

The Penn Medicine Emergency Engagement for Opioid Use Disorder Program (ENGAGE)

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Background & Methods

ENGAGE connects individuals who screened positive for opioid use disorder (OUD) in Penn Medicine emergency departments with a certified recovery specialist and medication assisted treatment, primarily buprenorphine. Here, we describe the Government Performance and Results Act (GPRA) Core Client Outcomes reported by ENGAGE participants, which were collected at baseline (n=32), three-month (n=28) and six-month (n=26) reassessments.

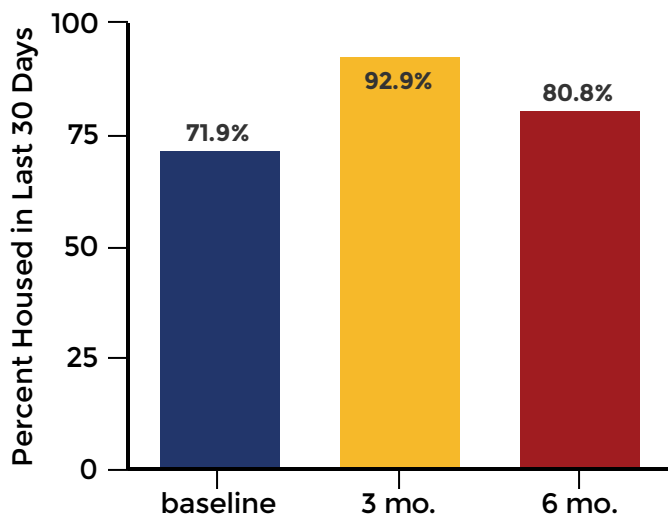
Demographics



64.2% male
32.1% female
41 average age

39.4% were **Black/African American**, 10.6% were **Hispanic**, and 43.7% were **White**.

Housing Stability

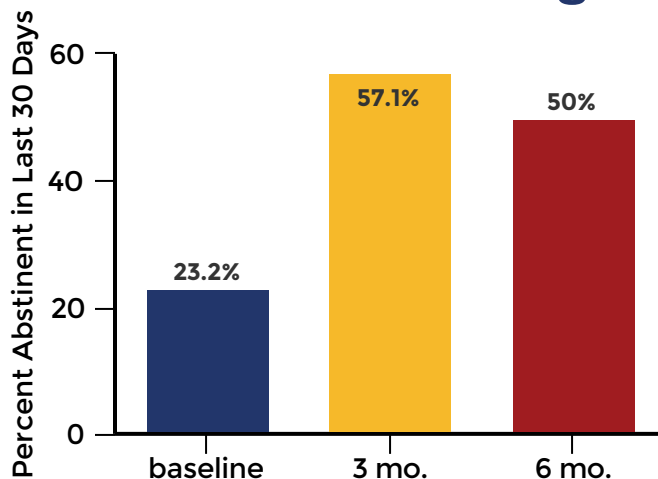


Employment

Employment (full- and part-time) rose from **17.9%** at baseline to **34.6%** at 6 months.



Abstinence from Drug Use

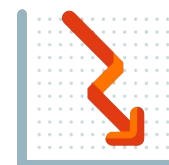


Heroin use decreased from **56%** at baseline to **7.7%** at 6-month reassessment.

Health Care Utilization

Past-30 day presentation for substance use **decreased**

31.3% at baseline to **7.7%** at 6-month reassessment.



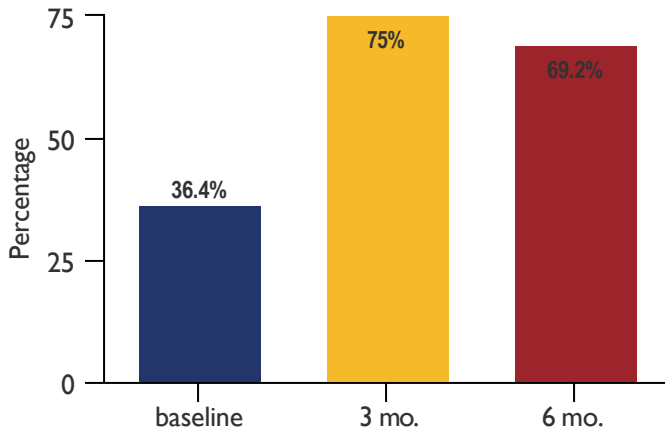
Past-30 day outpatient treatment for substance use **increased**

20.9% at baseline to **28.6%** at 3-month reassessment.



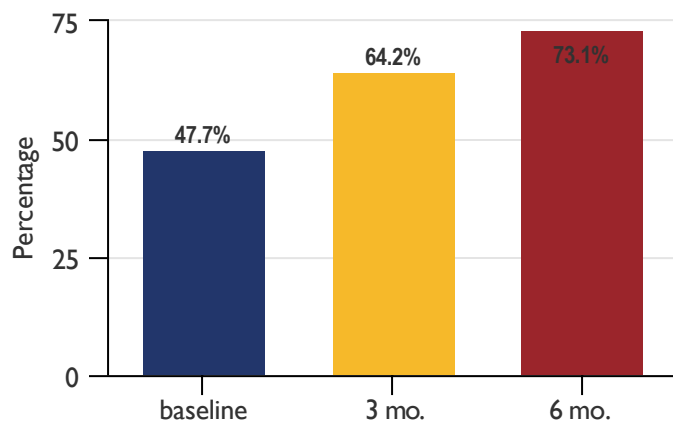
Quality of Life and Health Satisfaction

Percent of participants with self-rated "good" or "very good" quality of life



Social Connections

Percent of participants "satisfied" or "very satisfied" with personal relationships



Energy and Self-Satisfaction

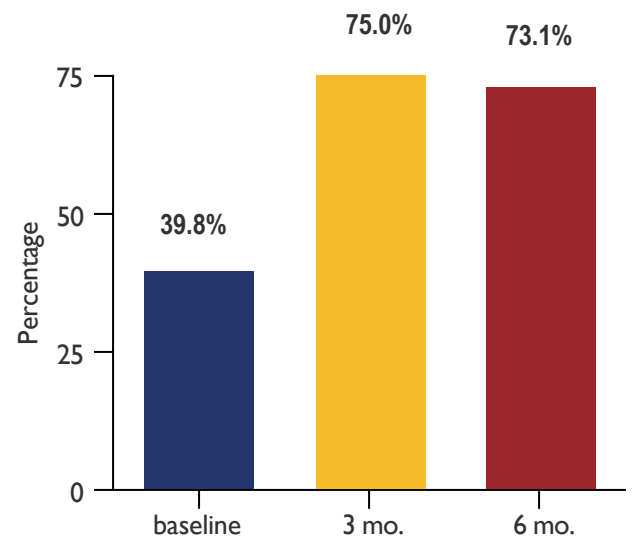
32.1%
of participants

mostly or completely had enough energy for everyday life at baseline.

65.4%
of participants
mostly or completely had enough energy for everyday life at 6-month reassessment.



Participant Self-Satisfaction



Practice & Policy Implications

GPRA reassessments showed that a larger share of ENGAGE participants reported a reduction in drug use, increases in housing and employment, more energy, better social connections, and an overall improvement in quality of life. This suggests that the use of certified recovery specialists in emergency departments is a valuable way to help individuals with OUD connect to treatment.

A key challenge of evaluation efforts was the 3 and 6-month reassessment rate. To address this, we will conduct a claims-based evaluation that does not require the use of a follow-up survey.