

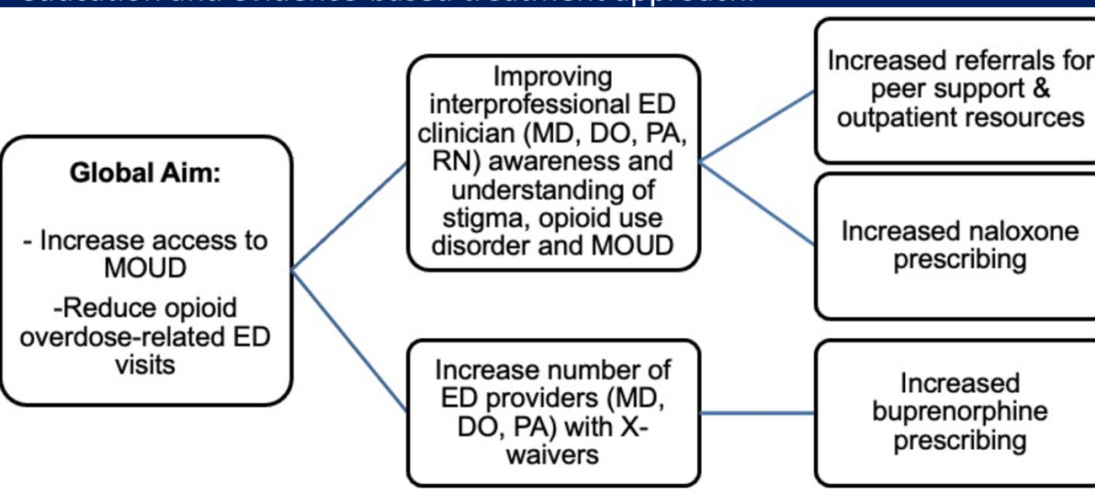
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Background

- 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

Methods

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



Interprofessional team leading resident simulation on OUD (left to right):
EM attending, PA student, ED tech, ED attending, PA, EM attending, Social Worker,
Community member with lived experience

Results

	2021	2022	
Number of new buprenorphine prescriptions initiated/prescribed in the ED	34	57	61.1% increase
Number of times meds have been ordered from ED Buprenorphine/ Naloxone order set	8	28	250% increase
Number of naloxone prescriptions ordered when discharging with narcotic prescription	65	97	49.2% increase
Number of naloxone prescriptions ordered for discharge	928	783	15.6% decrease
Number of Ambulatory Referrals for Opioid Use Disorder (not including social work consults)	2	10	400% increase
Number of X waived Attending Physicians	23/44 (52.2%)	36/44 (81.8%)	56.7 % increase
Number of X waived Physician Assistants	2/12 (16.7%)	11/ 13 (84.6%)	406.6% increase

Pending results: Analysis of pre and post survey of OUD stigma after simulation training (Medical Condition Regard Scale)

References

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