Buprenorphine Initiation in Emergency Department: A Community Collaborative Approach

Implementation Toolkit

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The Opioid Crisis and the Emergency Department

By Implementing a Buprenorphine initiation program in the local Emergency Department, the team can help in the opioid crisis fight. Here’s just a few impactful facts on why your Emergency Department should consider piloting this collaborative effort:

- The emergency department is the front lines of the opioid crisis
- Under the Drug Enforcement Administration’s (DEA) “72-hour rule,” emergency physicians do not need an “x-waiver” to administer buprenorphine to patients under their care in the ED
- Open 24/7 and have the unique opportunity to treat withdrawal “on demand”
- Otherwise, there may be significant waiting time to receive Medication-Assisted Treatment (MAT)
New York State now requires that patients who have been treated for an opioid overdose in the emergency room must be provided medication-assisted treatment (MAT) or a referral for MAT before discharge.
D’Onofrio et al at Yale New Haven showed that the initiation of Suboxone in the ED, combined with formal follow-up arrangements, significantly increased the likelihood of continued engagement with treatment at 30 days, as compared to a control group who were given a referral but no Suboxone treatment.

By diminishing (or completely erasing) the patient’s withdrawal symptoms, a temporary Suboxone bridge initiated in the ED is extremely safe and greatly reduces the chance a patient will self-medicate with street narcotics while awaiting an appointment with a Suboxone provider.

Since that study was published in 2015, a small number of EDs across the country have begun treating patients in opioid withdrawal with Suboxone and bridging them over to outpatient treatment, and that number is sure to grow exponentially as this very logical idea gains traction.


Emergency Medicine residency at Arnot Ogden Medical Center- in partnership with CASA-Trinity of Chemung County – launched a similar program in March 2018.

Dr. Frank Edwards and his team designed the pilot program as an academic project for the EM residency.

Patient presents to Emergency Department

Patient is fast track to CASA-Trinity for MAT & Evaluation

Patient in opiate withdrawal

Patient is treated immediately with Suboxone

Patient is ready to engage in treatment
"Our results suggest that an outreach program designed to offer immediate medication-assisted treatment access for opioid use disorder patients is feasible in community hospital Emergency Departments."

Frank J. Edwards, MD, FACEP  
Designated Institutional Official  
Arnot Health Graduate Medical Education

https://www.annemergmed.com/article/S0196-0644(19)31104-7/fulltext
✓ Increase interest in addiction medicine for Arnot emergency medicine residents.
✓ Five Emergency Medicine Residents obtained their DEA “X-waiver”
✓ Expansion of waivered suboxone providers; which essentially resolved the community’s previous shortage of Suboxone providers.
✓ One resident accepted into an addiction medicine fellowship at Brown University, where he will start after his graduation from the emergency medicine residency in June of 2019.
✓ Pilot program’s resident-investigators were competitively selected to present at the New York Society of Addiction Medicine’s conference in New York City on February 1, 2019
✓ The Pilot won first place prize.
✓ Attending physicians who worked in the Arnot ED--some of whom were skeptical of the program--reported a high degree of satisfaction in treating the patients.
✓ Family members and patients expressed high degrees of appreciation with the program.
✓ **WIN-WIN** for both the providers, patients and community
✓ Pilot was not a hard program to implement but impactful benefits
The program had to deal with a number of logistical hurdles in its early stages, not surprisingly, all of which have evolved positively. The major challenges we faced included these issues:

### Paradigm shift for physician and nursing

- Substantial orientation and on-going educational efforts
- Overcome bias against treatment & patients

### Communication on Changes

- Creation and adoption of a new process and workflow
- Required additional documentation in the Emergency Department

### Workforce

- Increase in new patients being referred to MAT (Medication Assisted Treatment)
- Insufficient numbers of suboxone providers
4-Step Implementation
"The secret to getting ahead is getting started."

- Mark Twain
Implementation: 4 Steps

Step One
Getting Started: Evaluating Your Organization

Step Two
Pre-Implementation

Step Three
Implementation

Step Four
Sustainability
STEP 1: Getting Started

Do you have the following?

