



Medications for Opioid Use Disorder in the Emergency Department Setting

Middle Tennessee Regional Event
April 23rd, 2024

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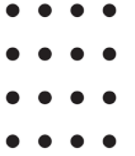
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Disclosures:

- I have no financial disclosures to report.
- The content of this presentation is for informational purposes and not legal advice or intended to dictate clinical practice.

Special Thanks:

- Tennessee Department of Health's Overdose Response Coordination Office (ORCO)
- CDC Overdose Data to Action in States Grant (OD2A-S)

Where are we going today?

Addressing OUD in the ED:

- Why buprenorphine?
- Is this evidence-based?
- What is needed to do this?



Brief Survey



A photograph of a dirt road winding through a dense forest. The sun is shining brightly through the trees on the right side, creating a lens flare effect. The road is illuminated by the sunlight, and the surrounding trees are lush green. The overall atmosphere is serene and natural.

Audience Participation

What is recovery?

Recovery is ...

... being honest with myself

... being able to enjoy life without drinking or using drugs like I used to

... living a life that contributes to society, to your family or to your betterment

... being the kind of person that people can count on

... about giving back

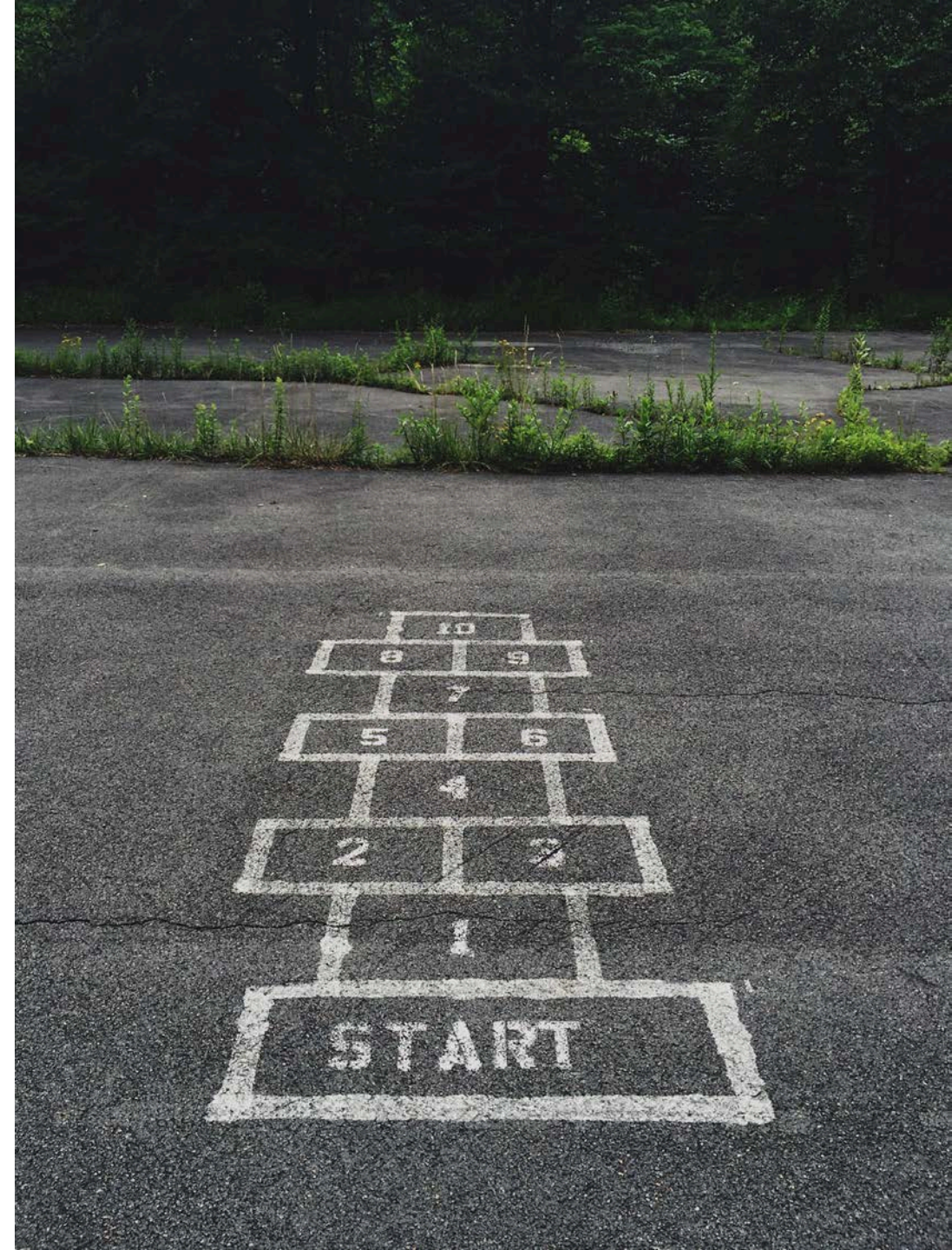
... striving to be consistent with my beliefs and values in activities that take up the major part of my time and energy.

