Initiation of a Buprenorphine/Naloxone and Take-Home Naloxone Program in a Health System's Emergency Departments

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VP Medical Management - Population Health
NorthShore-Edward-Elmhurst Health

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Northwestern Medicine Delnor Hospital – Emergency Medicine Physician
Lighthouse Recovery & Recovery Centers of America – Addiction Medicine Physician

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Disclosures

Mark E. Greg, PharmD, RPh reports nothing to disclose

Steve Holtsford, MD, FACEP, FASAM reports nothing to disclose

Overall Goals

As a result of participating in this activity, learners will be able to:

1. Discuss the need for treatment approaches to manage the increasing volumes of opioid-related overdoses and deaths
2. Examine the steps necessary to implement buprenorphine/naloxone and take-home naloxone in the emergency department
3. Describe the importance of connecting patients with behavioral health and addiction medicine resources following emergency department discharge

070 - Greg, Holtsford - Buprenorphine/Naloxone

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When poll is active respond at PollEv.com/ichp3 Send ichp3 to 22333

Does your emergency department have a program in place to initiate buprenorphine/naloxone for patients presenting with opioid use disorder?

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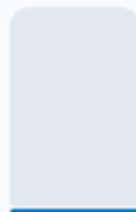

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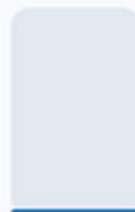

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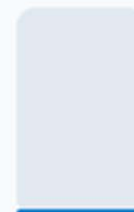

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070 - Greg, Holtsford - Buprenorphine/Naloxone

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Does your emergency department have a program in place to provide patients at risk of opioid overdose or opioid-related adverse events with take home naloxone nasal spray?

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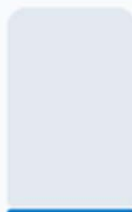

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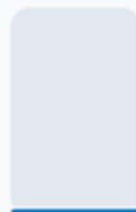

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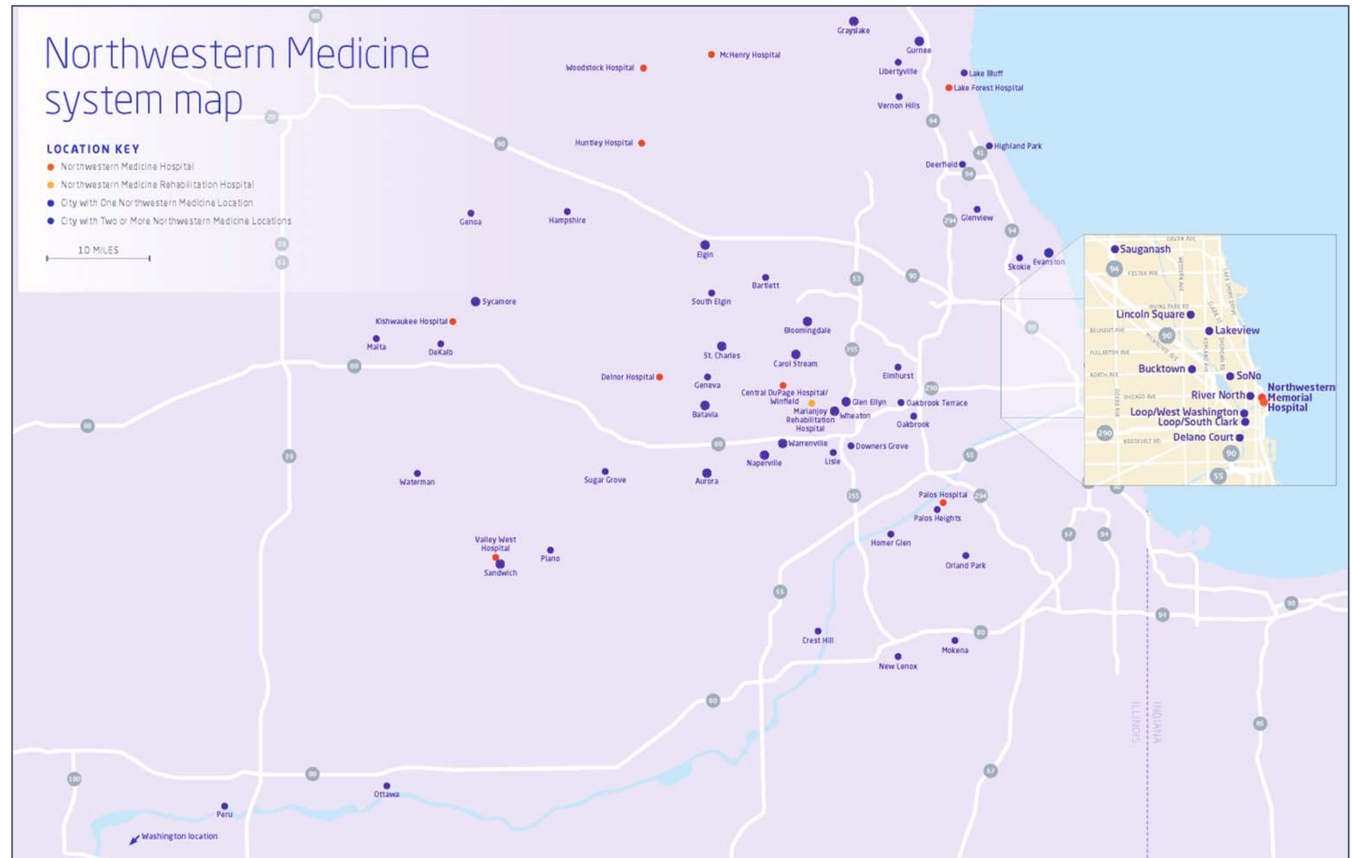
Unsure

Northwestern Medicine Hospitals and Other Key Locations

13 Hospitals

- Ann & Robert Lurie Children's Hospital of Chicago
- Central DuPage Hospital
- Delnor Hospital
- Huntley Hospital
- Kishwaukee Hospital
- Lake Forest Hospital
- Marianjoy Rehabilitation Hospital
- McHenry Hospital
- Northwestern Memorial Hospital
- Palos Hospital
- Prentice Women's Hospital
- Valley West Hospital
- Woodstock Hospital

