

ED Bridge Pilot Overview - Highland Hospital and Highland Family Medicine

Background:

In the United States there has been a nearly 200% increase in the rates of death from opioid overdose in the last 5 years. In the area surrounding Rochester, NY there were over 150 heroin/fentanyl deaths in 2016. Nationally, opioid related ED visits have increased by 30% from July 2016 to September 2017. Treatment with opioid agonists (Medication Assisted Treatment or MAT) is one of the most effective treatments for opioid use disorder and there is good evidence that treating substance use disorders saves money both for healthcare systems and for society in general. There are wait lists of up to 3 months at some of our local chemical dependency centers and most are not designed for emergent or urgent initiation of MAT.

A recent policy editorial in the Annals of Emergency Medicine notes “Emergency physicians, as front-line providers, without question save lives by reversing opioid overdoses, but they also have a unique opportunity to engage in prevention of a future overdose, particularly for patients who may not have other contact with the health care system.” Studies have shown that initiating buprenorphine in the Emergency Room, with linkage to continuation in primary care, can increase treatment retention and reduce illicit opioid use. We propose a pilot program for initiation of buprenorphine in the Highland Hospital Emergency Room with linkage to an urgent visit at Highland Family Medicine for continuation of the prescription as a bridge to referral and engagement in chemical dependency treatment.

Purpose:

1. Decreased overdose deaths and increase linkages to treatment programs.
2. Provide temporary buprenorphine prescription until patient can be established with an intensive chemical dependency treatment program.

Stakeholders:

1. Highland Hospital Emergency Department clinicians and staff (HHED)
2. Highland Family Medicine buprenorphine waived providers (HFM)
3. Monroe County Department of Public Health

Protocol:

Patients must be sixteen or older to be eligible for the HHED Bridge program, and must have parental consent if under eighteen. Pregnant patients are eligible, as well, but per ACOG recommendations, will be administered a preparation that contains only buprenorphine.

If the patient meets criteria for receiving buprenorphine in the HHED (i.e., is in mild to moderate withdrawal, as evaluated in the ED), the ED physician will administer buprenorphine (often starting with a small dose, such as 4 mg). They will observe the patient for 30 minutes, then administer one additional dose to minimize withdrawal symptoms. This is known as “Buprenorphine Induction.” An appropriate dose of buprenorphine will generally keep the symptoms at bay for about 24 hours. The HHED physician will then contact the HFM on call buprenorphine provider for continued care. If the patient is not in active withdrawal, the HHED physician can give out home induction instructions (see appendix) and have the HFM provider call the patient to prescribe buprenorphine the next day.

HFM providers will be on call during the hours of 7 AM - 11PM for a week at a time. HHED clinicians will page the provider with the patients name, contact information and preferred pharmacy. HFM providers will send in a 3-5 day prescription and the buprenorphine secretary will contact the patient to set up an appointment to be seen in that time frame with the buprenorphine provider and onsite CASAC. CASAC will link to appropriate chemical dependency

treatment and HFM providers will continue to see the patient on a frequent (at least weekly) until the patient has had intake at that program. Patients could be dismissed from the bridge program for continued substance use or failure to engage in chemical dependency treatment. It is expected the bridge will last for 2-4 weeks and the patients would be welcomed back to maintenance therapy at HFM after completion of the more intensive CD program.

Each individual person is eligible for a bridge prescription every 30 days. If they do not follow up or engage in intensive treatment after three times of receiving bridge prescriptions, they may be ineligible for the program until they have completed an intensive treatment program.