

# **BRIDGING THE GAP: MEDICATION ASSISTED TREATMENT (MAT) IN THE ED**

**NOVEMBER 9<sup>TH</sup>, 2023**

**Dr. Mark Hamed, MD, Medical Director:  
Emergency & Hospital Medicine, Level IV Trauma  
Program, Accredited Geriatric ED, Acute Stroke  
Ready, & Acute Heart Attack Ready Medical Director**

**Rebecca Stoliker, BSN, Director of Nursing Services**

- Identify steps to bridge an outpatient MAT program from the ED
- Identify barriers to culture change related to harm reduction



# Where it Started

- WHY? Community need & grant opportunity
- Medication Assisted Treatment (MAT) Program – March 2020
  - Three providers, a MSW, education
- Goals:
  - 30 patients/ provider/ year
  - 158 referred, 91 direct lives touched, 20 current enrollees.
  - Provide 24/7/365 access to high quality treatment of opioid use disorders for all patients who present to the ED (hold for COVID)
- Barriers:
  - Transportation, work schedules, counseling, time constraints
- Next steps
  - Dr Hamed May of 2023 Bridging SUD treatment in the ED
  - Relapse, sick from withdrawal, overdose, meet at time of need

# Driving Forces

- Community need
  - “Oxy-Free” Emergency Department Feb 2013
  - Outpatient MAT clinic during business hours
- Opportunity:
  - Readily available treatment
  - Connections to resources
  - Normalize to reduce biases
  - Encourage harm reduction
- Effectively implemented elsewhere (CA)

# Why MAT in the ED?

- **Some of the Highest Opioid Mortality Periods**

- Discharge from hospital
- Post overdose
- After rehab
- Release from Jail



- **May Want to Seek Help After Clinic Hours**

- That single ED visit may be the only opportunity to save them from dying of an opioid overdose.

## Why MAT in the ED?

- Emergency Departments can bridge patients to life-saving addiction treatment
  - Uniquely positioned to provide access
  - Improve the delivery system
    - Safety net
    - Only setting to offer all-hours access, acute medical stabilization, same-day treatment, arrange ongoing care
    - Critical connection for patients from community treatment programs

## NALOXONE DISTRIBUTION PROGRAM PARTICIPATING EMERGENCY DEPARTMENTS

**Ann Arbor**  
Michigan Medicine  
Trinity Health Ann Arbor

**Battle Creek**  
Bronson Battle Creek

**Bay City**  
McLaren Bay Region

**Big Rapids**  
Corewell Health Big Rapids

**Brownstown**  
Henry Ford Brownstown

**Cheboygan**  
McLaren Northern Michigan

**Chelsea**  
Trinity Health Chelsea

**Clinton Township**  
Henry Ford Macomb

**Commerce Township**  
DMC Huron Valley-Sinai

**Detroit**  
Ascension St. John Hospital  
DMC Detroit Receiving Hospital  
DMC Sinai-Grace Hospital  
Henry Ford Hospital

