

## Choosing Wisely: Identifying Rates of Appropriate Imaging in ED Patients Evaluated for PE

Anthony E. Gak MS  
*Lehigh Valley Health Network, Anthony.Gak@lvhn.org*

Marna R. Greenberg DO, MPH, FACEP  
*Lehigh Valley Health Network, marna.greenberg@lvhn.org*

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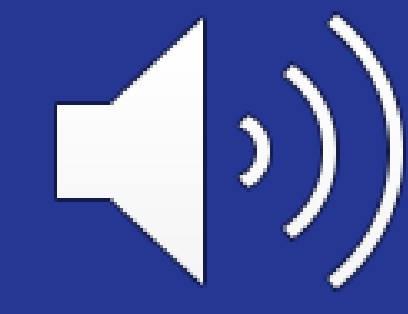
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# Utilization of Motivational Interviewing for Opioid Intervention in the ED



Anthony Gak, Marna Greenberg DO, MPH  
Lehigh Valley Health Network, Allentown, Pennsylvania



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## Background

- The US is in the midst of an opioid crisis
- Rates of prescription opioids has quadrupled, along with subsequent illicit opioid drug use, in the last two decades
- Pennsylvania has the 5th highest rate of opioid overdose deaths
- Opioid Use Disorder (OUD) is a primary, chronic & relapsing brain disease characterized by pathologically pursuing reward and/or relief via opioid use
- An ED may be the first, or only, point of access to healthcare of OUD patients
- Screening, brief interventions, and referral-to-treatment protocols administered by addiction liaisons have been incorporated in the ED setting
- Interventions with motivational interviewing have been shown to be highly successful in driving behavior

## Problem Statement

This study sought to...

1. Examine the prevalence of SUD screened in the ED
2. Document the impact of motivational interviewing in an ED setting on opioid-use at a 6-week follow-up.

## Methods

- A convenience sample of patients were approached on scheduled addiction liaison shifts
- Inclusion Criteria for Intervention
  - Over 18 years old
  - Have capacity
  - Not be critically ill
  - Admit to unhealthy use of opioids
    - Prescription opioids: Oxycodone, Percocet, Vicodin, etc.
    - Illicit opioid drugs: heroin, fentanyl
- If (+) for Opioid Use Screen, then asked following...
  - Have you ever used a needle to take a street drug?
  - Have you injected a street drug in the last 30 days?
  - Have you ever had an overdose before?
- Patients answering yes to any of these questions are considered at high risk for opiate overdose,
  - Offered standardized training in on-site Naloxone to any accompanying friends or family members.
- Those that complete training will be given an End-of-Training Survey
- 6-week Follow-Ups are given to all patients with OUD receiving brief interventions

