NEW HAVEN — Medical treatment of opioid abuse is lacking in hospital emergency departments, despite scientific evidence that it is the most effective treatment, a Yale University study has found.

Buprenorphine, used to relieve withdrawal symptoms and prevent overdose, was offered to 21 percent of patients in need, according to the study of 400 medical personnel at four urban university-related hospitals.

The study, published Monday in JAMA Network Open, included Mount Sinai Hospital in New York City, Johns Hopkins Hospital in Baltimore, Harborview Medical Center in Seattle and the University of Cincinnati Medical Center.

Clinicians need support and training in order to feel comfortable prescribing the opioid medication, the study found. “The willingness of emergency department providers to take on a new treatment is changing drastically,” said Dr. Kathryn Hawk, assistant professor in emergency medicine and attending physician in the Yale New Haven Hospital Emergency Department, in a press release. Hawk was lead author in the study.

The report is the first published by Project ED Health, an implementation study financed by the National Institute on Drug Abuse Clinical Trials Network. Such a study looks at barriers to adopting new research in the clinical setting.

The project, which seeks to increase the use of buprenorphine in emergency departments, is led by Dr. Gail D’Onofrio, chairwoman of the Yale School of Medicine’s Department of Emergency Medicine, and Dr. David Fiellin, director of the Yale Program in Addiction Medicine. D’Onofrio is also physician in chief of emergency services at Yale New Haven Hospital.
Buprenorphine is a partial opioid agonist, which activates opioid receptors in the brain but to a lesser degree than other opioids, such as oxycodone and morphine. An implementation study reveals barriers to adopting research findings.

“This study provides a baseline evaluation of what care emergency departments are providing to patients with opioid use disorder,” Hawk said in the release.

In the study, conducted between April 2018 and January 2019, a team of addiction medicine physicians met with doctors, advance practice providers and emergency medicine residents at the hospitals, who also filled out an anonymous survey. Providers then rated their work culture, clinical experience and perceived patient needs, the release said. Focus groups also were held with the providers.

The researchers found barriers to prescribing buprenorphine included lack of formal training, time limitations, limited knowledge of local treatment resources, a lack of protocols and referral networks and perceptions that beginning buprenorphine therapy is beyond the scope of emergency medicine.

“Trying to suss out which of those patients might be appropriate for initiating some therapy and which aren’t is a skill that I don’t have. I don’t think that it’s a skill that we’re necessarily being trained for right now,” said one doctor quoted in the study.

Confusion about waivers was also noted. Only 3 percent of providers had gone through the required training to be able to write a buprenorphine prescription to be filled at a pharmacy. However, emergency medical personnel can give the drug in the emergency department without the waiver. Hawk said they “needed clarification around what they can and can’t do,” according to the release.

The opioid epidemic has made emergency departments much more common as places where patients are treated for opioid abuse, in addition to outpatient clinics, Hawk said.

A 2015 Yale study found that patients given buprenorphine in the emergency department and then managed by their primary care physician were twice as likely to remain in treatment one month later as those who were not given the drug, according to the release.

“The big message of that study was that initiating treatment in the ED setting was very effective, but true adoption lagged,” said D’Onofrio. “So now we’re trying to understand why that is, and how we can improve implementation of this best practice.”
“We believe these findings will be valuable for other EDs working to enhance delivery of buprenorphine, a life-saving medication that should be available as a treatment option for all patients with untreated opioid use disorder walking into an ED,” said Dr. Jennifer Edelman, associate professor of internal medicine and senior author on the study.