**Flint**  
Hurley Medical Center

**Grand Blanc**  
Ascension Genesys

**Grand Rapids**  
Trinity Health St. Mary's  
Corewell Health Butterworth

**Howell**  
Trinity Health Livingston

**Ionia**  
Sparrow Ionia Hospital

**Jackson**  
Henry Ford Jackson

**Kalamazoo**  
Bronson Methodist Hospital



**Lansing**  
Sparrow Hospital

**Livonia**  
Trinity Health Livonia

**Madison Heights**  
Ascension Macomb-Oakland

**Muskegon**  
Trinity Health Muskegon

**Niles**  
Corewell Health South

**Paw Paw**  
Bronson Lakeview Hospital

**Petoskey**  
McLaren Northern Michigan

**Reed City**  
Corewell Health Reed City

**Saginaw**  
Covenant HealthCare

**Saint Joseph**  
Corewell Health South

**Sault Ste. Marie**  
MyMichigan Medical Center Sault

**South Haven**  
Bronson South Haven

**Warren**  
Ascension Macomb-Oakland

**Watervliet**  
Corewell Health South

**West Bloomfield**  
Henry Ford West Bloomfield

**Wyandotte**  
Henry Ford Wyandotte

**Ellie English**

# Building the Bridge

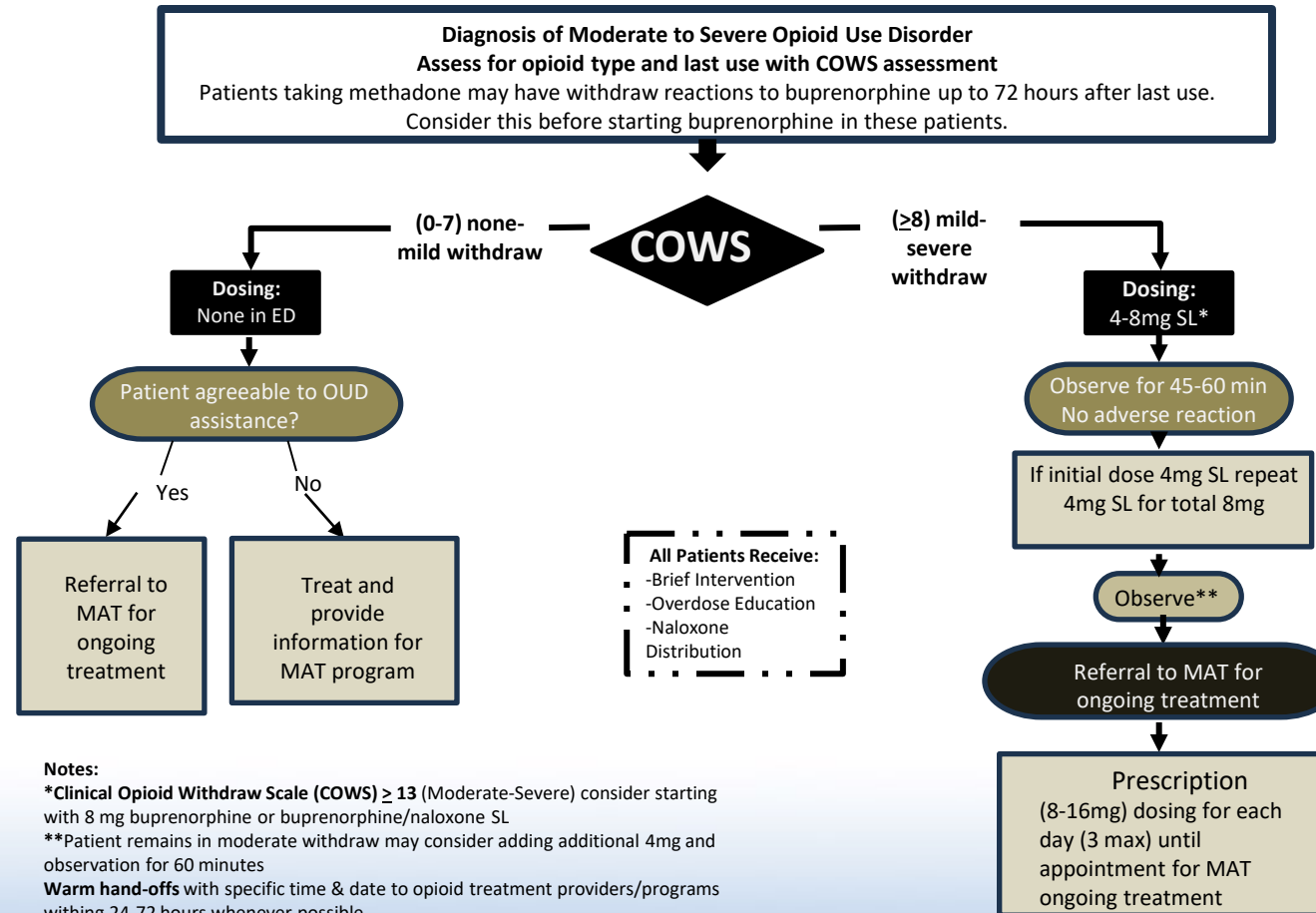
- Buy In and Champion
- Review MAT Policies – extension of the program
- Education
- Medication
- Resources and processes
  - Policy
  - Practice



# MAT Policy Review

- Workflow – in-depth, wholistic, EHR specific
- Consults and referrals – initiate & follow up
- Dosing, administration, supplemental scripts
- Changes:
  - Basics
  - Minimize barriers and time
  - Connection to follow up and resources
  - Continued culture change
- Algorithm

# ED - Initiated Buprenorphine



**Notes:**

\*Clinical Opioid Withdraw Scale (COWS)  $\geq 13$  (Moderate-Severe) consider starting with 8 mg buprenorphine or buprenorphine/naloxone SL

\*\*Patient remains in moderate withdraw may consider adding additional 4mg and observation for 60 minutes

**Warm hand-offs** with specific time & date to opioid treatment providers/programs within 24-72 hours whenever possible

**All patients** should be educated regarding dangers of benzodiazepine and alcohol co-use

**Ancillary medication treatments** with buprenorphine induction are not needed

# Policy & Practice

- Assessment and COWS
  - Define Inclusion and Exclusion Criteria
  - No Treatment Needs Questionnaire, UDS, MAPS
- Interest and consent
- Order set – ease of use, standard treatment
  - Order: Avoid high dosing
  - Administration: Same as MAT, PRN meds available
  - Monitoring: comparative VS and COWS for changes
  - Documentation: no integration, ability to track, education

