Overcoming Brick and Mortar: Feasibility of Implementation of a MAT and Linkage to Treatment Program by Leveraging Community Partnerships

Gillian A. Beauchamp MD
Lehigh Valley Health Network, gillian.beauchamp@lvhn.org

Priyanka Lauber DO
Lehigh Valley Health Network, Priyanka.Lauber@lvhn.org

Jamie Allen DO
Lehigh Valley Health Network, Jamie.Allen@lvhn.org

Nathan Boateng BA
Lehigh Valley Health Network, Nathan.Boateng@lvhn.org

Samantha A. Shaak PhD
Lehigh Valley Health Network, Samantha_A.Shaak@lvhn.org

See next page for additional authors

Published In/Presented At

Beauchamp, G. A., Lauber, P. Allen, J. Boateng, N. Shaak, S. A., Roth, P. Laubach, L. T., Crowley, L. M., Burmeister, D. B., Greenberg, M. R. (2019, October 23-27). *Overcoming Brick and Mortar: Feasibility of Implementation of a MAT and Linkage to Treatment Program by Leveraging Community Partnerships*. Poster Presented at: The American College of Emergency Physicians (ACEP) Research Forum, Denver, CO.

Authors
Gillian A. Beauchamp MD; Priyanka Lauber DO; Jamie Allen DO; Nathan Boateng BA; Samantha A. Shaak PhD; Paige Roth MSW, LSW, CRS; Lexis Laubach BS; Lauren M. Crowley BA; David B. Burmeister DO, FACEP, CPE; and Marna R. Greenberg DO, MPH, FACEP

Overcoming Brick and Mortar:

Feasibility of Implementation of a MAT and Linkage to Treatment Program by Leveraging Community Partnerships

Gillian A. Beauchamp, MD,[1] Priyanka Lauber, DO,[1] Jamie Allen, DO,[1] Nathan Boateng, BA,[2] Samantha Shaak, PhD,[2]
Paige Roth, MSW, LSW, CRS,[1] Lexis T. Laubach, BS,[1] Lauren M. Crowley, BA,[1] David B. Burmeister, DO, MBA,[1] Marna Rayl Greenberg, DO, MPH[1]

[1]Department of Emergency and Hospital Medicine, Lehigh Valley Health Network/University of South Florida Morsani College of Medicine, Lehigh Valley Campus, Allentown, PA
[2]Department of Community Health, Lehigh Valley Health Network, Allentown, PA

STUDY OBJECTIVES

Substance Use Disorder (SUD) annually costs the US over $440 billion. Medication for Addiction Treatment (MAT) helps manage withdrawal and cravings to reduce recurrence of use and promote engagement in psychosocial interventions that promote healing. Implementing MAT and a linkage to treatment program in the hospital setting can improve care for SUD patients.

METHODS

Our Department of Emergency and Hospital Medicine implemented a protocol to screen and identify patients with SUD. A county-supported warm handoff approach began using screening, brief intervention, and referral to treatment to link patients with treatment options.

Since 2017, a county-funded Hospital Opioid Support Team (HOST) provided a bedside level of care assessment and warm hand off to treatment. Also, a hospital-employed Addiction Recovery Specialist (ARS), who is a licensed social worker and certified recovery specialist, provided bedside motivational interviews and care management.

On July 1, 2018, a MAT program began with free county-supported interventions: seven day discharge supply of buprenorphine and a transportation voucher. MAT is maintained by a partnership with a local drug and alcohol treatment center staffed by our MAT-trained toxicologists, where patients also receive individual/group counseling, certified recovery specialist support, and psychiatric treatment.

RESULTS

Since January 2018, 1,363 patients were linked to treatment through the ARS (218 patients) and HOST (1145 patients). Since July 2018, 123 patients were linked to treatment by the ARS: 54.97% to outpatient treatment, 10.48% to inpatient treatment, 4.22% discharged home with referral to inpatient treatment, 3.46% to a psychiatric/dual diagnosis facility, and 16.81% refused services. Over 70% of those evaluated by ARS since July 2018 were initiated on MAT. During January–March 2019, 62% of initiated patients received buprenorphine/naloxone, 15–17% received oral or intramuscular naltrexone, and up to 3% received acamprosate. Of 92 patients induced on MAT and linked to follow up at maintenance clinic between July 2018–March 2019, 71 received care management by the ARS.

During July 2018–February 2019, most common dispositions by HOST were: 17.82% to detox facility, 11.2% to intensive outpatient treatment, and 9.52% to short- or long-term residential facility.

CONCLUSION

An institutional linkage to treatment initiative with warm hand off to SUD treatment and induction/maintenance of MAT provides a solution that transcends the brick and mortar limitations of a hospital setting. HOST is a collaboration with local county drug and alcohol authority; and ARS combines care management and peer recovery support. Embedding MAT prescribers in a local drug and alcohol treatment facility ensures follow up for hospital MAT initiated patients.

We recommend applying this model to other hospitals. Necessary resources are: provider MAT training; collaboration with case managers and/or certified recovery specialists; partnerships with community SUD treatment organizations and local government funding bodies; ability to provide/fill prescriptions for MAT; and support for transportation.

ACKNOWLEDGMENT

This study was funded in part by the Lehigh County Drug and Alcohol Authority and the Pennsylvania Department of Drug & Alcohol Programs.

pennsylvania
DEPARTMENT OF DRUG AND ALCOHOL PROGRAMS

USF HEALTH MORSANI COLLEGE OF MEDICINE UNIVERSITY OF SOUTH FLORIDA

LVHN.org

Lehigh Valley Health Network