



Buprenorphine Self-Start Program Implementation Guide



Premier Health offers this guide to help health care providers, like you, implement a Buprenorphine Self-Start Program for emergency department patients who are identified with opioid use disorder (OUD). We created this tool kit as a deliverable of the Comprehensive Care for Substance Use in Ohio Emergency Departments (CCOED) grant, which we were awarded by the Ohio Department of Health and Centers for Disease Control and Prevention.

The CCOED grant has three overarching goals focused on treating substance use disorder (SUD) and OUD:

1. To identify patients with OUD by implementing a screening process in emergency departments
2. To manage OUD by implementing evidence-based practices in emergency medicine
3. To transition patients to long-term care and supportive services using innovative processes that improve pathways to treatment

This guide, provided by Premier Health and adapted from **CA Bridge**, <https://cabridge.org/general/bridge-navigator-program-leads-to-unprecedented-scaling-of-new-standard-of-care/>, includes recommendations based on our experience in implementing the Buprenorphine Self-Start Program in Premier Health EDs.

According to the Substance Abuse and Mental Health Services Administration (2022)¹, the benefits of MAT include:

- Improved patient survival
- Improved treatment retention
- Decreased illicit opiate use and other criminal activity among people with substance use disorders
- Increased ability of patients to gain and maintain employment
- Improved birth outcomes for pregnant women who have substance use disorders

Fox and Nelson (2019)² explains that buprenorphine “is a partial mu opioid agonist with high receptor affinity. It has several advantages over other forms of MATs. Because it is a partial mu opioid agonist, buprenorphine causes less sedation and respiratory depression than the full mu opioid agonist, methadone.” (1148).

Overview Of the Premier Health Self-Start Program

Why was this program created?

Often ED patients with OUD are not ready to begin MAT.

Who benefits from this program?

ED patients with OUD who are interested in MAT but are not yet in significant withdrawal.

What does the program provide?

Patient education, a three-day prescription for buprenorphine, and a confirmed follow-up appointment with a community provider.



Premier Health, with the support of a core work group, created the Buprenorphine Self-Start Program. Launched in February 2023, the Self-Start program recognizes the role emergency departments play in providing “primary access to medical treatment for underserved populations” (Hawk, et al., 2022, p. 4613) and their ability to improve outcomes by providing access to addiction treatment, initiation of therapy, and referral to long-term care.

Our team recognized that many patients are ready for MAT and are interested in starting buprenorphine in the emergency department, but they are not yet in significant withdrawal. For this reason, we recognized the need to provide prescriptions for patients to start MAT on their own, when they reach an active state of withdrawal, with support and follow up from an addiction medicine provider.

Our core program work group consists of:

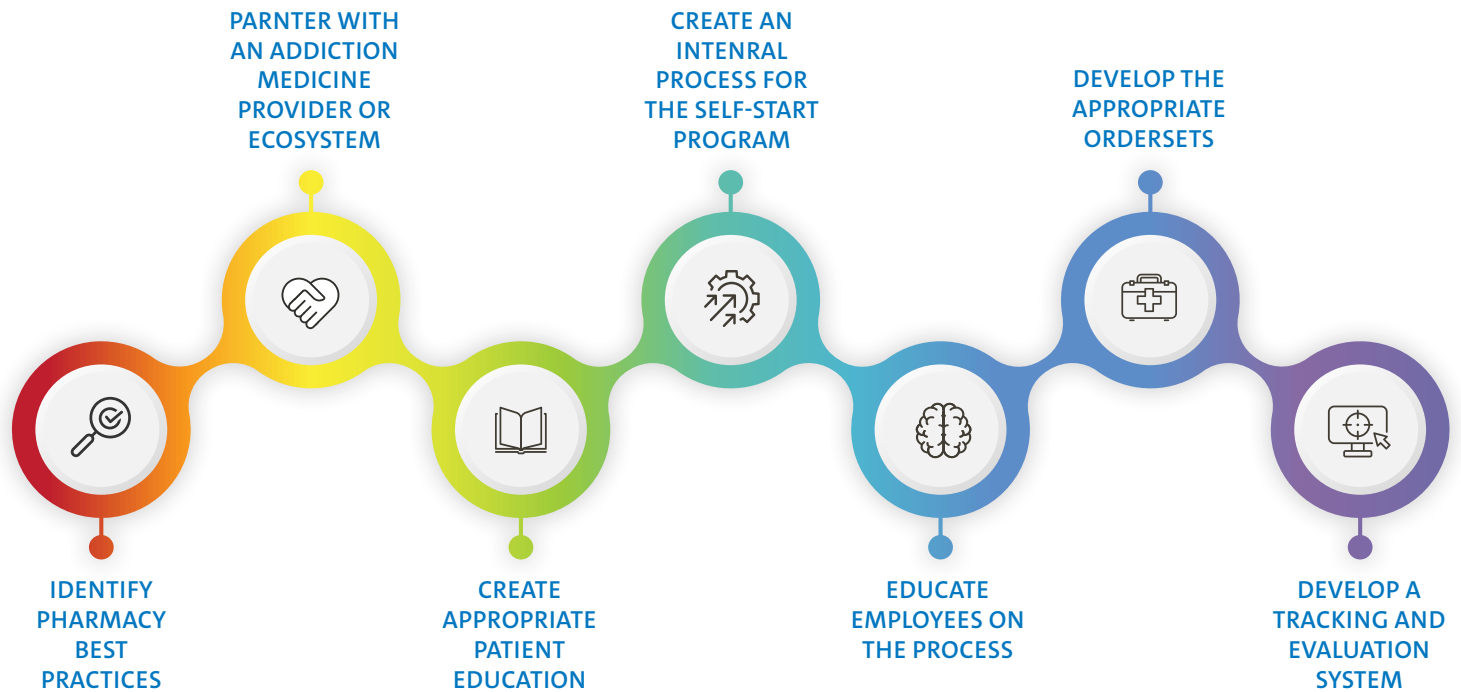
- Premier Health pharmacy leadership
- OneFifteen, a community provider of medication-assisted treatment
- Our Emergency Department Comprehensive Care Grant physician champion

Our group met several times to develop the Buprenorphine Self-Start Program to initiate MAT for patients in the emergency department who are not in active withdrawal.



The Program Implementation Process

The Premier Health Buprenorphine Self-Start team developed the following processes to appropriately administer buprenorphine in EDs, in a take-home fashion; to support patients and providers with their questions and concerns; and to help health care providers like you implement a Buprenorphine Self-Start program:



Identify pharmacy best practices:

- Connect with pharmacies to determine if they have the appropriate policies to provide buprenorphine for the Self-Start program and to make sure that our EDs have the appropriate policies in place. We encourage you to identify external pharmacies that provide buprenorphine near you.
- When identifying pharmacies, determine what they charge for buprenorphine, if they accept Good Rx coupons, their hours, and their location relative to your emergency department and patients' home or residence.
- Provide this list of pharmacies to your provider, nursing, and social work teams.

Partner with addiction medicine providers to create an addiction medicine ecosystem that:

- Includes all levels of addiction treatment services in the community
- Provides 24-hour support to answer providers' questions and concerns about the Self-Start program
- Helps patients get the support and treatment they need for successful recovery

Provide patients ways to obtain follow-up support:

- Create partnerships with an addiction medicine ecosystem to allow patients to call 24/7 for follow up with a provider
- Provide patients the option to return to the emergency room if needed

Create appropriate patient education:

- Premier Health collaborated with partners in our addiction medicine ecosystem to create shared language, education, and consistency in how we have patients begin buprenorphine therapy.
- Our patient education team reviewed and approved patient education developed for our Buprenorphine Self-Start Program.
- A group of key stakeholders, including nurses, nurse managers, nurse educators, and social workers, reviewed patient education and provided their feedback.

Create internal process:

- We created the process for the Self-Start program, with roles and responsibilities, and had our key workgroup review and provide feedback.
- Changes were made based on team concerns.

Educate employees:

- Created a PowerPoint presentation outlining the process, purpose, workflow, roles, and responsibilities for each stakeholder.
- Shared this education with nurse educators, providers, nurse managers, and others prior to having each department share with their respective teams.
- Reviewed the patient education with departments so they could provide the appropriate education to their teams.
- Held a continuing medical education (CME) opportunity with a national expert prior to program launch.

