



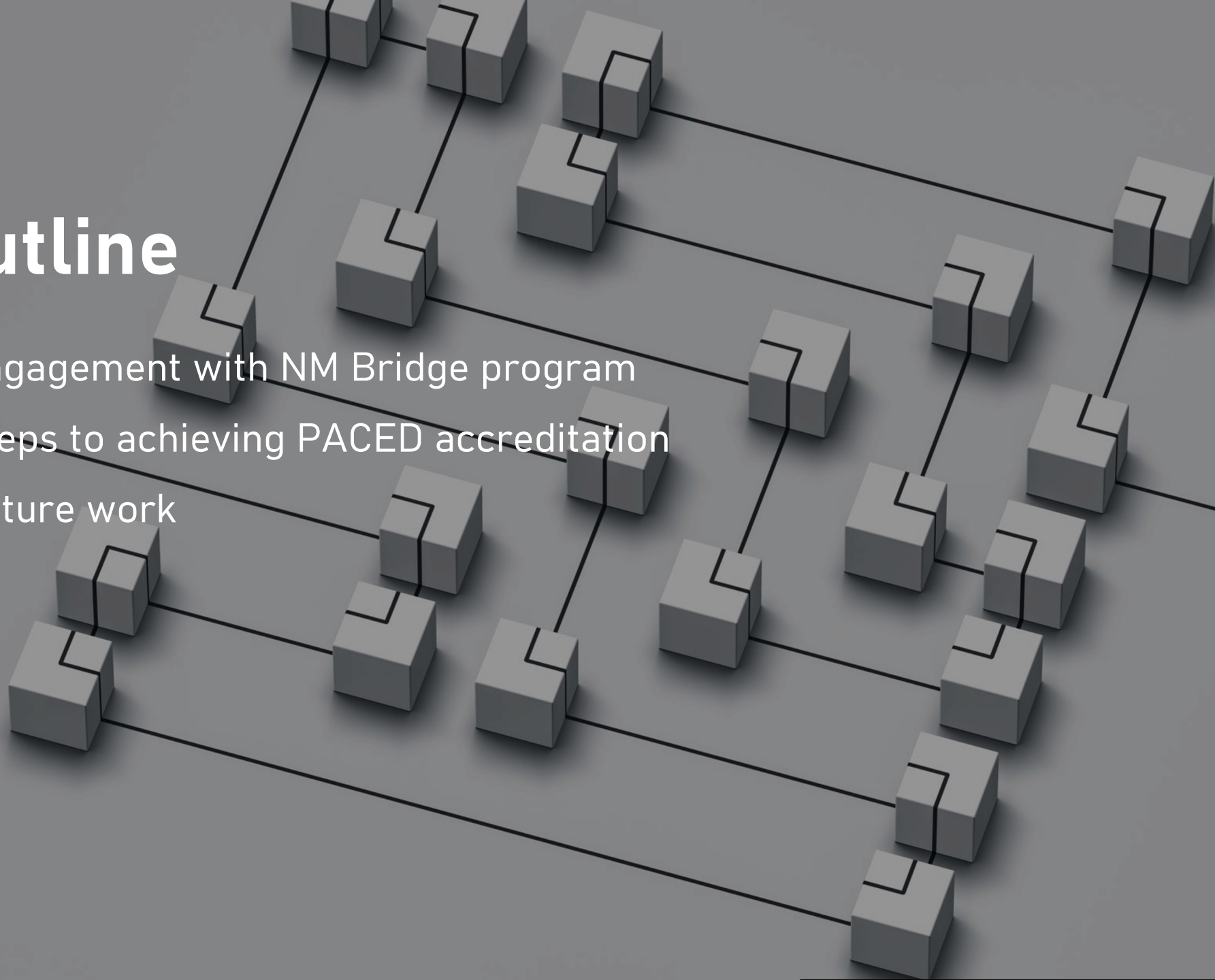
# **Gallup Indian Medical Center** Pain and Addiction Care in the ED

Emily Bartlett, MD

9.26.23

# Outline

- Engagement with NM Bridge program
- Steps to achieving PACED accreditation
- Future work



# Baseline strengths at GIMC

## Pharmacy

- Buprenorphine on hospital formulary
- Pharmacy-run alcohol, substance abuse and pain (ASAP) clinic

## Other Specialties

- Internal medicine department motivated to care for patients with opioid use disorder (OUD)
- Existing chronic non-cancer pain clinic for follow-up of chronic pain

## Emergency Department

- Support from ED leadership
- Relatively stable ED provider group

# Engagement with NM Bridge Program



- Engagement began in 2021
- Barrier to acceptance of external grant funding available through NM Bridge program
  - Able to accept other support from NM bridge team, including external expertise, educational resources, experience with program implementation

