

*“Buprenorphine administered by an emergency provider stabilizes a patient not yet in treatment and helps patients already in a program stay in treatment.”*

-Christopher D. Marshall, MD, FAAFP, FASAM  
Medical Director, Behavioral Health Group

## OUR MEDICAL MISSION

is to restore lives, strengthen families, and rejuvenate communities. BHG offers personalized opioid outpatient care with FDA-approved medication-assisted treatment that allows each patient to work toward achieving his or her best level of functioning in the community.

### Clinical studies show

Two million Americans are diagnosed with Opioid Use Disorder (OUD) each year. Yet, while clinical best practices exist, in a new study from Yale University of 400 clinicians at four urban academic emergency departments, only 21% reported being ready to offer buprenorphine to patients who could benefit from it.

In 2015, Yale researchers found that patients who were admitted to an Emergency Department (ED) for OUD and treated with buprenorphine along with medical management in primary care were twice as likely to remain in addiction treatment a month later and reduced self-reported illicit opioid use.



Randomized Study Group	Still in addiction treatment 30 days after ED visit	Number of days of illicit opioid use per week after ED visit (down from 5.4 days)
Buprenorphine Group (screening, brief intervention, ED-initiated treatment with buprenorphine/Naloxone, and referral to primary care for 10-week follow-up)	78%	.9 days
Referral Group (screening and referral to treatment)	37%	2.3 days
Brief Intervention Group (screening, brief intervention, and facilitated referral to community-based treatment services)	45%	2.4 days

# STABILIZE & REFER

From ED to outpatient treatment



## 01.

Screen for withdrawal from Opioid Use Disorder (OUD)

## 02.

Administer buprenorphine (for up to 72 hours)

## 03.

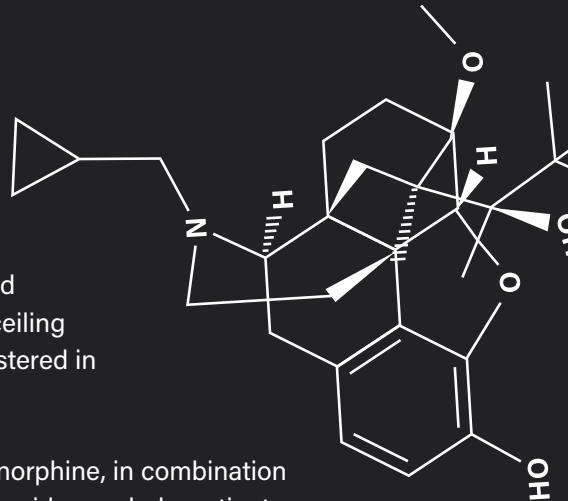
Call BHG at 844-535-7291 or hand a Referral Card to patient

## What is buprenorphine?

Buprenorphine is a treatment for OUD that decreases withdrawal, craving, and opioid use. And unlike methadone, it has a ceiling on its effects and doesn't have to be administered in a highly structured environment.

Approved for clinical use by the FDA, buprenorphine, in combination with counseling and behavioral therapies, provides a whole-patient approach to the treatment of OUD. When taken as prescribed, buprenorphine is safe, effective and may be prescribed to women who are pregnant or breastfeeding.

*\* It is important to note that buprenorphine can bring on acute withdrawal for patients who are not in the early stages of withdrawal and who have other opioids in their bloodstream.*



## The DEA grants exception to ED “The Three-day Rule”...

allows an emergency provider to administer (*but not prescribe*) narcotic drugs to a patient for the purpose of relieving acute withdrawal symptoms while arranging for the patient's referral for treatment, under the following conditions:

- Not more than one day's medication may be administered or given to a patient at one time,
- Treatment may not be carried out for more than 72 hours, and
- The 72-hour period cannot be renewed or extended.

*\* (Title 21, Code of Federal Regulations, Part 1306.07(b))*

<<https://jamanetwork.com/journals/jama/fullarticle/2279713>> ; D'Onofrio G, O'Connor PG, Pantalon MV, et al. Emergency Department–Initiated buprenorphine/Naloxone Treatment for Opioid Dependence: A Randomized Clinical Trial. JAMA. 2015;313(16):1636–1644. doi:10.1001/jama.2015.3474 | <<http://exclusive.multibriefs.com/content/ed-clinicians-hesitant-to-prescribe-buprenorphine-for-treating-opioid-depen/healthcare-administration>> | <<https://www.samhsa.gov/medication-assisted-treatment/legislation-regulations-guidelines/special>> | <<https://www.drugabuse.gov/publications/effective-treatments-opioid-addiction>> | <<https://www.clinicaladvisor.com/home/topics/pain-information-center/pain-management-information-center/buprenorphine-prescribing-rates-increased-from-2017-to-2018/>> <<https://jamanetwork.com/journals/jama/fullarticle/2279713>> | <<https://jamanetwork.com/journals/jama/fullarticle/2279713>>