California Bridge Program: Treatment of Opioid Use in Acute Care Care Webinar

October 31, 2019

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Shared Experiences

Keira Washlack, BSN, RN

• Assisted in the creation of the Addiction Medicine inpatient consult service
• Improved direct connection to addiction treatment from the emergency departments
• And worked to increase access to medicated-assisted treatment.
Opioids as an Emergency Access to Addiction Treatment in the ED
ADDICTION IS NOT A MORAL FAILING.

It is a chronic disease that requires medical treatment.
In 2017 overdose deaths passed fatal motor vehicle collisions

1 IN 96 DIE OF AN OVERDOSE...

1 IN 103 DIE IN CAR CRASHES
DRUG-RELATED ED VISITS
a lost opportunity...

• Every year, millions of American come to the ED because of substance use

• 28% of adult ED patients screen positive for Substance Use Disorder
HOSPITAL ACQUIRED CONDITION

OVERDOSE
15 x overdose increase in month after discharge

- No hospital admission: 2
- 28 days after discharge: 31.7
- 1-3 months: 14.9
- 3 months-1 year: 10.6
THREE PRONGED APPROACH

1. Avoid chronic opioid starts
2. Treat addiction when present
3. Prevent overdose
SBIRT: SCREENING, BRIEF INTERVENTION & REFERRAL TO TREATMENT

• More effective in the ED than in outpatient settings

• ED SBIRT is cost effective – 21% reduction in healthcare costs in the following year
Mr. H

- 34 year old male, PTSD and GAD, uses heroin, Percocet, cocaine, drinks EtOH daily
- Severe vomiting, diarrhea, chills on presentation to ED
- “I hate that I have to wake up sick and go find heroin”
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

CONCLUSIONS AND RELEVANCE  Among opioid-dependent patients, ED-initiated buprenorphine treatment vs brief intervention and referral significantly increased engagement in addiction treatment, reduced self-reported illicit opioid use, and decreased use of inpatient addiction treatment services but did not significantly decrease the rates of
Mr. H

- Given buprenorphine 8 mg w/ immediate resolution
- Given second dose of 16 mg within 1 hour
- Plan to drop in to clinic next day
- After 50 days: no heroin use
- Cocaine down to weekly, alcohol decreased from 1 pint of hard liquor to several beers
Mr. J

- 57 year old male with IV heroin use, admitted for MSSA bacteremia and epidural abscess
- Recently left 2 hospitals against medical advice—needs antibiotics and surgery
- 9 days later found with white powder at bedside, with chills, diarrhea, runny nose
CONCLUSIONS AND RELEVANCE  Compared with an inpatient detoxification protocol, initiation of and linkage to buprenorphine treatment is an effective means for engaging medically hospitalized patients who are not seeking addiction treatment and reduces illicit opioid use 6 months after hospitalization. However, maintaining engagement in treatment remains a challenge.
Mr. J

• Started buprenorphine 16 mg
• “I feel like a new man”
• Continued in hospital and SNF
• Multiple surgeries, readmissions—no AMA
• Took full course of antibiotics, worked with PT/OT
But isn’t this illegal...?
DEA REGULATIONS

• If patient is admitted for a medical or surgical reason other than opioid dependency:
  • Methadone and buprenorphine can be administered to maintain or detoxify, including new starts

• If the patient presents to ED or urgent care in withdrawal:
  • Legal to administer 72 hours of methadone or buprenorphine to treat withdrawal

• On discharge, regular rules apply
THE OLD WAY

Long Waits
Scheduled Appointments
Specialty Clinics
X-Waivers
Prescriptions
Clinic follow up:

- Within 72 hours
- Rapid intake, same day dosing
- Flexible
Need help with pain pills or heroin?
Ask a professional.
CALIFORNIA BRIDGE PROGRAM

50+ hospitals are access point for patients with substance use disorders
ALGORITHM

Available resources at www.BridgeToTreatment.org

Uncomplicated* opioid withdrawal?**

YES (stop other opioids)

Administer 8mg Bup SL

Withdrawal symptoms improved?

YES

Administer 2nd dose

Inpatient: 8mg. Subsequent days, titrate from 15mg with additional 4-8mg pen cravings, ED: 8-24mg. Consider discharge with higher loading dose.

Maintenance Treatment 16 mg Bup SL/day

Titrated to suppress craving; usual total dose 16-32mg/day

Discharge

- Document Opioid Withdrawal and/or Opioid Use Disorder as a diagnosis.
- If no X-waiver: Use loading dose up to 32mg for long effect and give rapid follow up.
- If X-waiver: Check CURIES (not required in Emergency Department if 57 day prescription), prescribe sufficient Bup/NX until follow up.

Overdose Education Naloxone Kit

Naloxone 4mg/0.1ml intranasal spray

No Improvement

Differential Diagnosis:

- Withdrawal mimic: Influenza, DKA, sepsis, thyrotoxicosis, etc. Treat underlying illness.
- Incompletely treated withdrawal: Occurs with lower starting doses; improves with more Bup.
- Bup side-effect: Nausea, headache, dysphoria. Continue Bup, treat symptoms with supportive medications.
- Precipitated withdrawal: Too large a dose started too soon after opioid agonist. Usually time limited, self resolving with supportive medications.

Start Bup after withdrawal

Supportive care prn, stop other opioids
Uncomplicated* opioid withdrawal?**

- **NO**
  - Start Bup after withdrawal
    - Supportive meds prn, stop other opioids

- **YES** (stop other opioids)

Administer 8mg Bup SL

- **1 HOUR**

Withdrawal symptoms improved?

- **NO**
  - **NO Improvement**
    - **Differential Diagnosis:**
      - **Withdrawal mimic:** Influenza, DKA, sepsis, thyrotoxicosis, etc. Treat underlying illness.
      - **Incompletely treated withdrawal:** Occurs with lower starting doses; improves with more Bup.
      - **Bup side-effect:** Nausea, headache, dysphoria. Continue Bup, treat symptoms with supportive medications.

- **YES**

Administer 2nd dose

- **Inpatient:** 8mg. Subsequent days, titrate from 16mg with additional 4-8mg prn cravings.
- **ED:** 8-24mg. Consider discharge with higher loading dose.
Substance Use Navigator (SUN)
GOAL: Ensure that people with substance use disorder receive 24/7 high-quality care in every California health system.
SHINING A LIGHT ON TREATMENT

Substance Use Navigators:
• Friendly face
• Similar experience
• Understands treatment resources
BUILDING COMMUNITY RESOURCES
OUTREACH TO HIGH NEED COMMUNITIES

- Native Populations
- Pregnant Patients
- Urban Underserved
PATIENT CENTERED APPROACH

• Early treatment of withdrawal
• Naloxone distribution
• Harm reduction kits
SUNs Saving Lives
Need help with pain pills or heroin?

We want to help you get off opioids and started on Suboxone (Buprenorphine).

Ask for more information here.
CONTACT US

info@BridgeToTreatment.org
Questions?
Future Opioid LAN Events

• Office Hours
  • November 15, 2019—11:00 AM

• Webinars
  • November 21, 2019—11:00 AM

• Regional Events
  • November 25, 2019—Pittsburgh Region at UPMC Shadyside
  • December 05, 2019—Philadelphia Region at Thomas Jefferson University Hospital