The University of Texas at Austin
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AN INNOVATIVE APPROACH TO IMPROVING OUTCOMES DURING THE NATIONAL OPIOID CRISIS

Initiating Treatment for Opioid Use Disorder During Hospitalization

In 2017, over 40,000 patients in the United States died from an opioid overdose. And in Texas, over 90% of people needing treatment for drug misuse and addiction are not receiving it. Opioid use disorder (OUD) is the public health crisis of our time, and patients with OUD deserve the same dignity, autonomy and meaningful care afforded to patients with other medical diagnoses.

Hospitalization represents a reachable moment and unique opportunity to start treatment for OUD, but at the vast majority of hospitals in the U.S., patients with OUD are typically offered little more than detoxification. This approach is ineffective; for example, over 80% of patients who use heroin and who are provided only this "detox" service will return to using heroin within one month of hospital discharge.

THE B-TEAM'S APPROACH

The B-Team (Buprenorphine Team) is an interprofessional, multidisciplinary program that seeks to screen patients for OUD, starts buprenorphine and offers counseling as a routine part of hospitalization for patients who are interested, provides links to community clinics with resources for treating addiction, and provides institutional education in an effort to reduce stigma. The team includes nurses, social workers, pharmacists, physicians, physician assistants and chaplains, and incorporates practitioners from internal medicine, psychiatry and palliative care. Importantly, the team was created in the absence of formal hospital-based addiction medicine services. The scalability of this model is promising.

Buprenorphine is an FDA-approved medication for the treatment of OUD. It reduces withdrawal symptoms and decreases cravings. When started in the hospital, it increases participation in outpatient treatment, reduces hospital readmission for opioid-related reasons, and decreases the overall cost of care.

UNIQUE ASPECTS OF THE B-TEAM

We reach patients with OUD who otherwise may not receive addiction-related treatment, counseling, or care coordination during hospitalization.

We are a multidisciplinary team that does not rely on a specific addiction medicine consultation service, which makes this model scalable to other hospitals.

We have developed strong partnerships with the community and provide warm handoffs to clinics where patients continue their journey to recovery.

HOW IT WORKS

1 Screening

If a patient is thought to potentially meet criteria for OUD, their primary care team is encouraged to consult the B-Team through a secure messaging platform. The B-Team reviews the chart and meets with the patient to provide support and explore treatment options.

2 Opioid Care Initiation

Patients who choose to start therapy while hospitalized are screened by a prescriber with buprenorphine-specific training. An order set is activated and a nurse-driven protocol is started. Care team members who are new to buprenorphine are provided just-in-time training. Patients are provided ongoing counseling during hospitalization. Patients who decline medication for treating OUD are still provided this counseling and support.

3 Seamless Transition to Community Resources

Patients are provided access to a clinic with resources to support their journey to recovery. The receiving clinic often completes the intake process with the patient at the bedside prior to discharge to ensure timely care. Patients are provided a buprenorphine bridge prescription by a hospital-based clinician prior to discharge, in addition to a prescription for naloxone.

4 Stigma Reduction

Opioid use disorder, like many other clinical conditions, is a chronic relapsing-remitting medical disease and a risk factor for premature mortality — similar to conditions like diabetes. The team aims to reduce stigma through a variety of educational initiatives with clinical staff. How clinical teams communicate with patients who have OUD, discuss their plan of care among colleagues and document patient care in the electronic health record all ultimately impact the care patients receive.

GOALS MOVING FORWARD

Additional Service Lines

- Support the treatment of OUD in emergency medicine and inpatient obstetric units by early 2020.
- Pursue an interdisciplinary approach in determining best practices for perioperative care of patients receiving buprenorphine.
- Build ongoing partnerships with the Travis County Jail to ensure patients with OUD can be started on buprenorphine therapy during hospitalization and continue treatment during incarceration.

Harm Reduction

- Continue the relationship between the UT College of Pharmacy's Operation Naloxone, which provides access to a supply of the overdose reversal agent.
- Make naloxone available with a standing physician order and continue recommending all patients with OUD be discharged with the medication.

Advocacy & Education

- Build on the team's regulatory and organizational expertise, and share the impact of legislative and regulatory changes on front-line patient care.
- Continue to offer buprenorphine waiver classes to eligible prescribers in Central Texas.

Stigma Reduction

- Continue to streamline care for patients experiencing addiction.
- Develop online stigma reduction trainings for trainees and practitioners.
- Design a clinical provider simulation, placing clinicians in the role of the patient experiencing addiction.

Funding

- Pursue funding to further develop a model of care that allows for seamless treatment of OUD within the walls of hospitals, in addition to fortifying the collaborative approach of transitioning care to community clinics.

Standard of Care

- Work to normalize the treatment of OUD and ensure primary team members are trained and comfortable with buprenorphine therapy, eliminating the need for a formal buprenorphine service.

Broad Dissemination in Texas and Beyond

- Continue providing tools, best practices and resources for additional hospital systems in Texas and beyond to participate in a culture that improves patient-centered outcomes.

12-MONTH DATA SNAPSHOT

122 CONSULTS » **50** CANDIDATES » **50** STARTED ON BUPRENORPHINE » **45** DISCHARGED ON BUP » **60%** *(27/45)* 1 WEEK FOLLOW UP » **41%** *(17/41*)* 1 MONTH FOLLOW UP

**Four patients have not yet reached one month follow-up.*