

VIRGINIA ED BRIDGE LEARNING COLLABORATIVE

MARCH 11TH, 2022

12:00 NOON TO 1:00 PM

Sponsored by the Virginia Department of Medical Assistance Services (DMAS) and the Virginia Department of Health with Carilion Clinic, Roanoke, VA

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Agenda for VA ED Bridge Learning Collaborative Meeting

- 12:00 Welcome to the ED Bridge Learning Collaborative Meeting by Cheri Hartman, Ph.D.
Carilion Clinic, VA Tech Carilion School of Medicine
- Logistical tips for participating by Christine Bethune, MSW, VA DMAS
 - Overview of Agenda by Dr. Cheri Hartman
- 12:07 "What This Means for Virginians w/ OUD" by Ashley Harrell, LCSW, ARTS Senior Program Adviser, VA DMAS
- 12:12 Identification of prospective/"early implementer" hospitals by Dr. Cheri Hartman, Director, Virginia ED Bridge Replication Project; Training Toolkit - currently available, technical assistance until Sept 1, 2022
- 12:17 Introduce Dr. John Burton, Emergency Medicine, Chair, Carilion Clinic: Q & A with hospital representatives
- 12:42 Virtual Bridge model at VCU by Dr. Brandon Wills, VCU Medical Center; Dr. Gerry Moeller;
- 12:52 Guidelines on submitting the SAMHSA NOI for the training exempt waiver approval
Patti Juliana, PhD, LCSW, Director of Division of Pharmacologic Therapies, CSAT, SAMHSA
- 12:58 Conclude VA ED Bridge Learning Collaborative meeting (announce next meeting - June 10th at 12 noon)

Introducing Ashley Harrell, LCSW, of VA DMAS

What the ED Bridge Means for Virginians with Opioid Use Disorder

ARTS (Addiction Recovery Treatment Services) Senior Program Adviser

Ashley Harrell shepherded the ARTS Initiative into fruition in 2017 when the policy changes were implemented, creating office-based opioid treatment (OBOT) programs throughout Virginia totaling nearly 200 OBOTs just 5 years later.

The Virginia ED Bridge Replication Project

Prospective and Early Implementer Hospitals

Carilion Roanoke Memorial Hospital ED Bridge (flagship program)

VCU ED Bridge (virtual model flagship program)

Carilion sister programs: Pace to Recovery, Carilion Franklin Memorial Hospital

Carilion's New River Valley ED with the Community Health Center of NRV

Carilion Tazewell Community Hospital with New Day Recovery Program/SVCHS

Prospective hospitals/health care systems:

- (1) Sentara CarePlex in Hampton, Sentara Norfolk General Hospital
- (2) Valley Health's Winchester Medical Center
- (3) Fair Oaks Hospital/INOVA in Fairfax
- (4) Riverside: Doctor's Hospital in Williamsburg (likely start up site)
- (5) Bon Secours w/ Clean Slate Centers as treatment center partner

VIRGINIA EMERGENCY DEPARTMENT (ED) BRIDGE REPLICATION PROJECT CURRICULUM: TRAINING TO GO TOOLKIT

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ED Bridge Replication Toolkit

A – Z Lessons Learned, click and play tools embedded

- Interactive Power Point
- Includes easy one-page protocol overview for your ED physicians (Appendix A – 1) (slide 62)
- Dr. John Burton on “Getting to Yes” video on slide #9! <https://youtu.be/vNOQ79dQjhl>
- DSM-5 OUD diagnostic criteria (click and play example of clinical interview)
- COWS – by Wesson and Ling reprinted in the Appendix (A-4)

Ready made brochures you can reprint: Home Inductions, Naloxone education

- 2 hour overview of Medications for Opioid Use Disorders (CME credit is available through March 22nd) (recorded training meets VA Bd of Medicine requirements of physicians who prescribe any opioid)

<https://drive.google.com/file/d/12t1RtgBTvdwsWwPALj9jW560FGL1gHZQ/view>

Sharing resources across hospital systems and treatment programs

Pace to Recovery (Monica Flora, Piedmont CSB)

Monica Flora has shared with others their sample partner agreement template between Piedmont CSB and FMH's ED.

Brochures about their ED Bridge called "Pace to Recovery."

