

UW Department of Emergency Medicine Tele-bup Program

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UW Medicine

Disclosures

- Seattle King County Public Health has funded this program
- Team also reports funding from NIDA, NIMH, SAMHSA, and Gilead for programs and areas of research

Thank you!!

- Seattle King County Public Health
- UW Department of Emergency Medicine
- All of you for joining us today

ROADMAP

Opioid Crisis



Telehealth regulations



UW DEM Telebup Team and Program
Philosophy



Medications for OUD



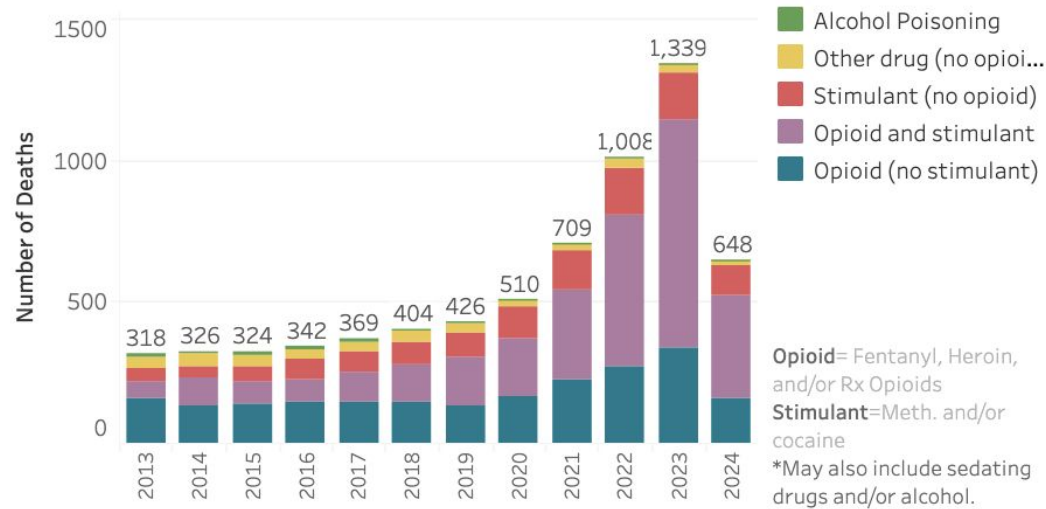
Program Logistics and initial data

King County Opioid Dashboard as of 7/6/2024

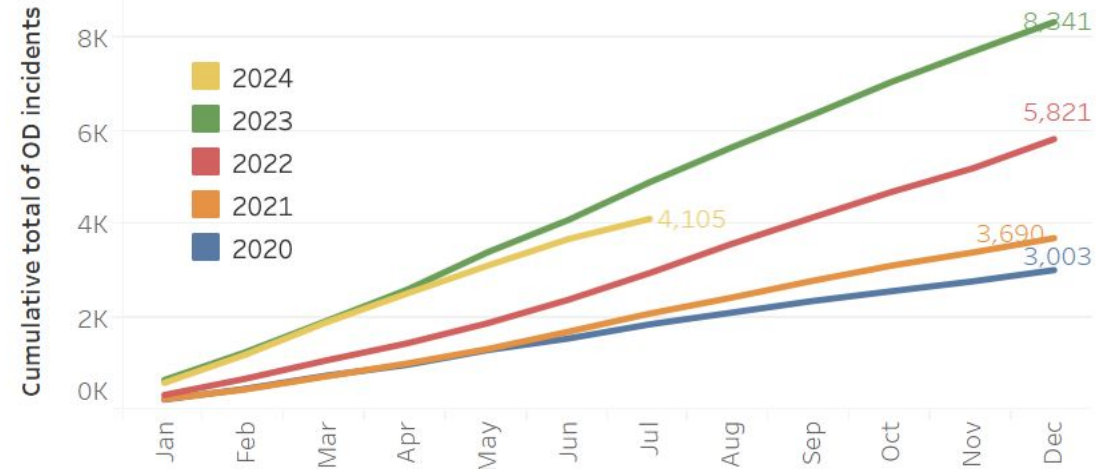
Drug & Alcohol Poisoning Deaths, King County

(Note: Bar chart can be viewed in terms of counts or rates; each decedent with an overdose death is represented once.)

