


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

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1

Disclosures

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

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




2

Learning Objectives

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



3

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


- 1) Yes
- 2) Unsure
- 3) No



4

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?


- 1) Yes
- 2) Unsure
- 3) No



5

Does your organization have pharmacists in the emergency department?

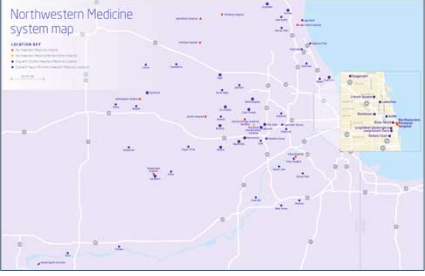
- 1) Yes
- 2) Unsure
- 3) No



6

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



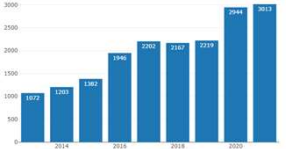
11 Emergency Departments (EDs) across the health system

7

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



2013: 1177, 2014: 1305, 2015: 1361, 2016: 1996, 2020: 2900, 2021: 3187, 2022: 3279, 2023: 3344, 2024: 3513

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

8

Number of Opioid Overdose Deaths and Death Rate Illinois by County, 1999 – 2020 (per 100,000)

County	Deaths	Crude Rate	County	Deaths	Crude Rate
Cook	13226	11.5	Madison	910	15.6
DuPage	1525	7.5	LaSalle	370	15
Will	1313	9.3	Winnebago	942	14.9
Lake	1095	7.2	Jersey	68	13.8
Winnebago	942	14.9	Grundy	140	13.6
Madison	910	15.6	Livingston	105	12.5
Kane	628	5.8	Cook	13226	11.5
McHenry	543	8.3	Kankakee	272	11.3
St. Clair	457	7.9	Marion	96	11.1
Peoria	406	10	Iroquois	72	11.1
LaSalle	370	15	De Witt	39	10.8
Sangamon	363	8.5	Vermilion	179	10.1
Champaign	340	7.8	Peoria	406	10
McLean	278	7.6	Will	1313	9.3
Kankakee	272	11.3	Greene	28	9.2
Tazewell	251	8.6	Franklin	78	9
Vermilion	179	10.1	Montgomery	58	8.9
Macon	156	6.5	Tazewell	251	8.6
Kendall	150	6.8	Sangamon	363	8.5
			McHenry	543	8.3

<http://dph.illinois.gov/OpioidDataDashboard/>

9

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

Alert.Detail_HAN@chicagohan.org

10

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

- 10% and 10%
- 25% and 7.5%
- 50% and 3.5%
- 75% and 25%
- 100% and 100%

11

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

- Cook
- DuPage
- Will
- Lake
- Winnebago

12

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

- 1) Grundy
- 2) Jersey
- 3) LaSalle
- 4) Madison
- 5) Winnebago

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13

Overcoming Barriers to Prescribing Buprenorphine in the Emergency Department *JAMA Network Open* May 1, 2020

Howard S Kim^{1,2}, Elizabeth A Samuels³

“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.”

“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.”

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

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

14

A Call to Aid
Emergency Physicians

TOXICOLOGY/EDITORIAL

Emergency Physicians and Opioid Overdoses: A Call to Aid

Debra Houry, MD, MPH¹; Jerome Adams, MD, MPH²
*Corresponding Author. E-mail: 19j78@ci.jhu.edu

0196-0644/\$ see front matter
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<https://doi.org/10.1016/j.ajem.2018.07.020>

“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/31403152/>

15

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.

State of Illinois Overdose Action Plan
MARCH 2022

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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

16

Hospitals Violating Federal Law by Denying Required Care

Legal Action Center

LAC 20th ANNUAL MEETING

EMERGENCY:
Hospitals are Violating Federal Law by Denying Required Care for Substance Use Disorders in Emergency Departments

Sika Yabash-Sampong, Ellen Weber, Sally Friedman

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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>

17

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)

Community Organizations
ACCESS NARCAN (click here)

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

18

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. Helpline 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.

