

Substance Use Navigators and Technical Assistance: Rapid Increase in Hospital Buprenorphine Initiation

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MAT in Acute Care

- 24/7 access to care, low barrier
- In ED: Follow up at 30d 2x higher if bup started vs brief intervention
- Inpatient: Linkage 6x higher in dose stabilization vs detoxification



Limited Uptake

- Not available in most hospitals
- Most reports on urban, academic centers

Barriers

- Stigma
- Provider & staff education
- Linkage

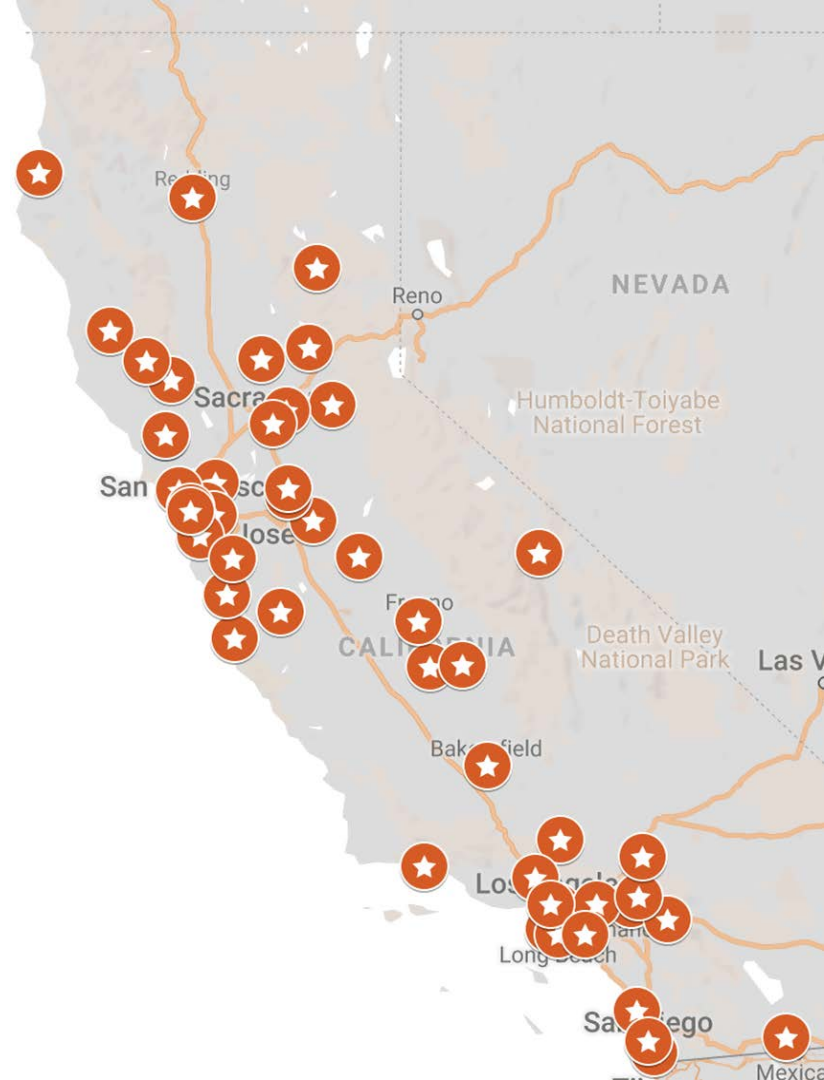
CA Bridge

Focus: Bup for OUD

SAMHSA STR funding to CA DHCS

52 sites, 2 cohorts, 12-16 months

\$125,000-260,000



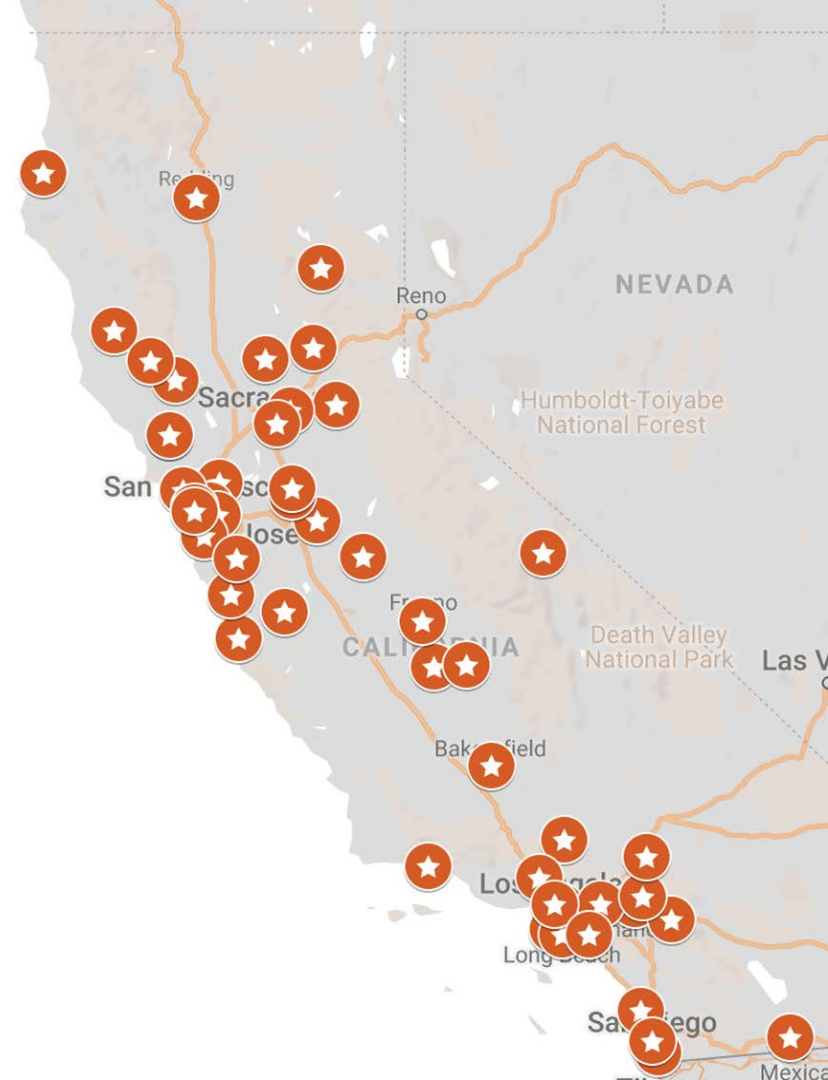
CA Bridge

Hired Substance Use Navigator

14 trainings for clinicians, admin, SUNs

Website with comprehensive resources

Targeted TA



Culture of Respect

Active community outreach

Empower patients to self identify