Count ▾



Cumulative total # of Opioid Overdoses treated by KC EMS



In 2023, there were 1,141 opioid overdose deaths in King County

Statewide Data

SELECT DRUG CATEGORY

Any Drug

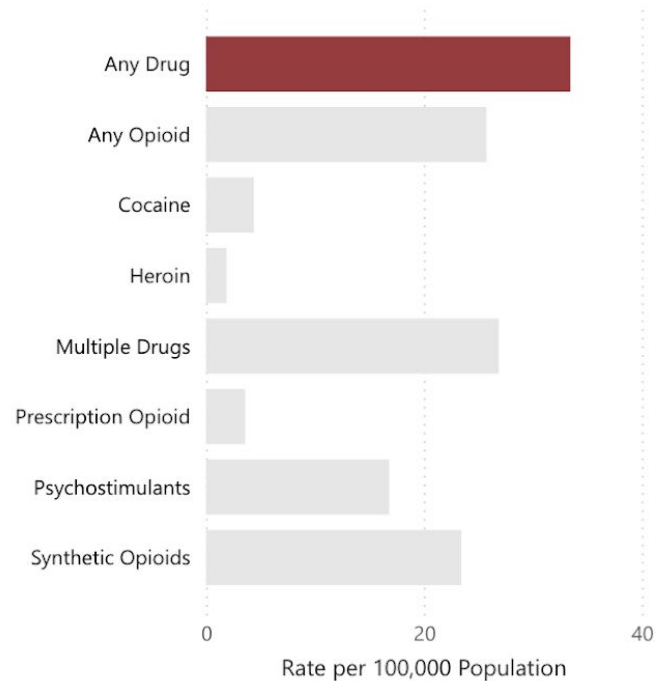
SELECT LOCATION

Statewide ACH Region County

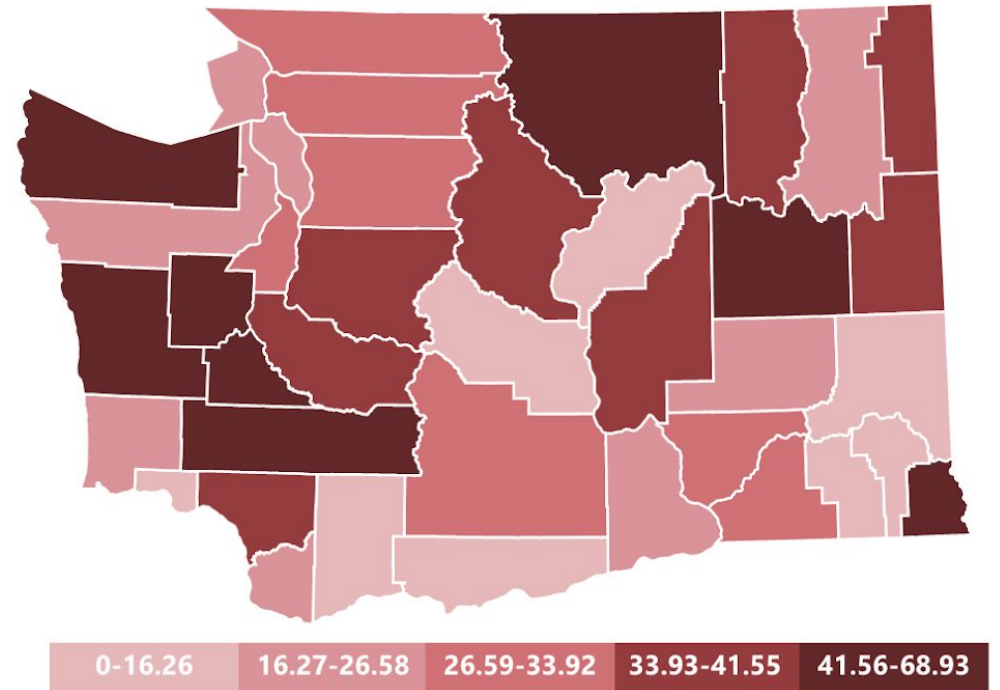
- 2022
- 2021
- 2020
- 2019
- 2018
- 2017
- 2016

2022

Statewide Age-Adjusted Rate of All Drug and Opioid Overdose Deaths per 100,000 Population by Drug Category



Age-Adjusted Rate of All Drug and Opioid Overdose Deaths per 100,000 Population, 2022



Medications for OUD (MOUD)



For patients with **opioid use disorder**, buprenorphine can:

Reduce overdose

Reduce ED visits and inpatient hospitalization

Reduce illicit drug use

Reduce mortality

Improve engagement in treatment

Increase quality of life

Research Letter | Substance Use and Addiction

August 7, 2023

Use of Medication for Opioid Use Disorder Among Adults With Past-Year Opioid Use Disorder in the US, 2021

Christopher M. Jones, PharmD, DrPH, MPH¹; Beth Han, MD, PhD, MPH²; Grant T. Baldwin, PhD, MPH¹; [et al](#)

[» Author Affiliations](#) | [Article Information](#)

JAMA Netw Open. 2023;6(8):e2327488. doi:10.1001/jamanetworkopen.2023.27488

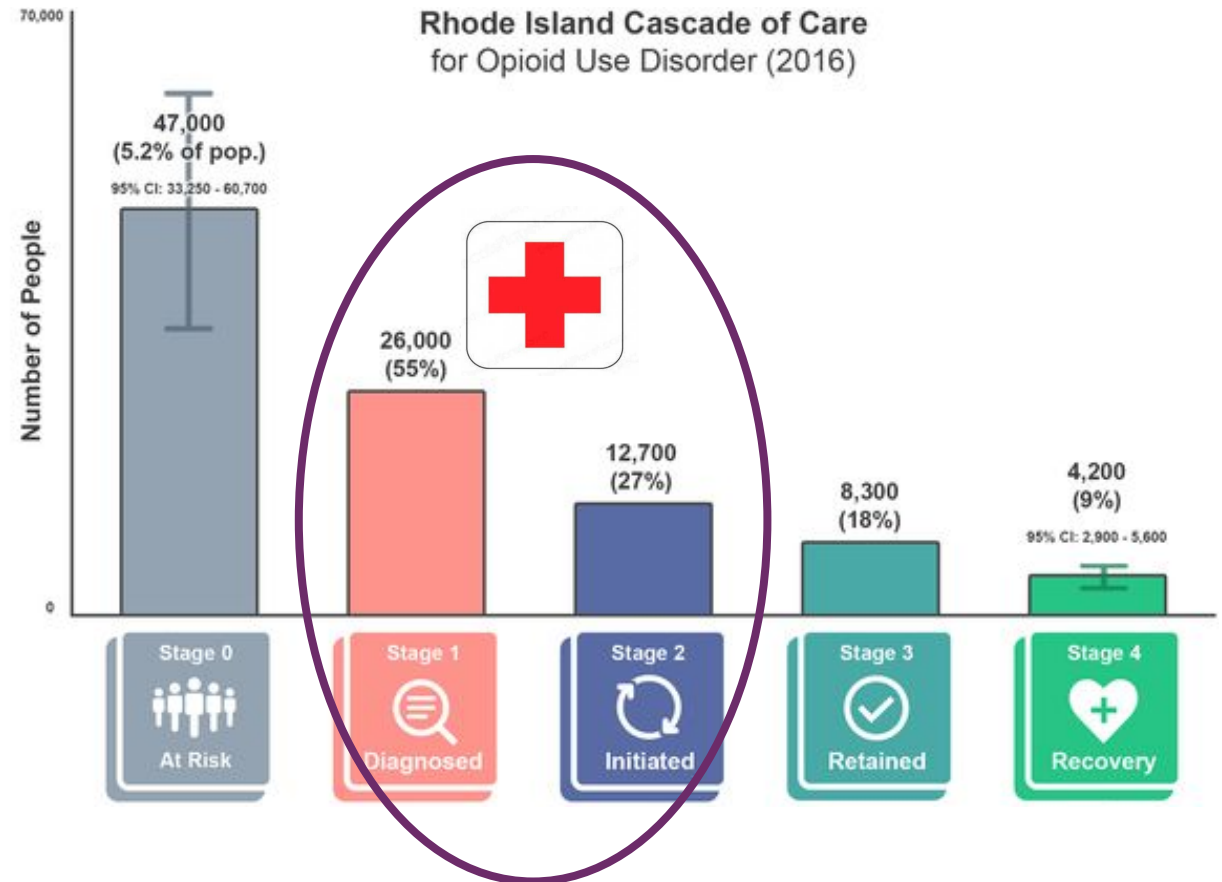
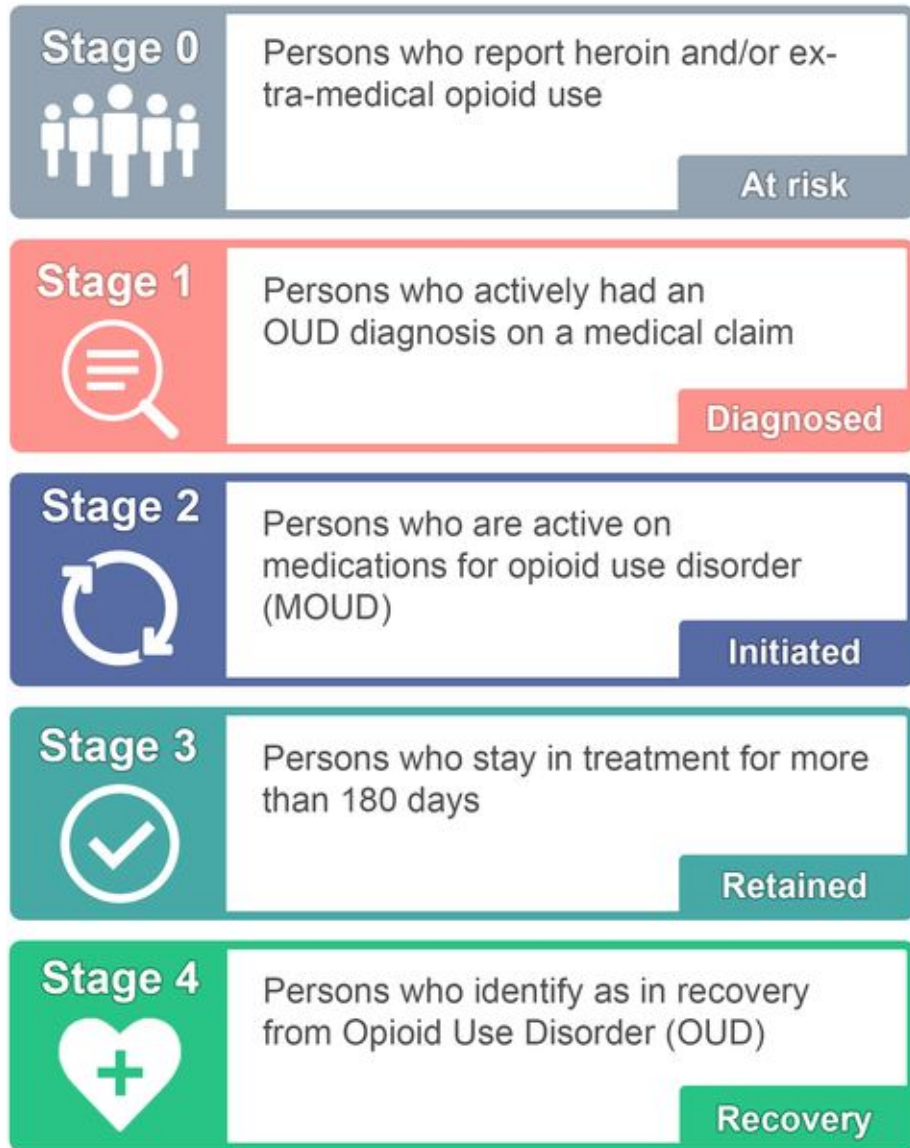