# Policy & Practice

- Referral to MSW: order and call
  - Insurance verification, financial support, therapy
- Bridging prescription(s)
  - 3-5 days worth
  - Narcan take home kit
  - Symptom withdrawal meds i.e. antiemetics, NSAIDS, etc.
  - Follow up appointment ASAP
  - Identify supports



# Co-Prescribing Naloxone

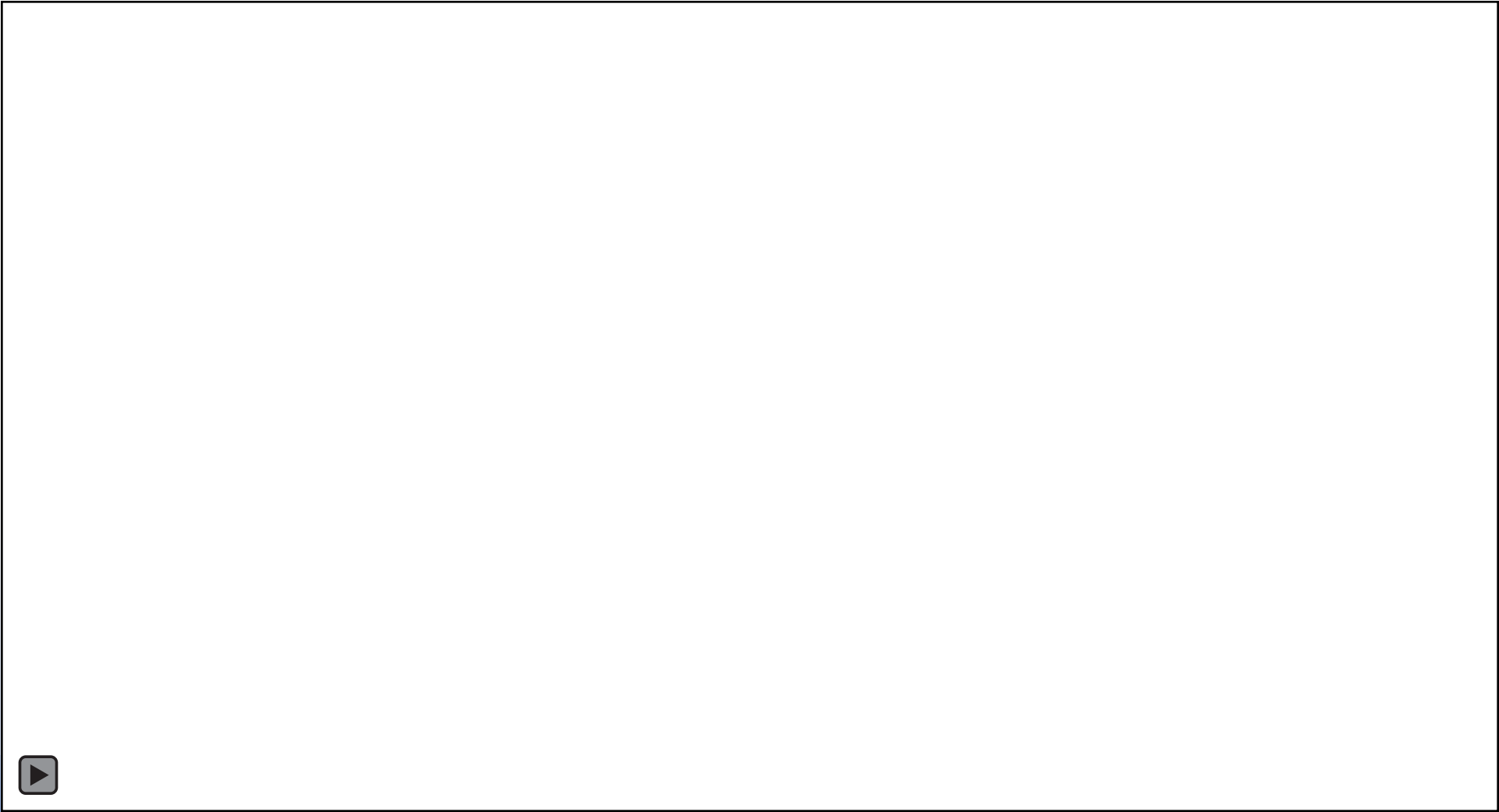
- Distribution of Narcan – OPEN/MEDIC
  - TORC, Risk Management, Left Behind Program
- Educating staff and educating patients
  - Culture change, bias perception, harm reduction
  - Zofran, Buprenorphine, Clonidine, Narcan
- Tracking Narcan
  - Pharmacy, OTC vs Rx, Insurance, AMD use
- Storing and accessing
  - Override kits without prescription or insurance

