



Foundation *for*  
Opioid Response Efforts

4/30/20

# OUD & the Emergency Department Experience During the COVID-19 Pandemic

Foundation for Opioid Response Efforts (FORE)

Yale School of Medicine

Ohio State University Wexner Medical Center

American College of Emergency Physicians

*Get Waivered*

Yale SCHOOL OF MEDICINE



THE OHIO STATE UNIVERSITY

WEXNER MEDICAL CENTER



American College of  
Emergency Physicians®

ADVANCING EMERGENCY CARE 



# Introduction



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**Karen A. Scott, MD, MPH**

President

Foundation for Opioid Response Efforts



Follow ongoing updates on our website:  
<https://www.ForeFdn.org>

# Agenda

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1. **Welcome and Webinar Logistics**
2. **Foundation for Opioid Response Efforts (FORE)**
3. **FORE's ED Consortium (TREAT) & *Get Waivered's* Zoom DEA-X Waiver Training**  
**Alister Martin, MD, MPP**
4. **ED Treatment of OUD in the Context of COVID-19**  
**Gail D'Onofrio, MD, MS**
5. **COVID-19 and the Opioid Crisis: Report from Ohio**  
**Emily Kauffman, DO, MPH**
6. **OUD/COVID-19 Resources from the American College of Emergency Physicians**  
**Sandra Schneider, MD, FACEP**
7. **Question and Answer Session** with: **Gail D'Onofrio, MD, MS**  
**Emily Kauffman, DO, MPH**  
**Sandra Schneider, MD, FACEP**  
**Alister Martin, MD, MPP**

# Webinar Logistics

1. Webinar is being recorded and will be on [www.ForeFdn.org](http://www.ForeFdn.org) shortly after the session ends.
2. Presentation slides will be made available for download on our website.
3. Please use the “Q&A” found at the bottom of your Zoom screen.
  - If you have a similar question, please upvote using the thumbs up button on the question.
  - We will read as many questions live as time permits.
4. An FAQ will be provided on our website based on the questions submitted during the Q&A session.
5. Any resources you would like to share with everyone please send to [info@ForeFdn.org](mailto:info@ForeFdn.org)
6. There will be a brief survey immediately following the webinar. Please provide us with feedback!

# FORE's COVID-19 National Emergency Response

- FORE is looking for ways to provide broad assistance during this time of uncertainty
- Up-to-date Resources
- Webinars:
  - Weekly series
  - Thursdays @3pm ET
- Facilitating connections with experts and technical assistance
- Submit your ideas

Follow updates on our website:

[www.ForeFdn.org](http://www.ForeFdn.org)

The screenshot displays the 'Resources' page of the Foundation for Opioid Response Efforts (FORE). The page features a navigation bar with links for 'About Us', 'Our Grantmaking', 'Resources', 'News & Updates', and 'Contact Us', along with a 'SIGN UP' button. A prominent blue banner at the top contains the text: 'Sharing knowledge about promising practices and their sustainable implementation is vital to ending the opioid crisis. Our resources include the recommendations of experts and the perspectives of those on the frontlines.' Below this banner is a 'Choose Category' dropdown menu. The main content area is a grid of six resource cards, all categorized under 'COVID-19'. The cards include: 1) 'Webinar: Caring for Pregnant and Parenting Women with OUD During the COVID-19 Pandemic' (April 23, 2020) by John Hendrie Jones, PhD, Maribee Shogren, DNP, CMM, CLC, and Mishia Terplan, MD, MPH; 2) 'SAMHSA: Virtual Recovery Resources' (April 15, 2020) described as a tip sheet for virtual support; 3) 'ONDCP: COVID-19 Fact Sheet' (April 14, 2020) summarizing federal guidance; 4) 'Webinar: Creating an Effective Telehealth Patient Experience for MOUD During the COVID-19 Pandemic' (April 9, 2020) by Tanya Lord, PhD, MPH, Lara Weinstein, MD, MPH, DrPH, and Joshua Carter, PsyD; 5) 'Webinar: Correctional Facilities and MOUD During the COVID-19 Pandemic' (April 2, 2020) by John Nicholas Zaller, PhD, Nicolas Terry, LL.M., Jodi Manz, MSW, and Lauren Brinkley-Rubinstein, PhD; and 6) 'FORE OpInton Letter: Prescribing Buprenorphine During a Public Health Emergency' (April 1, 2020) providing a legal analysis. Each card includes a 'Recorded Webinar | Slides | Q&A' link and a right-pointing arrow icon. A pagination bar at the bottom shows '1 2 3 4 Next'.

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# Webinar Presenters



**Alister Martin, MD, MPP**  
Emergency Medical Specialist  
Founder, *Get Waivered*  
Massachusetts General Hospital



**Gail D'Onofrio, MD, MS**  
Professor and Chair, Department of Emergency Medicine,  
Yale School of Medicine  
Chief of Emergency Services, Yale New Haven Hospital



**Emily Kauffman, DO, MPH**  
Assistant Clinical Professor  
Emergency Medicine Physician  
Ohio State University Wexner Medical Center



**Sandra Schneider, MD, FACEP**  
Associate Executive Director, Clinical Affairs  
Past President  
American College of Emergency Physicians



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# FORE's ED Consortium (TREAT) & *Get Waivered's* Zoom DEA-X Waiver Training



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## **Alister Martin, MD, MPP**

Emergency Medical Specialist  
Founder, *Get Waivered*  
Massachusetts General Hospital



Follow ongoing updates:  
<https://www.getwaivered.com>

# Taskforce on Redesigning ED Addiction Treatment



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Foundation for Opioid Response Efforts





