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CENTER FOR HEALTH SCIENCES

INTRODUCTION

Opioid addiction has been widely recognized as a major public health crisis that has increasingly devastated lives across our nation.

Despite this, fewer than 40% of patients with known opioid addiction are being managed with one of the available opioid addiction medications.¹

Medical management of opioid addiction initiated in the emergency department has been shown to increase participation in outpatient addiction treatment programs.²

OBJECTIVES

Establish a program in the Department of Emergency Medicine at OSU Medical Center to properly treat and refer patients with opioid addiction.

The end goal of this is to enroll patients in outpatient opioid addiction therapy through OSU National Center for Wellness and Recovery's Addiction Medicine Clinic.

The objective of effectively managing their addiction is to decrease morbidity and mortality from opioid abuse.

METHODS

Emergency medicine physicians will identify opioid addiction in their patients as part of traditional history and physical.

Clinical opioid withdrawal scale(COWS) score will be calculated to identify opioid withdrawal and severity.

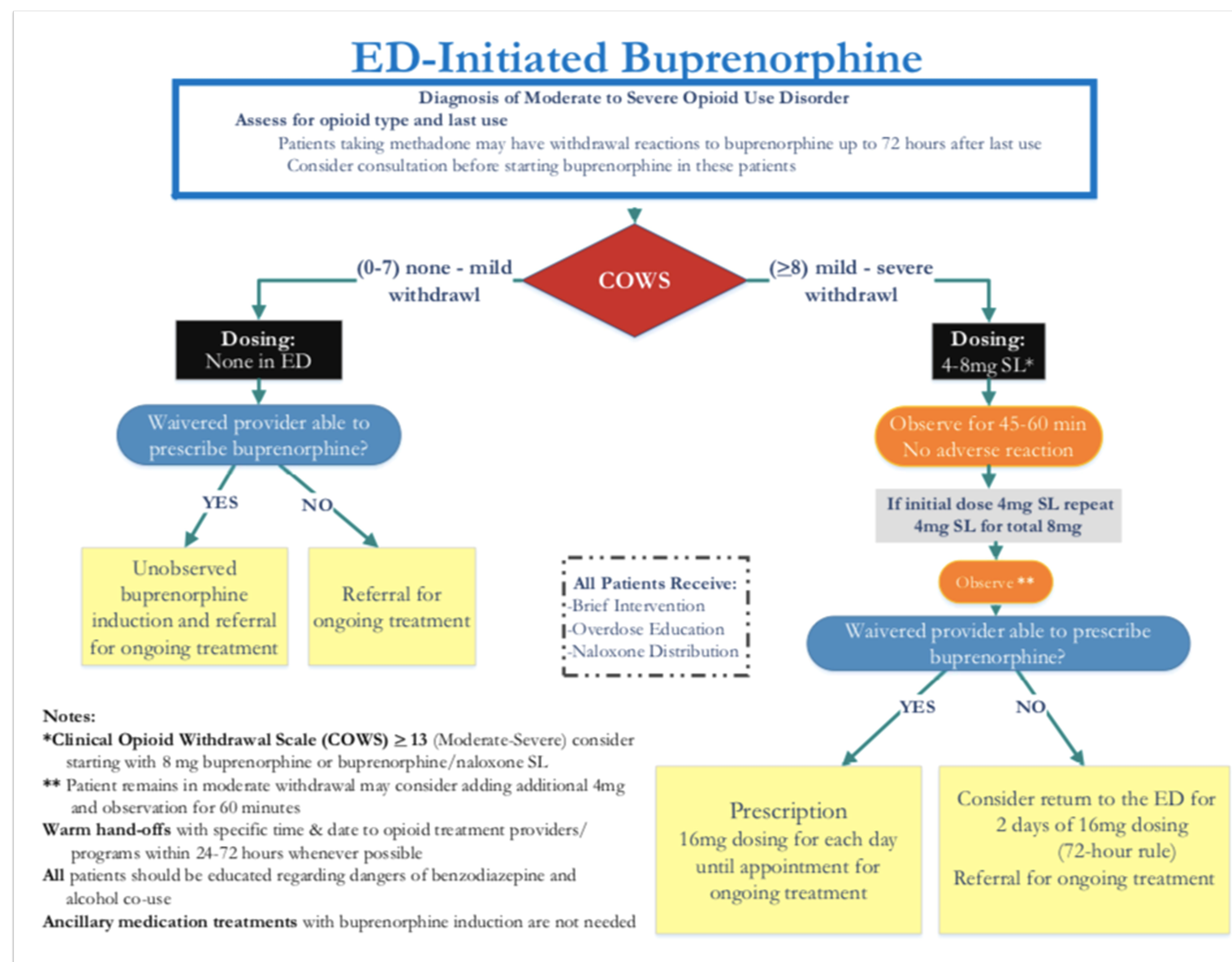
Those with a COWS score of less than 8 will be referred to outpatient therapy without medication administration in the emergency department.

