely remediation. The platform itself already contains the capabilities to perform these functions.

FUNDING:

Part I: \$2.5M Part II: \$1.75M Total: \$4.25M



NFIM, a 501(c)3 Non-Profit run by former members of the USAF Surgeon General's office. We are agnostic and have no affiliations with medical device manufacturers and are not receiving compensation from any of them. NFIM is seeking funds for a pilot rollout in the your state, for initial pain reduction training for 50 providers and will gather evidenced of pain reduction for 300 patients in Part I above; and monitor 10,000 patients in Part II. Conservatively, the system could go live within 7 months. After evidence of success via bona-fide metrics, the Foundation could provide support for local communities throughout the country to scale up as part of our national solution. We can have a rapid impact on this epidemic.

*Please help us help your community. **If not you, than whom? If not now, then when?***