



Jacobs School of Medicine
and Biomedical Sciences
University at Buffalo



BUFFALO
MATTERS
Medication Assisted Treatment & Emergency Referrals

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TECHNICAL ADVISOR | ERIE COUNTY & NEW YORK STATE DEPARTMENTS OF HEALTH

MEDICAL DIRECTOR | BUFFALO MATTERS

WHY BUFFALO?

Local News

Clarence doctor pleads guilty to illegally prescribing painkillers

By: Al Vaughters [✉](#)

Posted: Apr 20, 2015 08:08 PM EDT

Updated: Apr 20, 2015 08:08 PM EDT



WHY BUFFALO?

THE BUFFALO NEWS



Pravin Mehta, 'Dr. Feel Good,' gets prison for dealing opiate pills

WHY BUFFALO?

Dr. Eugene Gosalbally Faces 166-Count Indictment

Includes conspiring to distribute opioids resulting in death of six patients



MIKE BAGGERMAN

NOVEMBER 08, 2017 - 5:37 AM





Prescribing

- Reduce irresponsible prescribing

WE DIDN'T KNOW IT AT THE TIME

UNPRECEDENTED COLLABORATION



Prescribing



Opioid and Sedative Prescribing Guidelines for Providers

1. A dedicated primary care provider (outside of the emergency department or urgent care) who can follow a patient's treatment and response should provide all opioids and sedatives to treat any patient's chronic pain.
2. Administering intravenous or intramuscular opioids or sedatives in the emergency department or urgent care for the relief of acute exacerbation of chronic pain is generally discouraged*.
3. Prescriptions for opioids for acute pain from the emergency department or urgent care should be written for the shortest duration appropriate. In cases of diagnostic uncertainty, this generally should be for **no more than 3 days**, as is consistent with national guidelines.
4. Patients may be screened for substance use disorder. Those protocols may include services for brief intervention and referrals to treatment programs for patients who are at risk for developing, or actively have, substance use disorders.
5. When patients present with acute exacerbations of chronic pain, a summary of the care, including any medications prescribed, should be communicated to the primary opioid prescriber or primary care provider.
6. Emergency department and urgent care providers will not dispense prescriptions for controlled substances that were lost, destroyed, stolen, or finished prematurely.

* This document was designed to aid the qualified health care team in making clinical decisions about patient care and is not be construed as dictating an exclusive course of treatment. Variations in practice may be warranted based on individual patient characteristics and unique clinical circumstances.

October, 2018



Opioid and Sedative Medication Notice to Patients

Our Emergency Department/Urgent Care providers understand that pain relief is important when you are hurt or need emergency care for pain. Our main goal is to look for and treat your emergency medical condition. Our emergency department tries to ensure kind treatment of patients without contributing to opiate or sedative dependence or addiction.

For your safety, we follow these guidelines when treating your pain.

1. To assure your safety, we recommend that a dedicated primary care provider outside of the emergency department or urgent care provide all opiates and sedatives to treat your chronic ongoing condition.
2. We prescribe opiates for acute, short term pain for the shortest duration appropriate. This generally will be for **no more than 3 days**, consistent with national guidelines.
3. We may screen patients for substance misuse before prescribing or providing any opiates.
4. We will not dispense prescriptions for controlled substances that were lost, destroyed, stolen, or finished prematurely. You should contact your primary care provider or pain specialist for a refill.
5. We may also check the New York State prescription monitoring program called I STOP before prescribing or providing opiates for new painful conditions.
6. Generally, we will not prescribe or provide doses of long acting opioid pain medications.

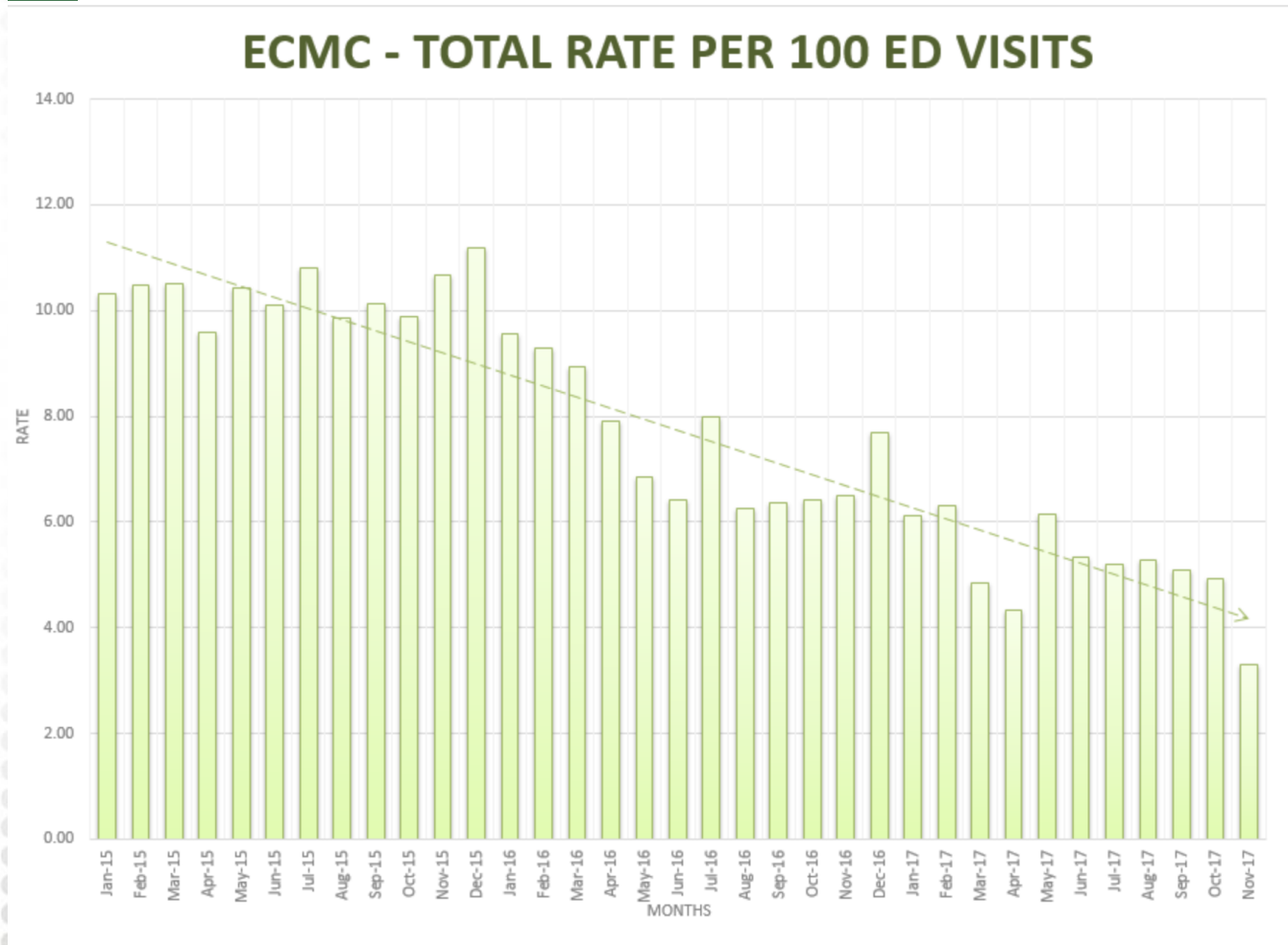
Opiate medications include: codeine; hydrocodone (Norco, Vicodin, Lortab); oxycodone IR (Percocet) and SR (OxyContin); morphine IR and SR (MS Contin); hydromorphone IR (Dilaudid) and ER (Exalgo ER); methadone; fentanyl; oxymorphone ER (Opana ER).

Sedative medications include: alprazolam (Xanax); clonazepam (Klonopin); diazepam (Valium); lorazepam (Ativan). (This is not a comprehensive list of all available products.)

