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 induced 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
• Formulated 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
1. Provide thorough education on MAT, including risks and benefits
2. Stabilize on appropriate dose of MAT and discharge on that dose
3. Facilitate a rapid warm transfer to ongoing MAT

Typical Pathway
Detox to zero
Referral to MAT
Mixed Outcomes in recovery, health, cost of care

Improved Pathways
Induction on MAT while in care
Warm transfer to MAT
Improved outcomes in recovery, health, cost of care

Outcomes (10/1/18 – 6/30/19)
Initial results are promising. Monthly induction rates were as high as 277% 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.

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

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