531 Outpatient Facilities
74 Primary Care Practices
25 Immediate Care Centers



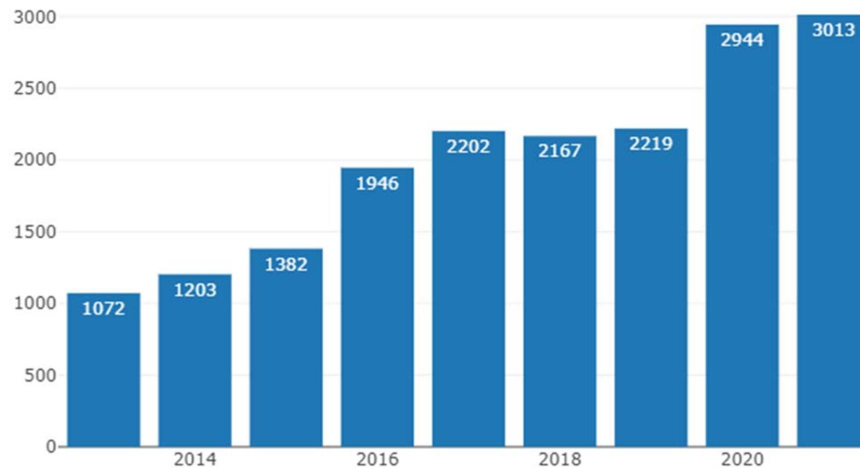
11 Emergency Departments (EDs) across the health system

Background…

Nationally and Locally

- Opioid overdoses are a common cause of preventable deaths in the U.S. and locally here in Chicago and in Illinois.
  - In 2021, there were **3,013** fatalities due to opioid overdose in Illinois
    - **2.3%** increase from 2020
    - **35.8%** increase from 2019

Yearly opioid fatalities in Illinois from 2013-2021 as reported by the Illinois Vital Records System, IDPH



https://dph.illinois.gov/topics-services/opioids/idph-data-dashboard/statewide-semiannual-opioid-report-may-2022.html

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Number of Opioid Overdose Deaths and Death Rate

Illinois by County, 1999 – 2020 (per 100,000)

Overdose Deaths/100,000

County	Deaths	Crude Rate
Cook	**13226**	**11.5**
DuPage	**1525**	**7.5**
Will	**1313**	**9.3**
Lake	**1095**	**7.2**
Winnebago	**942**	**14.9**
Madison	910	15.6
Kane	628	5.8
McHenry	543	8.3
St. Clair	457	7.9
Peoria	406	10
LaSalle	370	15
Sangamon	363	8.5
Champaign	340	7.8
McLean	278	7.6
Kankakee	272	11.3
Tazewell	251	8.6
Vermilion	179	10.1
Macon	156	6.5
Kendall	150	6.8

Overdose Death Rate /100,000

County	Deaths	Crude Rate
Madison	**910**	**15.6**
LaSalle	**370**	**15**
Winnebago	**942**	**14.9**
Jersey	**68**	**13.8**
Grundy	**140**	**13.6**
Livingston	105	12.5
Cook	13226	11.5
Kankakee	272	11.3
Marion	96	11.1
Iroquois	72	11.1
De Witt	39	10.8
Vermilion	179	10.1
Peoria	406	10
Will	1313	9.3
Greene	28	9.2
Franklin	78	9
Montgomery	58	8.9
Tazewell	251	8.6
Sangamon	363	8.5
McHenry	543	8.3

http://idph.illinois.gov/OpioidDataDashboard/

Background

Locally at Northwestern Medicine

- In 2022 there were **>428,000** annual visits to the 11 emergency departments (ED) within the NM system
  - **1,602** of these were opioid-related ED visits
- The ED represents a critical touchpoint to provide services for persons who use opioids to reduce harm and prevent overdoses
  - **1** in **20** decedents had an ED visit in the month preceding their opioid overdose death
  - **Half** of all overdose deaths have a bystander present, but bystanders administered naloxone in only **3.5%** of overdoses

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Alert Detail - HAN (chicagohan.org)

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What percentage of all overdose deaths have a bystander present and what percentage of bystanders administered naloxone? 0

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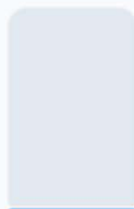

10% and 10%

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25% and 7.5%

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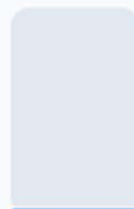

50% and 3.5%

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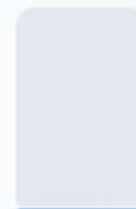

75% and 25%

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Which county in Illinois has the highest number of opioid related deaths per 100,000?

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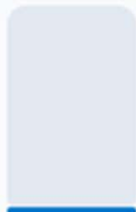	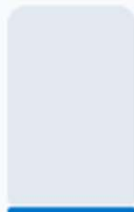		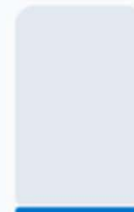
Cook	Dupage	Will	Lake

070 - Greg, Holtsford - Buprenorphine/Naloxone

Visual settings Edit

When poll is active respond at **PollEv.com/ichp3** Send **ichp3** to **22333**

Which county in Illinois has the highest rate of opioid related deaths per 100,000?

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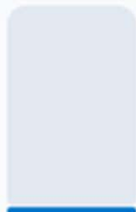

Grundy

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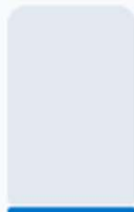

Jersey

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LaSalle

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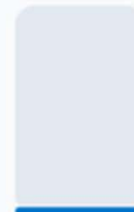

Madison

Overcoming Barriers to Prescribing Buprenorphine in the Emergency Department

JAMA Network Open May 1, 2020

Howard S Kim [1] [2], Elizabeth A Samuels [3]

"To truly close gaps in access to medications for opioid use disorder (MOUD), outpatient buprenorphine treatment capacity must be simultaneously expanded in coordination with efforts to implement ED-based buprenorphine prescribing."

