#### **Direct Addiction Medicine Practice**

- Weekly practice in outpatient treatment center as provider after receiving X-waiver
- Worked independently to treat patients with MAT for OUD
- · Prescribed buprenorphine to almost all patients for OUD, with one or two on naltrexone
- Approximately 5 hours/evening seeing 10-15 patients every evening
  - o Patients seen monthly
  - o Before they arrived on same day of visit
    - Checked POC UDS and confirmation screens since last visit
    - Reviewed any notes regarding problems with attendance to group or other issues
  - At every visit
    - Checked VS
    - Checked POC UDS and confirmation screens since last visit
    - Evaluated patient for compliance with treatment, any evidence of intoxication or withdrawal, any problems with medication
    - Checked PDMP
    - Evaluated progress in groups, 12 step attendance, relapse prevention, use of sponsor
    - Determined continued dosing of buprenorphine or naltrexone
      - In some patients, tapered dose when stable
    - In addition, for new patients
      - Did history of substance use, medical history, family history, social history, medications, allergies
      - Previous treatment for SUD and relapses
      - Previous treatment of hepatitis, if pertinent
      - Reviewed baseline labs
        - Chemistry and liver function
        - o CBC
        - Hepatitis B and C testing, including antibody testing and viral load
        - o TB, HIV
  - Additional activities at various times
    - Discussed issues with counselors in person or by email
      - Often involved decision to discharge or not
      - Sometimes needed to send to a higher level of care
    - Referred patients for co-morbidities
      - Medical, mental health, hepatitis treatment, among others

- In addition to patient care, attended meetings with owner and medical director to investigate new opportunities locally and attended a local collaboration work group
- Wrote blog for center website

## **Addiction Medicine in the Emergency Department**

- 2012-2014
- 6-12 hour shifts in the ED seeing 15-40 patients/shift
- According to ASAM leaders, approximately 40% of ED practice consists of SUD related care. I
  would estimate more.
- Treated patients with withdrawal and intoxication
- Educated PAs, pre-hospital care and nurses about identifying SUD in patients and recommending counseling regarding seeking treatment, including 12 step programs
- Treated many patients requesting opioids for pain and reviewed the PDMP. Discussed SUD and suggested treatment for some
- Saw many patients with alcohol-intoxication related injuries

### Board of Directors and Executive Board of ACMT (500-1000 hours):

- Served on the Board of Directors for the American College of Medical Toxicology for the past 10 years
  - o For the past 5, I have served as Vice President, President, and immediate Past President
- Addiction Medicine has become a major focus of the organization
  - I have spoken on the topic at conferences
  - o I attend the monthly addiction medicine rounds
  - o I am a member of the addiction medicine committee
  - Other activities that the BOD has overseen
    - Seeking funding for addiction medicine research
    - Developing full day national conference on addiction medicine with education committee
    - Position statements regarding MAT and fentanyl exposure
    - Developing full day national forensic conferences related to addiction medicine
    - Multiple symposiums on addiction medicine presented at national conferences, including basic science and guiding toxicologists in setting up addiction medicine practices
    - Events to encourage and guide medical toxicologists in pursuing addiction medicine certification

#### **Elsevier Editor-in-Chief, Point of Care Content**

- Oversee team of 15 to produce point of care medical content for ClinicalKey
  - o At least 20% related to addiction medicine, including opioids, alcohol, and nicotine
  - Approximately 10% of my full time job is related to public relations and education involving the opioid epidemic
    - Curator of the Elsevier Opioid Epidemic Resource Center that is free to the public
      - https://www.elsevier.com/connect/opioid-epidemic-resourcecenter/\_nocache
    - Online publications on Resource Center-either interviews or commentaries:
- 1. Education is the key to stop opioid abuse. Leslie Rae Dye, MD, FACMT, in *Medical Economics*. June 21, 2018 <a href="http://www.medicaleconomics.com/med-ec-blog/education-key-stop-opioid-abuse?sf192974826=1">http://www.medicaleconomics.com/med-ec-blog/education-key-stop-opioid-abuse?sf192974826=1</a>
- 2. Medication-ASSISTED treatment (MAT) with buprenorphine at Northland: Leslie R. Dye, MD, FACMT, July 17, 2018 https://www.northlandtreatment.com/medication-assisted-treatment-mat-with-buprenorphine-at-northland/
- 3. Guiding addiction treatment from the front lines: Elsevier's Dr. Leslie Dye on recognizing addiction and using technology to get health professionals the information they need at the point of care. September 7, 2017 <a href="https://www.elsevier.com/connect/guiding-addiction-treatment-from-the-front-lines">https://www.elsevier.com/connect/guiding-addiction-treatment-from-the-front-lines</a>
- 4. Opioid commission tells Trump to declare state of emergency By Wayne Drash, CNN Updated 2:31 PM ET, Tue August 1, 2017 <a href="http://www.cnn.com/2017/07/31/health/opioid-commission-emergency-declaration/index.html">http://www.cnn.com/2017/07/31/health/opioid-commission-emergency-declaration/index.html</a>
- Examining the Federal Response to the Opioid Crisis, Part 1. An addiction specialist on the front lines of battling the opioid epidemic in Ohio provides her perspective on Drug Addiction Commission's interim report. Leslie Dye, MD, September 15, 2017 <a href="https://thedoctorweighsin.com/examining-the-federal-response-to-the-opioid-crisis/">https://thedoctorweighsin.com/examining-the-federal-response-to-the-opioid-crisis/</a>
- Examining the Federal Response to the Opioid Crisis, Part 2. In the second part of her examination of the Federal response to the opioid crisis, addiction specialist Leslie Dye, MD suggests how to make it better. Leslie Dye, MD, October 11, 2017 https://thedoctorweighsin.com/examining-federal-response-opioid-crisis-2/
- 7. As vendors target opioid crisis, familiar tech hurdles slow them down. Healthcare IT news, October 11, 2017 <a href="http://www.healthcareitnews.com/news/vendors-target-opioid-crisis-familiar-tech-hurdles-slow-them-down">http://www.healthcareitnews.com/news/vendors-target-opioid-crisis-familiar-tech-hurdles-slow-them-down</a>
- Declaring opioid crisis a national emergency opens up resources for providers, Modern Healthcare, Steven Ross Johnson, August 10, 2017 <a href="http://www.modernhealthcare.com/article/20170810/NEWS/170819984">http://www.modernhealthcare.com/article/20170810/NEWS/170819984</a>
- 9. It's far more than overdoses: IV opioid users 'diseases overwhelm hospitals, Jayne O'Donnell and Terry DeMio, USA TODAY, November 8, 2017

 $\underline{https://www.usatoday.com/story/news/2017/11/08/its-far-more-than-overdoses-iv-opioid-users-diseases-overwhelm-hospitals/821693001/$ 

10. Opioid addiction is the cancer of our generation, November 27, 2017. https://thedoctorweighsin.com/category/policy/

# Senior Book Editor, Case Studies in Medical Toxicology



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