

# UPSTATE EMERGENCY OPIOID BRIDGE CLINIC



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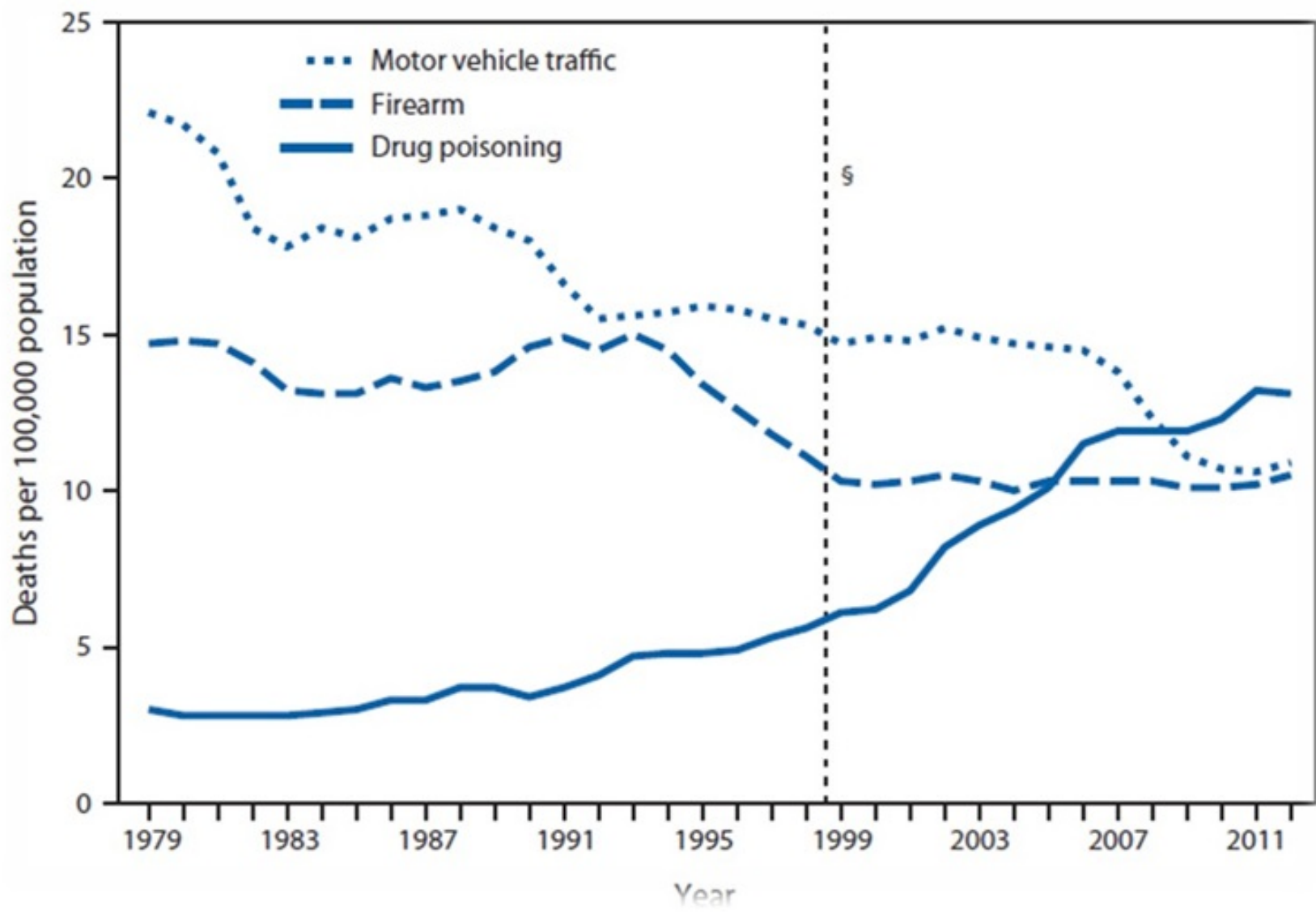
- I have no financial and/or personal interests to disclose

# Objectives

- 1) To understand the scope of the opioid epidemic
- 2) To gain insight into some emerging Emergency Medicine solutions to the Opioid Epidemic
- 3) To learn about the Upstate Emergency Opioid Bridge Clinic

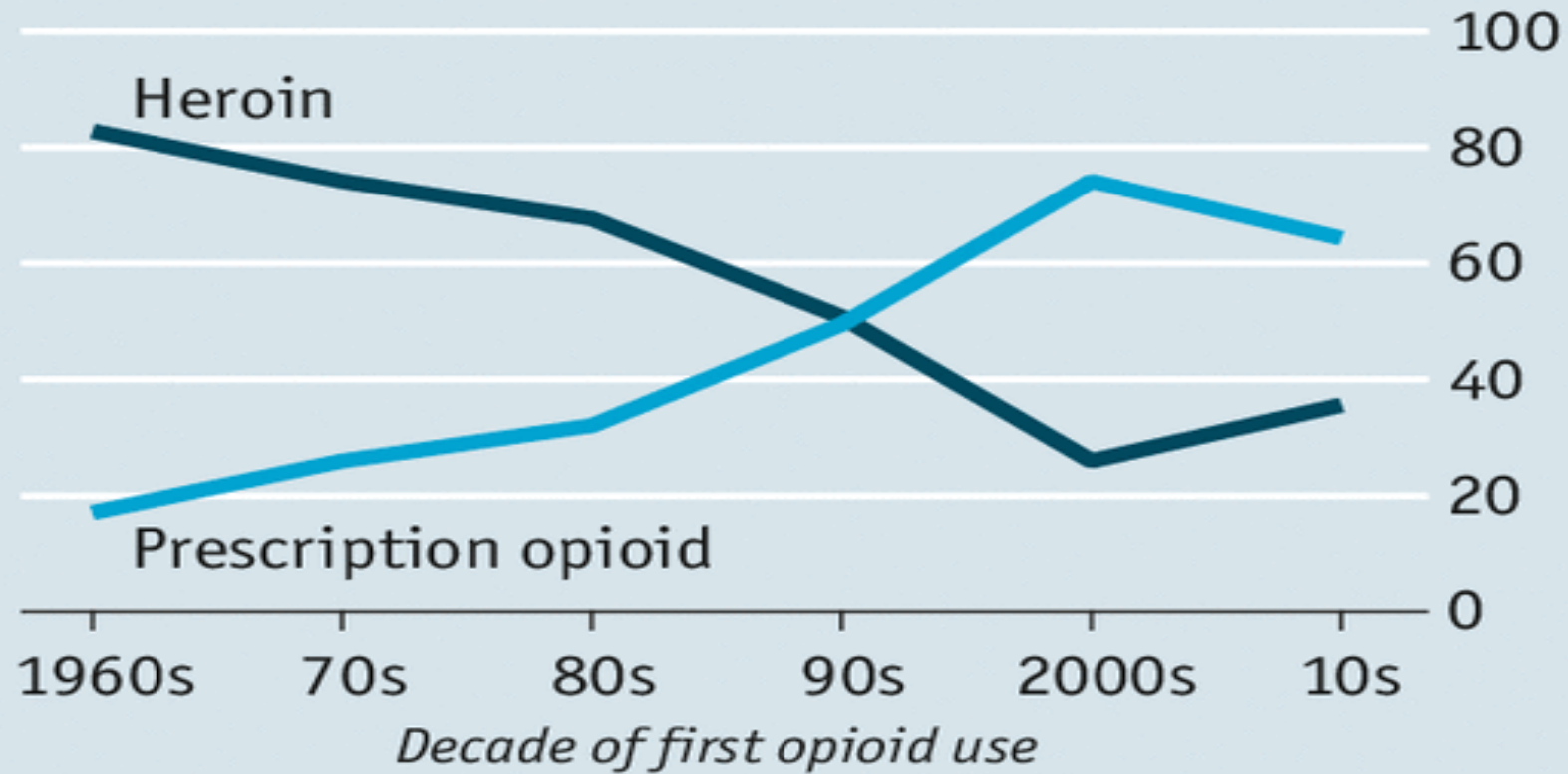
# Scope of Issue

- Drug overdose is the leading cause of accidental death in the US
  - 47,055 lethal drug overdoses in 2014.
  - Opioid addiction is driving this epidemic
    - 18,893 overdose deaths related to prescription pain relievers
    - 10,574 overdose deaths related to heroin in 2014.



