EMERGENCY DEPARTMENT INITIATED BUPRENORPHINE

groups
recover together

Improving Access and Best Practices Through Partnership

BY: COURTNEY DEWOLFE

The Emergency Department often serves as a primary gateway into the healthcare system for those with Opioid Use Disorder (OUD). Of the 2.1 million Americans with OUD, only 20 percent receive addiction treatment[1]. Due to the lack of utilization and access to effective recovery options, Emergency Departments are bearing the brunt of the opioid epidemic -- with the rate of ED encounters resulting from opioid overdoses in the U.S. increasing by 30 percent from July 2016 through September 2017[2]. Worse still, approximately 1 in 20 patients treated for overdose in an ED die within 1 year of their visit, many within 2 days of discharge[3]. The evidence is clear, something needs to change, and it starts with a candid conversation about enhancing long term support to manage opioid use disorder, a chronic condition that is increasing in prevalence and intensity, especially in the midst of a global pandemic.

EMERGENCY DEPARTMENTS HAVE AN OPPORTUNITY TO INITIATE TREATMENT AND BREAK THE CYCLE OF OVERDOSE AND DEATH

As frontline providers, Emergency Departments are in a unique position to initiate evidence-based treatment with buprenorphine at the moment when patients need it most, and to prevent overdose and death by connecting patients to evidence-based community OUD treatment upon discharge for ongoing care.

Initiating medication-assisted treatment with buprenorphine in the ED has been found to decrease mortality by up to 40 percent[4] and leads to increased engagement in treatment, reduced illicit opioid use, and decrease in utilization of inpatient addiction treatment services[5].

Photo by: Lawrence Hookham

INITIATING MEDICATION-ASSISTED TREATMENT WITH BUPRENORPHINE IN THE ED HAS BEEN FOUND TO DECREASE MORTALITY BY UP TO 40 PERCENT...

Patients treated with buprenorphine in EDs are twice as likely to remain engaged in outpatient treatment one month following discharge as compared with those who were referred to treatment programs without ED intervention[6]. Unfortunately, many hospitals lack consistent protocols or guidelines for post-acute care once the overdose event is resolved[7].

ED PROVIDERS ARE WILLING TO PRESCRIBE BUPRENORPHINE WITH SUPPORT

A recent study evaluating barriers and facilitators to providing emergency-department-initiated buprenorphine found that while only a few ED clinicians had a high level of readiness to initiate buprenorphine, many expressed a willingness to learn if they were to receive sufficient support[8]. These providers identified a number of barriers to prescribing including:

- A lack of formal training and experience with buprenorphine
- Absence of guidelines or protocols surrounding MAT within their hospital systems
- Concerns about their ability to connect patients to quality outpatient providers upon discharge

In order to improve patient outcomes through the adoption of emergency-department-initiated buprenorphine, these barriers must be addressed.

GROUPS PARTNERS WITH EMERGENCY DEPARTMENTS TO SUPPORT BUPRENORPHINE PRESCRIBING

Groups Recover Together is an outpatient opioid use disorder (OUD) treatment provider dedicated to delivering evidence-based comprehensive addiction treatment. We work with Emergency Departments across the nation to meet the complex needs of patients with OUD following a crisis encounter. Through consultation, strategic support, and by acting as a community referral partner, Groups collaborates regularly with Emergency Departments to help establish buprenorphine prescribing protocols. Through collaboration, Groups can help health systems improve patient outcomes following a crisis encounter related to opioid use.

This work includes:

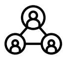
- Developing buprenorphine prescribing protocols
- Guidance around dosing
- Support increasing prescribing capacity
- Streamlining discharge and referral workflows

WE WORK WITH EMERGENCY DEPARTMENTS ACROSS THE NATION TO MEET THE COMPLEX NEEDS OF PATIENTS WITH OUD FOLLOWING A CRISIS ENCOUNTER.

GROUPS AS A COMMUNITY REFERRAL PARTNER

As a **community referral partner**, we work with Emergency Departments to engage those with OUD in sustained recovery after discharge.

