ACCEPT

Addiction & Co-morbid Conditions: Enhancing Prevention & Therapeutics

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Join by phone: +1-415-655-0001
Meeting number/Access code: 120 276 9209
Password: 12345

For attendance, purposes please text the following code: ZOHJUB to 608-260-7097

Session Date: Friday, January 19, 2024

Didactic Topic and Presenter:
One EM Group's Approach to Opiate Use Disorder

Julie Doniere, MD, MPH – Practice Manager
Retired ED Physician
USA Today "Woman of the Year 2022"

- 12:15 PM: Attendance text-in – Introductions
- 12:25 PM: Case Presentation
    - Presenter: Collin Michels, MD - *Assistant Professor (CHS), BerbeeWalsh Department of Emergency Medicine, University of Wisconsin School of Medicine & Public Health, Chief of Emergency Medicine, William S. Middleton Memorial VA*

- 1 PM: Didactic Presentation and Discussion
    - Presenter: Julie Doniere, MD, MPH
- 1:15 PM End of Session

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CONTINUING EDUCATION INFORMATION:

Accreditation Statement

In support of improving patient care, the University of Wisconsin–Madison ICEP is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.

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2023 Universal Activity Number (UAN): JA0000358-0000-23-025-L01-P; JA0000358-0000-23-025-L01-T

Continuing Education Units

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Medication Access and Training Expansion Act (MATE)

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Interprofessional Continuing Education Partnership
UNIVERSITY OF WISCONSIN-MADISON
School of Medicine and Public Health
School of Nursing
School of Pharmacy

Project ECHO®
University of Wisconsin

ECHO ACCEPT
Addiction & Co-morbid Conditions: Enhancing Prevention & Therapeutics
2022-2024
One EM Group's Approach to Opiate Use Disorder
1/19/24

Didactic Presenter: Julie Doniere, MD, MPH
Case Presenter: Collin Michels, MD

Provided by the University of Wisconsin–Madison Interprofessional Continuing Education Partnership (ICEP)

Intended Audience:

Nurses, Nurse Practitioners, Pharmacists, Physicians, Physician Assistants, Pharmacy Technicians, Psychologists, Social Workers, Patient/Caregivers, Students

Objectives:

As a result of this educational regularly scheduled series, learners as members of the healthcare team will be able to:

- Describe the 4-tiered emergency department approach to patients that struggle with opiate use
- Identify and assess patients that might benefit from MAT in the Emergency Department.
- Demonstrate how to induce a person on buprenorphine in the emergency department

Policy on Disclosure

It is the policy of the University of Wisconsin–Madison Interprofessional Continuing Education Partnership (ICEP) to identify, mitigate and disclose all relevant financial relationships with ineligible companies* held by the speakers/presenters, authors, planners, and other persons who may influence content of this accredited continuing education (CE). In addition, speakers, presenters and authors must disclose any planned discussion of unlabeled/unapproved uses of drugs or devices during their presentation. For this accredited continuing education activity, all relevant financial relationships have been mitigated and detailed disclosures are listed below.

** **Ineligible companies** are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. The ACCME does not consider providers of clinical service directly to patients to be ineligible companies.*

Name	Role	Financial Relationship Disclosures	Discussion of Unlabeled/Unapproved uses of drugs/devices in presentation?	COI completion date
Randall Brown	RSS Chair	Usona Institute (Grant / Contract), multi-disciplinary association for psychedelic studies (Grant / Contract)	Yes	1/30/2023
Nada Rashid	RSS Coordinator	No relevant financial relationships to disclose	No	1/31/2023
Kathleen Maher	RSS Coordinator	No relevant financial relationships to disclose	No	1/30/2023
Ritu Bhatnagar	Planner	No relevant financial relationships to disclose	Yes	1/29/2023
Paul Hutson	Planner	No relevant financial relationships to disclose	Yes	1/28/2023
Susan Mindock	Planner	No relevant financial relationships to disclose	No	1/31/2023
Sheila Weix	Planner	No relevant financial relationships to disclose	No	2/3/2023
Kellene Eagen	Planner	No relevant financial relationships to disclose	No	1/27/2023
Joseph Galey	Planner	No relevant financial relationships to disclose	Yes	1/27/2023
David Leinweber	Planner	No relevant financial relationships to disclose	No	4/13/2023
Julie Doniere	Presenter	No relevant financial relationships to disclose	No	1/11/2024