- A champion that recognizes the importance of the issue and is able and willing to move it forward
- Senior Leadership engagement and support
- A need based on data and feedback to support the change
- A sufficient number of ED physicians and/or EM residents to administer suboxone
- A significant number of staff/professionals, including clinicians, front line, and administrative/back office staff who are willing and able to support the change
- An established partnership with a substance use treatment clinic
- Established goal and/or vision (e.g. what do you want to accomplish)
- Financial resources to support the change
- Existing relationships with community resources to establish referral pathways
- Opportunities to train staff prior to, during and after implementation
Assembling your implementation team

The Implementation Team will lead and manage the development, communication and training of the pilot.

Recommendation: at least one should be a physician

Recommendation: at least one should be a frontline staff

Recommendation: A max of 5-6 members
Questions to Consider

Determine if there is a need.
What does the data show you?
Do you have leadership engagement or buy-in?
Do you have a champion to advocate for this change? 1 physician champion is recommended.
Do you have sufficient ED physicians to administer Buprenorphine (suboxone)?
Do you have funding and time support?
Do you have enough staff to support the change?
Do you have the ability to track data to monitor and evaluate your program?
Do you have a substance use treatment provider or agency that you currently collaborate with for the ‘fast track’ warm handoff after ED suboxone administration?
Do you have a substance use treatment clinic or provider that you can engage with?
Do you the ability to train and educate the ED team?
What are the training needs of the staff?
How will you outreach and market the program to the community?

Based on your responses –
The Implementation team will create action plans to address the gaps.
STEP 2: Pre-Implementation

- Create the step by step work flow Process (see attached for potential buprenorphine ED Process & Workflow)
- Develop and create patient inclusion criteria (see attached for a reference)
- Determine what screening assessments or labs will be required (see attached for the COW assessment)
- Develop and create the policies and procedures on suboxone administration
- Communicate and create workflows on how the warm handoff and communication will flow between the substance use treatment clinic and team
- Determine the goals and/or vision (e.g. what do you want to accomplish)
- Determine and select the data and metrics you will track
- Determine what resources (handouts) will be provided to patients and families
- Create action plans to address the identified gaps and barriers (education)
- Educate the staff and team about the ‘Why’
- Schedule trainings and webinars for all staff (Comprehensive Opioid Overdose Prevention Toolkit)
- Determine and develop how you will market and outreach to the community about the program (sample flyer attached)
- Connect with the Free PCSS Clinician Mentoring (see attached link)
- Review Provider Buprenorphine Resources (attached)
Inclusion criteria to receive buprenorphine in the ED:

1. Medically stable.
2. Must have capacity (i.e., not intoxicated or delirious, etc.) and agree to MAT follow-up.
3. 16 years or older. (< 18 need parental consent)
4. Must be in withdrawal per the COW scale and history.
5. No heroin/fentanyl in the past 12 hours.
6. No oxycodone in the past 24 hours.
7. No long acting oral opioid in the past 48 hours.
   1. Exception to this is methadone, in which case the patient must not have used methadone in the past 3-5 days
8. Must not have utilized this program within the preceding 90 days. (Optional)
Implementation Support Resources

**Clinical Opiate Withdrawal Scale (COW)**

**Effective Treatments for Opioid Addiction**

**SAMHSA – A call to action for providers**
Implementation Support Resources

**Behavioral Health Treatment Services Locator**
- [https://findtreatment.samhsa.gov/](https://findtreatment.samhsa.gov/)

**Safety Advice for Patients & Family Members**
- [https://store.samhsa.gov/system/files/safety-advice-for-patients-family-members.pdf](https://store.samhsa.gov/system/files/safety-advice-for-patients-family-members.pdf)

**Information for Prescribers**
- [https://store.samhsa.gov/system/files/information-for-prescribers.pdf](https://store.samhsa.gov/system/files/information-for-prescribers.pdf)
Training & Promising Models Resources

