

Changing Pathways to Opioid Use Disorder Recovery: Induction on Medication Assisted Treatment During Inpatient Care

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Background:

- Medication-assisted treatment (MAT) is an evidence-based practice associated with the most successful outcomes to date in the treatment of people with Opioid Use Disorder (OUD), but it is grossly underutilized.
- Many inpatient programs follow an abstinence-based medical detoxification protocol, discharging or transferring a client once the detoxification medication has been tapered to zero.
- The period after detoxification is an especially high-risk time for opioid-use relapse, as well as accidental overdose and/or death due to decreased physical tolerance.
- Induction on MAT during inpatient care and a seamless transition to follow-up care could save lives for individuals choosing to support their recovery with medication.

Aim:

Increase the percentage of members with an OUD who are inducted on MAT during their inpatient episode.

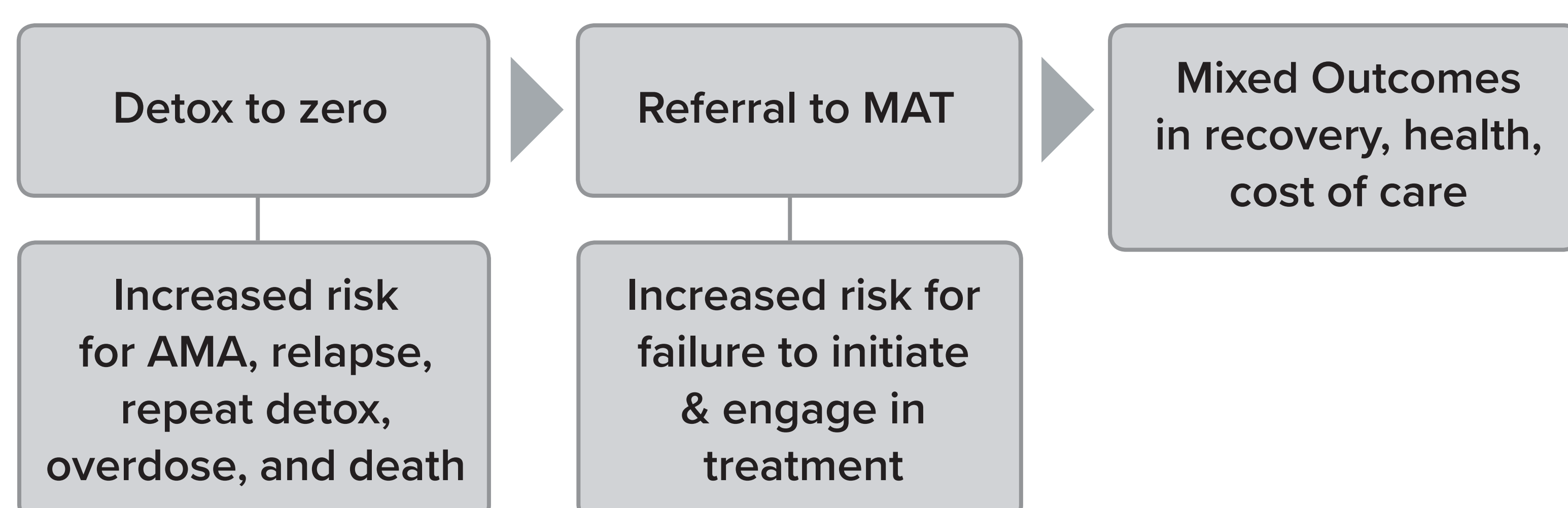
Actions Taken:

- Refined medication induction protocols
- Facilitated training opportunities for all staff on MAT
- Developed multi-disciplinary processes for frequent and thorough education of patients on MAT
- Formalized referral pathways to ensure a seamless transition post discharge
- Embedded a recovery coach in the facility to assist with peer support and aftercare linkage
- Collaborated with state agencies to address regulatory questions and concerns