## New means, same end

Heroin-dependent sample that used heroin or a prescription opioid as their first opioid of abuse  
% of total



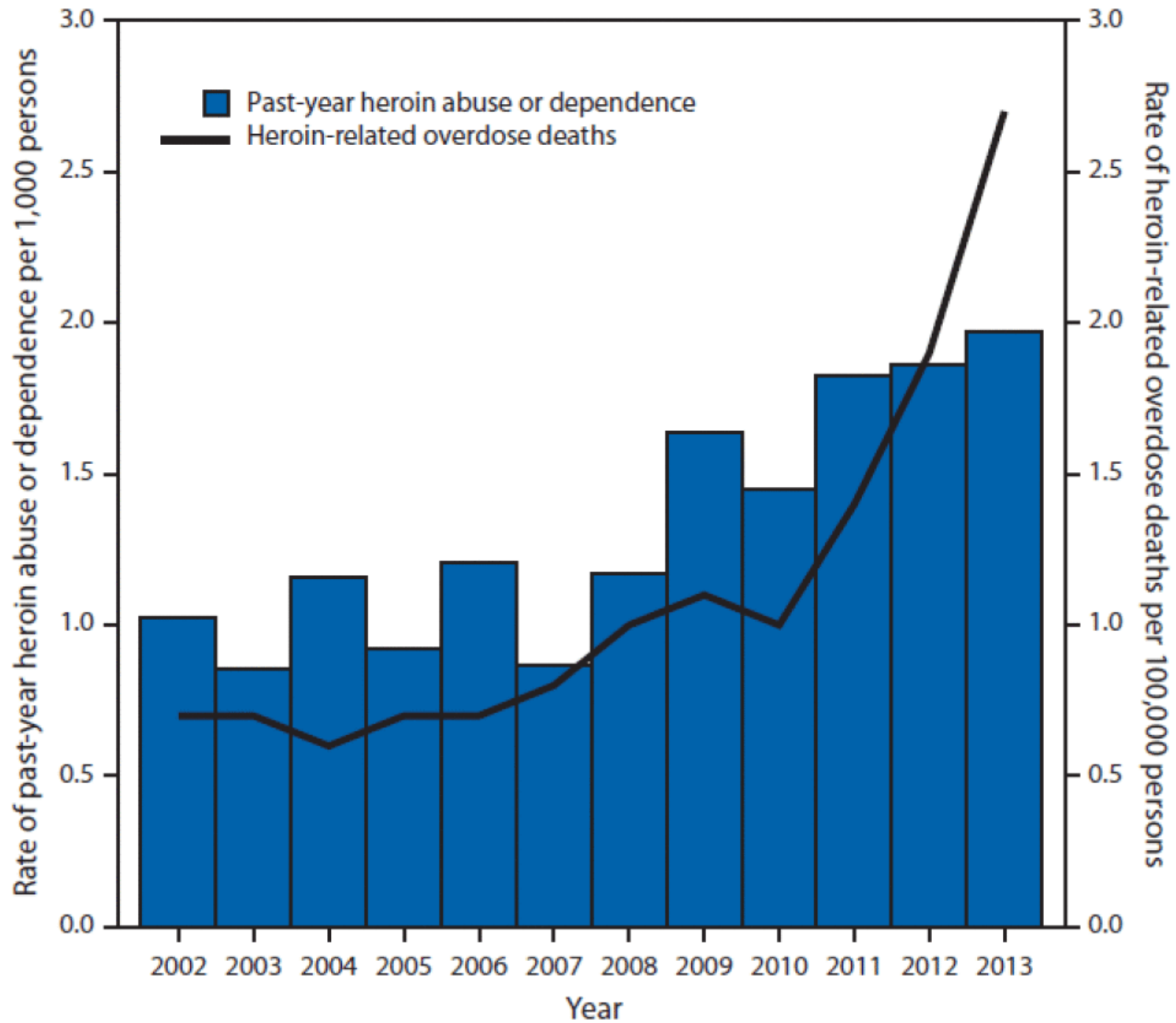
Source: *JAMA Psychiatry*

Figure 2

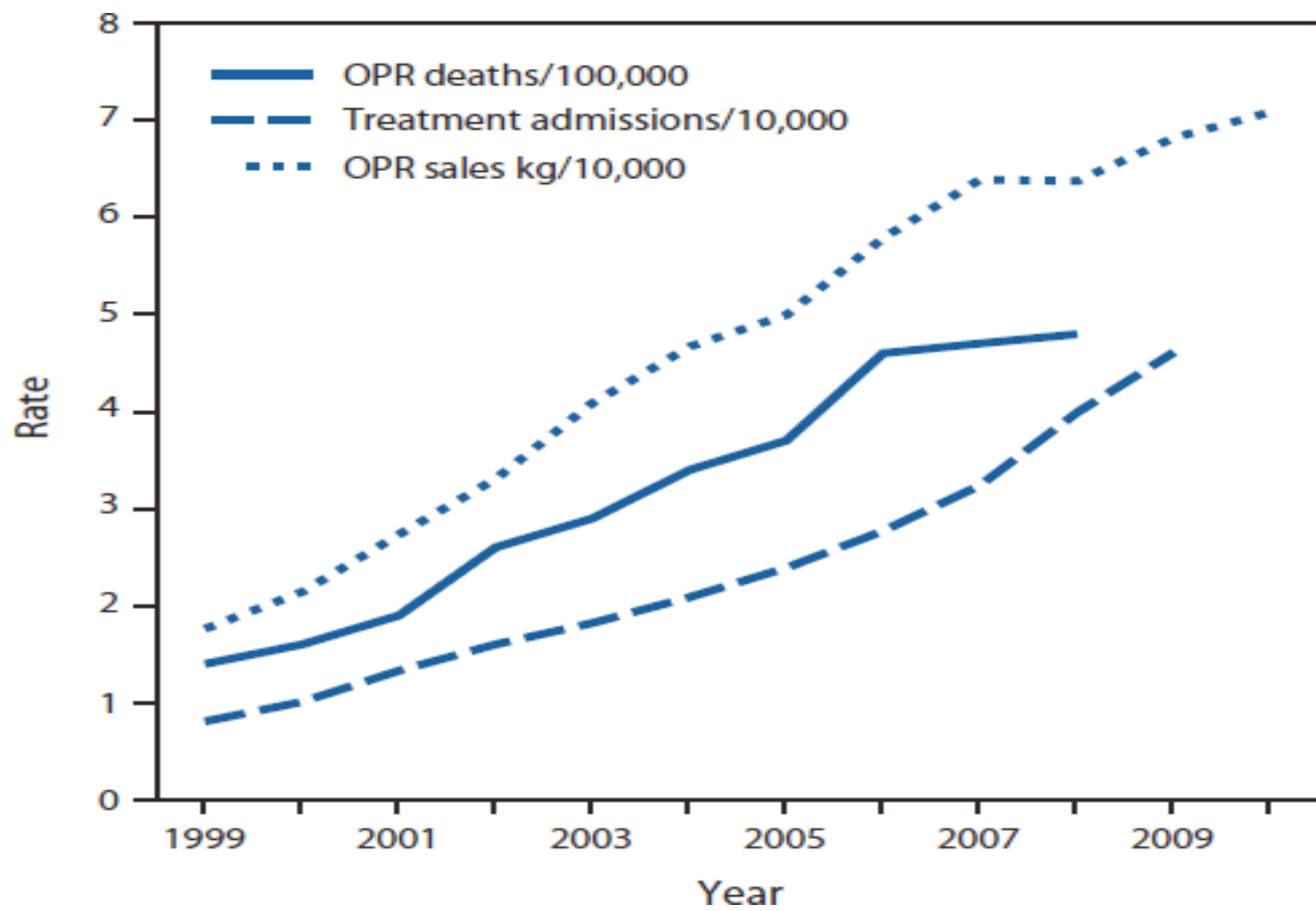
**Heroin and Prescription Opioid Deaths, Death Rates and Increases in Death Rates  
In States with the Largest Increases and the U.S.**

(Rankings by Rate of Increase per 100,000 Population comparing 2005 to 2014)