"Prescribing buprenorphine in the ED is a key strategy to address gaps in opioid use disorder (OUD) treatment and improve long-term patient outcomes."

"Aligning ED and outpatient resources will not only facilitate success of ED buprenorphine initiatives but also promote equitable treatment access and ultimately reduce overdose mortality."

https://pubmed.ncbi.nlm.nih.gov/32391889/

A Call to Aid

Emergency Physicians

TOXICOLOGY/EDITORIAL

Emergency Physicians and Opioid Overdoses: A Call to Aid

Debra Houry, MD, MPH*; Jerome Adams, MD, MPH

*Corresponding Author. E-mail: Vjz7@cdc.gov.

0196-0644/$-see front matter
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https://doi.org/10.1016/j.annemergmed.2019.07.020

"Emergency physicians have been and always will be the all too necessary safety net for many… an especially important partner in combating the opioid overdose epidemic. …we cannot become complacent… America's patients and communities need emergency physicians to redouble their efforts, challenge their colleagues and institutions to do more, and partner to work upstream, now more than ever"

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https://pubmed.ncbi.nlm.nih.gov/31402152/

State of Illinois Overdose Action Plan 2022

Priority # 10

Priority 10: Increase initiation to buprenorphine in emergency departments for people who present with opioid overdoses and/or in acute withdrawal.

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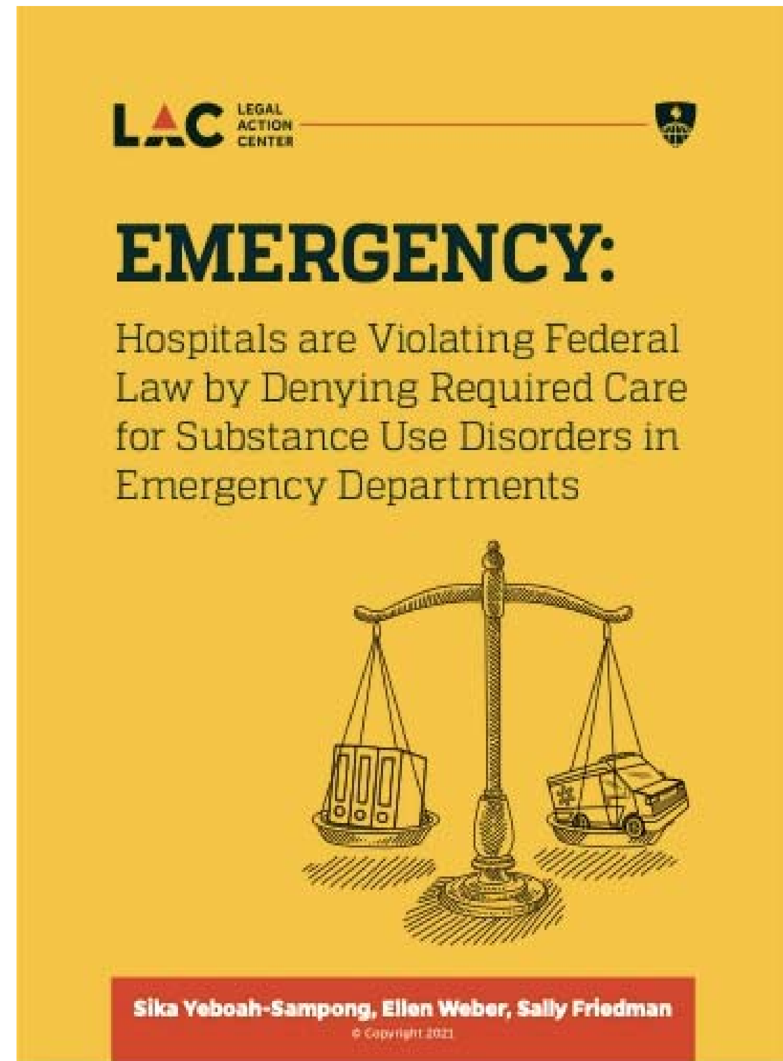
https://www.dhs.state.il.us/OneNetLibrary/27896/documents/By_Division/SUPR/State-of-Illinois-Overdose-Action-Plan-March-2022.pdf

Hospitals Violating Federal Law by Denying Required Care

Legal Action Center



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https://www.lac.org/resource/emergency-hospitals-can-violate-federal-law-by-denying-necessary-care-for-substance-use-disorders-in-emergency-departments

Illinois Drug Overdose Prevention Program (DOPP)

Free Take-Home Naloxone Nasal Spray

- Illinois Department of Human Services/Division of Substance Use Prevention and Recovery (IDHS/SUPR) created the Drug Overdose Prevention Program (DOPP)
  - **https://www.dhs.state.il.us/page.aspx?item=58142**
- Hospitals (and other organizations) that register as a DOPP site are eligible to receive **free supplies** of naloxone nasal spray kits to stock their facilities and distribute to patients

Hospitals & Clinics
ACCESS NARCAN
(click here)

Commmunity Organizations
ACCESS NARCAN
(click here)

https://www.dhs.state.il.us/page.aspx?item=58142

Medication Assisted Recovery (MAR) NOW Program Statewide Expansion

Effective September 2022 - MAR NOW through the Illinois Helpline is accessible **throughout the State of Illinois.**

- ✓ **Patients are connected to care coordinators who assist with scheduling appointments with outpatient treatment centers.**
- ✓ 24/7 Illinois Helpline for Opioids and Other Substances **(833-234-6343)**

Additional Services Include:

- ✓ medication access and affordability
- ✓ transportation coordination and funding

Chicago Department of Public Health & Illinois Department of Human Services Division of Substance Use Prevention and Recovery. (2022, May 19). *City and State Partner on New Program to Offer Immediate Treatment For Opioid Use Disorder: Hotline will provide immediate access to life-saving medications regardless of insurance or ability to pay* [Press Release]. City of Chicago :: City and State Partner on New Program to Offer Immediate Treatment For Opioid Use Disorder