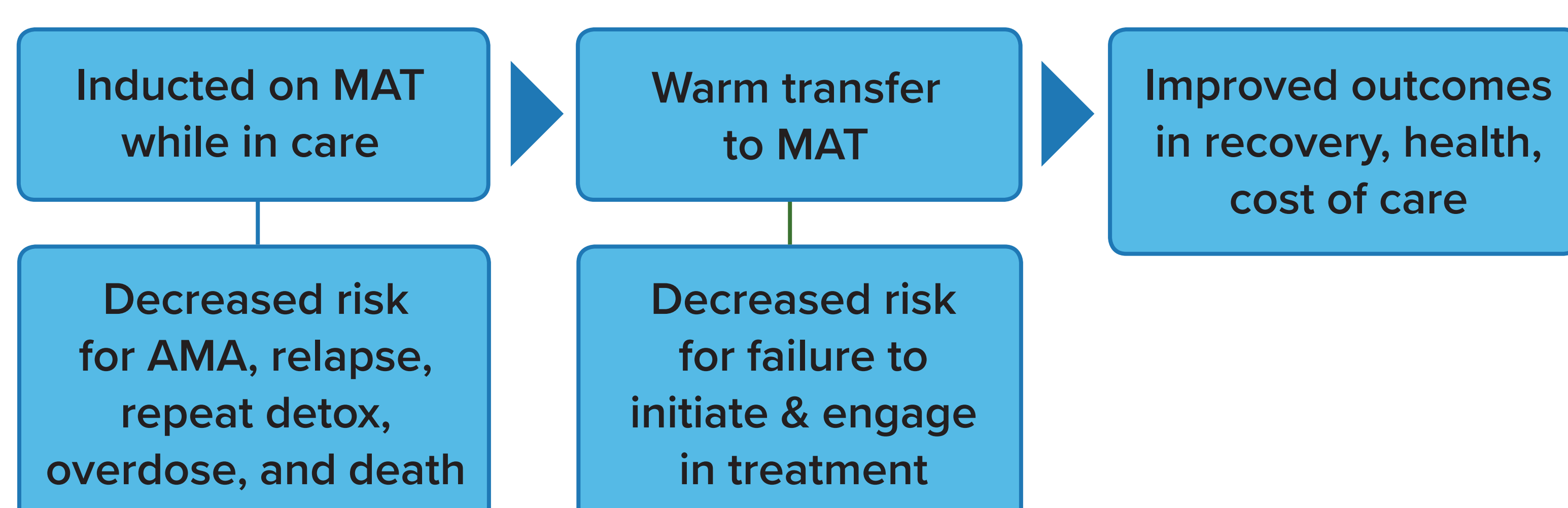
Three Keys to Changing Pathways

- Provide thorough education on MAT, including risks and benefits
- Stabilize on appropriate dose of MAT and discharge on that dose
- Facilitate a rapid warm transfer to ongoing MAT

