

Starting opioid addiction treatment in the ED is cost-effective

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The most cost-effective treatment for people with untreated opioid addiction who visit the emergency department (ED) is buprenorphine, a medication to reduce drug cravings and withdrawal, say Yale researchers. Their study found that among patients who came to the ED, the ED-initiated medication strategy was most likely to be cost-effective compared to referral alone or a brief intervention with facilitated referral, the researchers said.

The study was published in the journal *Addiction*.

Nationally, only about one in five individuals who needed treatment for [opioid](#) addiction received treatment in the past year, and fewer received the most effective treatments, such as buprenorphine. Yet studies have shown that treating individuals with such medications is effective. In an earlier analysis of this study, Yale researchers found that when patients are screened for opioid addiction, receive ED-initiated buprenorphine, and a referral for ongoing treatment, the treatment was more effective than a standard referral or brief intervention with referral.

In this new analysis, the Yale team compared the relative cost and value of the three approaches for individuals screening positive for opioid addiction: referral alone, brief intervention with facilitated referral, and ED-initiated buprenorphine. They compared the estimated costs of [health care](#) for patients over the 30 days following their ED visit. Those costs included ED care, [addiction treatment](#), inpatient and outpatient costs, and medications. The research team defined effectiveness as engagement in addiction treatment at 30 days.

The researchers found that the ED-initiated buprenorphine was the most likely to be cost-effective, with a mean cost of \$1,752 compared with \$1,805 for brief intervention and \$1,977 for referral. The ED-initiated buprenorphine group was nearly twice as likely to be enrolled in [addiction](#) treatment, and used illicit opioids for fewer days,

during the 30 days after the ED visit.

"On average, the costs were lowest in the ED-initiated buprenorphine group," said first author Susan Busch, professor at the Yale School of Public Health. "Those patients did not use additional health care resources, but had better outcomes."

"We were excited to learn that not only was ED-initiated [buprenorphine](#) more effective in engaging patients in treatment, but it was cost-effective, said senior author Gail D'Onofrio, M.D. "All insurance payers and healthcare systems should be interested in these results."

"We know that the opioid epidemic has devastating consequences for individuals, yet many people are not in [treatment](#)," said Busch. "This is one high-value, effective way to get people the help they need."

Provided by Yale University

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