Medication for Opioid Use Disorder (MOUD) is a well-established, evidence-based treatment for individuals struggling with opioid addiction. Medications, such as buprenorphine, help reduce cravings, lower the risk of disease transmission, prevent overdoses, and ease withdrawal symptoms. Emergency departments (EDs) play a critical role as accessible, low-barrier entry points for initiating care, with strong evidence showing that MOUD started in the ED can significantly reduce opioid use and decrease repeat ED visits.

Ensuring access to MOUD in all Michigan emergency departments is a vital step in combating opioid use disorder and delivering immediate, effective treatment to those in need. The following resource is designed—and offered at no cost—to assist emergency departments with implementing MOUD programs.

Key Components to an ED MOUD Program

Stigma toward individuals with opioid use disorder (OUD) or substance use disorder (SUD) remains a significant barrier to effective care. It can affect every aspect of care, from how patients engage with services and how providers make clinical decisions to the overall effectiveness and sustainability of MOUD implementation. As you move through this checklist, keep stigma in mind as a critical factor that can undermine progress at every stage. **Actively addressing stigma is essential to building a program that is respectful, patient-centered, and grounded in best practices.**

1) Staff Education and Training

All ED staff, including physicians, advanced practice providers, nurses, ED technicians, social workers, pharmacists, and case managers, should receive comprehensive training on several key areas to effectively address opioid use disorder (OUD). This includes training on screening for OUD, recognizing and managing opioid withdrawal symptoms, and safe prescribing of MOUD. Building a culture of support within the ED is essential for reducing stigma and ensuring that staff are prepared to handle these cases compassionately and effectively.

2) Screening and Identification

This focuses on identifying individuals with OUD during their emergency department visit. There are several methods and screening tools available online that can be used to detect patients who may be suffering from OUD, ensuring that they are appropriately assessed for the need for treatment.

3) Initiation of Medication for Opioid Use Disorder

This involves providing immediate access to medications like buprenorphine in the ED setting. Initiating MOUD helps manage withdrawal symptoms and cravings, providing patients with stabilization before they are connected to continued outpatient care.

4) Linkage to Ongoing Care

This involves connecting the patient to continued care via a warm hand off, typically through outpatient prescribers or clinics, inpatient treatment programs, or other services. It can also include initiating ED buprenorphine for patients being admitted for further care in the acute hospital setting, helping bridge care during the transition. Peer recovery coaches can play a vital role in facilitating these connections and supporting engagement in continued treatment.

Checklist for Implementing Medications for Opioid Use Disorder in Emergency Departments

This checklist outlines key components to consider when implementing MOUD in the emergency department. The items can be addressed in any order and should be adapted to fit your hospital's specific needs and structure. Not all elements may be relevant, and there is flexibility in how the checklist is used to support the effective integration of MOUD into patient care when patient with OUD are identified during their ED visit.

Educate Leadership and Staff

- ☐ Educate hospital leadership and secure their buy-in for the integration of MOUD in the ED.
- ☐ Develop or update hospital policies and procedures to support and encourage MOUD in the ED.
- ☐ Engage a clinician or clinicians (physicians, APPs, nurses, pharmacists) to champion MOUD efforts within the ED and serve as a lead touchpoint for their colleagues.
- ☐ Consider staff trainings that include, but are not limited to:
  - Providing non-judgmental and compassionate care for individuals with OUD
  - Screening for OUD using evidence-based tools
    - ○ The NIDA Quick Screen link can be adapted to align with your current policies. This tool is comprehensive and lengthy. Please note, it includes not only screening questions but also guidance on using respectful language to build rapport with patients, along with references to additional resources based on their responses. The screening process can be concise, including just 1-2 questions, and adaptable to the specific workflows and needs of each hospital.
    - ○ It is essential to train and prepare staff to use respectful, non-stigmatizing language throughout this process, as the way questions are asked can significantly influence a patient's willingness to share, their sense of safety, and the overall effectiveness of the screening.
  - Recognizing and managing opioid withdrawal symptoms effectively
  - Safely prescribing and monitoring medications for opioid use disorder (MOUD)
    - ○ Including, but not limited to, administering buprenorphine

Reducing the stigma associated with opioid use disorder among ED staff and patients

Ensure Buprenorphine is Readily Accessible

- ☐ Confirm buprenorphine is included in the ED automated medication dispensing system.
- ☐ Collaborate with pharmacy to ensure a continuous supply of buprenorphine in the ED for immediate use.
- ☐ Establish a process for the quick approval of buprenorphine for new patients presenting with opioid use disorder symptoms.

Create Multiple Pathways to Identify Patients with Opioid Use Disorder

- [ ] Encourage self-identification of OUD through visible signage in high-traffic areas of the ED (waiting rooms, triage, etc.) encouraging patients to self-identify if they have a history of opioid use or misuse.
- [ ] Train ED clinicians to specifically and respectfully inquire about opioid use in patients presenting with withdrawal symptoms, injection use, or other opioid-related concerns.
- [ ] Develop and implement a standard screening tool for OUD, such as the NIDA Quick Screen, into the ED intake process. A 1-2 item screening on non prescription opioid use can be considered as part of initial nursing intake screening questions.
- [x] Consider a protocol where patients exhibiting signs and symptoms of withdrawal, or a positive screen are promptly assessed for opioid use disorder.

Establish and Implement MOUD Care Protocols in the ED

- [ ] Implement a standardized tool for assessing opioid withdrawal severity, such as the Clinical Opioid Withdrawal Scale (COWS), and build tool in HER for easy use by ED staff.
- [ ] Consider a protocol that is based on withdrawal severity and patient preference to initiate Buprenorphine for patients with OUD during their ED encounter, even for those not admitted or for starting Buprenorphine immediately after the reversal of an opioid overdose.
- [ ] Consider a protocol for monitoring patients after the administration of MOUD, particularly Buprenorphine, to ensure patient safety and effective management of withdrawal symptoms.
- [ ] Consider a protocol for offering at-home treatment options for patients who haven't reached the stage of withdrawal to begin safely staring MOUD in ED, are unsure about beginning MOUD, or feel more comfortable starting treatment at home.

Develop a Process for Post-ED Referral and Improved Follow-Up Care

- [ ] Implement a discharge protocol that includes referral to outpatient OUD services (e.g., local MOUD providers, addiction treatment services, harm reduction service providers).
- [ ] Provide patients with educational materials about MOUD, available resources, and support services.
- [ ] Set up processes for follow-up care coordination (e.g., scheduled appointment, warm handoff to outpatient or inpatient providers).
- [ ] Identify local pharmacies and/or a pharmacy champion to provide education and help reduce barriers to accessing prescriptions (pharmacies can be a point of disconnect in continuum of care).
- [ ] Consider building in the electronic discharge prescription a phone number for the team handing the warm hand off should the patient face complications getting the prescription.
- [ ] Ensure coordination with mental health and behavioral health teams for patients with co-occurring disorders.
  - [ ] Offer patient consult with a peer recovery coach if one is available.
- [ ] Integrate MOUD protocols into the hospital's other units such as medical surgical units, labor and delivery, outpatient clinics or other relevant clinical areas

Data Collection

- [ ] Develop a system for tracking and documenting MOUD administration and patient outcomes (e.g., collaborate with IT to build data collection and reporting features into your electronic health record)
- [ ] Collect data on the number of patients initiated on MOUD, their follow-up, and outcomes.
- [ ] Analyze data to assess the effectiveness of the MOUD program and identify areas for improvement.