Speed to care is important, especially upon discharge following an acute episode. Patients referred to Groups following crisis encounters are connected to care in hours rather than weeks. We can take referrals 24/7/365 through our crisis and referral line, which is staffed by crisis-certified counselors. Groups Recover Together is an organization committed to rapid access; we have never had a wait list



Discharge planning can be complex, streamlining intake is key. We have a centralized intake team, which means Emergency Department staff can work with a single organization to connect to multiple offices without wait times. Those in need of care are scheduled for rapid access intakes; we complete most intakes within 48 hours.

GROUPS RECOVER TOGETHER IS AN ORGANIZATION COMMITTED TO RAPID ACCESS; WE HAVE NEVER HAD A WAIT LIST

Patients with OUD need more than just prescriptions. We provide evidence-based treatment for OUD while also addressing other social determinants of health such as transportation, housing, economic stability, and connection to primary care. Patients that receive care at Groups are engaged in weekly therapy along with medication-assisted treatment using buprenorphine (Suboxone) and are supported through their recovery journey by our care navigator and peer support team. These supports act as velcro, keeping members engaged in recovery in ways that traditional treatment cannot, which is why Groups' attendance rests at 89% compared to the industry average of only 20%.

GROUPS DELIVERS RESULTS

Groups empowers patients to regain control of their lives and avoid using the ED as their doorway into the healthcare system. By stabilizing OUD, and assisting with access to other services, Groups helps reduce reliance on hospital based crisis care. In our Maine cohort, independent evaluators measured our pre- and post-utilization among Medicaid patients and found a 27% reduction in ED utilization after initiation of Groups treatment and a 48% weighted lifetime reduction in utilization.

Beyond ED encounters, our comprehensive model also reduces inpatient stays and readmissions. Opioid-related hospitalizations have increased by more than 20% in the last decade[9] and unmanaged opioid use disorder is associated with higher readmissions.[10] Patients connected to comprehensive treatment that includes therapy, medication, and care navigation are more likely to remain in treatment which leads to reduced utilization of higher levels of care. Our model yields industry leading retention: Groups' retention at six months rests between 65-75%, compared to an industry average of 25-30%.

WORK WITH US

Whether you have a well established bridge clinic and are looking for a referral partner or are just starting to think about offering buprenorphine in the Emergency Department, Groups can work with your team to improve access to care and long term recovery among your population. Email us at partnerships@joingroups.com to meet with our team and learn more about how we can work together!

[1] https://www.samhsa.gov/sites/default/files/aatod_2018_final.pdf

[2] https://www.cdc.gov/media/releases/2018/p0306-vs-opioids-overdoses.html

[3] https://www.drugabuse.gov/news-events/nida-notes/2020/04/many-people-treated-opioid-overdose-in-emergency-departments-die-within-1-year

[4] https://news.yale.edu/2020/10/20/yale-designed-treatment-opioid-use-disorder-eds-gains-widespread-use

[5] D'Onofrio G, O'Connor PG, Pantalon MV, et al. Emergency Department–Initiated Buprenorphine/Naloxone Treatment for Opioid Dependence: A Randomized Clinical Trial. JAMA. 2015;313(16):1636–1644. doi:10.1001/jama.2015.3474

[6] https://news.yale.edu/2020/10/20/yale-designed-treatment-opioid-use-disorder-eds-gains-widespread-use

[7] Debra E. Houry, MD, MPH*; Tamara M. Haegerich, PhD; Alana Vivolo-Kantor, PhD, MPH. Opportunities for Prevention and Intervention of Opioid Overdose in the Emergency Department. Annals of Emergency Medicine. VOLUME 71, ISSUE 6, P688-690, JUNE 01, 2018

[8] Hawk KF, D'Onofrio G, Chawarski MC, et al. Barriers and Facilitators to Clinician Readiness to Provide Emergency Department–Initiated Buprenorphine. JAMA Netw Open. 2020;3(5):e204561. doi:10.1001/jamanetworkopen.2020.4561

[9] Ghertner R, Groves L. The Opioid Crisis and Economic Opportunity: Geographic and Economic Trends, Assistant Secretary of Policy and Analysis. Washington, DC: ASPE; 2018. [Google Scholar] [Ref list]

[10] Basu, Jayasree. "Multilevel Risk Factors for Hospital Readmission Among Patients With Opioid Use Disorder in Selected US States: Role of Socioeconomic Characteristics of Patients and Their Community." Health services research and managerial epidemiology vol. 7 2333392820904240. 1 Jun. 2020, doi:10.1177/2333392820904240