

Opioid Use Disorder Education and Treatment ECHO Series

Session 10 – The Multimodal Approach: Buprenorphine in the ED

April 5, 2022

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Family Medicine and Addiction Physicians



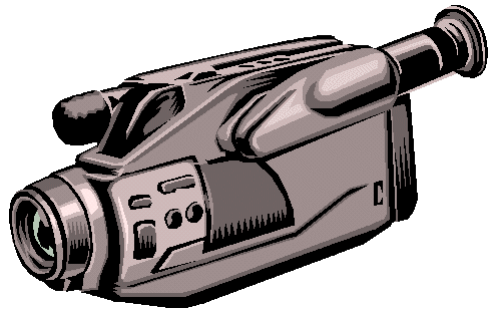
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Announcements

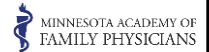


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SESSIONS ARE RECORDED

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YES, THERE'S *FREE* CME

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Minnesota Medical Association (MMA) through the joint providership of Stratis Health and the Minnesota Academy of Family Physicians. **Stratis Health is accredited by the MMA to provide continuing medical education for physicians.**

Stratis Health designates this educational activity for a maximum of **1 AMA PRA Category 1 Credits™**.

Physicians should claim credit commensurate with the extent of their participation in the activity.

Continuing Education Credits and Contact Hours for Other Health Professionals

The OUD Education and Treatment ECHO Series may meet continuing education requirements for your focus. It is the responsibility of the individual to determine if this activity fulfills that requirement.



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Attendance

- Please chat us the names of people on ECHO if there are multiple people in your room!
- “Re-name” your self so we know who’s here!
- Please turn your video on!
 - Human connection!
 - And we do NOT care if you are eating!



Case Presentations!

The ECHO model is based on case-based learning!
The case presentation form is available on the MAFP website
(<https://bit.ly/OUDCase>) and in the announcements email!
BUT feel free to present in any de-identified format!

Upcoming Tuesday ECHO Sessions

- **Tuesday, April 19, 2022:** OUD and Benzodiazepines
- **Tuesday, May 3, 2022:** OUD and Ethanol Alcohol
- **Tuesday, May 17, 2022:** OUD and Stimulants

Upcoming Wednesday ECHO Sessions

- **Wednesday, April 6, 2022**
Nitazenes, with Kurt DeVine, MD
- **Wednesday, April 13, 2022**
Drug Decriminalization with Heather Bell, MD

“The Addiction Connection Podcast”

Weekly addiction topics- Tuesday release day!

www.buzzsprout.com/954034

(Or anywhere you get your podcasts!)

Email us questions:

theaddictionconnectionpodcast@gmail.com



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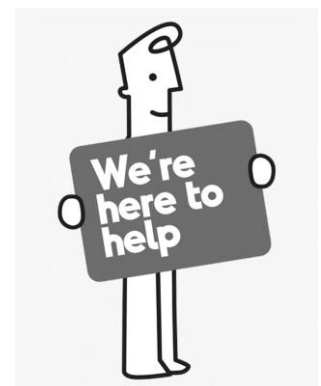
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TECHNICAL ASSISTANCE

- **We are ALWAYS here for you!**
 - Program implementation
 - Inductions
 - Difficult cases
 - Trouble-shooting
 - Anything!
- **Call us anytime:**
 - Erin Foss, RN, Program Manager/Nurse Specialist
efoss@stratishealth.org, Cell: 320-282-6553
 - Heather Bell: 320-630-5607
 - Kurt DeVine: 320-630-2507



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Objectives:

- Describe the importance of the ED in engaging patients with OUD
- Identify barriers to implementing Buprenorphine treatment in EDs
- Describe the impact on care and retention of patients presenting to the ED for OUD treatment

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Emergency Department Statistics

- How big of an issue is this?



Prevalence and charges of opioid-related visits to the U.S. Emergency Departments Langabeer et Al. Drug and Alcohol Dependence April 2021

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Emergency Department Statistics cont.

- 2.88 million visits per year were opioid related
- 1.23% of **ALL** ED visits are attributed to opioids
- Of those visits, Medicare and Medicaid paid 66% of the charges which came to...
5 BILLION DOLLARS



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For Discussion

- How big of an issue are opioids and opioid-related presentations to an emergency department?
 - 1:50
 - 1:80
 - 1:110
 - 1:140
 - 1:170

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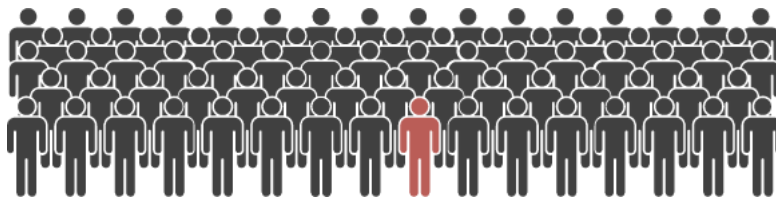
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Emergency Department Statistics cont.

- 27.5% of opioid-related visits were opioid overdoses for a total of 790,000 patients
- So... 1 in 80 visits to the ED were opioid related



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Patient Statistics:

- ED visits related to OUD have increased twofold over the last decade
- Patients that were identified and started on buprenorphine
 - 42% lower rate of opioid overdose
 - 51% decrease in overdose related ED visits
 - 31% lower healthcare cost than late initiators of care
 - Fewer than 20% of ED patients in need receive medication treatment for OUD

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Provider Attitudes Re: Buprenorphine

- 93 ED clinicians surveyed
- 80% agree that Buprenorphine should be administered in the ED
- 44% stated that they were prepared to discuss/prescribe MAT
- Clinicians with less than 5 years of practice were more likely to approve ED initiated BUP
- Compared to attending physicians, residents were less likely to believe that OUD is different from other chronic diseases



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Provider Attitudes cont.

