# **E-OUAL** EMERGENCY OUALITY NETWORK

# **Supporting ED clinicians in buprenorphine prescribing**



#### Supporting first time buprenorphine prescribers

Jeanmarie Perrone, MD, Professor of Emergency Medicine Director, Center for Addiction Medicine and Policy University of Pennsylvania @JMPerroneMD

#### Disclosures

- I have received research funding from NIDA, CDC and SAMHSA
- I do not have any disclosures



## **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



## New York Times August 2018

The New Hork Times

American College of Emergency Physicians®

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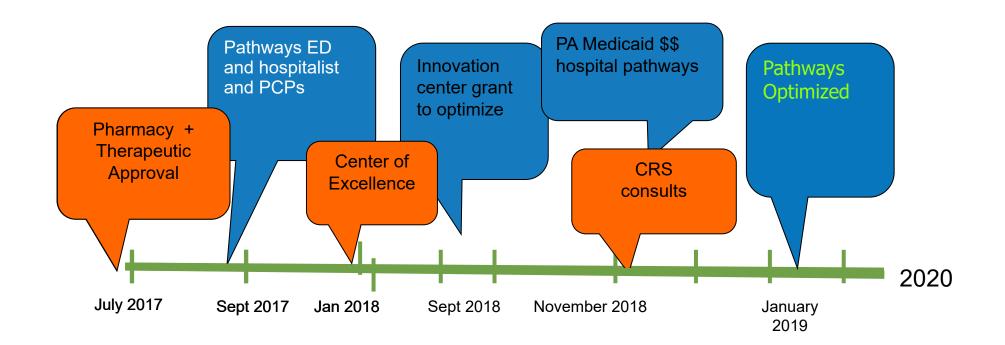
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THE TREATMENT GAP

### 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.

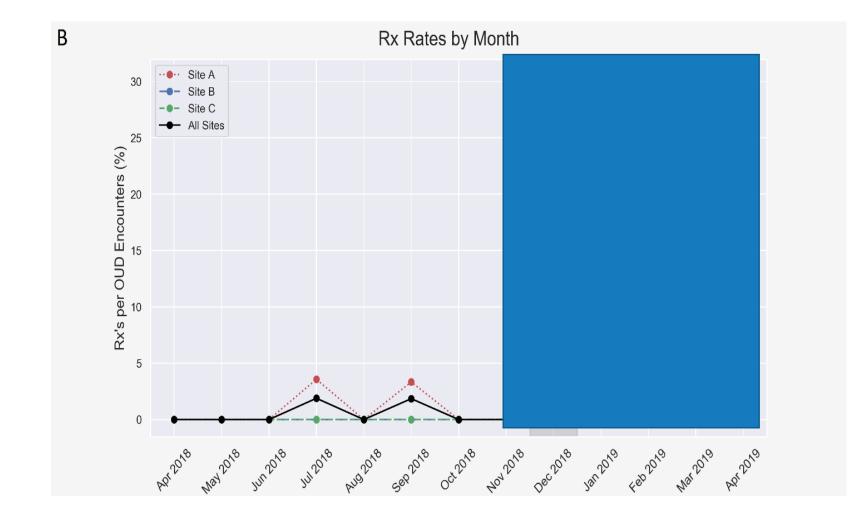






#### Buprenorphine Rx Penn Medicine EDs











Overall, **89% of eligible emergency physicians** completed the X-waiver training during the 6-week incentive period.

**89%** 

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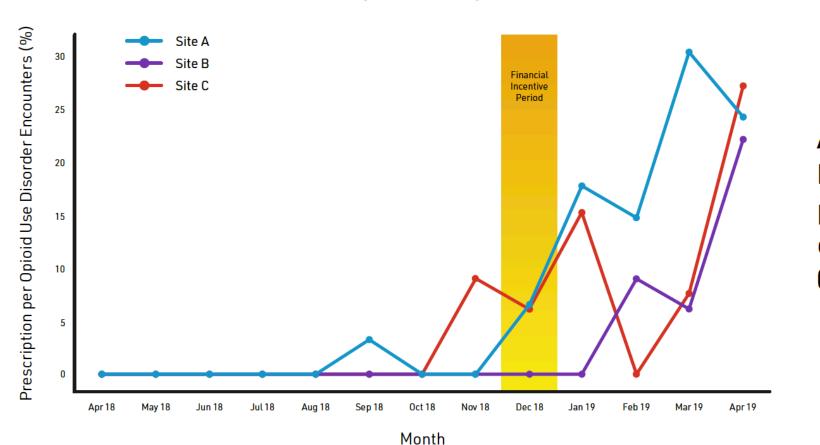
Buprenorphine prescribing rates **increased to 15%** (from <1%) during the first 4 months of the program.

