

A series of thin, black, intersecting lines of various orientations and lengths are scattered across the top half of the slide, creating a complex, abstract geometric pattern.

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**E.D. REFERRAL AND CONTINUITY  
OF CARE:  
THE ROLE OF ADDICTION  
MEDICINE**

# IDENTIFY ED AND COMMUNITY RESOURCES

- CARE MANAGER/LMSW TO FACILITATE REFERRALS
- ESTABLISH AGREEMENTS WITH COMMUNITY PROVIDERS

Community Providers should strive to reduce logistical barriers to obtaining buprenorphine:

1. Timely appointments
2. Wide acceptance of insurance including Medicaid
3. Individualized treatment approach consistent with best practices

# PEARLS AND PITFALLS

- THE EMERGENCY DEPARTMENT IS OPEN 24/7 AND UNIQUELY POSITIONED AS A FREQUENT POINT OF CONTACT FOR THOSE WITH SUD
- A HARSH REALITY; NONCOMPLIANCE IS THE EXPECTATION

THE 2020 FOCUSED UPDATE TO THE NPG IS REFLECTIVE OF A PARADIGM SHIFT:

- OUD AS A CHRONIC DISEASE

- OUD AS A PUBLIC HEALTH ISSUE

**- A clinical approach similar to other chronic and costly diseases (Type II Diabetes)**

**- An emphasis on compliance and adherence to prescription medication**

**- An acceptance that management is complex, multifactorial, and agency of change lies within the patient**



OVERDOSE AND TOXICOLOGY DATA  
SUGGESTS THAT BY 2017 OUR NATION'S  
STREET DRUG SUPPLY HAD BEEN  
COMPLETELY ADULTERATED BY FENTANYL

-THE COST TO SOCIETY WAS PROFOUND

-CURRENT CLINICAL STRATEGIES WERE  
INEFFECTIVE (INPATIENT V. OUTPATIENT)

-WE NEEDED TO KEEP PEOPLE FROM  
DYING (HARM REDUCTION, RETENTION IN  
TREATMENT).