



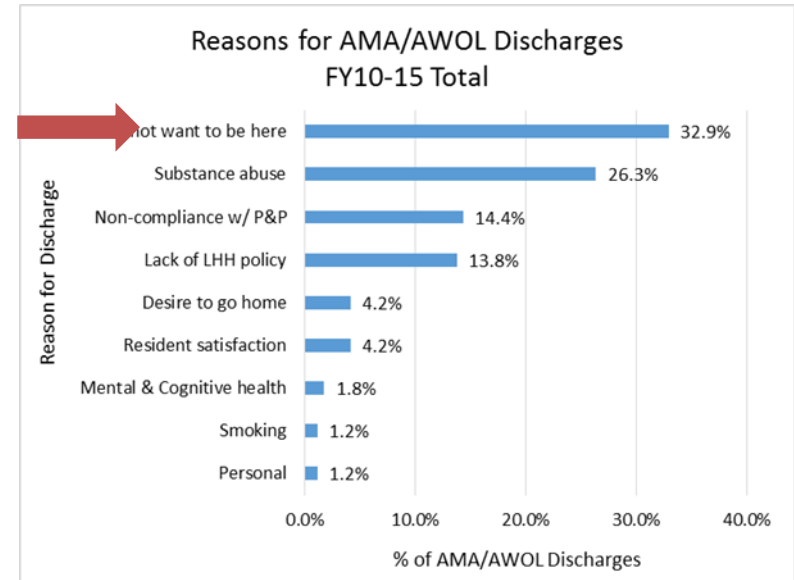
Analysis on Buprenorphine and LHH Unplanned Discharges: An Overview of STARS Services for Opioid Use Disorders

**LHH Psychiatry Report to JCC
9/11/2018**

Background: How did the Buprenorphine idea come about?



Buprenorphine was proposed as a countermeasure for reducing Unplanned Discharges (UDs) by the UD work group.

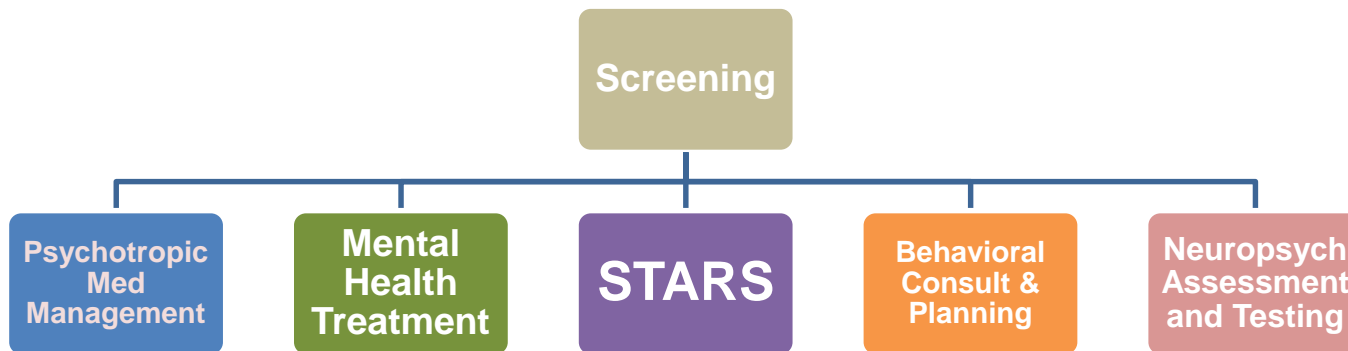
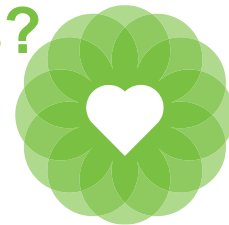


Hypothesis:

If...	Then...	Impact
Buprenorphine prescription is increased	There would be fewer UD's	High

Intervention: What are the service improvements?

better defined, for all stages of change
more encounters, more timely



ACTION AND MAINTENANCE STAGE – STARS Providers:
support and facilitate change -

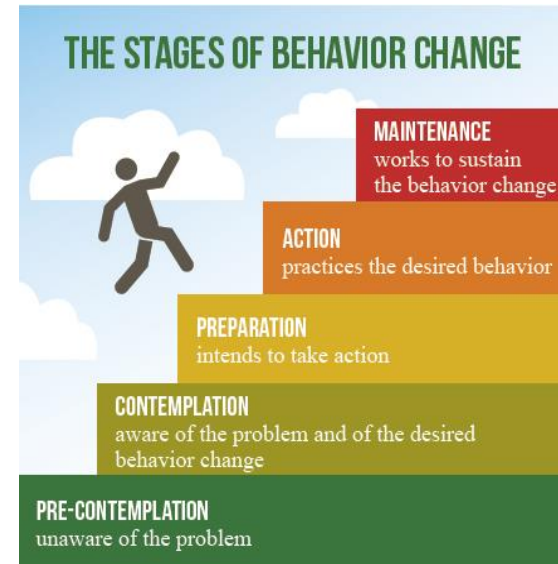
- Group therapy
- Individual Therapy
- Medication Assisted Therapy – including Buprenorphine

