

Introduction

Emergency Department (ED) initiation of medication for opioid use disorder (MOUD) reduces mortality, decreases non-medical opioid use, and improves treatment adherence and retention.

Yet emergency physicians have not uniformly adopted this practice.

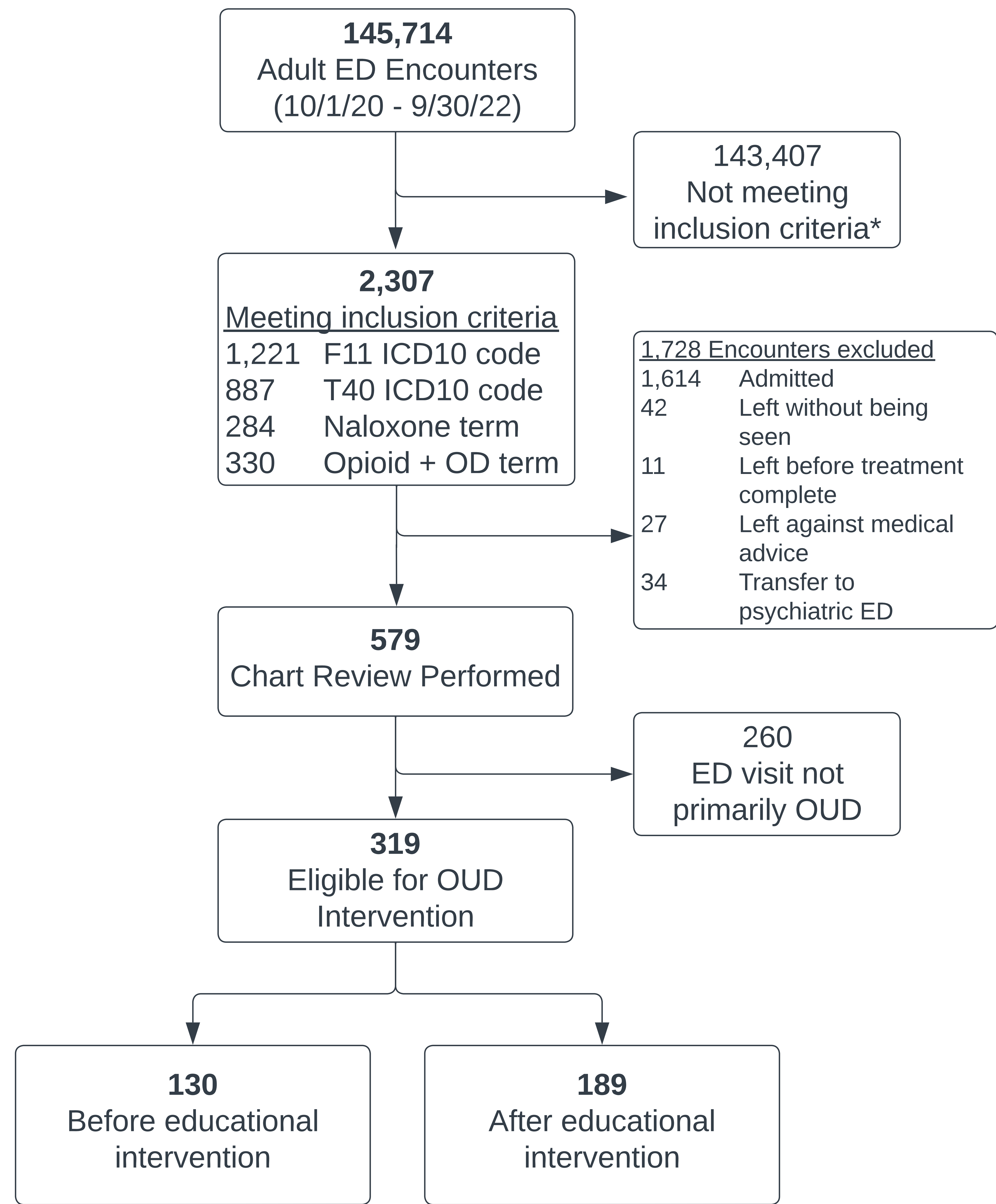
Our goal: to assess the impact of a targeted MOUD curriculum for EM residents in a 4-year emergency medicine residency on clinical process measures related to the care of patients with OUD.

Methods

- Initial needs assessment completed by 56 of 64 members of residency; MOUD orderset developed and employed
- MOUD curriculum developed and delivered over one year
- Query for electronic health records obtained using ICD10 codes and natural language from triage notes (*figure 1*)
- Two-examiner review for eligibility. 10% of eligible charts assessed for interrater reliability
- Interrupted time series analysis performed for one year pre- and post-training (*figure 2*)

Results

FIGURE 1



- Inclusion criteria:
- Any F11 ICD-10 code
 - Any T40 ICD-10 code
 - Any naloxone related term
 - Any opioid related term AND overdose related term

	Before (n = 130)	After (n = 189)	SMD	p
Buprenorphine given/offered*	46 (35.4)	109 (57.7)	0.458	<0.001
Buprenorphine, currently prescribed	17 (13.1)	36 (19.1)	0.166	0.202
Buprenorphine, prescribed in past	21 (16.2)	45 (23.9)	0.195	0.123
Buprenorphine requested by patient	13 (10.0)	46 (24.6)	0.393	0.002
Naloxone rescue kit offered*	61 (46.9)	92 (48.7)	0.035	0.846
Naloxone given prior to arrival	53 (40.8)	65 (34.6)	0.128	0.314
Naloxone given in ED	17 (13.1)	10 (5.3)	0.271	0.025
Methadone, currently prescribed	22 (16.9)	37 (19.7)	0.071	0.635
Methadone, missed dose requested*	13 (61.9)	33 (89.2)	0.669	0.033
Addiction Medicine consulted	24 (18.5)	75 (39.9)	0.485	<0.001
MOUD outpatient plan provided	60 (46.2)	119 (63.3)	0.365	0.006
General MOUD discharge instructions	55 (42.3)	88 (46.8)	0.193	0.186
Harm reduction discharge instructions	45 (34.6)	66 (35.1)	0.01	1

FIGURE 2 *Percent of the total n for each column

Conclusions

After targeted educational interventions, EM residents offered buprenorphine to more patients with OUD and connected more patients to outpatient addiction providers.

This chart review dataset can be used to revise and target ongoing educational interventions to improve care delivery.

Authors and References

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