# Barriers and Facilitators to Implementing ED-initiated Buprenorphine

Dr. Ceire Storey PGY4

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Contributors: Dr. Jennifer Wyman and Susan Hum

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# Learning Objectives

- Recognize the relationships between knowledge, skills, beliefs, and resources in implementing practice changes.
- Understand the experience of leaders in supporting their teams with implementation of the ED pathway for people with OUD.
- Consider strategies to support ED leaders in initiating and maintaining  changes in care for people who use substances.

# Opioid Use Disorder in the Emergency Department


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# Ontario ED Changemaker Project

## ED-initiated buprenorphine treatment for opioid use disorder

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# Barriers to ED Buprenorphine Initiation

# Barriers

- Competing needs and priorities in the ED
- Resources and time
- Process Challenges
- Stigma around addictions
- RAAM clinic accessibility
- Inconsistent administrative/institutional support

# Competing needs and priorities in the ED

*I think we can speak about specific barriers that COVID offered, but just the general exhaustion, burnout, fatigue. And that you know that doesn't put people in a place to be open to new changes, or new, umm, interventions when they're like, "Oh my gosh, I've got, you know, I've got enough new stuff to deal with it. I don't need something else."*

# Resources and Time

*Oh wait, I can do something. It's gonna take me half an hour. You're actually gonna be in emerg for two hours, while we escalate the dose. That can be, that can be a deterrent when we start occupying beds.*

# Process Challenges

*I would say it's more so just the hoops and the barriers that you have to jump through, like safety-wise and getting this person to sign off on it, and this person to sign off on it. I think it's just a lot of like administrative stuff, and then you get held up at one spot and then no one really knows where you're supposed to go next.*

# Stigma around Addictions

*Some people weren't on board with it, because there's still that mantra of "they're making their own choice"; you know, "they make their bed, they can lie in it".*

# RAAM clinic accessibility

*RAAM is still a big struggle for our institution and our city, in terms of access and timing. You know, "Ohh, great, yeah, I'm gonna start someone on Suboxone and send them out for follow-up with our RAAM clinic." And their next appointment is in 3 weeks. OK, well, that's not acceptable.*

# Inconsistent Administrative/Institutional Support

*We had trouble getting traction with it, because it was kind of just me.*

*I think that right now the momentum is a little bit slow, given the fact that there are only S. and me. I would say there are two main people on this project.*

# Facilitators to ED Buprenorphine Initiation

# Facilitators

- Clinical Tools and Resources
- Logistical Support
- Internal Support and Interprofessional Collaboration
- Local Education

# Clinical Tools and Resources

*Our emergency department had a binder with the META:PHI sheets on Suboxone initiation and some background information about Suboxone… so that it was a very easy to access thing. If you were going to start Suboxone on one of the patients, all you have to do is sit down and scan through the binder to refresh yourself as to, "Oh, I should be starting this dose. These are the questions that I need to ask. These are the contraindications. And side effects and things like that" so, not only do we have these teaching sessions, but then we also had like the Quick Fact sheets available to staff as they were prescribing.*

# Logistical Support

*One, was just having all the resources that are involved with being part of the project. So, between the clinicians that we could contact, the toolkits, the other groups and their experiences and sharing their successes, "This really didn't work for us, don't know if anyone else is having the same problem," that kind of thing.*

# Internal Support and Interprofessional Collaboration

*Also, everyone had my number, all the emerg docs, and they would call me if they had a question, even if I wasn't in the department doing a shift, which I think was helpful and effective. And just those that had never done it were a bit wary, it gave them more confidence and then they can kind of take off from there.*

# Local Education

*People were recognizing that this was a problem and, once it kind of was pointed out, you know what the return rate was for people who presented once with an overdose or what the death rate was for people who returned after presenting with an overdose. Wow, it really clarified things for people, so I think having the data and being able to leverage people's shock and concern, the idea that this is like having a code stroke or a heart attack that meant like this is, this is really, really life and death stuff, where we can make a difference, if we do this. .*

# Lessons Learned

# Discussion

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