(ASAM, 2014)

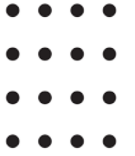
Why buprenorphine?

Buprenorphine:

- Improved treatment retention (Lee, 2018)
- Reduced risk for overdose (Wakeman, 2020)
- Reduced risk of death (Laroche, 2018)



Why buprenorphine?



Opioid Antagonist:
Naloxone and Naltrexone



0%

Intrinsic Activity

Opioid Partial Agonist:
Buprenorphine



40%

Intrinsic Activity

Full Opioid Agonist:
Methadone



100%

Intrinsic Activity

Why buprenorphine?

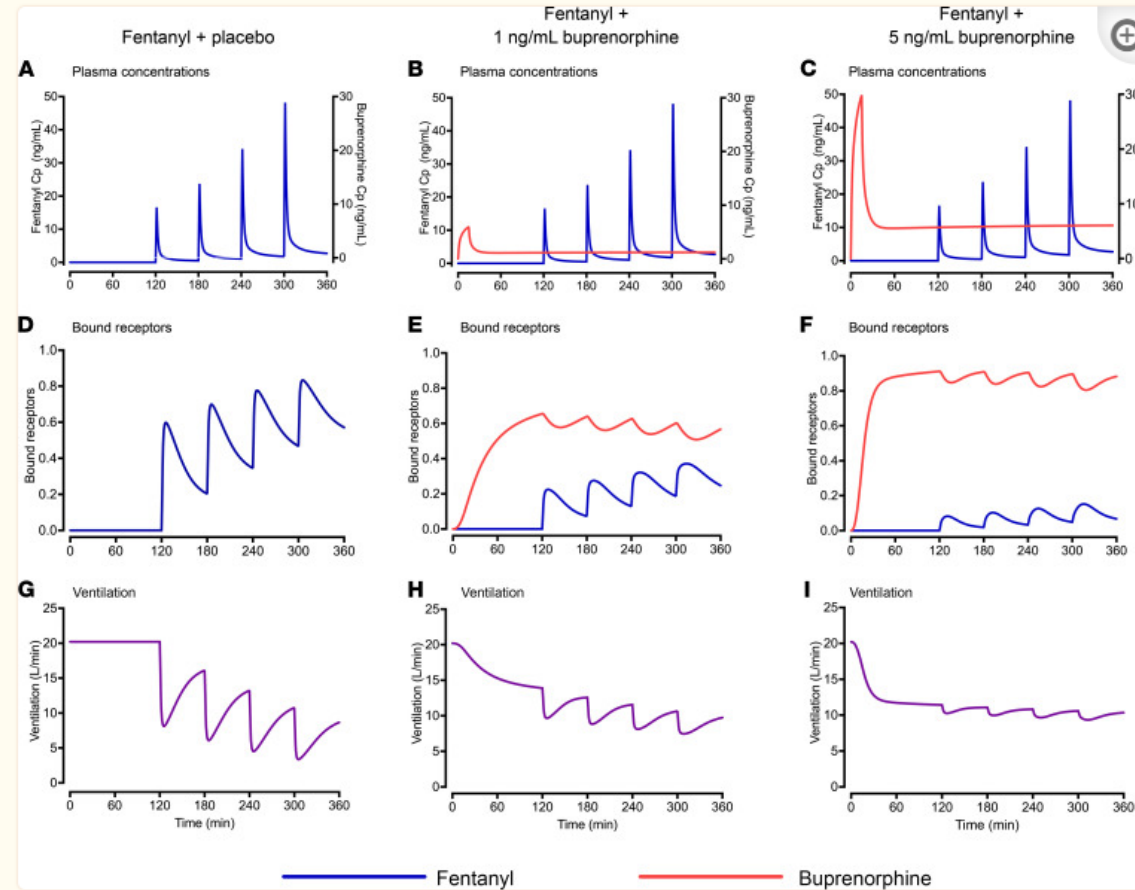


Figure 8

Results of simulation study: probabilities of apnea and decrease in ventilation.

