OUD & the Emergency Department Experience During the COVID-19 Pandemic

Foundation for Opioid Response Efforts (FORE)
Yale School of Medicine
Ohio State University Wexner Medical Center
American College of Emergency Physicians

Get Waivered
Introduction

Karen A. Scott, MD, MPH
President
Foundation for Opioid Response Efforts

Follow ongoing updates on our website: https://www.ForeFdn.org
Agenda

1. Welcome and Webinar Logistics
2. Foundation for Opioid Response Efforts (FORE)
3. FORE’s ED Consortium (TREAT) & Get Waivered’s Zoom DEA-X Waiver Training
   Alister Martin, MD, MPP
4. ED Treatment of OUD in the Context of COVID-19
   Gail D’Onofrio, MD, MS
5. COVID-19 and the Opioid Crisis: Report from Ohio
   Emily Kauffman, DO, MPH
6. OUD/COVID-19 Resources from the American College of Emergency Physicians
   Sandra Schneider, MD, FACEP
7. Question and Answer Session with: Gail D’Onofrio, MD, MS
   Emily Kauffman, DO, MPH
   Sandra Schneider, MD, FACEP
   Alister Martin, MD, MPP
Webinar Logistics

1. Webinar is being recorded and will be on www.ForeFdn.org shortly after the session ends.

2. Presentation slides will be made available for download on our website.

3. Please use the “Q&A” found at the bottom of your Zoom screen.
   • If you have a similar question, please upvote using the thumbs up button on the question.
   • We will read as many questions live as time permits.

4. An FAQ will be provided on our website based on the questions submitted during the Q&A session.

5. Any resources you would like to share with everyone please send to info@ForeFdn.org

6. There will be a brief survey immediately following the webinar. Please provide us with feedback!
FORE’s COVID-19 National Emergency Response

• FORE is looking for ways to provide broad assistance during this time of uncertainty
• Up-to-date Resources
• Webinars:
  • Weekly series
  • Thursdays @3pm ET
• Facilitating connections with experts and technical assistance
• Submit your ideas

Follow updates on our website: www.ForeFdn.org
### Webinar Presenters

- **Alister Martin, MD, MPP**  
  Emergency Medical Specialist  
  Founder, *Get Waivered*  
  Massachusetts General Hospital

- **Gail D’Onofrio, MD, MS**  
  Professor and Chair, Department of Emergency Medicine, Yale School of Medicine  
  Chief of Emergency Services, Yale New Haven Hospital

- **Emily Kauffman, DO, MPH**  
  Assistant Clinical Professor  
  Emergency Medicine Physician  
  Ohio State University Wexner Medical Center

- **Sandra Schneider, MD, FACEP**  
  Associate Executive Director, Clinical Affairs  
  Past President  
  American College of Emergency Physicians
FORE’s ED Consortium (TREAT) & Get Waivered’s Zoom DEA-X Waiver Training

Alister Martin, MD, MPP
Emergency Medical Specialist
Founder, Get Waivered
Massachusetts General Hospital

Follow ongoing updates:
https://www.getwaivered.com
Taskforce on Redesigning ED Addiction Treatment

AliEM TreatOUD

CA BRIDGE
TREATMENT STARTS HERE

E·QUAL EMERGENCY QUALITY NETWORK

American College of Emergency Physicians

Foundation for Opioid Response Efforts
Launching Zoom Get Waivered

- In response to COVID19: Authorized by PCSS for first ever national Zoom DEA-X waiver training
- 300+ seats filled in 4 days
- 1,000 seat maximum
- Working with national medical societies and coordinated social media campaign

Register here:
https://www.getwaivered.com/remote
Leveraging Social Media

- #2epidemics national campaign
- Raise awareness and drive sign-ups
- ⅔ of ALL sign-ups
ED Treatment of OUD in the Context of COVID-19

Gail D’Onofrio, MD, MS
Professor and Chair, Department of Emergency Medicine, Yale School of Medicine; Chief of Emergency Services, Yale New Haven Hospital

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Disclosure Statement

Current grant funding:

- National Institute on Alcohol Abuse and Alcoholism (NIAAA)
- National Institute on Drug Abuse (NIDA)
- Centers for Disease Control and Prevention (CDC)
- Substance Abuse and Mental Health Services Administration (SAMHSA)

Provided funding for filming & production of videos displayed on our interactive web portal.
The 24/7/365-day Option
To Fight the Opioid Crisis
Why focus on the ED?

