

A Qualitative Evaluation of Advances in Emergency Department Opioid Use Disorder Care in Michigan

**Community
Foundation**
FOR SOUTHEAST MICHIGAN

MICHIGAN OPIOID PARTNERSHIP

A special initiative of the
Community Foundation for Southeast Michigan


JOHNS HOPKINS
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Health Policy
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 **Vital
Strategies**

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INTRODUCTION

In 2020, the Community Foundation for Southeast Michigan (CFSEM) in collaboration with the Michigan Opioid Partnership (MOP) created an initiative to improve the access and quality of Opioid Use Disorder (OUD) treatment in hospital emergency departments (EDs) in Michigan. The initiative was supported by State Opioid Response grants from the Michigan Department of Health and Human Services in addition to resources and technical assistance from Vital Strategies, a leading global health organization. The initiative ultimately provided grant funding and technical assistance to 19 hospitals across the state (see Table 1 below for a complete list of grant recipients). Grant recipients set internal objectives to improve their care processes using grant funding. Key objectives for hospitals included increasing patient screening and tracking of OUD patients, integration of OUD services into electronic medical records systems (EMR), connection to follow-up behavioral health care after leaving the ED (i.e., “warm-handoffs”), and the provision of buprenorphine induction services. Researchers with the Bloomberg Overdose Prevention Initiative at the Johns Hopkins Bloomberg School of Public Health evaluated hospital improvement in these areas using surveys and qualitative interviews with participants. Hospitals reported substantial improvements in their ability to deliver high-quality OUD services to their patients in monthly surveys and key informant interviews collected throughout the grant cycle. This policy memo highlights some of the most significant findings collected from the survey responses.

The most notable reported changes during the grant cycle included 1) increases in the number of buprenorphine x-waivered providers on staff, 2) greater provision of buprenorphine inductions and prescriptions, 3) improvements in OUD screening processes in the ED during patient intake, 4) expansion of networks with external behavioral health care providers to facilitate warm-handoffs, and 5) broadened ability to monitor patients after leaving the ED to ensure care continuity. Some facilitators for these changes included updating EMRs and related health technologies to integrate OUD services and patient care tracking, working with hospital pharmacies to streamline buprenorphine prescribing, increasing reliance on social workers and peer support staff to motivate patients to initiate OUD care and to identify high-quality community providers for follow-up care, and having providers attend the MOP-led buprenorphine training boot camps. Additional details regarding changes in care practices and processes are provided below.

Buprenorphine Bootcamps

Providers across all grant recipient hospitals participated in CFSEM official buprenorphine “bootcamps.” The bootcamps were MOP-led sessions that provided buprenorphine prescribing training to providers within the MOP participant EDs. Following the training, providers could then go on to apply for a buprenorphine X-waiver. A total of five bootcamps occurred between 12/2020 and 11/2021. CFSEM and Vital Strategies provided financial incentives (i.e., \$600) and offered continuing medical education (CME) credits to providers to attend these bootcamps. A total of 223 providers were trained across the five bootcamps. Each of the eight health systems and two independent hospitals (i.e., War Memorial Hospital and Hurley Medical Center) reported that at least one provider from their EDs received the training, and more than half of grant recipients reported ten or more providers had received the training. In total, providers across 13 different counties in MI attended the bootcamp.

Buprenorphine Prescribing

All hospitals noted that prescribing and induction with buprenorphine increased during the grant cycle. A sample of nine hospitals reported inducing over 450 individuals in MOUD and provided over 250 MOUD prescriptions at the point of discharge specifically. Creating buprenorphine order sets/integrating buprenorphine prescribing into electronic medical records (EMRs), improving coordination with hospital pharmacies, and increasing the supply of waived providers were mentioned as key changes in health systems that facilitated greater buprenorphine initiation. Hospitals that worked closely with their pharmacies to educate pharmacy staff on buprenorphine prescribing, ensure a consistent supply of buprenorphine within the pharmacy, and add buprenorphine to PYXIS (an automated medication dispensing system used in the ED) reported substantial increases in buprenorphine prescribing.

Warm-Handoffs

All grant recipients noted that they had taken efforts to increase the rate at which they referred their patients with OUD to outpatient behavioral health care in the community. This practice is colloquially known as a “warm handoff” to the community. A subset of ten hospitals reported providing over 500 warm handoffs to patients.

