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Co-PI, California Bridge
24/7 access to life-saving OUD treatment at every hospital in California

• Starting medications and saving lives
  • MOUD=buprenorphine, methadone
• Treating the emergency of opioid withdrawal
• Connecting from acute care to long term recovery
A patient walks in to the hospital...

• 50 yo F presents to ED for 4\textsuperscript{th} cellulitis/abscess this year
• 40 yo M admitted for endocarditis
• 25 yo G2P1 F at 15 weeks gestation presents to ED with vomiting, diarrhea, muscle aches—in withdrawal, wants treatment
• 35 yo M with hx of avascular necrosis of femoral head, stable on 16 mg buprenorphine, planned THA
OUD Impacts Hospitals

https://hcup-us.ahrq.gov/reports/statbriefs/sb219-Opioid-Hospital-Stays-ED-Visits-by-State.jsp
Drug Related Death Jumps After Hospitalization

Decreased Mortality

Overdose mortality per 1000 person years

ED Starts

Hospital Starts

Generalists as first line in opioid epidemic

• You do not need specialized training for this
  • In acute care don’t even need an X waiver

• Any door is the right door:
  • Primary care
  • ED/urgent care
  • OB
  • Inpatient
  • Needle exchange

• For complex cases, consult specialists
  • Substance Use Warmline, 1-855-300-3595
Challenges in transitions

• Outpatient MOUD is held perioperatively or with acute pain
• Patients may be started on opioids for pain in acute care
• Patients started on MOUD acute care may face barriers outpatient
  • Wait times
  • Behavioral health requirements
  • Lack of harm reduction approach
Two model stories: Highland and ZSFG

• Highland Hospital
  • ED offers buprenorphine quick starts—approx. 1 hour in fast track, any patients who want to stop opioids
  • Follow up at on site clinic weekly
  • Substance use navigator helps patients link to care

• Zuckerberg San Francisco General
  • Inpatient offers methadone and buprenorphine while admitted for other reasons
  • Close relationship with buprenorphine and methadone clinics
  • Now with ED starts, on site bridge clinic for any substance use d
Origin Story

• Andrew Herring @ Highland—CHCF funded for ED-Bridge
• Hannah Snyder @ ZSFG—CHCF funded for Project SHOUT
• Small, technical assistance focused programs
  • Webinars, site visits, online resources
  • No direct funding of sites
<table>
<thead>
<tr>
<th>Goal</th>
<th>Outcome to date</th>
</tr>
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<tbody>
<tr>
<td>Organizations engaged in the project</td>
<td>&gt;300</td>
</tr>
<tr>
<td>Organizations attending webinars</td>
<td>369 unique individuals</td>
</tr>
<tr>
<td>Organizations working to implement</td>
<td>8</td>
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</tbody>
</table>
How it spread/current state

- SAMHSA → DHCS funded for MAT 2.0
  - Poison Control, Substance Use Warmline
  - Hub and Spoke
  - CCI Treating Addiction in Primary Care
- 31 sites in 1st round, by Sept. 2020
- Direct site funding
How it works

• Funding: clinician champion, substance use navigator (SUN), +/- clinic
• 3 all team trainings, 7 SUN trainings
• Coach for each site, phone calls and site visits
• Package of materials includes:
  • Protocols
  • Patient tracking templates
  • Order sets
  • Signs
  • Pharmacy monographs
• Payment based on implementation milestones
Evaluation Plan

• Sites report patients seen, linkage rates for grant reporting
• Encouraged to track additional metrics for QI/sustainability

• Implementation science evaluation—was it adopted successfully?
• Economic evaluation (UCLA, subset of sites)—what is the cost impact?
• Qualitative evaluation?—impact on stigma, interactions w/ healthcare?
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Weekly office hours Tuesdays at 12