Because that’s where the patients are

Overdose

Seeking Treatment

Screening
EDs and Emergency Physicians can...

- Identify patients with OUD
- Provide treatment
  - Initiate buprenorphine
  - Overdose education and naloxone distribution
- Directly link patient to continued opioid agonist therapy & preventive services
COVID-19 Pandemic & Opioid Epidemic Collide

Total ED visits, opioid-related ED visits, and COVID-19 cases in corresponding state from January to April 2020
COVID-19

• Social isolation

• Interruptions in supply
  • Treatment
  • Drug source

• Decrease access to harm reduction strategies i.e., needle exchange, naloxone

• Vulnerability of population
  • Homelessness
  • Fewer options for care

• Co-morbidities
  • Smoke/marijuana/vape
  • Chronic Lung Disease
  • HIV, Hep C

Indiana police department suspends Narcan use as officials raise alarm about overdose deaths during coronavirus pandemic

By JESSICA SCHLADEBECK
NEW YORK DAILY NEWS  |  APR 16, 2020  |  12:19 PM


The inventor of Narcan, a treatment that reverses opioid overdoses, slammed an Indiana police department's decision to forgo administering the life-saving drug due to safety concerns related to coronavirus.

Lawrence Police Department chief of Police David Hofman in a statement to RTV6 said he decided to “temporarily suspend our practice of administering Narcan after thoughtful and cautious risk analysis.” He added that delivering the overdose-reversing treatment requires officers to be in close proximity with victims, putting them in an “extremely precarious position” given the global pandemic.
Success in Based On......

Initiating Treatment

Direct Linkage
"I think you should be more explicit here in step two."
Future Research Questions?

What are the effects of COVID-19 related to:

1. Overall state OD rates
2. Rates of ED visits for nonfatal OD, withdrawal and other complications of OUD
3. Prevalence and outcomes of COVID-19 on individuals with OUD
4. Barriers and facilitators to
   • ED buprenorphine initiation
   • Referral of individuals with OUD
5. Changes in ED prescribing practices
6. Changes in harm reduction strategies
7. Changes in prehospital use of naloxone administration
Amid COVID-19 Pandemic

An Opportunity to Accelerate Adoption of ED Treatment for OUD
Resources

https://www.drugabuse.gov/ed-buprenorphine

https://medicine.yale.edu/edbup/

Why the Emergency Department (ED)?

That is Where the Patients Are! The opioid epidemic is strongly impacting EDs, with 2018 data from the CDC indicating that there has been a 30% increase in visits for opioid overdose from July 2016 – September 2017. Addiction is a chronic, relapsing disease, and a strongly stigmatized one. It is NOT a moral failing. People who present to the ED for other chronic disease like diabetes and asthma are stabilized with medications and handed off for outpatient care. Individuals with opioid use disorder (OUD) do best with a similar treatment plan.

What is the Evidence?

A 2015 study (JAMA) found that twice as many patients were in OUD treatment at 30 days (~80%) with ED-Initiated buprenorphine & a brief negotiation interview (BNI) compared with referral only or a BNI + facilitated referral and used less illicit opioids in the last 7 days.

What Do I Need to Know About Buprenorphine?

It is NOT simply replacing one drug for another. Buprenorphine treatment decreases withdrawal and craving.

ED-Initiated Buprenorphine

The Yale Department of Emergency Medicine is pleased to provide this website as a comprehensive resource for any provider seeking information on ED-initiated buprenorphine. Please check back often as we will be continuously updating the materials provided here.
Reduce OD Deaths

- Access to MAT
- Reduce OD Risk
- Safe prescribing
- Increase Access to Naloxone
- Data Sharing
- Reducing the stigma
COVID-19 and the Opioid Crisis: Report from Ohio

Emily Kauffman, DO, MPH
Assistant Clinical Professor
Emergency Medicine Physician
Ohio State University Wexner Medical Center

Contact Information:
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Overview

• Before COVID-19
• During COVID-19
• Post-COVID-19 (Recovery)
2018 Death Rate
Drug Overdoses by State

1. West Virginia: 51.5/100,000
2. Delaware: 43.8/100,000
3. Maryland: 37.2/100,000
4. Pennsylvania: 36.1/100,000
5. Ohio: 35.9/100,000 (22%↓)