# Launching Zoom *Get Waivered*



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- In response to COVID19: Authorized by PCSS for **first ever national Zoom DEA-X waiver training**
- 300+ seats filled in 4 days
- 1,000 seat maximum
- Working with **national medical societies** and coordinated social media campaign

The banner features a background of hands being held together in a supportive grip. In the top left, the FORE logo (a blue grid of squares) is positioned above the word "FORE". To the right, the Zoom logo (the word "zoom" in blue) is above a blue video camera icon. The main text "ZOOM WAIVER TRAINING" is in large, bold, dark blue letters. Below this, it says "Get your DEA-X Waiver on Zoom" and "May 20 10A-6P EST". In the bottom left, the American College of Emergency Physicians logo (a blue grid of squares) is next to the text "American College of Emergency Physicians®". In the bottom right, the CA BRIDGE logo (the word "CA" above "BRIDGE" with a blue arch over "BRIDGE") is next to the text "TREATMENT STARTS HERE". A smaller version of the Opioid Recovery Team logo is also present in the bottom right corner.

Register here:

<https://www.getwaivered.com/remote>



# Leveraging Social Media



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- **#2epidemics** national campaign
- Raise awareness and drive sign-ups
- $\frac{2}{3}$  of ALL sign-ups

# ED Treatment of OUD in the Context of COVID-19



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## **Gail D'Onofrio, MD, MS**

Professor and Chair, Department of Emergency  
Medicine, Yale School of Medicine;  
Chief of Emergency Services,  
Yale New Haven Hospital



Contact Information:  
[Gail.Donofrio@yale.edu](mailto:Gail.Donofrio@yale.edu)

# Disclosure Statement



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## Disclosure Statement

Current grant funding:



Provided funding for filming & production of videos displayed on our interactive web portal





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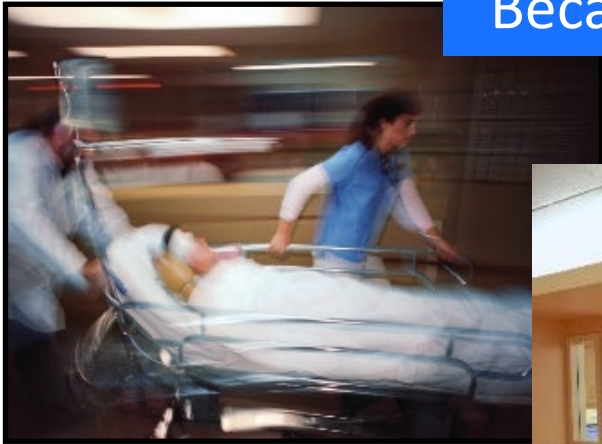
# The 24/7/365-day Option To Fight the Opioid Crisis

# Why focus on the ED?



Because that's where the patients are

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Overdose



Seeking Treatment

Screening





# EDs and Emergency Physicians can...

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- Identify patients with OUD
- Provide treatment
  - Initiate buprenorphine
  - Overdose education and naloxone distribution
- Directly link patient to continued opioid agonist therapy & preventive services

