

Emergency Department Interventions for Opioid Use Disorder

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BACKGROUND:

- Mortality after ED visits for opioid overdose is high
- Patients in withdrawal are often ready for treatment
- The ED may be someone's only interaction with health care
- EDs can reach patients with OUD and help them start treatment, potentially saving lives

METHODS:

1. Interviews with subject matter experts, November 2019 - January 2020; Literature review
2. Case studies of five ED OUD programs
 - Programs selected to represent a range of size, structure, features
 - Interviews with ED physicians, nurses, navigators, state officials, community partners

Case study sites	
Program	Description & Reason for selection
Denver Health and Hospitals, Denver CO	Hub and spoke model; range of disciplines involved; strong organizing structure
Marshall Medical Center, Placerville, CA	Rural program noted by experts as successful; free-standing community hospital
Highland Hospital, Alameda Health System, Oakland, CA	Large, established, well-known, urban program
New York MATTERS, New York	Statewide program, operates in 17+ EDs; initially foundation funded
Anchor ED, Rhode Island	Statewide effort, community provider based, early model

ED OUD programs successfully engage patients in opioid use disorder treatment

- Started by motivated clinicians with an approach tailored to the hospital, community resources, & patient mix; approaches vary
- Necessary ingredients: Strong ED champion, reliable / low-barrier outpatient treatment
- Challenges: Awareness, education, funding, stigma, need for social supports for patients, outpatient treatment capacity
- Flexibility and growth: EDs are expanding efforts to other substance use disorders

Summary and policy implications

Emergency departments are an important entryway for treatment of OUD. Different models have emerged, with varying key features and ways to measure success. It will be important to facilitate development and funding and enable structures to treat patients when they are ready.

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 Funded by: DHHS-ASPE HHSP233201600012I 75P00119F37001

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CRITICAL COMPONENT: Use of substance use navigators and peers varies across programs

- Facilitate identification / interest in treatment
- Discuss treatment options
- Arrange follow up
- Embedded in ED or on call
- Employed by ED or treatment program

FACILITATORS OF SUCCESS: Creating the right environment

- Patient-centered, low barrier approach
- Passionate champion and OUD treatment expert
- Communication across partners
- Buy-in and support from hospital and system
- Grant or health system funding

BARRIERS: System resources and culture

- Lack of knowledge of OUD treatment and ED role
- Limited capacity in outpatient treatment
- Lack of insurance, strict intake policies, medication costs
- Stigma
- Funding