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#### Prescription Rates by Month

After the incentive, buprenorphine prescribing per OUD encounter increased from **0.5% to 16%**.





## Patient

Readiness, bup faith

## Clinician

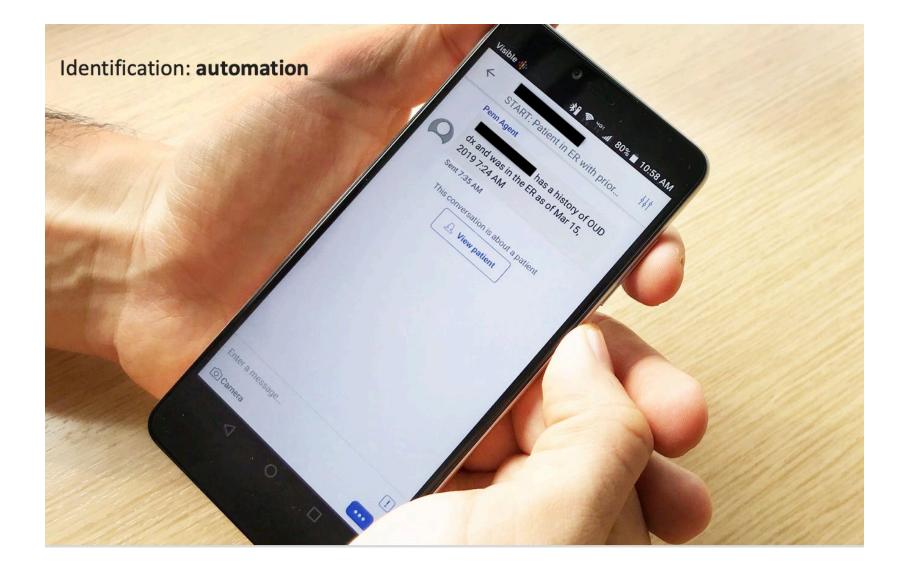
Time and knowledge

# Bridge

Peers, timing













NEWS SPORTS ENTERTAINMENT LIFE MONEY TECH TRAVEL OPINION 🕚 76°

# Emergency rooms open new paths for opioid overdose survivors



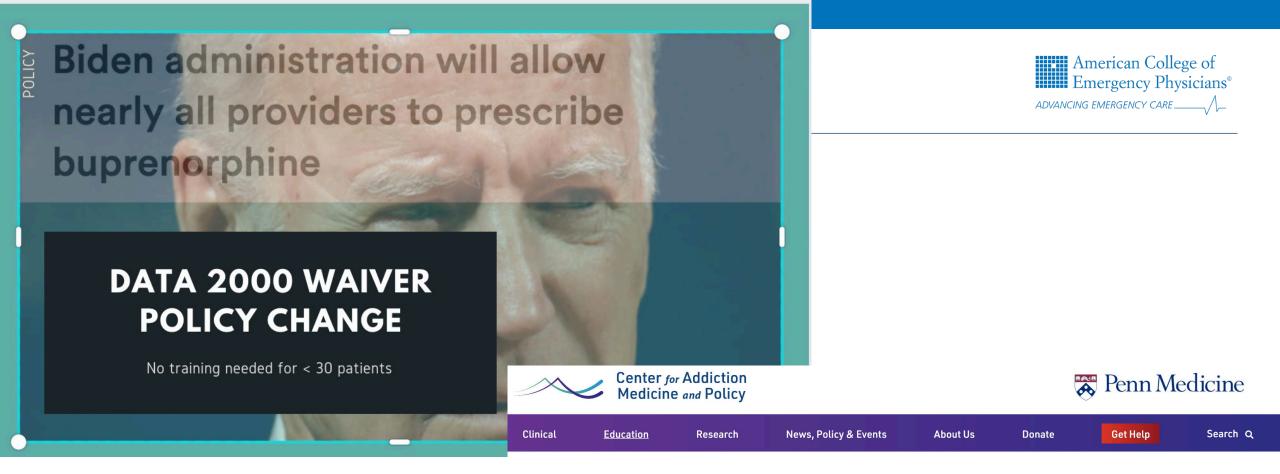






## Social





#### All About the X Waiver

#### What is an X Waiver?

PennCAMP.org

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 waivered!!