Simulations in a representative (“typical”) individual with chronic opioid use showing the effect of 4 subsequent fentanyl i.v. doses (0.25, 0.35, 0.50, and 0.70 mg/70 kg) on top of a buprenorphine plasma concentration of 0 (placebo), 1, and 5 ng/mL. (A–C) Fentanyl and buprenorphine plasma concentrations (Cp). (D–F) Fentanyl and buprenorphine receptor occupancy. (G–I) Ventilation.

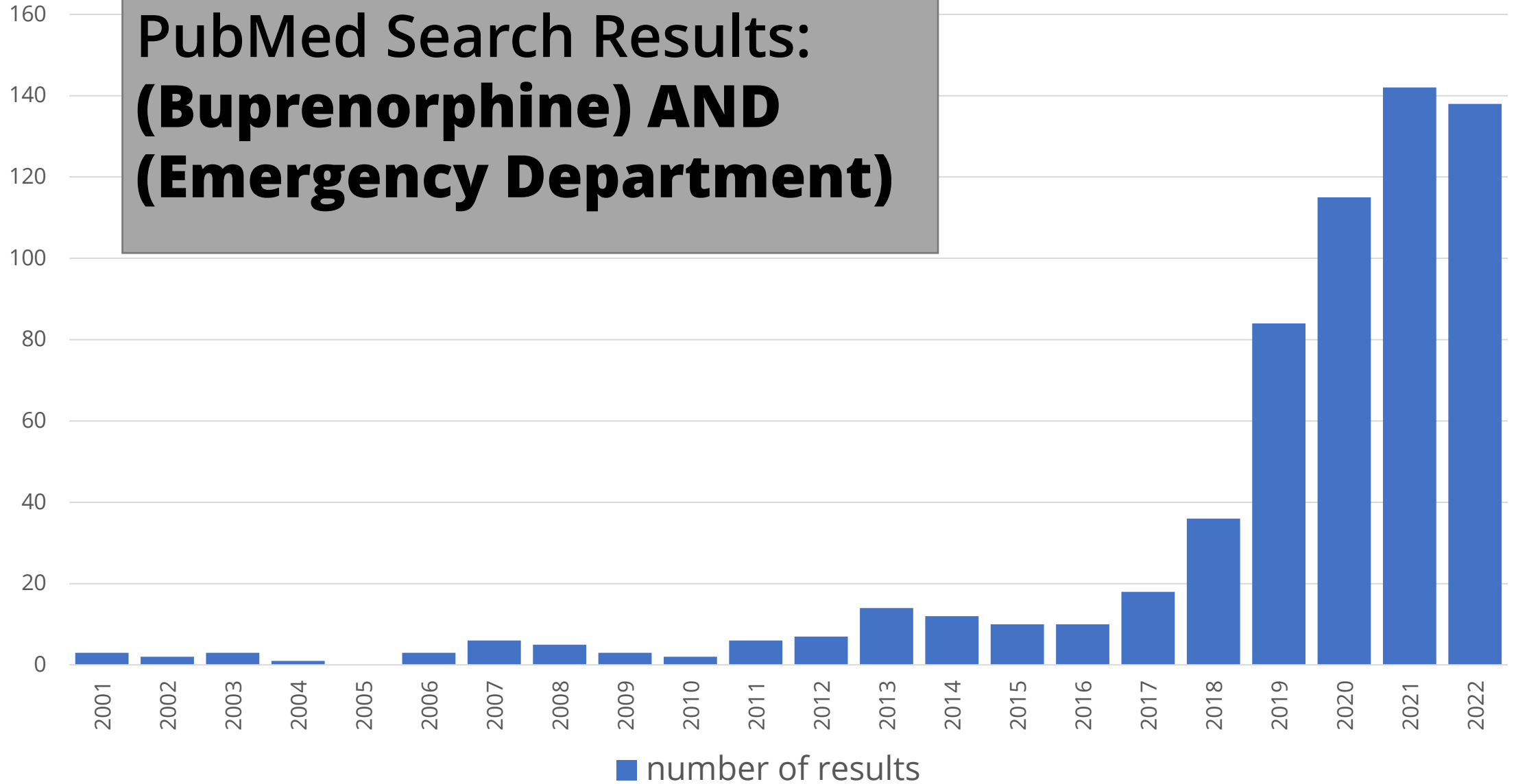
(Olofsen E., et al., 2022)