Low barrier

Harm reduction commitment



Program Evaluation

Monthly aggregate data on patients with OUD in acute care

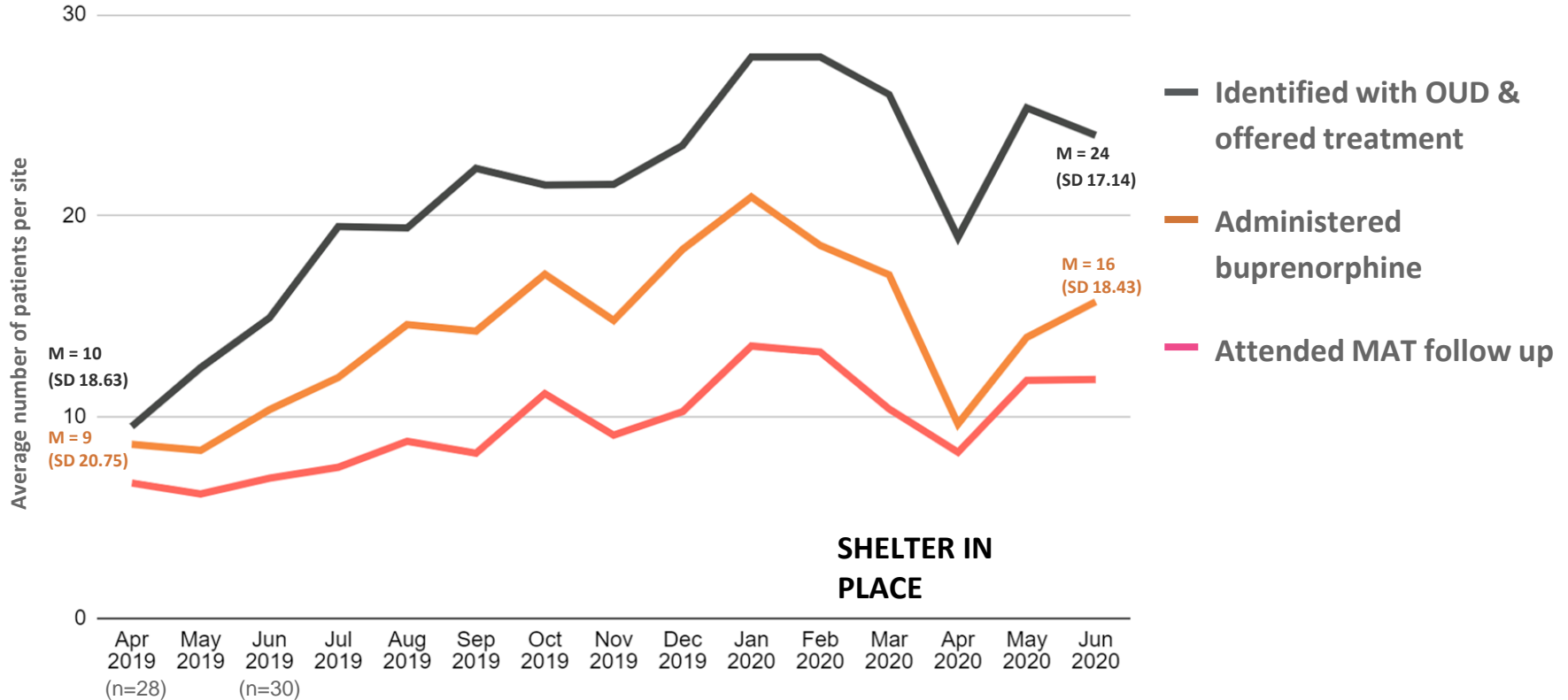
Summary descriptive analyses

April 2019-June 2020

CA Bridge sites

Characteristics of California Bridge Sites	
Hospitals	52
Rural¹ (%)	12 (23%)
Teaching¹ (%)	13 (25%)
Median ED Volume ² (range)	53,488 (4,563 - 147,992)
Median Overdose Death Rate ³ (range)	4.8 (1.73 - 22.7)
<p>1. Rural and teaching designations are based on classification from the Office of Statewide Health Planning and Development (OSHPD)</p> <p>2. Annual ED volume in 2018</p> <p>3. Rate is based on 2018 county rates and is deaths per 100,000</p>	

Cohort 1 Average Patient Volume per Site



CA Bridge Impact

Cumulative totals across all reporting
CA Bridge sites
(n = 52) as of June 30, 2020

OD Opioid Use Disorder
MAT Medication for Addiction Treatment



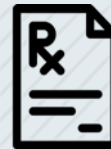
