The Case for Buprenorphine Initiation in the Emergency Department: Why, When, and How?

Hosted by Dr. Todd Mandell, Principal Investigator for the National Institute on Drug Abuse Clinical Trials Network Dissemination Initiative (NIDA CTN DI)

Hospital CEOs and executives, health system administrators, clinicians, and staff, listen and learn from medical experts about the importance and effectiveness of starting buprenorphine in emergency departments. This four-part podcast series begins with Dr. Arjun Venkatesh exploring the use of information technology and decision-making tools to improve care for patients with opioid use disorder, emphasizing the importance of value-based payment models and quality improvement projects. Dr. Gail D'Onofrio then discusses the clinical evidence supporting buprenorphine's effectiveness in reducing overdose risk and improving emergency department treatment outcomes. In his podcast Dr. Andrew Herring speaks about the accessibility and immediate care provided by emergency departments and highlights initiatives that are transforming the approach to treating opioid use disorder in these settings. Dr. Eric Dickson finishes the series by sharing his approach to addressing the opioid crisis and discusses the role of leadership in prioritizing resources and promoting access to treatment. Overall, the podcasts provide education and resources for integrating buprenorphine initiation into routine practice in emergency departments to provide evidence-based treatment for opioid use disorder.

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Dr. Arjun Venkatesh discusses the use of information technology and decision-making tools, such as electronic health records and the EMBED clinical decision support tool, to improve care for opioid use disorder patients. He emphasizes the importance of value-based payment models and quality indicators in driving quality improvement projects and encourages hospital leaders to implement programs and resources to support evidence-based treatments for opioid use disorder.

Resource Links:

- American Academy of Emergency Physicians (ACEP) Clinical Emergency Data Registry (CEDR)
- <u>User centered Clinical Decision Support to Implement Initiation of Buprenorphine for Opioid Use Disorder in the Emergency Department: EMBED Pragmatic Cluster Randomized Controlled Trial</u>



Gail D'Onofrio,
MD, MS
Yale School of Medicine Albert
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Medicine; Professor of
Epidemiology (Chronic
Diseases); Professor of Medicine
Core Addiction

Dr. Gail D'Onofrio highlights the effectiveness of buprenorphine in reducing overdose risk and promoting patient engagement in treatment for opioid use disorder. Embedding buprenorphine initiation pathways in electronic health records has increased physician utilization, and the American College of Emergency Physicians and the Legal Action Center recommend its use in emergency departments. Initiating buprenorphine in the emergency department leads to improved engagement in treatment, reduced emergency department visits, and decreased hospitalizations. Hospitals are urged to integrate buprenorphine initiation into routine practice to fulfill their legal obligation of providing evidence-based treatments.

- Resource Links:
 The Legal Action Center Report
- The ACEP Consensus Statement
- <u>Emergency Department-Initiated Buprenorphine/Naloxone Treatment for Opioid Dependence: A Randomized Clinical Trial</u>

Andrew Herring, MD
Founder and Principal
Investigator, CA Bridge; Director
of Research, Department of
Emergency Medicine and
Systemwide Medical Director,
Substance Use Disorder
Treatment, Alameda Health
System; Assistant Clinical
Professor, University of
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Dr. Andrew Herring emphasizes the significance of the emergency department as an accessible and immediate treatment option for individuals with opioid use disorder, highlighting the benefits of starting buprenorphine treatment in this setting. He discusses the successes of the California Bridge Project, alongside initiatives like Project ASSERT and the E-QUAL Opioid Initiative, that are transforming the approach to opioid utilization in emergency departments, promoting comprehensive care, reducing hospital utilization, and improving overall well-being. *Resource Links:*

- National Bridge Network
- <u>Project ASSERT (Alcohol and Substance Abuse Services, Education, and Referral to Treatment), Yale School of Medicine</u>
- American College of Emergency Physicians (ACEP) Emergency Quality Network (E-QUAL) Opioid Initiative
- MATTERS (Medication for Addiction Treatment and Electronic Referrals)



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DRIVING RESEARCH INTO ACTION աստասասասասանիին ինսասասանիին ինսասանին ինսանանին ինսանանին ինսանանին ինսանանին ին

Dr. Eric Dickson shares his approach as a health system CEO to addressing the opioid crisis and using evidence-based approaches to improve care for patients with opioid use disorder, emphasizing the use of data and storytelling to garner support. He highlights the role of leadership in prioritizing resources and discusses the responsibilities of the Chief Opioid Officer in his organization, including education, rescue therapy, stewardship of opioids, and promoting access to treatment. Dr. Dickson encourages hospital leaders to show personal commitment and empower those responsible for implementing solutions. *Resource Links*:

- Statement on the UMass Memorial Opioid Crisis Task Force
- What is Fentanyl and Why is it Behind the Deadly Surge in US Drug Overdoses? A Medical Toxicologist Explains
- <u>UMass Memorial Health Rolls Out the Kraft Community Care in Reach Mobile Unit, Donated by the Robert K.</u> <u>Kraft Family, to Enhance Lifesaving Addiction and Medical Services</u>



Clinical Trials Network (CTN) Dissemination Initiative



This resource was funded in part with federal funds from the National Institute on Drug Abuse, Center for the Clinical Trials Network Dissemination Initiative (contract # 75N95020C00028RFP). The content was developed by experts and researchers and does not necessarily reflect the official position of the National Institute on Drug Abuse, National Institutes of Health, the Centers for Medicare & Medicaid Services, or the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. government. This information should not be considered a substitute for legal counsel or individualized patient care and treatment decisions.