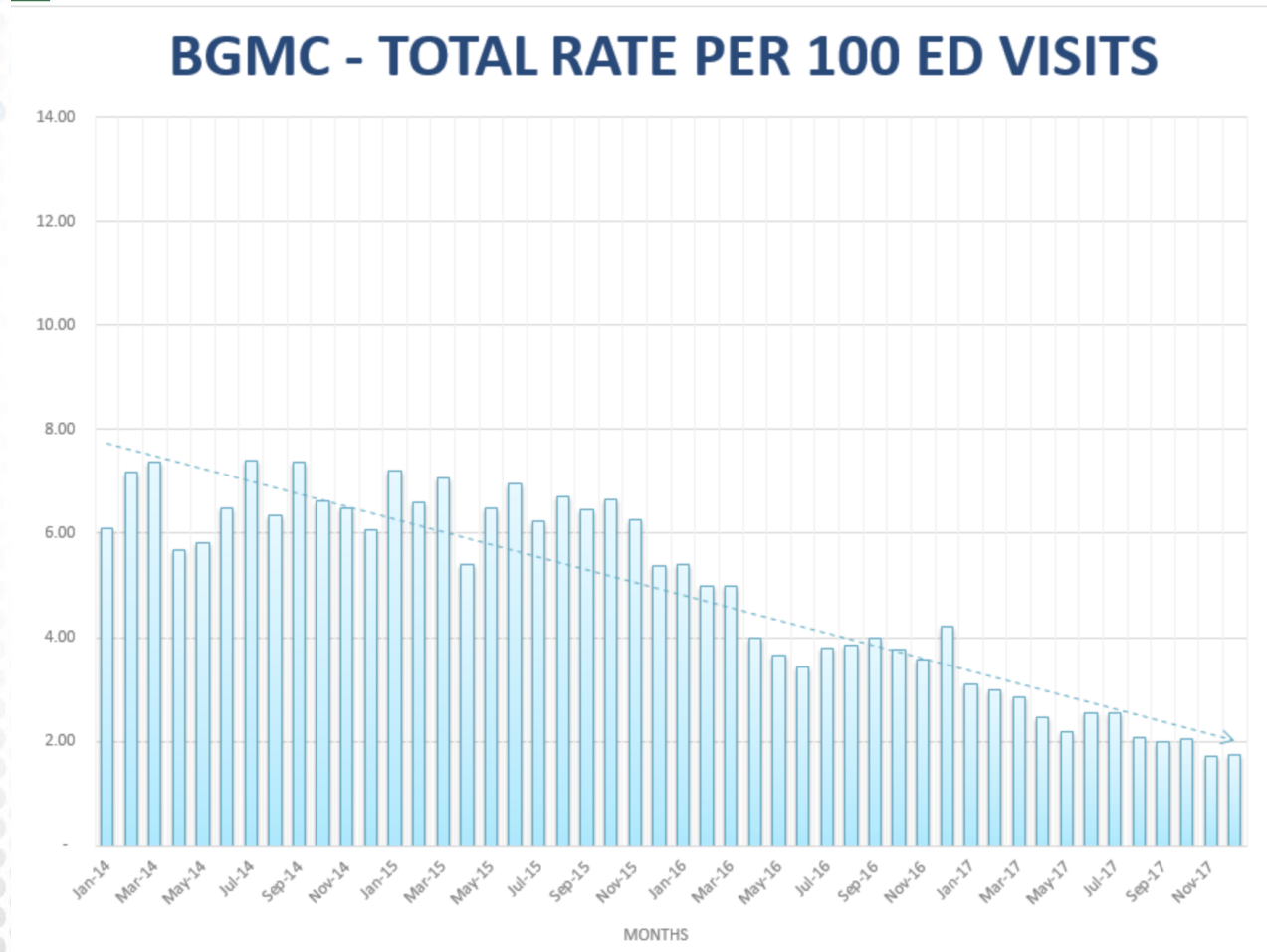
This information is provided for educational purposes only. It is not intended to deter you from seeking treatment or take the place of the clinical judgement of your treating provider. It is also not intended to establish a legal or medical standard of care.

October, 2018

UB | MD EMERGENCY MEDICINE RX TRENDS



UB | MD EMERGENCY MEDICINE RX TRENDS



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graph LR; A[Prescribing] --> B[MAT]; B --> C[Referrals];
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Prescribing

- Reduce irresponsible prescribing

MAT

- Provide access to MAT in the ED

Referrals

- Provide rapid referral

MAT

BUPRENORPHINE IN THE ED – CAN IT BE DONE?

- LIMITED EVIDENCE BASED CLINICAL TRIALS
- GROWING BODY OF EXPERIENCE FROM PROGRAMS ACROSS THE COUNTRY

Original Investigation

Emergency Department–Initiated Buprenorphine/Naloxone Treatment for Opioid Dependence A Randomized Clinical Trial

Gail D'Onofrio, MD, MS; Patrick G. O'Connor, MD, MPH; Michael V. Pantalon, PhD; Marek C. Chawarski, PhD;
Susan H. Busch, PhD; Patricia H. Owens, MS; Steven L. Bernstein, MD; David A. Fiellin, MD

Summary - D'Onofrio et al. screened all adult patients presenting to their ED for opioid dependence and randomized them to either buprenorphine treatment, brief intervention and referral, or referral only. **The rate of engagement in addiction treatment was 78%, 45%, and 37% at 30 days for each group respectively.**



- 1) ***** They had staff available to complete an approximate 15 minute screen to identify patients with opioid dependence and then complete a brief intervention that lasted an average of 10.6 minutes.
- 2) *****All of their ED providers have completed training for and are licensed to provide buprenorphine.
- 3) ***** In addition, they have a hospital based primary care center with physicians who are also all licensed to prescribe buprenorphine to whom they could refer patients for immediate follow up from the ED **within 72 hours**

MAT

DEFINED SYSTEMS AT IVORY TOWER INSTITUTIONS

- DOESN'T EXIST IN MOST PARTS OF THE COUNTRY
- NEED FOR COMMUNITY/REGIONAL PROGRAM
 - VARIABILITY ACROSS ED PROVIDERS
 - VARYING CLINIC PHILOSOPHIES
 - GEOGRAPHIC CHALLENGES

MAT

STANDARDIZED HOSPITAL PROTOCOL

- PROCESS/PROTOCOL - IDENTIFYING PATIENTS/SCREENING:
 - NO ABSOLUTE CONTRAINDICATIONS
 - PATIENT AGREES
 - ISTOP QUERY
 - OPIOID WITHDRAWAL → BUPE IN ED
 - NOT IN OPIOID WITHDRAWAL → NO BUPE IN THE ED RX GIVEN
 - POST OVERDOSE/OTHER MEDICAL ISSUES

MAT

STANDARDIZED HOSPITAL PROTOCOL

- REFERRAL PROCESS

- PROVIDE PATIENT WITH THE OPIATE DEPENDENCE SCREENING FORM (WITH CLINIC LOCATIONS)
- INSTRUCT THE PATIENT TO COMPLETE THE FORM
- HAVE PATIENT CHOOSE THEIR TOP TWO CLINIC CHOICES
- APPOINTMENT MADE PRIOR TO LEAVING THROUGH CENTRALIZED SCHEDULER
- PATIENTS DO NOT HAVE TO RECEIVE A RX TO BE REFERRED

Referral

Hospital Initiated Buprenorphine Discharge Instructions

About Buprenorphine

You have been prescribed Buprenorphine while in the hospital/emergency department. Buprenorphine is used to treat the symptoms of opiate withdrawal in order to facilitate treatment of opiate use disorder. This medication acts on opiate receptors. The medication should be placed under your tongue where it will dissolve and be absorbed directly into your blood stream. If you swallow the medication it will not work as well.

You should not take any opiates or sedatives (including those prescribed by a doctor) while taking Buprenorphine. If you drink alcohol or use benzodiazepines, talk to your provider. Taking buprenorphine with alcohol or benzodiazepines may put you at an increased risk for overdose.

You are being prescribed a 4mg dose of Buprenorphine for a few days until you can be seen at the clinic. If deemed appropriate, the clinic will refill your Buprenorphine prescribe at the same, a higher or a lower dose.

First Dose in the Hospital

If you received a first dose of Buprenorphine in the hospital/emergency department, you should take your next dose 12 hour later, and then continue to take one dose every 12 hours.

First Dose at Home:

If you were not given a dose in the hospital/emergency department, it probably means you were not yet having enough withdrawal symptoms. If you take Buprenorphine before you are in moderate withdrawal, the medication can cause withdrawal symptoms, and make you feel really bad. You should wait until you have at least 3 of the following symptoms before taking your first dose:

- Feeling Sick
- Stomach Cramps
- Spontaneous Twitching
- Feelings of Coldness
- Heart Pounding
- Muscular Tension
- Aches and pains
- Yawning
- Runny Eyes
- Insomnia

Once you have taken your first dose at home, you should take your next dose 12 hours later, and then continue to take one dose every 12 hours.

Your Appointment will be at _____ on _____

Your Clinic Appointment

You have either been given an appointment slot at a particular clinic, or information on how to obtain one. The clinic will call you in the next 1-2 days to arrange your specific appointment time. Once you are given an appointment, a time slot will be held specially for you. If for any reason you cannot make that appointment, please call the clinic as soon as possible. Some clinics have a 2-step prescribing process, so you may not necessarily be given a new script for buprenorphine at your first appointment. Buprenorphine is one component of substance abuse disorder treatment. You may be expected to attend frequent counseling sessions based on the policies of the clinic.