Collin Michels	Presenter	No relevant financial relationships to disclose	No	1/3/2024

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Case Presentation

Collin Michels, MD

Assistant Professor, BerbeeWalsh Department of Emergency Medicine

University of Wisconsin School of Medicine and Public Health

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Case Introduction

- **One-liner**: 28 year old F with history of recurrent urinary tract infections and pyelonephritis who presents with severe flank pain as well as concerns for opioid withdrawal

- **Primary question for discussion**: Undertreatment of opioid withdrawal vs precipitated withdrawal in the emergency department.

Medical & Behavioral Health Diagnosis:	Current Medications:
• Pyelonephritis • Asthma • Metatarsal fractures / Lis Franc injury • Chronic headaches (child)	• No prescription medications • Oxycodone 30mg tablets – 10-12 every day • Occasional fentanyl due to difficulty obtaining oxycodone

Substance Use

- History: alcohol use disorder, opioid use disorder
- Consequences of Substance Use:
  - Social/occupational/educational: nanny, childcare jobs
  - Physical (including evidence of tolerance/withdrawal):
- Past treatments: 1 reported stay at behavioral health center a few years ago’

Social History:	Family History:
• Social Factors/History: Non smoker, frequent alcohol use, • Education/Literacy: unknown • Income source: Nanny, intermittent childcare jobs	• Mother: Hypertension, hyperlipidemia • Father: substance use disorder (no other details)

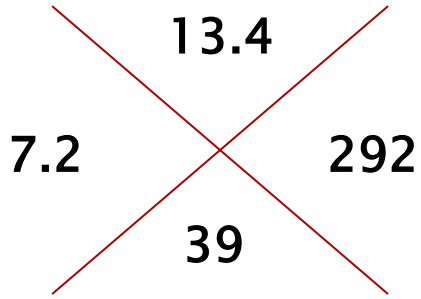
Patient strengths & protective factors:	Risk factors:
• Desire to seek treatment • New to area • Intake appointment at MAT clinic set up prior to this ED visit	• History of AUD and OUD • New to area / back and forth with prior living location • No established primary care in area • Hx of recurrent infections – painful • Fentanyl addition

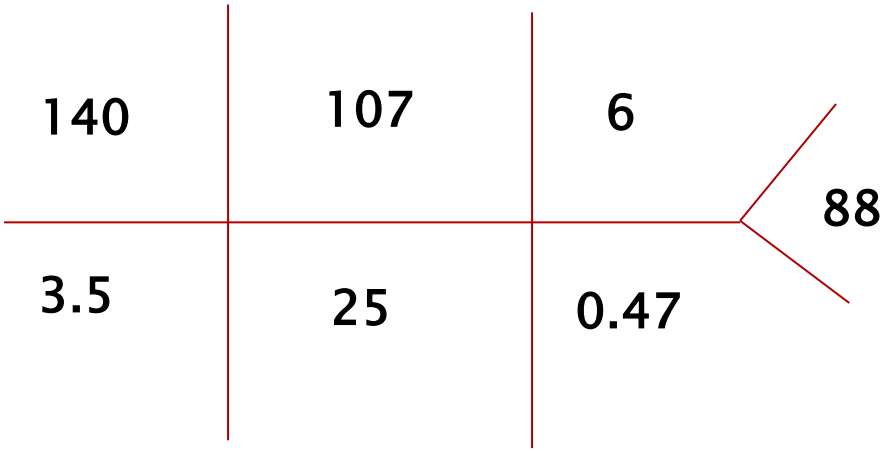
ED Course

- Presented with flank pain
- Given acetaminophen, oxycodone 10mg
- No initial COWS documented

