

Treating OUD in your ED and Bridging to Outpatient Care

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Drug Related ED Visits

A Lost Opportunity...

- 17 % of patients discharged from acute care with a Substance Use Disorder (SUD) diagnosis
- For every 1,000 people over 15, there are 25 drug-related ED visits
- 28% of adult ED patients screen positive for SUD



EDs Deliver Addiction Treatment when it Matters Most

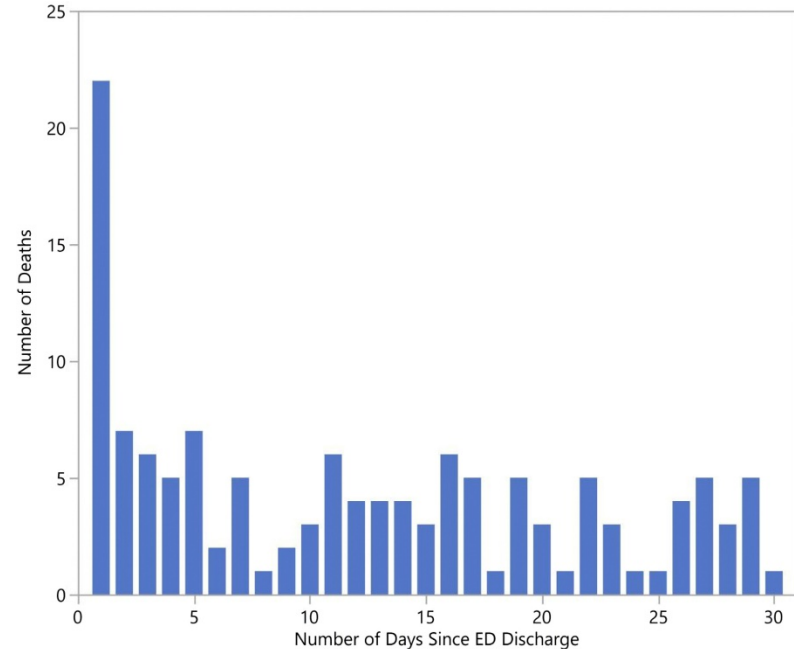
One-Year Mortality of Patients After Emergency Department Treatment for Nonfatal Opioid Overdose

Scott G. Weiner, MD, MPH^a, Olesya Baker, PhD^a, Dana Bernson, MPH^b, Jeremiah D. Schuur, MD, MHS^c

Study of patients treated in Massachusetts EDs for opioid overdose 2011-2015

- Illustrates the short-term increase in mortality risk post-ED discharge
 - Of patients that died, 20% died in the first month
 - Of those that died in the first month, 22% died within the first 2 days

Number of deaths after ED treatment for nonfatal overdose by number of days after discharge in the first month (n=130)



Why Start in the ED?

- Treating emergency of withdrawal
- Frequent site of care for patients with OUD
- ED SBIRT cost effective 21% reduction in healthcare costs in the following year
- 24/7 Access to Care
- Treatment in the ED with BUP and referral
DOUBLES the likelihood that a patients will be in treatment at 1 month



Why Start in the Hospital?

- 67% of hospitalized people who use drugs state that they would like to cut back or quit
- Treat withdrawal, prevent AMA, linking to care
- 6x increase in linkage to MAT when start inpatient
- Decreases readmission rates by 43-53% (30 vs 90 day)





Treatment
Starts
HERE

Patient Identification



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



But We Don't Have X Waivers!

Opening Doors to Treatment

Substance Use Navigators:

- Friendly face
- Similar experience
- Understand treatment resources



But We Don't Have a SUN!

Building Community Resources



Reaching Out

- EMS
- Homeless services
- Detox and treatment facilities
- Community pharmacies

Community Linkages

- Bridge clinic
- FQHC
- Drug Medicaid programs
- Opioid Treatment Programs
- Residential & detox programs

Bridge Clinics

- Hospital campus
- Immediate access after discharge
- All comers welcome
- Drop in hours
- Steppingstone or long-term treatment

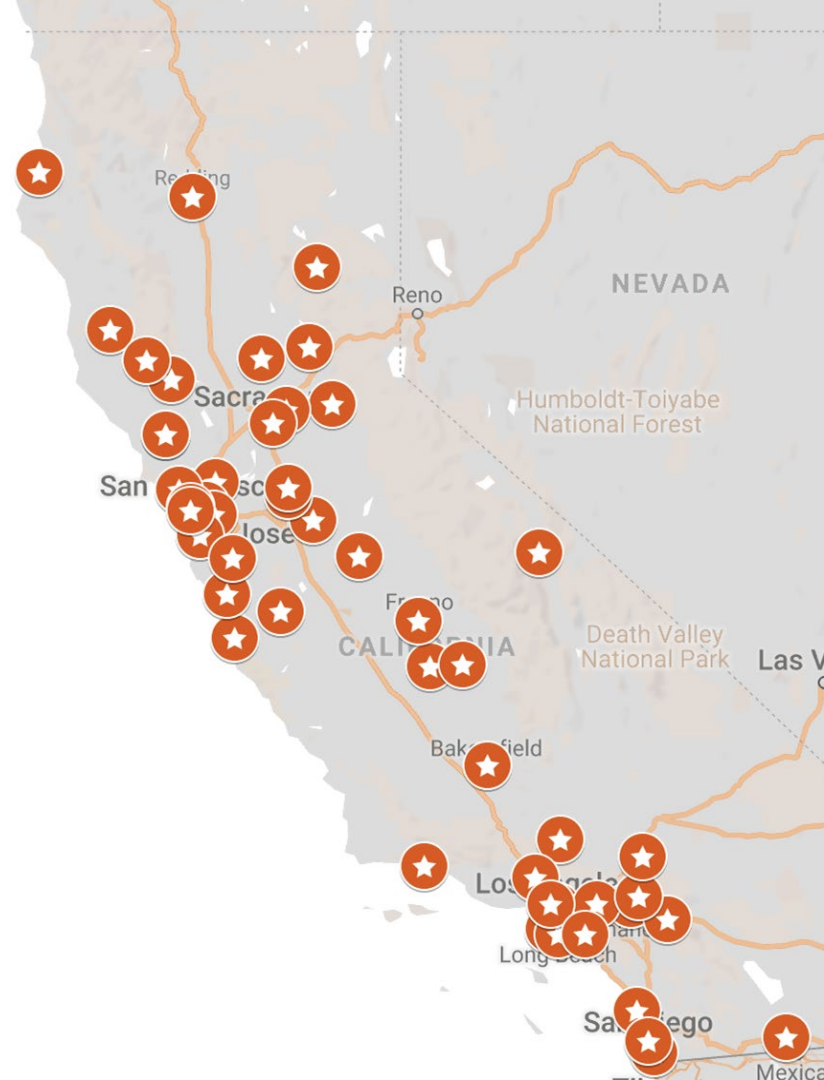
Patient Centered, Rapid Access Clinics

- Welcoming of ALL patients
- Medication first
- Drop in available
- Relapse → welcome back
- Insurance flexibility
- Polysubstance users welcome

California Bridge Program

24-7 access to high quality treatment of substance use disorders in all California hospitals.

Now 50+ hospitals as the access point for patients with substance use disorders.



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.](#)

ADDICTION IS NOT A MORAL FAILING.

It is a chronic disease that requires medical treatment.