WHITE PAPER

Recovery Begins in the ED

Initiating Medication-Assisted Treatment for Opioid Dependence During Emergency Department Visits

By Gregg Miller, MD
Chief Medical Officer

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A New Protocol for Opioid-Fueled Emergencies

In hospitals and emergency departments (EDs) across the country, administrators and clinicians are witnessing the opioid crisis firsthand as patients seek treatment for overdose or withdrawal symptoms.

Between July 2016 and September 2017, visits to the ED for suspected opioid overdoses increased 30%.

Two-thirds of patients with opioid use disorder, when asked, have expressed interest in quitting or cutting back.[i] But we—as emergency care providers—have felt powerless to do more than stabilize patients who overdose and offer supportive and symptomatic treatment for opioid withdrawal. We have lacked the tools to launch patients on the road to recovery directly from the ED.

Now we have a new option. Traditionally used in outpatient settings, Medication-Assisted Treatment (MAT) is the combination of counseling or therapy with the U.S. Food and Drug Administration (FDA) approved medications, methadone, buprenorphine, and naltrexone.

Initiating MAT in the ED empowers us to approach opioid use disorder as a treatable chronic illness and provides hope to patients who are ready to fight their addiction.

At Vituity, we have pioneered the use of MAT in the ED. This approach is making a significant difference in the lives of patients struggling with opioid dependence across hospitals and EDs of varying sizes. This approach also improves both efficiency and morale in EDs.

This white paper will review:

1. The barriers to patient access to behavioral therapies and MAT for opioid use disorder.
2. How MAT combines behavioral assessment, medication intervention, and connection with community treatment partners.
3. Tips for introducing MAT to ED care teams, and information on how MAT works in the acute care setting.

Gregg Miller, MD, FACEP
Chief Medical Officer, Vituity

Dr. Miller oversees the development and dissemination of clinical best practices. He provides leadership to over 3,000 clinicians in the areas of risk management, continuing medical education, CMS performance improvement, patient experience, and data management.

The worst drug crisis in U.S. history has destroyed lives, families, and careers and **cost** an already overburdened healthcare system over **$11 billion a year.**[ii]

It's estimated that between 2.1 million and 6 million people developed a substance use disorder in 2017.

A 2018 Premier Inc. analysis of patients who were treated for opioid overdoses and released from the ED showed that about 24% returned for additional emergency care within 30 days of discharge.[iii]

INSUFFICIENT ACCESS TO TREATMENT

Current access to behavioral therapies and MAT for substance use disorder varies from state to state and county to county, with residents of rural areas suffering the most due to lack of treatment clinics and emergency physicians trained to handle the crisis.

In many areas where clinics do exist, they have such long wait times for appointments that people relapse before they get in for treatment. Not surprisingly, the areas with no or low access to treatment have the highest overdose death rates.

This epidemic's impact on hospitals is dramatic, causing a sharp increase in ED visits and hospitalizations. Healthcare costs and overcrowding are escalating while the quality of patient care and provider morale decline. Care team resources too often must be diverted from other medical emergencies to stabilize patients with opioid overdoses and manage complications of the disease. Readmissions for repeated complications can result in financial penalties for hospitals. Ultimately, increased costs are passed on to the public in the form of higher insurance costs and taxes.

Today's health system cannot afford to continue using the traditional protocols for complications of substance abuse in the ED, which is to treat patients' symptoms, get them stabilized, and discharge them with a phone number or address for an outpatient drug treatment clinic.

Research proves this approach is ineffective.

How To Eliminate Barriers to Treatment

DESTIGMATIZE OPIOID DEPENDENCE

Some clinicians still view those with substance abuse issues as having a mental failing, and they don't see the ED as the right place to treat addiction. With only a few minutes to observe and treat each patient, they focus on caring for the immediate issue, not the underlying ones. Education is required to help physicians, advanced providers, and nurses understand that addiction is a treatable chronic condition, learn treatment options, and eliminate biases that affect the quality of their care.