69% increase in STARS encounters FY17-18 vs FY 16-17

BEFORE THE ACTION STAGE – ALL Psychiatry Providers:
build relationships, plant the seeds for change through -

- Psychotropic medications, Mental Health, Behavioral Consults, Neuropsychological services
- Motivational Interviewing
- SBIRT (Screen, Brief Intervention, Referral for Treatment)

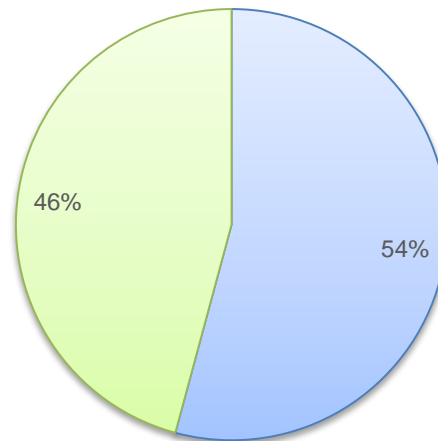
39% increase in documented Psychiatry provider encounters in FY17-18 vs FY 16-17



Intervention: Did we provide services to the residents with UDs and Substance Use?



- During Jan 2017-June 2018, **100%** residents with UDs and substance use had been previously assessed by Psychiatry providers, some received STARS services, some other Psychiatry services; some consult only, some ongoing, depending on the residents' preference.



■ Seen by STARS providers ■ Seen by other psych providers

Conclusion: Residents receiving substance treatment or other psychiatry services may still have UDs and use substances. It is part of their expected change journey, not “failure.”

Intervention: In addition, STARS have been addressing the Opioid Crisis.



Residents who use any substances are at risk for opioid overdose due to rampant fentanyl contamination of street drugs.

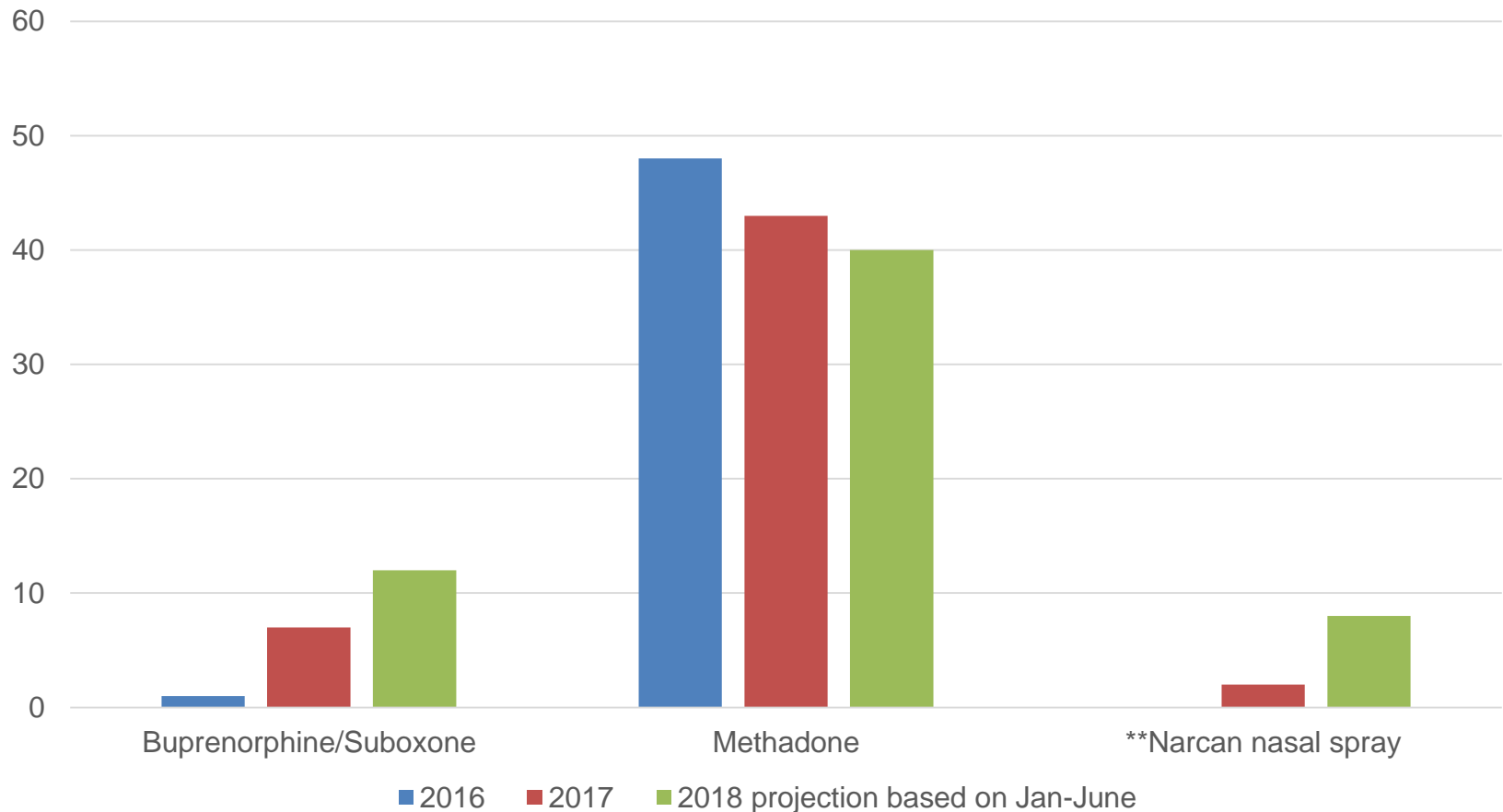
- Ongoing discussions with residents during clinical encounters;
- **Proposed hospital wide Harm Reduction Policy (Approved by JCC 1/9/2018);**
- Added New Addiction Medicine Rotation;
- **Advocated for providing Narcan nasal spray. Distributed Narcan information to medicine and nursing leaders. Piloted care plan templates.**
- Psychiatry providers received Narcan training and kits 7/24/18;
- **Sponsored Grand rounds on Medication Assisted Therapy (MAT) in 2017; (Next Grand Rounds on Opioid Crisis 10/2/18);**
- Resources info posted on LHH Psychiatry SharePoint.



