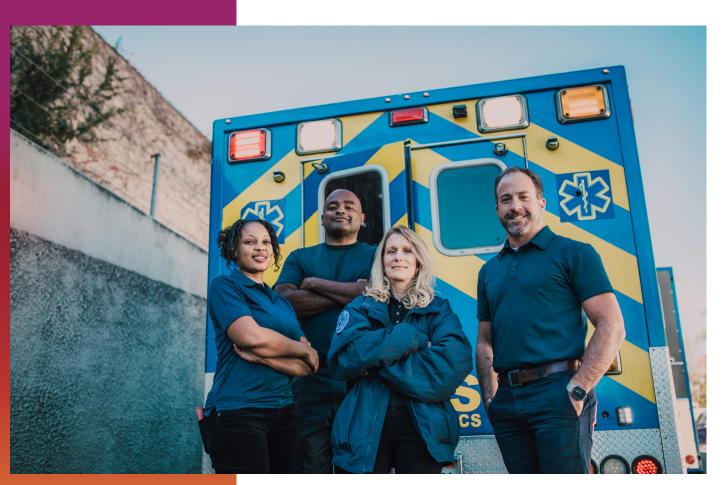
HEALing Communities Study (HCS) KY

# Emergency Department and Emergency Medical Services Buprenorphine Induction Toolkit





**HEALing Communities Study Kentucky** 

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### **List of Abbreviations**

This glossary is a quick reference for abbreviations and acronyms used in this manual.

Bupe.....Buprenorphine

CA Bridge......California Bridge Model Program

DEA.....Drug Enforcement Administration

ED.....Emergency Department

EMS.....Emergency Medical Service

EMT.....Emergency Medical Technician

HCS KY.....HEALing Communities Study Kentucky

HEAL.....Helping to End Addiction Long-term<sup>SM</sup>

MOUD.....Medication for Opioid Use Disorder

NIH.....National Institutes of Health

NIDA.....National Institue on Drug Abuse

OUD.....Opioid Use Disorder

PCSS.....Provider's Clinincal Support System

SAMHSA......Substance Abuse and Mental Health Services Administration

SUD.....Substance Use Disorder

### **Acknowledgments**

#### **Training Development and Implementation**

We would like to acknowledge the contributions of our HCS Treatment Team for their work in the development of resources to facilitate implementation of buprenoprhine in the emergency department (ED) and by emergency medical services (EMS) and the compilation of other resources included in this toolkit.

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### **Funding**

This toolkit was developed as part of the Kentucky site's implementation of the National Institutes of Health (NIH) HEAL (Helping to End Addiction Long-Term<sup>SM</sup>) Initiative, which was supported by the NIH and the Substance Abuse and Mental Health Services Administration through the NIH HEAL InitiativeSM award number, UM1DA049406, (ClinicalTrials.gov Identifier: NCT04111939). This study protocol (Pro00038088) was approved by Advarra Inc., the HEALing Communities Study single Institutional Review Board. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health, the Substance Abuse and Mental Health Services Administration, or the NIH HEAL Initiative<sup>SM</sup>.

### **How to use this Toolkit**

This toolkit is divided into three sections. Each section contains resources for training and/or implementation of programs that offer buprenorphine for the treatment of opioid use disorder (OUD) in emergency medical settings. These three sections are (1) Background Information on Buprenorphine in the Emergency Department, (2) Implementation of Buprenorphine in the Emergency Department, and (3) Implementation of Buprenorphine by Emergency Medical Services.

Each resource or training component in this toolkit is listed as a title. Below each title is the name of organization developing the resource; presenters of the resource (if applicable); the type, length, and format of the resource; and a brief summary. The resources are included as links in the sidebar to the left of each resource description. Most of these are available via hyperlink. Note some links may be a file download.

### **Important Note**

Please be advised that resources contained within this toolkit may reference the previously required Drug Enforcement Administration (DEA) "X-waiver" for the prescribing of buprenorphine for OUD. The Mainstreaming Addiction Treatment Act was passed in 2023 and eliminated the federal X-waiver. At this time, any clinician with an active DEA registration can prescribe buprenorphine for OUD. For more information, please see the DEA's letter to registrants available at the link in the left sidebar.