Home induction instructions





30
CLINICS



14
HOSPITALS



TRAINED OVER
100
EMERGENCY PROVIDERS



WEEKLY
APPOINTMENTS

APPROXIMATELY
400,000
EMERGENCY PATIENTS
SCREENED ANNUALLY





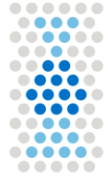
UB|MD

EMERGENCY
MEDICINE



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and Biomedical Sciences

University at Buffalo



**BUFFALO
MATTERS**

Medication Assisted Treatment & Emergency Referrals



Horizon
HEALTH SERVICES

mercyFLIGHT
WESTERN NEW YORK



**Erie County
Opiate Epidemic
Task Force**



JOHN R. OISHEI FOUNDATION

abbey
mecca &
company



Spectrum
Health & Human Services

best|self™
BEHAVIORAL HEALTH



Kaleida Health

gca|sa

Evergreen
Health



NEW YORK STATE
Department of Health



Erie County
Department of Health



Public Health
Prevent. Promote. Protect.



BEACON CENTER
LIGHTING THE WAY

HOW REALISTIC IS THIS?





FAQ

- **Q:** WHERE DO I START ?

- **A:**

1. MAKE BUPRENORPHINE AVAILABLE IN THE ED

2. DETERMINE IF WAIVER FOR ED PROVIDERS IS NECESSARY

3. ESTABLISH RELATIONSHIP WITH CLINICS FOR FOLLOW UP

1. INTERNAL VS EXTERNAL

4. ANTICIPATE PUSH BACK, PROBLEMS, ETC

5. NALOXONE KITS SHOULD BE OFFERED IN THE ED

FAQ

- **Q:** HOW TO BRING CLINICS TOGETHER?
- **A:**
 - LEVEL THE PLAYING FIELD
 - COMMON SET OF “VALUES”
 - ADDRESS CHALLENGES UP FRONT
 - UNINSURED
 - FIRED PATIENTS
 - POLYSUBSTANCE ABUSERS

HOW IT STARTED

Buprenorphine/Suboxone Referral Worksheet

ECMC - MFSH - BGMC only - Please keep at secretary's desk

	CHS/Updike	Evergreen	Horizons
Which days to ER	Monday/Tuesday	Wednesday/Thursday	Friday/Sat/Sun
Which days to see at clinic	Wednesday	Thursday/Friday	Monday/Tuesday
Who to call	Nurse at CHS clinic (usually Judy)	Courtney Anderson - referrals	Admissions Line
Number To call	██████████	██████████	██████████

What information to give admissions/referrals line

Patient Name

Phone Number (2 numbers is preferable)

Any significant co-morbidities

Any other drug use reported (benzo, alcohol, etc)

Clinics may ask for more info than you have available (this is OK)

Call/Text Josh Lynch with any problems

██████████

Referral

REGIONAL TREATMENT NETWORK

Hospital Initiated Buprenorphine Program

Mission

Regional hospital systems, through the Buffalo Matters network are partnering with community-based substance abuse treatment programs as well as the John R. Oishei Foundation, the Erie County and New York State Departments of Health and local hospitals to increase access to Buprenorphine based opiate use disorder treatment for the citizens of Western New York.

Vision

- To aid our shared patients in initiating and continuing successful opiate use disorder treatment.
- To reduce morbidity and mortality associated with opiate use disorder in Western New York.
- To provide a best practice model for Emergency Department Initiated Buprenorphine Programs that others can emulate. To provide the same high level of care to patients suffering from opiate use disorder that we would for any other emergency medical condition

REGIONAL TREATMENT NETWORK

Values

Hospital partners will follow these values:

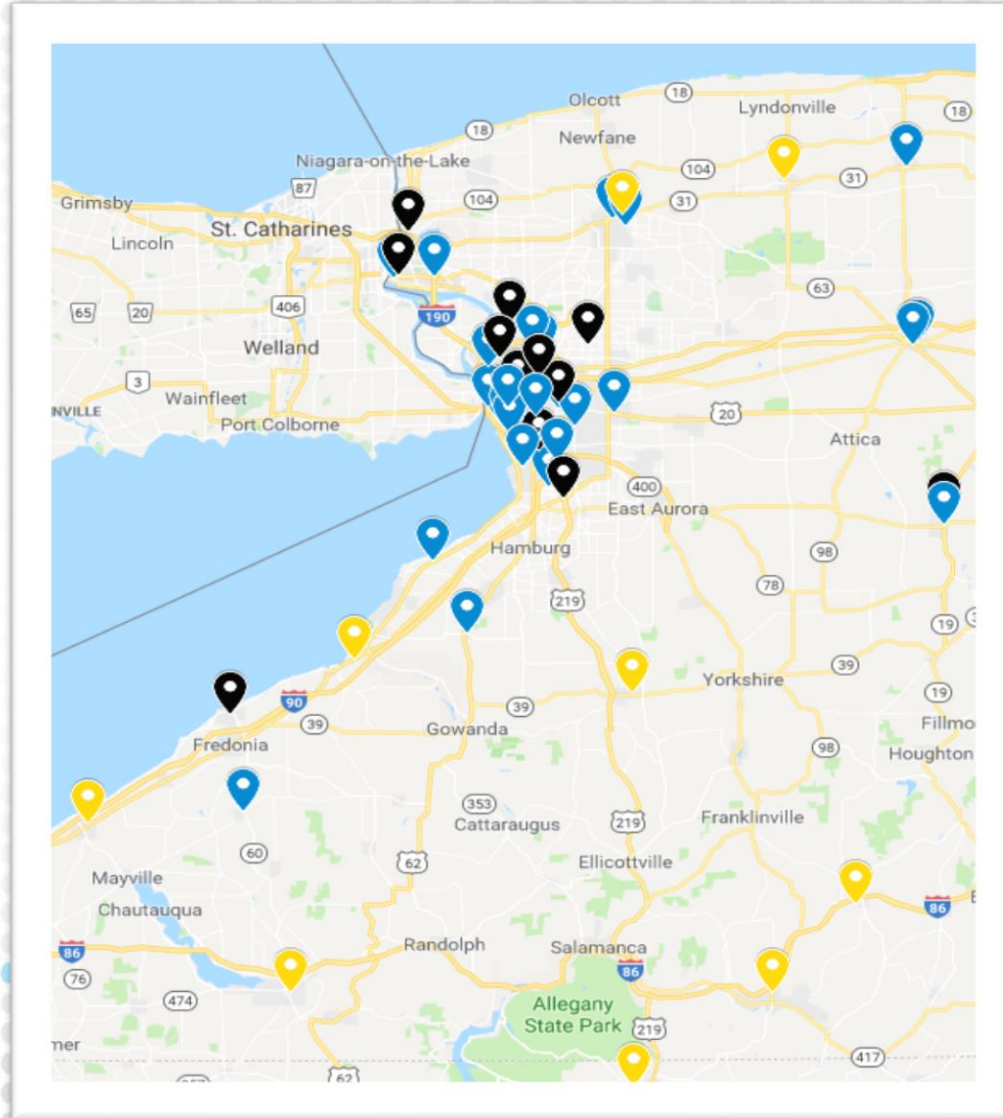
- We will prescribe buprenorphine for patients when appropriate based on our guidelines.
- We will not automatically disqualify patients from receiving buprenorphine if they engage in polysubstance abuse (especially benzodiazepines and/or alcohol).
- We will refer patients to the most appropriate follow up possible based on their unique needs.
- We will inform patients of the referral program's expectations.
- We will continuously evaluate our program and share our lessons learned with others.

Buffalo Matters will partner with community-based substance abuse treatment programs that embody these values:

- They will accept and work with patients regardless of insurance status.
- They will accept ED patients who have not been prescribed buprenorphine in the past.
- They will offer timely appointments to patients referred from the emergency department.
- They will accept referred patients even if previously discharged from a treatment program.
- They will not automatically disqualify patients from receiving medication assisted treatment if they engage in polysubstance abuse (especially benzodiazepines and/or alcohol).
- They will not place undue financial burden on the patient.
- They will provide care that is culturally appropriate for the target population of patients with substance use disorder.
- They will provide feedback to UBMD regarding the disposition of referred patients to improve our processes.