# Documentation

- Template for providers, nursing, & social work
  - Vitals
  - COWS & reassessment
  - Follow up
  - CaBridge Program

Enter scores at time zero, 30 minutes after first dose, 2 hours after first dose, etc.	Time:	Time:	Time:	Time:
<b>Resting Pulse Rate:</b> Record beats per minute after patient is sitting or lying down for one minute • 0 - pulse rate 80 or below • 1 - pulse rate 81-100 • 2 - pulse rate 101-120 • 4 - pulse rate greater than 120				
<b>Sweating:</b> Over past ½ hour not accounted for by room temperature or activity • 0 - no chills or flushing • 1 - subjective chills or flushing • 2 - flushed or observable moistness on face • 3 - beads of sweat on brow or face • 4 - sweat streaming off face				
<b>Restlessness:</b> Observation during assessment • 0 - able to sit still • 1 - reports difficulty sitting still, but is able to do so • 3 - frequent shifting or extraneous movement of legs/arms • 5 - unable to sit still for more than a few seconds				
<b>Pupil size</b> • 0 - pupils pinned or normal size for light • 1 - pupils possibly larger than normal for light • 2 - pupils moderately dilated • 5 - pupils dilated that only rim of the iris is visible				
<b>Bone or joint aches:</b> If patient was having pain previously, only the additional component attributed to opiate withdrawal is scored • 0 - not present • 1 - mild/diffuse discomfort • 2 - patient reports severe diffuse aching of joints/muscles • 4 - patient is rubbing joints or muscles and is unable to sit still because of discomfort				
<b>Runny nose or tearing:</b> Not accounted for by cold symptoms or allergy • 0 - none present • 1 - nasal stuffiness or unusually moist eyes • 2 - nose running or tearing • 4 - nose constantly running or tears streaming down cheeks				
<b>GI upset:</b> Over last ½ hour • 0 - no GI symptoms • 1 - stomach cramps • 2 - nausea or loose stool • 3 - vomiting or diarrhea • 5 - multiple episodes of diarrhea or vomiting				
<b>Tremor:</b> Observation of outstretched hands • 0 - no tremor • 1 - tremor can be felt, but not observed • 2 - slight tremor observable • 4 - gross tremor or muscle twitching				
<b>Yawning:</b> Observation during assessment • 0 - no yawning • 1 - yawning once or twice during assessment • 2 - yawning three or more times during assessment • 4 - yawning several times/minute				
<b>Anxiety or irritability</b> • 0 - none • 1 - patient reports increasing irritability or anxiousness • 2 - patient obviously irritable or anxious • 4 - patient so irritable or anxious that participation in the assessment is difficult				
<b>Gooseflesh skin</b> • 0 - skin is smooth • 3 - piloerection of skin can be felt or hairs standing up on arms • 5 - prominent piloerection				
<b>Suggested score to start buprenorphine in the ED is COWS ≥ 8</b>	<b>TOTAL</b>			
	<b>OBSERVER INITIALS</b>			