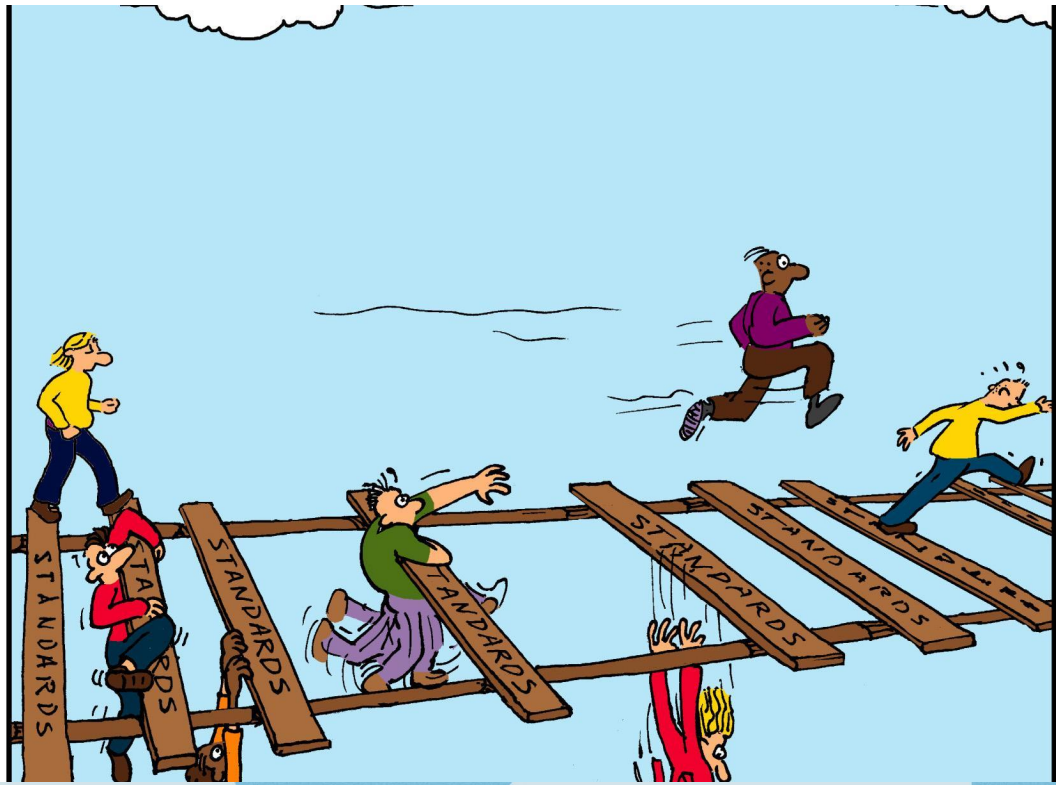
In 2021:

- 2.5 million adults in the US had OUD in the past year



Only **1** in 5 received medications to treat OUD





MICHAEL F. GIANGRECO, ILLUSTRATION BY KEVIN RUELE

Federal Telehealth regulations for prescribing controlled substance

- Must have audio-video capabilities and patient can state preference for audio-only
- Prescriber must be in Washington and patient must be in Washington

Prescribing controlled substances via telehealth

Authorized providers are able to prescribe controlled substances via telehealth if they meet certain criteria.

i The Drug Enforcement Administration (DEA), jointly with the Department of Health and Human Services (HHS), has extended the full set of telemedicine flexibilities regarding the prescribing of controlled medications as were in place during the COVID-19 public health emergency (PHE), through December 31, 2024.

