



PRIMARY CARE/BEHAVIORAL HEALTH SPECIAL PROJECTS FINAL GRANT REPORT FORM

The Massachusetts League of Community Health Centers (MassLeague) requires that each grantee submit a Final Grant Report and Program Outcome summary at the end of the grant period. Please submit this cover sheet with a report that addresses the questions below. Reports are due no later than November 15th, 2019. Thank you in advance for your report.

Date: 11/12/2019

Name of Organization: Greater Lawrence Family Health Center

Contact Person: Name Nicholas Weida MD **Title** Clinic Medical Director

Telephone: 717-808-5930 **Email:** Nicholas.weida@glfhc.org

Project Title (if applicable): Inpatient Suboxone Evaluation and Induction

Total Program Budget: \$41,034

Grant Amount: \$40,000 **Period this report covers:** Oct 1 2018 – Oct 1 2019

- 1) **MILESTONES ACHIEVED:** Please include the milestones achieved throughout the implementation of your project. Milestones could include specific goals that were met during the implementation process. [Max: 500 words]

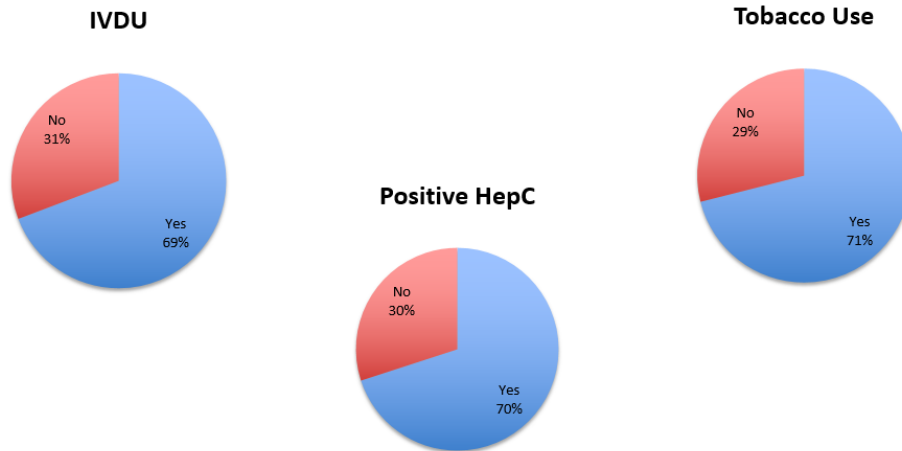
Initiate and Expand Suboxone Consult Service

We successfully started our Suboxone Consult service on October 16th. At that time we initiated an opiate withdrawal protocol for patients admitted to the hospital using either methadone or buprenorphine depending on patient preference. Since that time we have consulted on at least 89 patients in the hospital. Initially we restricted consultation to a subset of Greater Lawrence Family Health Service (GLFHC) patients while working to streamline workflow. Most consultations were for the management of opiate dependence although these consultations also involved discussion regarding the management of withdrawal symptoms while patients were inpatient. We discussed follow-up Medication Assisted Treatment (MAT) choice, concurrent substance use, Pre-Exposure Prophylaxis (PREP) for HIV, and Narcan with all of these patients. HIV and HCV screening were performed. On March 19th we expanded consultations to all hospitalized patients with a steady increase in volume since that time. On November 11th we added a full time addiction consultant, further expanding our capacity.

Learn more about substance use disorder patient characteristics for patients who are admitted to the hospital

Summary of patient characteristics attached. We tracked percentage of patients with IVDU, Positive HepC status, HIV status, concurrent tobacco use, concurrent alcohol use and interested in MAT. Our findings of high rates of HepC and IVDU were not surprising. Despite the recent uptick in new cases of HIV in Lawrence, the relative number of SUD patients with HIV was quite low.

Patient Characteristics



Increase Education Efforts around Appropriate Treatment of Opioid Use Disorder (OUD) and Patient Stigma

Multiple sustained efforts were made to improve education and understanding amongst clinicians and staff regarding appropriate treatment of substance use disorder patients. This involved two separate grand rounds presentations regarding appropriate care as well as multiple nursing and clinician conference discussions. Overall, efforts improved access to appropriate medical care for patients and increased consults into our service for patients who were particularly challenging.

- 2) **MILESTONES NOT ACHIEVED:** Please include the milestones that were not achieved throughout the implementation of your project and include a detailed description as to why they were not achieved. This could include intended goals that were not met during the implementation process. [Max: 500 words]

Fluid bridge to outpatient programs:

Outpatient transitions improved significantly during the course of the project with increased ease of access into our two local methadone programs and our own Office Based Addiction Treatment (OBAT) program; however we struggled to provide seamless transitions. Part of the difficulty in transitions was due to outside insurance programs and particularly out of state insurance, which made linkage into our own OBAT program logistically challenging. Linkage into local methadone programs was initially quite difficult due to a lack of understanding regarding rules on patient intakes and transfers of care. This improved significantly during the course of the project. Barriers to effective bridging to outpatient programs include interval short term rehabilitation (STR) stays, lack of transportation, and lack of dependable housing.

Mapping Cost Reduction to Accountable Care Organization

This was a secondary outcome indicated during our initial project proposal. We still do not have cost data, emergency department, or hospitalization utilization data for this sample of patients during the course of our project. Recovering this data is time consuming and will require additional coordination with Allways Healthcare and the Merrimack Valley ACO. We hope to be able to view this data in the next few months in order to further justify the benefits of inpatient addiction efforts.