AMEND GOVERNMENT REGULATIONS

While studies prove that the most effective treatment for substance use disorder is MAT with buprenorphine, the DEA requires that clinicians who prescribe buprenorphine for outpatient use have a waiver called an X license. The license requires 8 hours of classes for physicians and up to 24 hours of instruction for advanced providers. The government should be encouraged to ease these requirements. Meanwhile, EDs can help support clinicians interested in getting the license.

DEVELOP TREATMENT PARTNERS

While the need for treatment centers far outweighs the supply, many hospital administrators, ED clinicians, and patients are unaware of the medical, psychological, and social support that exists in their communities. Thanks to federal grant funding that started pouring into communities hardest hit by the epidemic, there are a growing number of low-barrier DEA X clinics where patients can get buprenorphine prescriptions without appointments or insurance.

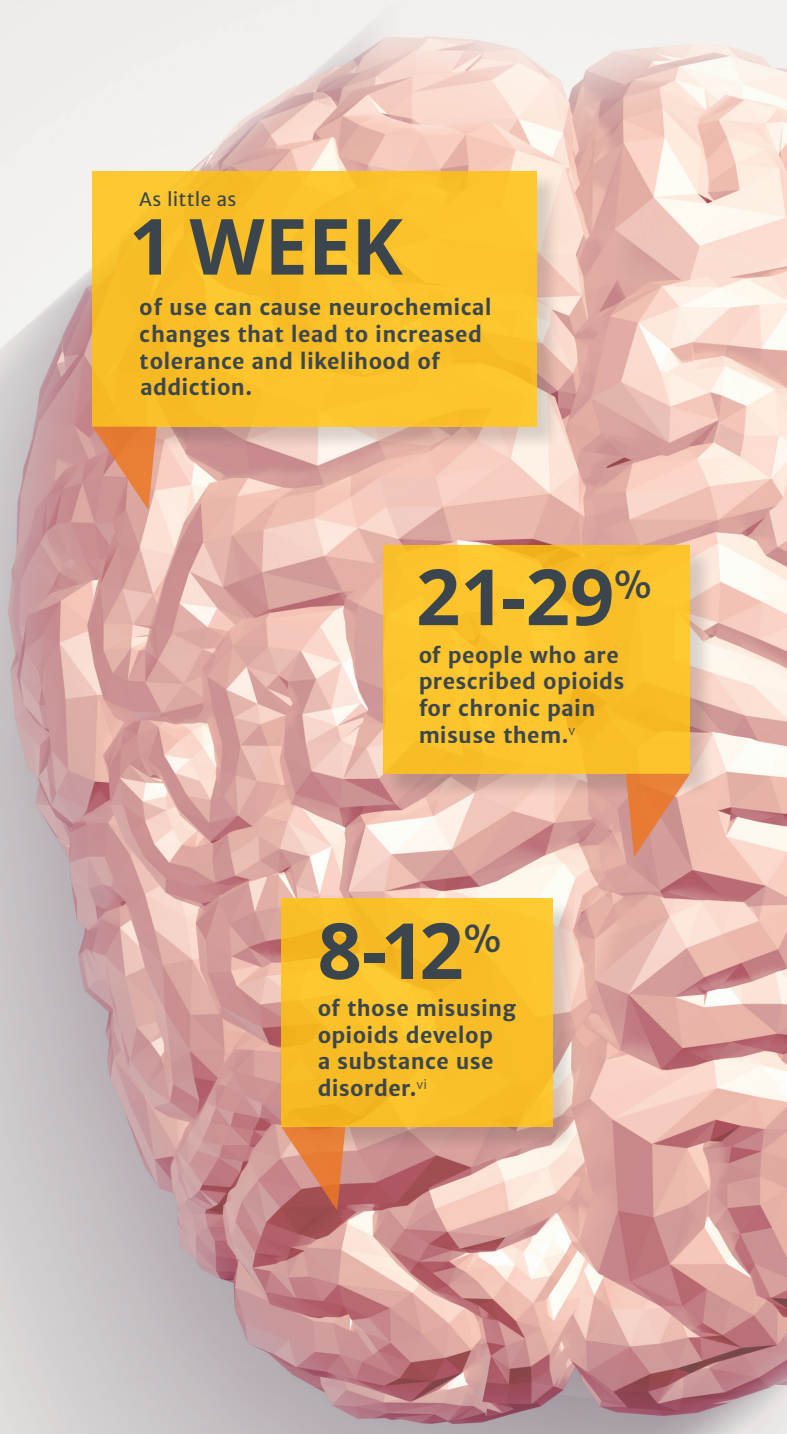
INITIATING LONG-TERM OPIOID ADDICTION TREATMENT IN THE ED

Opioid addiction is a disease that changes a person's neurological wiring. Abstinence, as a treatment plan, rarely works. In one study, 30 days after detox, 90% of patients had relapsed.

> "People who present to the ED for other chronic diseases like diabetes and asthma are stabilized with medications and handed off for outpatient care. Individuals with opioid use disorder do best with a similar treatment plan."
>
> National Institute on Drug Abuse[iv]