As described in the monthly surveys, the most common initial step to increase the rate of warm handoffs was to educate their providers regarding their clinical benefits. This education occurred both internally by hospital leadership staff and through seven learning collaboratives hosted by MOP. Second, health systems mentioned that they had created standardized processes for facilitating warm handoffs in the ED (e.g., helping patients with setting up appointments). Hospitals also reported that they had integrated referral processes directly into their EMRs. One hospital developed a set of QR codes for patients and providers to scan to identify local community behavioral health providers and allow appointment scheduling. Several health systems also established follow-up guidelines for nurses and social workers to ensure that warm handoffs were successful. With respect to identifying relevant local outpatient providers, some health systems reported forming both formal and informal arrangements with local community organizations. Other hospitals relied more heavily on PIHP coordinators to refer their patients for follow-up care.

Improving Patient Screening and Tracking Technology

EMR implementation of screening and treatment tracking tools was also a key directive for hospitals throughout the early and late stages of the grant cycle. Roughly half of all the participating hospitals did not have comprehensive OUD screening tools implemented in their EHRs in the baseline assessment but mentioned they had made progress on improving them in the monthly reports. Some hospitals created proprietary algorithms to track patients throughout their care,

including after leaving the ED. Six hospitals noted creating buprenorphine order sets to simplify medication ordering and provide decision support (an order set is a clinical decision-making tool built into an EMR that helps to expedite prescribing). At least one health system created tracking tools for encounters that did not result in treatment to assess opportunities for treatment initiation improvement. Three health systems implemented technology that allowed them to conduct follow-up surveys for patients within 30-days of leaving the ED to determine patient satisfaction and treatment continuity.

Hospitals with integrated screening and tracking tools reported that they were extremely helpful throughout the care process by reducing care delivery delays and increasing the proportion of patients that received services after leaving the ED. Facilitators to improving the use and accessibility of EMR tools included strong IT departments with 24-hour support services, having physician champions to lead implementation efforts, integrating buprenorphine into PIXYS, and obtaining staff input during screening implementation.

Peer Support Coaches

One of the greatest cited facilitators to improving OUD care processes was the involvement of peer-recovery coaches throughout the entire course of patient care. All hospitals utilizing peer-support coaches reported strong satisfaction and highlighted the ability of coaches to provide education to patients to initiate treatment. Coaches successfully motivated patients to engage in OUD recovery treatment, including accepting treatment with MOUD. Coaches were also fundamental in reducing provider stigma and apprehensiveness in prescribing MOUD, connecting patients to local MOUD providers, and connecting with patients after they had left the ED.

CONCLUSION

In this qualitative review, hospitals funded by CFSEM to improve OUD care in their EDs reported significant changes in their care processes since the outset of the grant. Overall, hospitals appeared to improve their ability to care for OUD patients in their EDs, based on reported increases in MOUD initiation, follow-up care, and patient screening and monitoring. Providers obtained waivers to prescribe buprenorphine at greater rates than before the grant cycle, became more comfortable and confident when treating OUD patients, and fostered new partnerships and arrangements with community mental health providers to ensure patient care continuity after leaving the ED. Hospitals also improved their technological infrastructure and coordinated across sites to ensure best practices were implemented throughout the ED.

TABLE 1. HEALTH SYSTEMS AND HOSPITALS FUNDED BY CFSEM

HEALTH SYSTEM	HOSPITAL
Ascension	<i>Ascension St. John Hospital</i> <i>Ascension Genesys Hospital</i>
Beaumont Health	<i>Beaumont - Royal Oak</i> <i>Beaumont - Troy</i> <i>Beaumont - Wayne</i>
Henry Ford Health System	<i>Henry Ford - Main</i> <i>Henry Ford - Wynecott/Brownstown</i>
Trinity Health	<i>Mercy Health Muskegon</i> <i>Mercy Health St. Mary</i> <i>St. Joseph Mercy Ann Arbor</i> <i>St. Joseph Mercy Chelsea</i> <i>St. Joseph Mercy Livingston</i> <i>St. Joseph Mercy Oakland</i>
University of Michigan Health System	<i>Michigan Medicine</i>
Munson Healthcare	<i>Munson Medical Center - Traverse City</i>
Sparrow Health System	<i>Sparrow Hospital - Lansing</i>
Spectrum Health	<i>Spectrum Health Butterworth</i>
No Health System/Independent Hospitals	<i>Chippewa County War Memorial Hospital, Inc.</i> <i>Hurley Medical Center</i>