Telemedicine flexibilities regarding prescription of controlled medications as were in place during the COVID-19 public health emergency include:

- A practitioner can prescribe a controlled substance to a patient using telemedicine, even if the patient isn't at a hospital or clinic registered with the DEA
- Qualifying practitioners can prescribe buprenorphine to new and existing patients with opioid use disorder based on a telephone evaluation

For more information, see:

- [Second Temporary Extension of COVID-19 Telemedicine Flexibilities for Prescription of Controlled Medications](#) - from the Federal Register

Original Investigation | Substance Use and Addiction



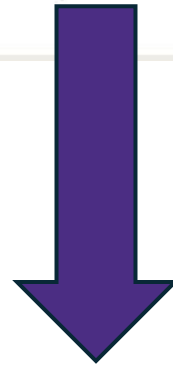
October 18, 2023

Telemedicine Buprenorphine Initiation and Retention in Opioid Use Disorder Treatment for Medicaid Enrollees

Lindsey R. Hammerslag, PhD¹; Aimee Mack, MPH²; Redonna K. Chandler, PhD³; [et al](#)

[» Author Affiliations](#) | [Article Information](#)

JAMA Netw Open. 2023;6(10):e2336914. doi:10.1001/jamanetworkopen.2023.36914



**SAFE and
EFFECTIVE**



'Linkage to Care Coordinators'
or LTCC



Olivia Hood MPH



UW DEM faculty prescribers

Hotline Live as of January 2, 2024!

- 14 Prescribers (doctors)
- 2 LTCC
- 1 Program Manager
- 1 Program Assistant

Kathy Li

Eric
Golike

Doug
Franzen

Callan
Fockele

Herbie
Duber

Andy
Mccoy

Amber
Sabbatini

Jessie
Wall

James
Leoni

Zack
Wettstein

Robert
Doerning

Lauren
Whiteside

Chris
Buresh

Andrew
Latimer

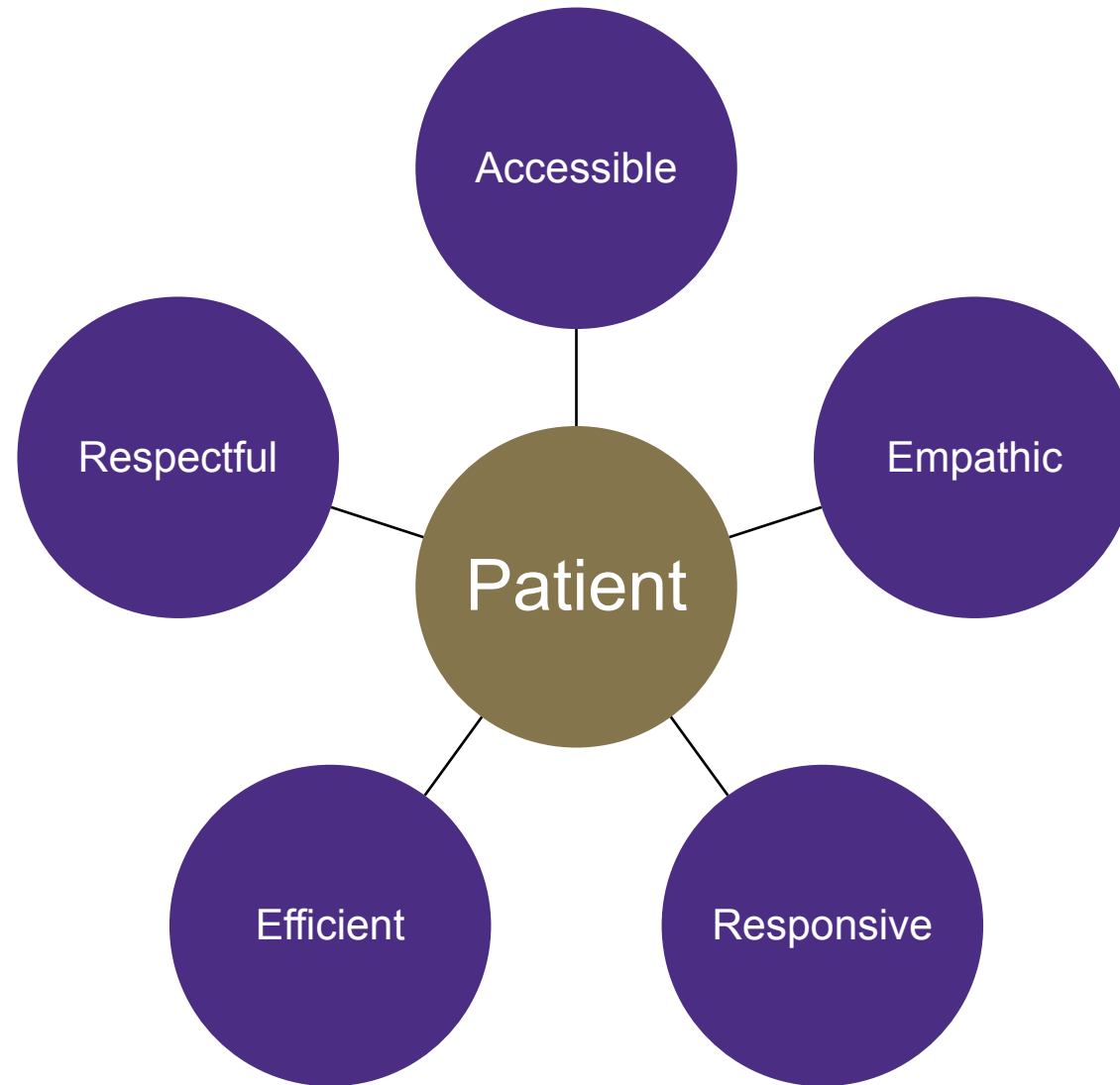
Meg
Flohr

Jessica
Knuttel

Olivia
Hood

Madeline
Parrish

Program Philosophy: Patient-Centered



Buprenorphine Information

- Current (2022) guidance from the FDA for dosing recommends a target dose of 16 mg/day and a dose range of 4 to 24 mg/day
 - Based on study of *mu-receptor occupancy and implied clinical efficacy*. Not based on patient reported symptoms or any patient reported outcomes.
- American Society of Addiction Medicine 2020 'Induction should start with doses of 2-4 mg'.
 - Maintenance doses can be up to 24 mg/day
- VA guidelines in OUD treatment 2021 'usual dose 12-16 mg/day (up to 32 mg/day)'

Overdose (Poisoning):

- **Buprenorphine:
Diversion?? Maybe??**



Under-dose:

- **Buprenorphine: Treatment initiation failure, continued use of fentanyl, overdose and death**

Program Buprenorphine Prescribing Philosophy

High-dose start
(24 mg-32 mg
on day 1)

Use other
medications to
make people
comfortable

UW DEM Telehealth Program

- Self-start instructions mirror those from:
 - UW Office-Based Outpatient Treatment Program (OBOT)
 - Pathways (Low-barrier public health clinic in Seattle)
 - CA-BRIDGE program in California
 - SCALA NW

- Guiding Principles:
 - Do no harm (under-dosing can be harmful)
 - Patient-centered (provide a range so patient can choose)
 - If heavy fentanyl use counsel for 16 mg as first dose
 - Diversion is rare

General buprenorphine self-start instructions

Starting buprenorphine at home

DAY 1

Wait at least 12-24 hours since last heroin or fentanyl use.

