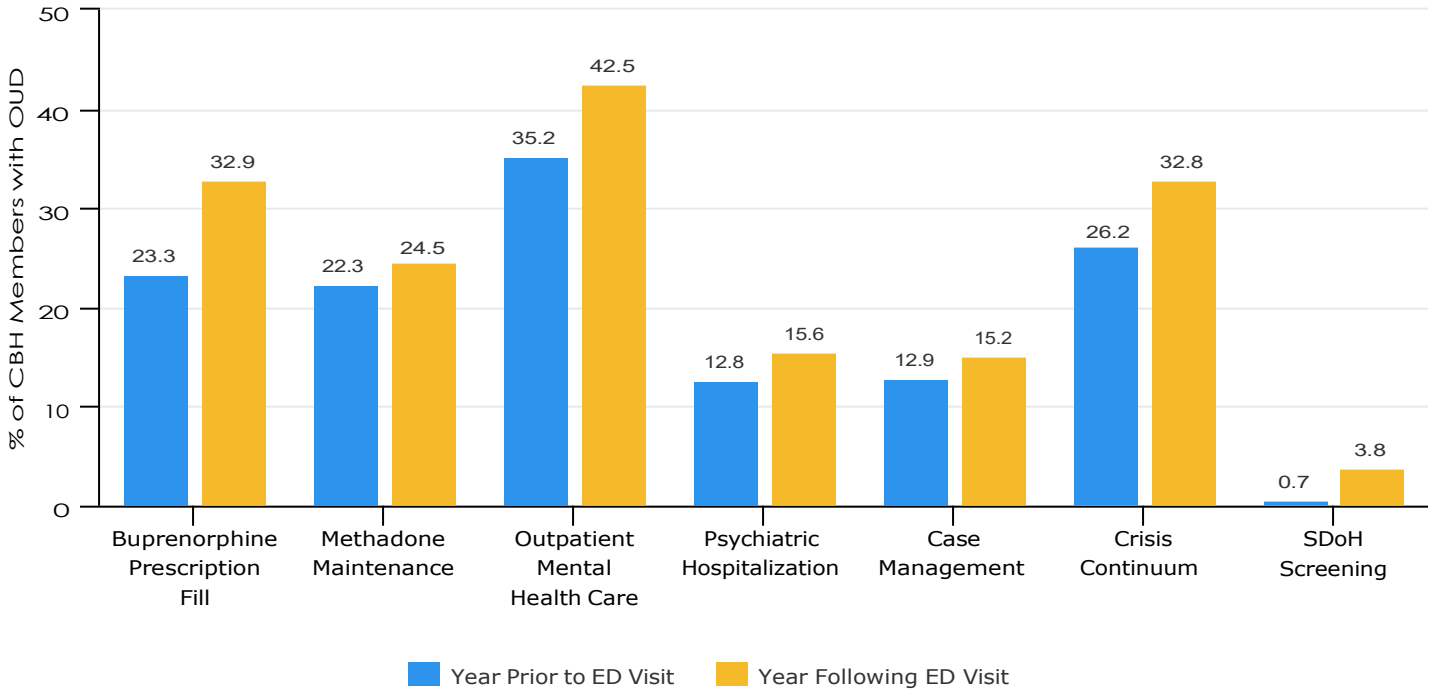
Warm Handoffs for Opioid Use Disorder in Emergency Departments in Philadelphia

Penn Team: Molly Candon, Hilary Cantiello, Anne Futterer, and Cynthia Zubritsky
CBH/DBHIDS Team: Robin Hanson, Brittanie Applewhite, Regina Ford, Tonya Harris, and Erin Maloney

Background and Study Goals

The use of warm handoffs is associated with better outcomes for individuals with opioid use disorder (OUD), particularly among hard-to-reach populations. As a result, emergency departments (EDs) throughout Philadelphia are routinely screening patients for OUD in order to facilitate warm handoffs using certified recovery specialists. To understand the potential impact of warm handoffs, we measured the utilization of medication assisted treatment and psychosocial services in the year before and the year after an ED visit among Medicaid-eligible individuals with OUD.

Figure. Utilization of Medication Assisted Treatment and Psychosocial Services among CBH Members with Opioid Use Disorder in Year Before and After an Emergency Department Visits, 2018



Note. Based on first ED visit in calendar year 2018. To be included, CBH members needed to have a behavioral health claim with an OUD diagnosis (F11*) within one year of the ED visit. SDoH refers to social determinants of health screenings, as shown by Z codes.

Practice & Policy Implications

CBH members with OUD were significantly more likely to have buprenorphine prescription fills, outpatient mental health visits, and social determinant of health screenings in the year following an ED visit compared to the year before, suggesting that warm handoffs are an effective way of engaging individuals with OUD into evidence-based treatments. However, there were also increases in the share of CBH members with OUD who had inpatient psychiatric stays and used the crisis continuum.

A key limitation of this evaluation is that we cannot directly observe warm handoffs in ED insurance claims.

Note: Study conducted using 2016-2020 claims data

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