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:

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<th>If...</th>
<th>Then...</th>
<th>Impact</th>
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<tbody>
<tr>
<td>Buprenorphine prescription is increased</td>
<td>There would be fewer UD_s</td>
<td>High</td>
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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.

**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.
**Outcome:** Substance Use involvement in UDs has decreased (Jan 2017-April 2018)

![Graph showing % UDs with Substance Use](image)

<table>
<thead>
<tr>
<th>Associated Factors</th>
<th>% UDs</th>
<th>Will Buprenorphine impact?</th>
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<tbody>
<tr>
<td>UD + NO Substance Use</td>
<td>82%</td>
<td>NO</td>
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<tr>
<td>UD + Non-opioid substance use (most common: cocaine and alcohol)</td>
<td>17%</td>
<td>NO</td>
</tr>
<tr>
<td>UD + opioid use</td>
<td>1%</td>
<td>Likely if the resident takes it</td>
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</table>
### Outcome: Do residents taking Buprenorphine for Opioid Use Disorder have Unplanned Discharges? (Jan 2017 - June 2018)

<table>
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<tr>
<th>Rt</th>
<th>UDs</th>
<th>Active in Psych</th>
<th>Active in STARS</th>
<th>Has Narcan</th>
<th>Note</th>
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<td></td>
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<td>2016</td>
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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!