



EMERGENCY DEPARTMENT BUPRENORPHINE  
FOR OPIOID USE DISORDER

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# This is the work of the ED.

- NEJM: 379;26 [nejm.org](http://nejm.org). 12/27/2018

## **Emergency Departments — A 24/7/365 Option for Combating the Opioid Crisis**

Gail D'Onofrio, M.D., Ryan P. McCormack, M.D., and Kathryn Hawk, M.D., M.H.S.

“by thinking of the ED as an integral part of the response to the opioid crisis .....we can help change the trajectory of the epidemic”

# Opioid Use Disorder is Deadly

- <https://doi.org/10.1016/j.annemergmed.2019.04.020>

TOXICOLOGY/BRIEF RESEARCH REPORT

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## One-Year Mortality of Patients After Emergency Department Treatment for Nonfatal Opioid Overdose

Scott G. Weiner, MD, MPH\*; Olesya Baker, PhD; Dana Bernson, MPH; Jeremiah D. Schuur, MD, MHS

*\*Corresponding Author. E-mail: [sweiner@bwh.harvard.edu](mailto:sweiner@bwh.harvard.edu), Twitter: [@scottweinermd](https://twitter.com/scottweinermd).*

# One-Year Mortality of Patients After Emergency Department Treatment for Nonfatal Opioid Overdose

Scott G. Weiner, MD, MPH\*; Olesya Baker, PhD; Dana Bernson, MPH; Jeremiah D. Schuur, MD, MHS

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- Massachusetts Emergency Departments
- Data collected from July 2011-September 2015
- Primary Outcome death from any cause
- 17K Patients Treated for Non-Fatal Opioid OD
- 5.5% of patients died within one year (635)
- 130 died within one month
- 29 died within 2 days
- 67% died of opioid overdose

July 15, 2019



**ACMT Position Statement:  
Buprenorphine Administration in the Emergency Department**

ACMT supports the administration of buprenorphine in the emergency department (ED) as a bridge to long-term addiction treatment.

Furthermore, ACMT supports the administration of buprenorphine to appropriate patients in the ED to treat opioid withdrawal and to reduce the risk of opioid overdose and death following discharge.

# American Academy of Emergency Medicine

## September 22, 2019

**Management of Opioid Use Disorder in the Emergency Department: A White Paper Prepared for the American Academy of Emergency Medicine**

# Emergency Physicians and Opioid Overdoses: A Call to Aid



Debra Houry, MD, MPH\*; Jerome Adams, MD, MPH

*\*Corresponding Author. E-mail: [Vjz7@cdc.gov](mailto:Vjz7@cdc.gov).*

0196-0644/\$-see front matter

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<https://doi.org/10.1016/j.annemergmed.2019.07.020>

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“Emergency physicians have been and always will be the all too necessary safety net for many...an especially important partner in combating the opioid overdose epidemic. ....we cannot become complacent.... America’s patients and communities need emergency physicians to redouble their efforts, challenge their colleagues and institutions to do more, and partner to work upstream, now more than ever”