Since the ED is at the epicenter of the epidemic—where patients come when they overdose or develop complications like abscesses or endocarditis—it is an appropriate place to take action and treat the addiction as the medical disease it is. Working in collaboration with long-term treatment partners in the community, the ED can serve as the bridge from addiction to recovery for patients ready to commit to change.

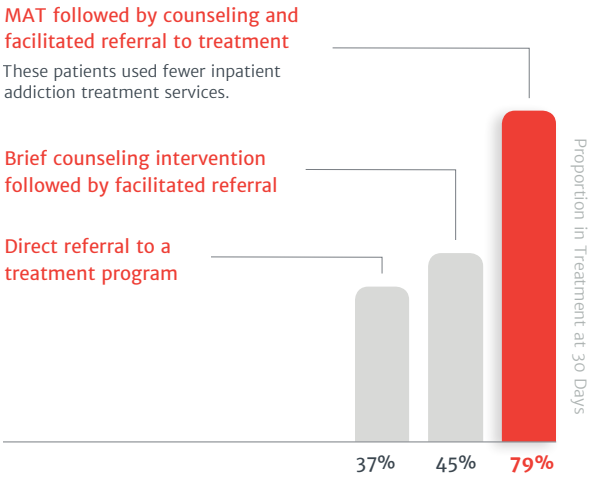
Medical evidence demonstrates that MAT with buprenorphine is an effective strategy for handling opioid withdrawal in the ED. MAT combines the use of behavioral therapy with medications that stabilize brain chemistry, manage withdrawal symptoms, and minimize psychological cravings. The effectiveness of this approach depends on the patient being able to get outpatient counseling and an ongoing prescription for buprenorphine within 24 hours after discharge, before experiencing severe withdrawal when the drug wears off. In cases where outpatient treatment facilities are closed the next day, the person can return to the ED daily for up to three days for additional doses of medication.



WHEN PATIENTS ARE GIVEN BUPRENORPHINE IN THE ED, STUDIES SHOW THEY ARE TWICE AS LIKELY TO FOLLOW UP WITH A TREATMENT CLINIC

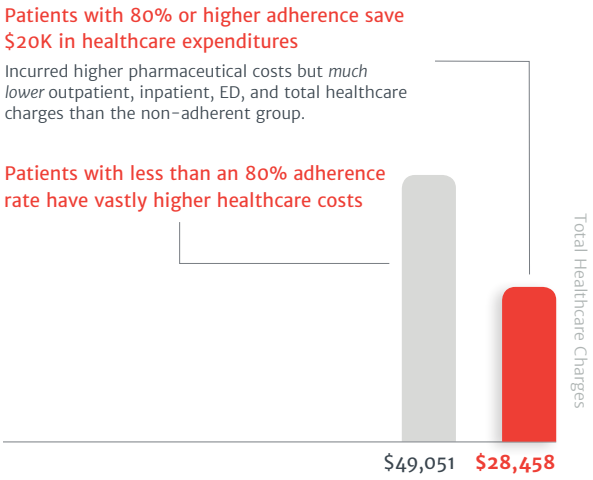
Patients starting buprenorphine in ED are twice as likely to stay in a 30-day treatment program.[vii]

A 2015 randomized clinical trial involving 329 opioid-dependent patients compared three treatment protocols for ED patients presenting with opioid withdrawal.