Patients with a COWS score of 8 or greater will be treated according to the supplied algorithm and referred for outpatient treatment after discharge.

Patients who are entered into treatment on Friday-Sunday, or holidays, will be managed by the emergency physician until the next available day that the outpatient clinic is open.

This can be accomplished by short term prescriptions of buprenorphine/naloxone therapy or by daily return visits to the emergency department for medication administration.

BUPRENORPHINE TREATMENT ALGORITHM

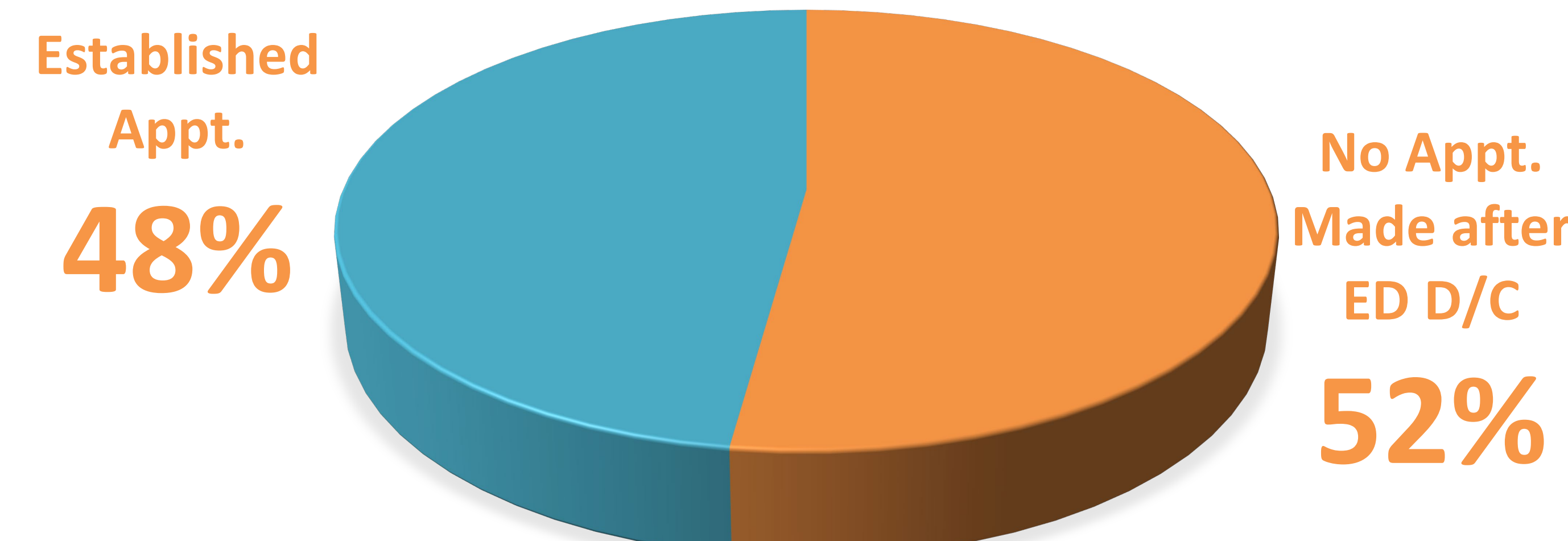


RESULTS

23 individuals were seen in the Emergency Department during the data collection window that were referred to outpatient medical management of their opioid addiction.

11 of those referred established appointments to begin treatment.

APPOINTMENT SCHEDULING RATE AT OSU NATIONAL CENTER FOR WELLNESS AND RECOVERY



CONCLUSION

Before collaboration with the OSU National Center for Wellness and Recovery, patients treated in the ED for opioid withdrawal were referred to outpatient care, but appointment rates for follow up for Opioid Use Disorder treatment were unknown.

After collaboration, we found a follow up rate of 48%, increasing likelihood of patients seeking treatment for this diagnosis.

Further information collection should be performed to identify additional barriers to treatment, such as transportation issues.

Minimizing these barriers can increase patient participation and increase access to an established treatment to improve the lives of those in our community.

REFERENCES

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3. ED-Initiated Buprenorphine Algorithm. Accessed at https://medicine.yale.edu/edbup/algorithm_338052_5_v2.pdf on 5/3/2022.

