

REDO: Connecting Individuals to Care Post-ED

INTRODUCTION

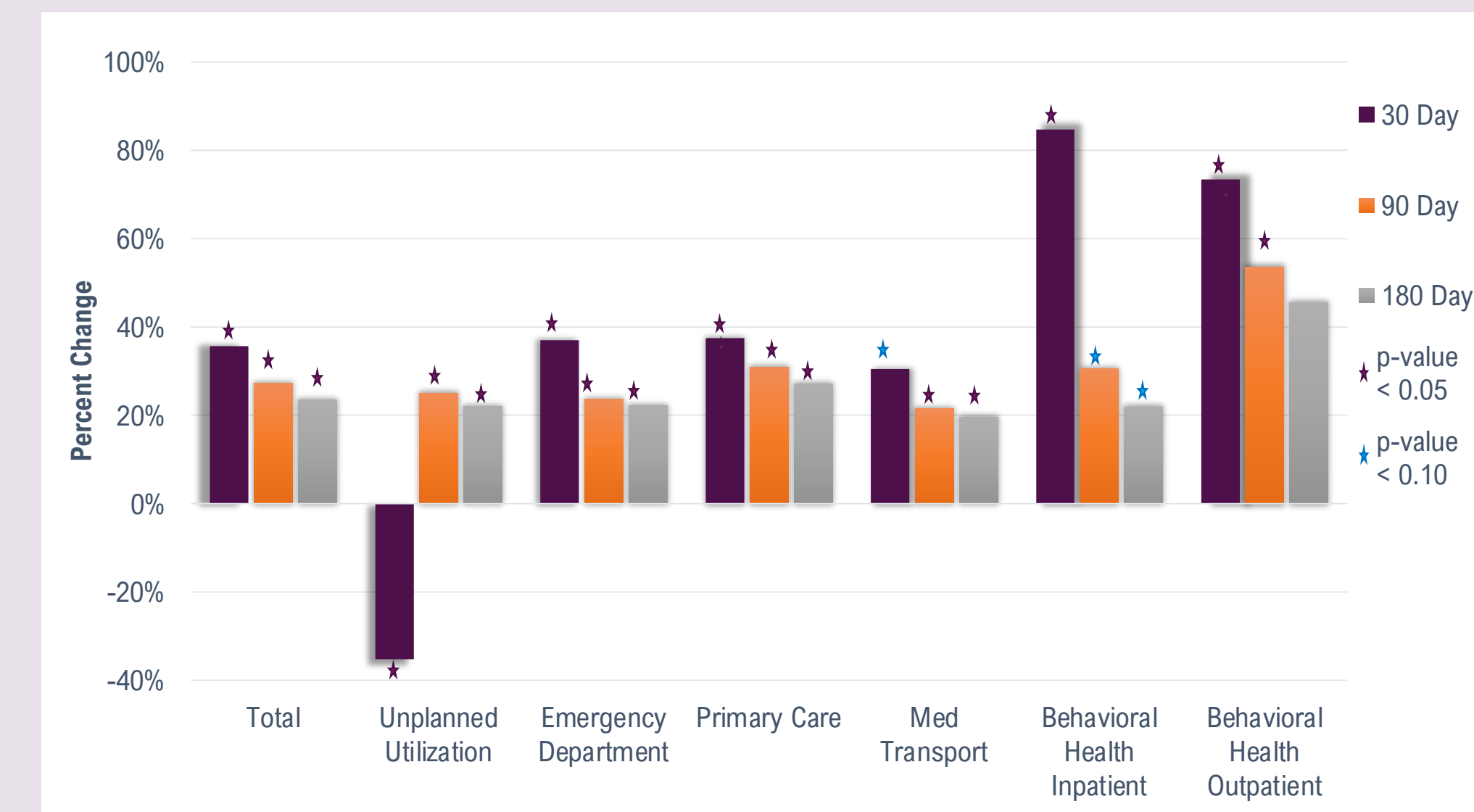
- UPMC developed the Rapid Emergency Department Outreach (REDO) program to improve access to post-ED care through a process of rapid, coordinated, and intensive member outreach.
- Lack of access or limited engagement with post-ED care poses a risk of poor health outcomes for persons presenting to the Emergency Department (ED) with a substance use disorder and/or drug overdose.
- The transition from the ED to continued care poses one of the best opportunities to address unmet needs, increase knowledge, enhance continuity of care, meet the demand for naloxone, and improve outcomes for persons with substance use disorders. [1] [2] [3] [4]

