

The Initiative Increasing Access to Life-Changing Treatment and Improving Care for Patients with Opioid Use Disorder

By Jacob Manteuffel, MD, FACEP & Nicholas Rademacher, MD, FACEP

The opioid epidemic has been ongoing for over 10 years, without an end in sight. From January through November 2022, 2633 Michiganders died from an opioid overdose. It doesn't have to be this way.

Opioid use disorder (OUD), the medical term used to describe those using opioids in an uncontrolled fashion resulting in consequences, is as treatable as other chronic medical conditions such as high blood pressure and diabetes. Compared to those continuing to use illicit opioids, patients consistently taking a regimen, including either of the medication treatments buprenorphine or methadone, have a one-sixth death rate from opioid use. They also have lower rates of contracting infectious diseases, like HIV, and are less likely to be involved in the criminal-legal system.

Unfortunately, only a small minority of patients with OUD are ever medically treated. Due to inequities in healthcare access, misinformation, and stigma, the rate of Black Michiganders receiving medications to treat their OUD is even worse, contributing to their outsized numbers of fatalities. Over the past three years the Community Foundation for Southeast Michigan, and the Michigan Opioid Partnership, have been working on solutions to correct this gap in treatment for those with OUD.

Gaining access to medications to treat substance use disorders has been notoriously difficult. This is due to a long-standing shortage of specialty trained addiction medicine providers, regulatory barriers for non-addiction medicine providers to prescribe medications, and long intake processes that are challenging for those living with a substance use disorder. While the shortage of addiction medicine providers persists, as of January 2023 all providers can prescribe buprenorphine without special licenses. To remove logistical barriers to treatment, the Community Foundation has been working on two initiatives to bring medical treatment for those with OUD into jails and emergency departments (EDs), two places where those with OUD are disproportionately impacted.

Over the past three years over 75 Michigan EDs, approximately half of the emergency departments in the state, have worked with the Community Foundation to implement treatment pathways for those with OUD. While all treatment protocols are unique to each ED and their local environment, they all offer buprenorphine, the medication that is both highly effective in treating OUD and available for emergency medical providers to prescribe, either while the patient is in the emergency department or as a prescription for the patient to take after they leave our care.

Initial treatment is coupled with direct linkage to an outpatient provider who can rapidly evaluate them and continue their medication prescriptions. Outpatient follow up is important because OUD is a chronic disease with a high risk of return to use. Those with OUD should be on medical management for a minimum of six months, but many benefit from life long-treatment due to the risk of overdose upon discontinuation of medical management.

In addition to expanding treatment opportunities and raising the standard of care for those with OUD, the grants provided by the Community Foundation have changed the way medical communities view patients with OUD by providing training to emergency medicine providers and nurses.

One aspect of the training session aims to decrease stigma related to OUD. It emphasizes that addiction is a medical condition, not a lifestyle choice, with biological, environmental, and psychological contributors. Thus, it needs to be treated as a chronic disease, similar to diabetes. These projects have also encouraged coordination of care between EDs and community providers who can provide long term management for those with OUD. A final goal of the project is to emphasize the disparity the opioid epidemic is having on Black patients and to encourage health care systems to work on reducing it.

While treatment deserts still exist, especially among our more rural communities, the past three years have seen Michigan vastly improve the opportunity for those with OUD to access life-saving medical care. These programs increase the percentage of patients with OUD on highly effective medications, with the potential to decrease opioid related injury and death. Emergency medical providers, hospital administrators, and those who can influence policy and spending at the local and state levels are encouraged to get involved and support this incredible program to help save lives of our neighbors across the state.

Sincerely,

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