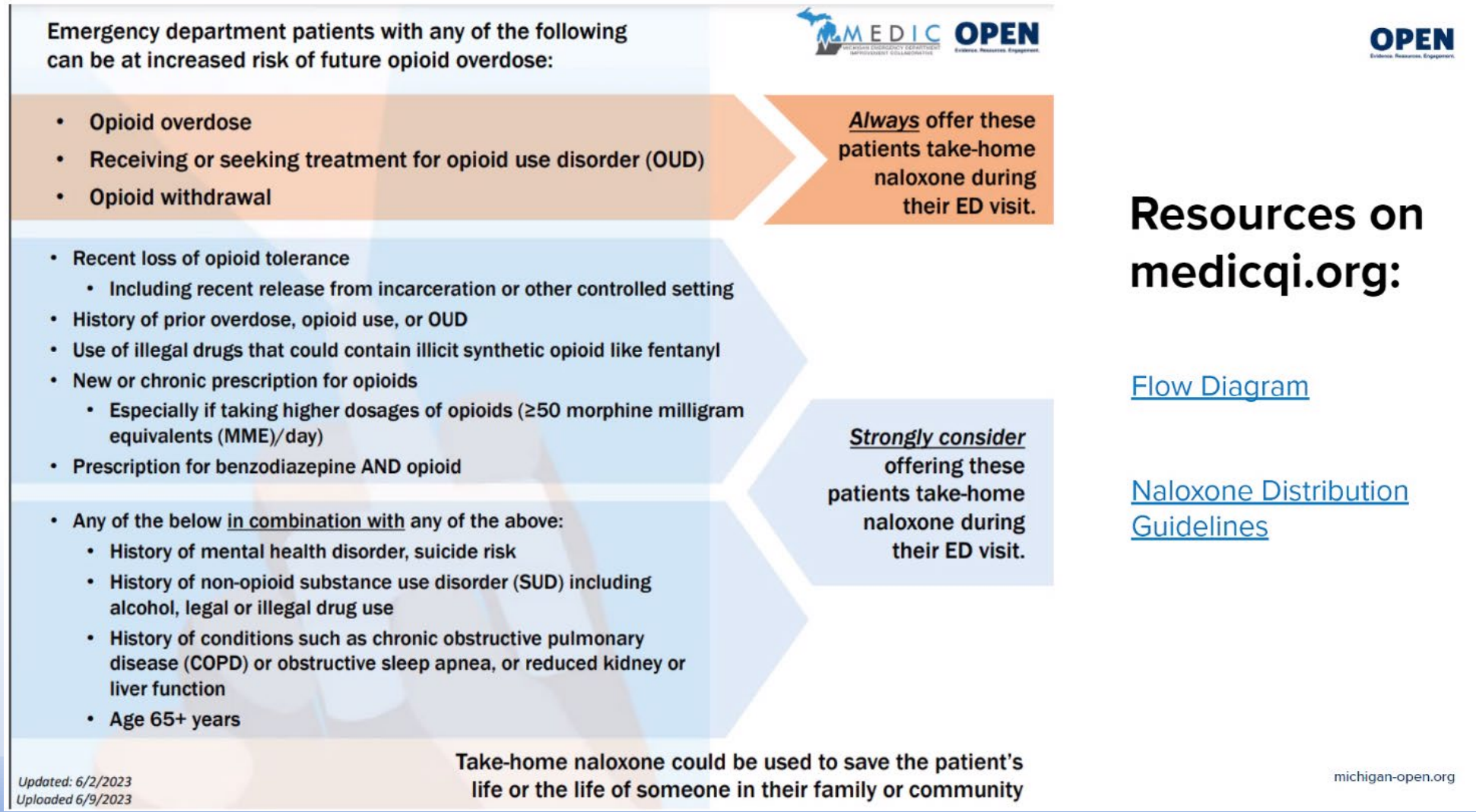
# Drip Changes



# Biases

- Lower level of patients      All socio-economic groups
- Longer ED visits      - LOS 1-1.5 hrs.
- Expected returns/ known overdoses      - DM, COPD, & CHF's continue to be treated
- Anticipated relapses      - Return with DKA, PNE
- Resource allocation is poor      - Same resources
- Lack follow up and resources      - Equal Opportunity -
- Too difficult or dangerous      Less dangerous than others

# Opioid Prescribing Engagement Network



# Take Aways

- 4-6 months prep work
- Engage leadership and providers early on for buy in and support
- Educate and communicate
  - MAT providers – expectations and goals
  - ED providers – expectations, goals, concerns, resources
  - Nursing staff – engage, seek opportunities, concerns, resources
- Risk Management, ED manager, ED Director, Pharmacy, Social work
- External resources – CMH, TORC, FAN, MEDIC, OPEN, LHD, CABridges
- Policy and process, order set, documentation, supplemental education



# References

- CA Bridges. (2023). Transforming addiction treatment through 24/7 access in emergency departments.  
<https://bridgetotreatment.org/addiction-treatment/ca-bridge/>
- Michigan OPEN. (2023). OPEN + MEDIC naloxone distribution program.  
<https://michigan-open.org/programs/open-medic-naloxone-distribution-program/>

Contacts:

[Eholmberg@mckenziehealth.org](mailto:Eholmberg@mckenziehealth.org)

Emily, MSW

[Gpaterson@mckenziehealth.org](mailto:Gpaterson@mckenziehealth.org)

Gina, Director of Pharmacy

[LShea@mckenziehealth.org](mailto:LShea@mckenziehealth.org)

Lacey, ED Manager

[MHamed@mckenziehealth.org](mailto:MHamed@mckenziehealth.org)

Dr Hamed, Medical Director

[RStoliker@mckenziehealth.org](mailto:RStoliker@mckenziehealth.org)

Becky, Director of Nursing



# COMMUNITY HEALTHCARE WORKERS INTEGRATED IN A RURAL EMERGENCY DEPARTMENT

Jeremy Cannon, RN, FACHE

Kalkaska Memorial Health Center

Vice President- Chief Nursing Officer

Email: [jcannon1@mhc.net](mailto:jcannon1@mhc.net)

# KALKASKA MEMORIAL HEALTH CENTER

- Critical Access Hospital
- Diverse Offering of Services
- Serving a county of over 17,000 people since 1953
- New Acute Care Pavilion
- 16,500 ED Patients
- Robust EMS Services



