

ED initiated buprenorphine as a bridge to opioid recovery

Background

Opioid dependency is a rapidly growing public health emergency in the US. In 2018, an estimated 2.3 million people misused opioids. Currently, over 130 people die every day from opioid related drug overdoses. Medication Assisted Treatment (MAT) programs have been initiated to combat this crisis by combining medications such as buprenorphine or methadone with behavioral therapies. Traditionally, MAT is a process that networks through outpatient clinics and referrals. However, this fails to address the problem that most patients with opioid use disorder face when presenting to the emergency department (ED): lack of immediate MAT intervention for management of acute withdrawal symptoms.

PICO Question

In patients experiencing acute opioid withdrawal, how does ED-initiated buprenorphine versus referral to community-based treatment programs affect the retention rates in continuing recovery?

Search Technique / Methods

Initial search was conducted on the ED Bridge Program's "Selected References" site.

Search databases: Pubmed, CINAHL, Medline

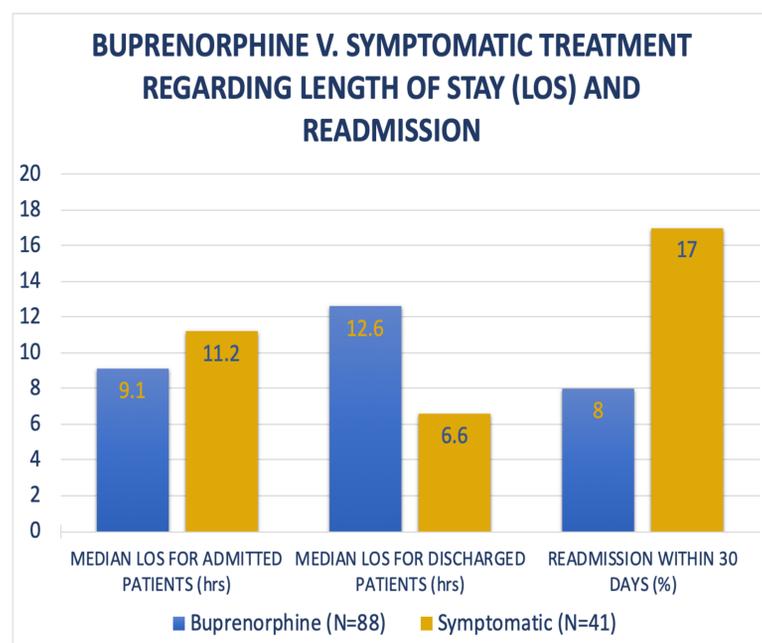
Keywords: opioid dependency, opioid misusers, opioid use disorder, buprenorphine in emergency department, ED program offering buprenorphine, community based addiction programs, office-based buprenorphine treatment, community based opioid treatment, opioid treatment, opioid treatment referral, retention, follow-up, and continuity of care.

Based on relevance to PICO question and weight of evidence, 9 articles were used including: level II & IV RCTs, cohort studies, & retrospective chart reviews.

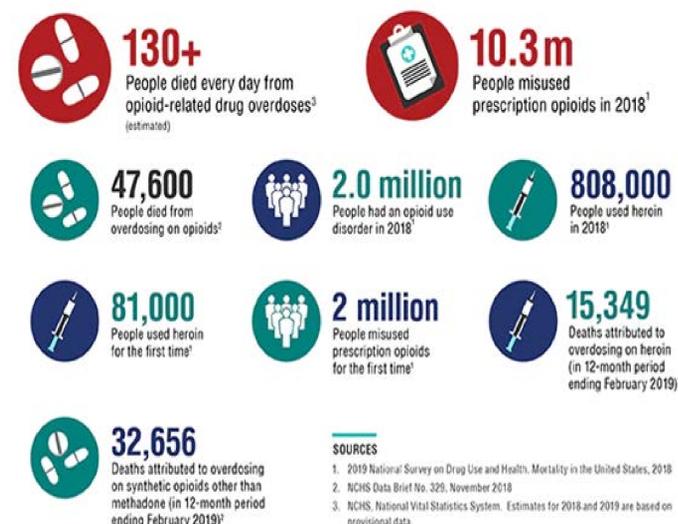
Results

- 78% of patients in the buprenorphine group versus 37% in the referral group and 45% in the brief intervention group were engaged in addiction treatment at 30 days.
- Days of illicit opioid use per week were reduced
 - Buprenorphine group: 5.4 → 0.9 days
 - Referral group: 5.4 → 2.3 days
 - Brief intervention group: 5.6 days → 2.4 days
- Those who received buprenorphine were less likely to return to the ED within 30 days for a drug-related visit (8%) compared to those who only received symptomatic treatment (17%)
- Cost savings of the ED-initiated buprenorphine group compared to the traditional referral group was \$97 versus \$283

Facts and Figures



THE OPIOID EPIDEMIC BY THE NUMBERS



Summary / Conclusions

- ED initiated buprenorphine treatment:
 - is more cost effective than a referral process
 - produces superior results compared to referrals or symptomatic treatment alone
 - decreases return ED visits for drug related problems
 - decreases illicit opioid use per week
 - engages a higher number of patients in ongoing treatment
- Barriers to receiving MAT include an extended referral process, lack of provider comfort prescribing, stigma around treating addiction with another medication, increased length of stay, and additional training to obtain a DEA X waiver
- **Moving forward:**
 - Continued research into long term efficacy of bridge programs across the country with a primary focus set in California
 - Formation of a standardized clinical protocol to follow in the ED regarding OUD withdrawals
 - Disparity in ED visit times will ideally decrease once providers are more comfortable with titration and dosing of buprenorphine
 - Require MAT training for all ED providers, but eliminate DEA X waiver requirements and patient capacity limitations

Toolkit / References