19

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.

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

20

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.

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

21

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.

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

22

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"



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<https://www.fda.gov/news-events/press-announcements/fda-approves-first-over-counter-naloxone-nasal-spray>
<https://www.kaan.com/business/press-releases/in-presswire/626668335/illinois-supply-announces-new-naloxone-vending-machine-that-holds-50-boxes-of-narcan/>

23

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/>

IPHI and CDPH Presents

Webinar Series: Meeting the Opioid Challenge in the ED




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24

With the signing of the Consolidated Appropriations Act, 2023 (also known as Omnibus bill), effective December 29, 2022, Section 1262 removed the federal requirement for practitioners to submit a Notice of Intent (have a waiver) to prescribe medications, like buprenorphine, for the treatment of opioid use disorder (OUD).
This removed the requirement known as the << ? Waiver>>


- 1) B
- 2) N
- 3) W
- 4) X
- 5) Z



25

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?


- 1) 2
- 2) 4
- 3) 6
- 4) 8
- 5) 10



26

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?

- 1) (312) 988-5788
- 2) (708) 788-8492
- 3) (800) 323-6575
- 4) (888) 512-1234
- 5) (833) 234-6343






27

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





28


Core Team Members	Additional Key Participants
<ul style="list-style-type: none"> • Executive sponsor – Jim Adams, MD • Physician champions <ul style="list-style-type: none"> ✓ Howard Kim, MD, MPH ✓ Steve Holtsford, MD, FACEP, FASAM • Project managers <ul style="list-style-type: none"> ✓ Neha Bhattacharjee ✓ Mark Greg ✓ Chelsea Harrison 	<ul style="list-style-type: none"> • Hospital pharmacy directors • ED pharmacists • ED physicians • ED clinical team (manager, nurses, quality leads) • EHR pharmacy team • EDW data architect



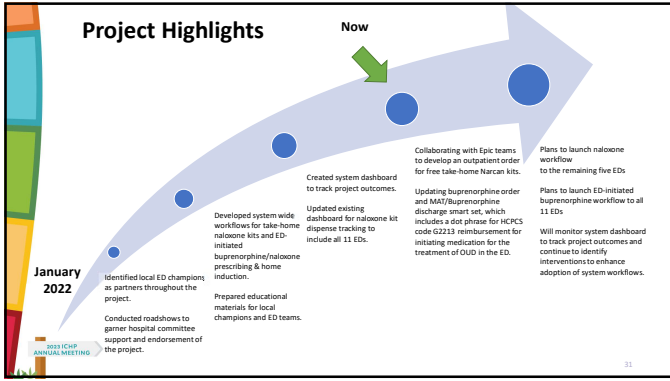
29

Project Overview Goals

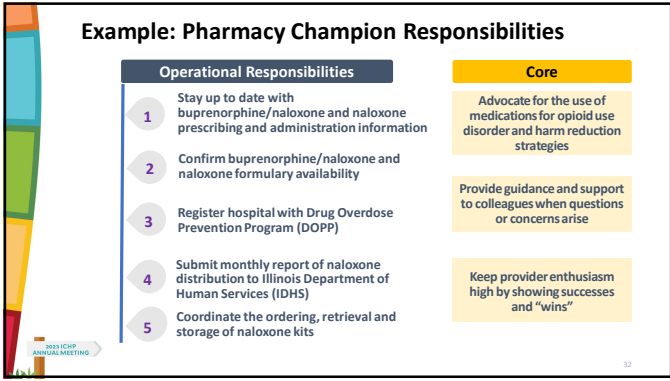
- 
 Implement prevention & treatment strategies to better serve our patients with opioid use disorder throughout the system EDs
- 
 Equip care teams with education, training, and resources
- 
 Create a system-wide dashboard to monitor progress and facilitate reporting
- 
 Share best practices and infrastructure to expand into NM inpatient and outpatient (clinic, immediate care) settings