# ED Buprenorphine Works.

- JAMA. 2015;313(16):1636-1644. doi:10.1001/jama.2015.3474

## Original Investigation

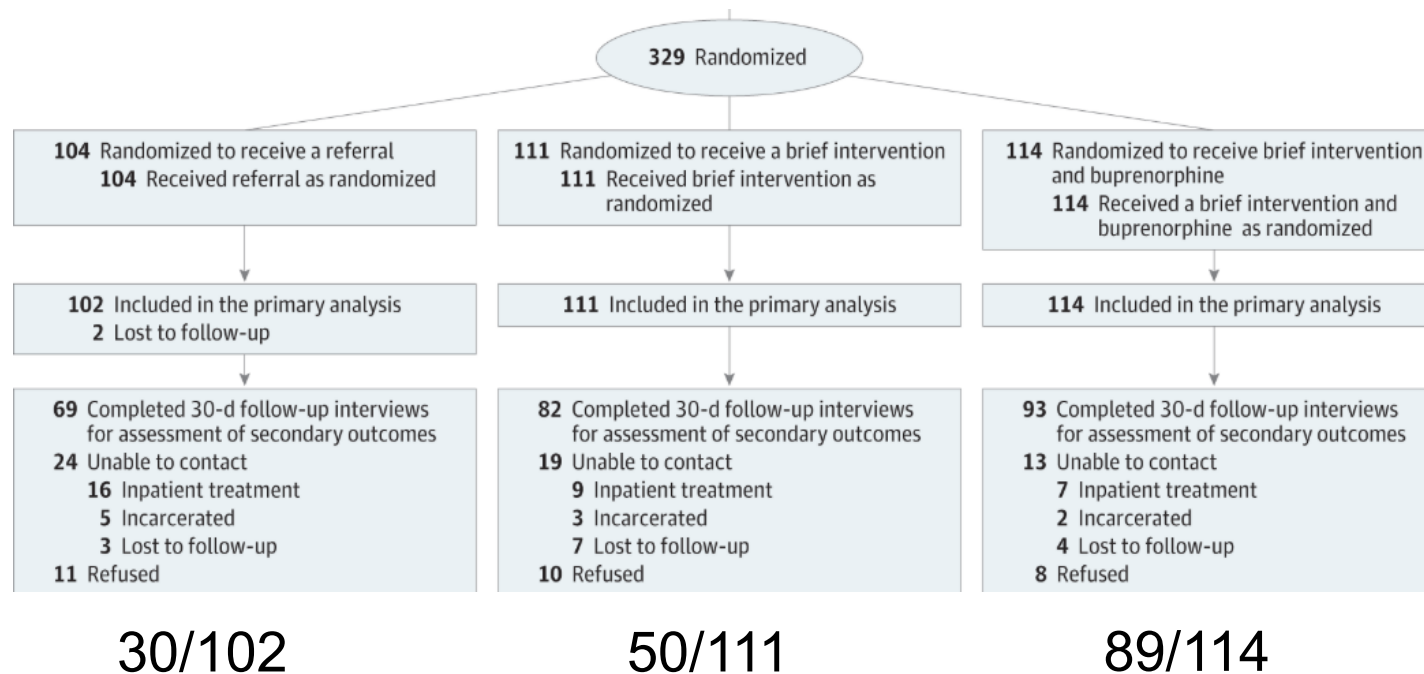
# Emergency Department–Initiated Buprenorphine/Naloxone Treatment for Opioid Dependence A Randomized Clinical Trial

Gail D'Onofrio, MD, MS; Patrick G. O'Connor, MD, MPH; Michael V. Pantalon, PhD; Marek C. Chawarski, PhD;  
Susan H. Busch, PhD; Patricia H. Owens, MS; Steven L. Bernstein, MD; David A. Fiellin, MD

April 28, 2015

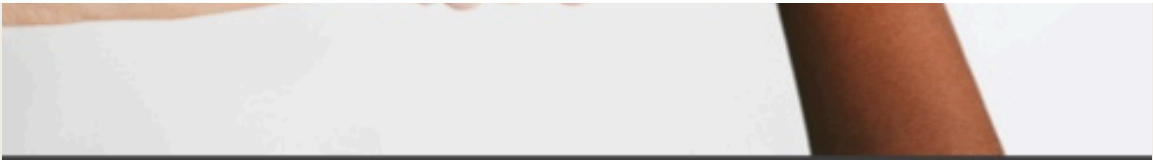
# Emergency Department-Initiated Buprenorphine/Naloxone Treatment for Opioid Dependence

## A Randomized Clinical Trial

Gail D'Onofrio, MD, MS<sup>1</sup>; Patrick G. O'Connor, MD, MPH<sup>2</sup>; Michael V. Pantalon, PhD<sup>1</sup>; [et al](#)



**Priority 10: Increase initiation to buprenorphine in emergency departments for people who present with opioid overdoses and/or in acute withdrawal.**



# Support is available



Providers  
Clinical Support  
System



Yale SCHOOL OF MEDICINE

## ED-Initiated Buprenorphine

kits  
video guides for clinicians providing  
assisted recovery (MAR)  
defined MAR protocols with links to clinical tools,  
deeper learning resources, and patient materials.