METHODS

- UPMC Mercy and UPMC McKeesport ED encounters with a chief complaint of substance use and/or drug overdose triggered response from the Health Plan in the real-time creation of an autogenerated electronic notification that was routed to a REDO Case Manager (CM).
- Encompassing 1,681 members between Jan. 13, 2020, and May 31, 2020.
- If the CM could not reach the member within 24 hours, the member was referred to Community Paramedics (CP) to conduct scheduled and unscheduled face-to-face home visit. CP utilized an intensive care management model providing support, care, in-home medication reconciliations, and education that included naloxone distribution to decrease hospital readmissions and maintain optimal patient health.
- Pre-post analyses were conducted to assess 30-, 90-, 108-day changes in MOUD use, cost and utilization.

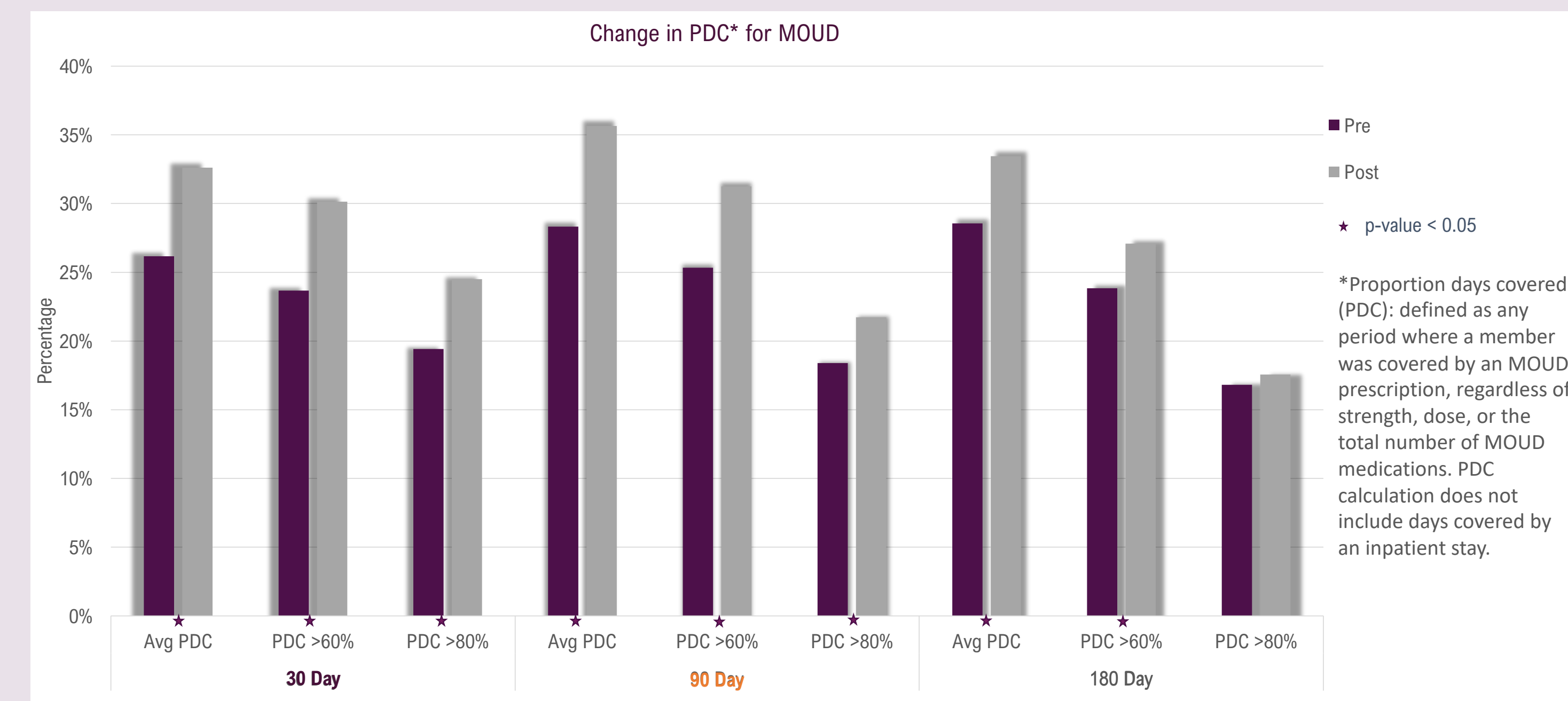
RESULTS

Utilization increases were in appropriate service categories as REDO improved connection with care