Addressing Opioid Use Disorder in the Emergency Department:

A Changing Landscape



PubMed Search Results: (Buprenorphine) AND (Emergency Department)



Why buprenorphine in the ED?

- Improved retention to outpatient follow-up (D'Onofrio, 2015) (Jennings, 2021)
- Reduced re-admission and hospitalizations (Le, 2021)
- A lifeline at the highest risk time for a fatal overdose (Weiner, 2020)



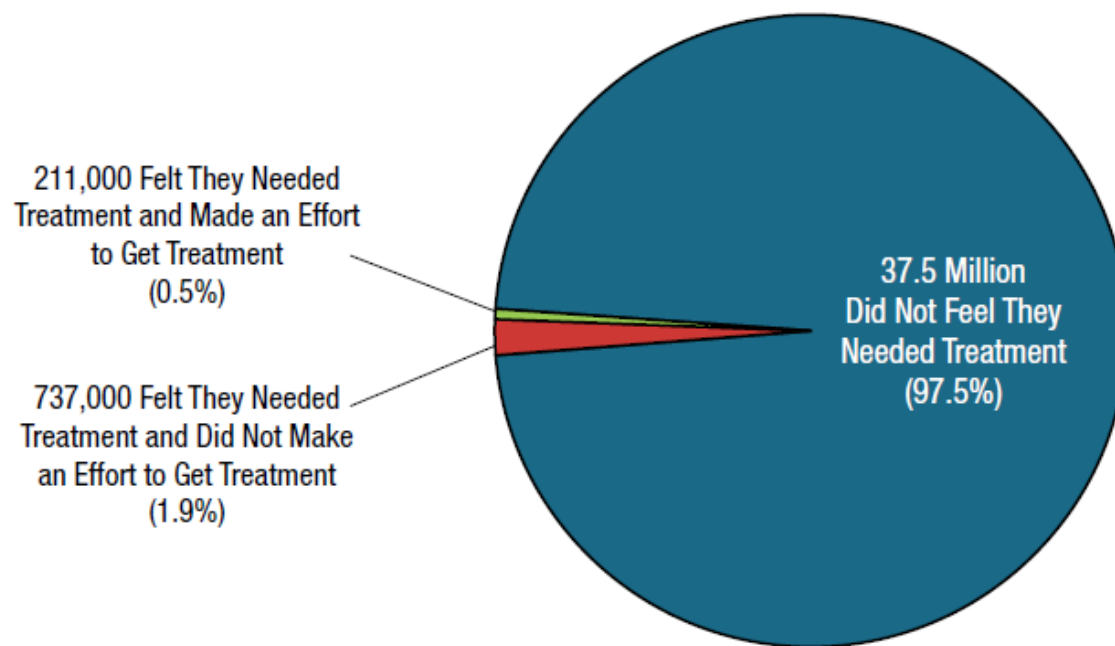


of individuals
with a substance
use disorder
receive specialty
treatment (2016).

What do you think is a significant barrier to individuals with a SUD obtaining treatment?

Barriers

Figure 45. Perceived Need for Substance Use Treatment: Among People Aged 12 or Older with a Past Year Substance Use Disorder (SUD) Who Did Not Receive Substance Use Treatment at a Specialty Facility in the Past Year; 2020