Vital signs / Labs

- BP: 103/69, pulse 98, RR 22, Sp02 99% on RA





- UA: neg LE, nitrites, wbc, some bacteria
- HCG: negative
- CT negative

ED Course

- Flank pain
- Given acetaminophen, oxycodone 10mg
- No initial cows documented
- Desire for MAT discussed
- Observed until COWS 8 → Bup 4mg/1mg
- 1 hour later COWS 14 → Bup 8mg/2mg, ondansetron, zyprexa
- 1 hour later COWS 11 → Bup 8mg/2mg

Patient Goals & Motivations for Treatment

- Establish primary care
- Start buprenorphine
- Treat acute pain

Proposed Diagnoses

- UTI, pyelonephritis, zoster, ureterolithiasis, spinal epidural abscess
- Opioid withdrawal

Discussion:

- Primary question: Does this presentation represent mild precipitated withdrawal vs undertreatment?

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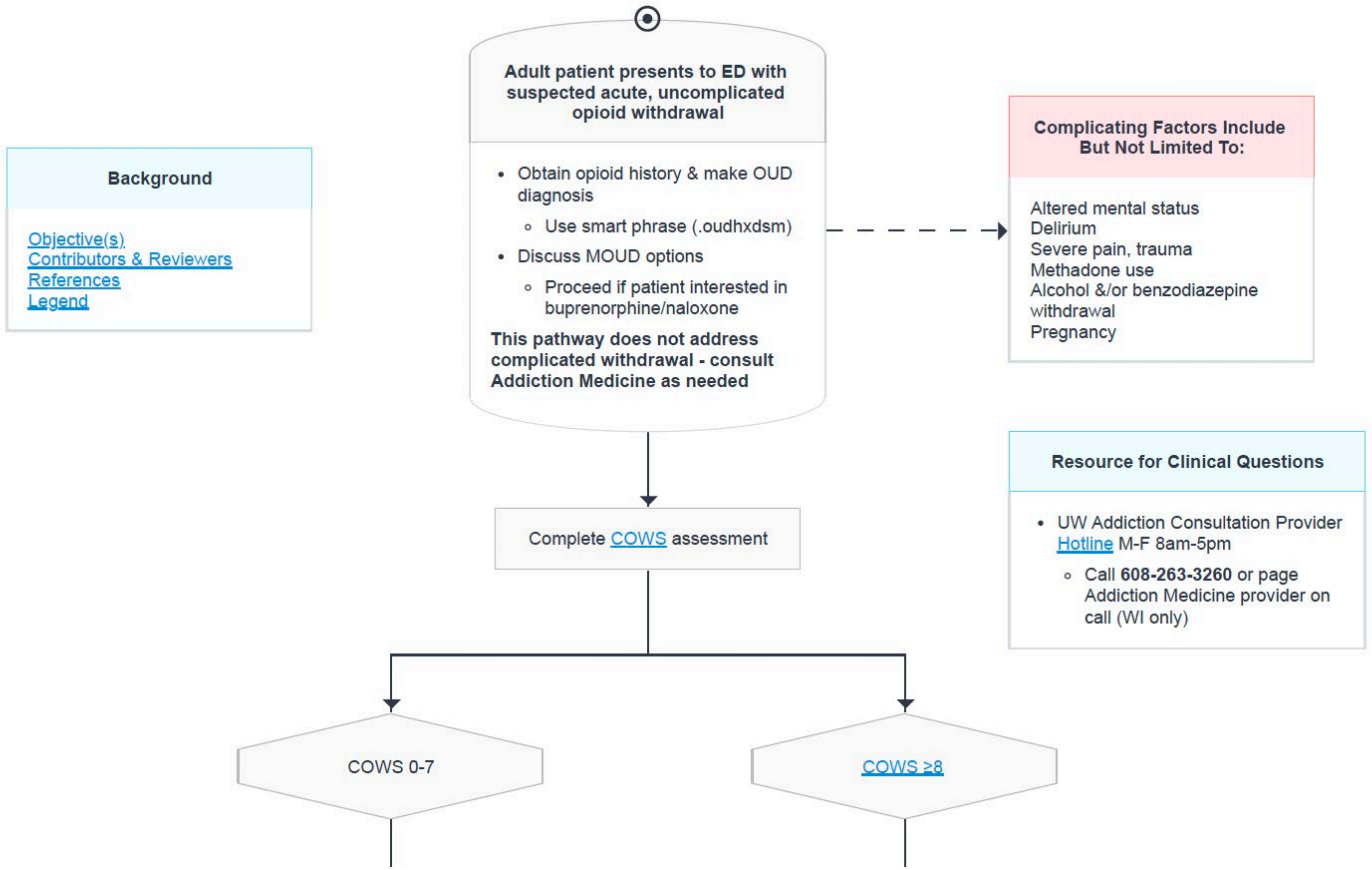
- Observed until COWS 8 → Bup 4 - 1mg
- 1 hour later COWS 14 → Bup 8 – 2mg, ondansetron, zyprexa
- 1 hour later COWS 11 → Bup 8 – 2mg
- Discharged