Take other prescribed medications to treat symptoms

Moderate withdrawal → Take 2 tablets or films all at once → Wait 30-60 minutes → Take 1-2 additional tablets or films if needed

Means 3+ of the following:
Restlessness // Yawning
Runny nose // Big pupils
Watery eyes // No appetite
Stomach cramps // Body aches
Shaking/twitching // Sweats
Chills // Goosebumps
Nausea or vomiting // Diarrhea


16 mg


8 mg 8 mg


Do not take more than 4 tablets or films (32 mg) the first day

DAY 2 AND BEYOND

Take 1 tablet or film (8 mg) in the morning, afternoon, and evening. Take each day until your next visit.

morning AM  8 mg

afternoon PM  8 mg

night  8 mg

BUPRENORPHINE SAVES LIVES

How to take the buprenorphine films or tablets:

1. Put the buprenorphine under your tongue.
2. Don't swallow it—the medication won't work!
3. Keep the medication there until it's fully dissolved.



Buprenorphine Self-Start

Guidance for patients starting buprenorphine outside of hospitals or clinics

- 1 Plan to take a day off and have a place to rest.
- 2 Stop using and wait until you feel very sick from withdrawals (at least 12 hours is best, if using fentanyl it may take a few days).
- 3 Dose one or two 8mg tablets or strips UNDER your tongue (total dose of 8-16mg).
- 4 Repeat dose (another 8mg-16mg) in an hour to feel well.
- 5 The next day, take 16-32mg (2-4 tablets or films) at one time.

If you have started buprenorphine

- If it went well, that's great!
- If it was difficult, talk with your doctor about what happened and find ways to prevent it from happening again. You may need a different dosing plan.

If you have never started buprenorphine

- Gather your support team.
- You are going to want support.
- Using cocaine, meth, alcohol, or other drugs and mixing in alcohol or other drugs can be dangerous.

If you have a light habit

- Consider a low dose: start with 4mg and stop at 8mg total.
- **WARNING:** Withdrawal will continue if you don't take enough bup.

If you have a heavy habit: (For example, injecting 2g heroin a day or smoking 1g fentanyl a day)

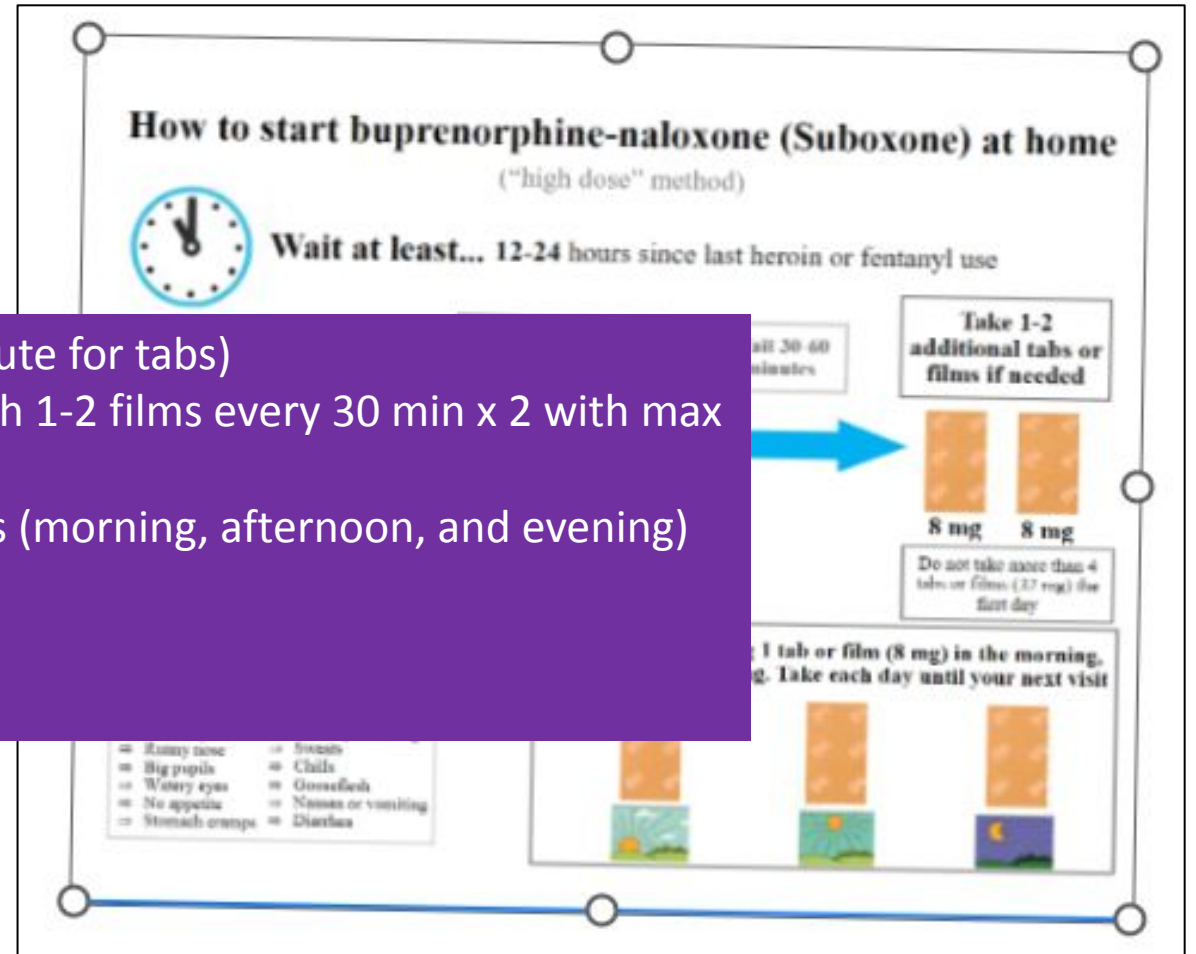
- Consider a high dose: start with a first dose of 16mg.
- For most people, the effects of bup max out at around 24-32mg.
- **WARNING:** Too much bup can make you feel sick and sleepy.

Buprenorphine 8/2 mg films (can substitute for tabs)

Sig: take 2 films SL once. May repeat with 1-2 films every 30 min x 2 with max dose of 32 mg (4 films) for the first day.