© DEA Letter to Registrants Regarding Elimination of X-waiver

### Part 1

The Case for
Buprenorphine
Initiation in the ED
Podcast

# Background Information on Buprenorphine in the Emergency Department (ED)

### The Case for Buprenorphine Initiation in the ED: Why, When, and How?

Centers for Medicare and Medicaid Services and the National insitute on Drug Abuse (NIDA) Clinical Trials Network

Presenters: Arjun Venkatesh, MD, MBA, MHS; Gail D'Onofrio, MD, MS; Andrew Herring, MD; Erick Dickson, MD, MHCM, FACEP

Length and Format: 45-minutes (four segments), Podcast

Listen and learn from nationally recognized experts in four podcasts about the importance and effectiveness of starting buprenorphine treatment for OUD in emergency departments. This podcast series begins with Dr. Arjun Venkatesh exploring the use of information technology and decision-making tools to improve care for patients with OUD, emphasizing the importance of value-based payment models and quality improvement projects. Dr. Gail D'Onofrio then discusses the clinical evidence supporting buprenorphine's effectiveness in reducing overdose risk and improving emergency department treatment outcomes. Dr. Andrew Herring then speaks about the accessibility and immediate care provided by EDs and highlights initiatives that are transforming the approach to treating OUD in these settings. Dr. Eric Dickson finishes the series by sharing his approach to addressing the opioid crisis and discusses the role of leadership in prioritizing resources and promoting access to treatment. Overall, the podcasts provide education and resources for integrating buprenorphine initiation into routine practice in EDs to provide evidence-based treatment for OUD.

Treatment of Opioid Use Disorder in the ED: Should it Be A Choice Presentation Slides

### Treatment of Opioid Use Disorder (OUD) in the ED: Should it be a Choice?

Provider's Clinical Suport System (PCSS)

Presenter: Gail D'Onofrio, MD

Length and Format: Varies, Slides (no audio)

This presentation addresses the crucial role of the ED in recognizing and treating patients with OUD with evidence-based medications for addiction treatment. Gail D'Onofrio, MD, shares her pioneering work on initiating buprenorphine in the ED. Data supporting the use of buprenorphine in the ED setting, as well as the consequences of not initiating treatment are detailed. Barriers to implementation of ED buprenorphine as well as strategies to overcome these challenges are reviewed. Current research by emergency physicians regarding innovative strategies such as high-dose buprenorphine inductions and use of an extended-release 7-day formulation of buprenorphine are discussed.

© ED Interventions for OUD: Overview of the Landscape, Key Components, and Analysis of Five Case Studies Report

### ED Interventions for OUD: Overview of the Landscape, Key Components, and Analysis of Five Case Studies

Brandeis University for the Office of Assistant Secretary for Planning and Evaluation at the US Department of Health and Human Services

Length and Format: Varies, Report

This report describes existing ED-based interventions for OUD and their evidence base; identifies key components of ED-based models to treat OUD; and summarizes findings across five case studies of ED-based OUD treatment programs regarding program structure, key components, barriers, and facilitators to identify lessons for providers and policymakers.

W Use of Medication-Assisted Treatment in EDs Report

### **Use of Medication-Assisted Treatment\* in EDs**

Substance Abuse and Mental Health Services Administration (SAMHSA)

Length and Format: Varies, Report

\*Note: Terminology has changed from Medication-Assisted Treatment to MOUD

This guide provides resources to support health care providers, health system administrators, and community members to meet the needs of individuals at risk for, experiencing, or recovering from substance use and mental health disorders. With a focus on evidence-based interventions in EDs to identify and initiate treatment for individuals with untreated OUD, this guide reviews literature and science, examines emerging and best practices, identifies gaps in knowledge, and discusses challenges.

© ED-initiated
Buprenorphine for
OUD: Building a Bridge
to Remission and
Recovery Webinar

### **ED-initiated Buprenorphine for OUD: Building a Bridge to Remission and Recovery**

Healing Communities Study Kentucky (HCS KY)

Presenter: Andrew Herring, MD

Length and Format: 2 hours, Webinar

Dr. Herring discusses the CA Bridge Model based on three pillars: offer low-barrier access to medication treatment, establish pathways to active support and follow-up, and create a non-stigmatizing hospital culture for those who use drugs. His talk focuses on the importance of person-centered care and building a community to address the needs of individuals with OUD.

