### **LEARNER TASKS**

### Gather Data:

- Take a focused opioid use history.
- Perform a screening, brief intervention and referral to treatment (SBIRT) intervention including assessment of readiness and confidence in change.
- Talk to the patient about personal circumstances that led to the opioid overdose (intentional or unintentional), prior overdose history and treatments used in the past including detox, rehab, MAT.

## **Build Relationship:**

- Counsel the patient regarding the chronic nature of substance use disorder as a disease with MAT options demonstrating empathy.
- Evaluate the presence of current depressed mood and clarify the risk of self-harm.

## Engage Patient in Care Plan:

- Ensure patient and partner understand the chronicity of OUD and the risk of relapse.
- Discuss diagnosis and current treatment options including buprenorphine initiation in the ED and appointment at the Bridging Clinic if appropriate, use the SUD treatment resources list, explore barriers to follow-up care and collaborate on next steps.
- Describe appropriate administration of sublingual buprenorphine-naloxone including first dosing and relation with meals.
- Ensure that patient has available Naloxone kit and has received education or arrange prior to discharge from ED.

#### **CASE DETAIL**

Student Profile: You are part of the interprofessional team caring for a patient who has relapsed with OUD. Patient Profile:

Name: Pat Sheehan, age/gender per SP, single, with cohabitating partner, 1 child (lives with other parent) Occupation: Not working, previously mid-level manager

**Setting**: The patient was brought to the ED after being found unresponsive in her apt by her partner who called 911 and started bystander CPR. EMS run sheet is in the folder. Patient received 2 doses of intranasal naloxone after which she was revived. She was transported to the ED anxious, sweaty and having vomited. The patient's last clear recollections of the day were 1 hour before being found.

The patient began using opioids 5 years ago when given oxycodone for 2 months after ankle surgery; patient noted it helped her pain, anxiety and general mood and started buying it from friends. She transitioned to heroin after about 6 months as it was cheaper and stronger.

SMALL GROUP FACILITATION			
iCELS staff will announce timing to assure the day flows correctly.  Please make every effort to stay on time.	Encounter Timing:		
	0 min	• A designated faculty member leads your group for a MAT-Buprenorphine didactic.	
	10 min	• You assign student roles for the encounter; Interviewer, Patient Counselor—treatment options, Patient Counselor - Buprenorphine induction planning, Patient Counselor - next steps and naloxone. Staff direct your team to join the SPs, already in the exam room.	
	15 min	Staff direct the encounter to begin: Interviewer questions the SPs.	
	25 min	<ul> <li>Staff direct the encounter to pause. Faculty member facilitates case discussion, team outlines next steps and roles for Patient Counselors.</li> <li>The SPs will be present but not participate.</li> </ul>	
	30 min	Staff direct the encounter to resume. Patient counselor discusses diagnosis and treatment options. (MAT including buprenorphine, naltrexone, methadone; focus on buprenorphine)	
	35 min	Staff direct time for Patient Counselor – Buprenorphine Induction planning	
	40 min	Staff direct time for Patient Counselor – next steps and naloxone	
	45 min	• Staff direct SPs to leave the room to complete checklist, team debriefs in room.	
	55 min	Staff direct team to move to next event.	

Use this space to record feedback notes, or any points to support ongoing learning.	+ Δ
Include these questions in your discussion.	<ul> <li>Debriefing:</li> <li>How did that feel for you? What went well? Where did you feel stuck?</li> <li>How can we help this patient identify her goals and priorities that might motivate her to start medication assisted treatment at the emergency room?</li> <li>How can you work with a patient and partner (or family member) to support treatment follow-up and chronic care?</li> <li>You may not make it through all elements of the case – this is ok: use this experience to emphasize that the case is difficult and motivating patients with recent overdose to consider MAT in the ED may require more time to meet their particular needs. You may also finish early. If so, please use that time to share your personal experiences or discuss the key points in more detail.</li> </ul>

# Ask each learner to read a key point

aloud.

## **Key Points:**

- Medication assisted treatments (MAT) for opioid use disorder include buprenorphine, methadone and naltrexone, however MAT initiation in the ED for post opioid overdose with buprenorphine is more common due to its practicality and safety profile.
- Supporting engagement and facilitating next day follow-up increases motivation for treatment.
- Effective treatments for opioid dependence exist. MAT may help approximately 60% of patients in recovery abstain from opiate misuse, but only 25% of publicly funded treatment programs offer FDA approved MAT, and as few as 10% of patients receive it (WHO information sheet 2014: http://www.who.int/substance\_abuse/information-sheet/en/).
- Opioid use disorder is a chronic disease. Patients should be counseled to seek support to maintain behavioral change, identify triggers that might promote relapse and set proactive plans should these arise.
- Patients in recovery can be prescribed opioids when benefit outweighs risk (such as major surgery, trauma), but there must be careful planning, open discussion, safe dispensing and close monitoring.
- Medication assisted treatment with agents such as methadone, buprenorphine and naltrexone
  can act as a bridge or long-term therapy to assist patients in overcoming opioid use disorders
  (https://www.samhsa.gov/medication-assisted-treatment).