MAT can reduce healthcare costs by $20,000 per patient.[viii]

A 2014 study looked at the relationship between adherence to MAT with buprenorphine and health service utilization and costs.



Why buprenorphine is the right medication for the ED

Buprenorphine is an effective medication for use in the ED because it provides immediate relief of withdrawal symptoms for up to 24 hours, without significant euphoria, sleepiness, or respiratory depression.

Buprenorphine, a partial opioid agonist, is an ideal medication for short- and long-term management of substance use disorder. Unlike methadone, a long-acting, full opioid agonist that is complicated to dose, it rarely causes respiratory depression or significant adverse reactions. By reducing cravings for opioids, it can improve recovery, reduce readmissions and healthcare costs, and lower mortality from opioid addiction significantly.

Based on its efficacy in the ED, the state of New Jersey has recently authorized paramedics to administer buprenorphine to patients after reviving them from an opioid overdose.

> "In order to address the epidemic, we need to increase awareness of and access to evidence-based treatment for opioid use disorder. MAT helps patients regain control by minimizing symptoms of withdrawal and cravings, subsequently manage their comorbid medical and psychiatric conditions, and ultimately get back to their work and family obligations."

Dylan Carney, MD
MAT Program Director, Vituity

HOW TO SET UP MAT IN YOUR ED

Vituity's road map helps to remove the stigma around behavioral health patients and supports individual EDs, as well as health systems, in implementation of a MAT program. Our program includes specific processes for providers and administrators.

For Providers

Talk to your patients. It is a common myth that the majority of people with substance use disorders are not interested in treatment. While there is a large burden of drug-seeking behavior in the ED, the majority want to cut back or quit drugs altogether.[ix] Additionally, nearly 45% of patients said they were interested in MAT.[x] Every time clinicians engage patients in conversation, there is an opportunity to help them identify they have a problem, discuss whether they've considered quitting, and move closer to treatment.

Know when and how to administer buprenorphine. There are clear medical guidelines for administering buprenorphine in the ED that all clinicians should know.[xii] If patients can't get to a DEA X clinic within the next 24 hours for their outpatient prescriptions, they can return to the ED for up to 72 hours for additional doses of buprenorphine, giving them more time to find an X-waivered provider.

Get your DEA X waiver. To develop a best-in-class MAT program, having clinicians on your team with X waivers enables your ED to prescribe buprenorphine for outpatient use, giving patients more time to get an appointment with a behavioral health specialist or treatment clinic. Having this license may reduce the number of readmissions due to relapses and is helpful for areas with few DEA X clinics or providers.

For Administrators

Ensure buprenorphine is on the hospital formulary. Your hospital pharmacy should maintain a supply of buprenorphine for use in the ED. Any clinician can directly administer this medication from the hospital pharmacy to any patient in the hospital without an X waiver.

Include a behavioral health expert on your team. Following medication treatment, patients should be seen by a behavioral health professional who can assess their condition and guide them to an appropriate opioid addiction treatment program with access to an X-waivered clinician. While it is ideal to have a behavioral health professional on your MAT team who can meet with the patient in person, it is possible to handle this step through a telehealth program. Alternatively, your MAT team might work with a community treatment clinic, that becomes part of your extended care team. Patients who are committed to continuing behavioral counseling may remain on buprenorphine for months to years after beginning medication treatment.