Typical Pathway

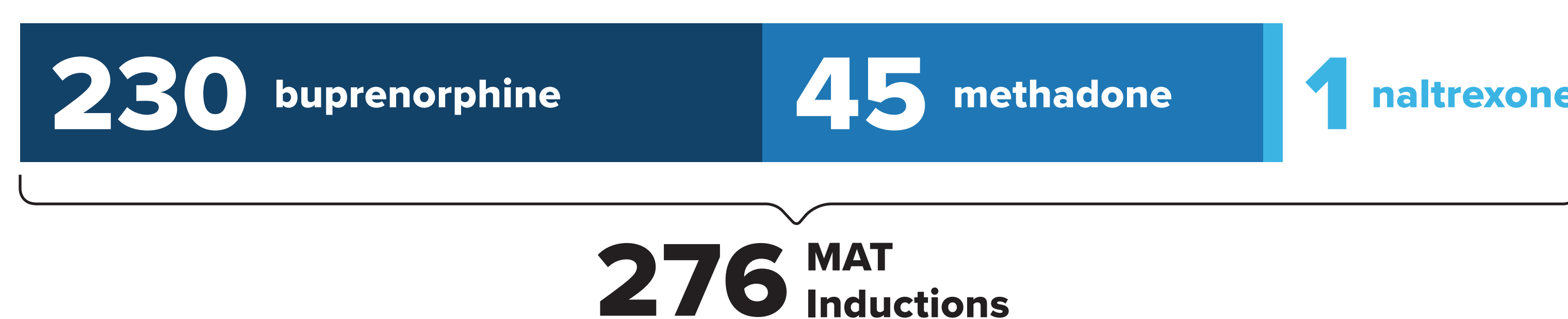


Improved Pathways

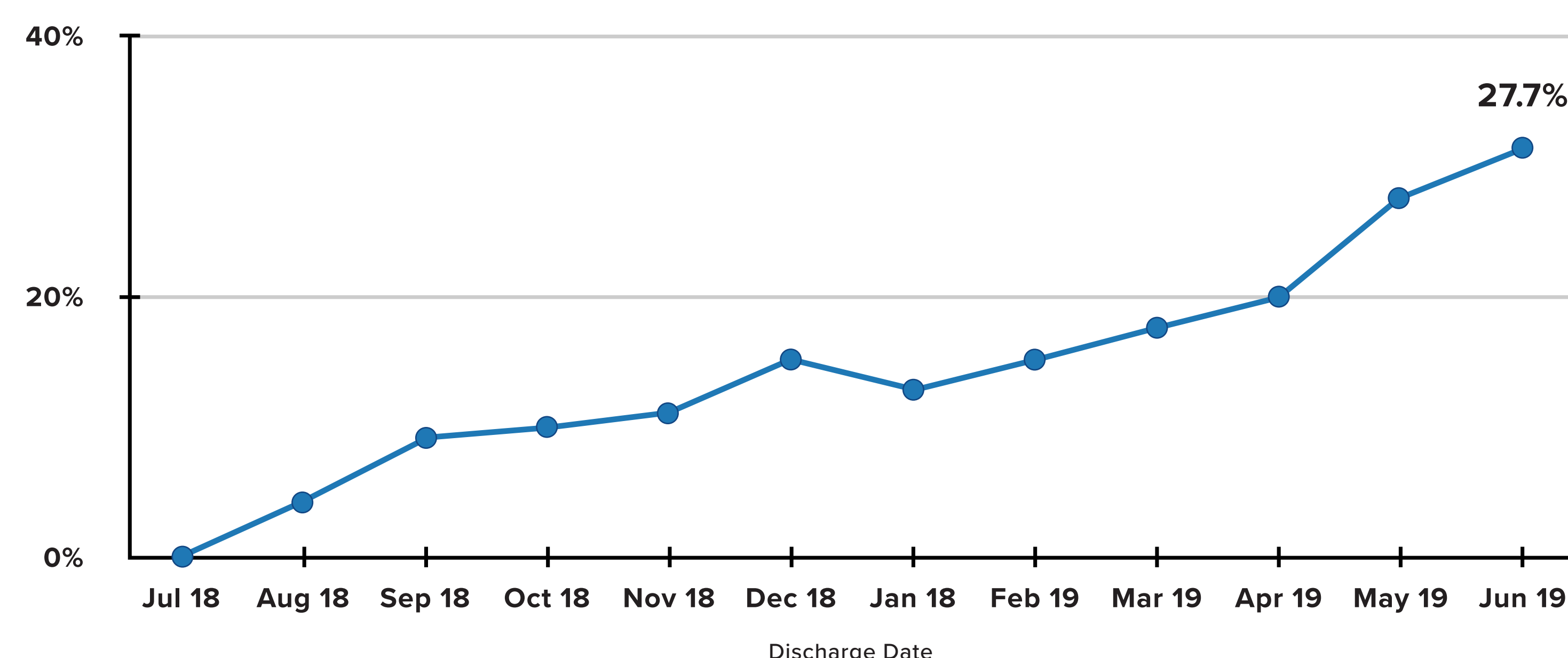


Outcomes (10/1/18 – 6/30/19)