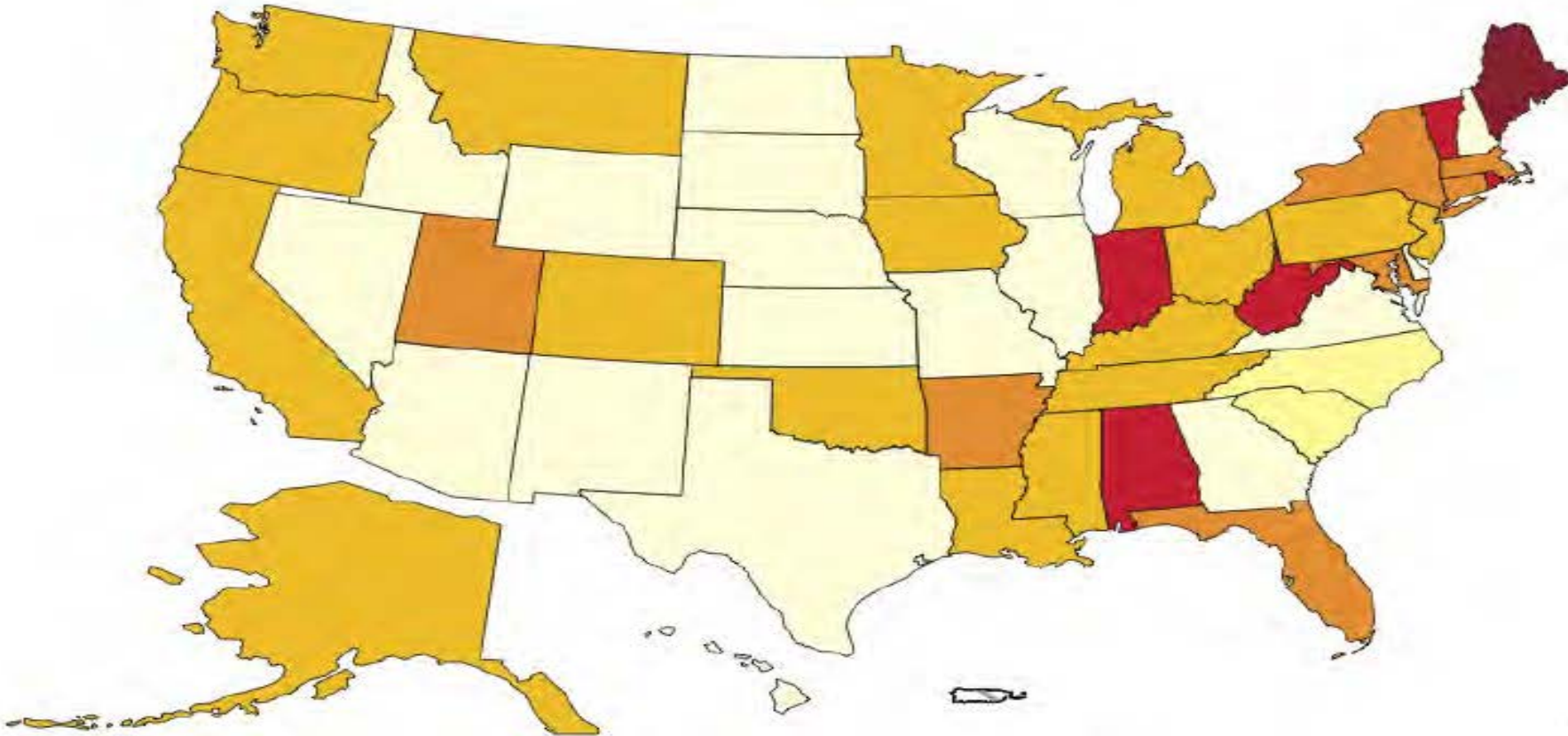
| State                              | 2014 Deaths | 2014 Death Rate | Increase in Death Rate |
|------------------------------------|-------------|-----------------|------------------------|
| <b><u>Heroin</u></b>               |             |                 |                        |
| Massachusetts                      | 469         | 7.2             | 2,300%                 |
| New York                           | 825         | 4.2             | 2,000                  |
| Illinois                           | 711         | 5.6             | 1,300                  |
| Ohio                               | 1,208       | 11.1            | 825                    |
| Wisconsin                          | 270         | 4.9             | 717                    |
| United States                      | 10,574      | 3.4             | 386                    |
| <b><u>Prescription Opioids</u></b> |             |                 |                        |
| Connecticut                        | 262         | 7.4             | 289%                   |
| New York                           | 1,008       | 4.9             | 250                    |
| Delaware                           | 79          | 8.8             | 238                    |
| New Hampshire                      | 233         | 18.2            | 231                    |
| West Virginia                      | 437         | 24.7            | 209                    |
| United States                      | 18,893      | 5.9             | 60                     |



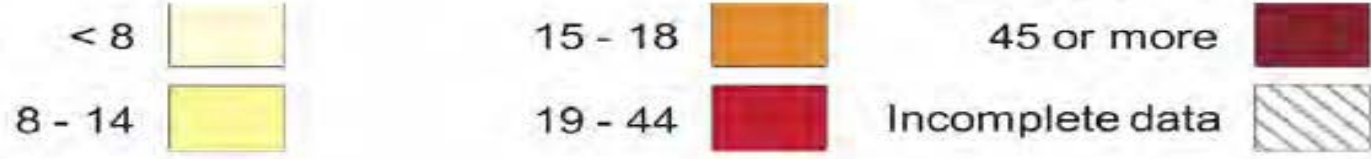




# Primary non-heroin opiates/synthetics admission rates, by State (per 100,000 population aged 12 and over)

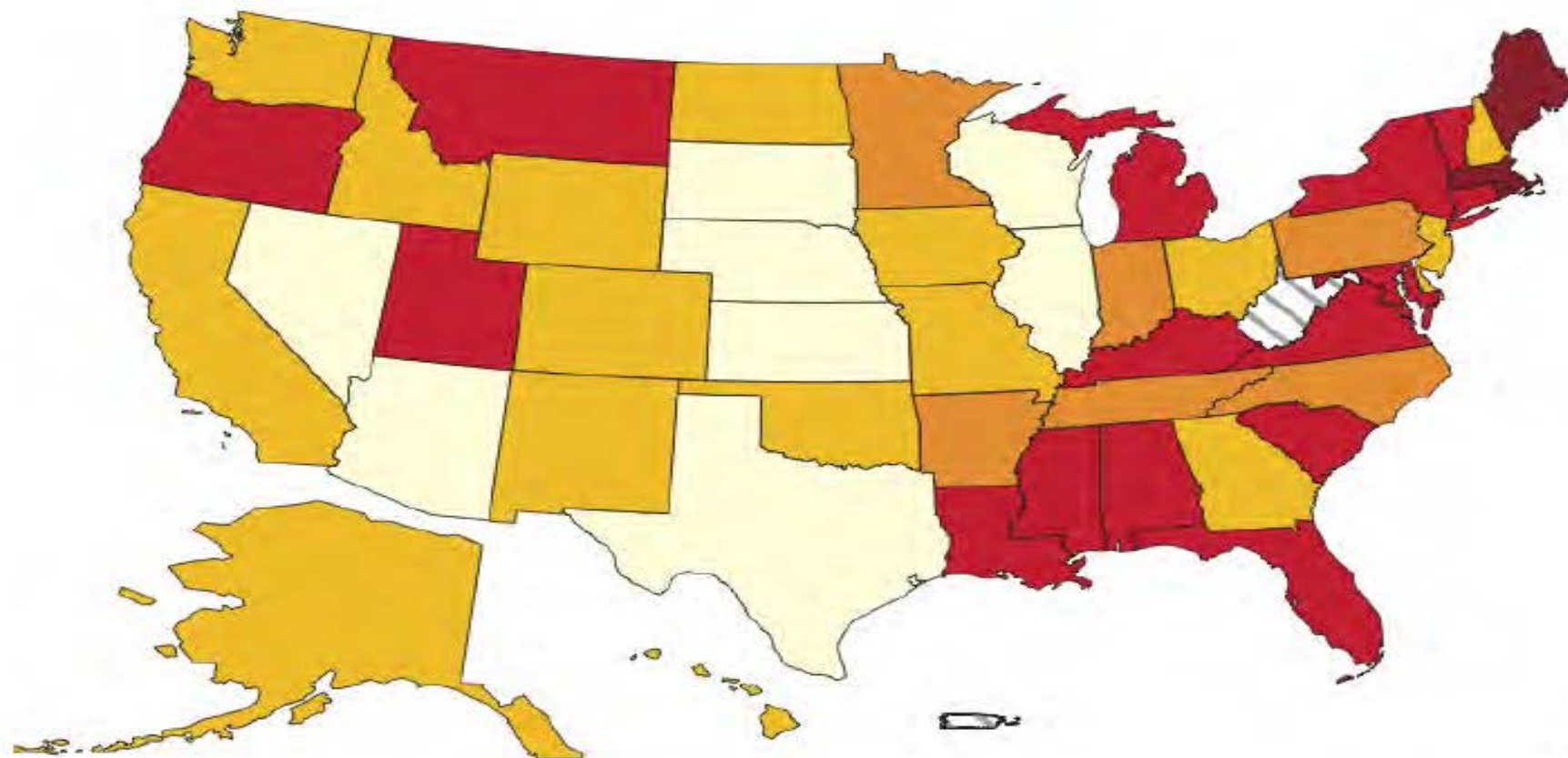


**1999**  
(range 1 - 50)



SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.