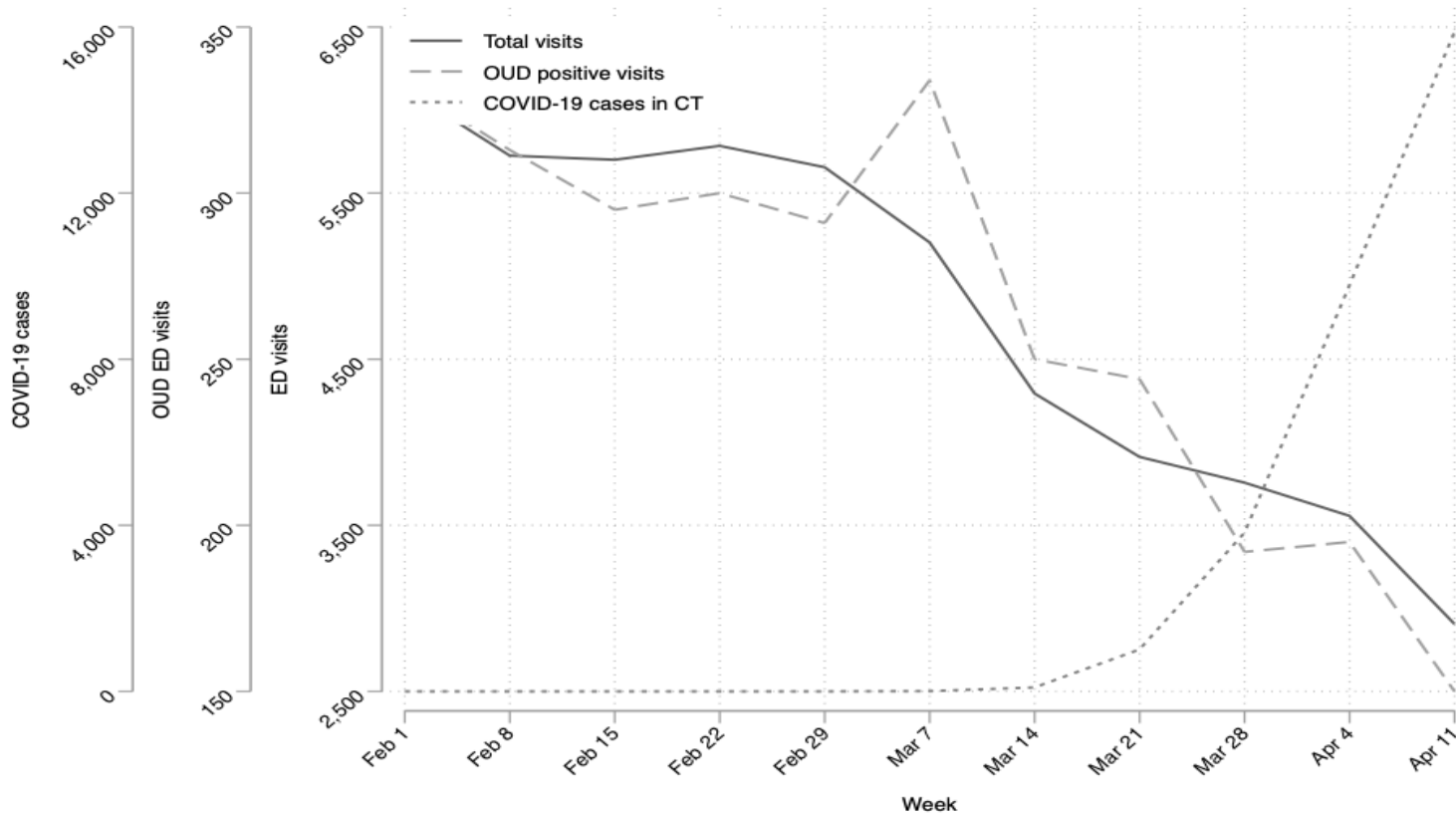


# COVID-19 Pandemic & Opioid Epidemic Collide



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Total ED visits, opioid-related ED visits, and COVID-19 cases in corresponding state from January to April 2020



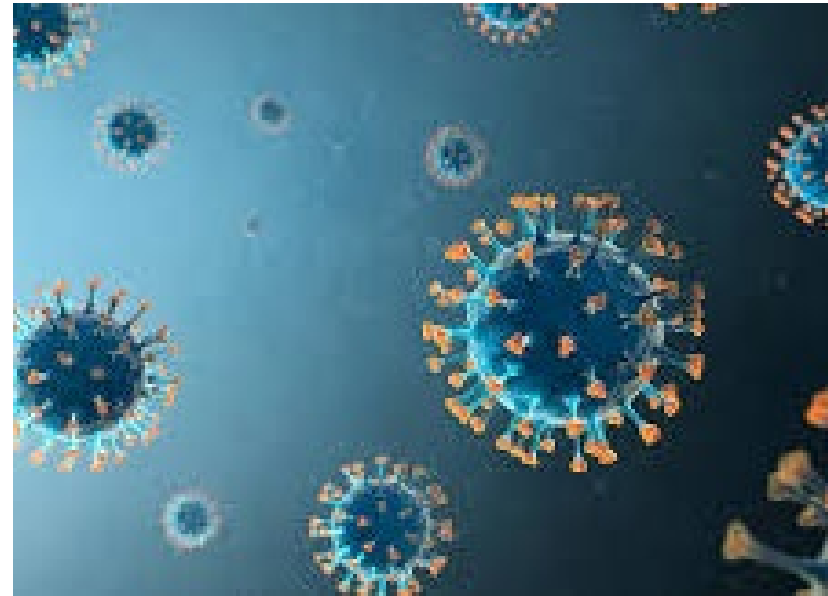




# COVID-19

- Social isolation
- Interruptions in supply
  - Treatment
  - Drug source
- Decrease access to harm reduction strategies i.e., needle exchange, naloxone
- Vulnerability of population
  - Homelessness
  - Fewer options for care
- Co-morbidities
  - Smoke/marijuana/vape
  - Chronic Lung Disease
  - HIV, Hep C

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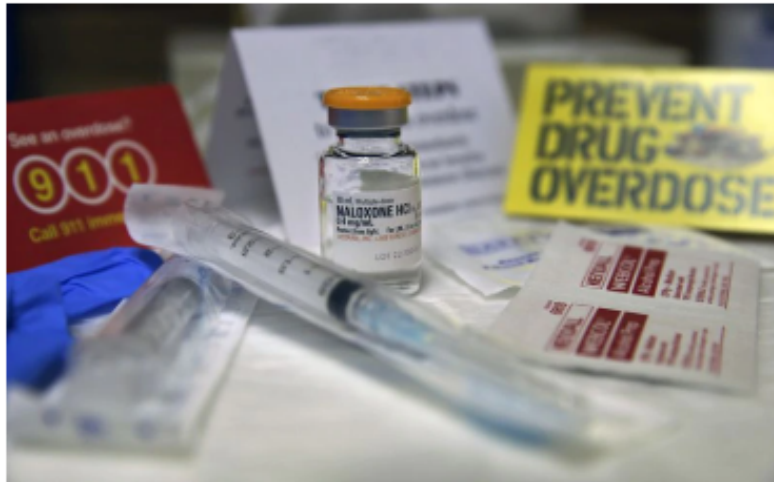


**CORONAVIRUS**

# Indiana police department suspends Narcan use as officials raise alarm about overdose deaths during coronavirus pandemic



By JESSICA SCHLADEBECK  
NEW YORK DAILY NEWS | APR 16, 2020 | 12:19 PM



A kit with naloxone, also known by its brand name Narcan, is displayed at the South Jersey AIDS Alliance in Atlantic City, N.J., on Wednesday, Feb. 19, 2014. An overdose of opiates essentially makes the body forget to breathe. Naloxone works by blocking the brain receptors that opiates latch onto and helping the body "remember" to take in air. (Mel Evans / AP)

<https://www.nydailynews.com/coronavirus/ny-coronavirus-indiana-police-department-suspension-narcan-backlash-20200416-v2qddgofrvbltfzumjat7ij6rm-story.html>

The inventor of Narcan, a treatment that reverses opioid overdoses, slammed an Indiana police department's decision to forgo administering the life-saving drug due to safety concerns related to coronavirus.

