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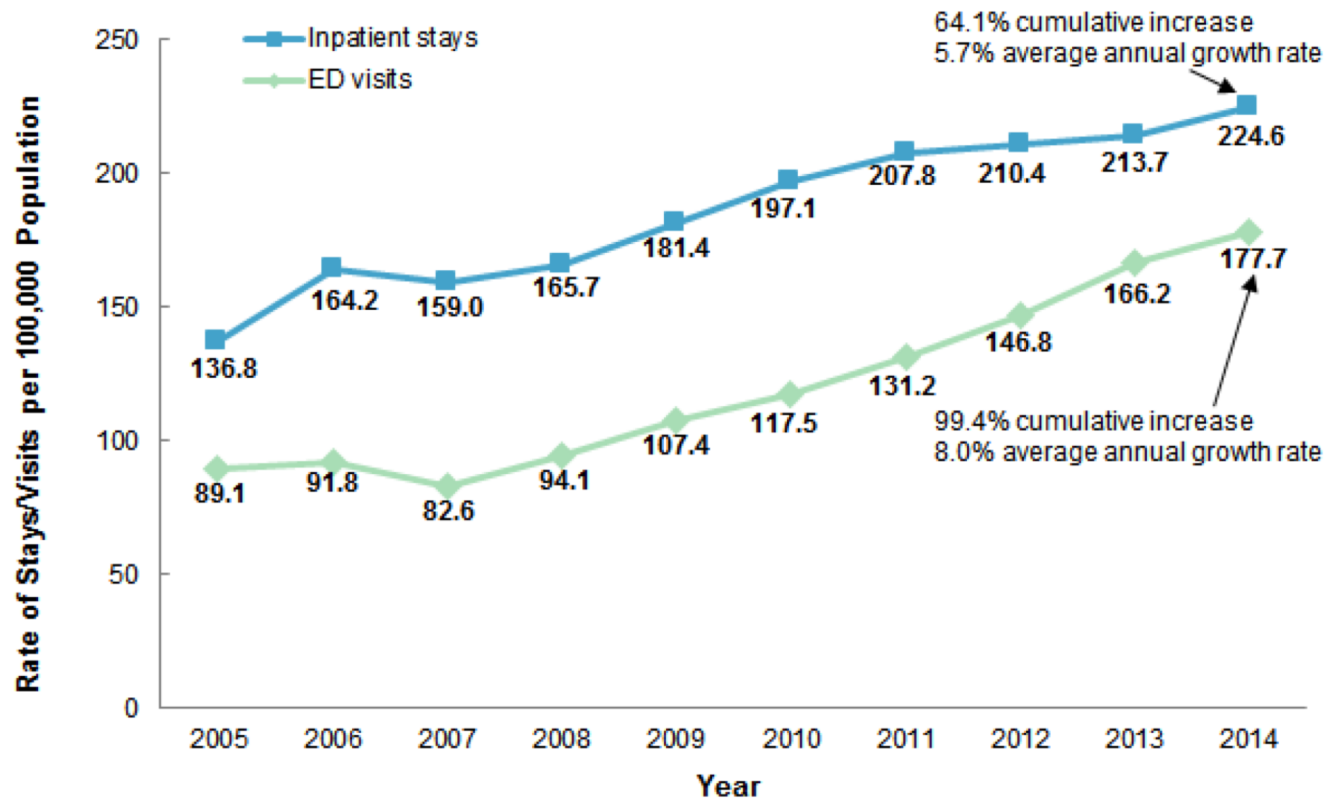
# 24/7 access to life-saving OUD treatment at every hospital in California

- 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...

