Opioid Crisis:

South Carolina Emergency Departments Respond

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Problem Addressed

- ED is first point of health care contact
- Nearly 5 million opioid related ED visits
- Over 8,000 discharged from SC EDs without immediate access to life saving, on demand treatment
- ED initiated MAT coupled with same or next day follow up:
  - Decreases mortality and infectious disease transmission
  - Decreases medical and psychiatric hospital admissions
  - Decreases return ED visits
  - Referral alone, without medication, results in < 40% follow-up rates in this population

Outcomes

- Year one: Contracted with DHHS November 2017-November 2018
  - 100% operationalized to initiate buprenorphine in the ED with “fast track” follow-up in 3 diverse ED systems
    - December 2017: MUSC
    - March 2018: Tidelands Waccamaw & Grand Strand Medical Center
- Educated over 200 SC ED healthcare professionals

Outcomes

- Within first 9 months:
  - > 4000 ED patients screened for substance abuse/misuse by peer recovery staff
  - > 1450 ED patients screened positive for substance abuse/misuse
  - > 475 patients screened positive for opioid use disorder
  - Upwards of 150 potential psychiatric hospitalizations averted through ED buprenorphine induction
  - Approximately 80% of inducted patients arrived to next day appointments
  - Averaging at least 60% retained in treatment at 30 days

SBIRT Cost Effectiveness

- For every $1.00 spent on SBIRT, estimated $3.81-$5.60 return on investment.
  - **Benefit-cost ratio: upwards of 5.6:1**
- Wisconsin: reduced hospital costs, ED visits and associated problems
  - $1000 savings/person screened
- Texas: noted a 50% reduction in alcohol related injuries
  - Net savings of $3.81 in ED costs/$1 invested in SBIRT
- Washington:
  - Reduced Medicaid specific expenditures of $185-$192/month/patient who received SBIRT.
  - Patient's requiring admission following ED visit saw reduction in costs from $238-239/month
- California:
  - For every $1 spent on substance abuse treatment, $7 are save in criminal justice and other costs.

Sources: Fleming et al., 2000; 2002 and Gentilello et al., 2005
Somebody Finally Asked Me: A Preventive Approach to Address Youth Substance Use, Policy Brief, October 2015
http://www.senate.ga.gov/sro/Documents/StudyCommRpts/YMHAppendixC.pdf

MUSC Preliminary ROI Analysis

	Total Payment	Total Charge
Pre	$20,564	$65,231
Post	$656	$2,624
Savings	$19,908	$62,607
Payment savings *per person*		**$737.33**

Next Steps

- Given ongoing continued success, anticipate to sustain pilot in current sites with DHHS funds to facilitate comprehensive, state specific cost analysis and explore various hospital and payor sustainability models
- FY18-19 aims include replication of pilot in additional high impact EDs in the state with DHHS funds.
  - Based on DHEC data available and required infrastructure for next day treatment, future potential target areas for FY18-19 and beyond include: Greenville/Spartanburg area and Lexington/Richland area
- Additional FY18-19 goals include assessing feasibility of incorporation telehealth as well as rural site expansion