Lawrence Police Department chief of Police David Hofman in a statement to [KTV6](#) said he decided to "temporarily suspend our practice of administering Narcan after thoughtful and cautious risk analysis." He added that delivering the overdose-reversing treatment requires officers to be in close proximity with victims, putting them in an "extremely precarious position" given the global pandemic.

# Success in Based On.....

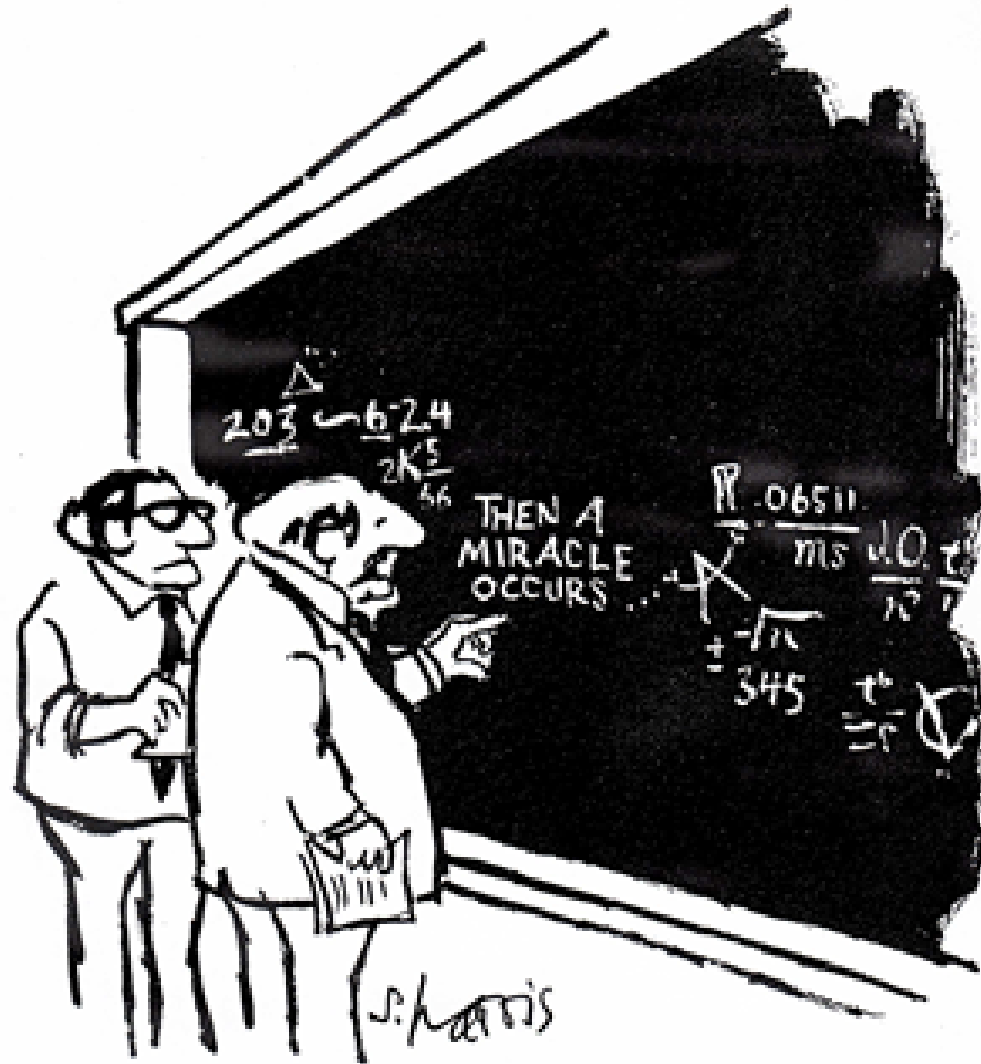


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Initiating Treatment

Direct Linkage



"I THINK YOU SHOULD BE MORE EXPLICIT HERE IN STEP TWO."

# Future Research Questions?



## What are the effects of COVID-19 related to:

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1. Overall state OD rates
2. Rates of ED visits for nonfatal OD, withdrawal and other complications of OUD
3. Prevalence and outcomes of COVID-19 on individuals with OUD
4. Barriers and facilitators to
  - ED buprenorphine initiation
  - Referral of individuals with OUD
5. Changes in ED prescribing practices
6. Changes in harm reduction strategies
7. Changes in prehospital use of naloxone administration



# Amid COVID-19 Pandemic



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*An Opportunity  
to Accelerate  
Adoption of ED  
Treatment for  
OUD*

# Resources



<https://www.drugabuse.gov/ed-buprenorphine>

<https://medicine.yale.edu/edbup/>

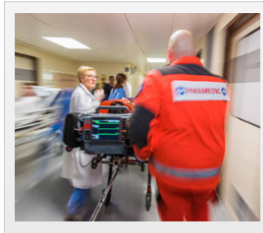
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## Why the Emergency Department (ED)?

### That is Where the Patients

**Are!** The opioid epidemic is strongly impacting EDs, with 2018 data from the CDC indicating that there has been a 30% increase in visits for opioid overdose from July 2016 –

September 2017<sup>1</sup>. Addiction is a chronic, relapsing disease, and a strongly stigmatized one. **It is NOT a moral failing.** People who present to the ED for other chronic disease like diabetes and asthma are stabilized with medications and handed off for outpatient care. Individuals with opioid use disorder (OUD) do best with a similar treatment plan.