Beacon Center	3354 Sheridan Drive Amherst	295 Main Street, Suite 105 Buffalo	36 East Ave Lockport
Beacon Center	417 Third Street Niagara Falls		
Best Self	951 Niagara Street Buffalo	3176 Abbott Road Orchard Park	2107 Spruce Street N Collins
Brooks-TLC	33 N Main St. Cassadaga, NY	7020 Main Rd. Derby, NY	
ECMC	5087 Broadway Depew	1285 Main Street Buffalo	2282 Elmwood Ave Kenmore
Endeavor Health *Adolescents <25 years old*	1526 Walden Ave Cheektowaga	463 William Street Buffalo	
Evergreen Health	206 South Elmwood Buffalo		
GCASA	430 East Main Street Batavia	249 East Ave Albion	
Horizon Health	77 Broadway Ave Buffalo	1370 Niagara Falls Blvd Tonawanda	6520 Niagara Falls Blvd Niagara Falls
Horizon Health	314 Ellicott Street Batavia	637 Davidson Road Lockport	2563 Union Road Cheektowaga
Mercy Comp Care Center	397 Louisiana Street Buffalo		
Our Lady of Victory (OLV)	227 Ridge Road Lackawanna		
Spectrum Health	326 Orchard Park Road West Seneca	1280 Main Street Buffalo	34 N Main Street Warsaw
St. Vincent's	1500 Broadway Ave Buffalo		

PARTICIPATING & FUTURE HOSPITALS & CLINICS

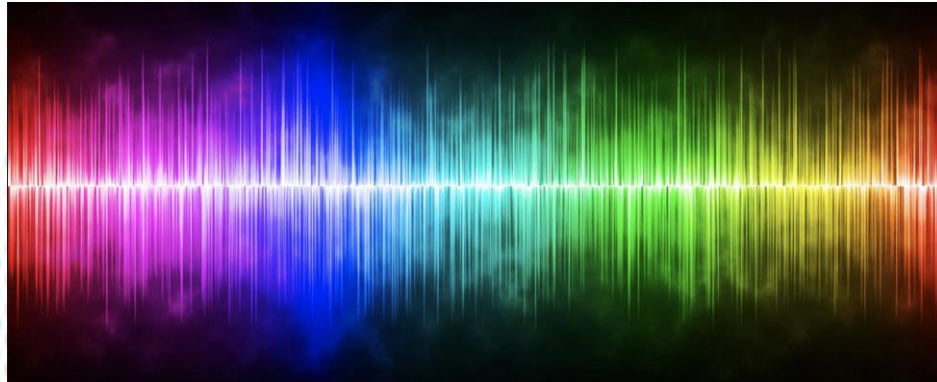


FAQ

- **Q:** “WERE NOT LOOKING TO TURN OUR ER INTO A SUBOXONE CLINIC”
- **A:** HAS NOT REALLY BEEN A NOTICEABLE ISSUE. NO SIGNIFICANT VOLUME INCREASE. FREQUENT FLIERS WILL ALSO (CONTINUE TO) BE A FACTOR.

FAQ

- **Q:** “I DON’T HAVE TIME TO DO THIS IN THE ED”
- **A:** HAVING OVER ONE YEAR OF EXPERIENCE IN MULTIPLE HOSPITALS HAS SHOWN THAT THE PROCESS (FOR THE PHYSICIAN) TAKES ~1-3 MINUTES. VARYING LEVELS OF BUY IN.



FAQ

- **Q:** WHAT TESTING IS PERFORMED IN THE EMERGENCY DEPARTMENT FOR PATIENTS TO BE REFERRED?
- **A:** TESTING IS COMPLETELY UP TO THE PROVIDER, WHETHER IN THE ED OR IN THE INPATIENT SETTING. AT TIMES WHEN PATIENTS PRESENT AFTER AN OVERDOSE, IT MAY BE APPROPRIATE TO ORDER CERTAIN TESTS. IT IS COMPLETELY ACCEPTABLE FOR A PATIENT TO BE PRESCRIBED BUPRENORPHINE/NALOXONE WITHOUT ANY TESTS ORDERED IN THE ED (EVEN A DRUG TEST).

FAQ

- **Q:** IF TESTS ARE PERFORMED AND THE PATIENT WAS FOUND TO HAVE ELEVATED LIVER ENZYMES OR A URINE DRUG SCREEN POSITIVE FOR OTHER SUBSTANCES, HOW DOES THIS EFFECT YOUR APPROACH?
- **A:** WE VIEW OPIOID USE DISORDER AS A SERIOUS, LIFE THREATENING DISEASE. WHILE BUPRENORPHINE IS METABOLIZED BY THE LIVER AND TREATING SOMEONE WITH IT MAY CAUSE INCREASED SERUM LEVEL, WE DO NOT DOSE ADJUST OR PROHIBIT A PATIENT FROM BEING GIVEN THE MEDICATION.

FAQ

- **Q:** IF TESTS ARE PERFORMED AND THE PATIENT WAS FOUND TO HAVE ELEVATED LIVER ENZYMES OR A URINE DRUG SCREEN POSITIVE FOR OTHER SUBSTANCES, HOW DOES THIS EFFECT YOUR APPROACH?

EMPHASIZES IMPORTANCE OF RELATIONSHIP (TRUST) WITH CLINICS

SHOULD BE WORKED OUT EARLY

FAQ

- **Q:** WHAT IF A PATIENT KEEPS COMING BACK TO THE ED WITHOUT FOLLOWING UP REQUESTING REPEAT PRESCRIPTIONS FOR BUPRENORPHINE?
- **A:** IF IT IS DETERMINED THAT A PATIENT MAY BE ABUSING THE SYSTEM, REPEATED PRESCRIPTIONS FOR BUPRENORPHINE MAY BE LIMITED. WE WILL HOWEVER CONTINUE TO RAPIDLY REFER ALL PATIENTS WITH OPIOID USE DISORDER TO THE APPROPRIATE CLINIC SETTING.

FAQ

- **Q:** WHAT IF A PATIENT KEEPS COMING BACK TO THE ED WITHOUT FOLLOWING UP REQUESTING REPEAT PRESCRIPTIONS FOR BUPRENORPHINE?

WE ALLOW FOR TWO PRESCRIPTIONS IN A 12 MONTH PERIOD

FAQ

- **Q:** ISN'T THERE A BLACK BOX WARNING ON THE USE OF BUPRENORPHINE AND BENZODIAZEPINE USE (PRESCRIBED OR NOT PRESCRIBED)?
- **A:** YES, THERE IS HOWEVER THE FDA OFFERED A CLARIFICATION¹ IN 2017 THAT INDICATED BUPRENORPHINE SHOULDN'T BE WITHHELD IN THESE CASES. COMBINATION OPIOID/BENZODIAZEPINE OVERDOSE DEATHS CONTINUE TO OCCUR DUE TO THEIR SYNERGISTIC EFFECTS AND DEPRESSION OF THE RESPIRATORY SYSTEM.

ADDRESSING UNFORESEEN OBSTACLES

- SOME HOSPITALS REQUIRE X NUMBER FOR **ANY** ED DOSING
 - MAINLY DUE TO LACK OF UNDERSTANDING
 - MEETINGS WITH P&T TO EXPLAIN AND EDUCATE
 - ONE HOSPITAL STILL NOT ALLOWING 1 TIME DOSE IN ED WITHOUT WAIVER

ADDRESSING UNFORESEEN OBSTACLES

- SOME PAYERS HAVE PREFERRED FORMS (BRANDS)
 - HARD TO CHANGE
 - “SUBOXONE” IS WHAT IS MOSTLY WRITTEN (OR GENERIC)
 - PAYERS WILL USUALLY COVER AN “EMERGENCY RX” UP TO 5 DAYS
 - ENCOURAGE PROVIDERS TO WRITE “EMERGENCY RX” ON ALL SCRIPTS
 - PHARMACISTS MAY STILL PROVIDE RESISTANCE