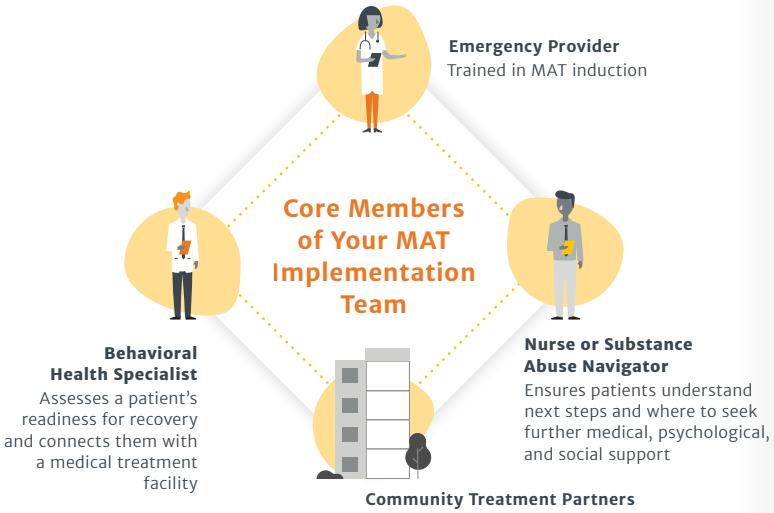
Establish community treatment partners. Treating opioid abuse takes a community effort, with the ED just one stop on the way to a patient's recovery. Perhaps the most critical step is arranging prompt follow-up with X-waivered providers. Follow-up partners may include primary care clinics, mental health clinics, substance use treatment programs, and buprenorphine clinics. If your ED already works with a local opioid treatment program or community health center, ask if they can set up a protocol that prioritizes your discharged patients for next-day follow-up.

Get funding for substance abuse navigators. You can implement MAT in the ED without a substance abuse navigator, but having one will not only allow you to provide follow-up care to patients, but will also free up providers' time to practice medicine. There is currently significant grant money available to fund this type of support. (See the Resources section.)

MAT IN THE ED IN ACTION

Founded by emergency physicians nearly 50 years ago, Vituity is differentiated by its commitment to innovation in healthcare across specialties that improve patient experience and outcomes. For many years, Vituity has taken a comprehensive approach to opioid abuse and chronic pain, first by setting compassionate limits on the administration of opioids in our EDs and then by allowing emergency providers to take a *cognitive pause* and ask a set of key questions to ensure that what presents as withdrawal symptoms is not actually an emergency situation.

In 2018, nine Vituity-run EDs were using MAT. In 2019, that number has risen to 21, and another 19 EDs will offer the treatment within the next year. Each MAT program is customized for the specific hospital location, with customized follow-up options for patients based on the needs and resources of the local community. A growing number of Vituity EDs in California have received grants from the state-funded Bridge program, designed to enhance access to around-the-clock substance use disorder treatment in California communities hit hardest by the opioid epidemic. This innovative program supports the hiring of substance abuse navigators to help move patients from crisis to intervention to treatment.



Emergency Provider
Trained in MAT induction

Behavioral Health Specialist
Assesses a patient's readiness for recovery and connects them with a medical treatment facility

Nurse or Substance Abuse Navigator
Ensures patients understand next steps and where to seek further medical, psychological, and social support

Community Treatment Partners
Additional resources, including therapists, who work with ED care teams to assess ongoing patient needs and deliver appropriate follow-up care

