

# MAT and the Emergency Medicine Workforce

## Opioid use disorder is out of control in Wisconsin!

- The CDC reports that 91 Americans die every day from an opioid overdose and that there is 1 opioid death for every 32 ED visits for opioid use disorder or withdrawal
- Wisconsin DHS found a 35% increase in deaths due to opioid overdoses from 2015 to 2016 prompting the governor to declare the opioid epidemic a public health crisis
- In 2018, the number of Wisconsin ED visits for opioid overdose doubled
- 92% of Wisconsin emergency physicians report treating a patient suffering from opioid use disorder or opioid withdrawal every single clinical shift

## Patients are not getting their pills from the ED

- While pain is the #1 chief complaint among patients seeking emergency care, only 5% of opioids prescribed originate from the ED
- ED prescribers accounted for only 1.5% of pills prescribed to patients in the 12 months before their death

## Medication Assisted Treatment Works and the Wisconsin emergency physician workforce is ready!

- MAT Decreases opioid use, opioid-related overdose deaths, criminal activity, and infectious disease transmission
- Wisconsin emergency physicians strongly support MAT for opioid use disorder, ranking it the second most effective available treatment option after intensive outpatient long-term treatment
- Wisconsin EDs are in a strong position to reduce opioid use in our communities, because they have regular contact with the highest risk patients
- The majority of Wisconsin emergency physicians support initiating MAT in the ED and 42% support the initial prescription coming from an emergency physician

## But... Wisconsin emergency physicians need help from our health systems and community partners!

- 86% of Wisconsin emergency physicians require expanded social work services in to help with scheduling/assuring outpatient MAT follow up
- 85% of Wisconsin emergency physicians require timely outpatient follow up (within 3 days) for MAT patients
- 82% of Wisconsin emergency physicians require increased availability of behavioral/mental health support services
- 68% require additional knowledge and clinical expertise in order to prescribe buprenorphine effectively
- 53% see the state training requirement (X-Waiver) as a barrier

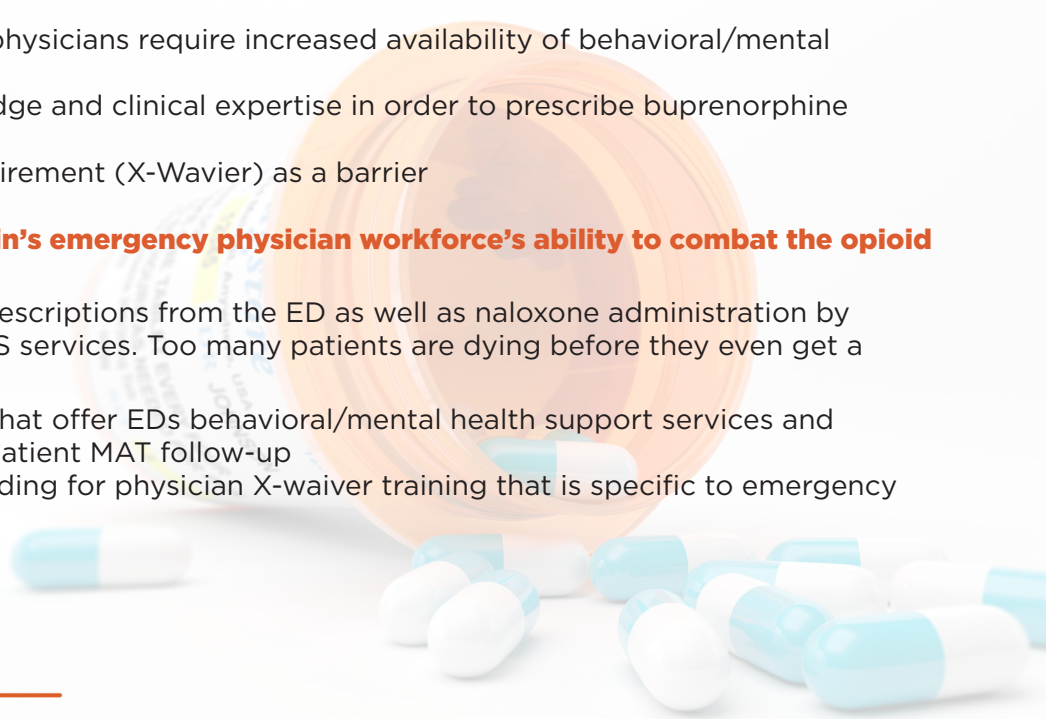
## What can I do to support Wisconsin's emergency physician workforce's ability to combat the opioid epidemic via MAT?

- Support naloxone discharge prescriptions from the ED as well as naloxone administration by police, fire, and all levels of EMS services. Too many patients are dying before they even get a chance to consider MAT.
- Support care redesign efforts that offer EDs behavioral/mental health support services and increase opportunities for outpatient MAT follow-up
- Support efforts to increase funding for physician X-waiver training that is specific to emergency medicine











**WACEP**

Wisconsin Chapter  
American College of Emergency Physicians



# Emergency Physician MAT Support Plan

<p><b>CHANGE CAN START WITH ONE ED DOCTOR AND ONE REFERRAL CLINIC.</b></p>	<p>Cultivate <b>CHAMPIONS</b> among clinicians, nurses, pharmacists, social workers, behavioral health staff, and administrators.</p> 	<p>Encourage clinicians to get <b>BUPRENORPHINE TRAINING</b>.</p> 
<p>Partner with <b>PHARMACISTS</b>.</p> 	<p>Build relationships with fellow <b>CLINICIANS</b> for ongoing cases.</p> 	<p>Collaborate with <b>BEHAVIORAL HEALTH SERVICES</b> where available.</p> 
<p>Develop a <b>TEAM-BASED APPROACH</b> involving the ED, inpatient services, and outpatient clinics.</p> 	<p>Integrate buprenorphine into <b>SAFE PRESCRIBING GUIDELINES</b> in the ED.</p> 	<p>Connect addiction treatment with the <b>TREATMENT OF WITHDRAWAL AND OVERDOSE</b>.</p> 

<sup>i</sup><https://www.cdc.gov/drugoverdose/data/analysis.html>

<sup>ii</sup><https://www.wpr.org/er-visits-opioid-overdose-double-wisconsin>

<sup>iii</sup>Lev Roneet et al., "Who Is Prescribing Controlled Medications to Patients Who Die of Prescription Drug Abuse?" American Journal of Emergency Medicine 34, no. 1 (2016): 30-35

<sup>iv</sup>Schwartz, Robert P., et al. "Opioid agonist treatments and heroin overdose deaths in Baltimore, Maryland, 1995–2009." American journal of public health 103.5 (2013): 917-922;

Mattick, Richard P., et al. "Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence." Cochrane Database Syst Rev 3.3 (2004)