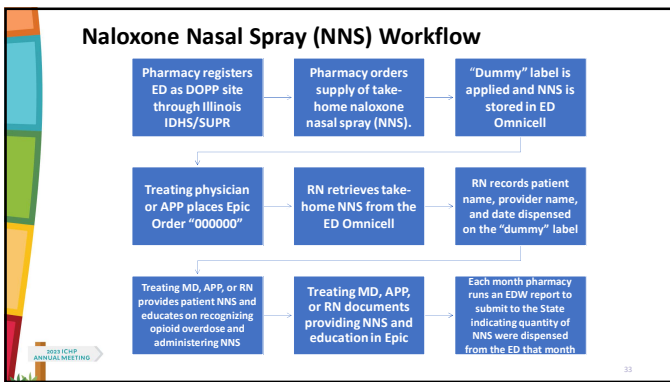
30



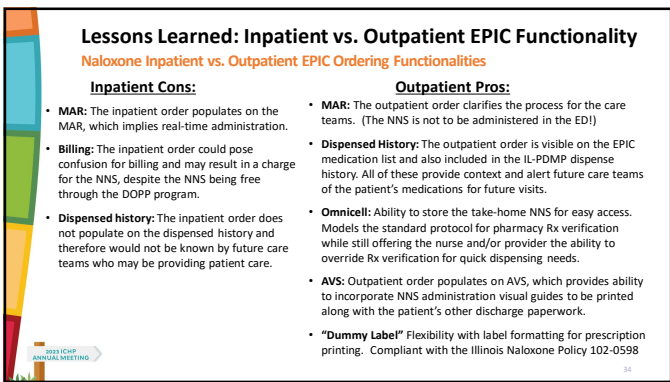
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32



33



34

Labeling: Illinois Naloxone Policy 102-0598 (waiver)

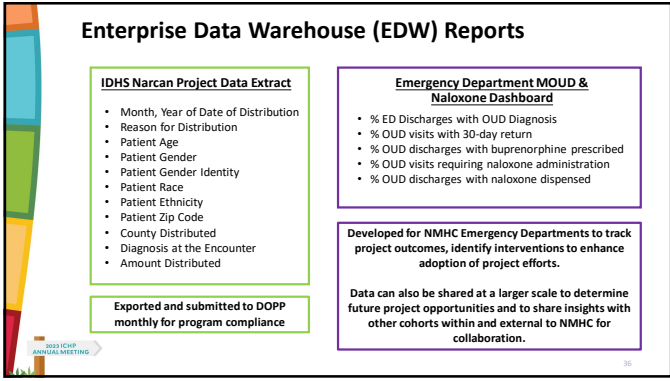
(1.5) Notwithstanding any provision of or requirement otherwise imposed by the Pharmacy Practice Act, the Medical Practice Act of 1987, or any other law or rule, including, but not limited to, any requirement related to labeling, storage, or recordkeeping, a health care professional or other person acting 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>

35



36

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.**”

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37

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>

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38

“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

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39

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.

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40

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

- 1) True
- 2) False

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41

Examples of community treatment resources may include:

- 1) Federally Qualified Health Centers (FQHCs)
- 2) Rehabilitation/Detox facilities
- 3) Private clinics
- 4) Telemedicine
- 5) All of the above

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42




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

2023 ICAP ANNUAL MEETING 43

43




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!

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44




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!

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45




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

- 1) Very likely
- 2) Likely
- 3) Unsure
- 4) Unlikely
- 5) Very unlikely

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46



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

- 1) Very likely
- 2) Likely
- 3) Unsure
- 4) Unlikely
- 5) Very unlikely

2023 ICAP ANNUAL MEETING 47

47



Questions/Comments

2023 ICAP ANNUAL MEETING 48

48

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>



49