Initial Response to the Opioid Crisis: Availability of Buprenorphine and Warm Handoff in the Emergency Department

Lauren Selame, MD; Benjamin H. Slovis, MD, MA; Theodore A. Christopher, MD, FACEP; Kory S. London, MD

Introduction

Background:
- The United States is in the midst of an opioid crisis.
- The Centers for Disease Control and Prevention has cited Emergency Departments (ED) as important centers for treatment and referral, including medication assisted treatment (MAT), which has been shown to be superior to motivational interviewing and referral alone.1,2
- While direct linkage to outpatient programs via the ED may be an opportunity to better serve this population, data on such “warm handoff” interventions are sparse.

Objective: We initiated an ED opioid use disorder (OUD) pathway, which aimed to initiate buprenorphine therapy and perform warm handoff directly into the community for treatment.

Methods

Design: A quality improvement (QI) focused OUD Pathway was implemented in our two urban EDs, Thomas Jefferson University Hospital (TJUH) and Methodist University Hospital (MHD), in December 2018. 112 providers were trained to use the OUD Pathway.

OUD Pathway

- **Inclusion Criteria**:
  - Age ≥18 years
  - OUD without concomitant alcohol or benzodiazepine dependence
  - No contraindication to MAT
  - No active medical disease requiring inpatient admission
  - Not pregnant (referred through a separate pathway)
  - Patients desiring other forms of MAT or non-MAT treatment were referred directly for warm handoff.

- **Evaluate patients for readiness for recovery via MAT**
  - Perform Clinical Opiate Withdrawal Scale (COWS: range 0-36)
  - If COWS ≥ 5, buprenorphine initiation considered

- **Contact care coordinators from Philadelphia Health Management Cooperation (PHMC) Care Clinic, available by phone 24/7, to help with scheduling of intake appointments**

- **Schedule intake appointment**
  - In person warm handoff 8am-6pm Monday-Friday
  - Electronic warm handoff via discharge follow up instructions, CleanSlate directly contacted patients to schedule intake appointment

Multimodal analysis from December, 2018 to April, 2019

Chart Review via Discharge Code (TJUH and MHD):

- Charts of discharged patients with diagnosis “drug intoxication”, “opiod use disorder”, or “overdose” were screened for evidence of OUD and OUD Pathway usage.
  - Of 183 charts screened, 119 had evidence of OUD.
  - Of the 119 charts with OUD, 92 (77%) were male and median age was 36 years [IQR 30, 47].
  - 112 (93%) met inclusion/exclusion criteria.

- **Results**
  - **112 patients qualified for MAT**
  - **62% of patients were never asked about MAT interest**
  - **12% of patients asked about MAT interest received warm hand off**
  - **16 (40%) of patients were interested**

- **Results Continued**
  - **Care Coordinators were called for 8 patients**
  - **Warm handoff occurred for 6 patients**

Community Review via Electronic Handoff (MHD):

- Contact information for all patients who were given discharge instructions to contact CleanSlate when ready to consider MAT was faxed directly to CleanSlate at time of discharge
  - **21 electronic handoffs from MHD**
  - **5 (24%) of patients who received electronic handoff followed up at CleanSlate at least once in the following month.**

Analysis of ED initiation of Buprenorphine (TJUH and MHD):

- Electronic prescription analysis demonstrated
  - **47 ED initiations of Buprenorphine**

Conclusions

- Despite initiation of warm handoff and buprenorphine availability, our hospital system did not offer this resource to the majority of patients and the majority of patients declined.
- While this represented an important step in assisting this community, our provider centered resources do not carry the same success as those led by dedicated opioid counselors, as shown in other studies.
- Further interventions are needed to promote transition of our OUD patients into recovery.

References