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Overview

• The California Bridge Project
• The Opioid Epidemic in Acute Care
• Medications for Opioid Use Disorder
• Acute Care Medication Treatment
• Join us
The California Bridge Project

- Support existing acute care providers: ED, inpatient, OB
- Treat existing patients with OUD presenting for acute care
- Prevent withdrawal, support recovery via methadone & buprenorphine (Suboxone®, Subutex®)
- National: webinars, guidelines, order sets, FAQs, monographs
- California: targeted support for hospitals
- Expansion and funding
The Opioid Epidemic
An Acute Care Problem
Overdose Deaths Involving Opioids, by Type of Opioid, United States, 2000-2016

- Any Opioid
- Other Synthetic Opioids (e.g., fentanyl, tramadol)
- Heroin
- Natural & Semi-Synthetic Opioids (e.g., oxycodone, hydrocodone)
- Methadone

Hospital Opioid Stewardship Checklist
OUD Impacts Hospitals

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

• Overdose, withdrawal, desire to quit
• Cellulitis, abscess, endocarditis, osteomyelitis
• Suicidal ideation, psychosis
• Myocardial infarction, surgery
OUD Complicates Inpatient Treatment

• 25-30% of admitted patients leave AMA
  • Craving
  • Fear of mistreatment
  • Financial and social pressures
  • Withdrawal
  • Reduced adherence
  • Increased readmission

Lianping Ti et al. Leaving the Hospital Against Medical Advice Among People Who Use Illicit Drugs: A Systematic Review AJPH, December 2015
Drug Related Death Rate
per 1000 Post Discharge

Withdrawal Management

• Adjunctive medications
• Low dose methadone or buprenorphine taper
• Maintenance buprenorphine or methadone
Medications for Opioid Use Disorder
Detox Doesn’t Last

Methadone vs. Buprenorphine

**Methadone**
- Full opioid agonist
- Long half life
- Only available in specialty clinic

**Buprenorphine**
- Partial opioid agonist
- Ceiling effect on sedation, respiratory depression
- Available from any provider with X waiver
Medication Effects

• Eliminate withdrawal
• Reduce cravings
• If a slip happens, don’t feel effects
• Proper dosing → no euphoria, no sedation
• Physical dependence without addiction
Prevents Morbidity, Promotes Recovery

- Reduce injection and illicit drug use
- Reduce HIV and HCV transmission
- Reduce bacterial infections
- Reduce criminal behavior
- Promotes return to work and family obligations
Decreased Mortality

All cause mortality per 1000 person years

Chronic Illness, Chronic Medication

Similar to diabetes, high blood pressure
• Biologically mediated
• Psychologically mediated
• Socially mediated

• Life style changes may help
• Symptoms are relapsing and remitting
• Meds may be necessary for life
Co-Occurring Disorders

• 1.5 million Americans with serious mental illness misused opioids in 2015
• 13% vs 4.8% in general population
• Serious mental illness is not a contraindication
Barriers to Treatment

• Stigma regarding OUD patients
• Stigma regarding OUD medications
• Insufficient providers, long wait times
• Psychosocial requirements
Treatment Starts Here

Acute Care Medication Treatment
Why Start in the ED?

- Treating emergency of withdrawal
- Frequent site of care for patients with OUD
- Often otherwise not engaged in care
- Buprenorphine only
ED Initiation of Buprenorphine
Why Start in the Hospital?

• 67% of hospitalized people who use drugs state that they would like to cut back or quit
  • Fear of bad outcomes
  • Forced abstinence allows time for thinking
  • Respect and kindness from providers

• Treat withdrawal, prevent AMA, linking to care

• Methadone or buprenorphine

Hospital Initiation of Buprenorphine

Inpatient Psychiatry

• Addiction treatment supports mental health treatment
• Improved withdrawal allows inpatient participation
• Outpatient medication treatment supports care engagement
• Antidepressant effects
Making Connections Matter

• Building trust
• Building connection to the healthcare system
• Any door is the right door
Making it Happen
DEA Regulations

• If patient is admitted for a medical or surgical reason other than opioid dependency:
  • Methadone and buprenorphine can be administered to maintain or detoxify
  • Including new starts

• If the patient presents to ED or urgent care in withdrawal:
  • Legal to administer 72 hours of methadone or buprenorphine to treat withdrawal

• On discharge, regular rules apply

Drug Enforcement Administration/Department of Justice, 2017, §1306.07
Acute Care Structure—Ideal