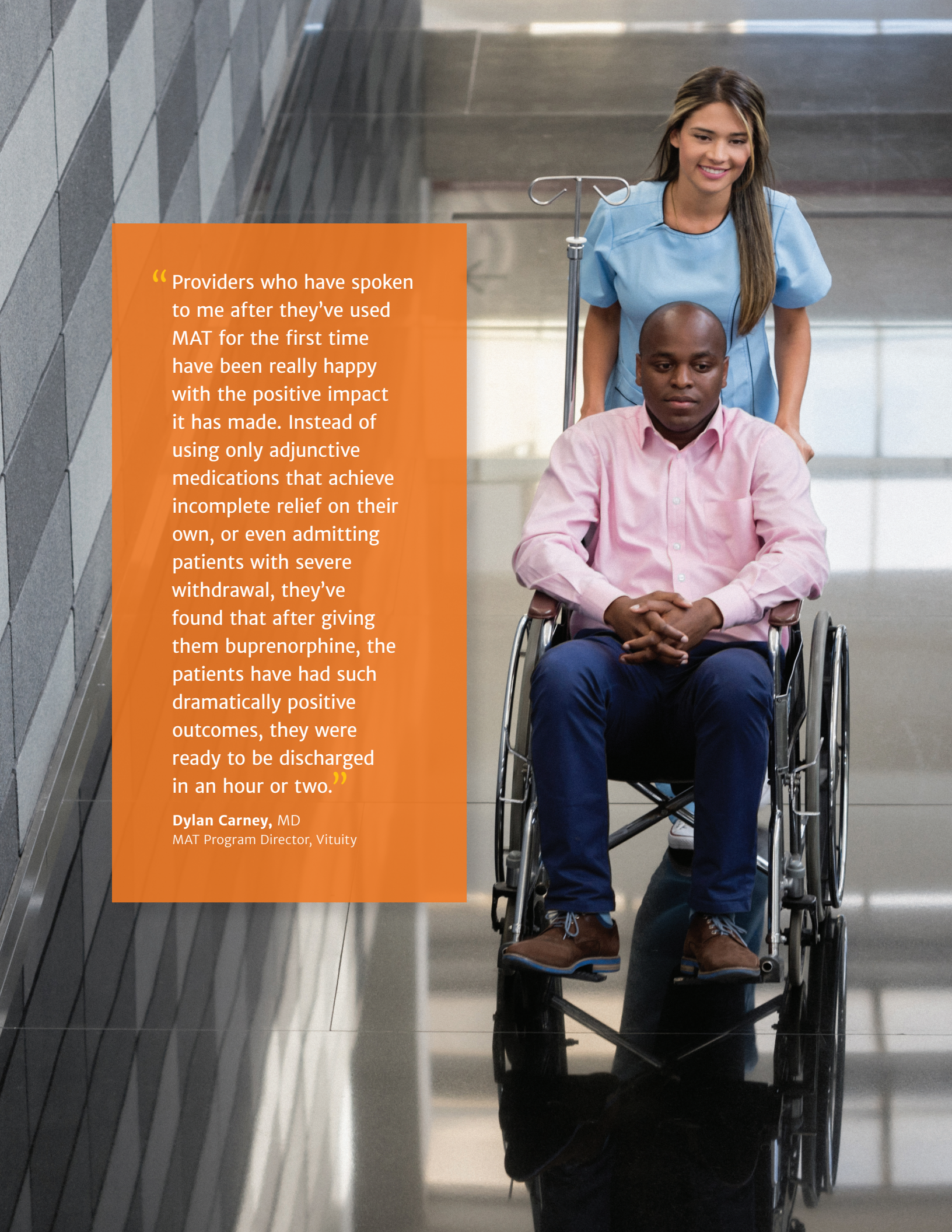
Telehealth Supports ED Staff

Given the shortage of psychiatrists and substance abuse specialists to treat patients with substance use disorder, telehealth is one of the most effective ways for our limited psychiatric workforce to reach millions of patients in need.

When local treatment partners are not available, Vituity EDs have collaborated with telemedicine services that offer substance abuse counseling and 24-hour care navigation. These services will take referrals right out of the ED, loop them into their care navigation program, and get them into treatment. These services can be used as the only behavioral health option or augment an existing one in the community.

A remote addiction specialist allows patients in rural and underserved areas to receive the latest evidence-based treatments for opioid use disorder.

The Ryan Haight Online Pharmacy Consumer Protection Act makes it difficult to prescribe controlled substances remotely (including buprenorphine and methadone). As of July 2019, to make these medications more accessible in locations where there are no DEA X–licensed providers in the community, a physician or advanced provider licensed in the state, with a DEA registration consistent with his or her scope of practice, can connect a patient to an addiction specialist in another location, as long as he or she is DEA X–licensed in the same state and engaged in the practice of telemedicine.[xiii] This allows patients in rural and underserved areas to receive the latest evidence-based treatments for opioid use disorder.



> “Providers who have spoken to me after they’ve used MAT for the first time have been really happy with the positive impact it has made. Instead of using only adjunctive medications that achieve incomplete relief on their own, or even admitting patients with severe withdrawal, they’ve found that after giving them buprenorphine, the patients have had such dramatically positive outcomes, they were ready to be discharged in an hour or two.”