## What is the Evidence?

A 2015 study (JAMA) found that twice as many patients were in OUD treatment at 30 days (~80%) with ED-initiated buprenorphine & a brief negotiation interview (BNI) compared with referral only or a BNI + facilitated referral and used less illicit opioids in the last 7 days.<sup>2</sup>

## What Do I Need to Know About Buprenorphine?

**It is NOT simply replacing one drug for another.**  
Buprenorphine treatment decreases withdrawal and craving

**Facts for Medication Treatment of Opioid Use Disorder**

**KEY DOCUMENTS**

- Buprenorphine Algorithm
- Identification of OUD based on DSM-5
- Clinical Opioid Withdrawal Scale (COWS)
- Buprenorphine Referral Form
- Home Buprenorphine Initiation

**Watch video**

**RESEARCH UPDATES**

**ONLY THREE IN TEN PEOPLE WHO SURVIVE AN OVERDOSE RECEIVE MEDICATION TREATMENT**

The researchers identified 17,568 cases where an adult in Massachusetts survived an overdose between 2012 and 2014. There was a 59% reduction in mortality for individuals taking methadone compared to those not taking medication, and a 28% reduction in mortality for those treated with buprenorphine. There was no change in mortality associated with naltrexone. Despite these gains relative to morbidity, in the 12 months following the OD, only 34% of individuals received any medication for OUD: 11% received methadone maintenance treatment (median of 5 months); 17 received buprenorphine (median of 4 months); 6% received naltrexone (median of 1 month). Treatment with opioid agonist therapy (methadone and buprenorphine) is associated with a reduction in all-cause and opioid-related mortality. Only a minority of overdose survivors received treatment.

Larochelle et al., Medication for Opioid Use Disorder After Nonfatal Opioid Overdose and Association With Mortality. *Annals Of Internal Med.* 2018.

**CTN Dissemination**

Incorporate evidence between and experience

**Get Help**

## ED-Initiated Buprenorphine

The Yale Department of Emergency Medicine is pleased to provide this website as a comprehensive resource for any provider seeking information on ED-initiated buprenorphine. Please check back often as we will be continuously updating the materials provided here.



**Overview**  
[Read More](#)



**Assessments & Tools**  
[Read More](#)



**Treatment: Buprenorphine Algorithm & BNI**  
[Read More](#)



**Discharge and Treatment Referral**  
[Read More](#)





# COVID-19 and the Opioid Crisis: Report from Ohio



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**Emily Kauffman, DO, MPH**

Assistant Clinical Professor  
Emergency Medicine Physician  
Ohio State University Wexner Medical Center



Contact Information:  
[Emily.Kauffman@osumc.edu](mailto:Emily.Kauffman@osumc.edu)

# Overview

- Before COVID-19
- During COVID-19
- Post-COVID-19 (Recovery)





# 2018 Death Rate Drug Overdoses by State

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1. West Virginia: 51.5/100,000
2. Delaware: 43.8/100,000
3. Maryland: 37.2/100,000
4. Pennsylvania: 36.1/100,000
5. **Ohio: 35.9/100,000 (22%↓)**

# Ohio Overdose Data

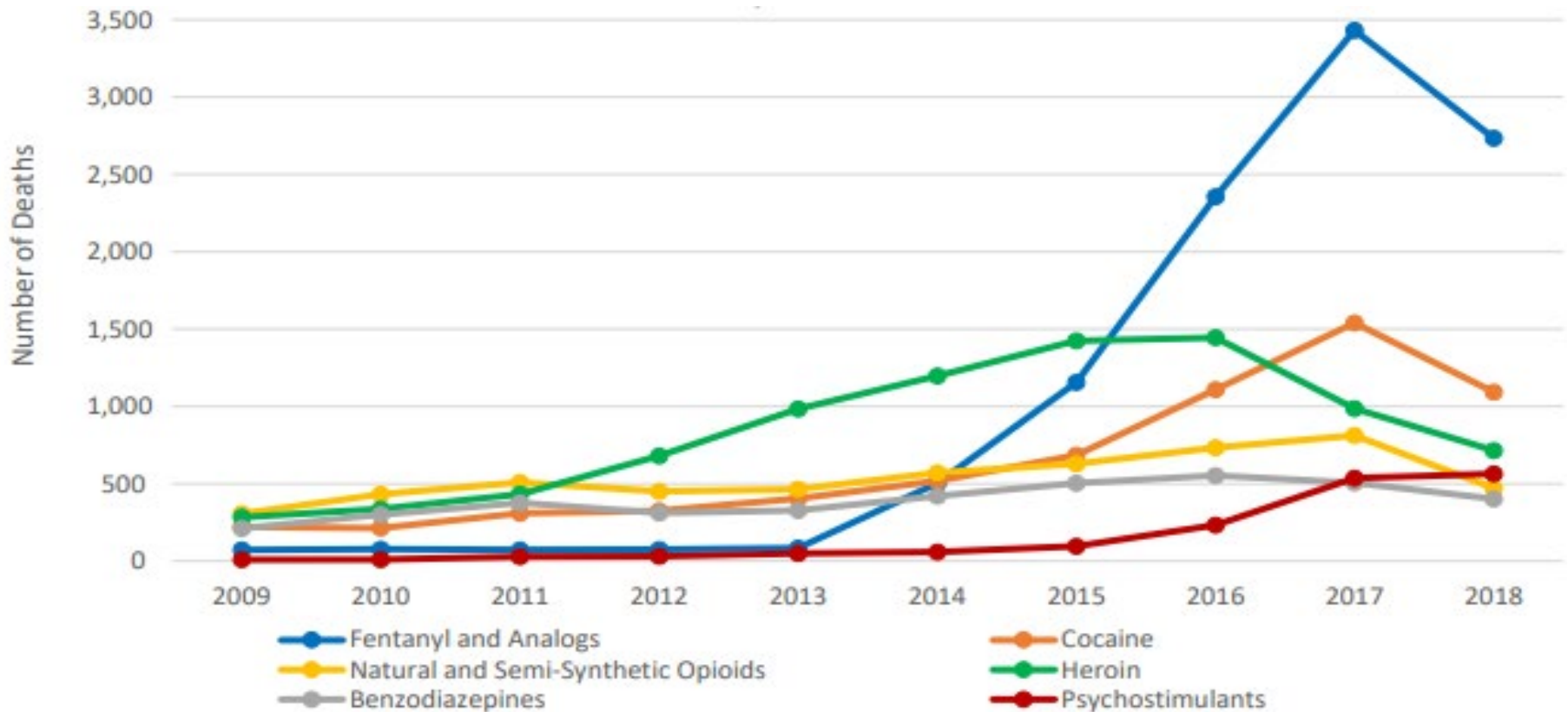
- **>500,000 years of life lost** from 2010-2016 (average lifespan in OH decreased by one year)
- **2009-2018: >1 million years of life lost**
  - **3<sup>rd</sup> leading cause of death**
- **2018: 22% decline from 2017**
  - **3,764 deaths: 2,733 due to fentanyl**
  - **10 deaths/day**

