

Managing Opioid Use Disorder in the Emergency Department

A Comagine Health-hosted ECHO™ Series Focused on Best Practice Implementation

Background

Individuals with opioid use disorder (OUD) often use the emergency department (ED) as their sole source of health care. However, management of OUD services are rarely available in EDs. Staff understand the need but may lack the knowledge and skills to effectively treat these patients. A 2015 JAMA study found that twice as many patients were in OUD treatment at 30 days (~80%) with ED-initiated buprenorphine and a brief negotiation interview (BNI), compared with referral only or a BNI plus facilitated referral, and used fewer illicit opioids in the last seven days.

Approach

Comagine Health designed and conducted a six-session ECHO series featuring Dr. Alexis LaPietra that focused on the implementation of best practices for the management of opioid use disorder in the emergency department setting. Seventeen participating facilities completed an initial assessment prior to the series launch that evaluated:

- Personal knowledge surrounding OUD and buprenorphine prescribing and initiation practices
- ED capacity to conduct screens, initiate buprenorphine and co-prescribe or dispense Narcan
- Whether their facilities had policies and procedures in place to offer access to peer support services and refer patients to community resources and harm reduction programs

Four hospitals and one corporation with 23 facilities presented on the current state of their programs, ranging from the beginning stages of development to those working to implement a mature program. Dr. LaPietra focused her training on the **six elements necessary to effectively manage OUD**. ▶

In addition to these sessions, Comagine Health provided 1:1 technical assistance to participating facilities when requested. ED toolkits were also disseminated and included:

- Patient education packets
- Buprenorphine initiation protocols
- Harm reduction protocols
- Naloxone co-prescribing protocols
- Expansion of Utah Support Advocates for Recovery Awareness

Results

Participant knowledge and department capacity were evaluated before and after the series. Results were analyzed using a scale of 1 (Strongly disagree) to 5 (Strongly agree).

- Participants showed increased understanding of which patients are appropriate for buprenorphine initiation in the Emergency Department (pre series Mean (M) = 3.29; post series M = 4.83) and that they now have a plan for where to refer patients with opioid use disorder (pre series M = 2.88; post-series M = 4.25).
- Participants are more likely to have the tools necessary to implement or improve policies and procedures including OUD screening processes (pre series M = 3.62; post series M = 4.00), buprenorphine induction policies (pre series M = 2.31; post series M = 4.08) and naloxone prescribing/dispensing (pre-series M = 3.00; post-series M = 4.50).
- Most participants plan to make changes in their emergency department because of this program (83%); most plan to make changes within the next six months (83%); and all participants (100%) plan to make changes, educate staff and providers and implement a new process.

“Dr. LaPietra brings all of this down to Earth and makes it doable.”

“I feel like this has been a real ‘how to’ for implementing management of opioid use disorder in our ED.”

“It’s been helpful to hear what others are doing. It helps to know that other facilities are experiencing some of the same challenges and how they were able to overcome them.”

“I appreciate this session. I’ve worked around harm reduction before but it is a hard concept to grasp. I love this concept and appreciate your perspective and thoughts on this.”

Questions about this project?

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Dr. LaPietra is System Chief for Pain Management and Addiction Medicine, as well as the Fellowship Director of the Emergency Medicine Pain Management Fellowship and Emergency Medicine Mental Health/Addiction Medicine Fellowship at St. Joseph’s Health in New Jersey. She created the Alternatives to Opioids (ALTO) program.