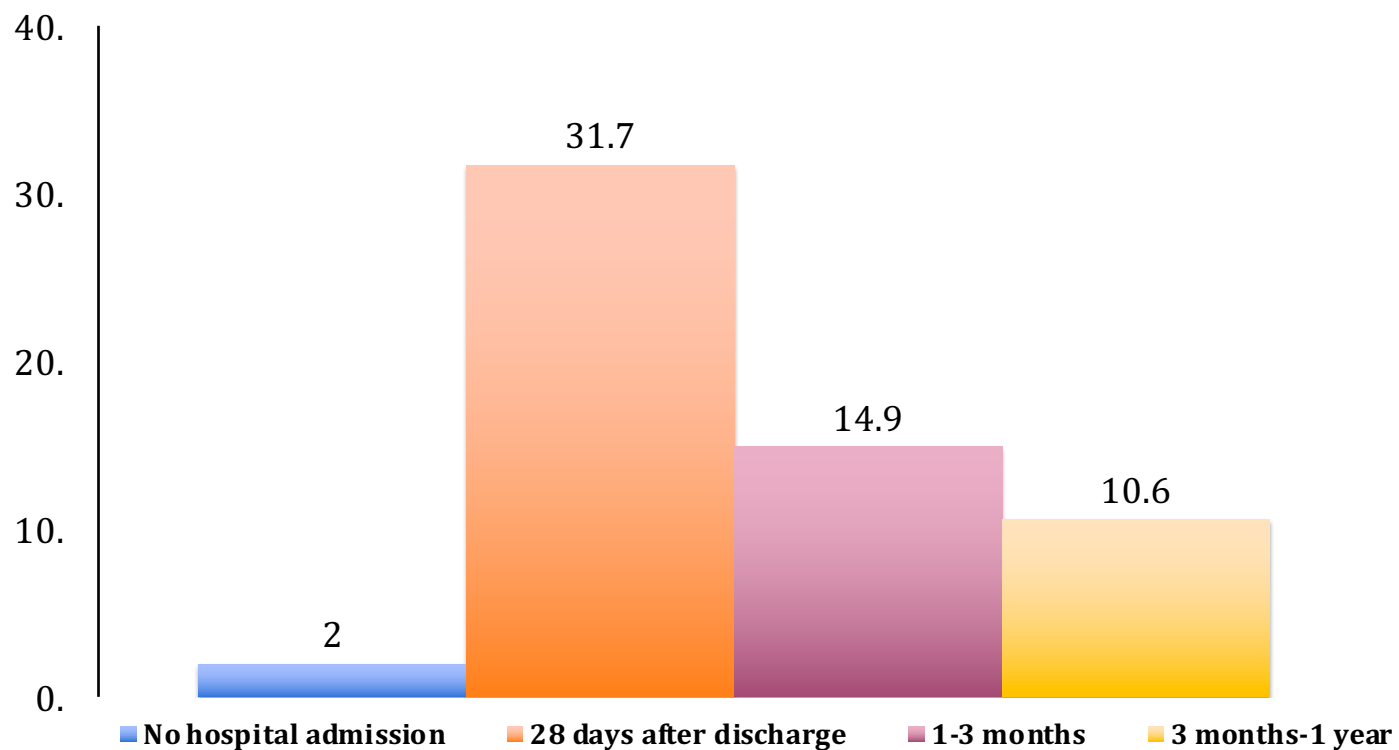
- 50 yo F presents to ED for 4<sup>th</sup> cellulitis/abscess this year
- 40 yo M admitted for endocarditis
- 25 yo G2P1 F at 15 weeks gestation presents to ED with vomiting, diarrhea, muscle aches—in withdrawal, wants treatment
- 35 yo M with hx of avascular necrosis of femoral head, stable on 16 mg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