Prescribing Barriers Removed

X-Waiver Requirement Lifted

- Effective December 29, 2022, Section 1262 of the Consolidated Appropriations Act, 2023 (also known as Omnibus bill), removed the federal requirement for practitioners to submit a Notice of Intent (waiver application) to prescribe medications like buprenorphine for the treatment of opioid use disorder (OUD).
- All practitioners who have a current DEA registration that includes **Schedule III** authority, may now prescribe buprenorphine for Opioid Use Disorder in their practice if permitted by applicable state law - and SAMHSA encourages them to do so.
- For more information on the buprenorphine waiver, contact SAMHSA's Center for Substance Abuse Treatment (CSAT) at 866-BUP-CSAT (866-287-2728) or providersupport@samhsa.hhs.gov.

https://www.samhsa.gov/medications-substance-use-disorders/pharmacist-verification

Revised Training Requirements to Prescribe Buprenorphine for Opioid Use Disorder

Separately, section 1263 of the 'Consolidated Appropriations Act of 2023' requires new or renewing Drug Enforcement Administration (DEA) registrants, starting June 27, 2023, upon submission of their application, to have at least one of the following:

- ✓A total of **eight hours of training** from certain organizations on opioid or other substance use disorders for practitioners renewing or newly applying for DEA registration to prescribe any Schedule II-V controlled medications;
- ✓Board certification in addiction medicine or addiction psychiatry from the American Board of Medical Specialties, American Board of Addiction Medicine, or the American Osteopathic Association; or
- ✓Graduation within five years and status in good standing from medical, advanced practice nursing, or physician assistant school in the U.S. that included successful completion of an opioid or other substance use disorder curriculum of at least eight hours.

https://www.samhsa.gov/medications-substance-use-disorders/waiver-elimination-mat-act

U.S. Food and Drug Administration (FDA) Updates – April 13, 2023

Opioid Product Labelling Changes

- Updates to immediate-release (IR) opioids state that products should not be used for an extended period unless the pain remains severe enough to require them and alternative treatments continue to be inadequate.
- FDA is updating approved use language for extended-release (ER) and long-acting (LA) opioid pain medications.
- FDA is also adding a new warning about opioid-induced hyperalgesia (OIH) for both IR and ER/LA opioid pain medications.

https://www.fda.gov/drugs/drug-safety-and-availability/fda-updates-prescribing-information-all-opioid-pain-medicines-provide-additional-guidance-safe-use

Coming Soon to a Location Near You!

Over the Counter (OTC) Naloxone Nasal Spray

- TBA - Naloxone nasal spray will be eligible to be sold over the counter

- Naloxone nasal spray "vending machines"

https://www.fda.gov/news-events/press-announcements/fda-approves-first-over-counter-naloxone-nasal-spray

https://www.kxan.com/business/press-releases/ein-presswire/626668535/illinois-supply-announces-new-naloxone-vending-machine-that-holds-50-boxes-of-narcan/

Patient Testimonials

buprenorphine and naloxone

"If there is a place to change the stigma, the ER is the best place."

"It is life changing."

"What buprenorphine/naloxone did for me is that it gives you a way to instantaneously feel normal but not high. It's almost a miracle."

"I was able to get buprenorphine/naloxone and feel normal without getting dope off the street. I also know that if I do pickup I will have a really hard time getting high. If I have an appointment with a clinic in a few days, I might as well try it. If you have that appointment right away you might be very likely to give it a shot."

"The drug cravings just vanish with buprenorphine/naloxone."

"If people are on buprenorphine/naloxone, they will not continue to be drug seeking in that ER."

For more patient stories, check out IPHI and CDPH's four-part webinar series: Meeting the Opioid Challenge in the ED

https://oudwebinarseries.my.canva.site/

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In December of 2022, the Consolidated Appropriations Act removed the federal requirement for prescribers to submit a Notice of Intent, or _______ waiver, to prescribe medications (i.e. buprenorphine) for the treatment of OUD.

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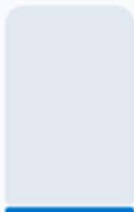

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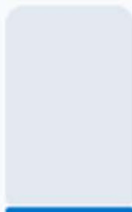

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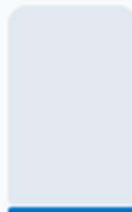

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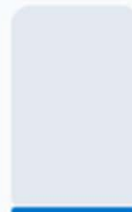

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When poll is active respond at PollEv.com/ichp3 Send ichp3 to 22333

How many hours of opioid or other substance use disorder training for practitioners renewing or newly applying for a registration from the DEA to prescribe any Schedule II-V controlled medications?

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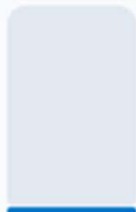

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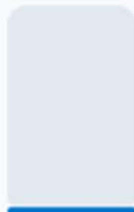

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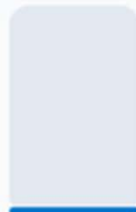

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070 - Greg, Holtsford - Buprenorphine/Naloxone

Visual settings

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When poll is active respond at PollEv.com/ichp3 Send ichp3 to 22333

Effective September 2022, MAR NOW through the Illinois Helpline is accessible 24/7 throughout the State of Illinois. What is the correct phone number for the Illinois Helpline?

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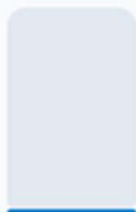

(312) 988-5788

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(708) 788-8492

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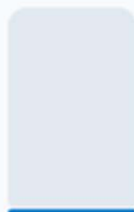

(888) 512-1234

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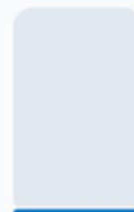


(833) 234-6343

Effective September 2022, MAR NOW through the Illinois Helpline is accessible 24/7 throughout the State of Illinois.

What is the correct phone number for the Illinois Helpline?

(833) 234-6343

Consider creating a contact in your cell phone with this phone number!

What Was the Genesis of this Project?

