CHICAGO STREET MEDICINE

Medication Assisted Detoxification in the Emergency Department (MAD-ED): A Policy Proposal for Safety Net Hospitals

What is the issue?
There is currently no protocol for initiating Medication-Assisted Detox in the Emergency Department (MAD-ED) in safety-net hospitals in Chicago

Why is this is an issue?
Patients suffering from opioid-use disorder have very complex medical needs that are not currently being addressed. Chronic drug users utilize 30% more emergency healthcare services than the general population[11] and are at higher risk for hospitalization,[9] but due to fears of withdrawal and stigmatization, these patients frequently delay care and leave AMA far more often than the general population.[7,12] This leads to increased costs for their care[13] and increased morbidity and mortality after hospitalization.[1,2,7]

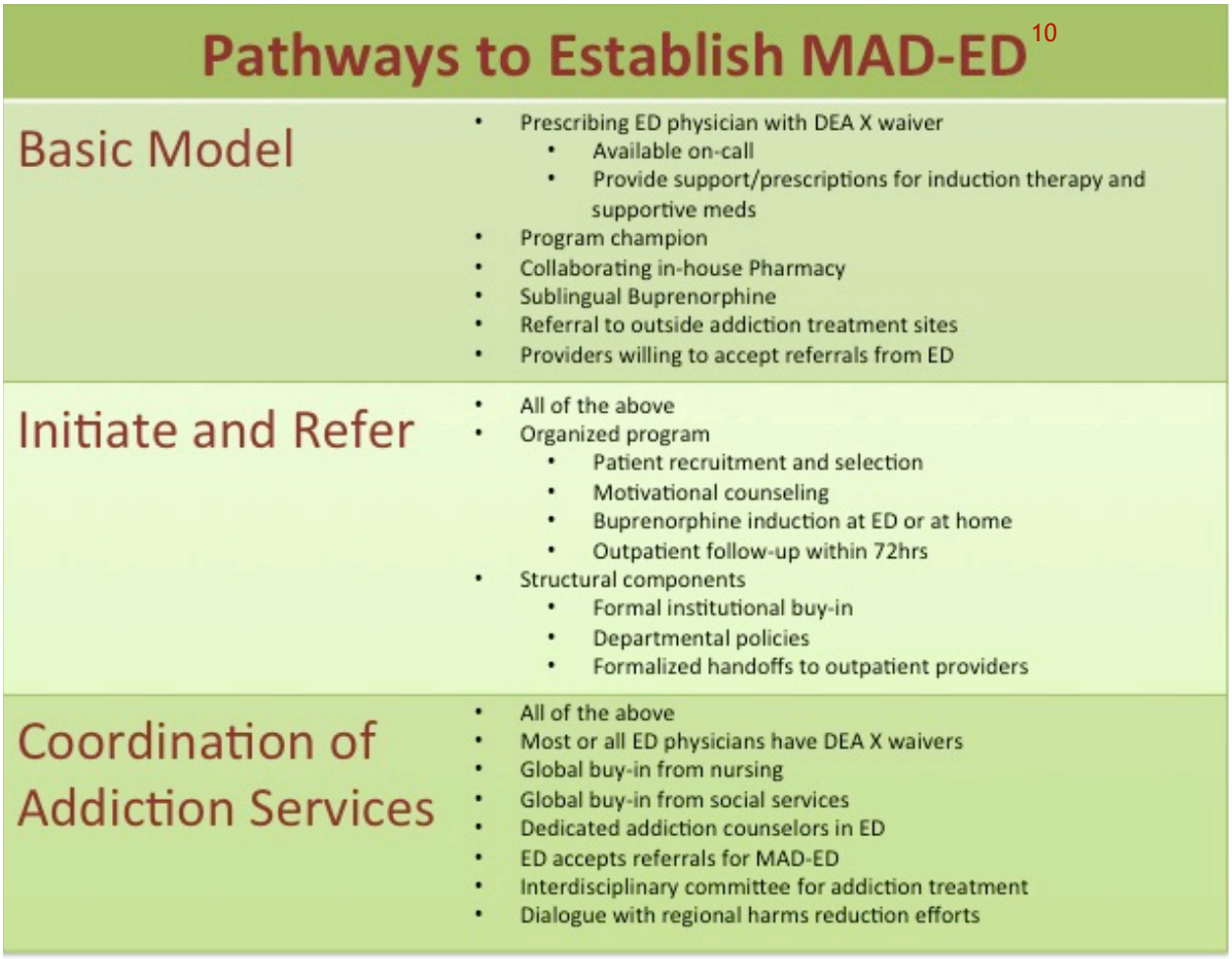
What Can We Do?[5]