EVIDENCE-BASED RESOURCE GUIDE SERIES

## Use of Medication-Assisted Treatment in Emergency Departments



**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

**BUPE**  
Buprenorphine use in the Emergency Department

**ACEP's Initiatives**

**MAP**  
MANAGING ACUTE PAIN IN THE ED

**SEE WHAT WE'RE DOING**

**ACEP has created Point of Care Tools**  
[acep.org/bupe](http://acep.org/bupe) and [acep.org/map](http://acep.org/map)

The screenshot shows a navigation menu on the left with sections: BEGIN PRESCRIBING (B), UTILIZE NALOXONE (U), PROVIDE LEADERSHIP THROUGH EDUCATION (L), and EDUCATE. The main content area features a grid of eight cards for MAP, including: INTRARTICULAR INTRAPERITONEAL SHOULDER ACUTE PAIN, KETAMINE ACUTE PAIN, KETAMINE CHRONIC NON-CANCER PAIN, NITROUS OXIDE, POSTERIOR TIBIAL NERVE BLOCK, SPINALANALGESIC (SAMOLON) BLOCK, and TRIGGER POINT INJECTION.

**Opioid Prescribing in the ED**

**READ MORE**

**Reference Materials for ED Staff**

**READ MORE**

**Opioid Use Disorder Resources**

**LEARN MORE**

**Patient Education Handouts**

**LEARN MORE**

# Consensus Recommendations on the Treatment of Opioid Use Disorder in the Emergency Department



Kathryn Hawk, MD, MHS\*; Jason Hoppe, DO; Eric Ketcham, MD; Alexis LaPietra, DO; Aimee Moulin, MD; Lewis Nelson, MD; Evan Schwarz, MD; Sam Shahid, MBBS, MPH; Donald Stader, MD; Michael P. Wilson, MD; Gail D'Onofrio, MD, MS

*\*Corresponding Author. E-mail: [kathryn.hawk@yale.edu](mailto:kathryn.hawk@yale.edu).*



Opioid  
Response  
Network

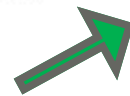
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**HELP OTHERS**

# Medications & Harm Reduction for Opioid Use Disorder Last Update: 3/2/22

## Project Overview

**Problem/Opportunity Statement:** Opioid overdoses are a common cause of preventable deaths. Recent state laws and guidelines regarding opioid treatment have made it more accessible for providers to both treat opioid use disorder and prevent overdose. There is an opportunity to enable the distribution of naloxone for patients at risk and initiating buprenorphine/naloxone for opioid use disorder (OUD) in NMHC emergency departments. Will leverage existing workflows (NMH and Delnor: buprenorphine/naloxone and naloxone) but new administrative and clinical mechanisms will be required.

**Goal/Benefit:** Set up system level workflow to make buprenorphine/naloxone and take home naloxone accessible for patients with opioid use disorder.

**Scope:** emergency medicine physicians, nurses, and pharmacists

**Out of scope:** ICC's & primary care

**Key Questions to Answer:**

<ul style="list-style-type: none"><li>- What elements define a standard workflow across the system? Are there pre-existing workflows at any of the sites?</li><li>- If so, can these models be adopted to each site or will there need to be variations?</li><li>- How do we ensure buy-in amongst stakeholders?</li></ul>	<ul style="list-style-type: none"><li>- What are the cognitive barriers for EM physicians as it relates to this integration? Especially as this relates to buprenorphine integration?</li><li>- How do we define system wide compliance management?</li><li>- How can we measure impact of these integrations?</li></ul>
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## Project Deliverables

### Key Deliverables

1. Qualitative feedback on physician, APP, nurse, pharmacy, social work, quality personnel interest in new workflows integration
2. Pilot initiation at NMH and Delnor EDs
3. System wide workflow for Narcan kit distribution
4. System workflow for buprenorphine/naloxone prescribing
5. System wide EPIC ordering smart sets and EDW reporting tools (compliant with state reporting requirements)
6. Create educational materials to inform sites of requirements to administer buprenorphine/naloxone and distribute naloxone
7. System wide partnerships with community-based organizations for MAT follow-up therapy

## Milestones

Description	Date (MM/YY)
Charter/ scope sign off and kickoff	March 2022
Confirm EDW capabilities across the system for reporting	March 2022
Stakeholder consensus and confirm local champions	March 2022
Develop standardized workflow that can be applied at each NM hospital	April 2022
Register each hospital with the state to confirm eligibility (naloxone)	April 2022
Identify community-based organizations for MAT partnership	April 2022
Create educational materials for local champion & Narcan kit distribution	April 2022
Coordinate focus group to confirm usability of workflow and educational guides	May 2022
Develop measurement tool & Determine future needs for compliance management	May 2022

## Project Team

**Executive Sponsor:** Jim Adams, MD SVP & CMO, NMHC

**Project Manager:** Chelsea Harrison & Neha Negrete

**Team Members:** Steve Holtsford, MD; Howard Kim, MD, MS; Patrick Lank, MD, MS; Mark Greg, PharmD

Champions:  
-Physician  
-Nurse  
-SW/CM  
-Pharmacy  
-Quality

# How have we been doing?

[Ann Emerg Med. 2022;79:225-236.]