Ohio Overdose Data

• >500,000 years of life lost from 2010-2016 (average lifespan in OH decreased by one year)

• 2009-2018: >1 million years of life lost
  • 3rd leading cause of death

• 2018: 22% decline from 2017
  • 3,764 deaths: 2,733 due to fentanyl
  • 10 deaths/day

2. www.cdc.gov/vitalsigns/pdf/2017-07-vitals July 2018
Number of Unintentional Drug Overdose Deaths Involving Select Drugs by Year, Ohio, 2009-2018

Franklin County Data

• **2019**: opioid OD death rate increased **14%** in Franklin County: 597 overdose deaths$^5$
  - 81% fentanyl-related $\rightarrow$ 16%↑ from 2018
  - 41% cocaine-related $\rightarrow$ 18%↑
  - 28% African-Americans $\rightarrow$ 44%↑

• **2018**: **476** overdose deaths, **10% increase** since 2017 (421 deaths)
  - 88% opioids and 61% fentanyl

(Source: Franklin County Coroner’s Office)

We are the county with the largest number of overdose fatalities

Montgomery County: 47% decline
Summit County: 46% decline
Cuyahoga County: 26% decline (598 deaths in 2017)
Franklin County - 2020

“Overdose deaths have been particularly straining the capacity of the Franklin County coroner’s office, as there has been a 49% increase between Jan. 1 and Feb. 21 [2020] compared with the same span last year. The number rose from 73 at this time last year to 109 this year.”

Source: Columbus Dispatch

If this trend continues, Franklin County is on track to have over 800 overdose deaths in 2020.
COVID-19: Impacts of Social Distancing - Where are the patients?

- Triggers for relapse: isolation/anxiety/lack of in-person counseling/loss of tolerance
- Fear of ED/hospitals
  - Decreased ED volume/inpatient hospitalizations
  - OSU had been down >50% ED volume in early-mid April
- Virtual care/telehealth/access to wifi/phone
- Access to naloxone
- BEDS ARE OPEN!!
- Stimulus payments and access to substances
Regulatory Changes

**Federal** – Drug Enforcement Administration (DEA)
- During the coronavirus public health emergency, the DEA is allowing waivered practitioners to prescribe buprenorphine to treat OUD for new and existing patients via telemedicine, including telephone, without first requiring an examination of the patient in person.

**State**
- MAT regulations have not been amended, so may only provide a 14-day prescription in the first 90 days of treatment.

Overdose Death Surges During COVID-19

Weekly surges of overdose deaths in Franklin County are reported by local governments

- April 2-4: 12 deaths
- April 10: 7 deaths
- April 17: 5 deaths
- April 24: 6 deaths

During the COVID-19 crisis, Columbus Public Health has reported an increase in overdose deaths, although not in overdoses/EMS runs.

- Approximately 10 EMS runs/day since early April (average can range 13-16, also includes ED transfers)

Franklin county has had 71 deaths due to COVID-19, Ohio: 937 deaths
Naloxone Access and Administering

Always have naloxone to save a life.
Get free naloxone by mail here:
columbus.gov/cfcap.

Physical distancing doesn’t mean social isolation.
Call or text your loved ones to check on them.

COLUMBUS & FRANKLIN COUNTY ADDICTION PLAN
Bridging the Gap for Opiate & Drug Addiction Recovery
COVID-19 Recovery

• Will there be a surge?
• SUD patients continuing to avoid hospitals?
• Treatment center access?
• Solutions
  • Community partners/outreach/messaging
  • Wrap around services off hospital property?
    • Bridge clinics, mobile units, “pop-ups”
OUD/COVID-19 Resources from the American College of Emergency Physicians (ACEP)

Sandra Schneider, MD, FACEP
Associate Executive Director, Clinical Affairs
Past President
American College of Emergency Physicians
American College of Emergency Physicians (ACEP)

- ~40,000 members
- Headquarters in Dallas
- Chapters in every state
- Sections for special interest
- Frequent prescribers of small amounts of opioid medications
- Frequent site of care for complications of OUD
ACEP Committees and Sections

- Toxicology Section
- Pain Management and Addiction Medicine
- EMS-Prehospital Care
- Psychiatric Emergencies
E-QUAL Network Opioid Initiative

E-QUAL Network Opioid Initiative is funded by FORE.

