InterED-MOUD (Interprofessional Emergency Department-Initiated Medication for Opioid Use Disorder)

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Background
- Stressors caused by COVID-19 have contributed to increased drug overdoses in the last year[1].
- Initiating medications such as buprenorphine in the ED has been associated with an 80% reduction in opioid overdose deaths [2].
- Clinicians with negative attitudes towards patients with substance use disorders are common and contribute to suboptimal healthcare for these patients [3].
- Interprofessional collaboration in the ED setting has been shown to improve patient outcomes, including fewer medical errors and improving overall staff attitudes without the cost of increased caregiver workload [4].

Dissemination Aims
Goal: Address the opioid crisis by increasing access to and initiation of MOUD and reducing opioid-related ED visits through an interprofessional education and evidence-based treatment approach.

Expected Outcomes
The expected outcomes of this dissemination project are to:
- Increase number of providers who receive education on MOUD and opioid use related stigma (goal is >75% of all clinician types)
- Increase number of ED providers (MD, DO, PA) obtaining X-Waiver (goal >75% of both MD and PA groups)
- Increase number of ED buprenorphine prescriptions initiated and provided at discharge; increase percentage of discharges with naloxone prescription
- Increase number of referrals for peer support and outpatient resources

Preparation: Quarter One (Jan- March)
- Stigma training
- Meeting with key stakeholders to plan dissemination/implementation
- Prepare dissemination materials

Dissemination: Quarter Two (April- June)
- Present at Duke APP Grand Rounds
- Present at Duke ED APP and Faculty Meeting
- Attend and present at NIDA CTN Annual Steering Committee Meeting

Dissemination/ Follow up: Quarter Three (July- September)
- Follow up with ED providers re: X waiver
- Continue dissemination during RN huddles

Review/Sustainability: Quarter Four (October- December)
- Review data for X waived providers, MOUD prescriptions written, referrals to treatment
- Building order sets, making staff resources for CME
- EM resident (MD, PA) simulation training

Results

<table>
<thead>
<tr>
<th></th>
<th>2021</th>
<th>2022</th>
<th>2021-2022 % Change</th>
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</thead>
<tbody>
<tr>
<td>Number of new buprenorphine prescriptions initiated/prescribed in the ED</td>
<td>34</td>
<td>57</td>
<td>61.1% increase</td>
</tr>
<tr>
<td>Number of times meds have been ordered from ED Buprenorphine/Naloxone order set</td>
<td>8</td>
<td>28</td>
<td>250% increase</td>
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<tr>
<td>Number of naloxone prescriptions ordered when discharging with narcotic prescription</td>
<td>65</td>
<td>97</td>
<td>49.2% increase</td>
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<tr>
<td>Number of naloxone prescriptions ordered for discharge</td>
<td>928</td>
<td>783</td>
<td>15.6% decrease</td>
</tr>
<tr>
<td>Number of Ambulatory Referrals for Opioid Use Disorder (not including social work consults)</td>
<td>2</td>
<td>10</td>
<td>400% increase</td>
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<tr>
<td>Number of X waived Attending Physicians</td>
<td>23/44 (52.2%)</td>
<td>36/44 (81.8%)</td>
<td>56.7% increase</td>
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<td>Number of X waived Physician Assistants</td>
<td>2/12 (16.7%)</td>
<td>11/13 (84.6%)</td>
<td>406.6% increase</td>
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Pending results: Analysis of pre and post survey of OUD stigma after simulation training (Medical Condition Regard Scale)

References

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