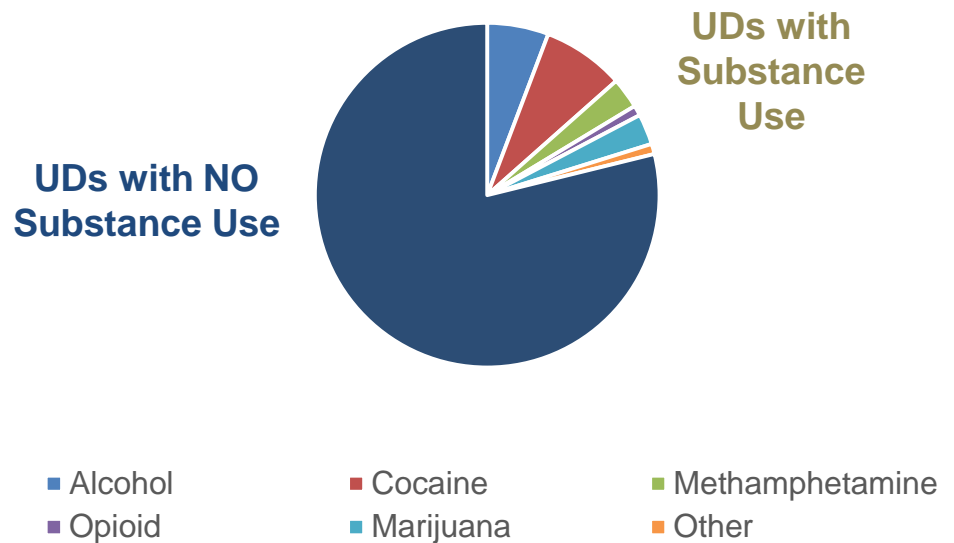
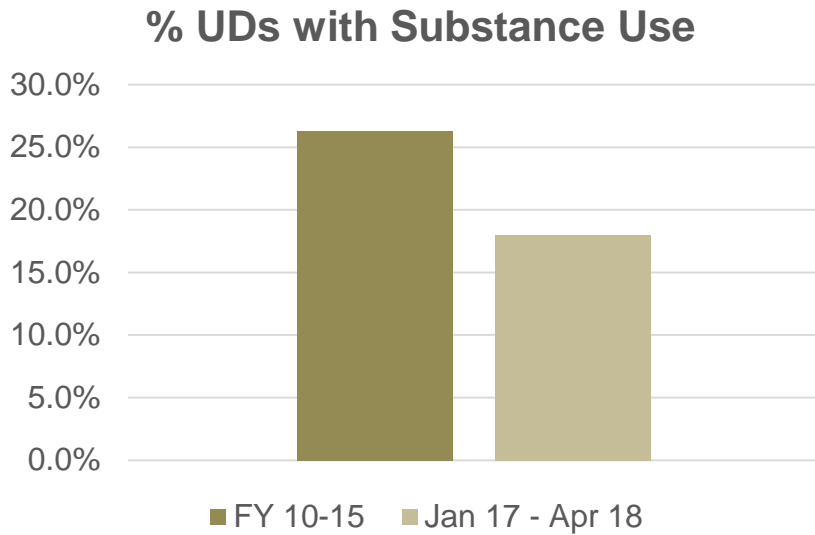
Outcome: Buprenorphine prescribing has increased, but METHADONE is still the most commonly prescribed MAT (Medication Assisted Therapy) for LHH Residents with Opioid Use Disorders.