 FAQ About ED-Initiated Buprenorphine Website

### Frequently Asked Questions (FAQ) about ED-Initiated Buprenorphine

NIDA

Length and Format: Varies, Webpage

This webpage answers multiple frequently asked questions about providing buprenorphine in the emergency department. This resource addresses concerns about increased patient load, laboratory monitoring, and clinical nuances of initiation in this setting.

© Emergency: Hospitals are Violating Federal Law by Denying Required Care for SUDs in EDs Report

### Emergency: Hospitals are Violating Federal Law by Denying Required Care for Substance Use Disorders (SUD) in EDs

Legal Action Center

Sika Yeboah-Sampong, Ellen Weber, Sally Friedman Length and Format: Varies, Report

This report describes evidence-based practices for SUD care, their successful adoption by many EDs, common justifications for not adopting these practices, and how this resistance exacerbates other barriers to care. The report notes the particular implications of inadequate care for Black, Latinx and Indigenous people who have experienced the steepest increases in rates of overdose deaths nationally and, in some communities, the highest overdose rates for



some substances. The report then turns to the law. It provides an in-depth explanation of how hospitals that do not adopt evidence-based practices for patients with SUD can violate federal laws that require ED delivery of certain healthcare services and that bar discrimination based on disability, race, and ethnicity.

### Part 2

### © Clinical Opiate Withdrawal Scale

### Questions for Identification OpioidUse Disorder based on DSM-5

### Implementation of Buprenorphine in the ED

#### Clinical tools

These tools are designed to help determine if someone has a diagnosis of OUD and the presence of and severity of opioid withdrawal.

### Clinical Opiate Withdrawal Scale (COWS)

NIDA

Assessment tool

This 11-item tool can be used in EDs to assess an individual's signs or symptoms of opioid withdrawal.

### Questions for Identification of OUD based on DSM-5

NIDA

Assessment tool

This 11-item questionnaire can be used in EDs to identify an opioid use disorder.



### **Protocols to Support Clinical Decision Making**

The knowledge about and the approach to the treatment of patients with buprenorphine in the ED is developing and changing rapidly. There is now experience and literature supporting dosing regimens that are different from what is included in FDA labeling (i.e., package insert) for buprenorphine, particularly in a context of person now using high-potency synthetic opioids such as fentanyl. It is not uncommon for medication dosing to evolve after the time of initial approval, and this practice is seen in other areas of medicine (e.g., the off-label dosing of proton pump inhibitors in the treatment of gastroesophageal reflux disease). There are a variety of strategies for buprenorphine induction in the ED regarding initial and total dose, and time to subsequent doses, reflected in the myriad of protocols below. All are aimed at relieving withdrawal symptoms without oversedation and providing symptom control and protection against opioid overdose until a follow-up appointment for ongoing care. Choose a strategy that works best for your ED and your patients.

Providing continued symptom control and overdose risk reduction until a follow-up appointment can be achieved by writing a prescription for sublingual (SL) buprenorphine at discharge (typically 7-day supply or less if an earlier follow-up is available) or administering a newly approved long-acting injectable buprenorphine formulation (Brixadi®) prior to discharge from the ED so that a SL prescription is not necessary. If giving an initial dose above 4 mg SL or total dosing above 24 mg SL total on day 1, please be cognizant of any state regulations that contain dosing guidelines (201 KAR 9:270, 201 KAR 20:065). Some payors also may not cover SL doses above 24 mg daily. In cases where SL doses above 24 mg may be needed, the injectable buprenorphine formulations may be helpful as they are covered by many payors and have doses that exceed the serum concentrations produced by 24 mg SL daily. Extended release injectable buprenorphine formulations are available through REMS-certified specialty pharmacies, and processes for how to order and bill for injectable buprenorphine in ED settings are not yet well established. It is anticipated that utilization of Brxiadi® is feasible given the experience with providing Sublocade® at discharge from inpatient hospitalization.

**⊘** ED Sublingual Buprenorphine Protocol

### **ED Sublingual Buprenorphine Protocol**

HCS Kentucky

Clinical Protocol

Length and Format: varies, document

This is a sample protocol of low-threshold initiation of buprenorphine in the ED. It includes guidance for dosing, discharge planning, and subsequent encounters.

