Supporting ED clinicians in buprenorphine prescribing
Supporting first time buprenorphine prescribers

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Objectives

- Identify common barriers and pitfalls shared by potential buprenorphine prescribers
- Provide solutions and strategies to help guide buprenorphine administration and prescribing in clinicians with new DATA 2000 waivers
THE TREATMENT GAP

This E.R. Treats Opioid Addiction on Demand. That’s Very Rare.

Some hospital emergency departments are giving people medicine for withdrawal, plugging a hole in a system that too often fails to provide immediate treatment.
Buprenorphine Implementation

- Pharmacy + Therapeutic Approval
  - July 2017
- Pathways ED and hospitalist and PCPs
  - Sept 2017
- Center of Excellence
  - Jan 2018
- Innovation center grant to optimize
  - Sept 2018
- PA Medicaid $$ hospital pathways
  - November 2018
- CRS consults
  - January 2019
- Pathways Optimized
  - 2020
Overall, 89% of eligible emergency physicians completed the X-waiver training during the 6-week incentive period.

Buprenorphine prescribing rates increased to 15% (from <1%) during the first 4 months of the program.
After the incentive, buprenorphine prescribing per OUD encounter increased from 0.5% to 16%.
Patient
Readiness, bup faith

Clinician
Time and knowledge

Bridge
Peers, timing
Identification: automation
Emergency rooms open new paths for opioid overdose survivors

Kim Painter, USA TODAY
ED treatment: social norming

KATHLEEN LEE

Great job! Last week, you used your instincts and let the recovery specialists know about a patient who needed support. That patient is still in contact and considering treatment options!
Biden administration will allow nearly all providers to prescribe buprenorphine

DATA 2000 WAIVER POLICY CHANGE
No training needed for < 30 patients

All About the X Waiver

What is an X Waiver?
An "X waiver" refers to the Drug Addiction Treatment Act (DATA 2000) "waiver" legislation that authorized the outpatient use of buprenorphine for the treatment of opioid use disorder.

What has changed? NEW Updated April 28, 2021
Now you are waived!!

Overcoming barriers to buprenorphine prescribing....

Patients frequently NOT in withdrawal.

Patients decline due to “fear” of PW due to fentanyl use.

Diversion? And patients returning frequently
## Buprenorphine Rx

<table>
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<th>Nov. ‘17 – Nov. ‘18</th>
<th>Dec. ‘19 – Aug. ‘20</th>
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<tbody>
<tr>
<td>CRS consults</td>
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<td>400</td>
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<td>ED bupe admin</td>
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<td>211</td>
</tr>
<tr>
<td>Bupe bridge scripts</td>
<td>12</td>
<td>209</td>
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<tr>
<td>Overdoses prevented</td>
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</table>
TO THE EDITOR: Opioid-use disorder has reached epidemic proportions, with high attendant costs in terms of increases in overdoses and infectious diseases and in economic costs.1 Despite the demonstrated efficacy of maintaining abstinence by treating patients with opioid agonists, patients can remain on clinic waiting lists for months, during which time they are at risk of premature death.1 The use of interim treatment with buprenorphine without formal counseling while patients remain on waiting lists may mitigate this risk during delays in treatment.3

In a randomized pilot study (ClinicalTrials.gov number, NCT02360007), we evaluated the efficacy of an interim regimen of buprenorphine for reducing illicit opioid use among 50 persons on waiting lists for entry into treatment for opioid abuse. (The protocol is available with the full text of this letter at NEJM.org.) Participants had used opioids for a mean (SE) of 7.2±6.1 years, 78% had used intravenous opioids, and 30% had previously overdosed, with an average of 3.6 overdoses each. (Participant characteristics at baseline, including a history of drug use, are listed in the Supplementary Appendix, available at NEJM.org.) While remaining on the waiting list, 25 participants were randomly assigned to receive interim treatment with buprenorphine and 25

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**Figure 1:** A plot showing the percentage of participants abstinent from illicit opioid use over time. The graph compares Buprenorphine and No buprenorphine groups. Notably, participants in the Buprenorphine group show a higher percentage of abstinence compared to the No buprenorphine group at various time points.
Universal Screening:

ED triage

Single Screen Question (SSQ)*:

“In the past month did you use a painkiller, heroin or fentanyl?”

This patient is in opioid withdrawal (COWS > or = to 8) Consider use of Buprenorphine orderset for treatment of withdrawal, order a Center for Opioid Recovery and Engagement consult, and use the Discharge OUD Smartset.
Other barriers:

PATIENT HAS NO PLACE TO FOLLOW UP? PATIENT HAS NO INSURANCE?
Covid
City-Wide Warm Line

Reducing the barriers to accessing treatment for substance use in Philadelphia

Call to speak with a Substance Use Navigator who can help connect patients to care

Objectives:
- 100% Virtual
- Tele-Bupe
- Low Barrier
- Insurance not necessary

(484) 278-1679
9AM-9PM
Biden administration will allow nearly all providers to prescribe buprenorphine

DATA 2000 WAIVER POLICY
CHANGE

No training needed for < 30 patients
Bup 101:
Buprenorphine Basics

Treatment Education for APPs, Attending Physicians & Residents

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Our Vision

To substantially mitigate harms from substance use regionally and nationally.
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What has changed? NEW Updated April 28, 2021
Questions?
Thank You
Barriers to Buprenorphine Rx

- “Not sure how” and “I don’t think I am allowed”
- “It’s just one addiction for another”
- “I don’t have my X waiver”
- “What about diversion?”
- “What about follow up?”