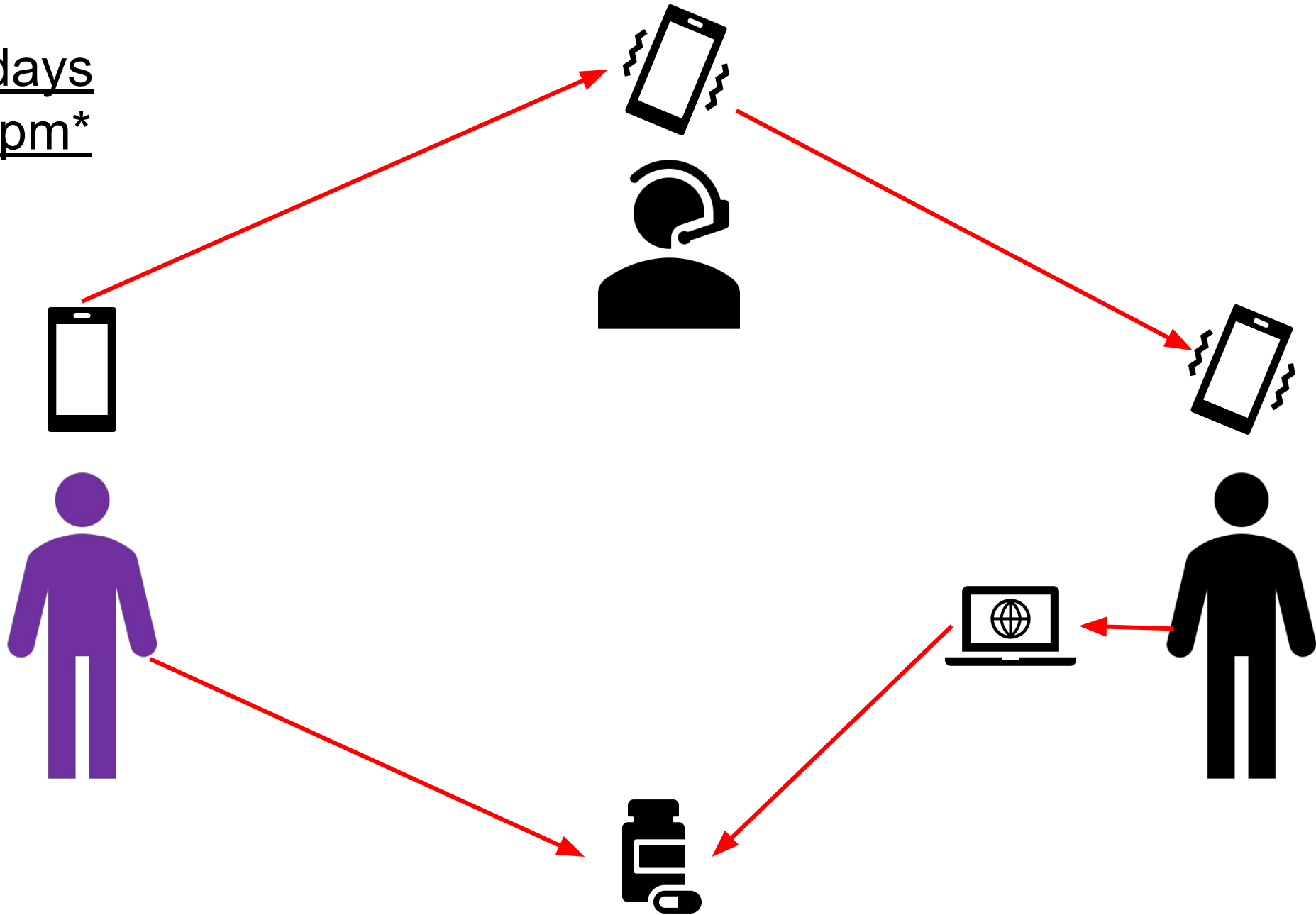
On day 2 start taking 1 film every 8 hours (morning, afternoon, and evening) until follow up.