**Opioid Initiative Goal**

- Reducing Opioid-Associated Harm through safer prescribing and the implementation of evidence-based interventions

Our aims for this initiative include helping EDs to:
- Implement alternatives to opioids (ALTO)
- Improve opioid prescribing
- Adopt harm reduction strategies such as naloxone prescribing and medication-assisted therapies (MAT)

**Opioid Initiative Content**

- Toolkits
- E-QUAL Network Opioid Initiative in the ED: Interactive Case Vignettes
- Best Practices Pocket Card
- Webinar Series
- CME
- Podcasts
- MIPS & IA: E-QUAL Activities Map
- Portal Access Guide
- Opioids Workgroup

**Best Practices for Opioid Prescribing**

1. Opioid prescriptions should be limited to the shortest duration possible; three days or less will be sufficient in most cases (up to seven days may be appropriate in certain circumstances).
2. All patients should be educated about opioid specific risks and realistic benefits when considering an opioid prescription, with attention to high risk groups including adolescents, pregnant women, elderly and those with a history of substance use disorder.
3. Non-opioid pain relievers should be recommended and/or prescribed prior to and concurrent with opioid prescriptions.
4. The state Prescription Drug Abuse Prevention Act (PDAPA) should be considered prior to prescribing.
5. Educate patients about the opioids and the benefits, harms and possible side effects.
6. If opioid prescriptions are written, they should be written in a way that best meets the patient’s needs.
7. Prescriptions for long-acting opioids should not be initiated.
8. If lost, destroyed or stolen

**Best Practices for Patients with Opioid Use Disorder or Overdose**

1. After an opioid overdose, consider communication with the patient’s primary care physician if possible.
2. Naloxone should be prescribed or provided to opioid overdose patients as well as patients of risk for overdose along with overdose prevention education.
3. Referral to treatment should be provided, with warm handoff available.
4. Consider buprenorphine for the treatment of opioid overdose or withdrawal in patients with opioid use disorder based on local guidelines, and provide ED discharge to ongoing treatment as available.
5. After opioid overdose, consider assessing for suicidal ideation and ask permission to contact a friend or relative prior to ED discharge.
ED Acute Pain Management Bootcamp

Overview of evidence-based alternatives for the treatment of acute pain in the ED including non-opioid multimodal approaches, opioid stewardship, non-pharmacological techniques, and the steps necessary for the development and implementation of an opioid sparing pain management protocol.
PACED: Pain and Addiction Care in the ED (ACEP Accreditation)

The PACED accreditation program provides emergency departments the tools to improve pain and addiction care by their institution and for their community. Elevating the quality of patient care with innovative treatments, alternative modalities, and impactful risk reduction strategies in a collaborative team setting, resulting in positive outcomes for patients, families, providers, and communities.
Point of Care Tools

**BUPE Overview**

**BEGIN PRESCRIBING (E)**

1. Indications and Contraindications
2. Procedure and Administration
3. Dosing for Acute Withdrawal or Initiating MAT
4. Buprenorphine Precipitated Withdrawal (BPN) Management
5. Nausea & Vomiting after buprenorphine – special note
6. Other Appropriate Withdrawal Management Medications

**UTILIZE NALOXONE (U)**

1. Naloxone in the ED
2. Forms of Naloxone for Patients/Community Use

**PROVIDE LINKAGE TO TREATMENT (P)**

1. Opportunity for Intervention
2. Key Points
3. Discharge Instructions

**EDUCATE ON RULES & REGULATIONS (E)**

1. X-waiver

**MAP**

Management of Acute Pain
Earlier this year, ACEP convened a Summit, *Addressing the Opioid Stigma in the Emergency Department*, to share ideas and gain insight into the prevalence, effect and targeted solutions to limit the impact of stigma on the care of ED patients with opioid use disorder (OUD).

**Summit participation included representation from:**

- **Federal Partners** (HHS, CDC, SAMSHA, DEA and NIDA)
- **Health Care Physicians and Providers** (ACEP, AAEM, SAEM, ENA, SEMPA EMRA, ASAM, AAAP)
- **Other partners** (AMA, National Council for Behavioral Health, Harm Reduction Coalition, National Association of EMS Physicians, National Association of Emergency Medical Technicians, Coalition for Psychiatric Emergencies, Pew Charitable Trust Foundation, Foundation for Opioid Response Efforts and Emergency Department Sickle Cell Care Coalition)
- **Individuals who have experienced stigma** related to a personal history of substance use.
ACEP Federal Partnership Projects