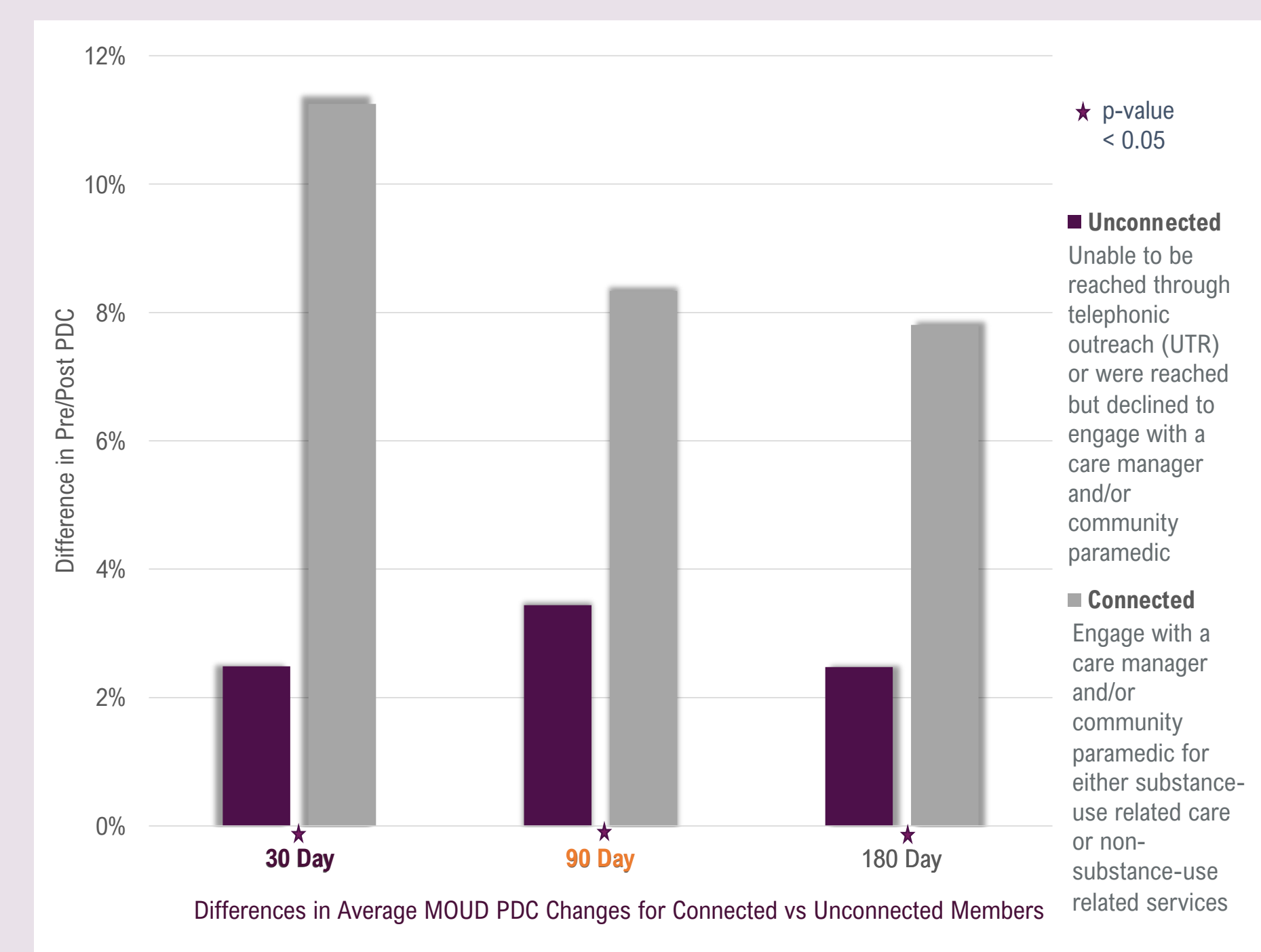


With REDO, unplanned care utilization was significantly lower in the 30-day post period compared to the 30-day pre period.

REDO improved access to MOUD medications



Results showed PDC improved in all post-periods compared to respective pre-periods, and PDC improvement was significantly higher in connected vs. unconnected members.



CONCLUSION

- REDO improved MOUD access and care utilization.
- Unplanned care utilization was significantly lower following involvement with REDO.
- REDO provides an opening to improve care coordination and use of MOUD services when the member may be more receptive to change.
- Health Equity Opportunity

REDO participants

76% in Medicaid
 76% had SPMI
 45% in high ADI* areas
*Area Deprivation Index

Limitations to current study: small sample size, possible selection bias, inability to accurately measure medication adherence, and not accounting for drug equivalence for MOUD.

AUTHORS & DISCLOSURES

Ann Giazioni, MSW, LCSW, MBA ^{1A}, Dominic L. Vargas, MBA ^{1A}, Michael Lynch, MD ^{1,2,3A}, Mary E. Winger, PhD, MPH ^{1A}, Leah Cope, MSW ^{1A}, Jessica Meyers, MEd ^{1A}, Amy Nau, LCSW ^{1A}

1. UPMC Health Plan; 2. UPMC Mercy; 3. University of Pittsburgh School of Medicine