James G. Adams, MD
Northwestern Medicine Feinberg School of Medicine
Chair, Department of Emergency Medicine
Oglesby Paul Professor of Emergency Medicine
Professor of Emergency Medicine

Northwestern Memorial Hospital
Take-Home Naloxone Nasal Spray
Howard Kim, MD, MPH

Northwestern Delnor Hospital
ED-initiated Buprenorphine/Naloxone
Steve Holtsford, MD, FACEP, FASAM

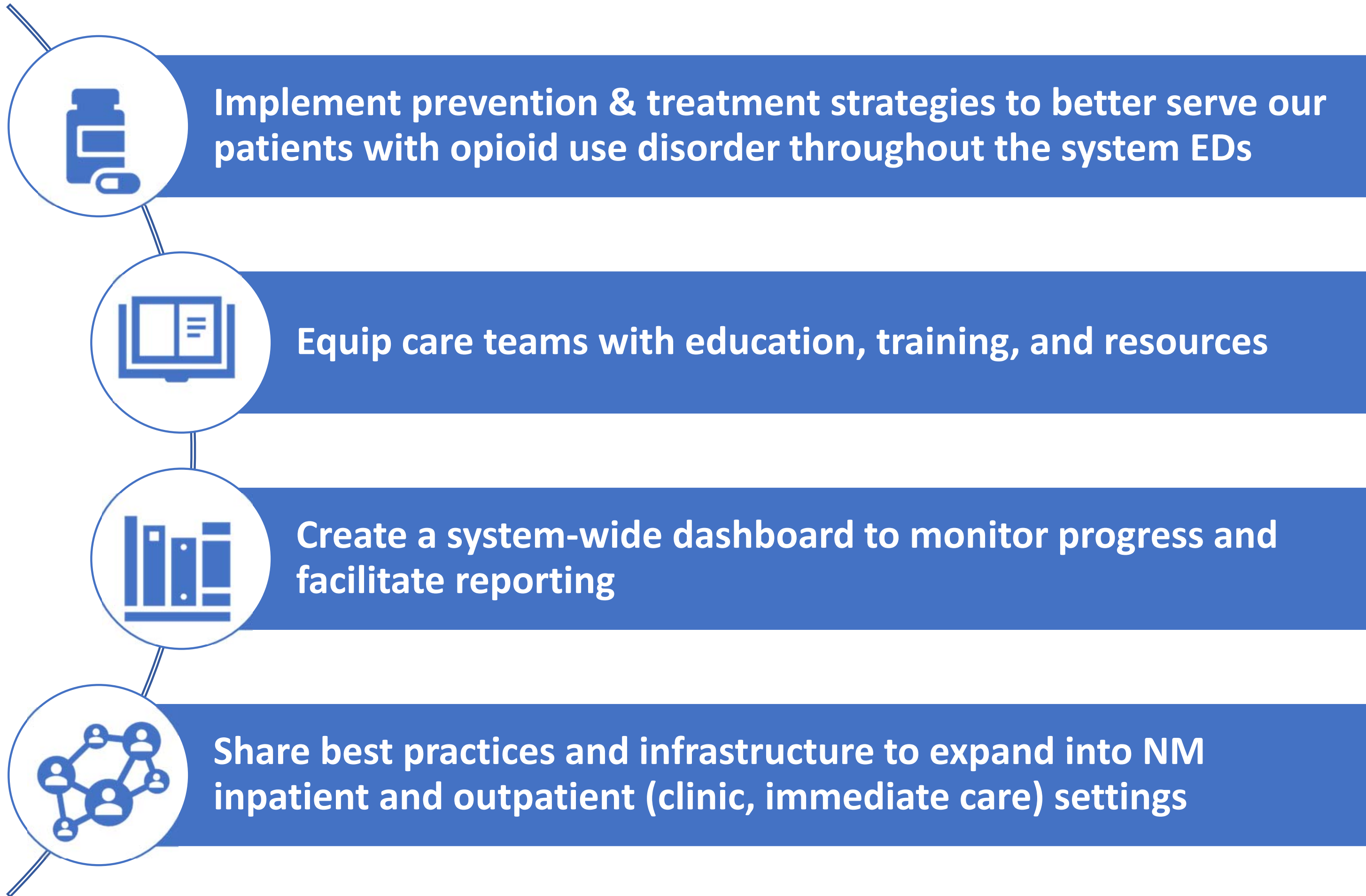
Core Team Members

- Executive sponsor – Jim Adams, MD
- Physician champions
  - ✓ Howard Kim, MD, MPH
  - ✓ Steve Holtsford, MD, FACEP, FASAM
- Project managers
  - ✓ Neha Bhattacharjee
  - ✓ Mark Greg
  - ✓ Chelsea Harrison

Additional Key Participants

- Hospital pharmacy directors
- ED pharmacists
- ED physicians
- ED clinical team (manager, nurses, quality leads)
- EHR pharmacy team
- EDW data architect

Project Overview Goals



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Project Highlights

Now

January 2022

Identified local ED champions as partners throughout the project.

Conducted roadshows to garner hospital committee support and endorsement of the project.

Developed system wide workflows for take-home naloxone kits and ED-initiated buprenorphine/naloxone prescribing & home induction.

Prepared educational materials for local champions and ED teams.

Created system dashboard to track project outcomes.

Updated existing dashboard for naloxone kit dispense tracking to include all 11 EDs.

Collaborating with Epic teams to develop an outpatient order for free take-home Narcan kits.

Updating buprenorphine order and MAT/Buprenorphine discharge smart set, which includes a dot phrase for HCPCS code G2213 reimbursement for initiating medication for the treatment of OUD in the ED.

Plans to launch naloxone workflow to the remaining five EDs

Plans to launch ED-initiated buprenorphine workflow to all 11 EDs

Will monitor system dashboard to track project outcomes and continue to identify interventions to enhance adoption of system workflows.

