Opioid Use Disorder Treatment Initiation in Alberta's Emergency Departments and Urgent Care Centres

SCNergy, Spring 2021

Alberta Health Services (AHS), through emergency operations and the Emergency Strategic Clinical Network[™] (ESCN), has implemented one of the largest emergency department and urgent care centre (ED/UCC) based opioid use disorder (OUD) treatment programs in North America.

Patients with OUD were determined to be a priority by operational and clinical stakeholders, and buy-in by physicians and nurses has been key to program spread. Results of the program pilot phase helped establish the evidence base for the program, and are available in the <u>Canadian</u> <u>Journal of Emergency Medicine</u>.

According to Canadian Research Initiative in Substance Misuse (CRISM) <u>national guidelines</u>, opioid agonist treatment (OAT) with buprenorphine/naloxone (bup/nal) is the recommended first line treatment for those patients who are living with OUD and are medically eligible.

Continuing awareness of and participation in this program by healthcare providers is important, given rising opioid deaths. According to the <u>Alberta Substance Use Surveillance System</u> data (accessed May 18, 2021) there were 1,144 opioid related deaths in 2020, which is a significant increase over 2018 (805 deaths) and 2019 (623 deaths). There have been 228 reported deaths in the first two months of 2021. To continue the support and uptake of this program, two physician implementation leads have been retained to provide education on OAT among their peers through 2021.

In Alberta, between May 2018 and December 2020, key program accomplishments include:

- Development and spread of the initiation of bup/nal to 110 sites, including all EDs/UCCs, coupled with clinic referral pathways for patients to continue treatment after discharge.
- Over 1,900 unique patients were started on bup/nal in Alberta in EDs/UCCs that reported evaluation data after implementing the program.
- Out of 1,288 unique patients who were discharged and eligible for community follow up, 893 patients (69%) continued to fill an OAT prescription 30-days after their visit, and 50% continued filling prescriptions at 180 days.
- As part of the pathway, 22 Alberta Health Services (AHS) and non-AHS addiction medicine clinics (including the provincial Virtual Opioid Dependency Program), agreed to make next-day walk-in appointments available for patients referred from ED/UCCs.
- Quarterly evaluation reports, produced by the ESCN, are available on request. The January to March 2021 report completes the program evaluation.





- An advisory group of physicians and administrators with expertise in addiction and emergency medicine guided this project, with grant funding by Alberta Health, and inkind evaluation support provided by AHS Analytics.
- The Addiction and Mental Health Research Hub and AHS Pharmacy Services have been key supporters.

While formal implementation work and program evaluation are coming to an end in 2021, initiation of bup/nal and referral to specialist treatment has become integrated into usual operations for ED/UCCs in Alberta. The bup/nal program is a strong model for SCN work, where uptake and normalization was facilitated at a provincial level in a standardized way, and work has now been transitioned to operations.

The ESCN is also supporting newly funded research by the Canadian Institutes of Health Research, with support of community and other partners, to examine OAT within Alberta EDs/UCCs and with allied clinics during the COVID-19 pandemic.