A. Nothing to disclose

REFERENCES

Hawk, K., Grau, L. E., Fiellin, D. A., Chawarski, M., O'Connor, P. G., Cirillo, N., Breen, C., & D'Onofrio, G. (2021, February 28). A qualitative study of emergency department patients who survived an opioid overdose: Perspectives on treatment and unmet needs. *Academic Emergency Medicine*, 28(5), 542-552. doi.org/10.1111/acem.14197

Jorgensen, S., & Balasuriya, L. (2021, August 1). Improving Access to Care for Patients with Opioid Use Disorder Requires a Health Equity Lens. *Psychiatric Services*, 72(8), 865-865. doi.org/10.1176/appi.ps.72802

Keen, C., Kinner, S. A., Young, J. T., Snow, K., Zhao, B., Gan, W., & Slaunwhite, A. K. (2021, April). Periods of altered risk for non-fatal drug overdose: a self-controlled case series. *The Lancet Public Health*, 6(4), e249-e259. doi.org/10.1016/s2468-2667(21)00007-4

Oller, D., Boggis, J., Bishop, B., Coombs, D., Wheeler, E., Doe-Simkins, M., Walley, A. Y., Marshall, B. D. L., Bratberg, J., & Green, T. C. (2022, March). Estimating naloxone need in the USA across fentanyl, heroin, and prescription opioid epidemics: a modelling study. *The Lancet Public Health*, 7(3), e210-e218. doi.org/10.1016/s2468-2667(21)00304-2