**Provider Clinical Support System**
- Emergency Medicine MAT Waiver Training

**SAMHSA Opioid Response Network**
- Chapter Trainings - CME program: “MAT, Waiver Training and the Three-Day Rule” (15 States)
- Stigma Summit and Video

**SAMHSA Training the Frontline**
- Emergency Medicine Resident Substance Use Disorder Curriculum
Questions?

Alister Martin, MD, MPP
Emergency Medical Specialist
Founder, Get Waivered
Massachusetts General Hospital

Gail D’Onofrio, MD, MS
Professor and Chair, Department of Emergency Medicine,
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Sandra Schneider, MD, FACEP
Associate Executive Director, Clinical Affairs
Past President
American College of Emergency Physicians
Take Care of Yourself!
Thank You For Your Work!
Additional Resources

**SAMHSA** COVID-19 guidance and resources
https://www.samhsa.gov/coronavirus

**Centers for Medicare & Medicaid Services** guidance, including a compilation of state 1135 waivers

**American Society of Addiction Medicine** compilation of guidance and resources, including links to state-level policy actions and waiver requests

**State Health & Value Strategies** resources on state policy options and responses
https://www.shvs.org/

**Manatt Health** resources on federal and state strategies to respond to COVID-19

**National Academy for State Health Policy** resources on state activity
https://nashp.org/
About the Foundation for Opioid Response Efforts
The Foundation for Opioid Response Efforts (FORE) was founded in 2018 as a private 501(c)(3) national, grant-making foundation focused on addressing the nation’s opioid crisis. FORE is committed to funding a diversity of projects contributing solutions to the crisis at national, state, and community levels. FORE’s mission is to convene and support partners advancing patient-centered, innovative, evidence-based solutions impacting people experiencing opioid use disorder, their families, and their communities.

For more information on FORE, please visit www.ForeFdn.org.
About the Yale School of Medicine
Founded in 1810, the Yale School of Medicine is a world-renowned center for biomedical research, education and advanced health care. Its 33 academic departments include 10 in the basic sciences, 18 in clinical fields, and 5 in public health. Affiliated institutions include the 1,541-bed Yale-New Haven Hospital—flagship of the Yale New Haven Health System and one of the largest hospitals in the United States—and the Connecticut Mental Health Center, Pierce Laboratory, and VA Connecticut Healthcare System in nearby West Haven. The School of Medicine consistently ranks among the handful of leading recipients of research funding from the National Institutes of Health and other organizations supporting the biomedical sciences, and belongs to medical organizations including the Association of American Medical Colleges (AAMC) and the Association of Academic Health Centers (AAHC).

For more information, please visit www.medicine.yale.edu.

About the Ohio State University
Ohio State University Wexner Medical Center (OSUWMC) is the primary academic and tertiary hospital in central Ohio that supports medical education and residency training for all disciplines. Our research leaders have carved the pathway for rapid testing for Covid-19 along with sterilization procedures for n-95 masks with our partner, Battelle Laboratories. We are also championing treatment for patients with substance use disorder (SUD), especially opioid use disorder (OUD) given the significant impact to the state over the last decade. East Hospital was the first Emergency Room pilot site for Medication-Assisted Treatment in central Ohio.

For more information on OSUWMC, please visit www.wexnermedical.osu.edu.
About the American College of Emergency Physicians (ACEP)
ACEP is the largest professional society representing emergency physicians in the US. With close to 40,000 members, about 1,000 of which are international, ACEP advocates for emergency physicians and provides educational materials and meetings for our members.

For more information on ACEP, please visit www.acep.org.

About Get Waivered
The Get Waivered Campaign launched at Massachusetts General Hospital (MGH) has explored insights and approaches from behavioral science to optimize emergency department OUD treatment protocols to 1) get physicians waivered and 2) enable physicians to help more patients get into effective, evidence-based treatment. Through the help of FORE, Get Waivered has launched Get Waivered National which is a national organizing campaign to get physicians waivered using digital platforms that streamline the DEA X certification process. Using novel digital methodologies and new innovations in behavioral economics we use technology as a vector for positive behavioral change by spurring engagement with the Get Waivered platform.

Read more here about Get Waivered National or visit the state partner sites in Texas through Get Waivered Texas, and Nebraska through Get Waivered Nebraska to learn more.
General inquiries: info@ForeFdn.org

Follow ongoing updates on our website: www.ForeFdn.org

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