**®** Buprenorphine ED Quick Start Guide

### **Buprenorphine ED Quick Start Guide**

CA Bridge

Clinical Protocol

Length and Format: varies, document

This guide provides a clinical protocol for starting buprenorphine in the ED for an individual experiencing opioid withdrawal.

Starting Buprenorphine Immediately after Reversal of Opioid Overdose

### Starting Buprenorphine Immediately after Reversal of Opioid Overdose

CA Bridge

Clinical Protocol

Length and Format: varies, document

This clinical protocol serves as a resource for starting buprenorphine in the ED for an individual immediately after reversal of opioid overdose with naloxone.



### **ED-Initiated Buprenorphine**

Yale School of Medicine

Clinical Protocol

Length and Format: varies, document

This algorithm outlines the process of initiation of buprenorphine in the ED at Yale-New Haven Hospital in Connecticut.



**®** Buprenorphine Self-Start

### **Buprenorphine Self-Start**

CA Bridge

Clinical Protocol

Length and Format: varies, document

This patient education resource is for patients who are not currently experiencing withdrawal and are appropriate to start buprenorphine outside of the ED (e.g., home induction).

### **Other Resources**

© Clinical Considerations for OUD Order Sets

#### **Clinical Considerations for OUD Order Sets**

CA Bridge

Guidance document

Length and Format: varies, document

This resource includes recommendations for care related to labs, monitoring, medication administration, and preparation for discharge in the treatment of OUD in an acute care setting.

### **@** Medication for Opioid Use Disorder Flyer

### Medications for Opioid Use Disorder (MOUD) Flyer

HCS Kentucky

Patient educational flyer

Length and Format: varies, document

This flyer was developed by the HCS as an educational tool to discuss MOUD. This flyer covers the medication treatment options, how they work, and where you get them. It provides a comparison of the medication options as they relate to treatment of other symptoms including withdrawal, cravings, pain and decreasing risk of death.

### Part 3

- **©** BupeFirst-EMS: A Novel Delivery (Didactic)
- BupeFirst-EMS: A Novel Delivery (Q&A)

**W** EMS Buprenorphine
Use Project Training for
Paramedics Webinar

## Implementation of Buprenorphine by Emergency Medical Services (EMS)

### **BupeFirst-EMS: A Novel Treatment Delivery Program**

HCS KY-OPEN

Presenter: Rachel Haroz, MD

Length and Format: Two one-hour webinars

Opioid overdoses are often encountered and treated by paramedics and Emergency Medical Technician (EMT)s with naloxone and supportive care. While naloxone is a lifesaving medication, it does not treat OUD. Furthermore, many EMS staff are not familiar with MOUD and how to direct these patients to evidence-based treatment. In this presentation, Dr. Haroz discusses the experiences of one of the first EMS-initiated buprenorphine programs at Cooper University Health Care in Camden, NJ.

### EMS Buprenorphine Use Project Training for Paramedics

CA Bridge

Presenters: Gene Hern, MD, MS; Alicia Gonzalez, MD, FACEP; Vanessa Lara, MS

Length and Format: 1-hour, webinar

In this webinar, presenters provide a background and history of OUD and treatment, and an overview of EMS buprenorphine use project and related protocols to deliver buprenorphine in the field. Motivational interviewing skills are also discussed in the context of engaging patients in care. Finally, case studies are discussed to emphasize points covered during the presentation.

© EMS: Buprenorphine Field Start Protocol

**EMS: Buprenorphine Field Start Protocol** 

CA Bridge

Clinical Protocol

Length and Format: varies, document

This protocol outlines the treatment of opioid withdrawal using buprenorphine by EMS. It contains clinical evaluation, exclusion criteria, buprenorphine use, and transport guidance.

**⊘** BupFirst-EMS Protocol

### **BupeFirst-EMS Protocol**

Cooper EMS/Disaster Medicine

Clinical Protocol

Length and Format: varies, document

This algorithm outlines the treatment pathway for opioid overdose requiring administration of naloxone. It delineates patients appropriate and accepting of treatment with buprenorphine by EMS in the field.

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### NIH HEAL INITIATIVE<sup>SM</sup>

**HEALing Communities Study Kentucky**