Discussion:

- Discharged on 8mg/2mg BID x2 weeks
- Follow up at clinic – doing well

ED Buprenorphine Initiation



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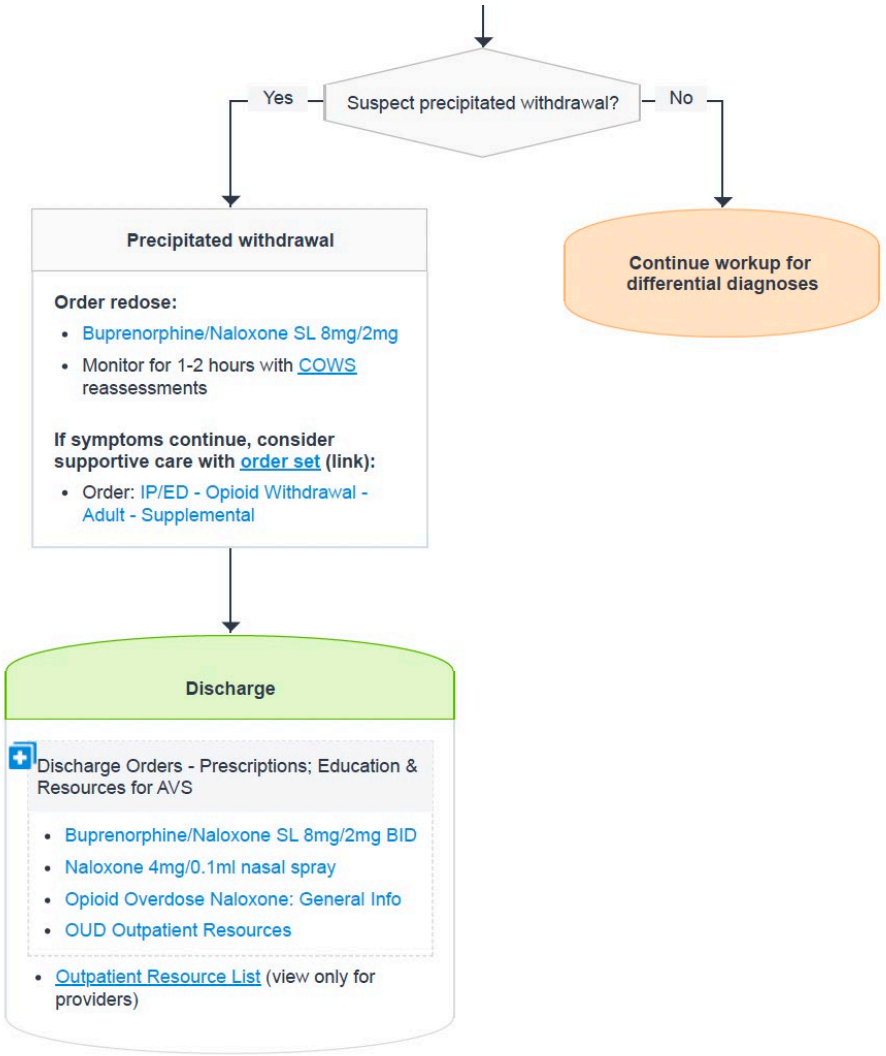
ED Buprenorphine Initiation