Dispense # 42, no refills

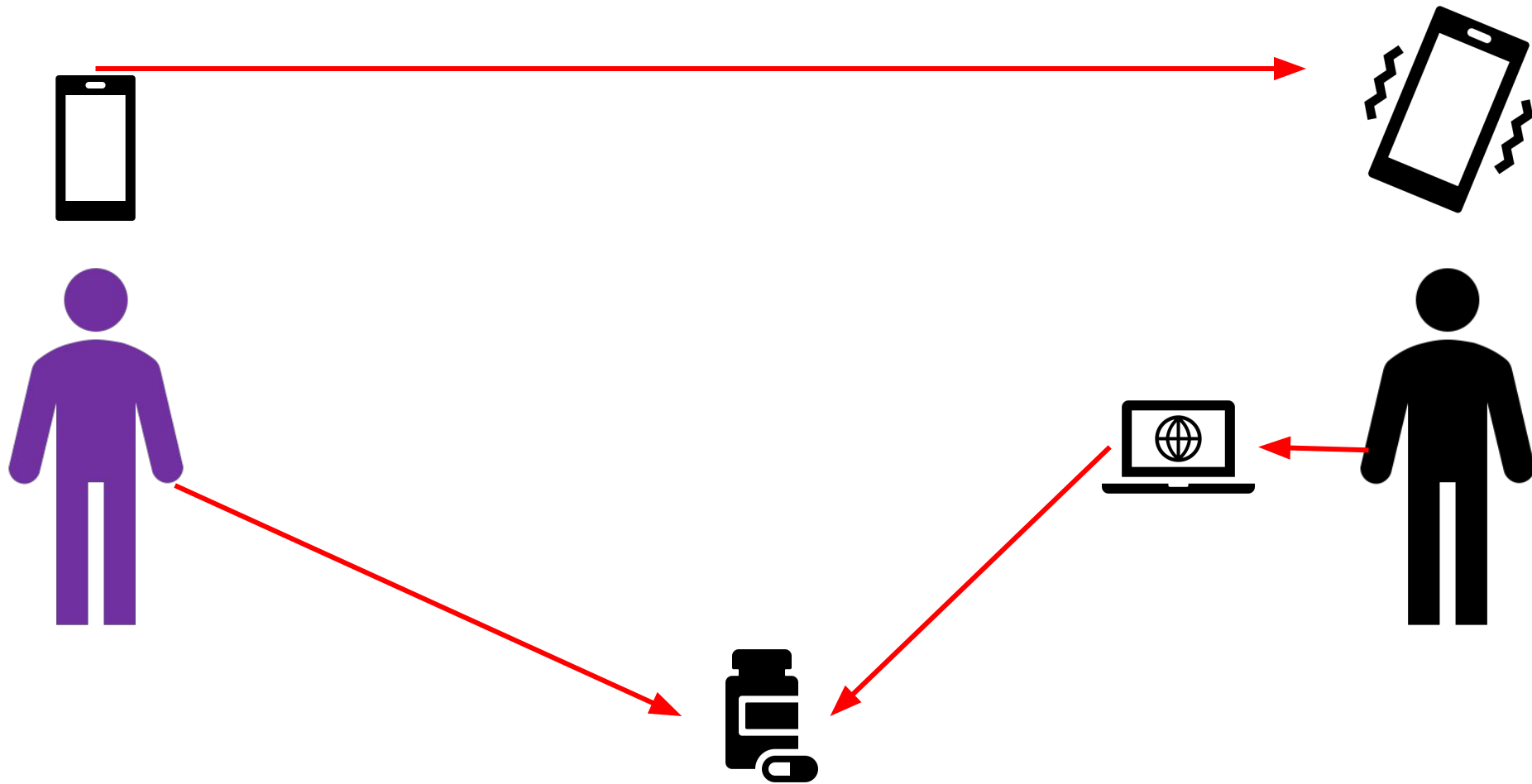


Program Logistics

Weekdays
8am-6pm*



Afterhours and Weekends





Assists with patient triage & reducing barriers to accessing medication M-F 8AM-6PM*



Reaches out to patient within 72 hours after their first visit to facilitate linkage to care



Will complete at least three outreach attempts to all patients via phone call, text, and/or email (average 5-10 attempts)



We link patients to over 10 referral partners based on the following:

Insurance or self-pay

Telehealth vs in-person preference

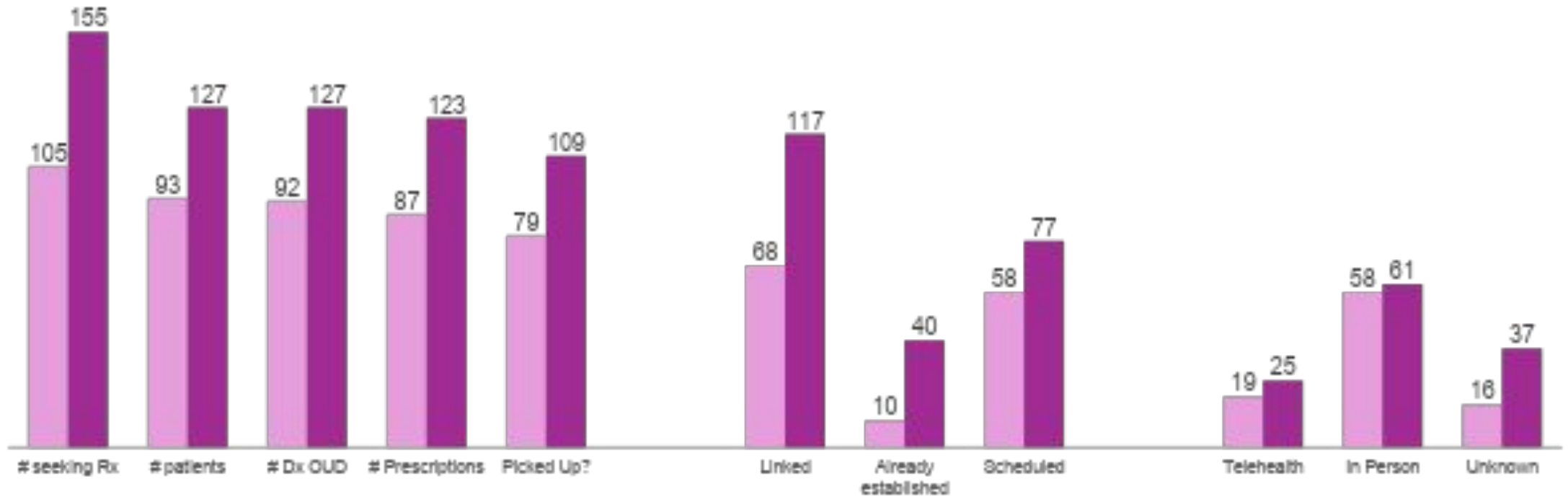
Location preference

Other services offered (BH, PCP, HCV treatment, housing assistance, etc.)

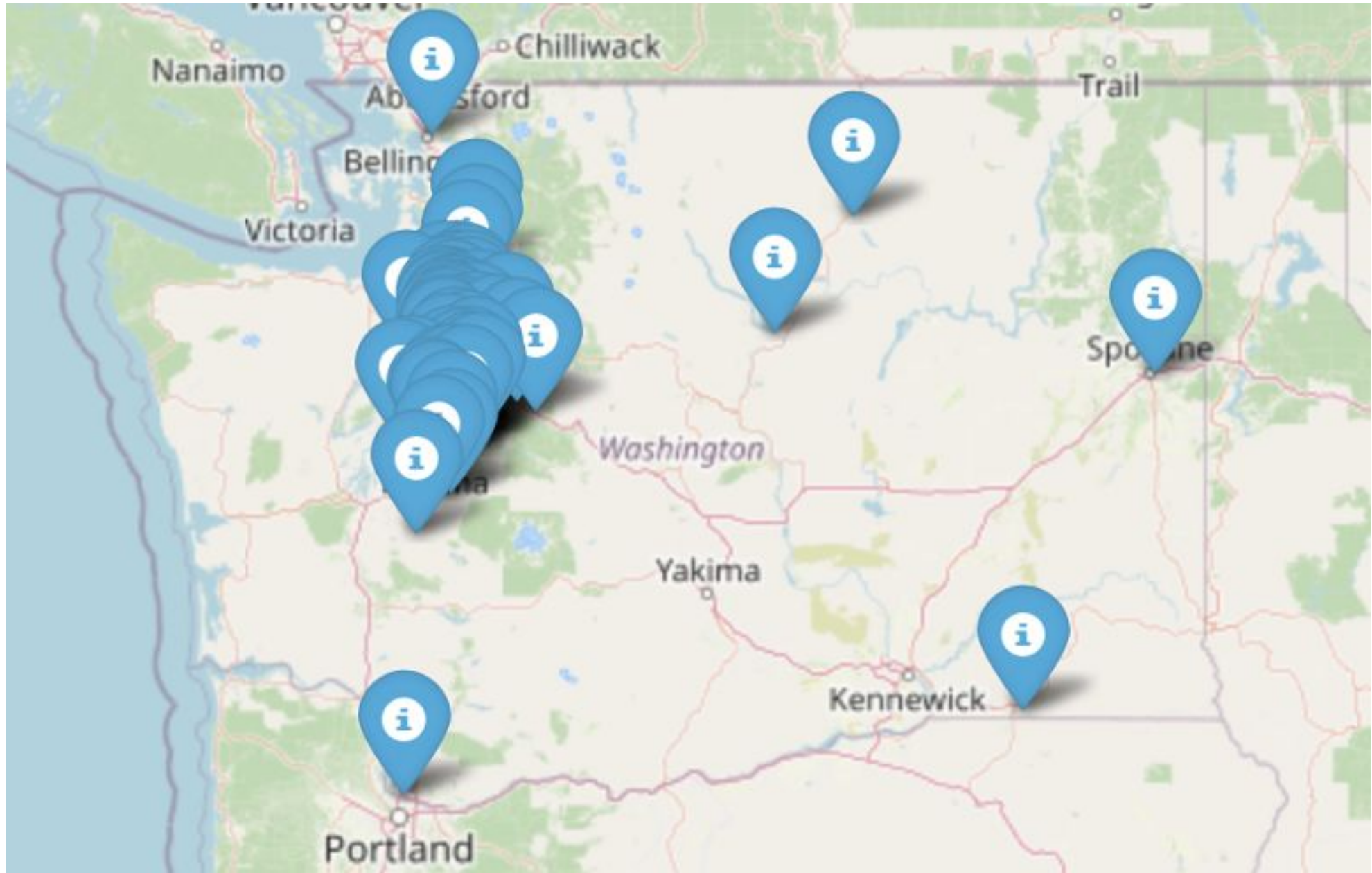
First 6 months...