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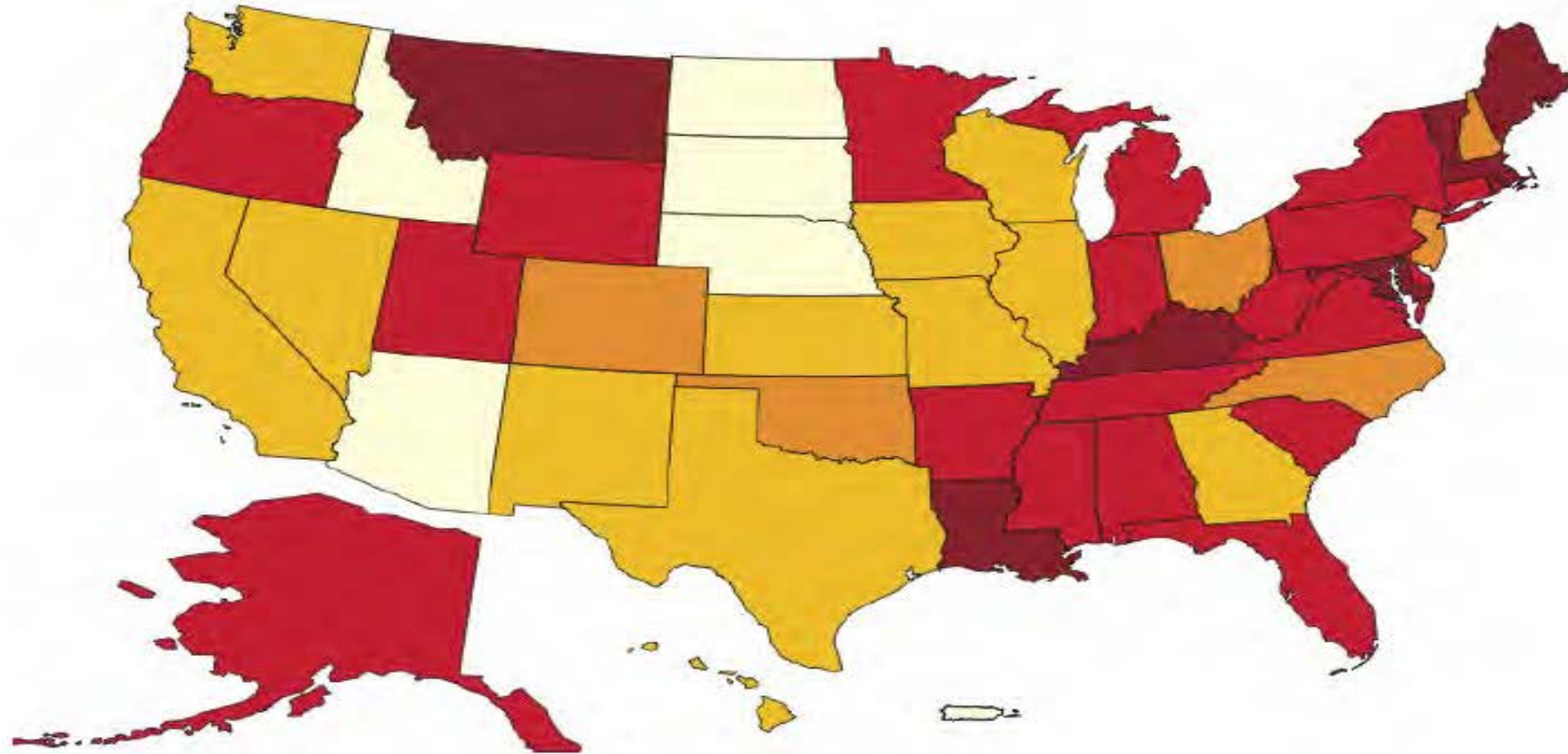


**2001**  
(range 1 – 71)



SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.

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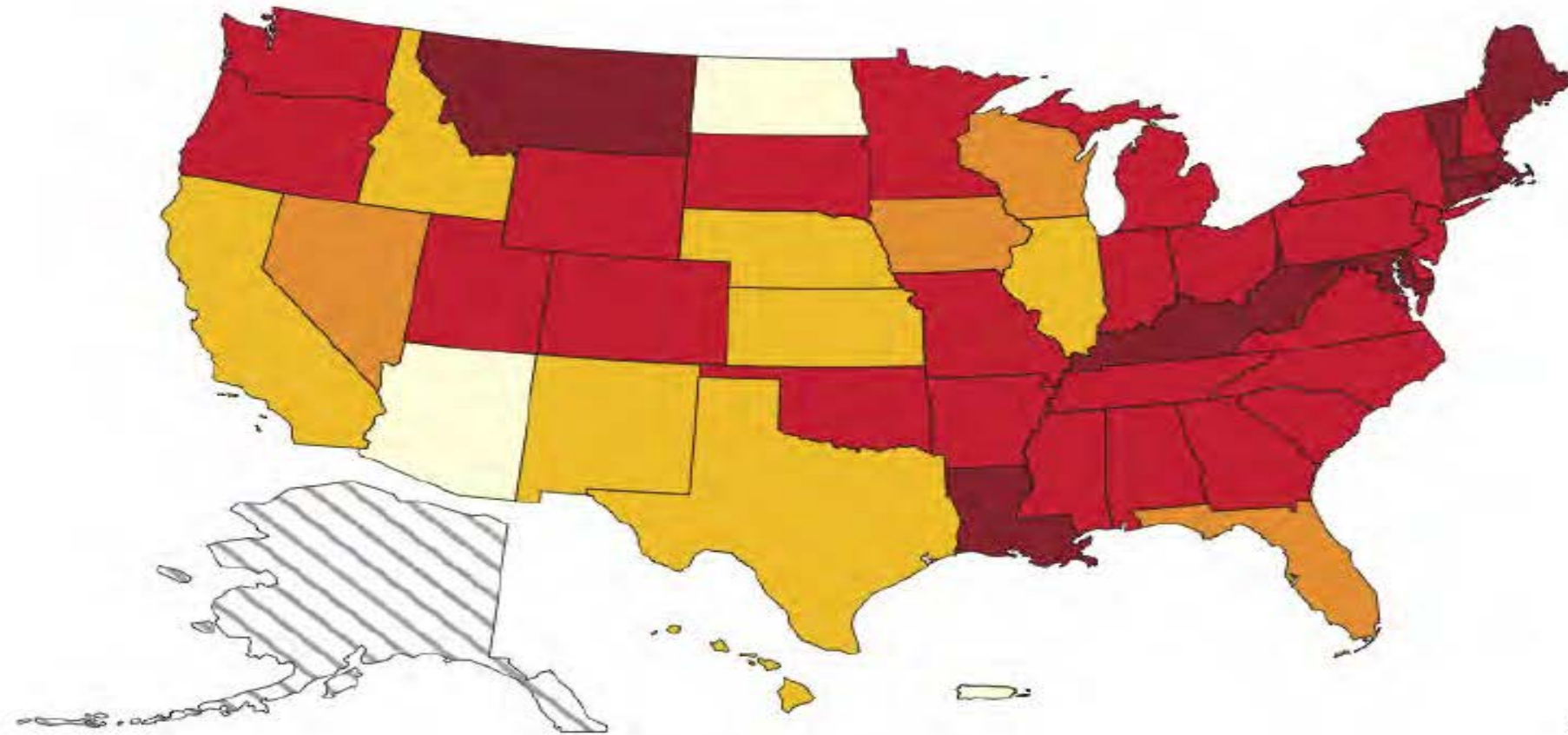
**2003**

(range 2 – 139)



SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.

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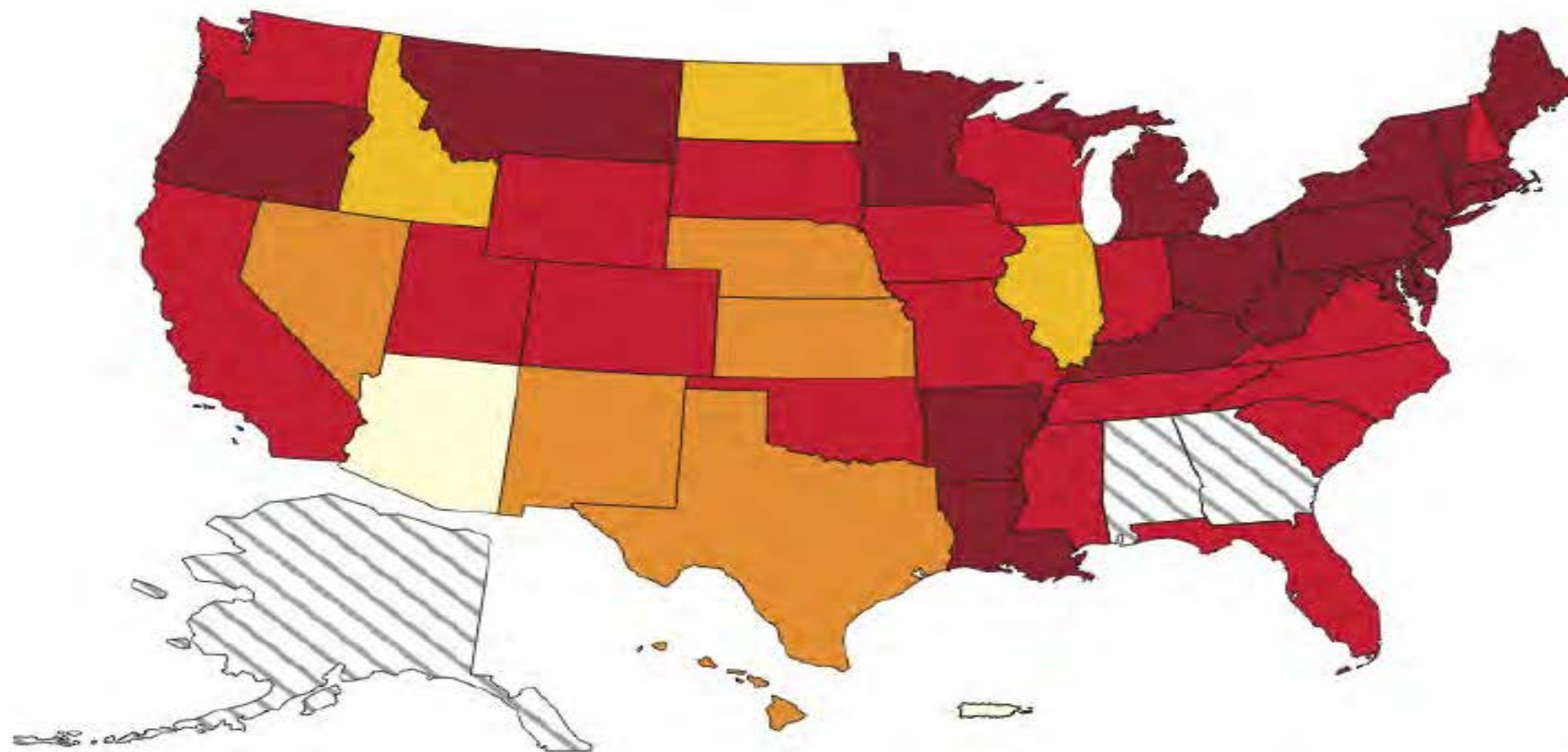
**2005**

(range 0 – 214)



SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.

