

PAAs 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

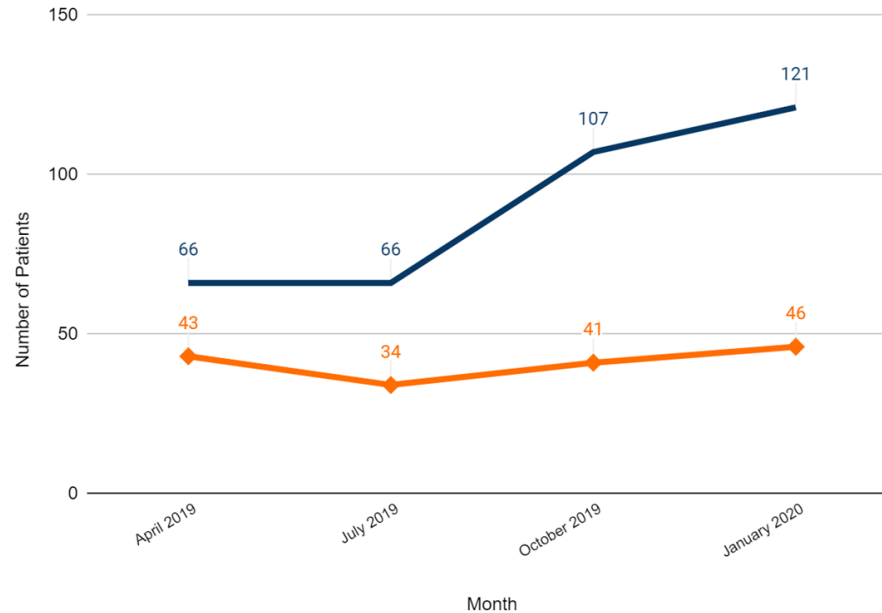
How did your program get started?

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



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



An emergency room at the Marshall Medical Center in Placerville, California. | German Lopez/Vox

A photograph of two men sitting on the floor, facing each other. The man on the left is wearing a grey hoodie and looking towards the other man. The man on the right is wearing a purple long-sleeved shirt and has his back to the camera. The background is a plain, light-colored wall.

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



SMOKE FREE CAMPUS
No Smoking on Alameda Health System Property

RESERVED
ACCESS ONLY
LIMITED & TOWED

RESERVED
ACCESS ONLY
LIMITED & TOWED



WALKER
MEAL SERVICE



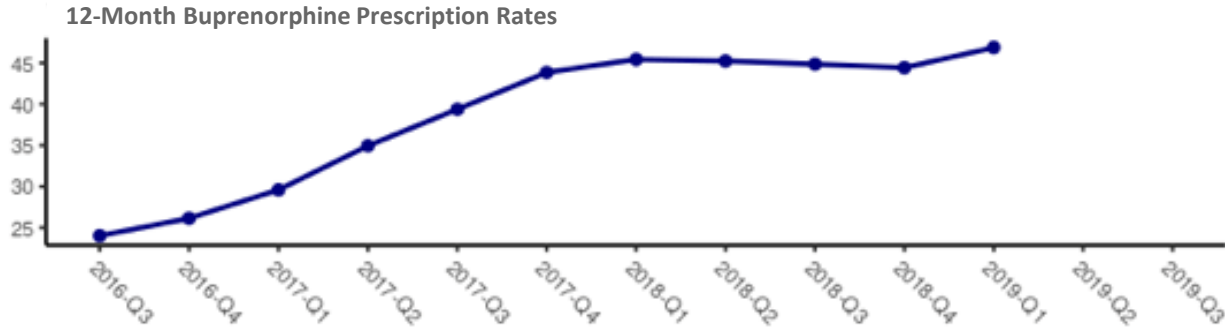
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Marshall 2019 ED DATA:

- 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.

Overdose Prevention Initiative



El Dorado Opioid Overdose Snapshot: 2016-Q1 to 2018-Q4

Report downloaded 05-31-2020

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