

Poster Title: Implementation of a “Tele-Peer” Model to Expand Access to Medications for Opioid Use Disorder (MOUD) in a Rural Emergency Department (R-ED) in South Carolina (SC)

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Care Category | Subcategory: Human Performance/Wellness Health Equity

Hold for
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PROBLEM / OPPORTUNITY

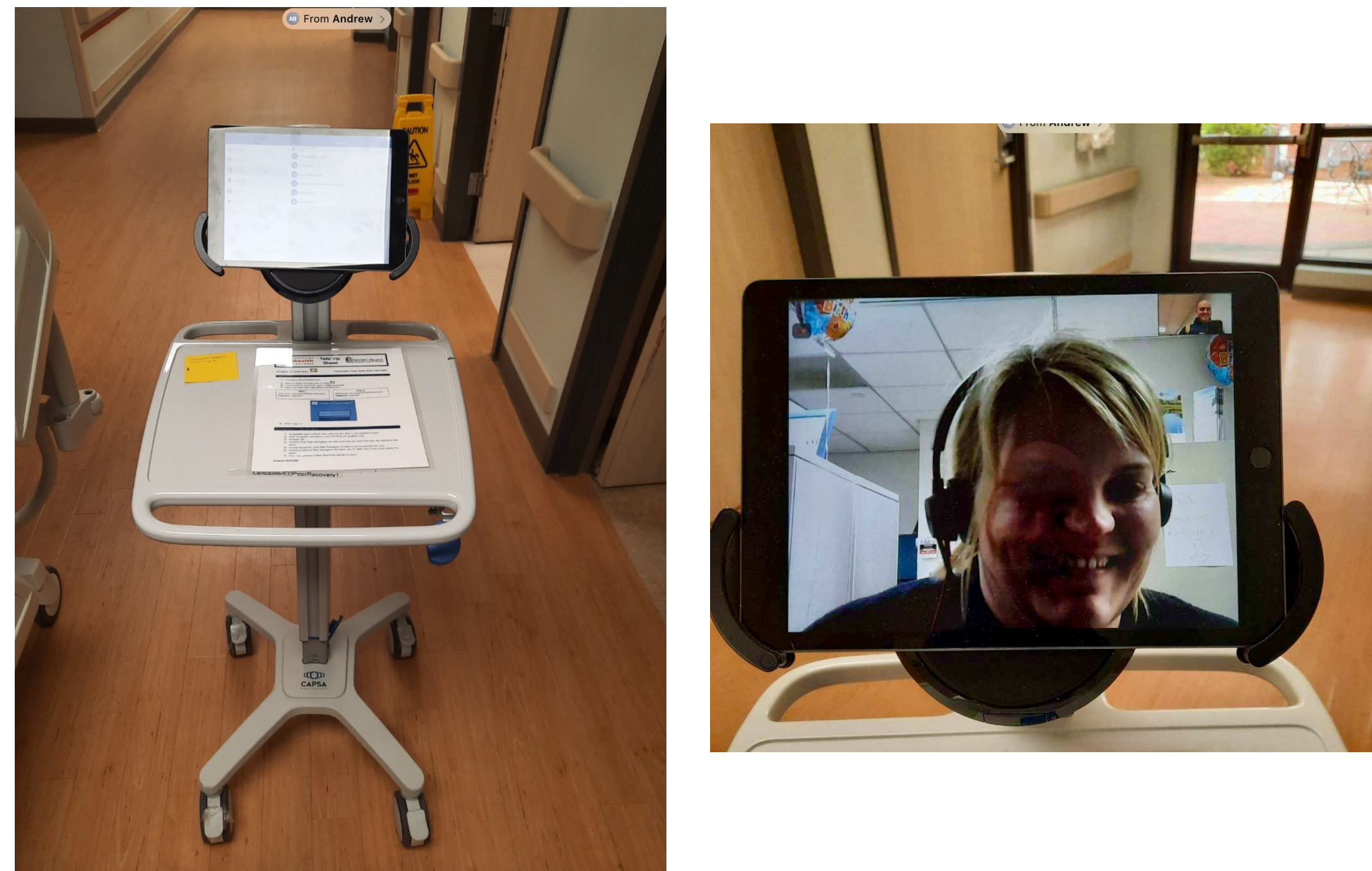
OUD is one of America’s deadliest and most widespread diseases with over 100,000 drug overdose (OD) deaths in the United States between 2021 and 2022. SC saw a 25% increase in OD deaths from 2002 - 2021. Rural communities are disproportionately affected by the opioid epidemic, seeing increases of fatal ODs with limited access to effective interventions.

IDEA SUMMARY

The team implemented a new “Tele-Peer” model to expand access to MOUD in an R-ED.

VALUE PROPOSITION / BENEFITS

Patients provided ED-initiated buprenorphine (EDIB) are more likely to remain in treatment and decrease mortality risk compared to patients provided only treatment referral upon discharge. Using a Screening, Brief Intervention, and Referral to Treatment (SBIRT) model, the team has implemented EDIB at 8 EDs in urban communities in SC whereby screening occurs in triage, patients who are appropriate for MOUD treatment are referred to the provider, and on-site Peer Recovery Support Specialists (PRSS) perform a brief intervention (BI) and refer to treatment. R-ED access to such services is limited due to lower patient volumes and the need for almost constant PRSS availability. Delivering PRSS care via telehealth utilizing existing PRSS teams expands access to patients in vulnerable areas.



IMPLEMENTATION PLAN

The team implemented a “tele-peer” EDIB model providing clinical services on-site in the MUSC Lancaster ED, with PRSS services provided remotely via telemedicine platform. We plan to expand tele-peer services to additional EDs across the organization and will need to train and equip regional partners with necessary equipment to support the work.

SUSTIANABILITY PLAN

A cost analysis is currently being conducted to determine the cost savings incurred for patients receiving EDIB. Additionally, the delivery of PRSS via telehealth provides the opportunity to improve productivity of existing PRSS teams, while expanding access to life-saving interventions to patients in areas of great need, all at lower cost compared to the traditional model.

METRICS / RESULTS

Preliminary analysis examined individuals who presented to the ED, screened positive for risky substance use, and were identified by peers as candidates for a BI between October 20, 2022, and February 28, 2023. Results show that 70 ED patients screened positive for substance misuse and of those, 9 (13%) received tele-peer BIs. Data collection is ongoing.

BUDGET / FINANCIALS

To support future R-ED expansion, \$16,000 will provide an additional 6 tablets, 6 carts, support PRSS travel to each site, and other PRSS expenses. 3 new R-EDs will be provided access to EDIB and PRSS.

LESSONS LEARNED

The team has learned that clinical staff at the R-ED benefit from a PRSS on-site consult to help review protocol and procedures. If awarded, funds will be allocated for twice yearly PRSS travel to each site.

ADDITIONAL INFORMATION

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