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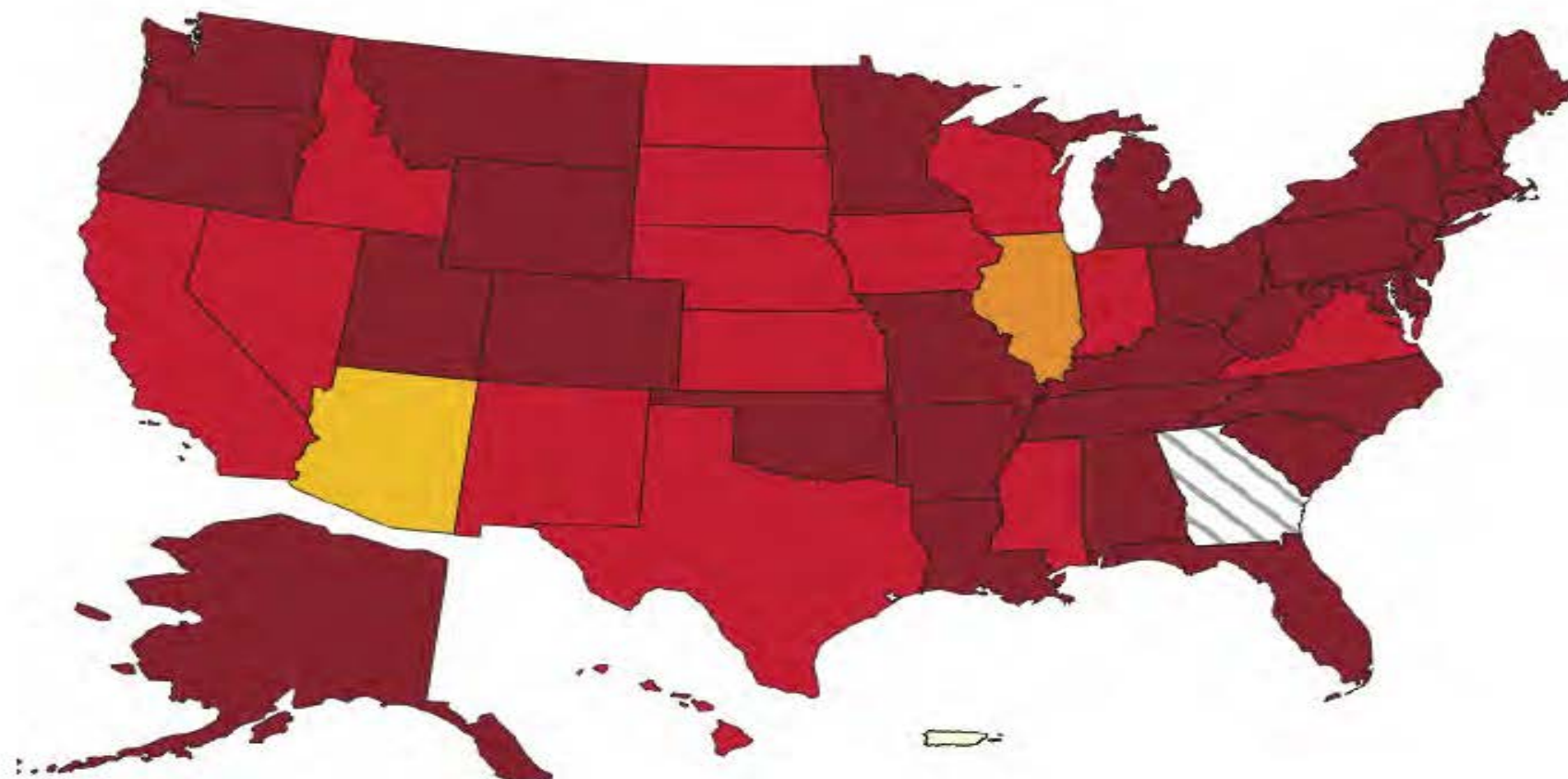


**2007**  
(range 1 – 340)



SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11.03.10.

# Primary non-heroin opiates/synthetics admission rates, by State (per 100,000 population aged 12 and over)



**2009**  
(range 1 – 379)



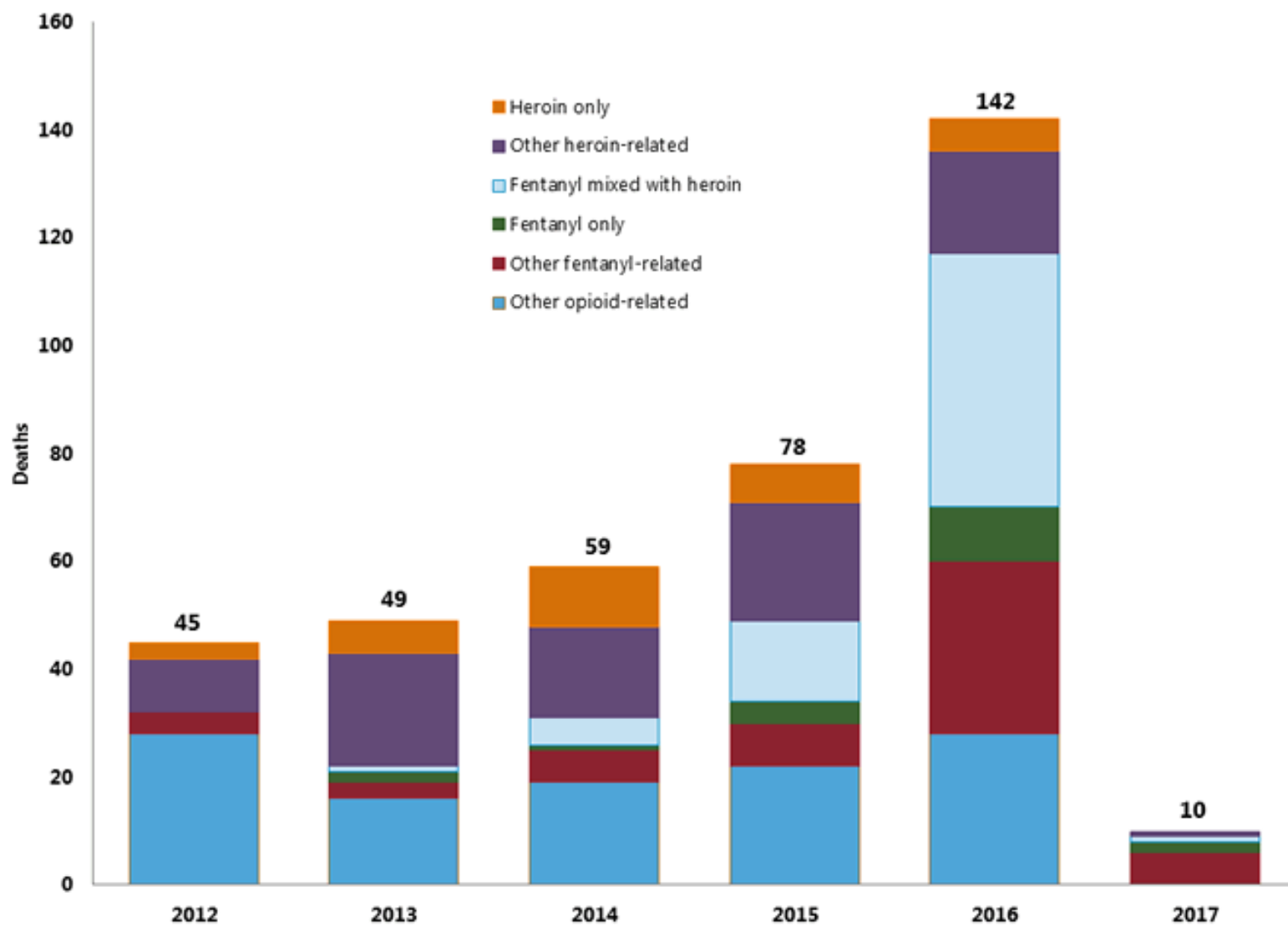
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# Central New York