TOXICOLOGY/ORIGINAL RESEARCH

## Naloxone and Buprenorphine Prescribing Following US Emergency Department Visits for Suspected Opioid Overdose: August 2019 to April 2021



Kao-Ping Chua, MD, PhD\*; Chin Hwa Y. Dahlem, PhD, FNP-C; Thuy D. Nguyen, PhD; Chad M. Brummett, MD; Rena M. Conti, PhD;  
Amy S. Bohnert, PhD; Aaron D. Dora-Laskey, MD, MS; Keith E. Kocher, MD, MPH

\*Corresponding author. E-mail: [chuak@med.umich.edu](mailto:chuak@med.umich.edu).

- 150K ED visits for opioid overdose
- 7.4% of patients were prescribed naloxone (1 out of 13)
- 8.5% of patients were prescribed buprenorphine (1 out of 12)

# How have we been doing?

[Ann Emerg Med. 2022;79:225-236.]

PAIN MANAGEMENT AND SEDATION/ORIGINAL RESEARCH

## Subsequent Buprenorphine Treatment Following Emergency Physician Buprenorphine Prescription Fills: A National Assessment 2019 to 2020



Bradley D. Stein, MD, PhD\*; Brendan Saloner, PhD; Rose Kerber, MPP; Mark Sorbero, MS; Adam J. Gordon, MD, MPH

*\*Corresponding Author. E-mail: [stein@rand.org](mailto:stein@rand.org).*

- Retail pharmacy claims from Feb 2019-Nov 2020
- 23K buprenorphine prescriptions written by ED physicians nation wide
- 28.5% of patients had subsequent buprenorphine script

# Subsequent Buprenorphine Treatment Following Emergency Physician Buprenorphine Prescription Fills: A National Assessment 2019 to 2020



Bradley D. Stein, MD, PhD\*; Brendan Saloner, PhD; Rose Kerber, MPP; Mark Sorbero, MS; Adam J. Gordon, MD, MPH

*\*Corresponding Author. E-mail: [stein@rand.org](mailto:stein@rand.org).*

“While there is strong proof of concept from clinical trials, the remaining challenge is to implement these models across diverse systems and to incentivize policymakers, insurers, and health systems to provide the necessary resources and infrastructure for such programs to be successful.”

# Emergency Department Buprenorphine Program:

- SAVES LIVES
- DECREASES LENGTH OF STAY
- DECREASES RETURN VISITS
- COST EFFECTIVE
- INCREASES PATIENT/STAFF SATISFACTION
- DECREASES STIGMA WITHIN THE DEPARTMENT
- BUT IF THESE REASONS AREN'T ENOUGH.....

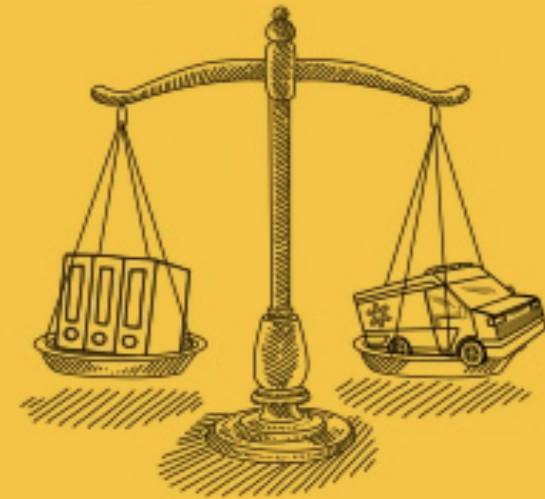
The lawyers are coming.

**LAC** LEGAL  
ACTION  
CENTER



# EMERGENCY:

Hospitals are Violating Federal Law by Denying Required Care for Substance Use Disorders in Emergency Departments



**Sika Yeboah-Sampong, Ellen Weber, Sally Friedman**

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# Call to Action

We can save lives by:

- Emergency Department Initiation of Buprenorphine
- Take Home Naloxone
- “Warm Handoff” to Community Provider

**ALRIGHT PEOPLE**



**LET'S DO THIS!**

# Questions?

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