DSM-5 Substance Use Disorder ("Addiction")

- Tolerance
- Withdrawal

} **Physical Dependence ≠ Use Disorder**

- Larger amts/longer periods than intended
- Persistent desire/failed attempts to quit/control use
- Much time obtaining/using/recovering
- Important activities sacrificed
- Continued use despite known adverse effects
- Failure to fulfill major obligations
- Recurrent hazardous use
- Craving
- Ongoing use despite interpersonal problems

2-3 = mild
4-5 = moderate
≥ 6 = severe

By initialing here ___cm__ you have acknowledged that Project ECHO case consultations do not create or otherwise establish a provider-patient relationship between any ECHO clinician and any patient whose case is being presented in a teleECHO clinic.

Project ECHO University of Wisconsin

One EM Group's Approach to Opiate Use Disorder

Julie Doniere, MD, MPH

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- Disclosures
  - none

Overview

Upon completion of this educational activity members of the healthcare team will be able to:

- describe the 4-tiered emergency department approach to patients that struggle with opiate use.
- identify and assess patients that might benefit from MAT in the Emergency Department.
- demonstrate how to induce a person on buprenorphine in the emergency department.

Who we are

Project ECHO®
University of Wisconsin

DSM-5 Substance Use Disorder ("Addiction")

- Tolerance
- Withdrawal

} **Physical Dependence ≠ Use Disorder**

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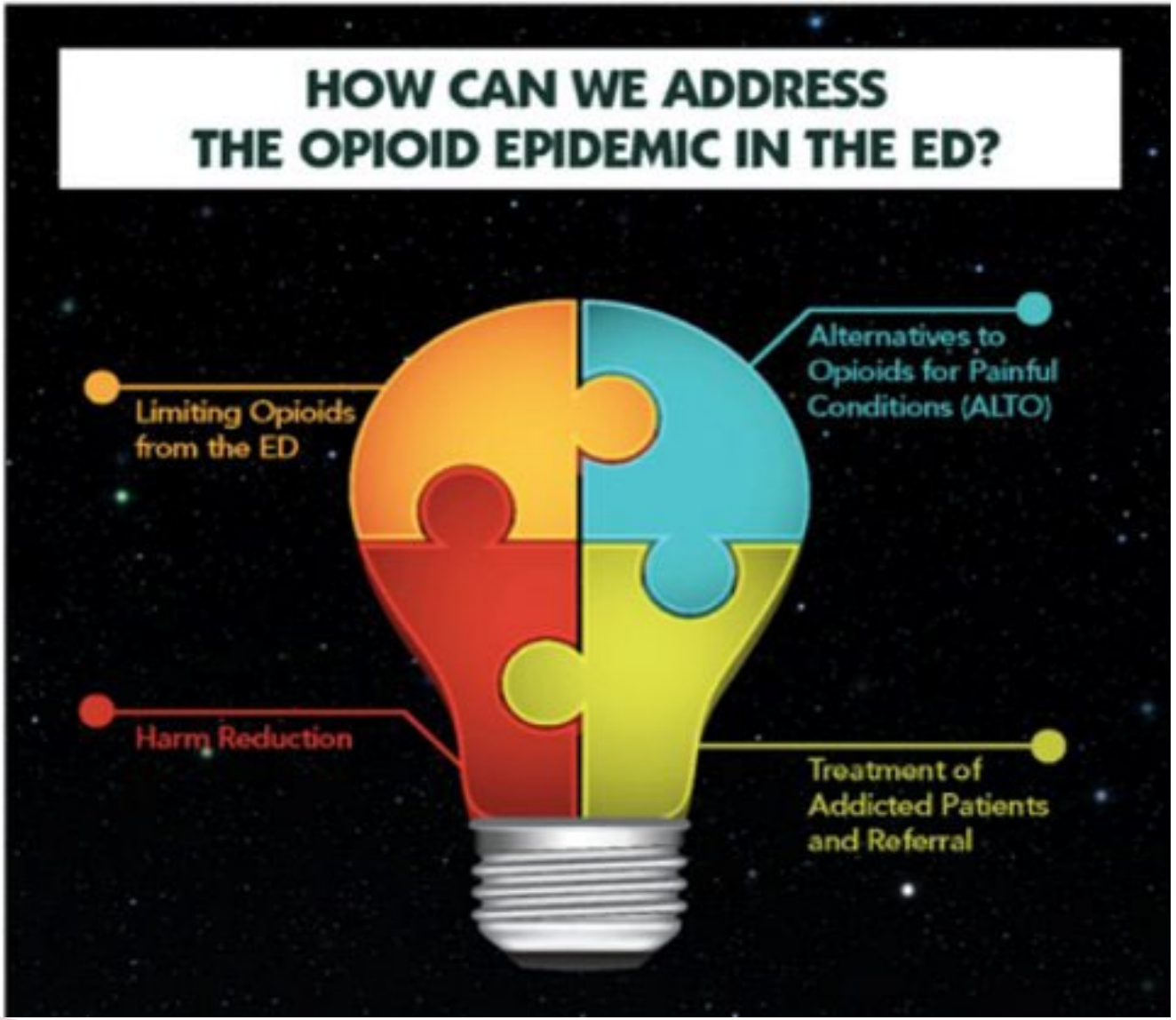

HOW CAN WE ADDRESS
THE OPIOID EPIDEMIC IN THE ED?
Limiting Opioids from the ED
Alternatives to Opioids for Painful Conditions (ALTO)
Harm Reduction
Treatment of Addicted Patients and Referral