- Barriers and facilitators to clinical readiness to provide emergency department-initiated buprenorphine
- Study includes 268 physicians:
- 9 out of 268 are waived
- 56 out of 268 felt competent to prescribe (20.19%)

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What do you feel are the biggest barriers to buprenorphine being started in an emergency department?

For Discussion

- WHO do you think is the biggest barrier?
(no wrong “thoughts” and no actual data to support, just conversation of your experience)
 - Patient
 - Provider
 - Family members
 - Nurses
 - Social services
 - Other...

Provider Attitudes cont.

- Barriers noted in this study
 - Lack of formal training
 - Limited knowledge of local treatment resources
 - Absence of local protocols and referral networks
 - Perception that it falls out of ED scope

So, What Other Barriers Do We Hear?

- Stigma
 - Patients feel shame seeking help
 - Addiction is not a disease
 - Patients hesitate to seek help in the ED due to lack of long-term treatment and resources

Barriers cont.

- Waiver - Data 2000
- Many providers/staff are unaware of prescribing guidelines in the ED
- 3-Day Rule

Education

- Lack of education and training was one of providers and support staff's greatest concerns
- Cost and compensation for provider education – it's not incentivized

Time/Bed Availability

- ED providers and staff report concern with time management
 - According to Press Ganey, the average ED stay in the U.S. is 3.7 hours
 - Jama reports the average time to reach therapeutic dosing of BUP is 3.4 hours

Fear

1. Discomfort with the unknown
2. Identification of OUD
3. Dosing medication
4. Monitoring

Medication Availability

- Collaborating with in house pharmacy to ensure BUP is stocked in ED
- Multiple doses stocked

Communication

- Hawk et al highlighted strategy that helps promote MOUD in the ED
 - Endorse patient outcome data
 - Enlist “younger” provider to teacher “older” provider
 - Demonstrate success stories
 - Develop protocols to simplify

Why Should We Do This?

For Discussion

- What do you think is the MOST important reason to start buprenorphine in the Emergency Department?

Why Do It?

- ED is the largest patient access point
- Overdose deaths continue to rise
- To save lives
- Expand provider/staff scope of practice
- Decrease OUD-related ED visits
- To save money

Important Topics When Working With Addiction

Neurobiology/Brain Changes

- Bio-psychosocial illness
 - 50% “heritable”
 - Environmental, social, traumatic and psychological factors
- Addiction affects behavioral control areas of the brain
 - “Hijack” the reward center
 - “Turn off” the pre-frontal cortex

Neurobiology/Brain Changes

- The “reward” or positive reinforcement of substances quickly diminishes
- Anti-reward
 - Patient uses to avoid withdrawal

Who Can Prescribe in the ED?

- CARA Act- Comprehensive Addiction and Recovery Act
- Allows physicians without a waiver in “Medical Emergency” to prescribe Buprenorphine
- 3-day limit



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Who Can Prescribe

- What qualifies as medical emergency?
 - Patient in the ED with withdrawal
 - Patient in hospital as inpatient



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Preventing Overdose Is Key - ED OD

- Mortality following a non-fatal opioid overdose in the next five years is 18%
- First year mortality is 9.4%

Warm Handoff and Retention

- First step is ED-initiated buprenorphine
- Second step is referral to community provider



Does it work?

- Retention in treatment after emergency department-initiated buprenorphine

Jennings et al. The J. of Emergency Medicine. April 2021

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Who Engaged Patient

- Following induction patient spoke with peer recovery specialist
- Referral made prior to discharge



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For Discussion

- How often do you think patients “show up” at the first community visit after starting on buprenorphine in the ED?

Results

- 77% of patients arrived for first visit at community provider
- At 30 days, 43.1% of patients returned
- Mean time in program 157 days
- 522 patients in study

Additional Study

- And in case you did not believe that...a second study
- A novel social work approach to emergency department induction and warm handoff to community provider

Kelly et al. June 2020. J. Emergency Medicine

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Method

- Social worker engaged patient
- Discussed treatment options
- Arranged follow up



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Results

- 120 patients induced
- 61% presented to follow up
- 39% retained at 30 days

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Success - What Is It?

- Seamless care
- Decreased ED visits for OUD and OD
- Welcoming environment – stigma-free
- Retention in MOUD programs
- Less death



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References

- Lowenstein M, Kilaru A, Perrone J, Hemmons J, Abdel-Rahman D, Meisel ZF, Delgado MK. Barriers and facilitators for emergency department initiation of buprenorphine: A physician survey. *Am J Emerg Med.* 2019 Sep;37(9):1787-1790. doi: 10.1016/j.ajem.2019.02.025. Epub 2019 Feb 18. PMID: 30803850; PMCID: PMC7556325.
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- "Addiction Is An Emergency: End Wait Times For Services And Expand Access To Life-Saving Medications", Health Affairs Blog, December 13, 2021. DOI: 10.1377/hblog20211208.799414

Poll Questions

1. Are you currently prescribing buprenorphine for opioid use disorder?
 - YES
 - NO
2. If yes, what is the approximate number of patients you are treating with buprenorphine?

For questions regarding content:

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Podcast:
The Addiction
Connection

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