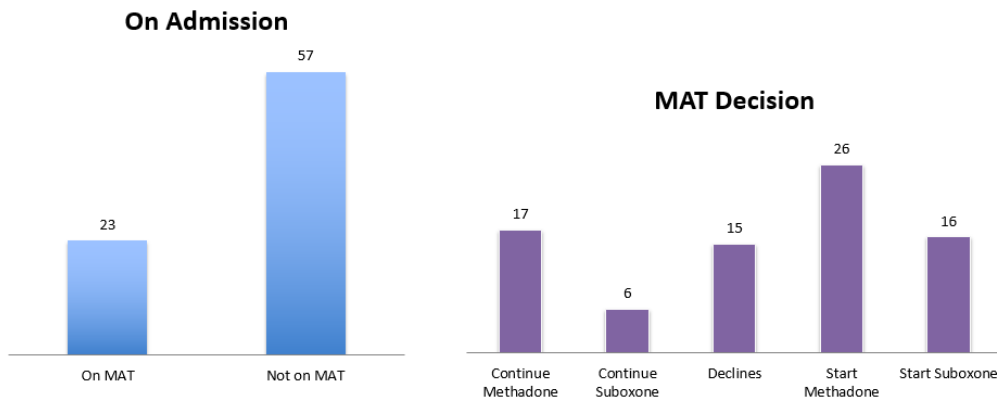
- 3) **PROJECT IMPACT:** Please include the specific measureable impact on the organization and/or patients initially outlined in your project application. Please be sure to include both expected and unexpected benefits in your description of project impact. [Max: 500 words]

Provide Patients with Access to Medication Assisted Therapy (MAT):

We were surprised by the number of patients who were not on any form of MAT and had minimal knowledge of local MAT options at the time of their admission to the hospital. In fact, 71% of patients whom we consulted on at the time of admission were not on any form of MAT. Of these patients not on MAT at time of admission 73% elected to start either Suboxone or Methadone during their hospitalization with intention to continue treatment after discharge. Most patients (62%) elected to continue Methadone with the remaining patients choosing Suboxone. We observed a reduction in against medical advice (AMA) discharges after implementing an opioid withdrawal protocol and subjectively noted patients were significantly more engaged in their treatment when adequately treated for withdrawal symptoms. In the absence of our consult service, it is unlikely that most of these patients would have been initiated on appropriate opioid replacement therapy or successfully transitioned to outpatient treatment.

Patient interest in MAT

(10/2018 - 9/2019)



High Percentage of Linkage and Retention:

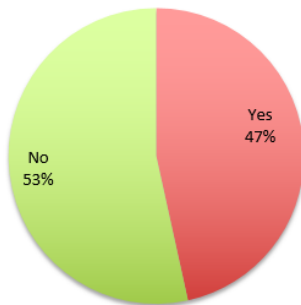
Our initial goal was to achieve 50% linkage from hospital discharge into our outpatient Office Based Addiction Treatment (OBAT) program with 10% retention at three months. Of the patients who we started on Suboxone and directed to our clinic 61% presented for their first follow-up visit. Of those who followed in clinic for their first visit, 82% continued in treatment at 3 months. Overall, of the patients who we intended to treat with suboxone at time of hospital discharge, 50% were retained in treatment at 3 months. This data suggests that the greatest challenge is initial linkage into our outpatient OBAT program and if that is achieved, retention rates are high. While this data represents a significant improvement over our projected linkage and retention rates, we think that we can further improve linkage through a more streamlined intake process, decreased transportation barriers, and improved stability in housing resources.

Provide Additional Harm Reduction Services

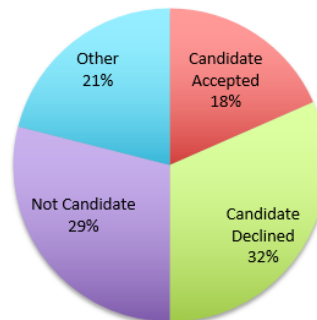
In addition to providing patients with MAT we also provided opportunity for dispensing Narcan and PREP. Approximately 50% of our patients accepted Narcan prescriptions and 20% of patients who were candidates for PREP elected to initiate PREP prior to discharge from the hospital. Patients who screened positive for hepatitis C were referred for appropriate treatment. Smoking cessation counseling and follow-up contacts were provided for consultations. Most importantly, while multiple studies have indicated high mortality rates for patients with opioid use disorder recently discharged from the hospital, no patients who were started on suboxone and transitioned to our outpatient OBAT program have died.

Additional Outcomes

Narcan Rx



PREP



Proof of Concept resulting in permanent Addiction Consultation Service

Our consultation service consistently demonstrated high value in assisting in the management of high risk, high utilizing, and often medically challenging patients admitted to the hospital. There were numerous instances in which we were urgently called to the bedside to assist in management of patients in acute opioid withdrawal. Partially through our sustained efforts, hospital administration recognized a need for a more robust and permanent addiction consultation service moving forward. At the conclusion of this grant, the hospital elected to hire an addiction consultant who will be able to sustain and further expand our efforts to appropriately treat patients with opioid use disorder.

Improved Resident Training and Readiness to Practice.

Our addiction consultation service was a training service staffed by senior family medicine residents and teaching physicians. The ability to manage complex patients presenting with substance use disorder has significantly enhanced their training. In fact, the addiction consultant recently hired at our hospital is a recent graduate of the residency and contributed significantly in the development and implementation of our consultation service. This is a direct example of this consultation service successfully training residents to contribute to sustained efforts to improve treatment of opioid use disorder in the local community.

4) BUDGET REPORT: Please include a final budget report.

Reports are due **November 15th, 2019** and should be emailed to:

Madison Schmitt
mschmitt@massleague.org