

SPOTLIGHT: Yale Emergency Department Treatment Initiation



Background

Researchers at the Yale School of Medicine conducted a National Institute on Drug Abuse (NIDA)-funded randomized clinical trial to compare the efficacy of three interventions for patients suffering from opioid use disorder. The trial involved 329 patients who were treated in the Emergency Department from April 2009 through June 2013.

The referral group received screening and referral to treatment; the brief intervention group received screening, brief intervention, and facilitated referral to treatment; and the buprenorphine group received screening, brief intervention, Emergency Department-initiated buprenorphine/naloxone treatment, and referral to primary care for ongoing treatment. Seventy-eight percent of patients in the buprenorphine group remained engaged in treatment thirty days later, almost twice as many as the referral group (38%) and the brief intervention group (45%).

After Dr. Gail D'Onofrio published this trial in JAMA in 2015, Yale has translated Emergency Department-initiated treatment from research into practice. Today, nearly every Yale Emergency Medicine faculty member is trained and waived to prescribe buprenorphine. Emergency Department providers across the nation have been inspired by Yale's groundbreaking success at implementing ED-initiated buprenorphine for the treatment of opioid use disorder. Two multi-site follow-up studies supported by NIDA's Clinical Trial Network are currently underway that support the implementation of ED-initiated buprenorphine at several academic and community Emergency Departments.

How It Works

Patients are identified with opioid use disorder either by screening, or chief complaint such as skin abscess, overdose or seeking treatment. Providers assess for moderate to severe OUD and offer initiation of buprenorphine for eligible patients. If a patient is exhibiting adequate opioid withdrawal symptoms as indicated by the Clinical Opiate Withdrawal Scale (COWS) for buprenorphine induction, the Emergency Department provider administers the first dose on-site.

"The Emergency Department is often the only point of entry to the healthcare system for patients with opioid use disorder. This visit provides an ideal opportunity for initiation of evidenced based treatment with buprenorphine and linkage to ongoing care. The ED can make a big difference in access to opioid use disorder treatment and save lives."

–Gail D'Onofrio, MD, MS

For patients who are not yet exhibiting moderate to severe withdrawal symptoms, the provider prescribes the patient medication and instructions for at-home induction. Both initiation paths include a warm hand-off referral to a local buprenorphine provider to see within forty-eight to seventy-two hours, as well as a prescription to stabilize the patient until the first appointment.

Health Promotions Advocates (HPAs) as part of Project ASSERT, a hospital-based program, support the ED providers by providing a more extensive motivation interview to those patients reticent to accept treatment. HPAs are trained to motivate patients to accept substance use disorder treatment using a brief intervention, specifically the Brief Negotiation Interview, and directly link them to community programs and providers. HPAs have linked thousands of patients to treatment since the program's inception in 1999. In 2017 they linked over 1200 patients to formal addiction treatment, and 55% of those referred enrolled in a treatment program within thirty days. For those individuals who do not want treatment at the time of the ED visit, the HPAs offer harm reduction strategies along with naloxone distribution and overdose education.

Spotlight Series: A series to highlight innovative programs across the country that contribute to a comprehensive strategy to address addiction.

How It Is Innovative

The Yale initiation model engages a traditionally difficult to engage patient population in life-saving, evidence-based treatment by meeting the patients where they are-- literally and figuratively. Patients suffering from severe substance use disorders often receive little to no medical care aside from through Emergency Departments. Rather than passing the treatment of opioid use disorders onto some other health care system, the Yale model allows immediate treatment access and initiation, followed by robust, ongoing care from a specialized provider. With a formalized pathway, patients can receive medication to prevent ongoing withdrawal and linkage to care without increasing their length of stay in an often busy ED.

About the Organization

The Yale School of Medicine in New Haven, Connecticut is a world-renowned center for research, education, and health care. Yale New Haven Hospital has three campuses, with over 220,000 Emergency Department visits per year. Gail D’Onofrio, MD, MS is a Professor and Chair of the Department of Emergency Medicine at the Yale School of Medicine, as well as Physician-in-Chief of Emergency Services at Yale-New Haven Hospital Emergency Departments.

References

1 Emergency Department–Initiated Buprenorphine/Naloxone Treatment for Opioid Dependence: A Randomized Clinical Trial Gail D’Onofrio, MD, MS, Patrick G. O’Connor, MD, MPH, et al. JAMA. 2015 Apr 28; 313(16): 1636–1644. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4527523/>

“We know that the most important thing that we can do for these patients is to get them onto evidence-based treatment for their OUD. Starting buprenorphine in the ED is one way we can unequivocally decrease mortality and improve their quality of life”.

– Kathryn Hawk, MD, MHS