## Results

Figure 1: Screening/Intervention Flow Chart

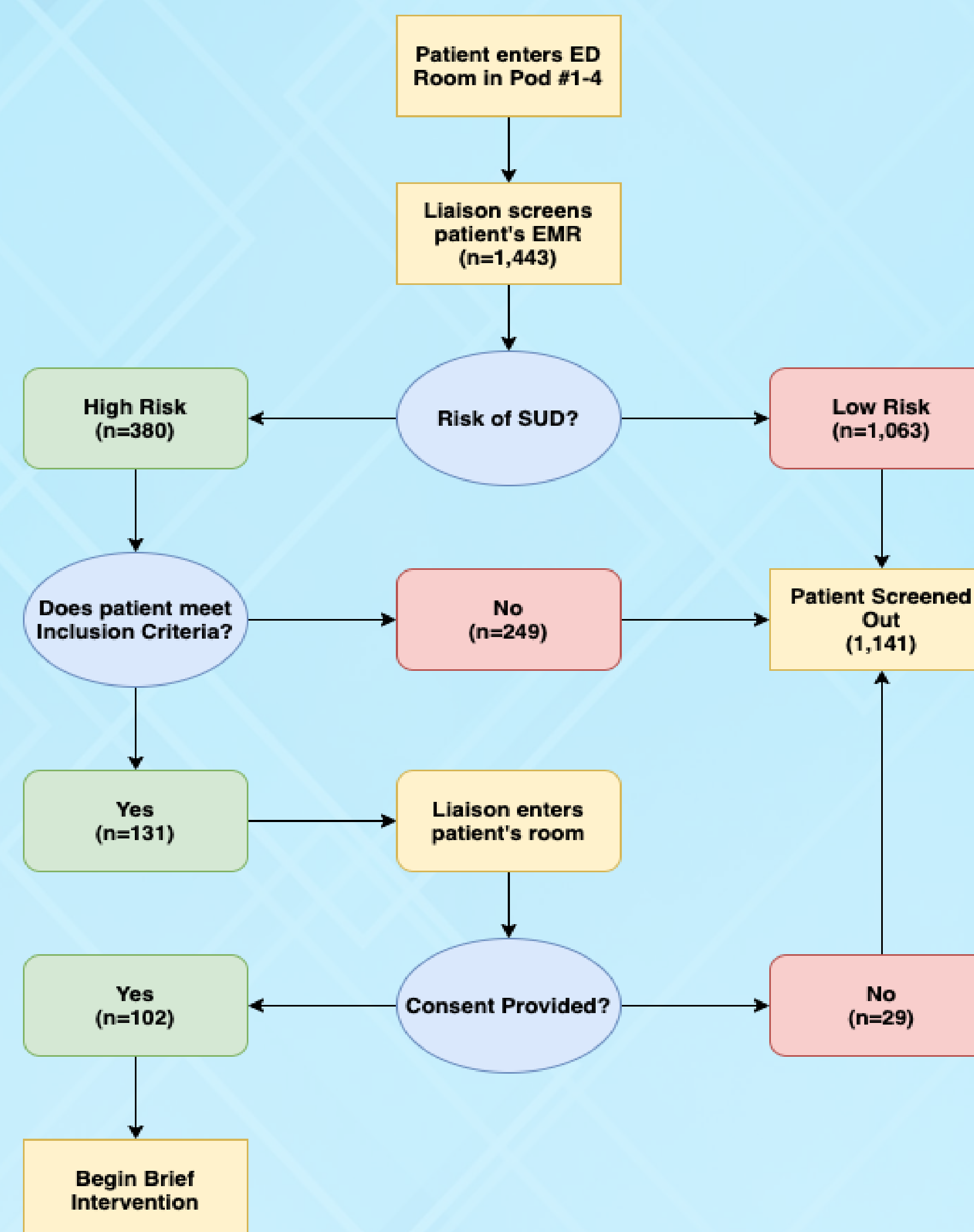


Figure 1: An addiction liaison begins screening patients for SUD/OD at a single pod (subsection) of the ED between the hours of 7a-1a during a 6-week data collection period. Out of 1,433 total ED patients screened, 102 patients met inclusion criteria for SUD intervention. 21 of those were screened as high-risk for OUD (Figure 2).