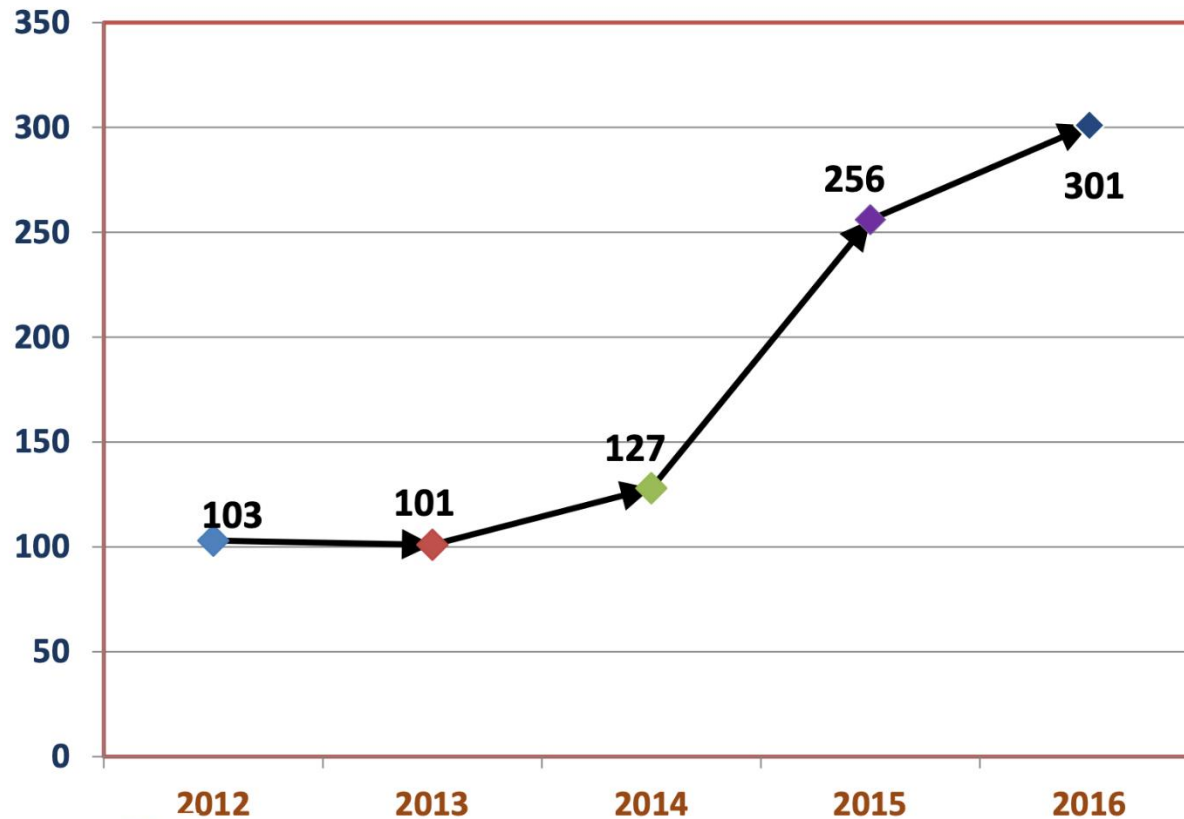
VOUCHERS

- VOUCHER PROGRAM IN PILOT STAGES
- ENGAGED ORGANIZATION TO HOLD FUNDS AND ISSUE CHECKS
- NETWORK OF PARTICIPATING PHARMACIES
- ELECTRONIC SERIAL NUMBERS AND TRACKING THROUGH REFERRAL LINE
- PHARMACISTS ASSOCIATION OF WESTERN NEW YORK MANAGING FUNDS

IS THIS WORKING?