# OUD Impacts Hospitals



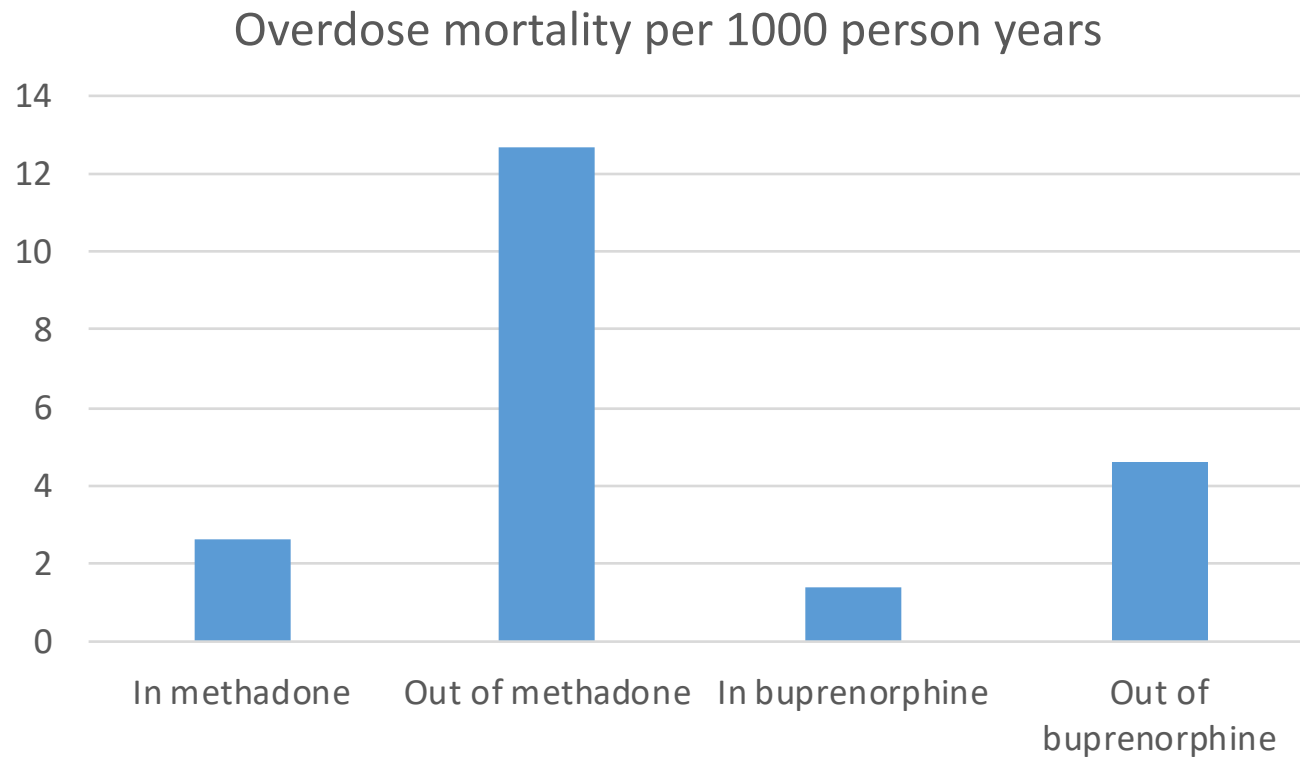
<https://hcup-us.ahrq.gov/reports/statbriefs/sb219-Opioid-Hospital-Stays-ED-Visits-by-State.jsp>