12146

patients identified with
OUD



7558

patients provided with
treatment



5642

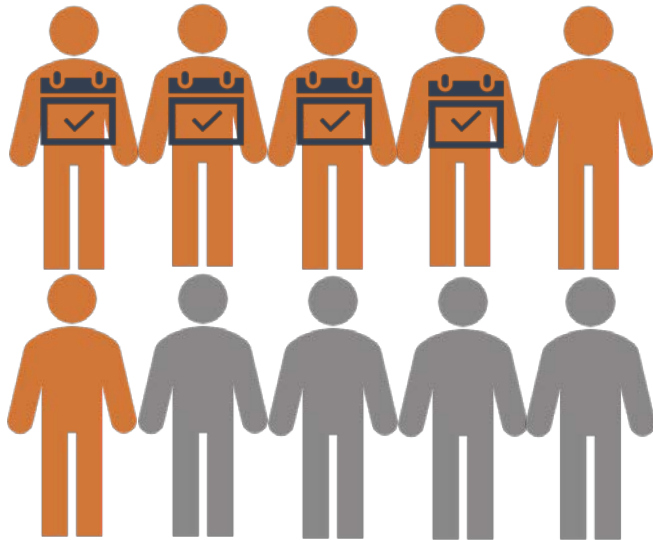
patients given a
prescription for MAT



4947

patients linked to
follow-up MAT care

Treatment Cascade



For every 10 patients with OUD

6 received treatment

4 engaged in follow-up MAT care

Mean 40% (SD 24.3%)

Hospital initiatives (n=52)

48 treating in pregnancy

45 post overdose

44 med/surg


29 naloxone in hand

1,647 X waiver trained

Without further funding, 51 would continue to treat with bup

Conclusion:

Feasible to:

- Implement acute care MAT in diverse hospitals and communities
 - Link patients to outpatient MAT with SUN support
- 

Next Steps

BHPP funds 210 sites: $\frac{2}{3}$ of all California Hospitals

Enrolling at subset of hospitals for prospective cohort study

Expansion to other SUDs and social needs





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