Bridging the Gap: Meeting Patients Where They Are

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Overview

• Brief Overview of the MGH SUD Initiative
• Substance Use Assessment in the Emergency Department (ED)
• Bridge Clinic
• ED - Bridge Clinic rapid access collaboration
• Patient Example
• Questions and Answers
Substance Use Disorder Strategic Initiative: Our Mission

Increase quality and decrease cost of care for patients with substance use disorders

- Treatment & Access
- Education & Prevention
- Philosophy & Culture Change
- Community Supports & Linkages
• Traditional care of substance use disorders has been in silos
FACT: ADDICTION IS NOT A WEAKNESS. IT IS A DISEASE.
Inpatient (ACT) | Outpatient | Community
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Increased access to pharmacotherapy and evidence based therapy | Recovery Coaches | Multidisciplinary rounds; new groups and clinics
Bridge Clinic
Prevention, Education & Evaluation

MGH Substance Use Disorders Initiative
From Education to Prevention to Chronic Disease Management
From Immediate Access and Treatment to Engagement

Emergency Department

Inpatient (ACT)  Bridge Clinic  Outpatient

Evaluation, Immediate Treatment, Engagement
ED Initiatives for patients with SUD

- The ED cares for over 9,000 substance use disorder (SUD) patients each year
  - Represents 9% of the total ED population

- Standing agenda item at monthly ED Quality & Safety Committee

- Ongoing networking with other hospitals and outside groups

- Facilitates Section 35 commitments

- Opioid treatment Bridge Clinic rapid access

- Narcotics Prescribing Guideline for the ED

- Developed Acute Care Plan concept and tool

- Evaluation and monitoring process for intoxicated patients

- Overdose evaluation and recommendations

- ED based SUD education and participation in hospital SUD educational programs

  • Created Addictions Medicine APRN role in ED
Emergency Department Addiction Consultation

- APRN for Addictions Medicine
- ED Pharmacist
- APS consult service for dual diagnosis
- Police & Security
- Case management
- Social work
Bridge Clinic

- Transitional clinic (up to 3-6 months) for MGH patients who need addiction care but lack community based providers

- Immediate engagement, immediate medication management, stabilization and linkage to outpatient treatment providers

- Referrals from Addiction Consult Team, Emergency Department, Primary Care Clinics, Oncology Unit, Freedom Clinic and Inpatient Psychiatry Unit

- Developing pilots with other programs

- Officially open since Feb 2016; treated over 160 patients to date
Hours of operation: 9AM-4PM Monday-Friday

Location: Founders 880

Staff:
Laura Kehoe, MD, MPH, Medical Director
Elizabeth Powell, MPH, Project Manager
Hasena Omanovic, PMHNP
Chris Shaw, PMHNP
Jess Moreno, Pharm-D, Clinical Pharmacist
Nicole Bourgeois, Recovery Coach
Sophia Volcy, Resource Specialist
Jasmine Webb, Patient Services Coordinator

Services:
Addiction pharmacotherapy, peer support services, individual and group medication and SUD education, nasal Naloxone distribution and education
Patients with opioid use disorder who are interested in care

Patients post opioid overdose

Patients with a substance use disorder who are not at risk for alcohol or benzodiazepine withdrawal

High utilizing patients
Patient Example

• 35 year old man
• 20+ year IV heroin addiction
• Multiple detoxes, inpatient and outpatient programs
• Long periods of remission/sobriety
• 30 day detox, weaned off his Buprenorphine
• Day of discharge, returned to home
• Overdosed
• Naloxone (Narcan) → brought to MGH ER
Traditional Post Overdose Care

• +/- Intranasal Naloxone (Narcan)
• Brief medical evaluation in ER
• No medication to prevent relapse or repeat overdose
• Patient discharged with list of area detoxes
• If referred to outpatient addiction program, long wait
• Ongoing drug use and active, untreated disease
• High risk for repeat overdose or other complication of drug use
Current Post Overdose Care at MGH

- Medically Assessed and Stabilized in Emergency Room
- Evaluated by Addiction NP in ED
- Family Supported/Education Provided
- Addiction Consultant confers with Bridge Clinic MD
- Patient Escorted to Bridge Clinic by ED staff member
- Immediate assessment by Bridge Clinic MD and medication to prevent ongoing drug use
- Engagement with Bridge Clinic Recovery Coach
- Family Supported/Education Provided by Addiction Pharmacologist/Naloxone (Narcan) provided
- Next Day Follow Up
Patient Experience

Day 1 ED referral to Bridge Clinic:
“Had my first overdose after 20 years of IV drug use. I can describe my thought and feelings, after being saved by Narcan in one word along… grateful! This medication is saving lives. Thank God. God bless. Keep the faith.”

Day 2 Bridge Clinic follow up:
“Today is my birthday and I have received the best present ever… Another chance at life. So grateful for my family, so grateful for my health, so grateful for this program. And a grateful heart will never relapse.”

-Nick
Bridge Clinic - ED Collaboration:

- Patients receive care on demand
- Patients connect
- Patients engage
- Patients recover
- Teams communicate
- Team ensures safe follow up
- Bridge Clinic door always open
- Tracking our numbers and data
Traditional Expectation...
... vs. Reality
Continued Engagement: Keys to Success

• Keys to success
• Empathy, warmth, de-stigmatizing approach
• Ongoing active communication between teams
• Flexibility
  – Understanding the disease process and path to recovery
  – Relapses happen – we deconstruct them
  – Clinic structure is flexible
  – **Team sharing and communication is critical**
  – Follow up
  – Supportive resource management
  – Finding the right fit for the patient’s needs and promoting community based supports
The Road to Recovery Can Be Circuitous
Questions