Number of Prescriptions Related to Opioid Use Disorder



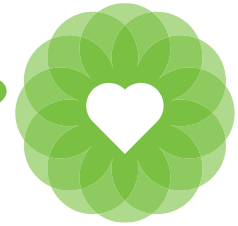
Outcome: Substance Use involvement in UD's has decreased (Jan 2017-April 2018)



Associated Factors	% UD's	Will Buprenorphine impact?
UD + NO Substance Use	82%	NO
UD + Non-opioid substance use (most common: cocaine and alcohol)	17%	NO
UD + opioid use	1%	Likely if the resident takes it

Outcome: Do residents taking Buprenorphine for Opioid Use Disorder have Unplanned Discharges?

(Jan 2017- June 2018)



Rt	UDs			Active in Psych	Active in STARS	Has Narcan	Note
	2016	2017	2018				
1	0	0	0	Yes			Declined STARS. Clinically stable.
*2	NA	2	1	Yes	Yes		2016: 14 ER visits. LHH Jan 2017. Agreeing to services over time. Bup started Dec 2017.
3	0	0	0	Yes		Yes	Too impaired for STARS but ↓heroin use
4	NA	0	NA			Yes	4 ER visits before LHH. Declined Psych and STARS. Stabilized anyway, then d/c'ed. Now continuing Buprenorphine at OBIC.
5	NA	0	NA	Yes			Brief LHH stay, declined STARS
6	0	0	NA	Yes			Medically too ill for STARS.
7	NA	0	NA		Yes		~ 5 Months at LHH, accepting STARS, d/c to Walden House for substance treatment.
*8	3	2	0	Yes	Yes		Used to decline Psych and STARS services. Gradually agreed. Bup started Feb 2018
9	0	NA	0	Yes	Yes		2017 in community; 2018 reduced opioid use, but still drinks alcohol
10	NA	NA	0	Yes			Cognitively too impaired for STARS

Outcome: A Resident's Recovery Journey



#8 - "Mary": 38 yo female, long hx of PTSD, Depression, SUD
2016: 3 AWOLs from LHH, 11 MER and 1 PES visits
2017: 2 AWOLs from LHH, 6 MER visits
2018: LHH after amputation, agreed to Buprenorphine Feb 2018
Course: Refuse Psych/STARS, cussing out staff → try 1st group
but too labile, cussed out by other pt → try group again, AWOL
the next day → STARS groups since April 2018, now 2-3x/week
accepting mental health treatment, on buprenorphine, no AWOL

Psychiatry/STARS Providers:

13 service episodes since 2015, **81** encounters by **8** providers:
Kept on trying to engage Mary while respecting her choice,
building relationship over time → Now actively treating her
underlying PTSD, depression and SUD, using MAT, group and
individual therapies, psychotropic meds.



OVERARCHING PRINCIPLES:

Harm Reduction Trauma Informed Person Centered

In Mary's own words:

"I am grateful to attend groups here; it keeps me from using drugs."

"I am learning ways to deal with triggers."

Conclusion: Is the initial hypothesis supported by the more recent data? No, but the percentage of UDs related to substance use have decreased, and buprenorphine improves lives.



- Buprenorphine can be transformative for individuals, but is unlikely to impact the overall LHH UDs, as 99% of the UDs in Jan '17-Apr '18 did not involve opioid use.
- Substance-related UDs have decreased since the initiation of the project (18% during Jan 2017- Apr 2018 vs 26.3% of UDs during FY10-15).
- Future countermeasures targeting non-substance related root causes will likely have a higher impact on the overall UDs than substance related countermeasures, as 82% of the UDs during Jan '17-Apr '18 did not involve substance use.
- It takes time and hard work for residents with substance use disorders to engage in substance treatment, but treatment does make a difference.
- LHH Psychiatry providers have and will continue to engage residents in services appropriate for their stage of change, and recommend Buprenorphine as indicated.
- In light of the nationwide opioid crisis, LHH Psychiatry providers advocate for providing Narcan nasal spray to at risk residents including those who AWOL and use substances.

LHH Psychiatry providers advocate for hospital wide harm reduction and other evidence-based clinical approaches for residents with substance use disorders.

(see handouts on Addiction Medicine Rotation, Groups, Narcan education)



THANK YOU!