Develop the appropriate order sets:

- We collaborated with our appropriate committees to develop a Buprenorphine Self-Start Program order set.
- The order set includes three-day buprenorphine prescription for Suboxone, a nasal naloxone (Narcan) kit (our nasal naloxone Narcan kits are provided for free by the Ohio Department of Health under the Project DAWN program), and a link to the patient education self-start guide.

Develop a tracking system:

- We collaborated with our analytics team to create a system for tracking referrals for self-starts.



Roles And Responsibilities For Self-Start Program

At Premier Health, our process consisted of three stakeholder groups: providers, nurses, and substance use navigators/social work.

Providers

- Utilize ED System Buprenorphine/OD order set
- Print Self-Start Guide and review with the patient
 - The Subjective Opiate Withdrawal Scale (SOWS)
 - How to use buprenorphine
 - What to do if you feel worse
 - Advise patient to call OneFifteen for telehealth appointment or return to the ED
- Order Nasal Naloxone (Narcan) kit to be given to the patient
- Ensure the patient has a follow-up appointment scheduled within three days
- Communicate to nursing, social work, and substance use navigators the plan for Self-Start at home
- Prescribe a three-day prescription for MAT
- Include the appropriate diagnosis at discharge to reflect the patient's condition. Examples: OUD, opioid withdrawal, opioid overdose

Substance Use Navigator and Social Work

- Identify patients who may benefit from MAT
- Engage with patients using motivational interviewing to help them examine their situation and options and strengthen their personal motivation
- Communicate with providers and nursing
- Confirm patient has a copy of Buprenorphine Self-Start Guide
- Ensure patient is aware of how to access resources
- Make follow-up appointment for long-term buprenorphine treatment, using the telehealth tablet for warm hand-off when available
- Assist patient with downloading the OneFifteen Telehealth App
- Share with patients the pharmacy list for MAT medications
- Offer patients wraparound services: medication assistance, food, housing, clothing, etc.

Nursing

- Identify patients who may benefit from MAT
- Confirm patients are discharged with the Self-Start Guide
- Add MAT education to the after visit summary at discharge
- Confirm patient was given a Nasal Naloxone (Narcan) kit with their buprenorphine prescription
- Assure all of patient's questions are answered

Premier Health Process And Workflows



Top Three Lessons Learned

These are the key lessons the Premier Health Buprenorphine Self-Start Program team learned in developing and implementing the program in our EDs:

1. Identify and develop key relationships with external treatment centers and include them in the planning process.
2. Create a process with input from all stakeholders for patient education development and for staff engagement.
3. Connect with your hospital's pharmacy department to create a list of pharmacies in your community with attention to nontraditional hours that accommodate patient discharge.

The Buprenorphine Self-Start Guide

Our Buprenorphine Self-Start Guide was created by our team using elements from California Bridge's MAT Self-Start program and our addiction medicine partners at OneFifteen. The guide was approved by our patient education team and had input from several key stakeholders for areas to improve for appropriate language.

This guide includes several columns to allow a patient to score themselves multiple times, if needed, using the Subjective Opiate Withdrawal Scale (SOWS). Once they record a score of 17 or higher, they are encouraged to begin the buprenorphine treatment process. Our addiction medicine partners also use the SOWS score of 17 in determining when to begin buprenorphine, so this provides common ground when one of our OUD patients needs follow-up treatment with one of our addiction medicine partners.

[Buprenorphine Self-Start Guide >](#)

Buprenorphine Self-Start Program Implementation PowerPoint Presentation

[PowerPoint Presentation >](#)

References

1. Substance Abuse and Mental Health Services Administration. (2022, July 5). Medication-Assisted Treatment (MAT). Retrieved from <https://www.samhsa.gov/medication-assisted-treatment>
2. Fox, L., & Nelson, L. S. (2019). Emergency Department Initiation of Buprenorphine for Opioid Use Disorder: Current Status, and Future Potential. *CNS Drugs*, 33(12), 1147–1154. <https://doi-org.libproxy.udayton.edu/10.1007/s40263-019-00667-7>
3. Kelly, T. D., Hawk, K. F., Samuels, E. A., Strayer, R. J., & Hoppe, J. A. (2022). Improving Uptake of Emergency Department-initiated Buprenorphine: Barriers and Solutions. *Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health*, 4.