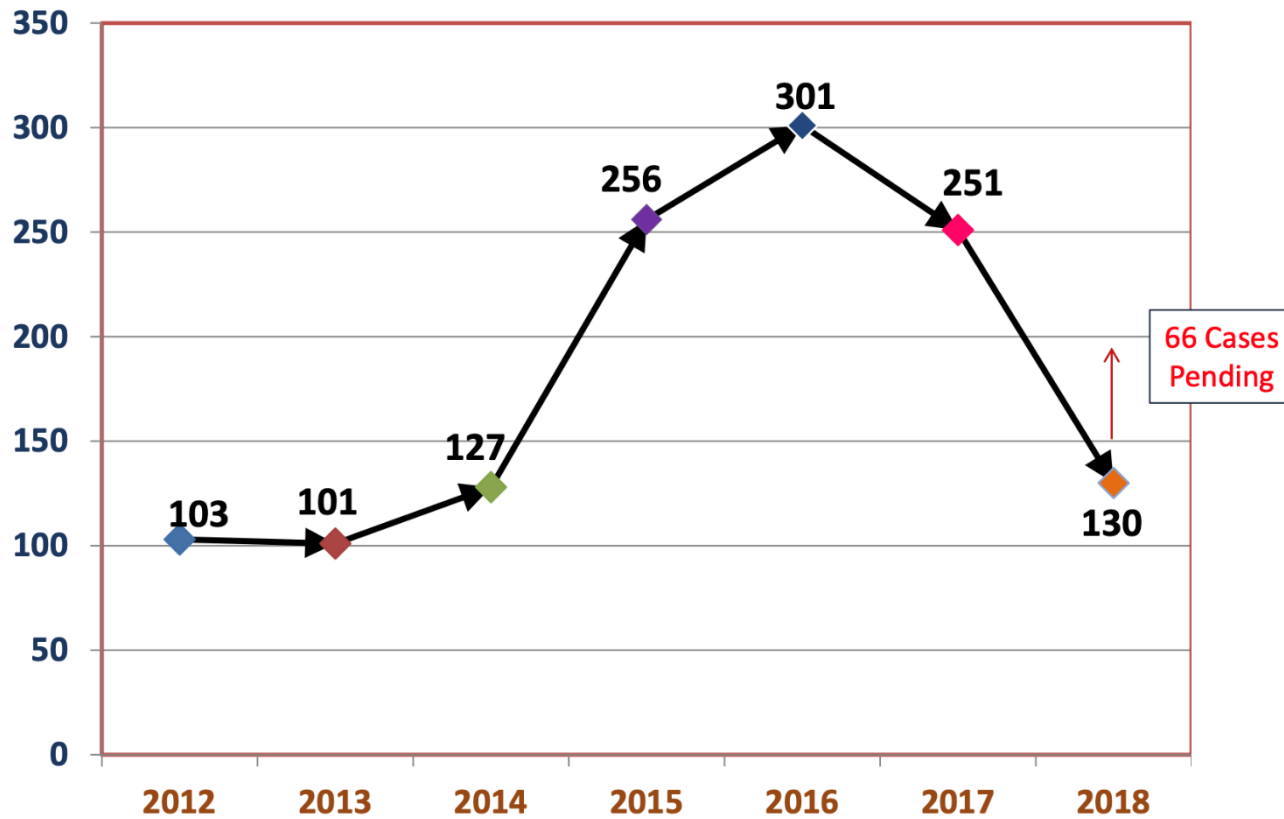


2012 – 2016 OPIOID DEATHS ERIE COUNTY



SOURCE: ERIE COUNTY MEDICAL EXAMINERS OFFICE, ALL 2017 CASES CLOSED

2012 – 2018 OPIOID RELATED DEATHS ERIE COUNTY

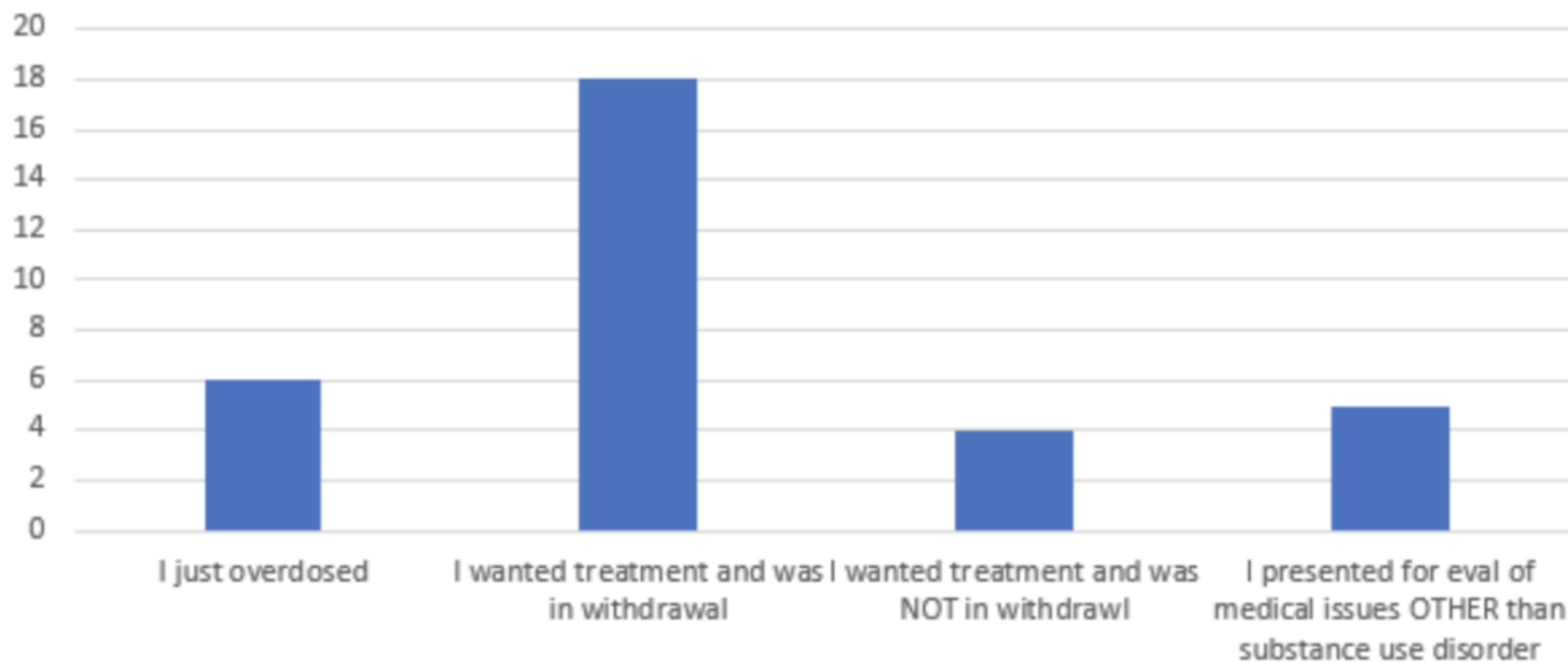


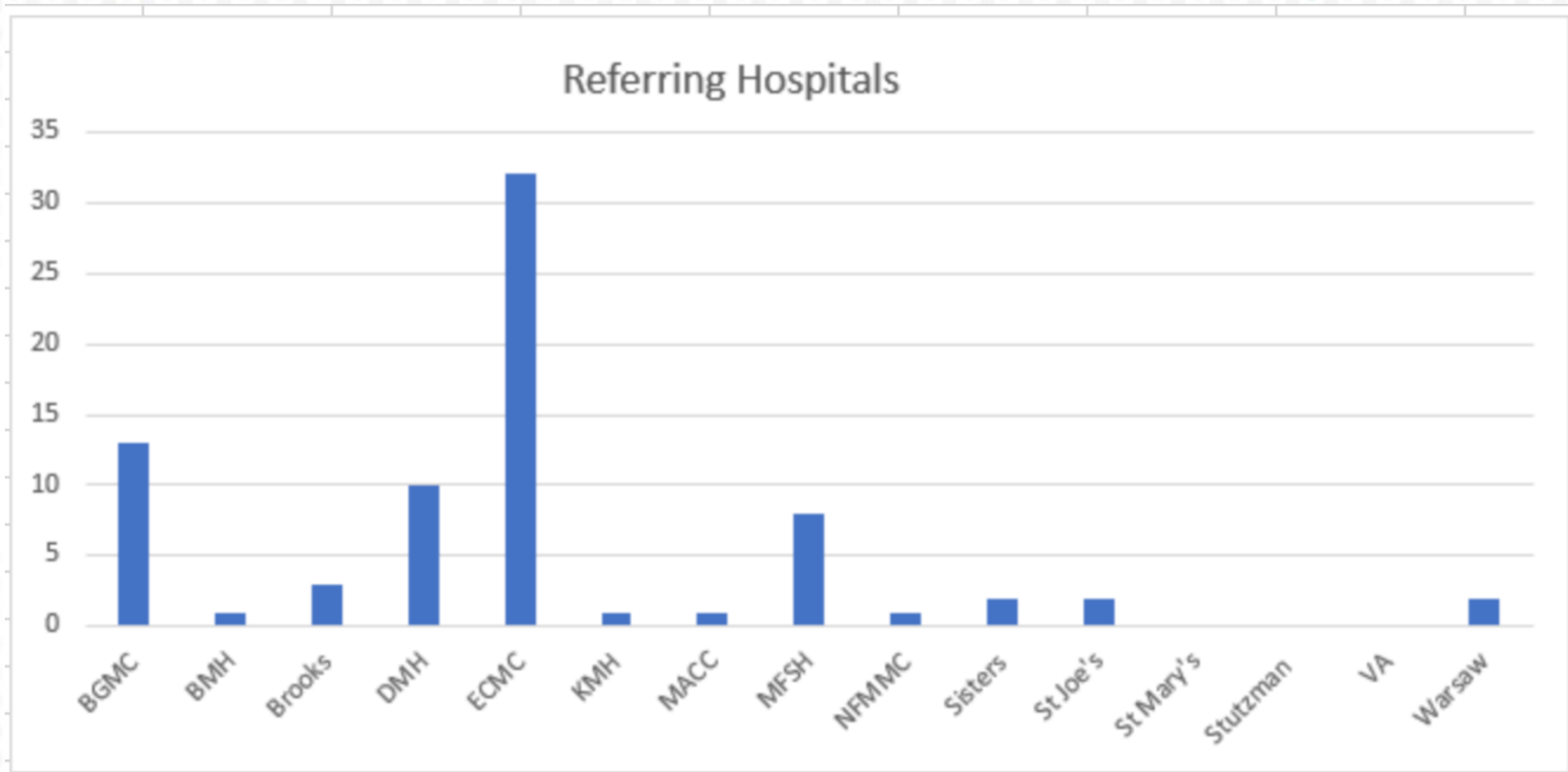
SOURCE: ERIE COUNTY MEDICAL EXAMINERS OFFICE, *CLOSED CASES REPORTED THRU 12/17/2018

PRELIMINARY DATA

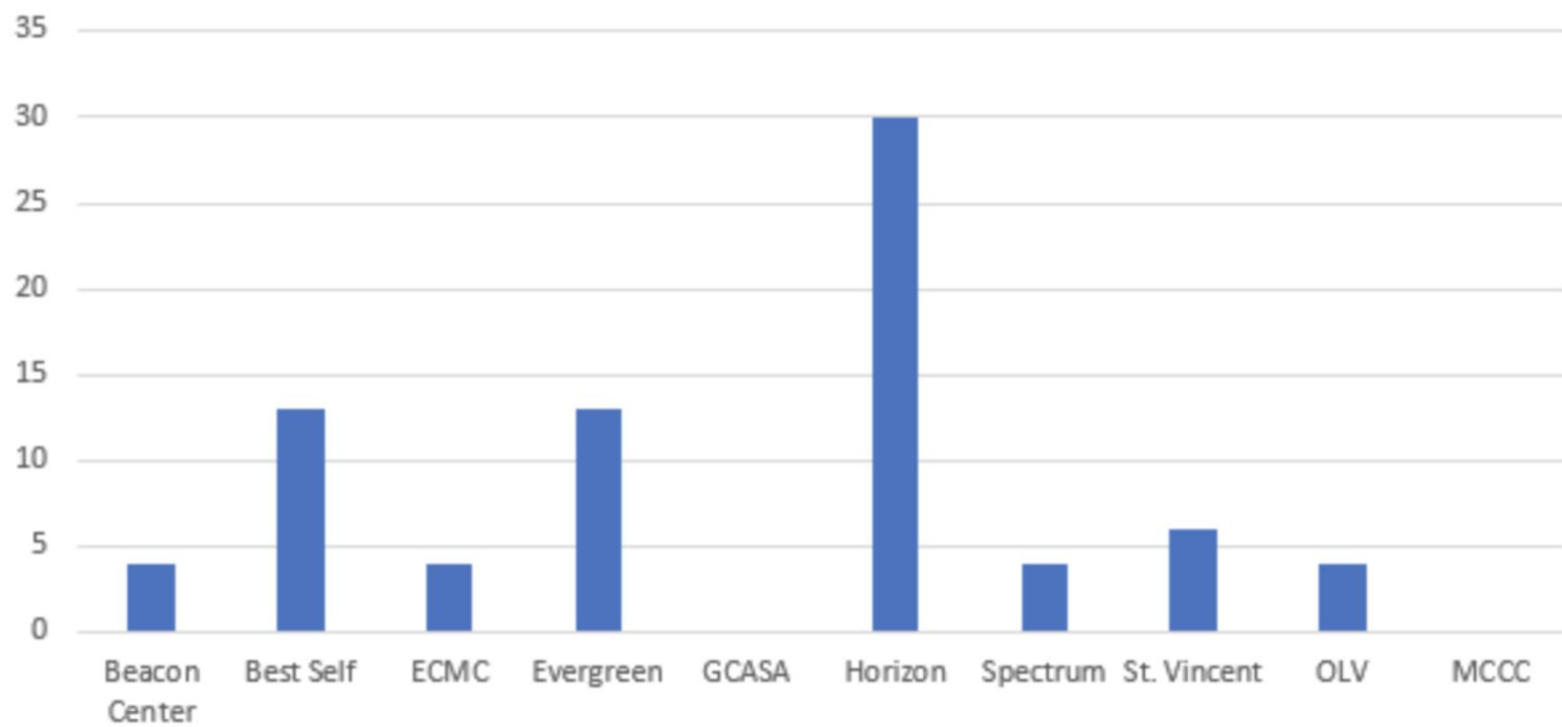
- TRACKING REFERRALS SINCE LATE SPRING, 2018
 - ~100 PATIENTS WERE MADE APPOINTMENTS
- TRACKING AT INITIAL, 30, 60, 90, AND 180 DAYS
 - SEVERAL STILL ENGAGED AND STILL IN TREATMENT AT 90 AND 180 DAYS