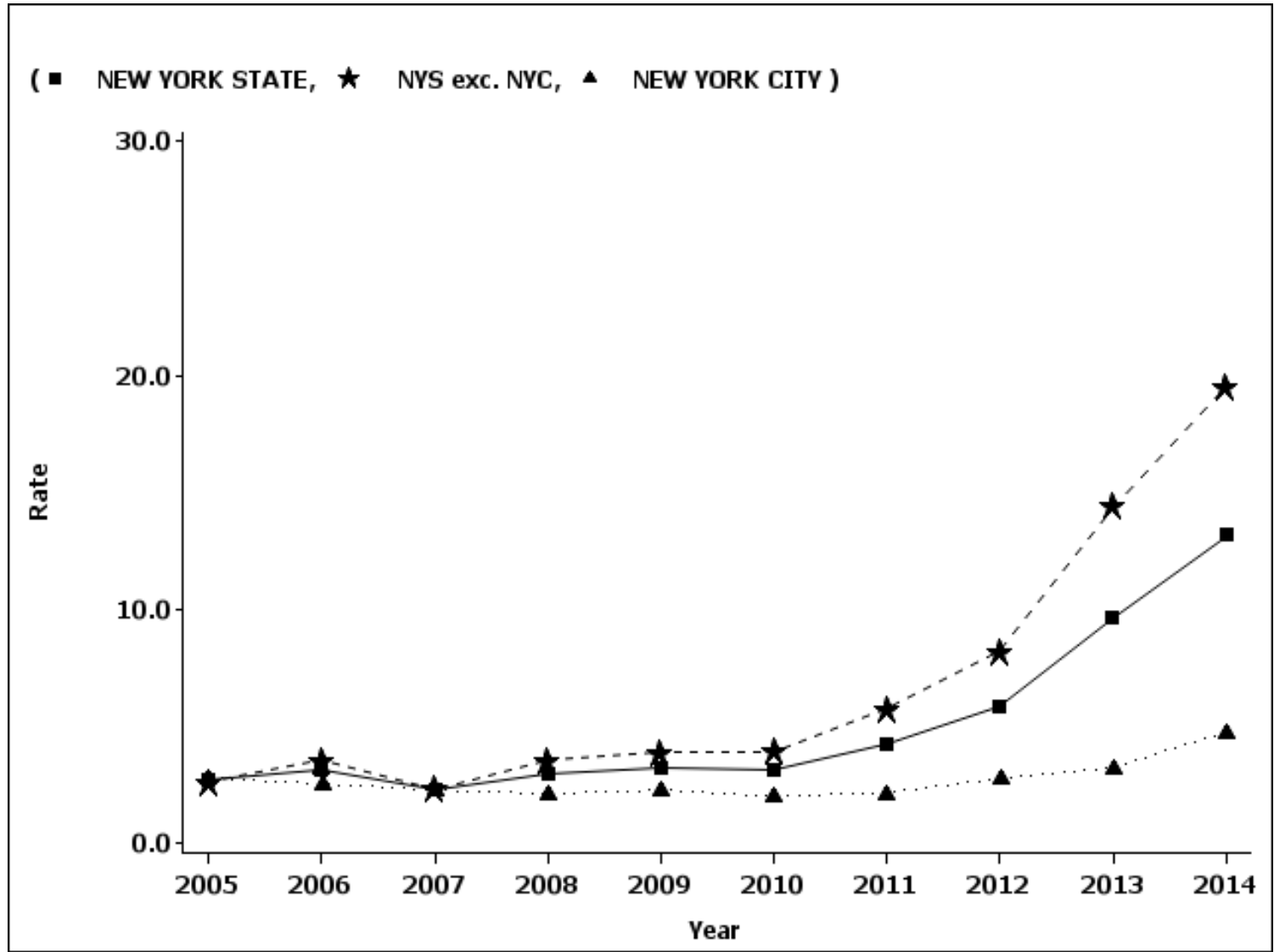
- Onondaga Population
  - 500,000
- 3 hospitals
  - 1 state
  - 2 private
- SUNY Upstate Hospital
  - Central NY only level 1 trauma
  - Pt area 1,000,000
  - 100,000 ED visits per yr







Source: Onondaga County Medical Examiner's Office; data for 2016 and 2017 are preliminary; \*includes fentanyl analogs  
 Data are through March 31, 2017 and will be updated quarterly



# Scope of the Problem

- Opioid related problems at UHED
  - Increased 50 %
    - Pts requesting opioid pain medications
    - Pts post heroin/fentanyl OD
    - Pts in opioid withdrawal
    - Pts/families seeking help
    - EMS transports increased about 50 %
    - Increased medical complications
      - Infective endocarditis
      - Abscess/epidural-abscess
    - Upon discharge pts receive a list of provider phone numbers to call



New York State Office of Alcoholism and Substance Abuse Services  
Provider Directory

PDSRPDIR102  
01/12/2017 07:00

**County Name** Onondaga

**Program Type - Service :** Crisis Services - Med Sup Withdrawal - Inpatient

**Provider Name :** Syracuse Brick House, Inc.

| Contact                  | Program Address    | Contact Phone  | Provider No/PRL |
|--------------------------|--------------------|----------------|-----------------|
| Lisa K Mancini           | 847 James St       | (315) 492-1184 | 36090/51962     |
| Pgm Director/Pgm Contact | Syracuse, NY 13203 |                |                 |

**Provider Name :** The Tully Hill Corporation

| Contact                  | Program Address | Contact Phone  | Provider No/PRL |
|--------------------------|-----------------|----------------|-----------------|
| Mr. Kenneth Smith        | 5821 Route 80   | (315) 696-6114 | 32611/08050     |
| Pgm Director/Pgm Contact | Tully, NY 13159 |                |                 |

**Program Type - Service :** Crisis Services - Medically Monitored Withdrawal

**Provider Name :** Syracuse Brick House, Inc.

| Contact                  | Program Address    | Contact Phone  | Provider No/PRL |
|--------------------------|--------------------|----------------|-----------------|
| Lisa K Mancini           | 847 James St       | (315) 492-1184 | 36090/51963     |
| Pgm Director/Pgm Contact | Syracuse, NY 13203 |                |                 |

**Program Type - Service :** Gambling - Gambling Outpatient

**Provider Name :** Syracuse Brick House, Inc.

| Contact                  | Program Address    | Contact Phone  | Provider No/PRL |
|--------------------------|--------------------|----------------|-----------------|
| Ms. Kathi Meadows        | 847 James Street   | (315) 471-1564 | 36090/52131     |
| Pgm Director/Pgm Contact | Syracuse, NY 13203 |                |                 |

**Program Type - Service :** Inpatient Treatment Services - Inpatient Rehabilitation

**Provider Name :** Crouse Health Hospital, Inc.

| Contact                  | Program Address    | Contact Phone  | Provider No/PRL |
|--------------------------|--------------------|----------------|-----------------|
| Ms. Jane Fyffe           | 6010 E Molloy Rd   | (315) 413-5523 | 85010/52249     |
| Pgm Director/Pgm Contact | Syracuse, NY 13211 |                |                 |

**Provider Name :** Syracuse Brick House, Inc.

| Contact                  | Program Address    | Contact Phone  | Provider No/PRL |
|--------------------------|--------------------|----------------|-----------------|
| Lisa K Mancini           | 847 James St       | (315) 492-1184 | 36090/50040     |
| Pgm Director/Pgm Contact | Syracuse, NY 13203 |                |                 |

**Provider Name :** The Tully Hill Corporation

| Contact                  | Program Address | Contact Phone  | Provider No/PRL |
|--------------------------|-----------------|----------------|-----------------|
| Mr. Kenneth Smith        | 5821 Route 80   | (315) 696-6114 | 32611/51062     |
| Pgm Director/Pgm Contact | Tully, NY 13159 |                |                 |

**Program Type - Service :** Methadone Treatment - Methadone Clinic

**Provider Name :** Conifer Park, Inc.

| Contact                  | Program Address      | Contact Phone  | Provider No/PRL |
|--------------------------|----------------------|----------------|-----------------|
| Ms. Petra Stone          | 526 Old Liverpool Rd | (315) 453-3911 | 14770/52959     |
| Pgm Director/Pgm Contact | Liverpool, NY 13088  |                |                 |