1. Hedegaard H, Minino A and Warner M. Drug Overdose Deaths in the United States, 1999-2018. NCHS Data Brief, number 356. Hyattsville, MD: National Center for Health Statistics 2020
2. [www.cdc.gov/vitalsigns/pdf/2017-07-vitals](https://www.cdc.gov/vitalsigns/pdf/2017-07-vitals) July 2018
3. Hall O T, Hall O I, McGrath R et al. Years of Life Lost due to Opioid Overdose in Ohio. *Journal of Addiction Medicine*. 2019 Oct 7 doi:10.1097/ADM.0000000000000554
4. Hall OT, Hall OI, Kolodny A, Teater J and McGrath R. Assessment of Excess Mortality Associated with Drug Overdose in Ohio from 2009-2018. *JAMA Network Open*. 2020: 3(4): e202183. doi: 10.1001/jamanetworkopen.2020.2183



# Number of Unintentional Drug Overdose Deaths Involving Select Drugs by Year, Ohio, 2009-2018

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Franklin Source: Ohio Department of Health, Bureau of Vital Statistics. Analysis: ODH Violence and Injury Prevention Section. Includes Ohio residents who died due to unintentional drug poisoning (underlying cause of death ICD-10 codes X40-X44).

# Franklin County Data

- **2019:** opioid OD death rate increased **14%** in Franklin County: **597** overdose deaths<sup>5</sup>
  - 81% fentanyl-related → 16%↑ from 2018
  - 41% cocaine-related → 18% ↑
  - 28% African-Americans → 44%↑
- **2018:** **476** overdose deaths, **10% increase** since 2017 (421 deaths)
  - 88% opioids and 61% fentanyl

(Source: Franklin County Coroner's Office)

**We are the county with the largest number of overdose fatalities**

Montgomery County: 47% decline

Summit County: 46% decline

Cuyahoga County: 26% decline (598 deaths in 2017)

# Franklin County - 2020

“Overdose deaths have been particularly straining the capacity of the Franklin County coroner’s office, as there has been a 49% increase between Jan. 1 and Feb. 21 [2020] compared with the same span last year. The number rose from 73 at this time last year to 109 this year.”

Source: Columbus Dispatch

**If this trend continues, Franklin County is on track to have over 800 overdose deaths in 2020.**



# COVID-19: Impacts of Social Distancing - Where are the patients?

- Triggers for relapse: isolation/anxiety/lack of in-person counseling/loss of tolerance
- Fear of ED/hospitals
  - Decreased ED volume/inpatient hospitalizations
  - OSU had been down >50% ED volume in early-mid April
- Virtual care/telehealth/access to wifi/phone
- Access to naloxone
- BEDS ARE OPEN!!
- Stimulus payments and access to substances



# Regulatory Changes

## Federal – Drug Enforcement Administration (DEA)

- During the coronavirus public health emergency, the DEA is allowing waived practitioners to prescribe buprenorphine to treat OUD for new and existing patients via telemedicine, including telephone, without first requiring an examination of the patient in person

## State

- MAT regulations have not been amended, so may only provide a 14-day prescription in the first 90 days of treatment

(<https://www.samhsa.gov/sites/default/files/dea-samhsa-buprenorphine-telemedicine.pdf>)



# Overdose Death Surges During COVID-19

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Weekly surges of overdose deaths in Franklin County are reported by local governments

- April 2-4: 12 deaths
- April 10: 7 deaths
- April 17: 5 deaths
- April 24: 6 deaths

During the COVID-19 crisis, Columbus Public Health has reported an increase in overdose deaths, although not in overdoses/EMS runs.

- Approximately 10 EMS runs/day since early April (average can range 13-16, also includes ED transfers)

Franklin county has had **71** deaths due to COVID-19, Ohio: **937** deaths

# Naloxone Access and Administering



**Always have naloxone to save a life.**  
Get free naloxone by mail here:  
[columbus.gov/cfcap](http://columbus.gov/cfcap).