FIGURE 2: PARTICIPATION OF SCREENED OUD PATIENTS N=21

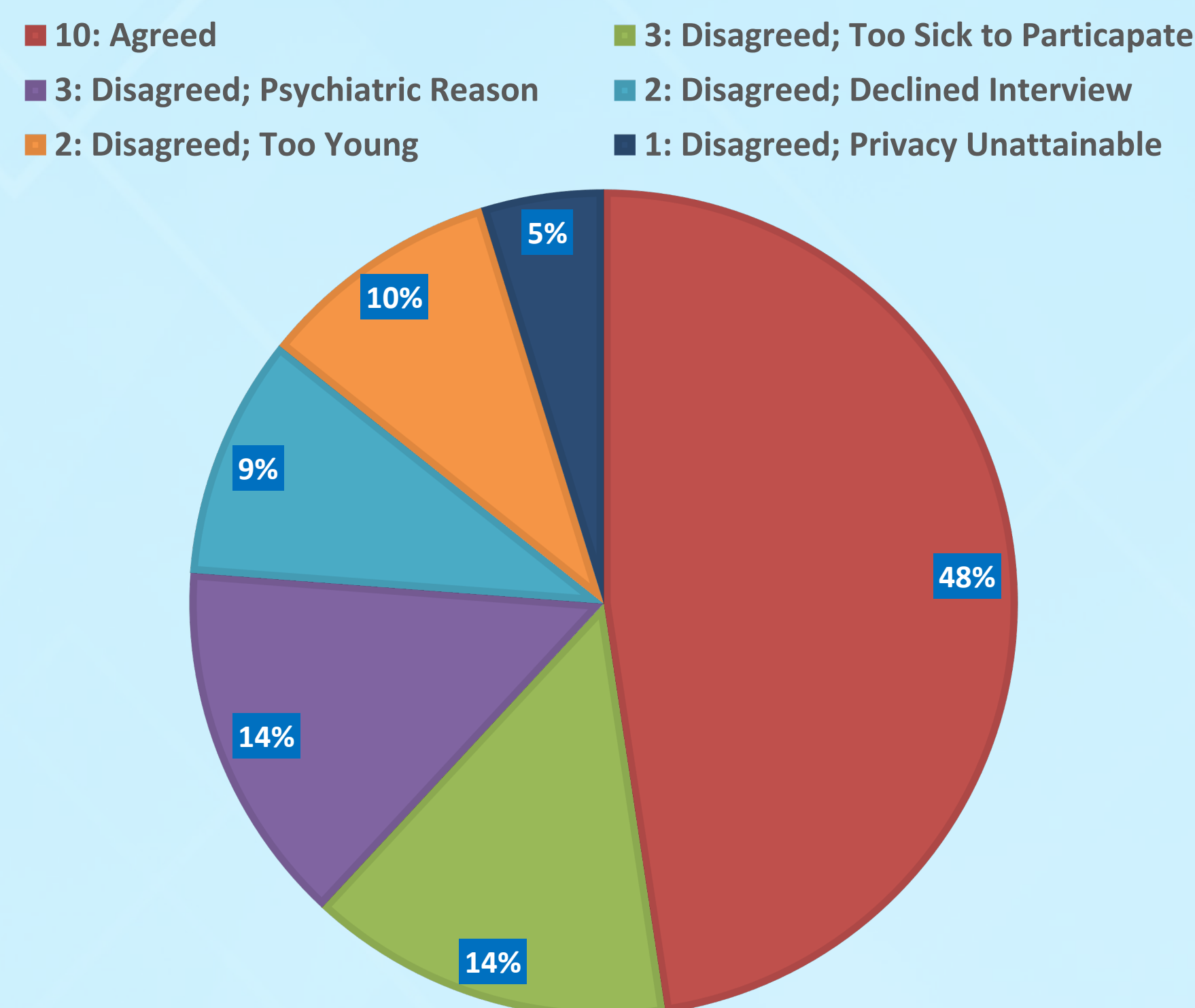
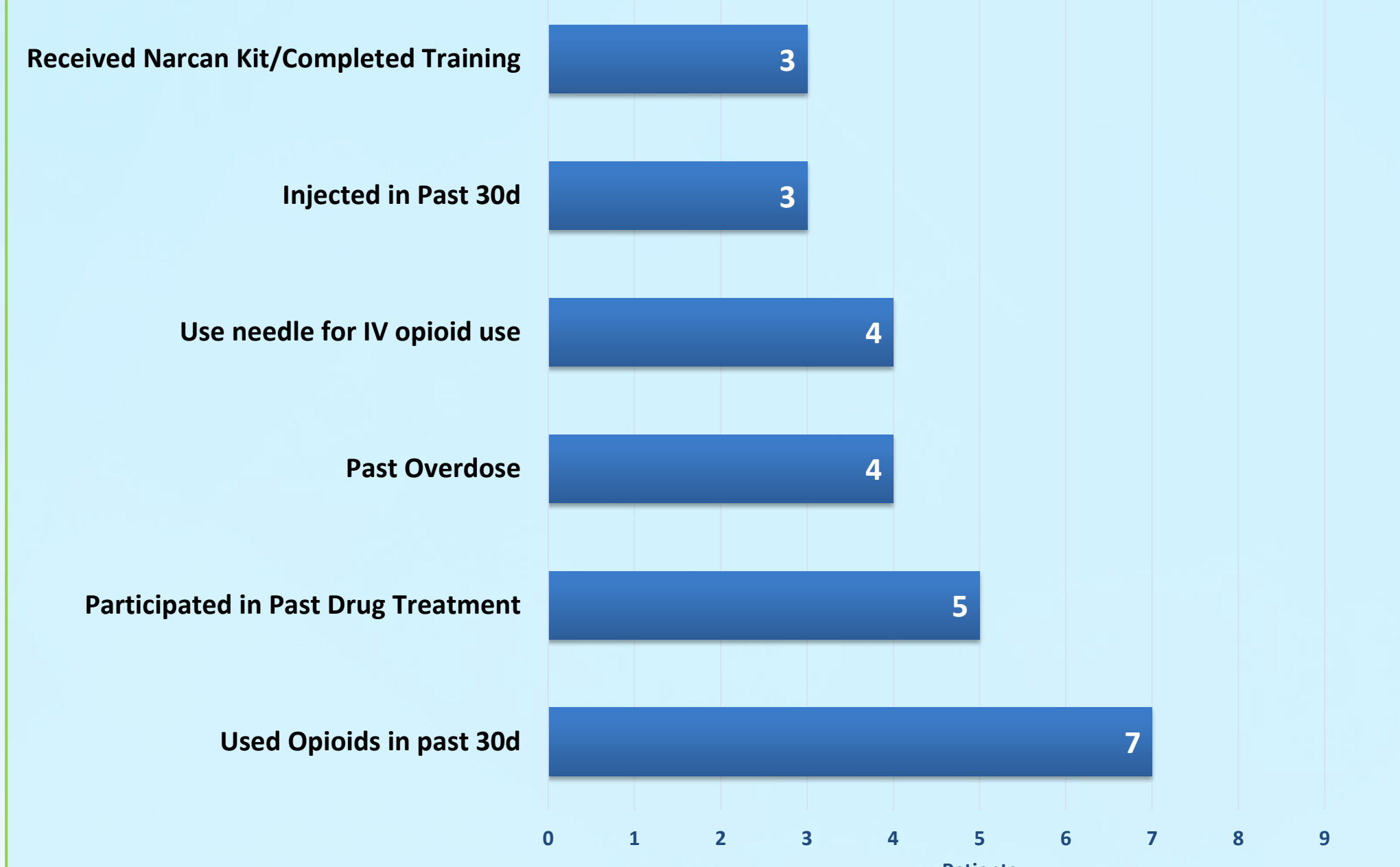