# Drug Related Death Jumps After Hospitalization



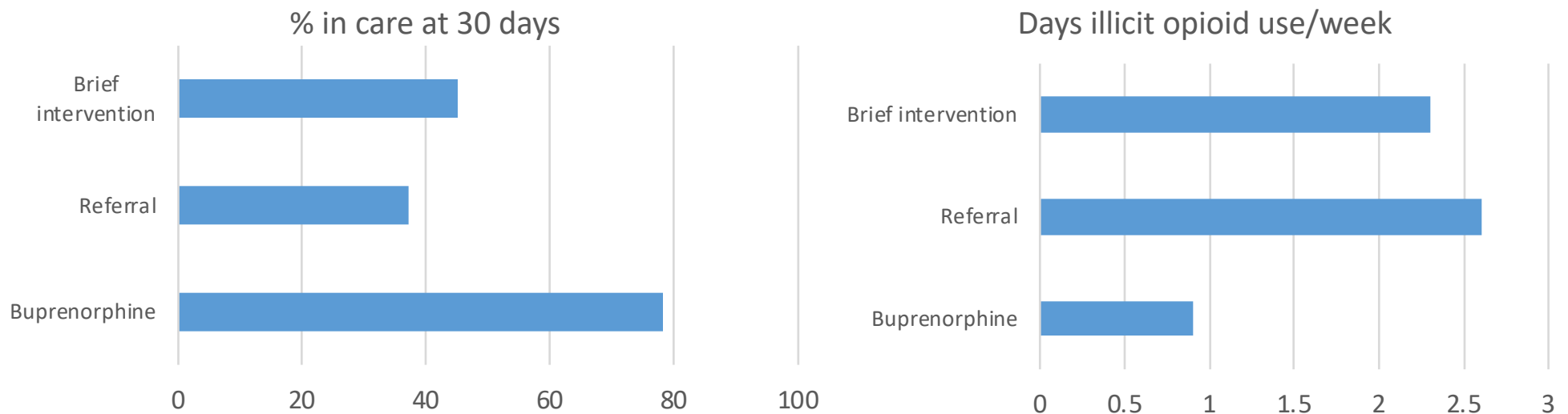
White S et al. Drugs-Related Death Soon after Hospital-Discharge among Drug Treatment Clients in Scotland: Record Linkage, Validation, and Investigation of Risk-Factors. PLoS One. 2015; 10(11): e0141073

# Decreased Mortality



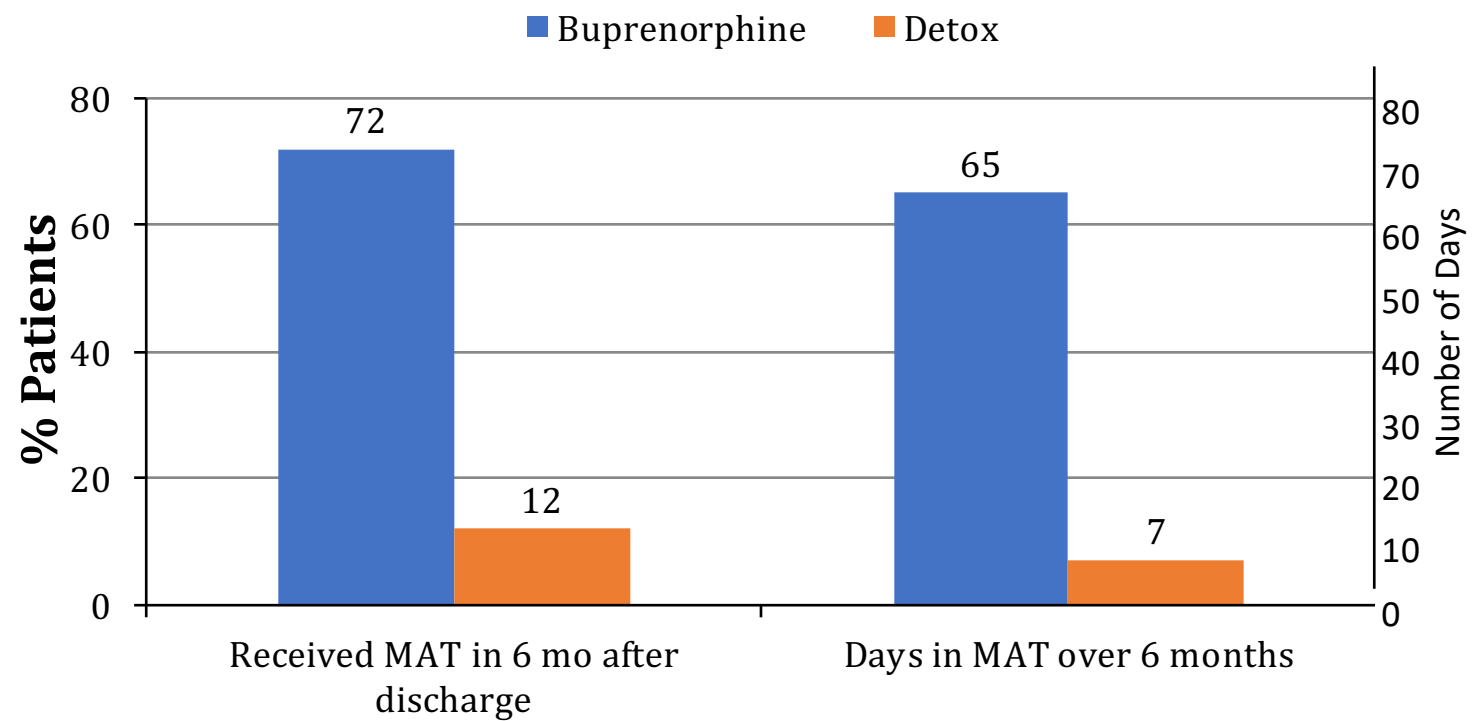
Sordo Luis, Barrio Gregorio, Bravo Maria J, Indave B Iciar, Degenhardt Louisa, Wiessing Lucas et al. Mortality risk during and after opioid substitution treatment: systematic review and meta-analysis of cohort studies *BMJ* 2017; 357 :j1550