Dylan Carney, MD
MAT Program Director, Vituity

IMPROVING LIVES WITH MAT

The opioid crisis cannot be solved in the ED alone. But hospitals and EDs can and do play a critical role in curbing addiction and supporting recovery. A MAT program in the ED is an incredibly valuable tool, and I urge leaders of hospitals and EDs to implement the steps described here. We *can* initiate recovery from the ED.

At the same time, one of the biggest challenges of caring for patients with opioid use disorder is accepting that not all patients are ready to fight their addiction. Opioids fundamentally alter a person's neurochemistry. MAT only helps if a person is ready to begin recovery. ED clinicians need to work from that understanding. While they can encourage their patients to consider MAT, they need additional tools to combat this crisis.

Vituity equips ED clinicians with the supportive training they need to treat patients with substance use disorders with the same compassion they use in treating their other patients. Once clinicians have stabilized their patients and treated their physical complaints, they can begin making decisions about further treatment, admissions, or discharge.

Vituity's comprehensive program for EDs also includes:

- **Strict opioid prescribing guidelines** (including implementation of the Alternative to Opiates (ALTO℠) program)
- **Withdrawal management protocols**
- **Naloxone prescriptions for overdose reversal**

Providing an ED staff with a full complement of techniques to provide responsive care for patients can help hospitals battle the opioid epidemic head-on. Creating a program that enables MAT in the ED gives your hospital one more tool to support your patients and community.

Crushing Addiction Takes Time

"I now understand that relapse is part of the disease. I also know that recovery is possible. So I'm comfortable interacting with patients and exploring different resources, whether it be community programs or medications that can help with recovery."

Stacie Solt, MD
Vituity Emergency Physician

TRAINING, EDUCATION, TOOLS AND FUNDING RESOURCES

Training and Education

Vituity provides its clinicians with a complete course on how to implement MAT in any ED through its online Vituity University, a comprehensive library of video and content assets that supports the ongoing clinical education of care providers at all levels.

The California Bridge program offers information resources, a guide to starting a MAT program, and office hours for clinical questions and inquiries about resources. www.ed-bridge.org and www.bridgetotreatment.org

Support for Hospital Opioid Use Treatment (SHOUT) provides a series of webinars, which include one on starting buprenorphine inductions in the ED and telemedicine to ease opioid agonist therapy. www.projectshout.org/webinars

NIH National Institute on Drug Abuse educational resources: www.drugabuse.gov/nidamed-medical-health-professionals

Case study videos to help motivate patients toward MAT: www.drugabuse.gov/nidamed-medical-health-professionals/discipline-specific-resources/initiating-buprenorphine-treatment-in-emergency-department/motivating-patients#case-1-opioid-overdose-ed-initiated-buprenorphine

Providers Clinical Support System (PCCS) offers in-person and online X waiver training: www.pcssnow.org/education-training/. For in-person training, view their Calender of Events at www.pcssnow.org/calendar-of-events/?tribe__eventcategory=12

Tools

SAMHSA's Buprenorphine Treatment Physician Locator: samhsa.gov/medication-assisted-treatment/practitioner-program-data/treatment-practitioner-locator

COWS calculator for opioid withdrawal severity: www.mdcalc.com/cows-score-opiate-withdrawal

TAPS substance-abuse screening tool (*can be self-administered or used by a health professional to interview the patient*)**:** www.drugabuse.gov/taps/#/

Health Resources and Services Administration telehealth program information: www.hrsa.gov/rural-health/telehealth/index.html

State Grants Fund Better Opioid Response Programs

The Substance Abuse and Mental Health Services Administration (SAMHSA) sponsors two- and three-year grant programs designed to help states expand their treatment support programs for people with substance use disorders and extend access to treatment services, including MAT.