1. Patient with an opioid use disorder identified
2. Bridge navigator talks with patient
3. Navigator consults with Bridge provider
4. Bridge provider starts medications, eliminates withdrawal
5. Navigator assists patient in linking to outpatient treatment
Acute Care Structure—Ideal

- Psychiatry: Trained providers (orderset)
- Med-Surg: Clinical Lead (phone), Trained providers (orderset)
- Obstetrics: Trained providers (orderset)
- Emergency Department: Clinical Lead (phone), Trained Providers
- Bridge Navigator
Acute Care Structure—Unfunded

• Buprenorphine and methadone on formulary
• Hospital orderset or guideline (from website)
• Agreement with community clinic
• Start prescribing!
Outpatient Bridges

Medication first: Acute care start (ED, hospital, OB, psychiatry)

Streamlined rapid referral

Primary care  Residential  Opioid treatment program  Telemedicine  Bridge clinic
Behavioral Health

• Counseling is invaluable—but not mandatory for medication
• Outpatient options:
  • Harm reduction/syringe exchange
  • Contingency management
  • 12 step
  • Embedded behavioral health
  • Outpatient rehab
  • Intensive outpatient program
• Medication first allows engagement
Early Success: Rural ED

Marshall Medical Center
Placerville, CA

- Unfunded, no linkage navigator
- Standing appointment slots at local FQHC
- 35 out of the 38 patients presented to the clinic in follow-up for treatment
- Out of the 35 patients to follow-up, 26 are still in treatment

68% patients are still in treatment
Early Success: Urban ED

Highland Hospital
Oakland, CA

- Linkage navigator, on site bridge clinic
- 209 patients contacted in ED by navigator
- 110 patients received buprenorphine
- 90 patients linked to care

82% linked to care
THE TREATMENT GAP

This E.R. Treats Opioid Addiction on Demand. That’s Very Rare.

Some hospital emergency departments are giving people medicine for withdrawal, plugging a hole in a system that too often fails to provide immediate treatment.

The New York Times, Sunday August 19, 2018, Abby Goodnough
Worst Case Scenario

Return to use
• Death rate is likely reduced because tolerance has not been lost
• Prior quit attempts predict future success
• Positive experience with the health care system—connections matter
Stop Overdose Deaths

- Universal **naloxone** prescribing
  - OUD
  - Chronic opioids
  - Any illicit drugs
Providing clinical leaders with the tools necessary to start and maintain patients on effective treatment for opioid use disorder

projectshout.org

Supporting emergency departments to develop and implement plans for 24/7 access to buprenorphine for patients with opioid use disorder

Specific support for rural hospitals

ed-bridge.org
Where are we? (October 15, 2018)

NUMBER OF ACUTE CARE HOSPITALS IN CA - 343
Licensed General Acute Care Hospital with any level ED

PLANNING TO TREAT PATIENTS IN THE ED - 199
Have voluntarily inquired or obtained template protocols from our website or through colleagues

ACTIVELY TREATING PATIENTS IN THE ED - 32
Have begun to treat patients - whether directly through training and technical assistance through ED-Bridge, or voluntarily using ED-Bridge open access resources
Moving forward:
The California Bridge Project

• Funding from Dept. of Health Care Services
• Star Sites: ED, inpatient, OB
• Rural Bridge Sites: ED
• Clinician champions, linkage navigators, bridge clinics
• Statewide trainings, site visits, grand rounds
• Applications due Dec 17th: https://ed-bridge.org/cabridgeprogramrfa
REQUEST FOR APPLICATIONS: California Bridge Program

The Public Health Institute seeks to identify up to 30 hospital/healthcare sites to apply to be participate in the California Bridge Program. This program will allow each participating site to receive funding to support rapid access to buprenorphine and methadone in the acute care setting including in the ED, inpatient, and obstetrics. Funding may cover clinician time, referral navigator staff, or the operation of a bridge clinic to facilitate linkage for patients started in the acute care setting. The project also provides extensive technical support, a toolkit for implementation, and statewide in-person trainings based on the work of ED-Bridge and Project SHOUT.

Answers to frequently asked questions can be found in the RFA Q&A Support Document.

Deadline for submission: Monday, December 17, 2018, 5:00pm PST
Key Points

• Patients in the hospital already have OUD—now we need to treat them

• Buprenorphine and methadone treat withdrawal, save lives

• Acute care initiation is straightforward and within scope

• Just treat it!
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