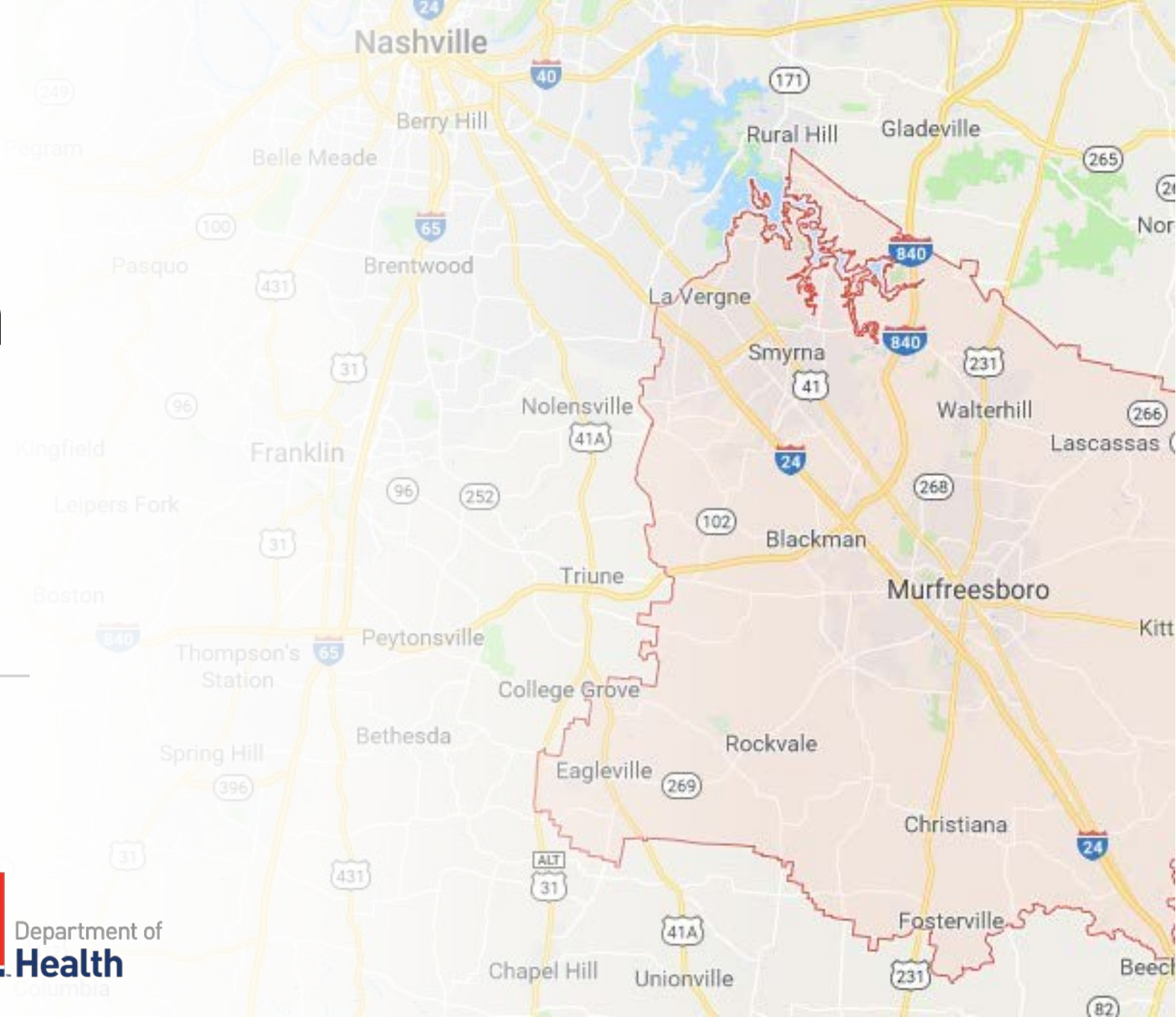


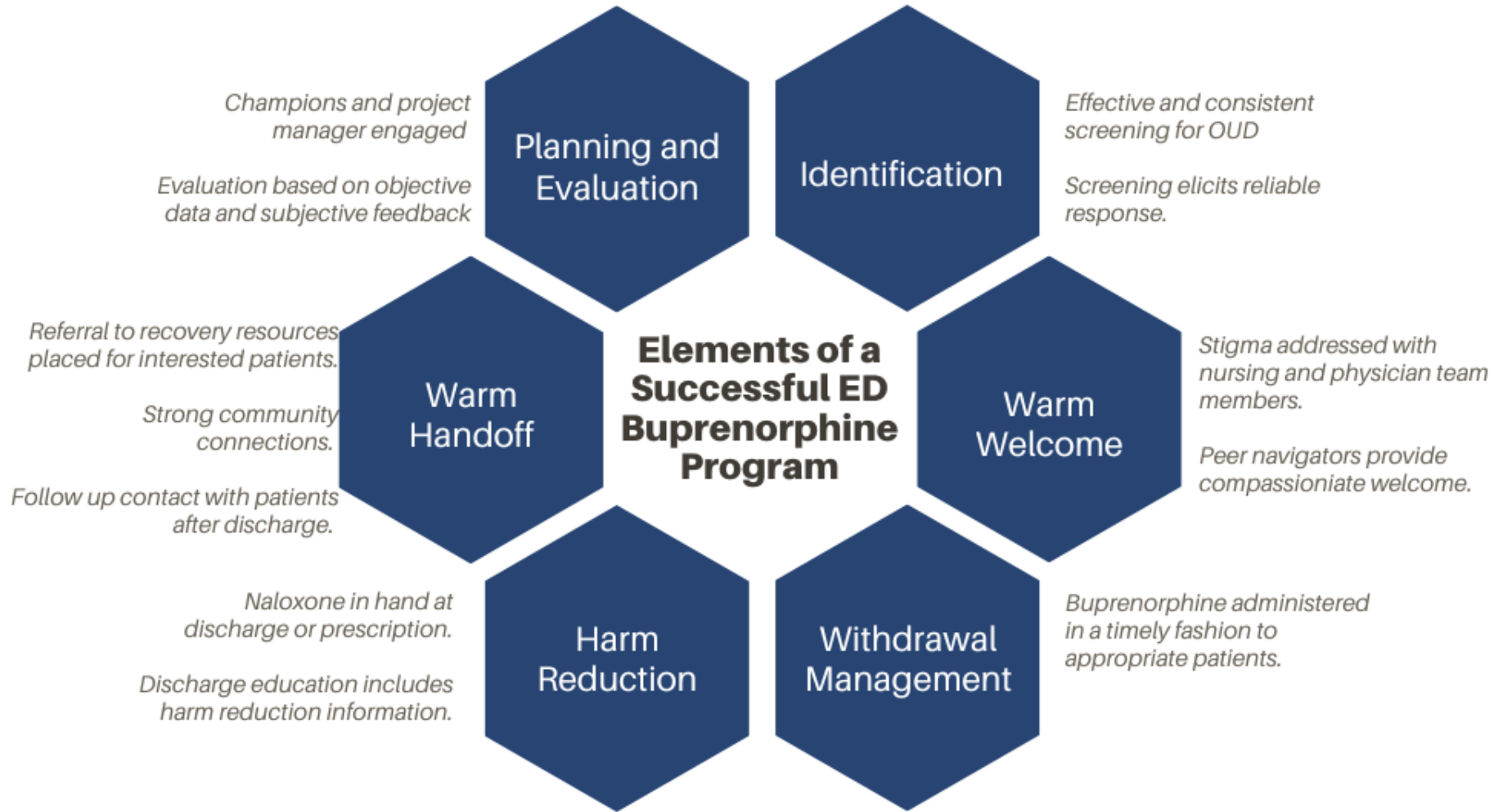
38.4 Million People with an SUD Who Did Not Receive Substance Use Treatment at a Specialty Facility

(SAMHSA, 2021)



The Ascension Saint Thomas Rutherford Pilot Program










COMPARISON CHART

Four urban academic medical centers as described in the November, 2022 publication of *Annals of Emergency Medicine*.
Source: <https://doi.org/10.1016/j.annemergmed.2022.05.010>

ASCENSION SAINT THOMAS RUTHERFORD



CHARACTERISTICS	 BALTIMORE, MD 70,000	 NEW YORK, NY 90,000	 CINCINNATI, OH 75,000	 SEATTLE, WA 66,000	 MURFESBORO, TN 84,000
Location Approximate ED Census/Yr.					
Program launch year	2018	2018	2018	2019	2020
Protocol for ED initiated buprenorphine in place?	●	●	●	●	✓
Bup. in automated med dispensing system in ED?	●	●	●	●	✓
Pharmacist in the ED?	●	●	●	●	✓
Peer navigator in the ED?	●	●	●	●	✓
Screening questions in EMR?	●	●	●	●	✓
Usual referral process for outpatient care	Care manager or peer coach tailors referral to pt. need	Health educator offers brief intervention & coordinates care	Peer, counselor, or ED provider can refer to walk-in for next-day care	Clinic w. OUD care integrated into primary care on hosp. campus	Peer navigator available to tailor referral to patient needs
Funding for peer navigators	Funded by grant and hospital	Funded by grant and hospital	Funded by grant and hospital	N/A (Peer navigation not in ED)	Funded by OD2A grant (TN DOH and DMHSAS joint partnership)
Avg. turn around for f/u appt.	1-4 days	1-4 days	1-4 days	1-4 days	1-4 days (based on recent navigator experiences)