Screening and Referral to Treatment	Screening, Brief Intervention, and Referral to Treatment	Screening, Brief Intervention, MAD-ED, and Referral to Primary Care
• Screening • Handout with available treatment services • Telephone access	• Screening • Motivational interview • Referral with extensive support	• Screening • Motivational interview • Buprenorphine induction in the ED • Take-home Buprenorphine • PCP follow up within 72 hrs

Data to support
When compared to Screening and Referral (with or without Brief Interventions), initiating medication assisted treatment in the emergency department was significantly more effective in:

- Decreasing illicit opioid use[5,6]
- Decreasing inpatient hospital services[5]
- Decreasing rates of leaving AMA[4]
- Increasing retention in addiction treatment services[5,6]
- Improving management co-morbid psychiatric and medical conditions[12]

What should we do?
Establish a Medication Assisted Detox in the Emergency Department (MAD-ED) in Chicago's safety-net hospitals



Key Further Readings

1. Herring AA. "Emergency Department Medication-Assisted Treatment of Opioid Addiction." August, 2016.
2. D'Onofrio, G, et al. "Emergency Department-Initiated Buprenorphine/Naloxone Treatment for Opioid Dependence: A Randomized Clinical Trial." JAMA, vol. 313, no. 6, 2015.
3. D'Onofrio G, et al. "Emergency Department-Initiated Buprenorphine for Opioid Dependence with Continuation in Primary Care: Outcomes During and After Intervention." J Gen Intern Med, vol. 32, no. 6, 2017.

Citations

1. Alfandre DJ. "'I'm going home': discharge against medical advice." Mayo Clinic Proc, 2009.
2. Biswanger IA, et al. "Drug users seeking emergency care for soft tissue infection at high risk for subsequent hospitalization and death." J. Stud. Alcohol Drugs, vol. 69, 2008.
3. Busch SH, et al. "Cost-effectiveness of emergency department-initiated treatment for opioid dependence." Addiction, vol. 112, no. 11, 2017.
4. Chan, ACH, et al. "HIV-Positive Injection Drug Users Who Leave the Hospital Against Medical Advice: The Mitigating Role of Methadone and Social Support" J Acquir Immune Defic Syndr, vol. 35, no. 1, 2004.
5. D'Onofrio, G, et al. "Emergency Department-Initiated Buprenorphine/Naloxone Treatment for Opioid Dependence: A Randomized Clinical Trial." JAMA, vol. 313, no. 6, 2015.
6. D'Onofrio G, et al. "Emergency Department-Initiated Buprenorphine for Opioid Dependence with Continuation in Primary Care: Outcomes During and After Intervention." J Gen Intern Med, vol. 32, no. 6, 2017.
7. Dengenhardt L, et al. "Mortality among regular or dependent users of heroin and other opioids: a systematic review and meta-analysis of cohort studies: mortality among opioid users." Addiction, vol. 106, 2011.
8. Donroe JH, et al. "Caring for patients with opioid use disorder in the hospital." CMAJ, vol. 188, 2016.
9. "Healthcare Cost and Utilization Project (HCUP)." NIS Database Documentation, Agency for Healthcare Research and Quality, Rockville, MD. 2014.
10. Herring AA. "Emergency Department Medication-Assisted Treatment of Opioid Addiction." August, 2016.
11. McGeary KA, French MT. "Illicit drug use and emergency room utilization." Health Services Research, vol. 35, no. 1, 2000.
12. Summers PJ, et al. "Negative experiences of pain and withdrawal create barriers to abscess care for people who inject heroin. A mixed methods analysis." Drug and Alcohol Dependence, vol. 190, 2018.
13. White AG, et al. "Direct costs of opioid abuse in an insured population in the United States." J Manag Care Pharm, 2005.