# ED Starts



D'Onofrio et al. Emergency department-initiated buprenorphine/naloxone treatment for opioid dependence: a randomized clinical trial. JAMA. 2015 Apr 28;313(16):1636-44. doi: 10.1001/jama.2015.3474.

# Hospital Starts



Liebschutz et al. Buprenorphine Treatment for Hospitalized, Opioid-Dependent Patients. JAMA Intern Med. 2014 Aug; 174(8): 1369–1376.

# 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

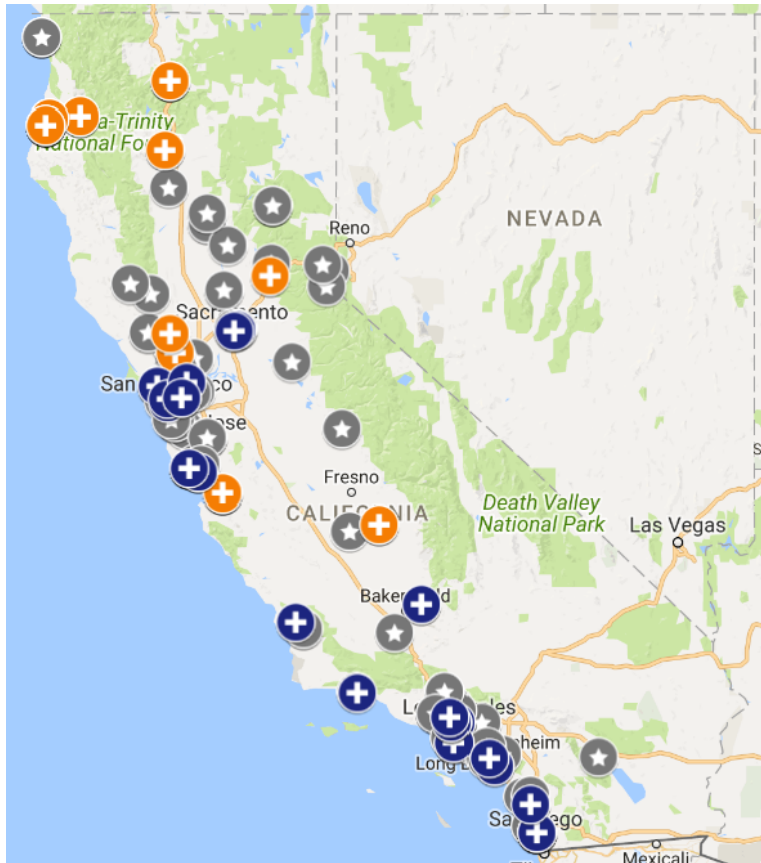
- Outpatient MOUD is held perioperatively or with acute pain
- Patients may be started on opioids for pain in acute care
- Patients started on MOUD acute care may face barriers outpatient
  - Wait times
  - Behavioral health requirements
  - Lack of harm reduction approach