# THE “WHY”



# COMMUNITY HEALTHCARE WORKER

- The American Public Health Association's widely used definition of a Community Health Worker (CHW) is "a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served.
- Connect our communities most vulnerable people with available resources
- The system is complicated
- Inappropriate utilization of the ED





# HOW IT STARTED?

- Relationships matter
- ED Medical Director
- Created a contract with DHD#10
- Involved in the interview process
- Hired, trained, and certified
- Developed processes
  - Voluntary Program
  - Electronic Referral



# CHW REFERRAL INTAKE



Community Connections  
Confidential Referral

**From/Contact Person:**

**Referring Agency:**

**Phone:**

**Fax:**

**Date Referred:**

**Health Care Provider (if known):**

**To: Community Connections**

**District Health Department #10 HUB**  
(Crawford, Kalkaska, Manistee, Missaukee, Wexford Lake, Mason, Mecosta, Newaygo, and Oshtemo Counties)  
Fax: 1-231-622-7413 Phone: 1-888-217-3904 ext 3

**Grand Traverse Regional HUB/Benzie-Leelanau District Health Department**  
(Benzie, Grand Traverse, and Leelanau Counties)  
Fax: 1-231-882-0143 Phone: 1-833-674-2159

**Health Department of Northwest Michigan HUB**  
(Antrim, Charlevoix, Emmet, and Osego Counties)  
Fax: 1-231-547-6238 Phone: 1-800-432-4121

**District Health Department #4 HUB**  
(Alpena, Cheboygan, Montmorency, and Presque Isle Counties)  
Fax: 1-989-354-0855 Phone: 1-800-221-0294

**District Health Department #2 HUB**  
(Alcona, Iosco, Ogemaw, and Oscoda Counties)  
Fax: 1-989-343-1896 Phone: 1-800-604-2650

**Central Michigan District Health Department HUB**  
(Arenac, Clare, Gladwin, Isabella, Oscoda, and Roscommon Counties)  
Fax: 1-989-539-4449 Phone: 1-989-539-6731

Date HUB Received: \_\_\_\_\_  
ID #: \_\_\_\_\_

Print Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African-American ☐ Native Hawaiian or other Pacific Islander  
☐ White Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Parent/Guardian Name (if a minor): \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ County: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Preferred method of client contact: ☐ Phone ☐ Text

Insurance: ☐ Meridian Medicaid ☐ McLaren Medicaid ☐ Molina Medicaid ☐ Priority Health Medicaid  
☐ United Healthcare Medicaid ☐ Straight Medicaid ☐ Private ☐ Medicare ☐ Uninsured ☐ Other

Is patient aware of referral? ☐ Yes ☐ No









**Reason for Referral:**

Medical/Social needs:



☐ At risk for dismissal  
☐ Primary care referral/medical home  
☐ Transportation  
☐ Utilities  
☐ Food  
☐ Health Insurance  
☐ Child Care/Adult Care  
☐ Adult Education/Training  
☐ Financial Assistance/Medical Debt  
☐ Pregnancy Assistance  
☐ Developmental Screening/Referral

☐ Dental referral  
☐ Behavioral Health referral  
☐ Health Education (specify): \_\_\_\_\_  
☐ Housing  
☐ Medication Assessment/Management  
☐ Basic needs: clothing, shoes, bedding, baby items, etc....  
☐ Immunizations  
☐ Employment  
☐ Translation Assistance  
☐ Postpartum Assistance  
☐ Legal Assistance

☐ Other \_\_\_\_\_



The pages comprising this form are confidential information. This information is intended solely for use by the individual entity named as the recipient hereof. If you are not the intended recipient, be aware that any disclosure, copying, distribution or use of the contents of this transmission is prohibited. If you have received this transmission in error, please notify us by telephone immediately so we may arrange to retrieve this transmission at no cost to you.



Community Connections  
Confidential Referral

Welcome to Community Connections. We can work together to help you and your family stay healthy!

Name \_\_\_\_\_

Name of Health Care Provider \_\_\_\_\_

Question	Yes	No
In the past month, did poor physical health keep you from doing your usual activities, like work, school or a hobby?	<input type="checkbox"/>	<input type="checkbox"/>
In the past month did poor mental health keep you from doing your usual activities, like work, school, or a hobby?	<input type="checkbox"/>	<input type="checkbox"/>
In the past 3 months, was there a time when you needed to see a doctor but could not because it cost too much?	<input type="checkbox"/>	<input type="checkbox"/>
In the past 3 months, have you had to eat less than you feel you should because there is not food?	<input type="checkbox"/>	<input type="checkbox"/>
Is it hard to find work or another source of income to meet your basic needs?	<input type="checkbox"/>	<input type="checkbox"/>
Are you worried that in the next few months, you may not have housing?	<input type="checkbox"/>	<input type="checkbox"/>
Has it been difficult to go to work or school because you couldn't find care for a child or older adult?	<input type="checkbox"/>	<input type="checkbox"/>
Do you think completing more education or training, like finishing a GED, going to college, or learning a trade, would be something you would like to work on in the next 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have trouble getting to school, work or the store because you don't have a way to get there?	<input type="checkbox"/>	<input type="checkbox"/>
In the past 3 months, have you had a hard time paying your utilities?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been a patient in the Emergency Room 2 or more times in the past 6 months?	<input type="checkbox"/>	<input type="checkbox"/>

