



ACAAM 2021 Annual Meeting

June 9

Fellow Lightning Round Presentations

Hear from several addiction medicine fellows as they share brief, 5-6 minute, presentations on original research, case reports, clinical innovations, and education strategies. These fellows applied to participate during an open call for abstracts earlier in 2021.

Ariana Abid, MD, University of California Los Angeles

Creating an Opioid Withdrawal Protocol for the Inpatient Setting

I will present a practical and evidence-based protocol for hospitalists and other hospital care providers who are treating patients vulnerable to opioid withdrawal. We are currently working on implementing this protocol at UCLA hospital in Santa Monica. These steps incorporate administration of buprenorphine guided using a clinician tool called the Clinical Opioid Withdrawal Scale [COWS], which can be seen as parallel to the Clinical Intoxication Withdrawal Assessment [CIWA] for alcohol use disorder.

Bhavna Bali, MD Penn State Health Hershey Medical Center

Outpatient Buprenorphine Microinduction for Pain “A Safe Method to Transition High Risk Patients”

A case of transitioning a high-risk patient on high dose opioids to suboxone for pain management in the outpatient setting using a microinduction protocol. She was successfully transitioned to buprenorphine using a butrans patch and microdosing of suboxone. She did not have therapeutic relief of pain but did have minimal precipitated withdrawal symptoms with successful transition. After her transition was completed, it was later discovered that patient was using illicit fentanyl and still had minimal precipitated withdrawal symptoms.

Nicholas Chien, MD, Rush University Medical Center

Expanding Addiction Medicine Education Beyond A Traditional Fellowship: Local and National Endeavors

Addiction medicine fellowship provides the platform for educational excellence. This presentation highlights three educational endeavors completed by a fellow during his addiction medicine fellowship. They highlight the various types of educational engagement for an addiction medicine fellow at the local and national levels.

Shawn Cohen, MD, Yale School of Medicine

Simplifying Buprenorphine Microinduction in the Outpatient Setting

Starting buprenorphine through microinduction is being used to avoid precipitated withdrawal in cases where full opioid agonists can't be stopped, or withdrawal isn't tolerated. It remains difficult in the outpatient setting due to need for daily dose changes and to split strips. We developed a 1-page educational handout and partnership with a community pharmacy to make the process more accessible.

Jeremiah Fairbanks, DO, University of Minnesota

Safe Station Initiative

Safe Station is an initiative connecting Minneapolis first responders to Twin Cities Recovery Project in attempt to provide culturally sensitive low threshold substance use disorder treatment in underserved and predominantly African American neighborhoods. We provide

education to Minneapolis Fire Department and Hennepin EMS in attempt to both train first responders and address stigma. Individuals can connect with select Minneapolis fire stations where they will immediately be assessed for needs. Mental health, substance use disorder, medical and psychosocial needs will be addressed either immediately or via referral to appropriate professionals. The initiative incorporates ongoing adjustments based on evidence collected pertaining to effectiveness of initiative as well as stigma within Minneapolis Fire Department.

Marc Kimball, MD, Maine Medical Center

Naloxone Co-Prescribing Across a Large Health System

In 2017, MaineHealth found that their baseline Naloxone Co-Prescribing Rate was ~6%. Through iterative PDSA cycles, we were able to increase the rate to 23%, with the highest-impact intervention being the implementation of a Best Practice Advisory (BPA). Upon data stratification, it was found that one subsidiary site improved their Naloxone Co-Prescribing by 30% by rallying around an Annual Implementation Plan (AIP) Goal and empowering their front-line providers to solve the problem. Those providers then identified the best way to improve their rate was to secure naloxone from the Maine DPH and distribute it at patient visits.

Jordana Laks, MD, and Morgan Younkin, MD MPH, Boston Medical Center

Outpatient Benzodiazepine Taper in a Low Barrier Setting

This presentation will describe the development of a protocol for outpatient extended-duration benzodiazepine taper for patients with benzodiazepine use disorder in a low barrier addiction treatment bridge clinic. Clinical experience with a small number of individualized benzodiazepine tapers in this setting demonstrated a need for clinical guidance on a safe and standardized approach. After a literature review supported the benefits of an extended duration benzodiazepine taper, we developed a protocol that includes patient eligibility criteria, a standardized stabilization phase, taper duration of 4-6 weeks, and recommended monitoring. This protocol is currently being implemented with availability of addiction psychiatry consultation for select patients.

James R. Latronica, DO, Penn State Health Hershey Medical Center

Increasing Access to Medications for Opioid Use Disorder: Policy Analysis and Proposals

Opioid overdose continues to be the leading cause of accidental death in the United States, and the prevalence of Opioid Use Disorder continues to increase. Increased access to health insurance “specifically in regard to state-funded Medicaid programs”, as well as robust formularies and limited prior authorization have been demonstrated to be effective both in treating patients with OUD, as well as producing cost savings for government and commercial payors. This presentation will discuss the background of these programs, and what solutions may be enacted to increase access to MOUD while also reducing deaths from overdose.

Angad Madan, DO, MetroHealth/Case Western

An Innovative Jail MAT Program at Cuyahoga County Jail in Collaboration with MetroHealth

The jail setting provides a unique public health opportunity to address OUD in a vulnerable population with limited access to healthcare resources. Our healthcare system is the sole healthcare provider for the Cuyahoga County Corrections Center (CCCC) with an integrated electronic health record. This setting provides a unique opportunity to initiate and continue MAT for inmates with OUD. Patients are identified and followed from time of intake to release in a process which involves screenings, withdrawal treatment as needed, level of care assessments/placement, counseling, initiation, or continuation of all three forms of MAT and linkage to long term treatment.

Claudia Moore, MD, University of Nebraska Medical Center

PEth - Role in Liver Transplant - Case Report

A case of a critically ill adult man on the liver transplant list with a significantly elevated PEth and an adamant history, confirmed by family and consistent through his hospital stay, of only distant minimal alcohol use. We reviewed available literature and made the decision to rely more on history than laboratory values given the questions existing regarding the utility of PEth testing. Note: case report is still in progress and updated slides can be provided.

Brendan Sullivan, DO, St. Joseph Mercy – Ann Arbor

Improving Rates of HIV/Hepatitis C Screening and Naloxone Co-prescription

Bloodborne pathogens including HIV and Hepatitis C carry a significant risk to people who inject drugs. Our Addiction Medicine clinic conducted a second cycle of an ongoing quality improvement project to increase Hepatitis C/HIV screening and naloxone prescription rates. This intervention involved a medical assistant performing a telephone screening to all new patients to the clinic. While Hepatitis C/HIV and naloxone screening rates improved from last year, ~80% patients declined screening for Hepatitis C/HIV. Future directions include investigating reasons for the low interest in screening and decreasing barriers to screening.

David Tracy, MD, MetroHealth/Case Western

Nicotine Patch Prescription Fulfillment Rate for Emergency Department Patients

Nicotine replacement with transdermal patches has been shown to be associated with smoking cessation in a variety of studies. Prior work has demonstrated that many Emergency Department patients may fail to fill their prescriptions for a variety of agents. This study evaluated fill rates for prescription nicotine patches (NRT-P) from the Emergency Department. The study found that only about half of patients fill their prescriptions for NRT-P, but female patients and those with chronic lung disease were more likely to do so.