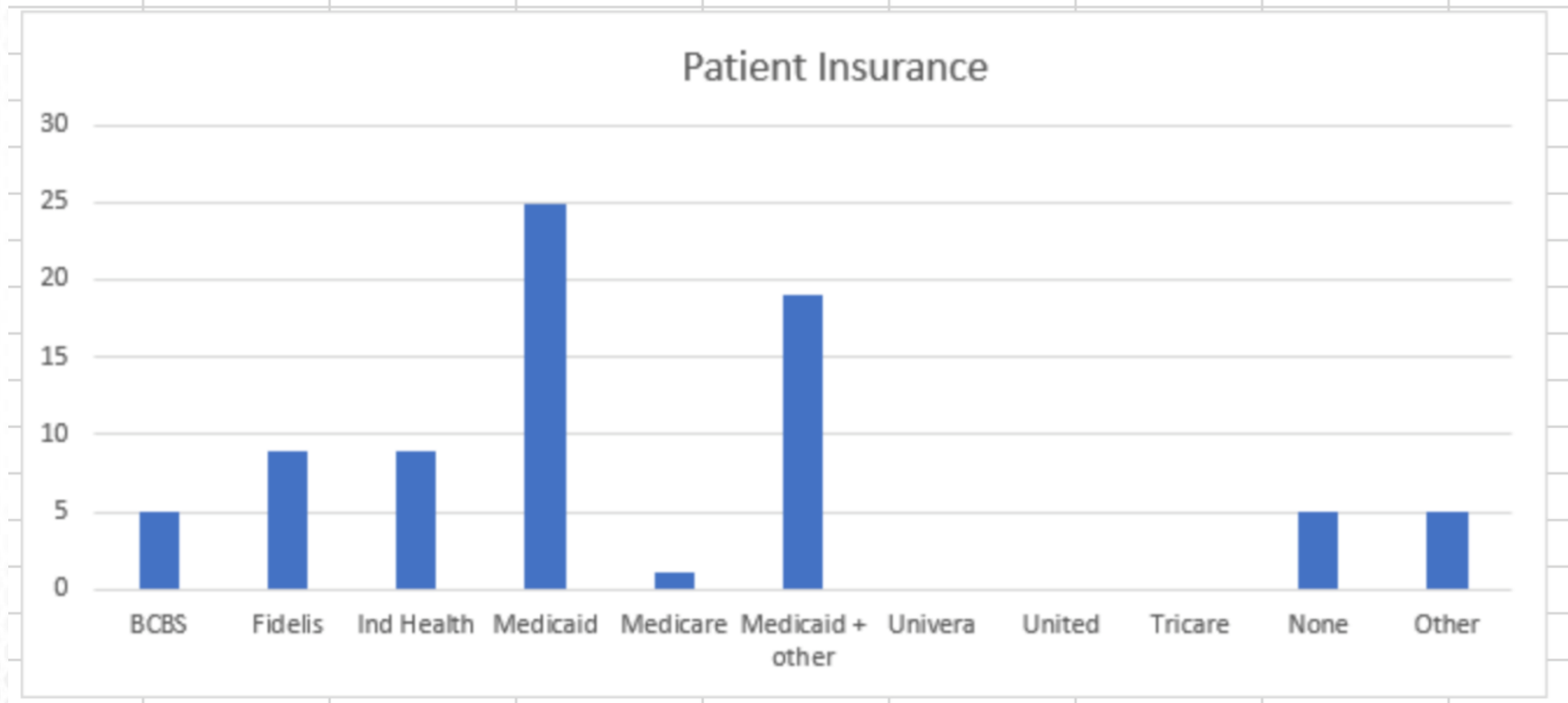
Reason for Hospital Visit

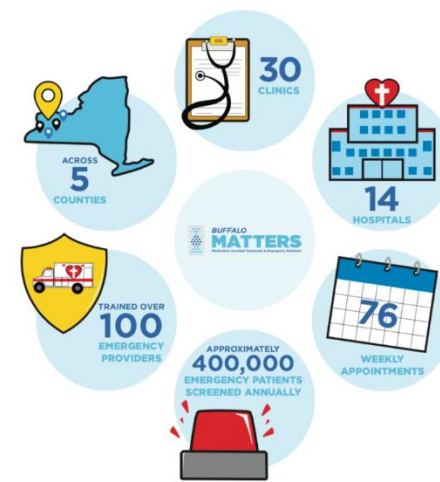




Receiving Clinics







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Hospital Initiated Buprenorphine Program

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- They will provide feedback to UBMD regarding the disposition of referred patients to improve our processes.

Hospital Initiated Buprenorphine Program
Screening and Referral Instructions
(THIS FORM NOT TO BE GIVEN TO THE PATIENT)

Identifying Patients/Screening:

- No absolute contraindications
- Patient agrees to medication assisted treatment and follow up plan
- Check iStop for buprenorphine RX written by emergency provider within past 6 months
- Patients exhibiting signs/symptoms of opioid withdrawal
 - Give 4mg buprenorphine/naloxone now, followed by a prescription for 7 days
- Patients arriving after overdose
 - Provide buprenorphine/naloxone 4mg BID for 7 days
- *May consider buprenorphine 4mg without naloxone for pregnant patients*

PLEASE WRITE RX FOR 7 DAYS

ALLOWS CLINIC FLEXIBILITY AND DECREASES LIKELIHOOD FOR MEDICATION LAPSE

- Please write your “X” DEA number in the comments section when you e-prescribe
- Patients do NOT have to receive a RX to be referred
- Be aware that Medicare typically does not cover outpatient addiction services including most clinics on this list (patients will essentially be treated like self-pay)

Referral Process:

- Provide patient with the Opiate Dependence Screening Form (with clinic locations)
- Instruct the patient to complete the form
- Have patient choose their top two clinic choices (located on the bottom)
- Secretary/counselor (or the physician/PA/NP) will:
 - Using opioid dependence screening form – call centralized scheduling number

(716) XXX-XXXX

THIS NUMBER NOT TO BE DISTRIBUTED OR GIVEN TO PATIENTS

- Call taker will place patient into an appointment dates (clinic will call patient to set exact time)
- Patient should be informed that the clinic will call them to arrange time for appointment
- Place Opiate Dependence Screening form in HIPPA lock box (located in each ED)
- Provide patient with “Hospital initiated buprenorphine D/C instruction sheet”

**Rapid Assessment and Hospital Initiated Buprenorphine Program
Opiate Dependence Screening Form
(Patient completes this form – then place in lockbox)**

You are being asked to complete this form to assist the providers in facilitating appropriate substance abuse treatment follow up and to monitor the effectiveness of our care. This information will be shared with the agency you are referred to for treatment if applicable.

Today's Date _____ First Name _____ Last Name _____

Date of Birth ____/____/____ Phone #1 _____

Street Address _____ Alt Phone #2 _____

City/Town, Zip _____,

Insurance Independent Health Univera Blue Cross Medicare Medicaid None
 United Tricare Other _____

In the past month have you used any of the following? (check all that apply)

- | | |
|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> Prescription Opiates that were prescribed to you | <input type="checkbox"/> Benzodiazepines that were prescribed to you |
| <input type="checkbox"/> Prescription Opiates that were <u>not</u> prescribed to you | <input type="checkbox"/> Benzodiazepines that were <u>not</u> prescribed to you |
| <input type="checkbox"/> Illegal Opiates (such as heroin) | <input type="checkbox"/> Crack or Cocaine |
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Other drugs (specify) _____ |

Do you have any history of mental health issues? (check all that apply)

- Anxiety Depression Bipolar Other (specify) _____
 Schizophrenia Prior Suicide Attempts

Do you have any of the following medical problems? (check all that apply)

- Coronary Artery Disease Asthma/COPD Currently Pregnant
 Hepatitis Hypertension Diabetes Other (specify) _____

Have you ever undergone any of the following treatments for opiate dependence in the past? (check all that apply)

- Outpatient Treatment Inpatient Treatment Buprenorphine (Suboxone) Methadone Vivitrol

TO BE COMPLETED BY PHYSICIAN, PA, OR NP ONLY

Name of **prescribing** provider _____

Where was the patient care encounter? ED (outpatient) Inpatient

Was a dose of Buprenorphine given in the ED/hospital? Yes No

Was an outpatient prescription for Buprenorphine given? Yes No

(For the following question – answer based on the time of initial presentation)

Reason for hospital visit Overdose Acute Withdrawal Neither overdose nor acute withdrawal

