

Preliminary Results from a Post-Overdose Outreach & Emergency Department-Initiated Opioid Initiative

June 9, 2019

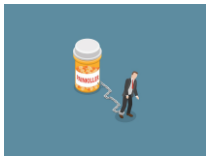
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Disclosures

- This study is funded by the Texas HHSC State Opioid Response Program, through SAMHSA
- No conflicts of interest or anything else to disclose



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Objectives

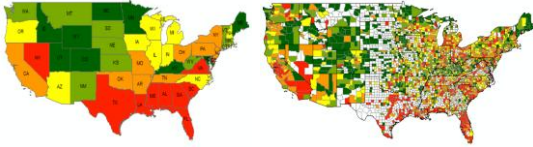
- Demonstrate strategies for assertive outreach to OD survivors
- Describe role of emergency physicians and process for same-day ED MAT induction
- Best practices for opioid systems of care
- Understand initial outcomes of a comprehensive intervention



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The National Landscape

- Our research highlights significant treatment capacity gaps, especially in the Southeast



Langbeier et al. Disparities between U.S. Opioid Overdose Deaths and Treatment Capacity: A Geospatial and Descriptive Analysis. *J of Addiction Medicine*

Background

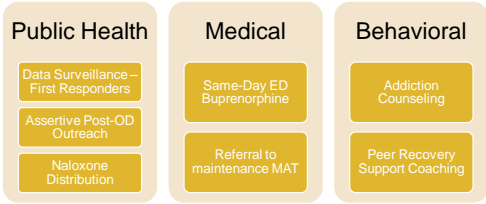
- Treatment capacity alone is insufficient
- Better Coordination across medical, criminal justice, public health, and first responders
- OD = critical juncture where patients are more ready and willing to engage in treatment
- Hypothesis: *Immediate intervention, outreach, and comprehensive follow-up services initiated post-OD in the Emergency Department could be effective at improving engagement and retention in treatment.*

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Study Setting

- Houston Texas: 4th largest MSA ,5 million people
- Opioid-related mortality rate=275/year and growing
- No prior estimates of non-fatal OD prevalence from EMS/police
- Funding from SAMHSA State Opioid Response grants
- Registered as NCT03396276

Program Components



Protocol



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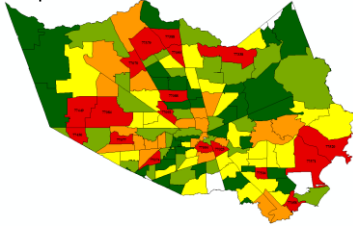
Primary Outcomes

- Treatment retention over time (30, 90, 365 days)
- Mortality rates
- Patient-reported outcomes (subsequent OD, quality of life)

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Identifying Hotspots

- Geospatial analysis tracks both fatal and non-fatal 911-reported overdoses



Assertive Outreach

- Based on theory of “critical time intervention”
- Quick response team to non-fatal OD’s within 24-48 hours after report
- Paramedic and Peer Recovery Specialist
- Motivation interviewing, options, and enrollment into program

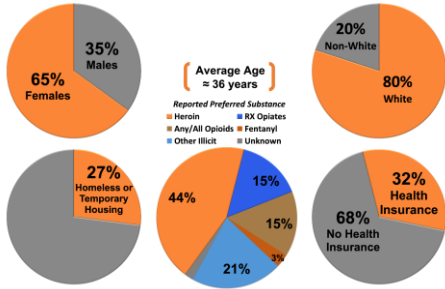
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Emergency Department

- 4 DEA “x-waivered”, board-certified emergency physicians
- Consult, screening, and diagnosis for OUD
- Conversation about options with patient and consent
- Initial dose of Suboxone (8-12 mg)
- Rx to bridge until ongoing MAT (~2 weeks)

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Results: Patient Demographics



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Results

- Initial pilot=75 patients (still enrolling)
- 81% (61) were successfully retained in treatment >30 days & 75% (56) >90 days
- 12% (9) discontinued treatment:
 - Relapse (5)
 - Incarceration (3),
 - Mental health complications requiring inpatient care (1)
- 5 (6.6%) were lost to follow-up
- No observed mortality or overdoses

Discussion

- Outreach + ED provides effective entry into treatment for high-risk individuals
- Relative to normal relapse rates, we found extremely high rates of retention initially
- Small decrease in treatment retention over time
- Need for randomization

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Thank You!

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