PAs and APRNs Supercharging MAT in the ED

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Revolutionizing the System of Care

- **Rapid, Evidence-based Treatment**: 24/7 Mat Access Across the Hospital: Bup or Methadone, Withdrawal Relief and Linkage
- **Culture of Respect**: Offers Treatment Through Outreach: Mat, Naloxone In Hand & Patient Centered Care
- **Connection to Community & Care**: Care Involves Active Support and Follow Up: Clinics, Harm Reduction & Open Door
How did your program get started?
Highland Hospital ED Data

Highland Hospital: CA Bridge Patients Treated and Linked to Care
April 2019 - January 2020

- Received buprenorphine in the hospital
- Completed outpatient MAT follow-up visit

Number of Patients

<table>
<thead>
<tr>
<th>Month</th>
<th>Received buprenorphine in the hospital</th>
<th>Completed outpatient MAT follow-up visit</th>
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</thead>
<tbody>
<tr>
<td>April 2019</td>
<td>66</td>
<td>43</td>
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<td>July 2019</td>
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<td>34</td>
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<td>October 2019</td>
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<td>41</td>
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<tr>
<td>January 2020</td>
<td>121</td>
<td>46</td>
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How did you initially utilize PAs and APRNs?
Marshall 2017-2018 ED Data

- Program was started and driven by Lead PA
- Started first patient on BUP in August, 2017

In the 49 week data collection period:

- Referred 38 patients to treatment
- 92% presented to clinic for follow-up treatment
- 74% of patients were still in treatment at end of the term
CASE

- 28 year old man snorts 2gm / day heroin
- Used to be on 24mg / day Bup
- States “I feel very sick and need Bup”
Lean BUP: Value Added Steps

1. Reassurance: Psychological relief that withdrawal will be treated.
2. Successful treatment of withdrawal and craving
Marshall 2019 ED DATA:

- 119 patients with Opioid Use Disorder TREATED
- 97% Follow-Up Rate, CARES and STEPS
- 82% in treatment at 1 month
- 65% of all 2019 starts still in treatment as of February 2020
- Most patients received treatment from PA or NP, many in Fast Track area with most visits less than 2 hours.
El Dorado experienced 7 opioid-related overdose deaths in 2018, the most recent calendar year of data available. The annual crude mortality rate during that period was 3.67 per 100k residents. This represents a 24% decrease from 2016.
We Need More Help!

We need more effective and efficient processes to treat OUD in the ED.

We need to engage our PA and NP partners.
Education inspires culture change
What About DATA 2000 X-Waivers?

- PAs and NPs permitted to obtain waiver beginning in 2016
- JAMA research article cited % of Clinicians X-waivered and correlated to scope of practice with data from 2018:
  - 5.57% Physicians X-waivers
  - 3.17% NPs X-waivers
  - 1.66% PAs X-waivers
- 10% of all practicing PAs work in EM; 5.5% of NPs work in Acute Care
- Most EDs have PA/NPs on staff (90%)
X-Waiver

Did someone say 24 hours of FREE CME? WHAT?? Sign me up for free CME and TRAINING to provide LIFE SAVING TREATMENT!

- Get your PA and NPs X-Waiver’d now!
- PCSSNOW.ORG
Take Home Points

- Patients in the ED already have SUD now -- we need to treat them.
- Most patients can be treated in the Fast Track area by PAs and NPs. No labs required.
- Acute care initiation is straightforward and within scope.
- Signage in the ED allows patients to self-disclose and unnecessary work-ups can be avoided.
- EMPOWER YOUR PA AND NP COLLEAGUES TO TREAT!
Treatment Starts HERE
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MORE RESOURCES AVAILABLE: www.BridgeToTreatment.org