**PARTICIPATING CLINICS (Select your TOP TWO choices)
THE CLINIC WILL CONTACT YOU SHORTLY AFTER DISCHARGE**

Beacon Center	3354 Sheridan Drive Amherst	295 Main Street, Suite 105 Buffalo	36 East Ave Lockport
Beacon Center	417 Third Street Niagara Falls		
Best Self	951 Niagara Street Buffalo	3176 Abbott Road Orchard Park	2107 Spruce Street N Collins
Brooks-TLC	33 N Main St. Cassadaga, NY	7020 Main Rd. Derby, NY	
ECMC	5087 Broadway Depew	1285 Main Street Buffalo	2282 Elmwood Ave Kenmore
Endeavor Health *Adolescents <25 years old*	1526 Walden Ave Cheektowaga	463 William Street Buffalo	
Evergreen Health	206 South Elmwood Buffalo		
GCASA	430 East Main Street Batavia	249 East Ave Albion	
Horizon Health	77 Broadway Ave Buffalo	1370 Niagara Falls Blvd Tonawanda	6520 Niagara Falls Blvd Niagara Falls
Horizon Health	314 Ellicott Street Batavia	637 Davidson Road Lockport	2563 Union Road Cheektowaga
Mercy Comp Care Center	397 Louisiana Street Buffalo		
Our Lady of Victory (OLV)	227 Ridge Road Lackawanna		
Spectrum Health	326 Orchard Park Road West Seneca	1280 Main Street Buffalo	34 N Main Street Warsaw
St. Vincent's	1500 Broadway Ave Buffalo		

Hospital Initiated Buprenorphine Program Discharge Instructions

About Buprenorphine

You have been prescribed buprenorphine while in the hospital/emergency department. Buprenorphine is used to treat the symptoms of opiate withdrawal in order to facilitate treatment of opiate use disorder. This medication acts on opiate receptors. The medication should be placed under your tongue where it will dissolve and be absorbed directly into your blood stream. If you swallow the medication it will not work as well.

You should not take any opiates or sedatives (including those prescribed by a doctor) while taking Buprenorphine. If you drink alcohol or use benzodiazepines, talk to your provider. Taking buprenorphine with alcohol or benzodiazepines may put you at an increased risk for overdose.

You are being prescribed a 4mg dose of buprenorphine twice daily for a few days until you can be seen at the clinic. If deemed appropriate, the clinic will refill your buprenorphine prescribe at the same, a higher or a lower dose.

First Dose in the Hospital

If you received a first dose of Buprenorphine in the hospital/emergency department, you should take you next dose 12 hour later, and then continue to take one dose every 12 hours.

First Dose at Home:

If you were not given a dose in the hospital/emergency department, it probably means you were not yet having enough withdrawal symptoms. If you take buprenorphine before you are in moderate withdrawal, the medication can cause withdrawal symptoms, and make you feel really bad. You should wait until you have at least 3 of the following symptoms before taking your first dose:

- Feeling Sick
- Stomach Cramps
- Spontaneous Twitching
- Feelings of Coldness
- Heart Pounding
- Muscular Tension
- Aches and pains
- Yawning
- Runny Eyes
- Insomnia

Once you have taken your first dose at home, you should take you next dose 12 hours later, and then continue to take one dose every 12 hours.

Your Appointment will be at _____ on _____

Your Clinic Appointment

You have either been given an appointment slot at a particular clinic, or information on how to obtain one. The clinic will call you in the next 1-2 days to arrange your specific appointment time. Once you are given an appointment, a time slot will be held specially for you. If for any reason you cannot make that appointment, please call the clinic as soon as possible. Some clinics have a 2-step prescribing process, so you may not necessarily be given a new script for buprenorphine at your first appointment. Buprenorphine is one component of substance abuse disorder treatment. You may be expected to attend frequent counseling sessions based on the policies of the clinic.

Hospital Process

- Patient arrives
- Medical screening exam performed
- Standard Medical Care given

Provider identifies Opiate Use Disorder

Patient is offered Referral Network and ED Intervention

Accepts Referral Network and ED Intervention

Accepts Referral Network, Declines ED intervention

Declines Referral Network, Declines ED intervention (End of Hospital Process)

Patient in acute withdrawal

Patient NOT in withdrawal

Patient given Buprenorphine 4 mg in Emergency Department

- Prescription given (Buprenorphine, 4mg , twice daily, for 7 days)
- Naloxone kit offered.

If patient does not have adequate insurance, Voucher Process initiated.

Patient completes screening form and selects clinic of choice

- Referral line called
- Appointment date and location set

Clinic contacts patient to set exact time of appointment

Hospital Process Ends

Voucher Process

Patient identified by hospital provider for voucher

- Scheduler called for appointment
- Caller asks for "next voucher number"

Patient name given for voucher log

Number is written on blank voucher

Patient goes to pharmacy, hands in voucher

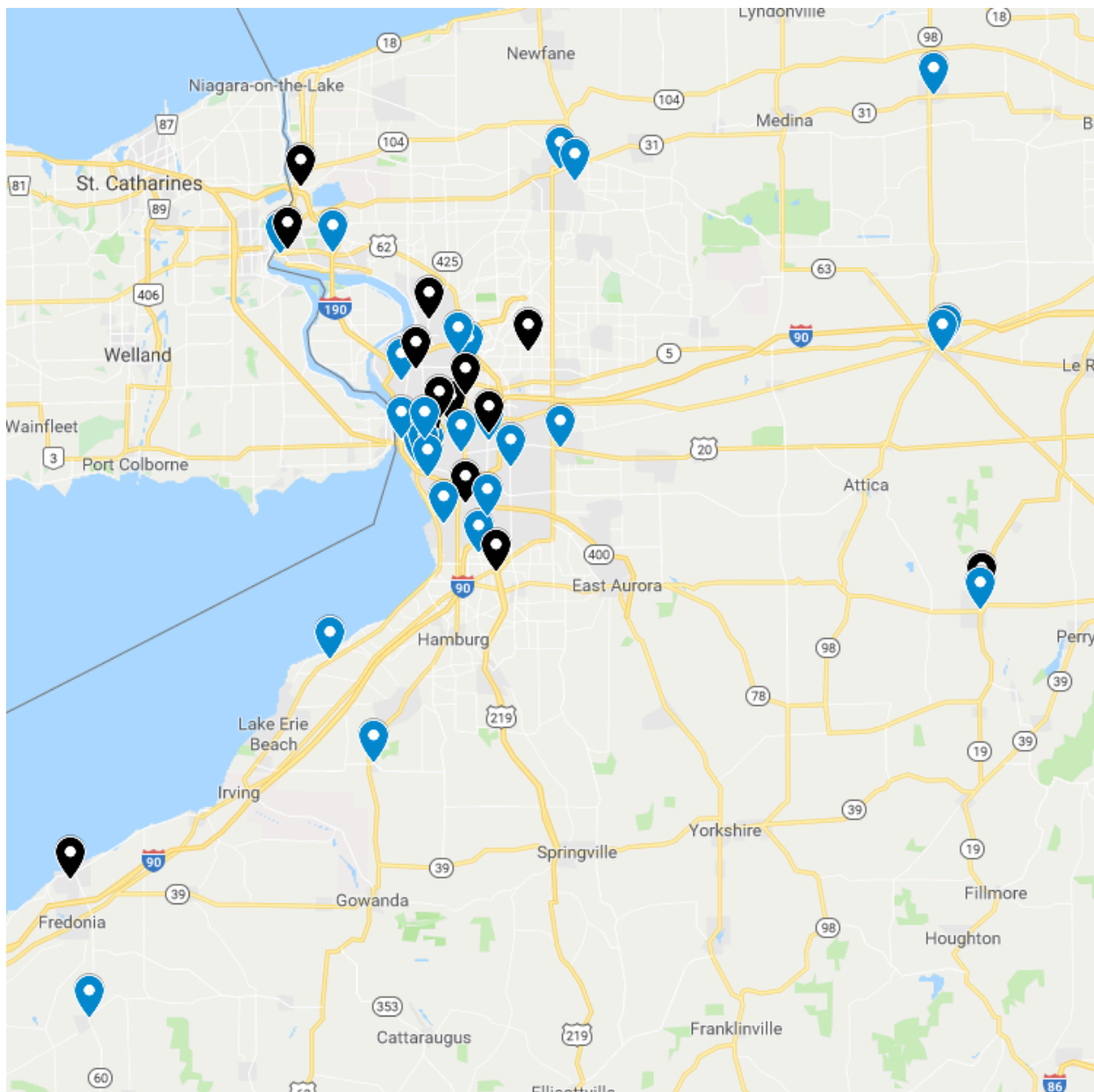
Pharmacy calls scheduling line to verify voucher

Patient name, voucher number verified

Scheduler submits completed voucher info to PAWNY via e-mail or fax

PAWNY sends check to pharmacy

Voucher Process Ends



● Participating Clinic ● Participating Hospital