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**



	Nov. '17 – Nov. '18	Dec. '19 – Aug. '20
CRS consults	27	400
ED bupe admin	84	211
Bupe bridge scripts	12	209
Overdoses prevented	≈38	≈224

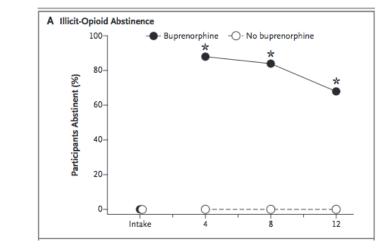




#### The NEW ENGLAND JOURNAL of MEDICINE

#### Interim Buprenorphine vs. Waiting List for Opioid Dependence

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 this risk during delays in treatment.<sup>3</sup>



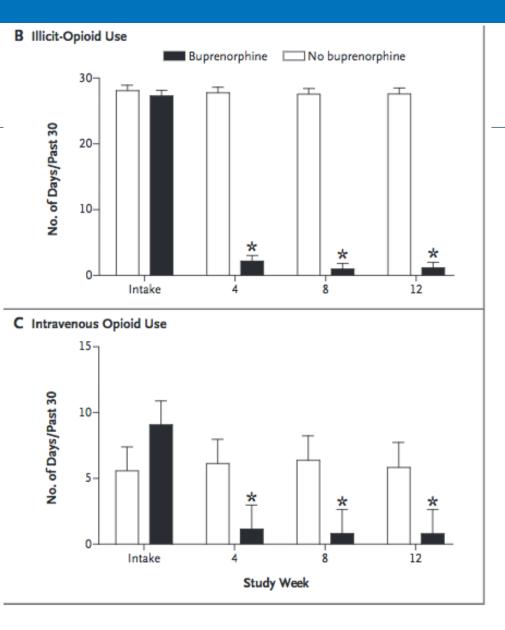
TO THE EDITOR: Opioid-use disorder has reached can remain on clinic waiting lists for months, during which time they are at risk of premature death.<sup>2</sup> The use of interim treatment with buprenorphine without formal counseling while patients remain on waiting lists may mitigate

> 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

N ENGL J MED 375;25 NEJM.ORG **DECEMBER 22, 2016** 

The New England Journal of Medicine





American College of Emergency Physicians<sup>®</sup>

N ENGL J MED 375;25 NEJM.ORG DECEMBER 22, 2016

The New England Journal of Medicine







ED triage

Single Screen Question (SSQ)\*:

#### "In the past month

### did you use a painkiller, heroin or fentanyl?"





← → MedView	Aresults Review	SnapShot	ED Visit	Consult Charting	Chart Review	<b>B</b> Dispo	ОАСР	PDMP	Follow Up	Notes Report	•
ED Visit							· · · · · · · · · · · · · · · · · · ·			· · · · ·	?
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WEBSITES	ED Provider	NOLES Ø									£



## Other barriers:

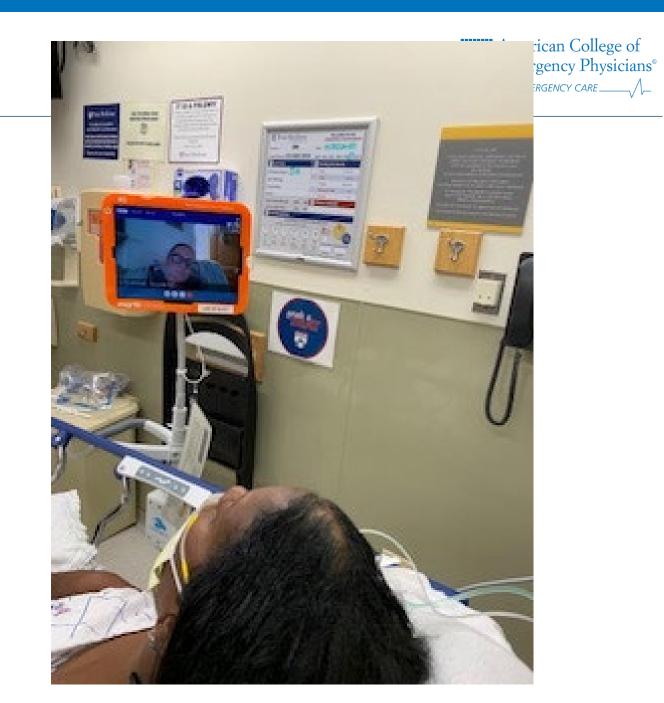




# PATIENT HAS NO PLACE TOPATIENT HAS NOFOLLOW UP?INSURANCE?













#### **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

## (484) 278-1679





# Biden administration will allow nearly all providers to prescribe buprenorphine

#### DATA 2000 WAIVER POLICY CHANGE

No training needed for < 30 patients

Center for Addiction Medicine and Policy

# Bup 101: Buprenorphine Basics



#### Treatment Education for APPs, Attending Physicians & Residents

#### Jeanmarie Perrone, MD, FACMT

Professor of Emergency Medicine Director, Division of Medical Toxicology University of Pennsylvania @JMPerroneMD



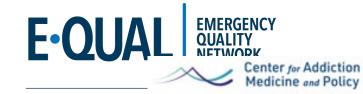




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### Bup 101 Buprenorphine Basics

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Watch on 

YouTube

Center for Addiction Medicine and Policy







# **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?"

Lowenstein M et al: Am J Emerg Med 2019