# Implementation Blueprint

New Mexico Bridge Project										
ED & Hospital MAT Initiation Blueprint (master)										
Key: No action yet In process Complete Milestone not met										
<div style="border: 1px solid black; border-radius: 10px; padding: 5px; display: inline-block;">Phase I: Readiness</div>										
Population	Activity	Critical Outcome	Exceptional Outcome	Milestone	Comments	activity start date	activity finish date	Team member Hospital	SOR Project Team	Tools links
C-suite	Leadership awareness and support of project	Major Dept heads affirm support of the hospital's MAT initiation project.	Project Identified as a hospital initiative with project milestone reporting at Dept Head meetings, e.g. a CQI initiative		Project presented to CMO Dr. Mora, Executive Leadership Team (ELT), Nursing Exec committee and Med Exec committee. All of the above parties have approved this initiative	2 months prior to Implementation phase		CEO, or designee with authority	Julie	
<b>Criteria met?</b>										
		ED physicians, ED Nursing,	Local Project Manager		As of 6/21/21 the following project champions identified: ED physician champions (EB, MH, DC), ED nursing (SCNs Tenai Roan and Sheryl Smith, ?nurse educator Kim Austin when she returns, may want to recruit others), hospitalists (Jennie Wei, Kim Suk, Mia Lozada -- MAT providers					

# Phase I: Readiness

Support from ED and hospital leadership

Project champions

- Emergency medicine
- Nursing
- Pharmacy
- Internal medicine
- OB/gyn
- IT

X-waivers

Gaps

- Project Manager

## Phase II: Implementation

### Education

- Indications/contraindications for buprenorphine, recommended dosing
- Clinical guidance document and FAQ sheet developed
- NM bridge team came on-site to educate all staff available, including training on stigma reduction

### External resources for assistance identified

- GIMC on-call OUD provider during daytime hours
- NM Poison center 24/7
- UCSF National Clinician Consultation Center

## Phase II: Implementation

### EHR order set

- Developed agreement with outpatient providers and pharmacy regarding how many strips of bupe to discharge with
- Provided guidance on formulation of buprenorphine recommended for pregnant patients
- Naloxone order linked with all buprenorphine orders in EHR

### Linkage to care

- Emergency medicine champions to attend “bupe group” meetings with outpatient team to coordinate processes of care



# Phase II: Implementation

## Pharmacy

- All ED pharmacists educated on project roll-out
- Individual doses of buprenorphine loaded into ED pyxis.
- Gap: “take home packs” not available in pyxis

## AUD

- Given high prevalence of AUD in the community, order set for naltrexone also created and naltrexone PO loaded into ED pyxis.

Clinical Opioid Withdrawal Score (COWS)

A tool to Assess Opioid Withdrawal  
Active Withdrawal: COWS 8 or above

COWS Assessment Tool Link

To avoid precipitating withdrawalStart buprenorphine when:

Experiencing withdrawal symptoms  
COWS score 8 or above  
At least 6 hours since last opioid use

Usual onset of Withdrawal:

Short acting opioids (heroin):  
>12 hours after last use  
Long Acting Opioids:  
>24 hours after last use  
Methadone:  
>48 hours after last use

Objective Signs of Withdrawal:

Restlessness  
Rhinorrhea  
Sweating  
Dilated Pupils  
Watery Eyes  
Tachycardia  
Yawning  
Goosebumps  
Vomiting/Diarrhea  
Tremor

Subjective Symptoms of Withdrawal:

Feels "bad" due to withdrawal  
Nausea  
Stomach Cramps  
Body Aches  
Restlessness  
Feels Hot and Cold  
Stuffy Nose

PATIENTS IN ACTIVE WITHDRAWAL

COWS 8 or above  
AND one objective sign of withdrawal  
>6hrs since last opioid use  
NOT taking methadone

First Steps:

Document COWS score in provider note  
COWS Assessment Tool Link  
Document "Opioid Use Disorder" or "Opioid Abuse" in problem list  
Review PDMP records for patient  
Contact on call OUD provider to arrange follow up  
(during business hours)

ED Buprenorphine Start:Initial Dose:

Buprenorphine 4mg SL ONCE

Severe Sxs/High Dose User:  
Buprenorphine 8mg SL ONCE

Low Dose User:  
Buprenorphine 2mg SL ONCE

Repeat Doses (increase as needed):

Buprenorphine 4mg SL ONCE  
Buprenorphine 8mg SL ONCE  
Buprenorphine 16mg SL ONCE  
Buprenorphine 24mg SL ONCE

Discharge Meds (DEA X Waiver Required):From Pharmacy:

Buprenorphine/naloxone Film 4mg/1mg SL Q4H PRN #20

For pregnancy/breastfeeding:  
Buprenorphine Tab 4mg SL Q4H PRN #30

From Ppxis:

Buprenorphine/naloxone Film 4mg/1mg SL Q4H PRN #20

For pregnancy/breastfeeding:  
Buprenorphine Tab 4mg SL Q4H PRN #30

PATIENTS NOT IN WITHDRAWAL

COWS below 8  
NO withdrawal symptoms  
NOT taking methadone

First Steps:

Document COWS score in provider note  
COWS Assessment Tool Link  
Document "Opioid Use Disorder" or "Opioid Abuse" in problem list  
Review PDMP records for patient  
Contact on call OUD provider to arrange follow up  
(during business hours)

At Home Buprenorphine Start:

Patient will start at home when  
experiencing withdrawal symptoms

Discharge Meds (DEA X Waiver Required):From Pharmacy:

Buprenorphine/naloxone Film 4mg/1mg SL Q4H Home Start #20

For pregnancy/breastfeeding:  
Buprenorphine Tab 4mg SL Q4H Home Start #30

From Ppxis:

Buprenorphine/naloxone Film 4mg/1mg SL Q4H Home Start #20

For pregnancy/breastfeeding:  
Buprenorphine Tab 4mg SL Q4H Home Start #30

Patients with Completed Withdrawal:

Usually >72 hours after last short acting opioid

Discharge Meds (Ppxis):

Buprenorphine/naloxone Film 4mg/1mg SL Q4H PRN Cravings #20

For pregnancy/breastfeeding:  
Buprenorphine Tab 4mg SL Q4H PRN Cravings #30 (PYXIS)

### Buprenorphine/naloxone Film 4m...

- Buprenorphine/naloxone Film 4mg
- Naloxone nasal spray 1 dose PRN
- Opioid Use Disorder

Stop Order Set

#### From Pharmacy:

Buprenorphine/naloxone Film 4mg/1mg SL Q4H Home Start #20

For pregnancy/breastfeeding:

Buprenorphine Tab 4mg SL Q4H Home Start #30

#### From Pyxis (NOT AVAILABLE):

Buprenorphine/naloxone Film 4mg/1mg SL Q4H Home Start #20

For pregnancy/breastfeeding:

Buprenorphine Tab 4mg SL Q4H Home Start #30

#### Patients with Completed Withdrawal:

Usually >72 hours after last short acting opioid

#### Discharge Meds (Pharmacy):

Buprenorphine/naloxone Film 4mg/1mg SL Q4H PRN Cravings #20

For pregnancy/breastfeeding:

Buprenorphine Tab 4mg SL Q4H PRN Cravings #30



PAIN AND ADDICTION CARE IN THE ED

**PACED**

ACEP ACCREDITATION



Alcohol use disorder:

- SBIRT program (2012)





PAIN AND ADDICTION CARE IN THE ED

**PACED**

ACEP ACCREDITATION

Silver  
Level

## Pain management

- Dental pain management guidance document created by IHS headquarters team
- Existing hospital policy on opioid stewardship
- Existing hospital policy on management of chronic non-cancer pain
- Existing referral process to physical therapy department for non-pharmacological pain management



Tim Ricks, DMD



Gary Vaughn, MD



# **Evaluation and Quality Improvement**

# Evaluation and Quality Improvement

Patients receiving buprenorphine in the GIMC ED

First ½ of 2019

8

First ½ of 2022

56

# Evaluation and Quality Improvement

All OUD Visits 2022 (n = 176*)	
<b>Concurrent Substance Use</b>	
Alcohol	53 (30%)
Cocaine	8 (5%)
Methamphetamine	73 (46%)
Benzodiazepines	3 (2%)
<b>Beneficiary Status</b>	
Yes	167 (95%)
No	9 (5%)
<b>Overdose on Initial Presentation</b>	
Yes	8 (5%)
No	168 (95%)
<b>Opioid Withdrawal on Initial Presentation</b>	
Yes	108 (61%)
No	68 (39%)
<b>Pregnancy Status</b>	
Pregnant	1 (~1%)
Not Pregnant	175 (99%)



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# Evaluation and Quality Improvement

	All OUD Visits 2022 (n = 176)
<b>Buprenorphine given, prescribed, or offered</b>	
Yes	111 (63%)
No	65 (37%)
<b>30 Day Follow-Up Visit Documented</b>	
Yes	76 (43%)
No	100 (57%)
<b>OUD Consult Placed</b>	
Yes	52 (30%)
No	124 (70%)
<b>Warmline or Hotline Use</b>	
Yes	5 (3%)
No	171 (97%)
<b>Home Induction</b>	
Yes	5 (3%)
No	171 (97%)

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# Next Steps

- Provider feedback based on chart reviews
- Increase signage/communication to encourage patients to self-identify
- Substance use navigator program
  - Goal to facilitate linkage to care, serve as point of contact for community agencies
  - Cultural concordance
  - Assist with coordinating care for syndemic-related conditions (i.e. syphilis, hepatitis C)

# Acknowledgements

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- Rory Brown, MD
- Ronnie Rael, Pharm D
- Tim Ricks, DMD
- IHS PACED program
- IHS HOPE committee
- NM Bridge program