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Despite a national rise in ED visits related to OUD, our multidisciplinary quality improvement (QI) work group:

- Demonstrates that pharmacists are essential to improving access to medications for OUD
- Led education initiatives for nurses and providers
- Developed a process for secure storage, continuous counts, and evening nursing huddles
- Developed a sustainable and cost-effective method to secure storage
- Billing patient's medical insurance for ED naloxone dispenses

**Background**

- The opioid epidemic is one of the most severe public health crises in the United States, leading to increased mortality and morbidity
- Methadone and buprenorphine are 1st-line treatments for opioid use disorder (OUD)
- Most of the naloxone was distributed to Project ASSERT

**Purpose**

- A multidisciplinary quality improvement (QI) group consisting of ED physicians, nurses, ED pharmacists, addiction medicine physicians, and licensed alcohol and drug counselors (LADCs) was formed to improve the treatment of patients with OUD presenting to the ED through provision of harm reduction services and initiation of QI

- QI initiatives were evaluated using the Model for Improvement framework

**Conclusion**

- A multidisciplinary collaboration successfully increased patient access to ED naloxone, and follow-up at our 3 bridging clinics
- Developed a sustainable and cost-neutral process for naloxone distribution in an academic medical center

**References**


**Acknowledgements**

Boston Medical Center ED Pharmacists
Boston Medical Center Project AID
Boston Medical Center Addiction Medicine Providers
Boston Medical Center Outpatient Pharmacy Department

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**Purpose**

- The state supplied 240 individual boxes of naloxone in April 2020 to help programs transition to the new, inclusive reimbursement of naloxone dispensed to ED discharge patients
- Most of the naloxone was distributed to Project ASSERT
- In August 2020, we successfully began billing patient's medical insurance for ED naloxone dispenses
- In September 2021, we developed a policy that allows ED pharmacists to order naloxone take home kits for discharge patients at risk of overdose or upon patient request

$\text{MOUD}$

- MOUD from autonome in the ED and these medications in the ED automated dispensing cabinets in July 2018
- Created an ED-specific medication guideline for the treatment of OUD
- Formal education on MOUD began in September 2018 for ED pharmacists, nurses, and providers
- ED providers received education at their monthly educational conferences and weekly clinical rounds
- ED provider x-bar chart increased from 5% to 90% through incentives
- ED professionals provided education daily at the morning and evening nursing huddles
- ED pharmacists provided additional education to staff at time of order or at staff request

- In September 2018, Faster Paths began accepting walk-in appointments for patients discharged from ED, who received $\text{MOUD}$
- $\text{Superpharmacy-naloxone}$ take home kit policy to facilitate linkage to our Faster Paths bridge clinic began Jan. 2020
- Meets outpatient pharmacy labeling requirements
- Contains naloxone 4 mg spray and buprenorphine-naloxone 8-2 mg film
- Medication handouts and Fast Paths brochure
- Discharge counseling by ED pharmacists
- Faster Paths bridge clinic began applying “72 hour rule” for methadone with rapid linkage to local OTPs in April 2019
- Developed a process for secure storage, controlled counts, and evening, and audits of methadone administration
- Faster Paths expanded to 7 days/week coverage in September 2021 after first piloting it in August 2021

**Experience with the Program (continued)**

- Multi-disciplinary collaboration successfully increased patient access to $\text{ED Naloxone}$, and follow-up at our 3 bridging clinics
- Developed a sustainable and cost-neutral process for naloxone distribution at our 3 hospitals in the absence of grant funding
- Developed a $\text{Superpharmacy-naloxone}$ take home kit for ED patients or local bridges like stigma, potential unavailability of $\text{MOUD}$, limited time for medication counseling, and lack of 24/7 pharmacies in the area
- Significantly followed up faster at Faster Paths and $\text{MOUD}$ on prescribing rates with the ED in September 2018
- $\text{ED pharmacists}$-led MOUD and harm reduction initiatives also provided additional educational and direct patient care experiences for our pharmacy residents and students on rotation
- Demonstrates that pharmacists are essential to improving access to and treatment for OUD

**References**