Implementing peer recovery coaches to increase linkages to recovery services among patients with substance use disorders seen in emergency departments

Joseph Carpenter[1,2], **Umedjon Ibragimov**[3,4], **Alaina Steck**[1,2], **Tatiana Getz**[5], **Yan Li**[1], **Nicholas Giordano**[5]

[1]Department of Emergency Medicine, Emory University, Atlanta, Georgia, USA

[2]Grady Memorial Hospital, Atlanta, Georgia, USA

[3]Rollins School of Public Health, Emory University, Atlanta, Georgia, USA

[4]College of Nursing, Florida State University, Tallahassee, FL, USA

[5]Nell Hodgson Woodruff School of Nursing, Emory University, Atlanta, Georgia, USA

Emergency department (ED) encounters among patients experiencing non-fatal opioid-involved overdoses continue to increase.[1] Across Georgia, ~13000 nonfatal drug-involved overdoses present to EDs, annually. Patient interventions capable of ensuring timely access to recovery services following these encounters are warranted. Peer recovery coaches (PRCs) are persons in long-term recovery from substance use disorders (SUD) who leverage their experience to serve as liaisons between patients and clinicians, and aid patients in navigating SUD recovery services.[2 3] PRCs are active in the Atlanta community, trained and independently certified by a credentialing organisation endorsed by the state. PRCs help to reduce ED utilisation and improve care outcomes[4]; however, ED infrastructure and scarcity of qualified personnel limit access to PRCs. Before hiring PRCs in our ED, a large public hospital with a Level I trauma centre seeing >150 000 annual encounters, recovery service referrals were clinician-driven and not formalised. We sought to improve our referral programme and identified PRCs as a potential solution to expand and formalise referrals. This programme aimed to increase referrals provided to at-risk patients with SUD by introducing PRC consultations both in-person and virtually. This programme evaluation was determined not to be human subjects research according to the guidance of our Institutional Review Board.

We used implementation science approaches, including rapid analysis of stakeholder focus groups, to inform strategies introducing both in-person and virtual PRC consultations. Over 6months of change readiness assessments, planning and education with staff were required before implementation. PRCs, and their physician supervisors, met with staff to introduce the consultation workflow: ED staff determine which patients present with SUD-related problems and call the PRCs' direct phone number, while simultaneously PRCs can independently identify patients to approach following clinician approval. Following an initial rollout period, we began to collect data. From 20 May 2023 to 20 December 2023 PRCs rotated between providing in-person and virtual encounters based on their availability. PRCs facilitated conversations allowing patients to express their ideal recovery pathway and provided linkage to numerous services (table 1).

Over 8 months, 396 encounters were attempted by five PRCs, representing 5.7% of SUD-related encounters presenting to the ED. Over one-third of encounters occurred virtually (39.1%). Nearly one in five encounters (19.0%) occurred with a patient who had recently overdosed or reported withdrawal symptoms. Month over month the proportion of encounters resulting in a patient being connected to recovery resources improved (figure 1). For example, 74% of all encounters with a PRC resulted in a patient being connected to resources in the most recent month of data, up from 52% in the first month of implementation. Most encounters resulted in patients being connected to resources, with a higher proportion of in-patient encounters being connected (74.0%) compared with virtual (61.0%). Common referrals included peer support, residential treatment centres and sober living facilities (table 1). This evaluation, while positive, assesses a brief period. It was not possible to compare changes in referrals pre-implementation since the previous referral process was neither standardised nor measured.

This evaluation highlights the feasibility of implementing in-person and virtual PRC consultations in ED settings to increase linking patients to recovery resources. Virtual consultations with PRCs helped augment ED clinicians' and staff members' efforts to foster referrals over in-person services alone. The preponderance of PRC programmes are offered exclusively in-person or by phone.[4] Uniquely, our programme incorporated both in-person and virtual PRC consultations. Virtual consultations help to address staffing and geographical barriers faced in providing SUD care.[5] This evaluation indicates the utility of implementing PRCs in EDs and is among the first to show the feasibility of simultaneous in-person and virtual peer consults for patients with SUD.

Acknowledgements
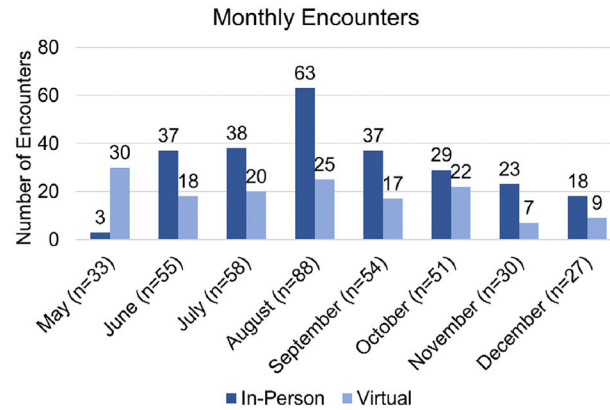
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Data availability statement

Data are available upon reasonable request. Reasonable data use requests may be sent to the corresponding author.
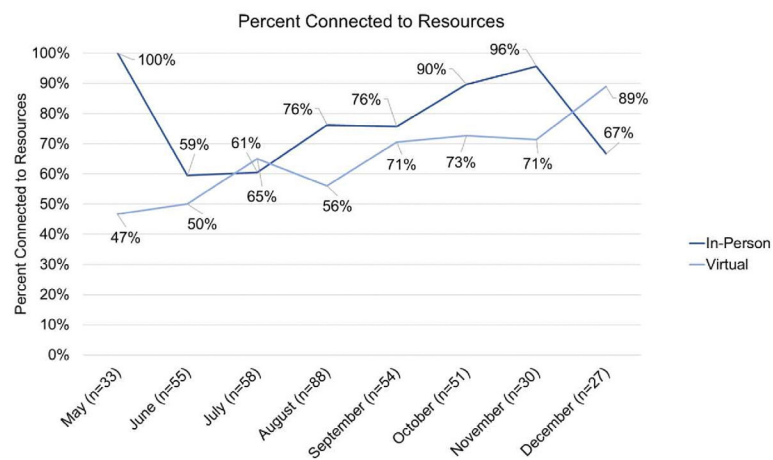
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A

Monthly Encounters

B

Percent Connected to Resources

Figure 1.
Number of encounters by month (Panel A) with the percentage of encounters resulting in a patient being connected to recovery resources by consultation type (Panel B).

Table 1

Recovery resources peer recovery coaches referred patients to

Resource type	N (%)
Peer support	179 (41)
Residential substance use treatment	101 (23)
Sober living	38 (9)
Behavioural health	36 (8)
Housing support	23 (5)
Detoxification	22 (5)
Medication for opioid use disorder	21 (5)
HIV services	7 (2)
Recovery community organisation	5 (1)
Referral	4 (1)
Other	4 (1)

Note: Out of 396 encounters, 282 encounters resulted in a referral being offered. An average of 1.6 referrals to services per encounter.