To learn more about the programs, visit:

www.samhsa.gov/medication-assisted-treatment/training-materials-resources/state-grant-programs#opioid-str

REFERENCES

[i] Florence CS, Zhou C, Luo F, Xu L. The Economic Burden of Prescription Opioid Overdose, Abuse, and Dependence in the United States, 2013. Med Care. 2016; 54 (10): 901–906. doi:10.1097/MLR.0000000000000625.

[ii] Alana M. Vivolo-Kantor, PhD et al. Vital Signs: Trends in Emergency Department Visits for Suspected Opioid Overdoses — United States, July 2016–September 2017. Morbidity and Mortality Weekly Report. 2018: 67(9):279–285. www.cdc.gov/mmwr/volumes/67/wr/mm6709e1.htm.

[iii] Vowles KE, McEntee ML, Julnes PS, Frohe T, Ney JP, van der Goes DN. Rates of Opioid Misuse, Abuse, and Addiction in Chronic Pain: A Systematic Review and Data Synthesis. Pain. 2015; 156(4): 569–576. doi:10.1097/01.j.pain.0000460357.01998.f1. Retrieved June 26, 2019 from www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis#six.

[iv] Haffajee RL, et al. Characteristics of U.S. Counties With High Opioid Overdose Mortality and Low Capacity To Deliver Medications for Opioid Use Disorder. Jama Networks Open. 2019; 2 (6): e196373.

[v] Opioid Overdoses Costing U.S. Hospitals an Estimated $11 Billion Annually. Premier. Retrieved June 25, 2019, from www.premierinc.com/newsroom/press-releases/opioid-overdoses-costing-u-s-hospitals-an-estimated-11-billion-annually.

[vi] www.drugabuse.gov/nidamed-medical-health-professionals/discipline-specific-resources/initiating-buprenorphine-treatment-in-emergency-department.

[vii] Chutuape MA, Jasinski DR, Fingerhood MI, Stitzer ML. One-, Three-, and Six-Month Outcomes After Brief Inpatient Opioid Detoxification. Am J Drug Alcohol Abuse. 2001; 27(1): 19-44. doi:10.1081/ADA-100103117.

[viii] FDA Takes New Steps To Encourage the Development of Novel Medicines for the Treatment of Opioid Use Disorder. August 6, 2018. Retrieved on June 27, 2019, from www.fda.gov/news-events/press-announcements/fda-takes-new-steps-encourage-development-novel-medicines-treatment-opioid-use-disorder.

[ix] Marc R. Larochelle, MD, MPH et al. Medication for Opioid Use Disorder After Nonfatal Opioid Overdose and Association With Mortality: A Cohort Study. Annals of Internal Medicine. August 7, 2018. annals.org/aim/article-abstract/2684924/medication-opioid-use-disorder-after-nonfatal-opioid-overdose-association-mortality.

[x] D'Onofrio G, et al. JAMA. April 28, 2015. PMID: 25919527.

[xi] Tkacz J, et al. Journal of Substance Abuse Treatment. PMID: 24332511.

[xii] Englander H, Weimer M, Solotaroff R, et al. HHS Public Access. 2017; 12(April 2016): 339-342. doi:10.12788/jhm.2736.

[xiii] Special Circumstances for Providing Buprenorphine. SAMHSA. Retrieved June 29, 2019, from www.samhsa.gov/medication-assisted-treatment/legislation-regulations-guidelines/special.

[xiv] Telemedicine and Prescribing Buprenorphine for the Treatment of Opioid Use Disorder. September 2018. Retrieved July 12, 2019, from www.hhs.gov/opioids/sites/default/files/2018-09/hhs-telemedicine-hhs-statement-final-508compliant.pdf.

About Vituity

For nearly five decades, Vituity has been a catalyst for positive change in healthcare. Our multispecialty partnership is led and owned by our physicians. Serving over 6.4 million patients annually at more than 300 practice locations, our footprint continues to rapidly expand as we partner with leading hospitals and health systems across the country.

Through our commitment to excellent, patient-centered care we are on a journey to impact and improve 10 million lives by 2023.

Contact Our Team

Redefine care for your patients while gaining efficiencies, reducing costs, and improving patient outcomes.

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