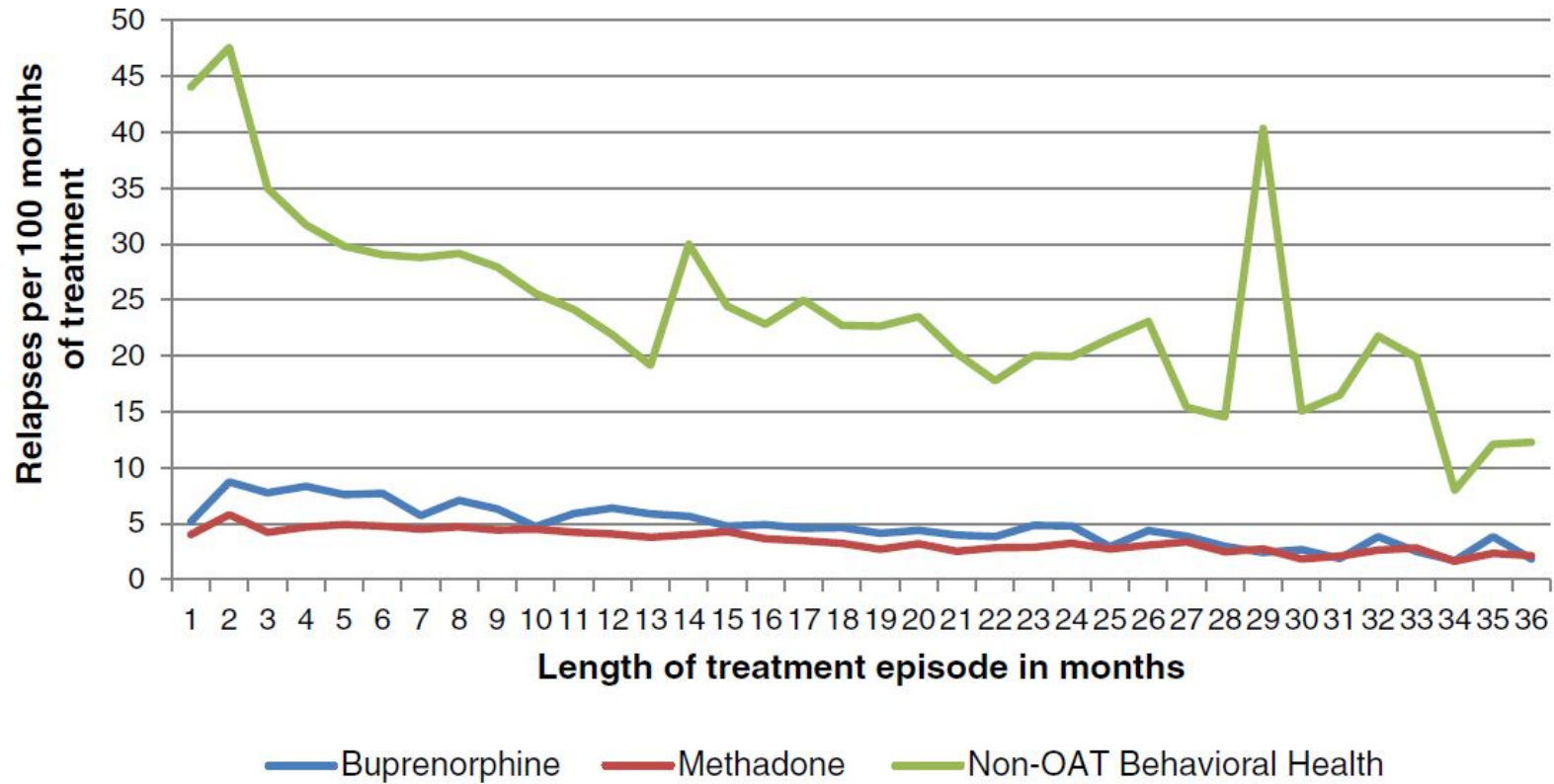
**Provider Name :** Crouse Health Hospital, Inc.

| Contact                  | Program Address    | Contact Phone  | Provider No/PRL |
|--------------------------|--------------------|----------------|-----------------|
| Mr. Mark Raymond         | 410 S Crouse Ave   | (315) 470-8329 | 85010/01188     |
| Pgm Director/Pgm Contact | Syracuse, NY 13210 |                |                 |

# Scope of problem

- Average wait time to detox
  - 3-14 days
- Average wait time to inpatient
  - 3-14 days
- Average wait time to outpatient
  - Walk-ins
  - Wait time to therapy
    - About 7 days
  - Wait time to buprenorphine
    - About 14-28 days
- Wait time to methadone
  - 1-2 months
- Wait time to Primary Care buprenorphine providers
  - 1-2 months





ing treatment among MassHealth members who received treatment for opioid addiction between 2003 and 2010<sup>1</sup>. <sup>1</sup> N = 18,866 episodes of buprenorphine treatment, 18,866 episodes of methadone treatment and 31,220 episodes of non-OAT behavioral health treatment in month 1. 33% of buprenorphine episodes, 52% of methadone episodes, and 1% of non-OAT treatment episodes lasted 12 months or more. 13% of buprenorphine treatment episodes, 27% of methadone episodes, and 1% of non-OAT treatment episodes lasted 36 months or more.

# ED Options

Explore  
the options





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# INNOVATION SPOTLIGHT:

## AnchorED Rhode Island

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### Demonstrating Success

In the first 29 months of the program, over 1,400 people have met with a peer recovery coach in the emergency department through AnchorED, and of

those, more than 80 percent engaged in recovery support services upon discharge. These results suggest that AnchorED may be an effective way to encourage people to seek treatment and begin recovery.



Original Investigation

# Emergency Department–Initiated Buprenorphine/Naloxone Treatment for Opioid Dependence

## A Randomized Clinical Trial

Gail D’Onofrio, MD, MS; Patrick G. O’Connor, MD, MPH; Michael V. Pantalon, PhD; Marek C. Chawarski, PhD; Susan H. Busch, PhD; Patricia H. Owens, MS; Steven L. Bernstein, MD; David A. Fiellin, MD

Summary - D’Onofrio et al. screened all adult patients presenting to their ED for opioid dependence and randomized them to either buprenorphine treatment, brief intervention and referral, or referral only. **The rate of engagement in addiction treatment was 78%, 45%, and 37% at 30 days for each group respectively.**



- 1) \*\*\*\*\* They had staff available to complete an approximate 15 minute screen to identify patients with opioid dependence and then complete a brief intervention that lasted an average of 10.6 minutes.
- 2) \*\*\*\*\* All of their ED providers have completed training for and are licensed to provide buprenorphine.
- 3) \*\*\*\*\* In addition, they have a hospital based primary care center with physicians who are also all licensed to prescribe buprenorphine to whom they could refer patients for immediate follow up from the ED **within 72 hours**



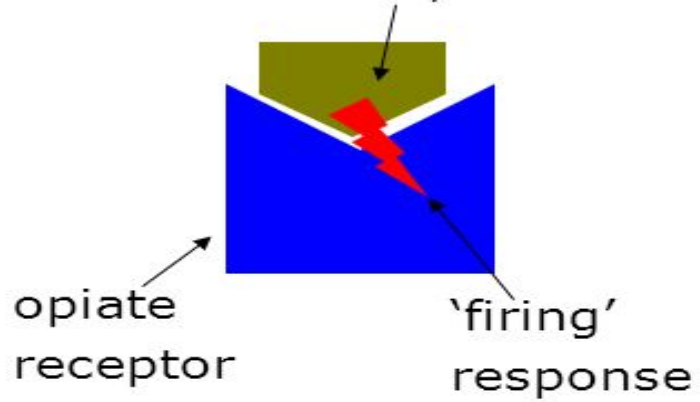
# Upstate Hospital Emergency Bridge Clinic (UHEBC)

- Emergency Department

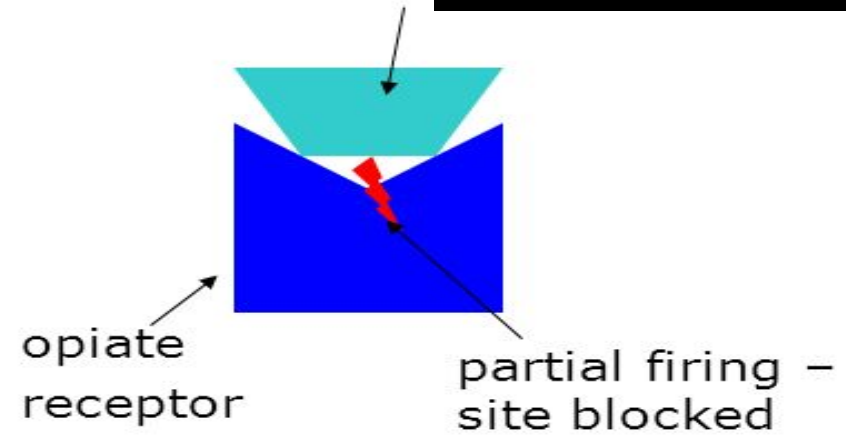
- Aims to alleviate the emergency department and Upstate hospital influx of opioid addicted patients.
- Patients in the ED for issues related to opioid use will be seen by me or other ED qualified personnel to assess the patients' ailment.
- The patients will be treated for their withdrawal and or overdose accordingly.
  - Buprenorphine given in the ED by myself or other
- Patients will then be referred to the UHEBC within days to continue the treatment of their opioid addiction and or withdrawal and are given naloxone or Narcan NS prescription upon d/c



