

**Maine Medical Center
Department of Emergency Medicine
Journal Club Summary Template**

Date: 11/18/2021	Presenter Name: Jennifer Mabey
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Article Citation: Rosenberg, N.K., Hill, A.B., Johnsky, L., Wieg, D., Merchant, R.C. "Barriers and facilitators associated with establishment of emergency department-initiated buprenorphine for opioid use disorder in rural Maine." <i>The Journal of Rural Health</i> . 2021; 1-8. https://doi.10.1111/jrh.12617
Country(ies): Brown University, Brigham and Women's Hospital, Mount Sinai, United States of America
Funding Source(s): \$1000 seed grant from COBRE Center on Opioids and Overdose at Lifespan Inc. <input type="checkbox"/> None Stated

Purpose
Research Question(s): Why have EDs not implemented programs to initiate buprenorphine? <input type="checkbox"/> None Stated
Hypotheses: x <input type="checkbox"/> None Stated
Study Purpose: To identify barriers and facilitators to successful establishment of ED-initiated buprenorphine programs at rural critical access hospital EDs in Maine

Methods
Study Design: Semistructured interview of ED directors at critical access hospitals in Maine regarding barriers and facilitators to successful establishment of ED-initiated buprenorphine programs at their department
Outcome(s) [or Dependent Variable]: N/A
Intervention [or Independent Variable]: N/A
Ethics Review: x <input type="checkbox"/> IRB Review <input type="checkbox"/> IACUC Review <input type="checkbox"/> Other: <input type="checkbox"/> None Stated
Research Setting: Critical access hospitals in Maine
Study Subjects: ED directors of these sites
Inclusion Criteria: ED directors that responded to emails agreeing to participate in the interview
Exclusion Criteria: ED directors that didn't respond to emails or declined participation
Study Interventions: N/A

Study Groups: N/A
Instruments/Measures Used: Semistructured interview guide developed by research team based upon review of research studies on the perceived barriers and facilitators to ED-initiated buprenorphine.
Data Collection: Audio-recorded zoom interviews were conducted by the study principal investigator that were transcribed verbatim by a professional medical transcriptionist and deidentified prior to analysis.
Data Analysis: A <i>a priori</i> sample size calculation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Described <input checked="" type="checkbox"/> N/A Statistical analyses used: Data was coded and analyzed using a thematic analysis approach. Codes were organized into themes and subthemes. Adjustment for potential confounders? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Described <input checked="" type="checkbox"/> N/A If yes, list: N/A

Results
Study participants: 11 ED directors (out of 17 contacted), all male
Brief answers to research questions [key findings]: Identified themes: <ol style="list-style-type: none"> 1) Compelled to act: <ol style="list-style-type: none"> a) experiences that motivated participants to develop an ED-initiated buprenorphine program at their hospital 2) Leadership and mentorship: <ol style="list-style-type: none"> a) people in leadership positions were key to the success of a program 3) Stigma and outreach: <ol style="list-style-type: none"> a) the role of stigma as an initial barrier, which was later overcome 4) Follow-up: <ol style="list-style-type: none"> a) follow-up was the single greatest logistical barrier and required creative problem solving
Additional findings: Identified subthemes: <ol style="list-style-type: none"> 1. Compelled to act: <ol style="list-style-type: none"> a. Personal experience b. Peer example 2. Leadership and mentorship: <ol style="list-style-type: none"> a. Supportive senior hospital leadership b. Obstructive senior hospital leadership

- c. Peer mentorship and collaboration
- 3. Stigma and outreach:
 - a. Fear of overcrowding
 - b. Reality of low utilization
 - c. Need for outreach
 - d. Stigma overturned
- 4. Follow-up:
 - a. Lack of follow-up
 - b. Creative solutions

Limitations:

Likely bias toward participants who were motivated to start a buprenorphine program. ED directors not supportive of this, or who have tried but failed to develop a program might have been less willing to respond to requests to participate in an interview.

No quantification of the relative impact of the identified barriers and facilitators on the success of ED-initiated buprenorphine program.

Because only ED directors were interviewed, the perceptions of staff physicians, nurses, administrators, and other staff were not directly evaluated.

Clinical Implications

Applicable? Yes, especially as it involves Maine EDs, though themes/subthemes may differ comparing critical access hospitals to larger hospitals

Feasible? N/A

Clinically relevant? Yes, this will help us to know how to support our colleagues in Maine to have ED-initiated buprenorphine programs

Comments:

Level of evidence generated from this study

- Ia: evidence obtained from meta-analysis of randomized controlled trials
- Ib: evidence obtained from at least one randomized controlled trial
- IIa: evidence obtained from at least one well-designed, controlled study without randomization
- IIb: evidence obtained from at least one other type of well-designed quasi-experimental study
- x III: evidence obtained from a well-designed, non-experimental study
- IV: expert committee reports; expert opinion; case study; case report

Additional Comments/Discussion/Notes