 **COLUMBUS & FRANKLIN COUNTY ADDICTION PLAN**  
Bridging the Gap for Opiate & Drug Addiction Recovery



**Physical distancing doesn't mean social isolation.**  
Call or text your loved ones to check on them.

 **COLUMBUS & FRANKLIN COUNTY ADDICTION PLAN**  
Bridging the Gap for Opiate & Drug Addiction Recovery

# COVID-19 Recovery

- Will there be a surge?
- SUD patients continuing to avoid hospitals?
- Treatment center access?
- **Solutions**
  - Community partners/outreach/messaging
  - Wrap around services off hospital property?
    - Bridge clinics, mobile units, “pop-ups”

# COVID-19 Resources from the American College of Emergency Physicians (ACEP)



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## **Sandra Schneider, MD, FACEP**

Associate Executive Director, Clinical Affairs  
Past President  
American College of Emergency Physicians



# American College of Emergency Physicians (ACEP)

- ~40,000 members
- Headquarters in Dallas
- Chapters in every state
- Sections for special interest
  
- Frequent prescribers of small amounts of opioid medications
- Frequent site of care for complications of OUD

# ACEP Committees and Sections



**Toxicology**



**ACEP  
PAIN  
MANAGEMENT  
SECTION**

**Pain Management and  
Addiction Medicine**



**EMS-Prehospital Care**



**Coalition on  
Psychiatric  
Emergencies**

**Psychiatric Emergencies**

# E-QUAL Network Opioid Initiative

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E-QUAL Network Opioid Initiative is funded by FORE.

### Opioid Initiative Goal



## Reducing Opioid-Associated Harm through safer prescribing and the implementation of evidence-based interventions


Our aims for this initiative include helping EDs to:

- Implement alternatives to opioids (ALTO)
- Improve opioid prescribing
- Adopt harm reduction strategies such as naloxone prescribing and medication-assisted therapies (MAT)

E-QUAL Initiatives Portal

### Opioid Initiative Content


- Toolkits
- Buprenorphine Initiation in the ED: Interactive Case Vignettes
- Best Practices Pocket Card
- Webinar Series
- CME
- Podcasts
- MIPS & IA: E-QUAL Activities Map
- Portal Access Guide
- Opioids Workgroup



### Reducing Opioid-Associated Harm through safer prescribing and the implementation of evidence-based interventions

#### Best Practices for Opioid Prescribing

1. Opioid prescriptions should be limited to the shortest duration possible; three days or less will be sufficient in most cases (up to seven days may be appropriate in certain circumstances).
2. All patients should be educated about opioid-specific risks and realistic benefits when considering an opioid prescription, with attention to high risk groups including adolescents, pregnant women, elderly and those with a history of substance use disorder.
3. Non-opioid pain relievers should be recommended and/or prescribed prior to and concurrent with opioids as appropriate.
4. The state Prescription Drug checked prior to prescribing.
5. Educate patients about the opioids and benzodiazepine possible.
6. Opioid prescriptions generally unless there is coordination with the clinician.
7. Prescriptions for long-acting pain should not be initiated.
8. Lost, destroyed or stolen



### Reducing Opioid-Associated Harm through safer prescribing and the implementation of evidence-based interventions

#### Best Practices for Patients with Opioid Use Disorder or Overdose

1. After an opioid overdose, consider communication with the patient's primary care physician if possible.
2. Naloxone should be prescribed or provided to opioid overdose patients as well as patients at risk for overdose along with overdose prevention education.
3. Referral to treatment should be provided, with warm handoff, as available.
4. Consider buprenorphine for the treatment of unprovoked opioid withdrawal in patients with opioid use disorder based on standard guidelines, and provide ED linkage to ongoing treatment as available.
5. After opioid overdose, consider assessing for suicidal ideation and ask permission to contact a friend or relative prior to ED discharge.



# ED Acute Pain Management Bootcamp

Overview of evidence-based alternatives for the treatment of acute pain in the ED including non-opioid multimodal approaches, opioid stewardship, non-pharmacological techniques, and the steps necessary for the development and implementation of an opioid sparing pain management protocol.



# PACED: Pain and Addiction Care in the ED (ACEP Accreditation)

The **PACED** accreditation program provides emergency departments the tools to improve pain and addiction care by their institution and for their community. Elevating the quality of patient care with innovative treatments, alternative modalities, and impactful risk reduction strategies in a collaborative team setting, resulting in positive outcomes for patients, families, providers, and communities.



# Point of Care Tools



## MAP 43 Management of Acute Pain



### Buprenorphine Use in the ED

- > BUPE Overview
- BEGIN PRESCRIBING (B)**
- > Indications and Contraindications
- > Procedure and Administration
- > Dosing for Acute Withdrawal or Initiating MAT
- > Buprenorphine Precipitated Withdrawal (BPW) Management
- > Nausea & Vomiting after buprenorphine – special note
- > Other Appropriate Withdrawal Management Medications
- UTILIZE NALOXONE (U)**
- > Naloxone in the ED
- > Forms of Naloxone for Patients/Community Use
- PROVIDE LINKAGE TO TREATMENT (P)**
- > Opportunity for Intervention
- > Key Points
- > Discharge Instructions
- EDUCATE ON RULES & REGULATIONS (E)**
- > X-waiver

# Stigma Summit

Earlier this year, ACEP convened a Summit, **Addressing the Opioid Stigma in the Emergency Department**, to share ideas and gain insight into the prevalence, effect and targeted solutions to limit the impact of stigma on the care of ED patients with opioid use disorder (OUD).