Limiting Opiates from the ED

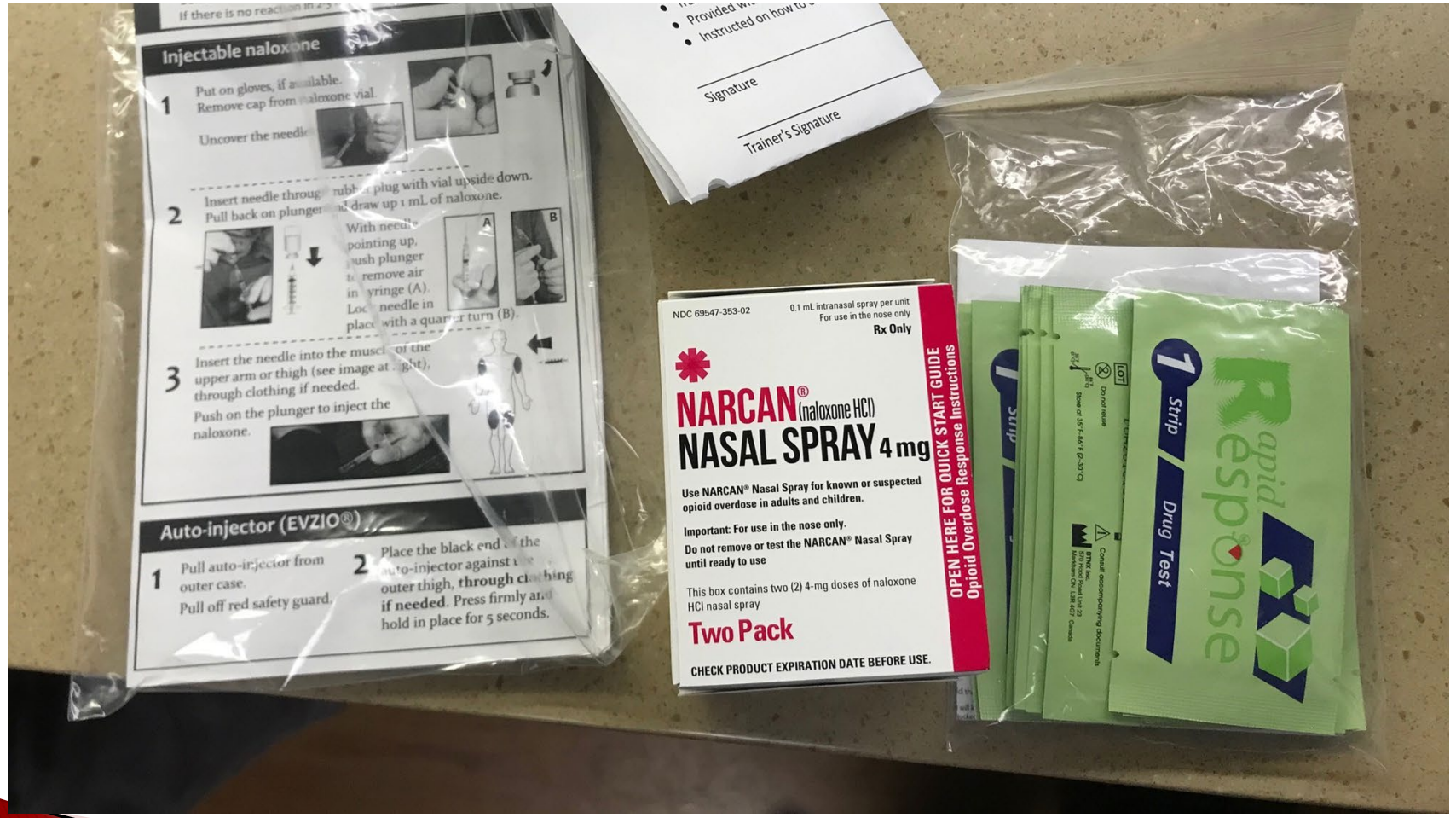
- Education that the expectation is to limit the number of opiate prescriptions
- Single sign on for ePDMP
- Hard stop for opiate prescriptions

ALTO

Cervical injections
Dental blocks
IV lidocaine protocolized for pain
IV ketamine protocolized for pain

Harm reduction

- Narcan kits
- Fentanyl strips



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Treatment of OUD and Referral

- Recovery Coaches
- MAT (Buprenorphine induction)

Recovery Coaches

- Began October 2018
- Initial grant from Voices to Recovery
- Pilot Program at St. Joseph Hospital
- Expanded to all Ascension ED's in May 2022

