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
average age 41
39.4% were Black/African American, 10.6% were Hispanic, and 43.7% were White.

Abstinence from Drug Use
Heroin use decreased from 56% at baseline to 7.7% at 6-month reassessment.

Housing Stability
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.

Employment
Employment (full- and part-time) rose from 17.9% at baseline to 34.6% at 6 months.
Quality of Life and Health Satisfaction

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

<table>
<thead>
<tr>
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<th>Percentage</th>
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<tbody>
<tr>
<td>baseline</td>
<td>36.4%</td>
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<tr>
<td>3 mo.</td>
<td>75%</td>
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<tr>
<td>6 mo.</td>
<td>69.2%</td>
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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.

Social Connections

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

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<th>Percentage</th>
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<tbody>
<tr>
<td>baseline</td>
<td>47.7%</td>
</tr>
<tr>
<td>3 mo.</td>
<td>64.2%</td>
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<tr>
<td>6 mo.</td>
<td>73.1%</td>
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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.