Figure 3: Survey Results of High-Risk Users



## Discussion

- Screenings
  - There is currently no universally-accepted method of screening for OUD
  - Overdose Risk Questionnaire, consisting of a series of questions that may help indicate whether a patient is at high risk of overdosing if intervention does not take place
  - Limited by convenience sampling of portion of an ED at any given time
- Brief Interventions
  - Patients with OUD answered a median score of 10 out of 10 in their motivation to change
- Referral to Treatment
  - Brochures, points of contact, addiction specialist referral
  - Limited by a lack of medically-assisted therapy (MAT) options
- Narcan Kit Testing
  - Three distributed during 6-week interval
  - Two (66%) of three were reached for follow-up; both have injected in last 30 days and have not yet needed to use one, but appear appreciative of the free kit and on-scene training
  - Limited by necessity of online module training and presence of a family member/close acquaintance willing to take the course
- SELECT Principles
  - Values-Based Patient-Centered Care
    - A motivational interviewing approach was taken in performing brief interventions, higher than alcohol and tobacco (median score of 6 & 7, respectively)
  - Health Systems
    - US Surgeon General 2016 report states SUD costs the country \$400 billion annually, after factoring lost work performance, healthcare & rehabilitation costs, overdoses, and criminality
    - Closing the treatment gap of OUD by increasing access via proactive approaches of ED interventions, providing free education, referral to treatment centers, and free naloxone kits
- Limitations
  - Small Sample Size, Temporal/Spatial Scope, Relatively Homogenous Demographic, English-Speaking only, Student Liaison Screening/Intervention Subjectivity
- Future Projects
  - Determine measurable impact of Interventions on Pt Outcome
  - Implement medically-assisted therapy protocol

## Conclusions

- The ED is a vital point of access to high-risk patients
- Medical students can be successfully utilized as addiction liaisons in a 'screening, brief Intervention, and referral-to-treatment' program

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