Bridge the Divide:

Linking Inpatient and Outpatient Care for patient with Opioid Use Disorder

11/9/19

South Shore Health

Panelists

South Shore Health

- Elizabeth Eagleson, MD, FACP
- Jessica Gray, MD
- Gene Lambert, MD, MBA, FACP
- Jessica Kehoe, RN, BSN, CARN
- Todd Kerensky, MD

Emergency Department

SBIRT

Inpatient Hospital

Addiction Consult

Bridge Clinic

OBAT

OTP

Addiction Medicine Consult Service

South Shore Health

- Diagnose and assess severity of OUD
- Start medical treatments in the hospital
  - Methadone, buprenorphine, naltrexone
  - Reduce:
    - Illicit drug use, overdose risk, transmission of infectious diseases
    - Improve health outcomes
- Address opioid withdrawal
  - Reduces risk of leaving AMA
  - Improves focus on medical/surgical problems
- Links to outpatient care

Communication to Outpatient Site

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- Buprenorphine dose
- Duration of discharge prescriptions and ensure follow-up appointment is within this time frame
- Clinical documents confirming OUD diagnosis, prior treatments, any other substance use
- Needs regarding alcohol and/or benzodiazepine use or treatments
- QTC
- Complete list of medications

Bridge/Stabilization Clinics

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- Assumes care post hospitalization
- Easy access, often located within the hospital or nearby
- Continue treatment started in the hospital
  - Buprenoprhine, naltrexone
- Helps patient stabilize their buprenorphine dose and other substance use which is common
- Frequent visits are common initially
  - 1-3x per week
  - Some complex cases, BZD tapers, daily visits similar to methadone clinics
- Community, low-barrier access to rapid care
- Once stable, refer patients to office based addiction treatment
  - Preferably with PCP
- Multidisciplinary team: RN, CM, MD, PA/NP, LICSW

Office Based Addiction Treatment- OBAT

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- Primary care based addiction treatment
- Often nurse led with physician/PCP support
- Embedded in primary care
- May be initial site of addiction treatment OR
- Assumes addiction treatment after started in hospital and/or bridge clinics
- Encourage colleagues
  - get x-waiver to prescribe buprenorphine
  - Improve comfort with oral and intramuscular naltrexone

Perinatal Programs

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- Dedicated to pregnant and post-partum women
- Address unique and often stressful issues surrounding pregnancy, delivery, parenting, and DCF
- Often multidisciplinary teams
  - RN, MD, PA/NP, LICSW, Peer Recovery Specialists

Opioid Treatment Programs- OTP

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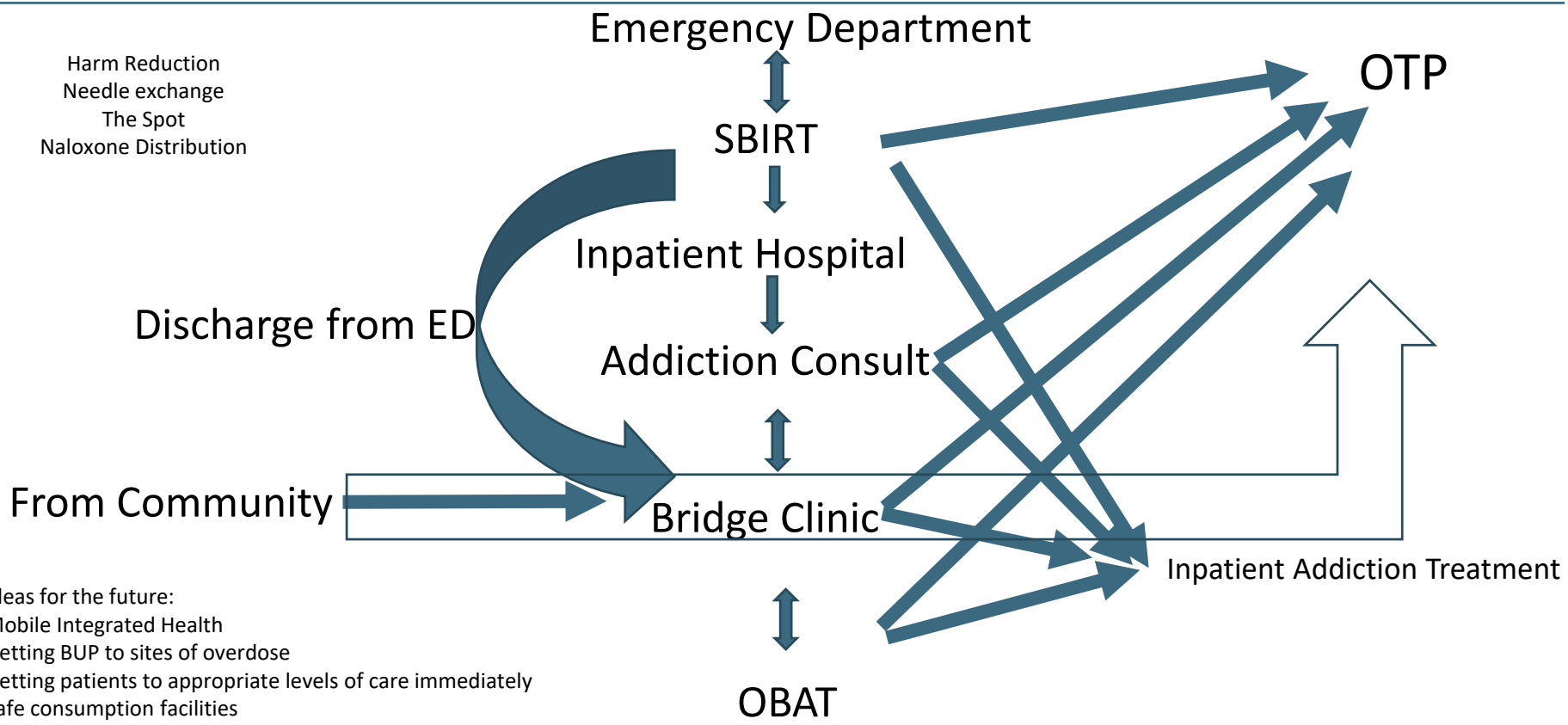
- “Methadone Clinics”
- Arrange direct admissions from hospital to OTP
  - Each clinic has unique intake processes
- Referral information:
  - Note documenting presence of OUD, duration of opioid use, prior treatments, date and dose of last methadone administration
  - QTc
  - MTD dose ideally stable, often 30-60mg range
  - Instruct patient to arrive with ID the day after discharge, dose given in hospital day of discharge
- Daily dosing via OTP nurse
  - Stable patients may qualify for take-home doses when specific criteria are met

Harm Reduction
Needle exchange
The Spot
Naloxone Distribution



Ideas for the future:
Mobile Integrated Health
Getting BUP to sites of overdose
Getting patients to appropriate levels of care immediately
Safe consumption facilities

Thank You