CENTER FOR CARE INNOVATIONS

BUILDING COMMUNITY PARTNERSHIPS: BRIDGING THE GAP BETWEEN EMERGENCY MEDICINE + PRIMARY CARE

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Alinea Stevens, MD, MPH

careinnovations.org
EVERYONE IS MUTED

CHAT IN YOUR QUESTIONS!

SLIDES AND RECORDING WILL BE SENT OUT THIS WEEK
Building Community Partnerships: Bridging the Gap between Emergency Medicine + Primary Care

Alinea Stevens MD MPH
Nothing to disclose

Special Thanks to Andrew Herring MD
Objectives

1) Review Evidence supporting PCP-EM partner
2) Look at existing protocols in ER to treat OUD
3) Anticipate questions and fears
4) Develop a base of colleagues to partner with when we run into roadblocks
Drug overdose is leading cause of accidental death in the United States

Long Term Mortality of Patients with Opioid Addiction

Table 1. Long-Term Mortality of Patients with Opioid Addiction

<table>
<thead>
<tr>
<th>Study</th>
<th>Year</th>
<th>Country</th>
<th>Duration of follow-up (years)</th>
<th>Deaths (%)</th>
<th>Sample size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bauer et al.</td>
<td>2008</td>
<td>Austria</td>
<td>5</td>
<td>25</td>
<td>269</td>
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<tr>
<td>Sanchez-Carbonell &amp; Seus</td>
<td>2000</td>
<td>Spain</td>
<td>11</td>
<td>30</td>
<td>138</td>
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<tr>
<td>Fridell &amp; Hesse</td>
<td>2006</td>
<td>Sweden</td>
<td>15</td>
<td>24</td>
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<tr>
<td>Davstad et al.</td>
<td>2009</td>
<td>Sweden</td>
<td>18</td>
<td>45</td>
<td>157</td>
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<tr>
<td>Vaillant et al.</td>
<td>1973</td>
<td>USA</td>
<td>20</td>
<td>23</td>
<td>100</td>
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<tr>
<td>Oppenheimer et al.</td>
<td>1984</td>
<td>UK</td>
<td>22</td>
<td>34</td>
<td>128</td>
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<td>Jimenez-Treviño et al.</td>
<td>2011</td>
<td>Spain</td>
<td>25</td>
<td>50</td>
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<td>Hser et al.</td>
<td>2001</td>
<td>USA</td>
<td>33</td>
<td>49</td>
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<td>Nehkant et al.</td>
<td>2005</td>
<td>UK</td>
<td>33</td>
<td>22</td>
<td>86</td>
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<td>Stenbacka et al.</td>
<td>2010</td>
<td>Sweden</td>
<td>37</td>
<td>50</td>
<td>1,705</td>
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</tbody>
</table>

MAT Reduces Heroin OD Deaths

Treatment improves mortality
Figure 3. Number of admissions aged 65 or older admitted to substance abuse treatment, by principal source of referral: 2012 TEDS

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, Treatment Episode Data Set (TEDS), 2012.
Drug use in ER from DAWN 2011
Rates of ER visits using illicit drugs 2011

Figure 2. Rates of ED visits per 100,000 population involving illicit drugs, 2011

<table>
<thead>
<tr>
<th>Drug</th>
<th>Rate of ED visits per 100,000 population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cocaine</td>
<td>162</td>
</tr>
<tr>
<td>Marijuana</td>
<td>146</td>
</tr>
<tr>
<td>Heroin</td>
<td>83</td>
</tr>
<tr>
<td>Amphetamines/methamphetamines</td>
<td>51</td>
</tr>
<tr>
<td>PCP</td>
<td>24</td>
</tr>
</tbody>
</table>

6 year study of 329 patients

Engaged in treatment for 30 days

D'Onofrio et al., "Emergency Department-Initiated Treatment."
Figure 8. MAT in the ED Clinical Pathway 2.0: The Yale Model — ED Induction

Opioid use disorder & desire to start buprenorphine to quit or reduce use

At least 12-24 hours abstinence

Assess for contraindications
Evaluate withdrawal

No recent use & No withdrawal

COWS

(<8)

(>8+)

buprenorphine 2mg SL

Reassess In 1-2 hrs Repeat up to 16mg total

Withdrawal symptoms and cravings tolerable

Reassess In 1-2 hrs Repeat up to 16mg total

Mild withdrawal

Wait 2 hours Reassess

Abstinence

Take home doses prescribed

Mild to moderate withdrawal
4mg buprenorphine

Withdrawal symptoms and cravings tolerable

Continued induction at home

Home induction

Continued induction at home
Figure 9. MAT in the ED Clinical Pathway 2.0: The Yale Model — Home Induction

Home induction

- Safety: Storage, driving, interactions
- Avoidance of precipitated withdrawal
- Use of SOWS
- Adjunct withdrawal Medications

Verbal and written instructions given during ED visit

ED Rx: 20, 2mg SL buprenorphine tablets

Day 1:
- Begin when SOWS > 17
- 2mg SL buprenorphine
- Repeat 2mg Q 2 hrs
- Max 16 mg first 24 hrs

Day 2:
- Total from day #1 in AM or BID
- 2mg SL buprenorphine
- Repeat 2mg Q 2 hrs
- Max 24 mg

Day 3

Partner clinic follow up

Interim ED maintenance
Common Myths / Fears
Our current MAT program is capped will we have the capacity to take on more patients from the ER?