- Comprehensive Opioid Overdose Prevention Toolkit

- Obtaining your waivers, technical assistance and/or additional trainings?
  - [https://opioidresponsenetwork.org/](https://opioidresponsenetwork.org/)

- Promising Models: Implementing SUD in Pediatric PC and Office Based Addiction Treatment Program
  - [https://opioidresponsenetwork.org/PromisingModels.aspx](https://opioidresponsenetwork.org/PromisingModels.aspx)
Outreach to the Community

- Newspaper articles
- Interviews on local TV programs
- Flyers distributed

Suboxone Assistance Program

- Who is eligible for the Suboxone Assistance Program (SAP)?
  - Adults, minors 16 yrs. & older accompanied by parent or legal guardian, and pregnant women
  - Must be sober and able to make health care decisions.

- How does the SAP work?
  - Begin Suboxone treatment at Arnot Emergency Department
  - Transition to Trinity for continued treatment, counseling, and support

- Where can I receive Suboxone?
  - Arnot Emergency Department
  - Ogden Medical Center
  - 600 Roe Ave
  - Elmira, NY 14901
  - 607-737-4194

The Suboxone Assistance Program is provided through a partnership between Arnot Health & Trinity of Chemung County.
STEP 3: Implementation

Once Step 2 is completed, you are ready to move on to implementation.

- Schedule trainings for the ED and outpatient clinic staff to review workflows, guidelines and policies
- Schedule a separate training meeting for the EM residents and ED physicians (Free PCSS Clinician Mentoring available – see attached link)
- Establish and set the “Go live” date
- Share the ‘Why’ with the team
- Provide patient case stories from the community/ED during the training
- Track & share successes and challenges
- Share the goals and outcomes that is being tracked and measured
- Share outreach and marketing
- Encourage questions and feedback about the processes and workflows
- Communicate who will be the primary and secondary contact for all questions
- Adopt PDSA (Plan Do Study Act) Cycle to evaluate and monitor progress
PCSS Mentoring Program

The Help You Need, to Help Those Who Need It.

The PCSS Mentoring Program is a national network of trained clinicians with expertise in addiction and pain management aimed at improving confidence and skills in preventing, identifying, and treating substance use disorders, opioid use disorder, and chronic pain using evidence-based practices.

There are three options to obtain the answers you need, at no cost. Choose any or all of the following options that work best for you.

https://pcssnow.org/mentoring/
STEP 4: Sustainability

PDSA (Plan Do Study Act) Cycle promotes continuous quality improvement. Review and evaluate lessons learned and successes.

- Evaluate and analyze data to measure outcomes and successes
- Focus on continuous improvement opportunities
- Explore the expansion of inclusion criteria to include i.e. maternal/pregnant population
- Evaluate opportunities to adopt and hardwire processes, protocols and procedures
- Incorporate into in-service annual trainings
- Update & revise policies and procedures
- Continue to support staff training prior to, during and after implementation
- Manage up and share your outcomes with senior Leadership
- Explore how the organization can be better served with community integration
- Determine what other community resources/partnerships to assist in the patients’ care and Social Determinants of Health

Opportunities to consider:
1. Screening, Brief Intervention and Referral to Treatment (SBIRT) Services
2. ACEs Screening
3. Resilience Screening
4. Community partnerships to address SDOH
5. Peers Specialists
6. Expansion into Maternal/Pregnant Population
Acknowledgment

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Edwards, F. J. MD (September 2019). *Immediate treatment of opioid withdrawal with buprenorphine in the ED* [PowerPoint slides].

Gallagher, N. DO., Wicelinski, R, DO (January 2019). *Confronting The Opioid Abuse Crisis from a Community Emergency Department* [PowerPoint slides].


*Treating Opioid Withdrawal With Buprenorphine in a Community Hospital Emergency Department: An Outreach Program* Edwards, Frank J. et al. Annals of Emergency Medicine, Volume 0, Issue 0

https://www.samhsa.gov/medication-assisted-treatment


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