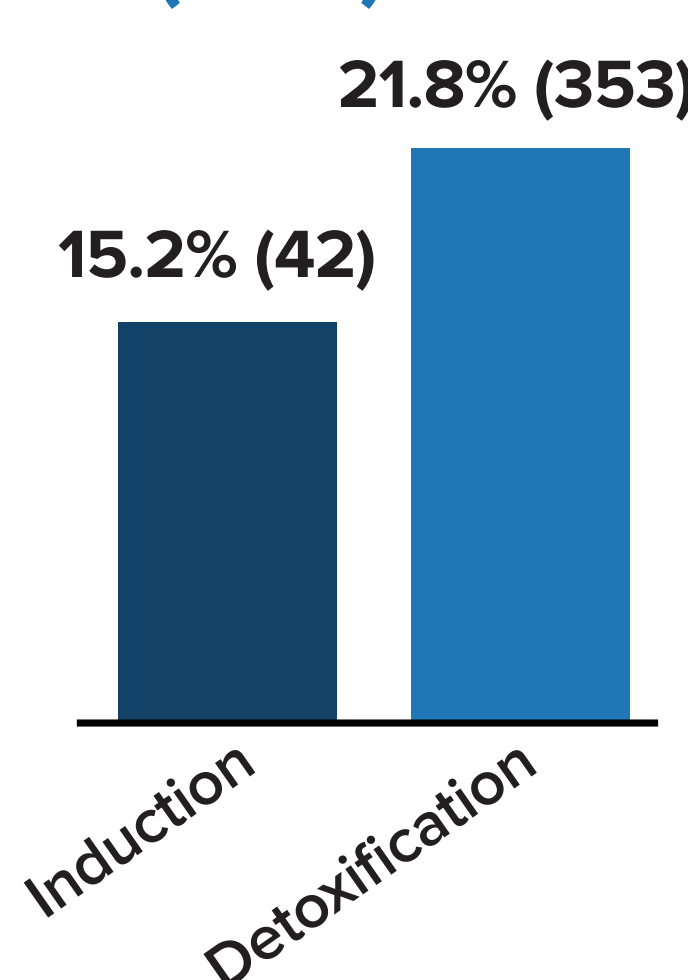
Initial results are promising. Monthly induction rates were as high as 27.7% within the first eight months as compared to a baseline of 0-1% per month, and randomly selected chart reviews indicated that all clients choosing MAT were given MAT education. The 7-day and 30-day readmission rates and the percent of members leaving Against Medical Advice (AMA) were lower than that of clients choosing traditional detoxification. Finally, the connection to MAT post-discharge for individuals with OUD increased on average 27% from the three months prior to launching the Changing Pathways model to three months post launching the model.