You identified some needs today that may make being healthy very difficult. Would you like someone from our team to assist you in person, via phone or text to work on the needs that you identified today? ☐ Yes ☐ No If yes, please fill out your contact information below. Thank you.

Print Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian Name (if a minor): \_\_\_\_\_ County: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Primary phone: \_\_\_\_\_

Preferred method of client contact: ☐ Phone ☐ Text

Signature \_\_\_\_\_ Date: \_\_\_\_\_ Alt. phone: \_\_\_\_\_

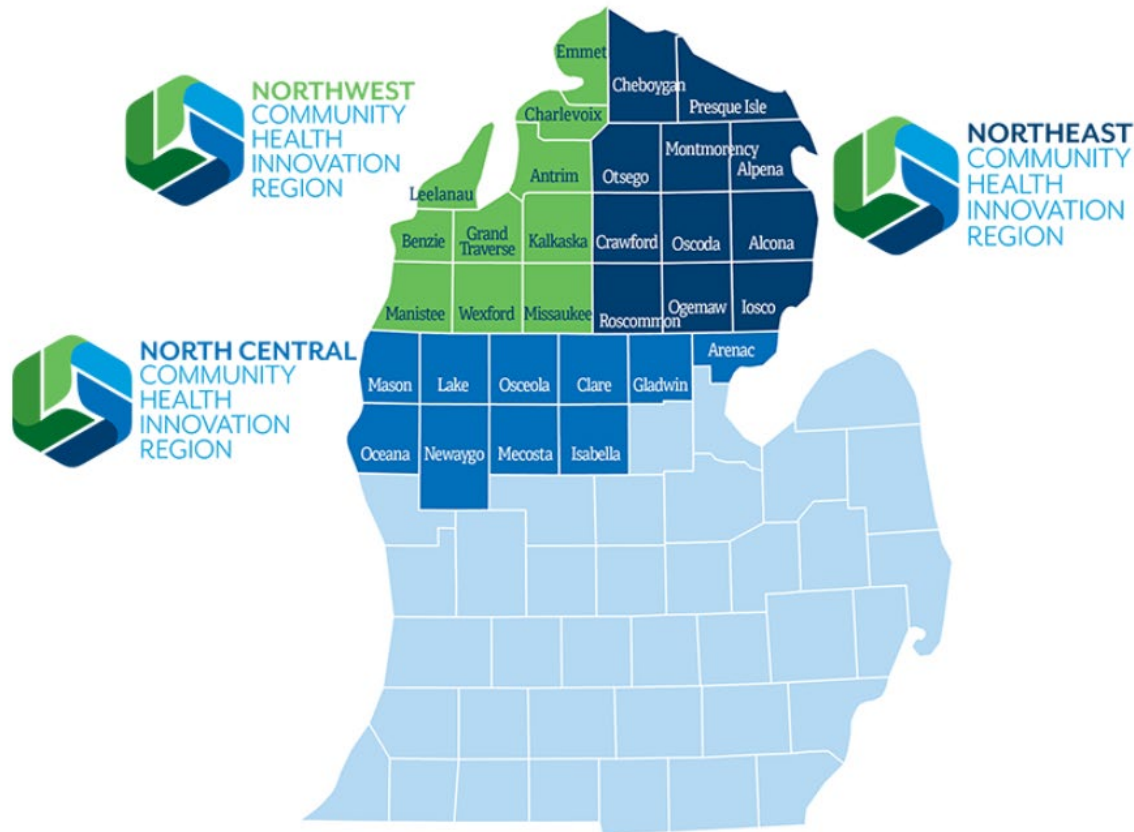
Responsible Representative Name (Optional): \_\_\_\_\_ Phone: \_\_\_\_\_

(We will not share any information with the Responsible Representative unless you have signed permission to do so.)

