TRANSCRIPT

Examining the Clinical Evidence with Dr. Gail D'Onofrio

Dr. Todd Mandell:

Welcome, Dr. D'Onofrio. There are so many clinical approaches to addressing the opioid overdose epidemic; some emergency departments across the country are establishing programs to initiate buprenorphine for opioid use disorder. Can you tell us what evidence supports this approach?

Dr. Gail D'Onofrio:

Sure, I'd be happy to. There's lots of evidence that buprenorphine works and is very efficacious in the treatment of opioid use disorder. It does just about everything. It keeps people in treatment, it decreases their overdose risk, it decreases other problems that they may have in terms of other risky behaviors, and basically, it keeps them alive. So now what we found in emergency departments that is very efficacious, if we can initiate buprenorphine at the time of the visit. Our first paper that came out was in 2015 in JAMA, and we really show that those individuals who we actually initiated buprenorphine and then referred for ongoing treatment were really two times as likely to be in treatment, almost 80 percent of that sample was in treatment at 30 days. So that was really exciting. That was a real efficacy study. Everything was done perfectly. Patients received the medications themselves and all went to one referral site.

Then we tried often to implement it in many places, and we've been able to do that, partially because we are now finding ways to embed pathways in our EHR [electronic health record] systems. So, by embedding them in the EHR, we can very readily have physicians know exactly what the quality measures are. They just press on a button and out comes everything they need to know: how to diagnose, how to look at clinical withdrawal signs, and then what treatment to give, etc. And of course, to give naloxone and preventative medications afterwards.

So, it really is exciting that we have been able to show that when we do embed these into our EHRs, that more physicians are likely to use it and to prescribe or administer buprenorphine. We know that this is really important, and we are lucky that since 2021, we have several different publications that came out that tell us how important this is. One is the consensus recommendations by the American College of Emergency Physicians, which actually says this is an evidence-based treatment, and also in that same year, the Legal Action Center came out with a report that really showed that it was really incredibly important that we do this, that hospitals may be violating several rules if they didn't, from all kinds of things from the Americans with Disability Act, the Rehabilitation Act, and really the Civil Rights Act, as

well as EMTALA [Emergency Medical Treatment and Labor Act]. So, we know that it's not only an efficacious treatment, but we know that it's evidence-based, and we know that we should be doing it.

Dr. Todd Mandell:

Thank you for that overview. Could you explain what the benefits are of this approach?

Dr. Gail D'Onofrio:

So, the benefits are really vast for both the individual who has the substance use disorder and also for the health care system at large. So, we know that if we can initiate patients in the ED, that they are likely to follow up and they are less likely to come back to the emergency department, so it's really a win-win situation. So, we are going to offer this treatment. Patients are very happy most of the time that they can obtain this, and remember that the emergency departments are open 24/7, 365. So, we really have an incredible amount of time that we are available to offer this low-barrier access to treatment.

So, we also found that patients are less likely to return for treatment after that, less likely to have to be hospitalized for a variety of complications of opioid use disorder if they are in treatment. We know that if the pathways are initiated, that it also takes very little time and really can be almost like an urgent visit in the emergency department, which is relatively quick, and patients then can receive what they need and then have a referral that's set up for an outside person. So, actually, it's really great for everyone; patients are treated and then we know it's great for the health care system, too, because in the end, they will have less resources that they will need to expend and more quality for patient care.

Dr. Todd Mandell:

Now Gail, you mentioned legal action. Do hospitals have legal obligations to patients with opioid use disorder?

Dr. Gail D'Onofrio:

Well, hospitals as well as anyone who works in the emergency department, have an overwhelming responsibility and accountability to be offering all evidence-based treatments. It would be unlikely that someone would come in like, for example, with a very large heart attack that wouldn't get what we consider excellent care: identified early, up to the cath lab, having that vessel opened, and all the other care that surrounds it after that intervention. Similarly, this individual comes in, which has a much larger risk of death. We know that of all those individuals who have been in an emergency department with a non-fatal overdose, that just about five percent of them are dead at 12 months.

So, there's very little that actually has that amount or that really increased risk of mortality. So, we do have a responsibility. We certainly know that it's evidence-based, it's followed by ACEP from the world of what we should be doing, and we should be held accountable that we have the quality measures in place to do it.

Dr. Todd Mandell:

So, what's the takeaway for hospital leaders?

Dr. Gail D'Onofrio:

So, the takeaway for hospital leaders is that buprenorphine is a really safe approach to managing patients with opioid use disorder and really should be integrated into routine practice. The important part is that it can be done very safely, and that it can be done very efficiently through pathways that can be incorporated into their electronic health records, and that we have other organizations like the American College of Emergency Physicians that can help them get started with anything that they need. We have many links in managing this, and it's so important because the ED is really often the only point of contact for individuals with opioid use disorder, so we have a responsibility and really an accountability to save their lives.

Dr. Todd Mandell:

So, hospital leaders don't need to reinvent the wheel. There are evidence-based tools and resources to lead the way. Thank you, Dr. D'Onofrio.

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