## Summit participation included representation from:

- **Federal Partners** (HHS, CDC, SAMSHA, DEA and NIDA)
- **Health Care Physicians and Providers** (ACEP, AAEM, SAEM, ENA, SEMPA EMRA, ASAM, AAAP)
- **Other partners** (AMA, National Council for Behavioral Health, Harm Reduction Coalition, National Association of EMS Physicians, National Association of Emergency Medical Technicians, Coalition for Psychiatric Emergencies, Pew Charitable Trust Foundation, Foundation for Opioid Response Efforts and Emergency Department Sickle Cell Care Coalition)
- **Individuals who have experienced stigma** related to a personal history of substance use.

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# ACEP Federal Partnership Projects

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## Provider Clinical Support System



Providers  
Clinical Support  
System

- Emergency Medicine MAT Waiver Training

## SAMHSA Opioid Response Network

- Chapter Trainings - CME program: “MAT, Waiver Training and the Three-Day Rule” (15 States)
- Stigma Summit and Video



Opioid  
Response  
Network  
STR-TA

## SAMHSA Training the Frontline

- Emergency Medicine Resident Substance Use Disorder Curriculum

# Questions?



**Alister Martin, MD, MPP**  
Emergency Medical Specialist  
Founder, *Get Waivered*  
Massachusetts General Hospital



**Gail D'Onofrio, MD, MS**  
Professor and Chair, Department of Emergency Medicine,  
Yale School of Medicine  
Chief of Emergency Services, Yale New Haven Hospital



**Emily Kauffman, DO, MPH**  
Assistant Clinical Professor  
Emergency Medicine Physician  
Ohio State University Wexner Medical Center



**Sandra Schneider, MD, FACEP**  
Associate Executive Director, Clinical Affairs  
Past President  
American College of Emergency Physicians





**Take Care of Yourself!**  
**Thank You For Your Work!**

# Additional Resources



**SAMHSA COVID-19 guidance and resources**  
<https://www.samhsa.gov/coronavirus>



**Centers for Medicare & Medicaid Services** guidance, including a compilation of state 1135 waivers  
<https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>



**American Society of Addiction Medicine** compilation of guidance and resources, including links to state-level policy actions and waiver requests  
<https://www.asam.org/Quality-Science/covid-19-coronavirus>



**State Health & Value Strategies** resources on state policy options and responses  
<https://www.shvs.org/>



**Manatt Health** resources on federal and state strategies to respond to COVID-19  
<https://www.manatt.com/COVID-19> and <https://healthinsights.manatt.com/>



**National Academy for State Health Policy** resources on state activity <https://nashp.org/>





### About the Foundation for Opioid Response Efforts

The Foundation for Opioid Response Efforts (FORE) was founded in 2018 as a private 501(c)(3) national, grant-making foundation focused on addressing the nation's opioid crisis. FORE is committed to funding a diversity of projects contributing solutions to the crisis at national, state, and community levels. FORE's mission is to convene and support partners advancing patient-centered, innovative, evidence-based solutions impacting people experiencing opioid use disorder, their families, and their communities.

For more information on FORE, please visit [www.ForeFdn.org](http://www.ForeFdn.org).



### About the Yale School of Medicine

Founded in 1810, the Yale School of Medicine is a world-renowned center for biomedical research, education and advanced health care. Its 33 academic departments include 10 in the basic sciences, 18 in clinical fields, and 5 in public health. Affiliated institutions include the 1,541-bed Yale-New Haven Hospital—flagship of the Yale New Haven Health System and one of the largest hospitals in the United States—and the Connecticut Mental Health Center, Pierce Laboratory, and VA Connecticut Healthcare System in nearby West Haven. The School of Medicine consistently ranks among the handful of leading recipients of research funding from the National Institutes of Health and other organizations supporting the biomedical sciences, and belongs to medical organizations including the Association of American Medical Colleges (AAMC) and the Association of Academic Health Centers (AAHC).

For more information, please visit [www.medicine.yale.edu](http://www.medicine.yale.edu).

### About the Ohio State University

Ohio State University Wexner Medical Center (OSUWMC) is the primary academic and tertiary hospital in central Ohio that supports medical education and residency training for all disciplines. Our research leaders have carved the pathway for rapid testing for Covid-19 along with sterilization procedures for n-95 masks with our partner, Battelle Laboratories. We are also championing treatment for patients with substance use disorder (SUD), especially opioid use disorder (OUD) given the significant impact to the state over the last decade. East Hospital was the first Emergency Room pilot site for Medication-Assisted Treatment in central Ohio.

For more information on OSUWMC, please visit [www.wexnermedical.osu.edu](http://www.wexnermedical.osu.edu).

### About the American College of Emergency Physicians (ACEP)

ACEP is the largest professional society representing emergency physicians in the US. With close to 40,000 members, about 1,000 of which are international, ACEP advocates for emergency physicians and provides educational materials and meetings for our members.

For more information on ACEP, please visit [www.acep.org](http://www.acep.org).

### About Get Waivered

The [Get Waivered](#) Campaign launched at Massachusetts General Hospital (MGH) has explored insights and approaches from behavioral science to optimize emergency department OUD treatment protocols to 1) get physicians waived and 2) enable physicians to help more patients get into effective, evidence-based treatment. Through the help of FORE, Get Waivered has [launched Get Waivered National](#) which is a national organizing campaign to get physicians waived using digital platforms that streamline the DEA X certification process. Using novel digital methodologies and new innovations in behavioral economics we use technology as a vector for positive behavioral change by spurring engagement with the Get Waivered platform.

Read more [here](#) about [Get Waivered National](#) or visit the state partner sites in [Texas](#) through Get Waivered Texas, and [Nebraska](#) through Get Waivered Nebraska to learn more.



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