# PATHWAYS

- Food Insecurity
- Health Insurance
- Housing
- Transportation
- Utilities
- Oral Health Services
- Needs Medical Home
- Employment
- Childcare
- Behavioral Health Services
- Adult Education
- Appointment Reminder
- Health Education
- Inappropriate ED Use
- Frequent No Shows
- Schedule Appointment/ Follow Up
- Domestic Violence
- Immunizations
- Medication Assessment
- Other

# CREATING A PARTNERSHIP



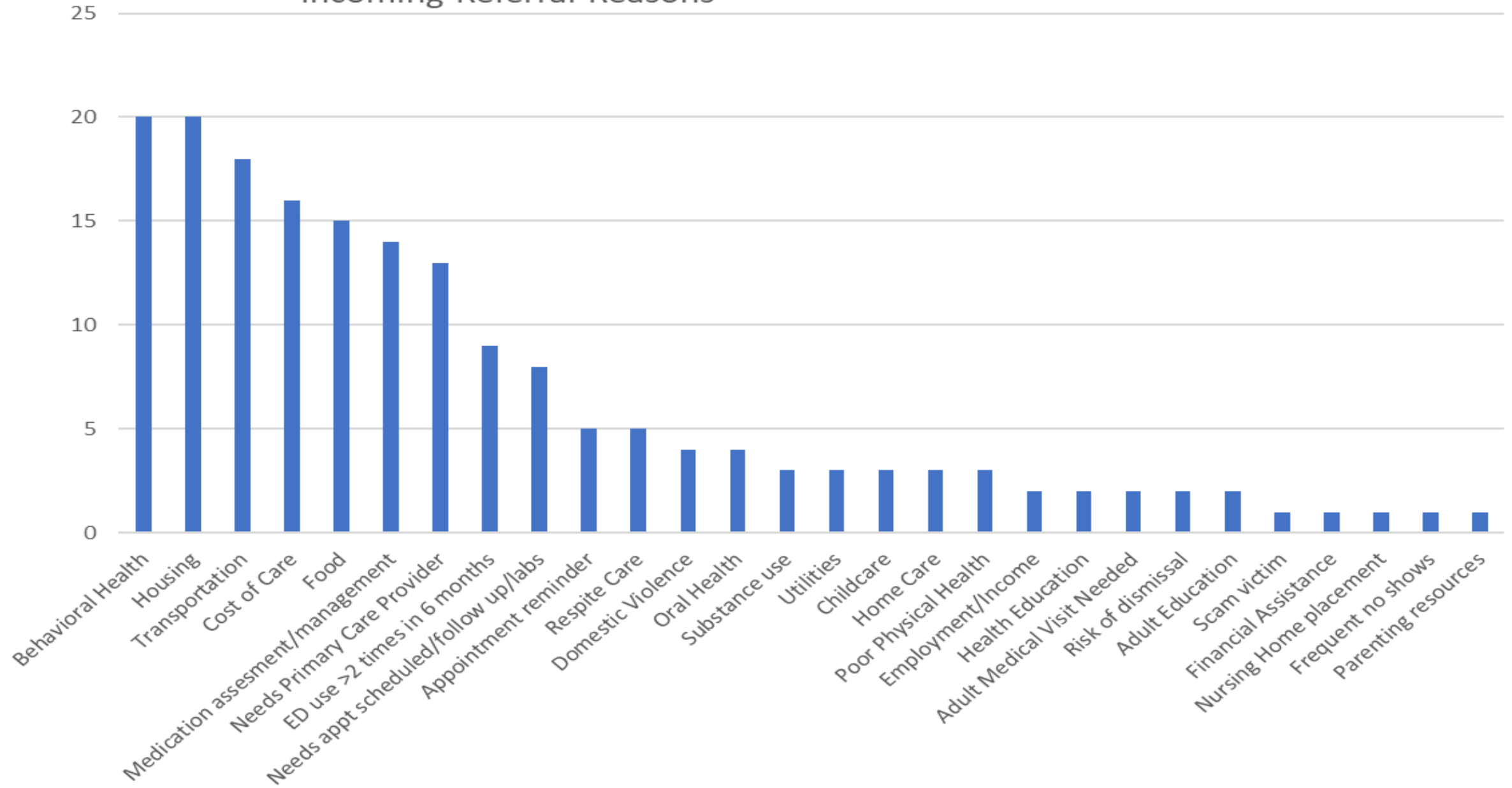
CHIRs engage a broad group of stakeholders to identify and address factors that affect residents' health, such as housing, transportation, and food insecurity, as well as access to high-quality medical care.

# CURRENT STATE



- Integrated in the ED
- Weekly Meetings
- Performs bedside consults and home visits
- Assists with our acute care patients in need of community services

## Incoming Referral Reasons



# WHAT WE HAVE LEARNED?



- Service acceptance rate started at 25%, now at 50%
- Referrals are increasing month to month
- Each individual accepting services has on average 2.5 resource needs
- Lots of opportunity still exists

# WHAT'S NEXT?

- Community Paramedicine
- Generating automatic reports
- Evaluate pathway closure rates and challenges
- Continue to identify opportunities to help the community



QUESTIONS?