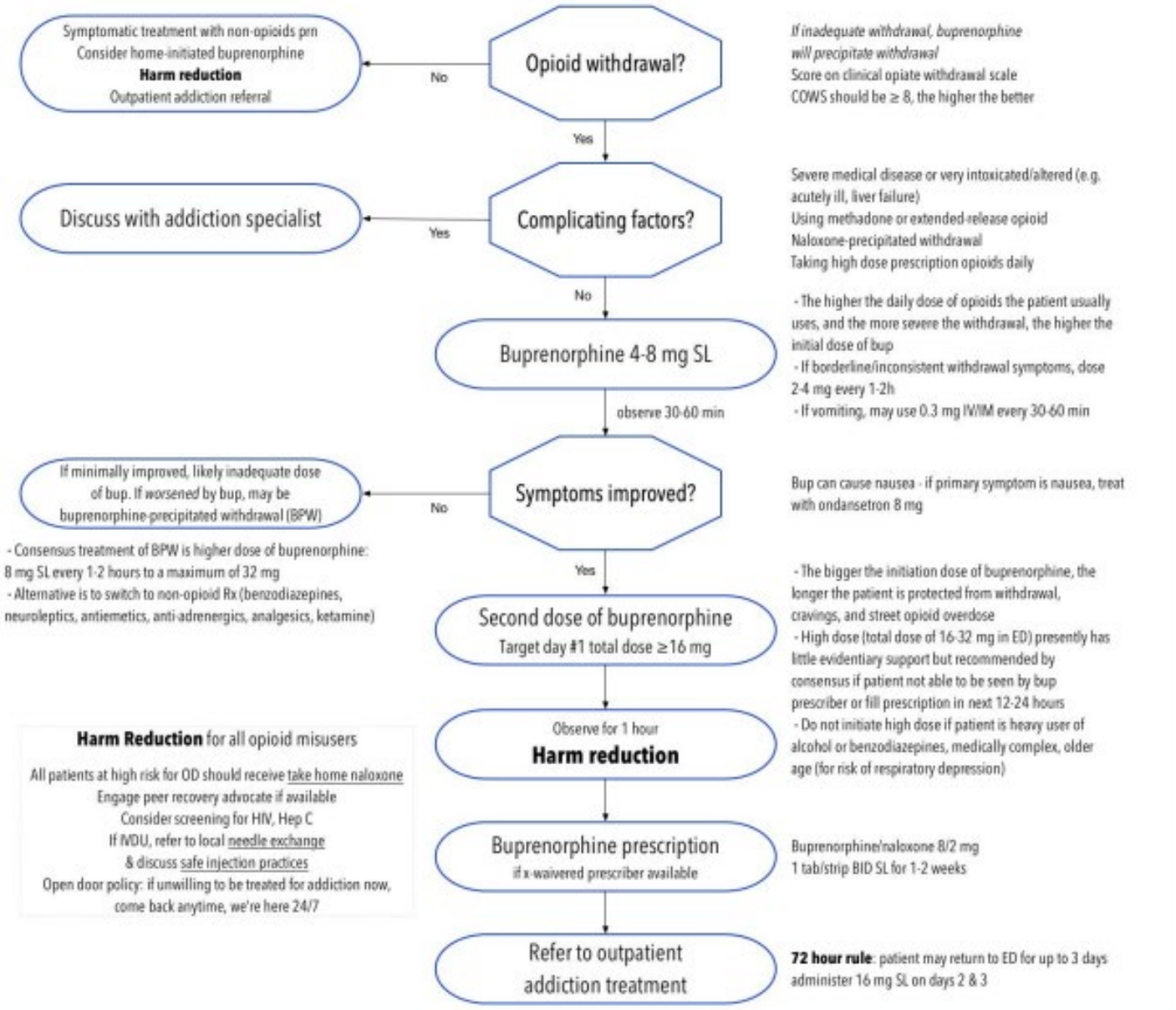
Recovery Coach Role

- Recovery Coach has lived experience with opiate use
- They are there to listen and meet the person where they are.
- Offer support
- Offer resources
- Follow up if patient agreeable after discharge
- Assist with support, navigation, transport, treatment

MAT in the ED

- Essentially Buprenorphine
- X-waiver was a major barrier initially
- Stigma (both patients and providers)
- Protocols incorporated into EHR

Emergency Department Initiation of Buprenorphine for Opioid Use Disorder



Conclusions

- Stigma is real.
- Education is necessary.
- Prioritizing and revisiting OUD in the ED is essential.
- Don’t reinvent the wheel.

References

- CA Bridge: retrieved from: https://cabridge.org/