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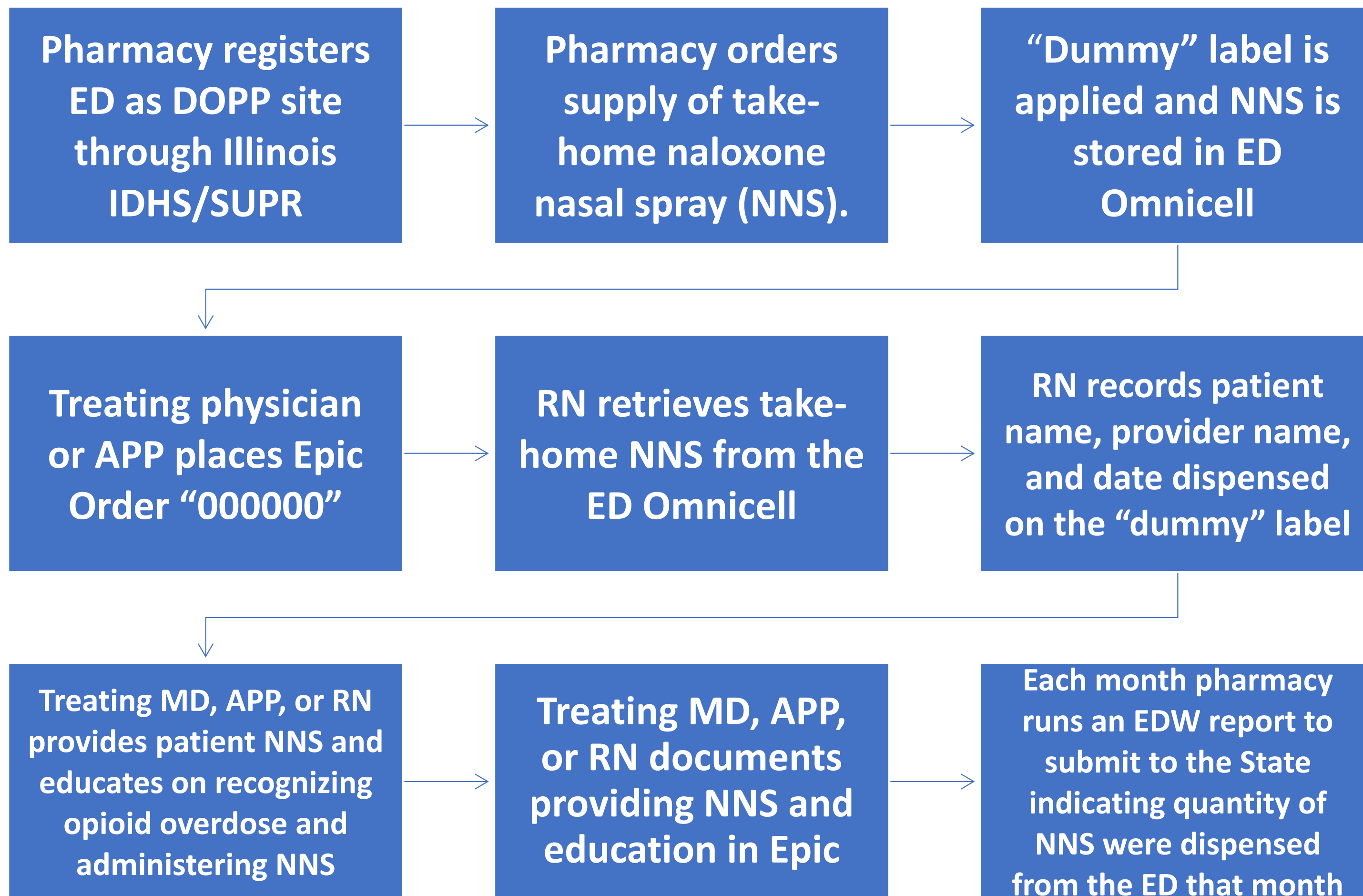
Example: Pharmacy Champion Responsibilities

Operational Responsibilities
1 Stay up to date with buprenorphine/naloxone and naloxone prescribing and administration information
2 Confirm buprenorphine/naloxone and naloxone formulary availability
3 Register hospital with Drug Overdose Prevention Program (DOPP)
4 Submit monthly report of naloxone distribution to Illinois Department of Human Services (IDHS)
5 Coordinate the ordering, retrieval and storage of naloxone kits

Core
Advocate for the use of medications for opioid use disorder and harm reduction strategies
Provide guidance and support to colleagues when questions or concerns arise
Keep provider enthusiasm high by showing successes and “wins”

Naloxone Nasal Spray (NNS) Workflow



2023 ICHP ANNUAL MEETING

Lessons Learned: Inpatient vs. Outpatient EPIC Functionality

Naloxone Inpatient vs. Outpatient EPIC Ordering Functionalities

Inpatient Cons:

- **MAR:** The inpatient order populates on the MAR, which implies real-time administration.
- **Billing:** The inpatient order could pose confusion for billing and may result in a charge for the NNS, despite the NNS being free through the DOPP program.
- **Dispensed history:** The inpatient order does not populate on the dispensed history and therefore would not be known by future care teams who may be providing patient care.

Outpatient Pros:

- **MAR:** The outpatient order clarifies the process for the care teams. (The NNS is not to be administered in the ED!)
- **Dispensed History:** The outpatient order is visible on the EPIC medication list and also included in the IL-PDMP dispense history. All of these provide context and alert future care teams of the patient's medications for future visits.
- **Omnicell:** Ability to store the take-home NNS for easy access. Models the standard protocol for pharmacy Rx verification while still offering the nurse and/or provider the ability to override Rx verification for quick dispensing needs.
- **AVS:** Outpatient order populates on AVS, which provides ability to incorporate NNS administration visual guides to be printed along with the patient's other discharge paperwork.
- **"Dummy Label"** Flexibility with label formatting for prescription printing. Compliant with the Illinois Naloxone Policy 102-0598

Labeling: Illinois Naloxone Policy 102-0598 (waiver)

(1.5) Notwithstanding any provision of or requirement otherwise imposed by the Pharmacy Practice Act, the Medical Practice Act of 1987, or any other law or rule, including, but not limited to, any requirement related to labeling, storage, or recordkeeping, a health care professional or other person acting under the direction of a health care professional may, directly or by standing order, obtain, store, and dispense an opioid antagonist to a patient in a facility that includes, but is not limited to, a hospital, a hospital affiliate, or a federally qualified health center if the patient information specified in paragraph (4) of this subsection is provided to the patient.