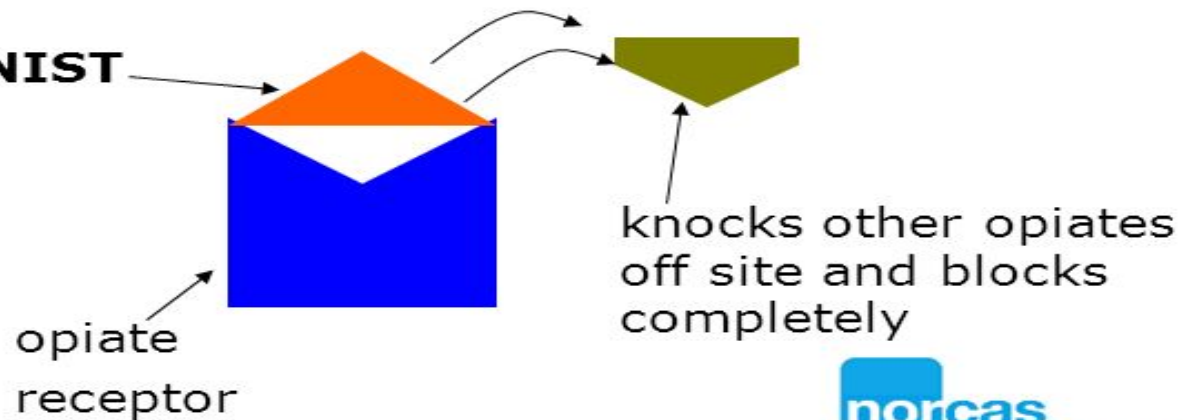
**OPIATE AGONIST**  
e.g. heroin,  
methadone, codeine



**PARTIAL OPIATE AGONIST** buprenorphine



**OPIATE ANTAGONIST**  
e.g. Naloxone,  
Naltrexone



# In the Clinic

1. Patient will see myself
  1. Be subject to Urine Drug screen and I-STOP identification
  2. Be prescribed (when appropriate) buprenorphine
2. Patient will see an Onondaga County Liaison/Peer connector
  1. address the social needs of the patients.

***\* Together, we provide warm handoffs and referrals to the appropriate level of care. These patients will remain under the clinics' care until they engage in their next level of care \****

# Demographics/FINDINGS

- Total number referred
  - 165 pts
    - 81 ED (no care)
    - 84 C (waiting for MAT)

Total number seen in the clinic

132

**132 of 165 (80% appointment retention)**

**65 of 81 ED (80% appointment retention)**

**67 of 84 C ( 79% appointment retention)**

# Demographics/FINDINGS

- 132 pts seen in clinic
  - 40 % male
  - 60% female
  - Age range
    - 19-64 yrs
  - Average age
    - 41.5 yrs
  - 33% homeless or Rescue Mission
- # of pts with PCP (on EMR)
  - 67
- # of pts with no PCP
  - 65
- # of pts with Medicaid/Medicare
  - 100
- # of pts with Private insurance
  - 9
- # of pts with no insurance
  - 23



# Findings

- # of pts from C (OTPT) referred for bup. Bridge

50/67 (74%)



# Findings

- # of patients from ED with no prior Tx that get successfully linked to treatment

**56/65pts (86% linkage rate)**

**5 inpt/detox**

**49 outpt**

**2 PCP**

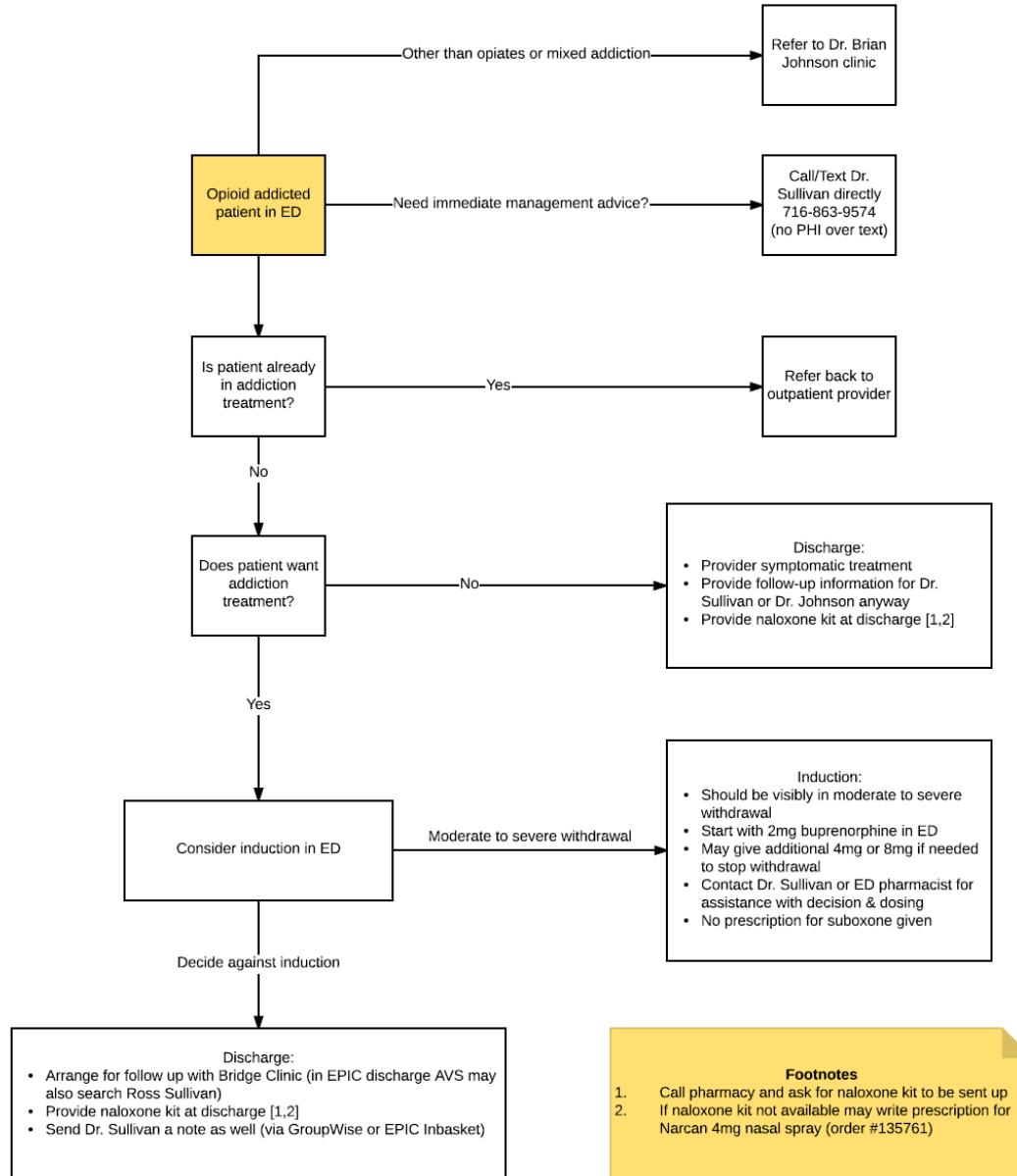
- # of patients from ED who get linked to Tx and then successfully receive MAT with bup

**43/56 pts (76% bup rate)**

# Future

- Continue to increase pt numbers
  - Increase linkage from outside treatment centers
  - Potential linkage with discharged inmates
- Secure funding sources
  - Training of SW providers
  - Clinic Staff
  - Physical space
- Increase buprenorphine prescribing from the ED with education/credentialing of ED attendings as well as community health care providers

# Emergency Medicine Opiate Bridge Clinic Pathway



### Footnotes

1. Call pharmacy and ask for naloxone kit to be sent up
2. If naloxone kit not available may write prescription for Narcan 4mg nasal spray (order #135761)

# Thank You

## Resources

- Art Van Zee. The Promotion and Marketing of OxyContin: Commercial Triumph, Public Health Tragedy.” Am J Public Health. 2009 February; 99(2): 221–227.
- Walter Ling. The Development and Treatment of Opioid-Induced Hyperalgesia. NIDA website
- CDC website. Opioids. Heroin
- <http://www.ongov.net/health/heroin/data.html>
- The strange history of opiates in America: from morphine for kids to heroin for soldiers. James Nevius. The Guardian
- The poison review. Dec 16, 2012. The money and influence behind “Pain as the Fifth Vital Sign”
- Respiratory Effects of Opioids in Perioperative Medicine. Koo, C. Eikerman, M. The Open Anesthesiology Journal, 2011, 5, 23-34
- Pulmonary Complication of Heroin Intoxication. Warnock, M, et al. JAMA, Feb 21. Vol 219. 1972
- Heroin Related Noncardiogenic Pulmonary Edema. Sporer, K. Dorn, E. CHEST 2001; 120:1628-1632
- [https://www.osc.state.ny.us/press/releases/june16/heroin\\_and\\_opioids.pdf](https://www.osc.state.ny.us/press/releases/june16/heroin_and_opioids.pdf)