Look to your Local Community Services Board – likely to have more than one level of care to match patients' needs: the outpatient OBOT, more intensive outpatient programming (IOP) or PHP (partial hospitalization) or residential program, peer supports that could potentially be embedded in the ED, workflow allowing rapid access to treatment, comprehensive services can be provided by CSBs removing barriers to accessing follow up care ("scholar- shipping" medication for the uninsured), making available intensive case management.

Look to your FQHCs (federally qualified health centers with OBOTs)

ECHO trainings are provided by Carilion, VCU and UVA on relevant topics:

"Converting from an OBOT to an OBAT (Office-based Addiction Treatment)"

Appendix A-1: ED Protocol for ED Bridge to Treatment (In a Nutshell)

(1) ED PROTOCOL FOR ED BRIDGE TO TREATMENT (PROVIDER GUIDELINES IN A NUTSHELL)

1. Confirm patient has an opioid use disorder through H/P. (Refer to the DSM-5 criteria: moderate to severe opioid use disorder (OUD) is diagnostic as appropriate for treatment with a medication approved by the FDA for OUD. In the ED this medication would be buprenorphine unless the patient already is receiving treatment with methadone or prefers the full antagonist of naltrexone. Latter requires 7 days of abstinence to initiate.)
2. Place diagnosis in the IMPRESSION list for discharge diagnosis if patient meets criteria.
3. Patients with severe liver disease, active alcohol use disorder or benzodiazepine use disorder should not receive the ED Bridge protocol.
4. Check PMP for medication Rx history.)
5. ED Screening orders; LFTs, Urine Drug Screen, Urine Pregnancy test, Hepatitis panel (acute). **(You do not need to wait for results to initiate treatment.** These are helpful labs for ongoing treatment, share with follow up treatment program.)
6. Evaluate patient for level of opioid withdrawal using the COWS: Clinical Opioid Withdrawal Scale (recommended that patient score at least a 13; ask patient how long ago they consumed their last opioid dose: for short-acting opioids (heroin, oxycodone, Percocet, morphine IR) symptoms of withdrawal likely to begin within 6 – 12 hours; for long-acting opioids (oxycontin, MS Contin) withdrawal not likely for 16 – 24 hours; for methadone: wait at least 48 hours depending on dose of methadone. If patient is using more than 30 mg of methadone, referral to a methadone detoxification program is recommended. If COWS score is <13; rely on the home induction process with the prescription.
7. Buprenorphine ED administration:
 - Initial dose of 8/2 mg (if patient is naïve to buprenorphine, start at 4/1 mg.)
 - If withdrawal symptoms do not abate, **dosing can be increased to 16/4 mg.**
8. Prescribe buprenorphine (8/2 mg BID: 16 mg daily dose for 7 days; prescribe 4 mg intranasal Narcan); educate on buprenorphine, recommend locking up this opioid). Rx notes “for addiction,” give: X-DEA #, write: “May substitute films/tablets or generic/name brand for insurance coverage/reimbursement.”
9. Discharge instructions: dot phrase: **.EDBUPRDC – assure diagnosis/impression of Opioid Use Disorder is listed as the discharge diagnosis.**
10. Link patient with peer. Peer in the ED can link patient to intake social worker using iPad prior to discharge.

Q and A with Dr. John Burton

Chair, Emergency Medicine Department, Carilion Clinic

Associate Professor, VA Tech Carilion School of Medicine, Roanoke, VA

- Questions for Dr. John Burton

For ex: how do you share the ED Bridge protocol with your ED physicians making it likely they will follow it?

- Invite hospital systems to provide comments on their experiences
- Challenges?
- Successes?

Introducing Dr. Brandon Wills & Dr. Gerry Moeller VCU, Virtual ED Bridge model

- Brandon Wills, DO, FACEP, FAACT
Fellowship Director, Medical Toxicology
Associate Professor, Department of Emergency Medicine
VCU Medical Center; Board certified in Emergency Medicine, Medical Toxicology
& Addiction Medicine
- F. Gerard Moeller, M.D.
Professor and Division Chair for Addictions
Virginia Commonwealth University
Director, VCU Institute for Drug and Alcohol Studies
Board certified in Addiction Medicine and Psychiatry



VCU

C. Kenneth and Dianne Wright Center
for Clinical and Translational Research

Emergency Department Virtual Addiction Bridge Clinic (ABC) For Opioid Use Disorder

F. Gerard Moeller, M.D.
Professor and Division Chair: Addictions
Department of Psychiatry
VCU School of Medicine

Brandon Wills, DO, FACEP, FAACT
Theresa Davis, NP
Katy Ringwood, RN
VaSharon Crenshaw

Issues for ED initiated Buprenorphine

- Identifying patients with opioid use disorder
- Engaging in treatment
- Timing of induction
- Referral to outpatient care
 - What length of prescription should be provided?
 - How quickly can they get an outpatient appointment?