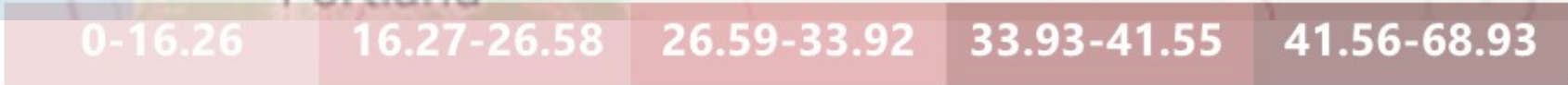
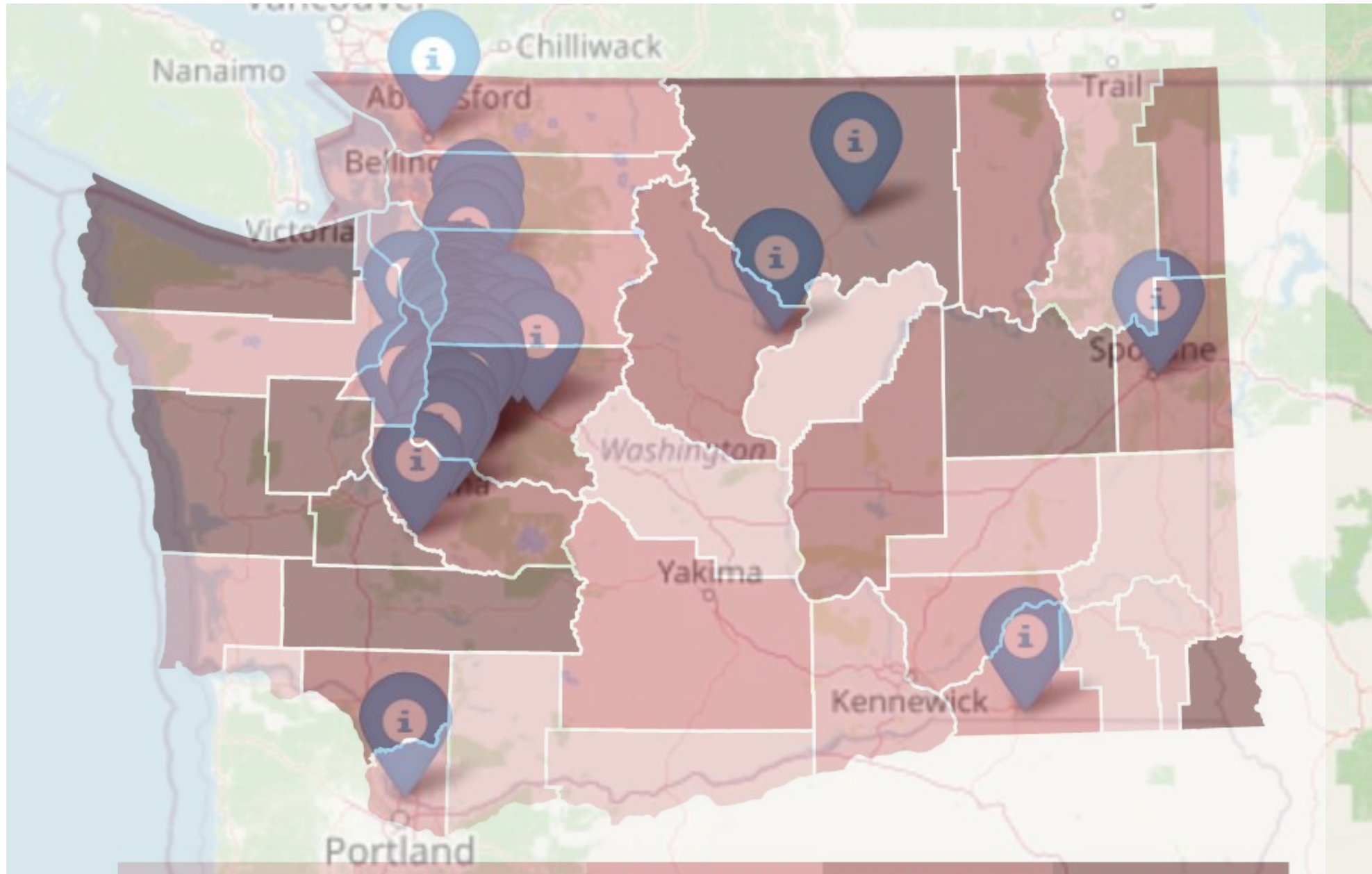
Telebup Cascade

■ Q1 ■ Q2



3 from
EMS
18% recently
incarcerated

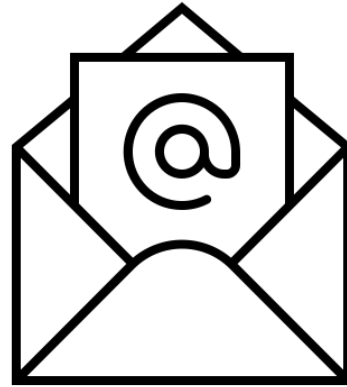






206-289-028

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telebup@uw.edu



em.uw.edu/sections/population-health/telebup-program

Connect with us!! We would love to hear from you!!

Thank you!

FAQ's

- Is this really free?
- What about patients with chronic pain?
- Do patients have to be in King County?
- Do you have to be a patient to call?
- What sort of obstacles has this program faced?