## 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

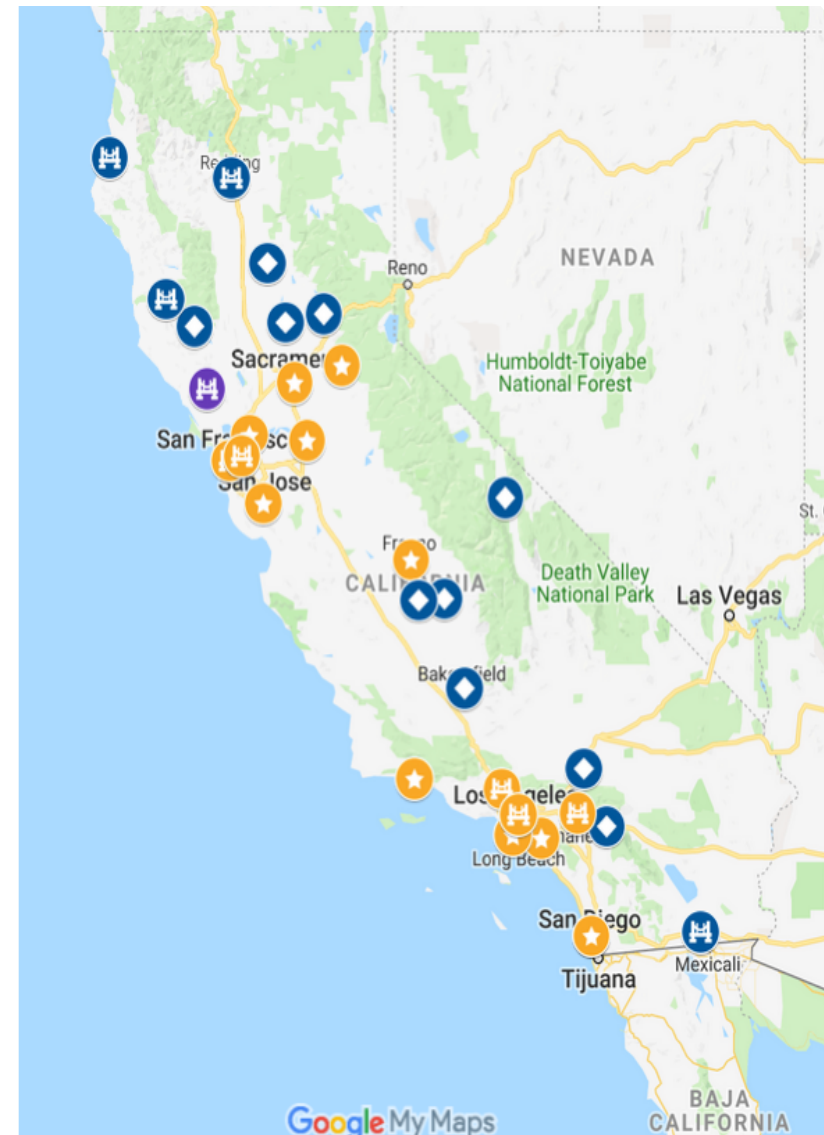


-  Non-inpatient
-  Rural inpatient
-  Sub/urban inpatient

	Goal	Outcome to date
Organizations engaged in the project	25	>300
Organizations attending webinars	12	369 unique individuals
Organizations working to implement	6	8

# 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 1<sup>st</sup> 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?



[www.bridgetotreatment.org](http://www.bridgetotreatment.org)

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