VCU Virtual Addiction Bridge Clinic (ABC)

Opportunities:

- Telehealth increasingly used during COVID
- Clinicians now comfortable with telehealth addiction treatment
- Telehealth could be utilized as a “virtual bridge” from the ED to outpatient care.



VCU Virtual Addiction Bridge Clinic (ABC)

Goals:

- Identify patients in the ED with opioid use disorder
- Provide buprenorphine in the ED if indicated
- Refer to ABC clinic with 24-hour follow-up
- Funded by grant from DMAS



VCU Virtual Addiction Bridge Clinic (ABC)

Staffing

- Bridge coordinator engages patient via phone and establishes window for telehealth visit
- Addiction trained NP for telehealth visit
- Addiction faculty supervision of program
- Informatics to find ED OUD patients not referred



VCU Virtual Addiction Bridge Clinic (ABC)

Results to date

- ED clinicians can identify patients with OUD and initiate buprenorphine
- > 300 ED patients referred to ABC
- The majority of patients who make it to virtual bridge clinic go on to traditional outpatient care (similar to D’Onofrio study using traditional bridge methods)



VCU Virtual Addiction Bridge Clinic (ABC)

Challenges

- Approximately 40% “referred” to ABC make it to telehealth appointment
- Most are non-fatal overdoses, not primarily seeking treatment
- Logistics challenges: accurate phone number, unreliable phone service, homelessness...



VCU Virtual Addiction Bridge Clinic (ABC)

Next Steps

- Outcomes for referred vs. not referred to ABC
- Improve administrative issues for referrals (accurate phone numbers, etc.)
- Expand ABC to areas with very limited outpatient clinicians (rural areas)



Take Home Messages

- Initiating buprenorphine treatment in the ED for OUD increases outpatient treatment linkage
- Buprenorphine is much more effective and safer than symptomatic treatment & referral
- Telehealth may be a new tool to quickly engage OUD patients & transition to outpatient care
- Sutton's law:

Tackling OUD in the ED is “where the money is”



Applying for the waiver: the SAMHSA NOI

- Patti Juliana, Ph.D., LCSW
- Director, Division of Pharmacologic Therapies
- Center for Substance Abuse Treatment, SAMHSA

Demo on submitting the Notice of Intent to prescribe buprenorphine for 30 or fewer patients (applicable to most ED physicians in an ED Bridge program)

Submitting A Notice of Intent (NOI) 30E Patient Waiver

*Patti Juliana, PhD, LCSW
Director, CSAT Division of Pharmacologic Therapies*

03.10.2022



SAMHSA
Substance Abuse and Mental Health
Services Administration

Some things to note before you begin your application:

- Be sure to have your medical license and your DEA Registration numbers on hand. (Not your NPI number!)
- The DEA registration you use must be your own, individual registration.
- In your application, your DEA registration, state license and practice address must all be in the same state.
- You may only have one waiver. That waiver may be used in multiple locations or with multiple DEA numbers but your patient limit is cumulative (cannot have more than the waiver level).



PLEASE NOTE THE FOLLOWING:

DATA Waiver Team Email Address: InfoBuprenorphine@samhsa.hhs.gov

Approval Letters are e-mailed within 45 days of your complete application submission.

*Please check your junk and spam folders if you have not already added InfoBuprenorphine@samhsa.hhs.gov to your contacts.

Any questions or inquiries should be directed to InfoBuprenorphine@samhsa.hhs.gov or call 1-866-287-2728.

Contact Patti Juliana, HHS/SAMHSA/CSAT/DPT:
Patti.Juliana@samhsa.hhs.gov

Final questions and comments

Thank you all for being a part of this cutting edge work on improving rapid access to treatment at the opportune moments in patients' lives in the Emergency Room.

Please feel free to reach out to Dr. Cheri Hartman, VA ED Bridge Replication Project Director, at cwhartman1@carilionclinic.org or call 540-981-7099 for further technical assistance.