A person acting in accordance with this paragraph shall not, as a result of his or her acts or HB2589 Enrolled LRB102 15983 KTG 21353 b Public Act 102-0598 omissions, be subject to: (i) any disciplinary or other adverse action under the Medical Practice Act of 1987, the Physician Assistant Practice Act of 1987, the Nurse Practice Act, the Pharmacy Practice Act, or any other professional licensing statute; or (ii) any criminal liability, except for willful and wanton misconduct.

Hospital Name

Address & Phone Number

naloxone nasal spray **(Narcan)** 4mg/actuation

Administer 1 spray (4mg) in the nostril with signs of slow or shallow breathing from opioid use. Repeat with another device in 2 minutes if the person does not respond by waking up.

Call 911 if used.

Dispense Qty: 1 kit – 2 intranasal devices

Patient Name: ___________________

Provider Name: ___________________

Date Dispensed: ___________________

https://www.ilga.gov/legislation/publicacts/102/PDF/102-0598.pdf

Enterprise Data Warehouse (EDW) Reports

IDHS Narcan Project Data Extract

- Month, Year of Date of Distribution
- Reason for Distribution
- Patient Age
- Patient Gender
- Patient Gender Identity
- Patient Race
- Patient Ethnicity
- Patient Zip Code
- County Distributed
- Diagnosis at the Encounter
- Amount Distributed

Exported and submitted to DOPP monthly for program compliance

Emergency Department MOUD & Naloxone Dashboard

- % ED Discharges with OUD Diagnosis
- % OUD visits with 30-day return
- % OUD discharges with buprenorphine prescribed
- % OUD visits requiring naloxone administration
- % OUD discharges with naloxone dispensed

Developed for NMHC Emergency Departments to track project outcomes, identify interventions to enhance adoption of project efforts.

Data can also be shared at a larger scale to determine future project opportunities and to share insights with other cohorts within and external to NMHC for collaboration.

Connecting Patients with Behavioral Health and Addiction Medicine Resources Following ED Discharge

"Based on literature review, clinical experience, and expert consensus, the group recommends that emergency physicians offer to initiate opioid use disorder treatment with buprenorphine in appropriate patients **and provide direct linkage to ongoing treatment for patients with untreated opioid use disorder.**"

Consensus Recommendations on the Treatment of Opioid Use Disorder in the Emergency Department

Kathryn Hawk, MD, MHS*; Jason Hoppe, DO; Eric Ketcham, MD; Alexis LaPietra, DO; Aimee Moulin, MD; Lewis Nelson, MD; Evan Schwarz, MD; Sam Shahid, MBBS, MPH; Donald Stader, MD; Michael P. Wilson, MD; Gail D'Onofrio, MD, MS

*Corresponding Author. E-mail: kathryn.hawk@yale.edu.

The treatment of opioid use disorder with buprenorphine and methadone reduces morbidity and mortality in patients with opioid use disorder. The initiation of buprenorphine in the emergency department (ED) has been associated with increased rates of outpatient treatment linkage and decreased drug use when compared to patients randomized to receive standard ED referral. As such, the ED has been increasingly recognized as a venue for the identification and initiation of treatment for opioid use disorder, but no formal American College of Emergency Physicians (ACEP) recommendations on the topic have previously been published. The ACEP convened a group of emergency physicians with expertise in clinical research, addiction, toxicology, and administration to review literature and develop consensus recommendations on the treatment of opioid use disorder in the ED. Based on literature review, clinical experience, and expert consensus, the group recommends that emergency physicians offer to initiate opioid use disorder treatment with buprenorphine in appropriate patients and provide direct linkage to ongoing treatment for patients with untreated opioid use disorder. These consensus recommendations include strategies for opioid use disorder treatment initiation and ED program implementation. They were approved by the ACEP board of directors in January 2021. [Ann Emerg Med. 2021;78:434-442.]

0196-0644/$-see front matter
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https://doi.org/10.1016/j.annemergmed.2021.04.023

INTRODUCTION

In 2019, the National Safety Council announced that for the first time in history, a person in the United States was more likely to die of an unintentional opioid overdose than in a motor vehicle collision.[1] After a brief decrease in opioid-associated mortality from 2017 to 2018 of 1.7% (47,600 to 46,802), the US Centers for Disease Control and Prevention (CDC) reported 50,042 deaths in 2019, an increase of 9.4%, with even greater increases in overdose deaths projected due to the coronavirus disease 2019 (COVID-19) pandemic.[2] Provisional reporting by the CDC reveals new increases in rates of drug overdose in all US states, with an overall increase in drug overdose deaths of 26.8% and 19 states showing increases of more than 30% between August 2019 and August 2020.[2] Increased availability of highly potent illicit fentanyl and fentanyl analogues and the social isolation and treatment interruption associated with the COVID-19 pandemic represent drivers of the worsening opioid crisis, augmenting existing barriers and treatment gaps in the opioid cascade of care, a quality measurement framework that includes treatment engagement, medication initiation, retention, and remission.[3-6] The treatment of opioid use disorder with buprenorphine or methadone has been associated with improved quality of life, reduced drug use, diminished HIV/Hepatitis C transmission, reduced opioid overdose, and decreased all-cause mortality.[7-12] With only 18% of individuals with opioid use disorder receiving medication for opioid use disorder treatment within the past year,[13] opioid overdose remains the leading cause of unintentional death for adults under the age of 50 in the United States, claiming an average of approximately 130 lives every day.[14]

The Opioid Crisis and Emergency Departments

The first 2 decades of this millennium were characterized by dramatic increases in rates of opioid prescription, opioid overdose, and opioid-related utilization of inpatient and emergency department (ED) care.[15-17] As the opioid crisis has worsened, ED visits for opioid-related adverse drug events, complications of injection drug use, and opioid withdrawal have become increasingly common, resulting in ED visits for opioid-related presentations more than doubling between 2010 and 2018.[18,19] Patients who survive an opioid overdose are 100 times more likely to die

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How is “Addiction” Defined?

“Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual’s life experiences”

American Society of Addiction Medicine

https://www.asam.org/quality-care/definition-of-addiction

“Warm Hand-off” from the ED

A “warm hand-off” is the process of transitioning a patient with OUD from the emergency department, to a community treatment resource, once the patient has been seen and treated appropriately

- Examples of community resources may include:
  - √ Federally Qualified Health Centers (FQHCs)
  - √ Rehabilitation/Detox facilities
  - √ Private clinics
  - √ Telemedicine

Warm hand-offs are proven to be much more valuable to the patient than simply providing a list of referral locations

NM's Approaches to "Warm Hand-off" Examples by Region

NM West Region – Internal BHS Nearby

Northwestern Memorial Healthcare

- ED provider can directly refer to CDH BHS and patients can continue their care pathway through Northwestern Medicine
  - No cost evaluation appointments within 24 hours of call. Available 24/7.
  - Insurance limitations*

CDH Behavioral Health Center Levels of Care

- Addiction Services
- Detox Unit
- Inpatient Residential Treatment
- Day Treatment
  - Partial Hospital Program
  - Intensive Outpatient Program
- Medication Assisted Treatment (MAT)
- Continuing Care Groups and Individual Therapy

NM Northwest Region – No Internal BHS Nearby

- ED provider sees patient and connects them to a MAR NOW representative
- ED provider is also given a roster of external BHS addiction services available in the geographic area they may choose to refer to directly

MAR NOW (Illinois)

- Patients are connected to care coordinators who will assist with scheduling appointments with outpatient treatment centers
- The program serves all patients, regardless of insurance or ability to pay, and provides assistance with transportation to the pharmacy and/or follow-up appointments.

070 - Greg, Holtsford - Buprenorphine/Naloxone

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Warm hand-offs are proven to be much more valuable to the patient than simply providing a list of referral locations.

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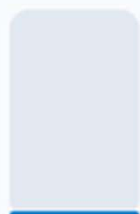

True

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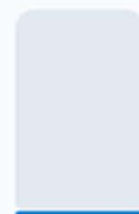

False

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Examples of community treatment resources may include:

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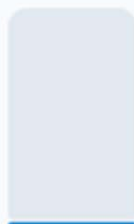

Federally Qualified Health Centers (FQHCs)

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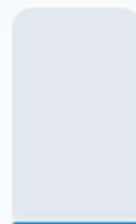

Rehabilitation/Detox facilities

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Private clinics

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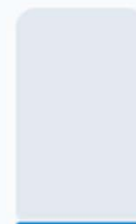

Telemedicine

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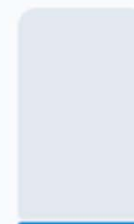

All of the above

Best Practices: Buprenorphine/Naloxone and Take-Home Naloxone Nasal Spray

- Engage key participants
- Conduct assessment survey of the EDs
  - ✓ Develop roster of local, multi-disciplinary ED champions
  - ✓ Identify each ED's operational models
  - ✓ Collect current state of each ED's OUD interventions
- Partner with IT to develop system dashboard to gather metrics for both DOPP requirements and OUD interventions.
- Identify and connect with key behavioral health and addiction medicine resources in the area
- Circulate project status internally to promote project awareness

Best Practices: Naloxone Nasal Spray Workflow

- Secure support for project: Chief Medical Officer (CMO), hospital administrative leadership, ED medical and administrative leadership
- Engage local Pharmacy Champions to coordinate process and to partner with DOPP - Amanda Lick, Director of Community Health Solutions for Illinois (licka@ebsi.com) to obtain free supplies of naloxone nasal spray
- Create standard guidelines & workflows
- Leverage multi-disciplinary champions for communication roadshow
- Collaborate with IT to build out EHR changes and data architect to create utilization and outcomes reporting
- Circulate team's work inside and outside of the organization!

Lessons Learned: Overall

- Secure core project management team
- Secure support of physician champion(s) and executive leadership
- Partner with ED team: physicians, clinical team, and administrative leaders
- Engage EHR IT team early and often for updates
- Be mindful of scope creep
- Leverage Illinois network of pharmacy leaders
- Keep persevering!

070 - Greg, Holtsford - Buprenorphine/Naloxone

Visual settings

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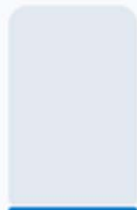
When poll is active respond at **PollEv.com/ichp3** Send **ichp3** to **22333**

Following this presentation, what is your likelihood of establishing a program to initiate buprenorphine/naloxone through your emergency department?

0%

Very likely

0%



Likely

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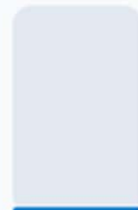

Unsure

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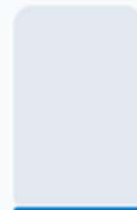

Unlikely

0%

Very unlikely

070 - Greg, Holtsford - Buprenorphine/Naloxone

Visual settings

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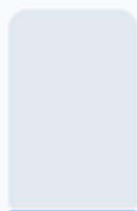
Following this presentation, what is your likelihood of establishing a program to provide take-home naloxone nasal spray through your emergency department?

0%

Very likely

0%



Likely

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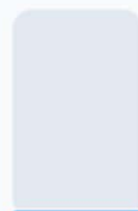

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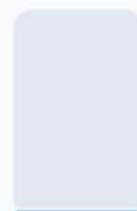

Unlikely

0%

Very unlikely

070 - Greg, Holtsford - Buprenorphine/Naloxone

Moderate | Visual settings | Edit

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Questions?

0

Nobody has responded yet.

Hang tight! Responses are coming in.

Resources

- https://dph.illinois.gov/topics-services/opioids/naloxone.html
- https://www.samhsa.gov/sbirt
- https://www.lac.org/resource/emergency-hospitals-can-violate-federal-law-by-denying-necessary-care-for-substance-use-disorders-in-emergency-departments
- https://www.ilga.gov/legislation/publicacts/102/PDF/102-0598.pdf