Only 1-2 patients per month are referred from ER
I will precipitate withdrawal if I use buprenorphine in the ER?

In a retrospective chart review of 158 patients treated at a single ED with buprenorphine for opioid withdrawal, the authors found no instances of precipitated opioid withdrawal.

Once people find out we are rx buprenorphine will we be flooded with patients seeking buprenorphine?

In a retrospective chart review of 158 patients greater than 50% reduction (17% vs. 8%) in return-rate to the same emergency department for a drug-related visit within one month, compared to return-visit rate for usual care.

I don’t feel comfortable prescribing buprenorphine, don’t you need a special license?

Figure 3  Effect of increasing doses of fentanyl and buprenorphine on respiration in human volunteers (n=5–8 per dose group; n=1 for the highest fentanyl dose). Note the dose-dependent decrease for both drugs with apnoea at high-dose fentanyl but a ceiling or plateau at intermediate to high dose buprenorphine. Values are population mean. For clarity no error bars are shown. Data are adapted from Dahan et al.10

Roadmap

Building a Roadmap with the Emergency Department
Step 1: Needs Assessment

Set up a meeting with head of local ER.

Preparation:

1) Ask Head of ER prior to meeting to run quick numbers on:
   a) how many patients they see for OUD
   b) How many OD
   c) What is protocol is for treatment or management of withdrawal
   d) What is ER culture around addiction
Step 2

Show them your Cards

1) Bring brochures and discuss your MAT program

2) Give basic education on buprenorphine and narcan

3) Bring with you ER protocol devised by Andrew Herring MD
Step 3:

Use your Motivational Interviewing Skills!

Determine where your local ER is in the stages of change and meet them where they are.
Step 4: Build an Empire of Support

Search for Allies in ER, county, your clinic to work on this with you.
Step 5: Build a business plan with your partners

- Do a cost benefit analysis
- Apply for funding
Types of ER Primary MAT Partnerships

Develop the best plan for you and your ER
Models

“The Honda Model”
Waivered ER physicians with strong connected with outpatient MAT program

“The Kia Model”
Outpatient clinic with ER physicians who are not waivered

“The Lexus Model”
SW/Nurse does SBIRT, waivered ED providers, strong connection to multiple outpatient programs.
The Essentials

Training of Staff

Understand how to screen and treat opioid use disorder

Hospital Pharmacy

Must carry buprenorphine and Narcan

Screening for OUD

Can be an RN, LCSW, passionate undergrad
Staff Training

1. Screening
2. Create Order Sets for OUD
3. Set Up Referrals to MAT program
What this looks like in practice
1) Patient is at least 18 years old.
2) Meets DSM-5 criteria for OUD
3) Access to f/u care within 3-7 d.
4) NKDA to buprenorphine/nlx.
5) Are in moderate withdrawal

(>100meq morphine, frequent ER visits, multiple scripts, low SES, psych)
All patients screened for Opioid Use Disorder

- Patients Screen Positive
  - In Withdrawal
    - MAT+ referral
  - Not in Withdrawal
    - MAT+ SBIRT
    - SBIRT + narcan
    - Referral + narcan
Chapa De Referral Form for Opioid Use Disorder Treatment

Name: ___________________________  DOB: ___/___/___

Chapa De Patient? Yes  No  Verified Native American? Yes  No

Phone Number: (___) _____ - ___

Patient Signature_____________________

By filling out this form, I agree to send information above to Chapa De treatment provider for purposes of treatment for opioid use disorder.

_____________________________________

Date: ___/___/___

Dear ___________________________,

Your appointment is tomorrow at 2 pm with Annie Mascorro RN, addiction nurse at Chapa De IHS to discuss treatment options that could include buprenorphine, methadone, inpatient vs outpatient treatment, and or therapy. We look forward to meeting you at 2 pm at Chapa De IHS at 11670 Atwood Road, Auburn. If you cannot make this appointment please call us at (530) 887-2804 to reschedule your appointment with Annie Mascorro, RN.
Summary
Summary

1) Evidence shows that initiation of MAT increases chance of 30 day treatment with decreases mortality
2) When considering implementation of a program do a needs assessment, show them your cards, use MI, build an empire, and think about costs
3) Anticipate questions and fears and use evidence to discuss further
4) Don’t reinvent the wheel use existing protocols and your colleagues!
Discussion
Hear about your experiences

1) Your Name
2) Your organization
3) Your role
4) Your experience with EM

Questions?