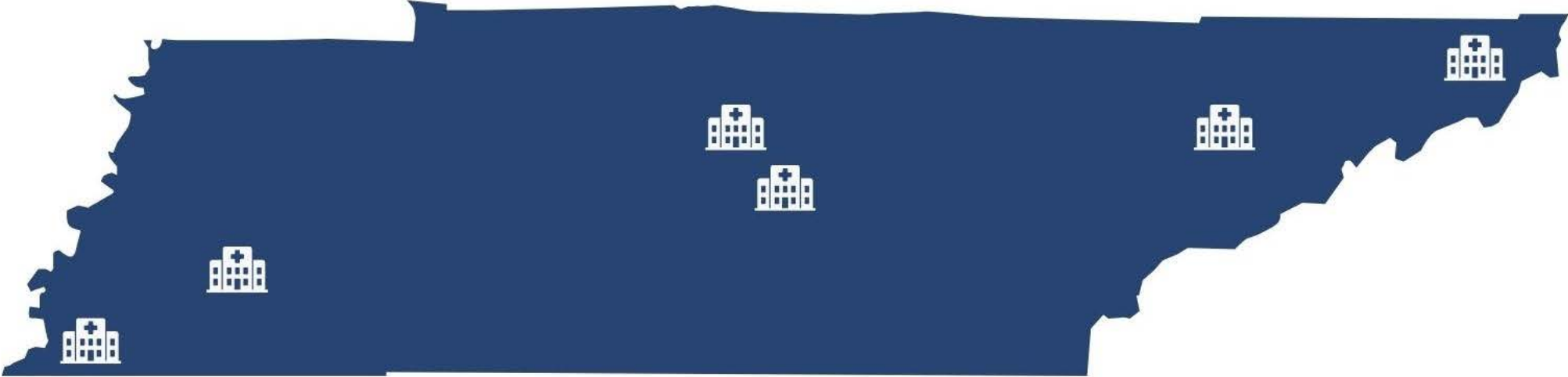
Created by: Kayla Williams Mehr, PMHNP, TDMHSAS

Additional growth from the pilot:

- Technical assistance to other interested hospitals and communities
- Quarterly calls
- Shared learning as we go
- Community connections



TDMHSAS and THA ED MOUD Partnership Project



Where to start?

- One willing or interested clinician
- Buprenorphine located in the emergency department dispensing machine
- A referral location
- An ally pharmacy



Lessons Learned

Moving the needle:

- The space between starting and change is difficult but important
- Before measured change occurs energy, time, and trial and error are needed
- Stay the course or make change?



Only one meter?



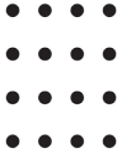
What does a body scan look like on a systems level?

- Taking a step back to observe
- Noticing the parts:
 - Is someone or something missing?
 - Is an adjustment needed?
 - How are these parts interacting?
- Listening to stakeholders without judgment
- Applying compassion



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A dirt road winds through a dense forest. Sunlight filters through the trees, creating a bright starburst effect on the right side. The road is illuminated by the sun, and shadows are cast across it. The forest is lush with green foliage. In the bottom right corner, the front of a dark car is partially visible.

Questions?

Post Brief Survey



TECHNICAL AND EDUCATIONAL ASSISTANCE

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Topics

- ✓ Medication options for Opioid Use Disorder
- ✓ The Tennessee Nonresidential Buprenorphine Treatment Guidelines and CDC Prescribing Opioids Guidelines
- ✓ Screening, diagnosis, and linkage to care for individuals with substance use disorders
- ✓ Motivational interviewing, stigma, and trauma informed care

Purpose

The purpose of these services is to provide education and training to healthcare clinicians. This can be carried out in the form of 1:1 virtual or in person discussions, presentations to groups, or drop-in informational sessions.

This service is at no cost to your organization, and travel can be arranged to organizations outside of the middle Tennessee area.

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