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-Wavier) 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
# Emergency Physician MAT Support Plan

<table>
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<tr>
<th><strong>CHANGE CAN START WITH ONE ED DOCTOR AND ONE REFERRAL CLINIC.</strong></th>
<th><strong>Cultivate CHAMPIONS among clinicians, nurses, pharmacists, social workers, behavioral health staff, and administrators.</strong></th>
<th><strong>Encourage clinicians to get BUPRENORPHINE TRAINING.</strong></th>
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<tr>
<td><strong>Partner with PHARMACISTS.</strong></td>
<td><strong>Build relationships with fellow CLINICIANS for ongoing cases.</strong></td>
<td><strong>Collaborate with BEHAVIORAL HEALTH SERVICES where available.</strong></td>
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<td><strong>Develop a TEAM-BASED APPROACH involving the ED, inpatient services, and outpatient clinics.</strong></td>
<td><strong>Integrate buprenorphine into SAFE PRESCRIBING GUIDELINES in the ED.</strong></td>
<td><strong>Connect addiction treatment with the TREATMENT OF WITHDRAWAL AND OVERDOSE.</strong></td>
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1. [https://www.cdc.gov/drugoverdose/data/analysis.html](https://www.cdc.gov/drugoverdose/data/analysis.html)
2. [https://www.wpr.org/er-visits-opioid-overdose-double-wisconsin](https://www.wpr.org/er-visits-opioid-overdose-double-wisconsin)

*Graphic by Colorado ACEP*