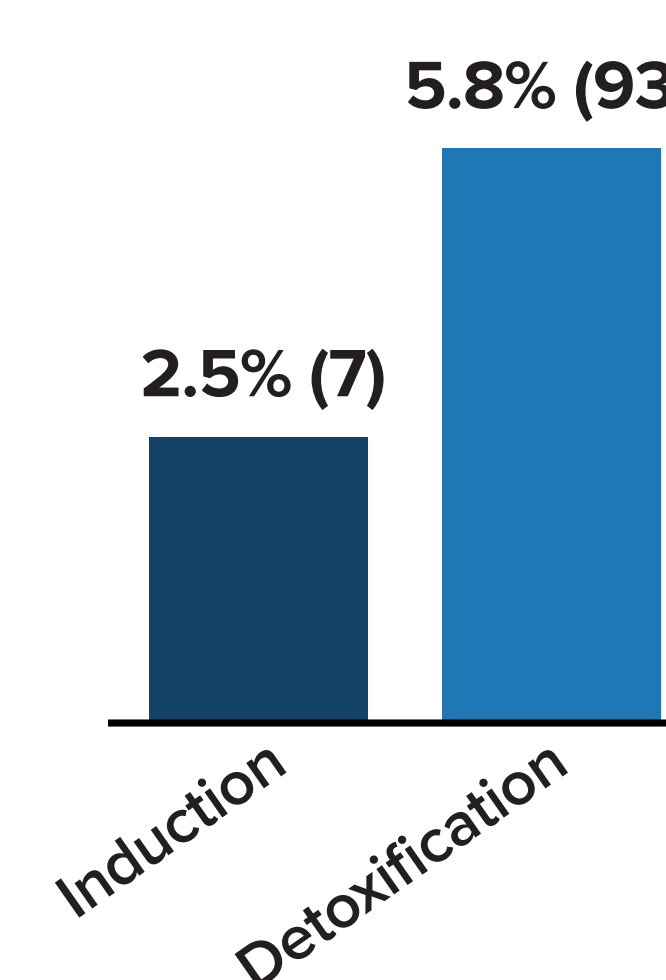
Percent of Discharges Inducted on MAT



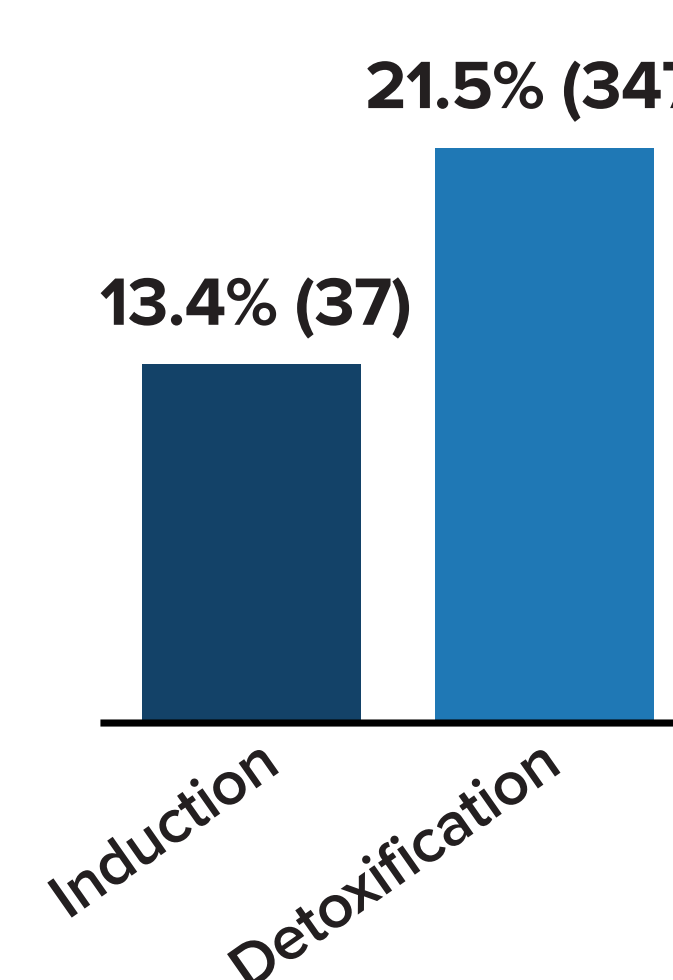
Against Medical Advice (AMA) Rate



7-Day Readmission Rates



30-Day Readmission Rates



AMA results need to be interpreted with caution because of discrepancy in reporting.

Lessons Learned:

- Client participation in decision making and treatment planning is essential
- Identification of an internal champion is key
- Practice change takes time, patience, and attention
- Use of data to support Continuous Quality Improvement is critical
- Use of a multi-disciplinary team, inclusive of peer support, helps
- Multiple educational interventions are needed
- Stigma and myths around MAT remain and need to be addressed
- Language matters! Withdrawal Management vs. Detoxification

Next Steps:

- Measure adherence to MAT post discharge
- Complete Plan-Do-Study-Act cycle related to patients who were induced, relapsed, and readmitted to inpatient care
- Dissemination of a provider toolkit
- Creation of a shared decision making tool
- Plan to expand model to an inpatient psychiatric unit