

Current Practice

Addiction Medicine Practice in the Emergency Department (480 hours):

In the Emergency Department, I see and manage an increasing number of patients with recognized and unrecognized addiction issues. In the past, I managed patients with cocaine and alcohol toxicity, as well as tobacco abuse. In the last 3 years, the paradigm has shifted and I now see an increasing number of patients with opioid use disorder and an emerging population of polysubstance abusers using newer synthetic drugs of abuse, in addition to cocaine, alcohol, tobacco use. Many of these patients don't realize their perceived casual use has transcended into a substance use disorder and addiction. I spend much of my time treating acute intoxication, acute withdrawal, side effects from recreational drug use, counselling patients on the dangers of combining alcohol with benzodiazepines or opioids with benzodiazepines, providing families and patients education about substance use disorders/naloxone kit use/signs of drug diversion, and am increasingly identifying patients with substance use disorders with screening questions and work with social work to provide appropriate resources and referrals for treatment if desired. Through this process I am actively educating the residents, medical students, nursing staff, and consulting physicians on these topics and the importance of working with patients for long term treatment of addiction.

Based on discussions with ASAM leaders, up to 40% of my Emergency Medicine shift time (16-24 hrs/week last 5 years) is spent performing addiction medicine related care.

The remainder of my time spent practicing Addiction Medicine comes from a combination of the following activities which have occurred since 2012.

Current Practice

Addiction Medicine Practice in Medical Toxicology:

I provide direct bedside care and consults as a medical toxicologist locally and provide physician back up and teleconsults state wide in conjunction with our regional poison control center. These cases involve the management of patients with acute alcohol withdrawal, acute opioid/opiate withdrawal, acute drug intoxication, providing consultant recommendations on the use of or side effects from methadone and buprenorphine.

Addiction Medicine Practice through Research:

I am the co-PI on a research project reviewing regional poison center data on pre-hospital use of naloxone in accidental opioid/opiate overdose. This project also examines use patterns and ages of patients with accidental opioid/opiate overdose. I am the sub-investigator on a project looking at the use of ketamine versus fentanyl in the treatment of pediatric fractures with one of the end goals being to identify if ketamine is equivalent or better than fentanyl for pain. If this is identified, we can decrease pediatric first-time exposure to opioids in our emergency department.

Current Practice

Addiction Medicine Practice in Education:

I developed/presented and continue to develop and present lectures on addiction medicine relevant topics, such as recreational drugs of abuse and evolving trends in recreational drugs of abuse over the last 5 years. I created educational content and provided outreach lectures over the last 12 months for multiple hospital pediatric and adult groups, including palliative care and peds and adult hematology/oncology groups, on the importance of preventing accidental overdose and drug diversion in all age groups, as well as the importance of provider prescribed bystander naloxone for all patients. I have developed and implemented discharge instruction content for our ED physicians to provide patients and families on opioids, how accidental overdose can occur, and how to use naloxone. I am an active peer-reviewer for the Journal of Addiction Medicine. At the request of my department chair, I have created an initial curriculum for hospital providers that would meet the state requirements for education related to safe prescribing of opioids. I am the Medical Toxicology fellowship director for my institution. Given current national medical toxicology organization goals for integrating and boarding more of our fellows in addiction medicine, as well as interest from ASAM in this, I have created specific Addiction Medicine related curriculum content and presented it to my fellows.

Current Practice

Administration:

Participant & member of the American Medical College of Toxicology Practice Pathway Committee & Addiction Medicine Committees. Work with these committees to create pathways for increased Medical Toxicologist participation & practice of Addiction Medicine. I am working with providers & hospital administration to create a transition clinic where patients who undergo ED buprenorphine/naloxone induction can be followed until permanent clinic placement. I worked with local pharmacies & our hospital pharmacy administration to stock & dispense naloxone kits at time of discharge for inpatients. I worked with our hospital system laboratory director to create appropriate drug screening panels and identify appropriate limits of detection for patients undergoing MAT & pain management clinics.

Letters of Reference

Tim Wiegand

Letters of Reference

Michael Runyon

Letters of Reference

William Russ Kerns