

Launch of a Novel Mobile MOUD Clinic to Address Structural Vulnerability and SUD

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“Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual’s life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.

Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases”.

-American Society of Addiction Medicine

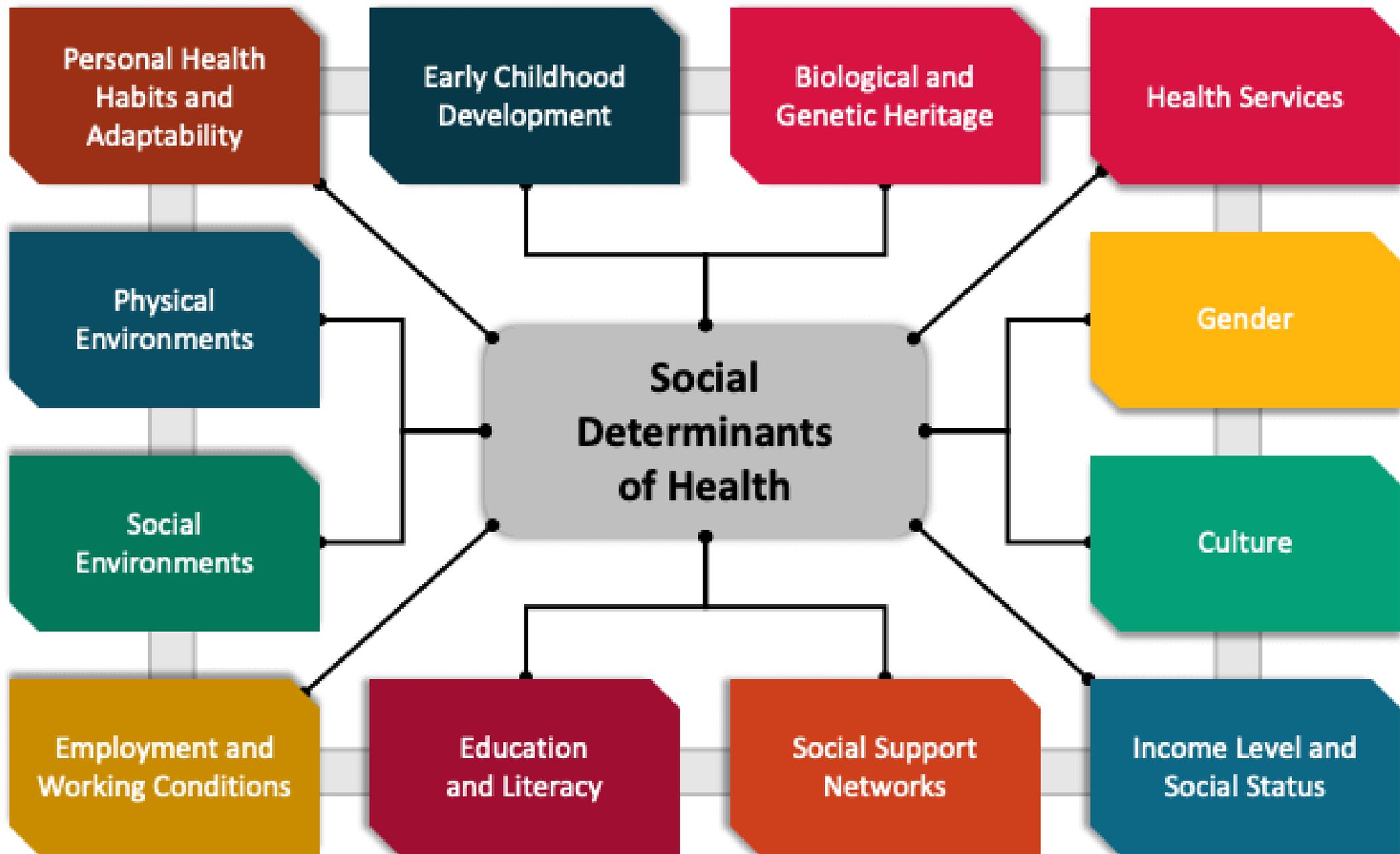
Opioid addiction, which generally corresponds with moderate to severe forms of OUD, often requires continuing care for effective treatment rather than an episodic, acute-care treatment approach.

Approaching OUD as a chronic illness can help providers deliver care that helps patients stabilize, achieve remission of symptoms, and establish and maintain recovery.

There is no “one size fits all” treatment. Many people with OUD benefit from treatment with medication for varying lengths of time, including lifelong treatment. Ongoing outpatient medication treatment for OUD is linked to better retention and outcomes

The goal of treatment for opioid addiction or opioid use disorder (OUD) is remission of the disorder leading to lasting recovery.

Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.



Time to Change the Way We Approach Opioid Use Disorder: A Challenge to the Status Quo

Original Investigation

Emergency Department–Initiated Buprenorphine/Naloxone Treatment for Opioid Dependence A Randomized Clinical Trial

Emergency Department-Initiated Buprenorphine for Opioid Dependence with Continuation in Primary Care: Outcomes During and After Intervention

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Why the Emergency Department?

ED's serve as one of the only entry points into health care for individuals with OUD

The ED visit becomes a key intervention opportunity to initiate evidence-based treatment with buprenorphine and provide 'red carpet linkage' addiction treatment referral

EDs with BRIDGE programs may be more cost-effective in breaking the "cyclical" re-admission/discharge of OUD patients

*30-day mortality after ED OD event- 20% (MI 4.9%)

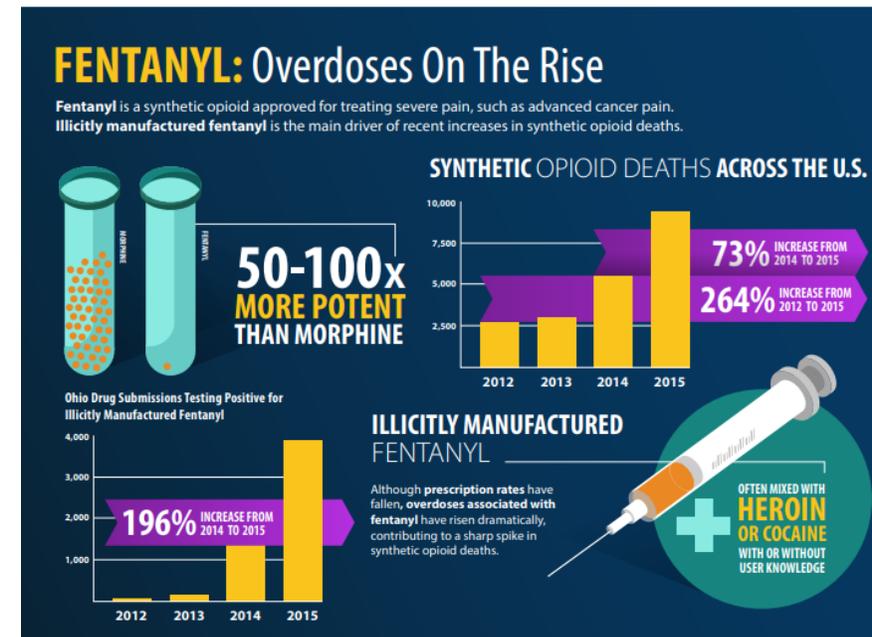
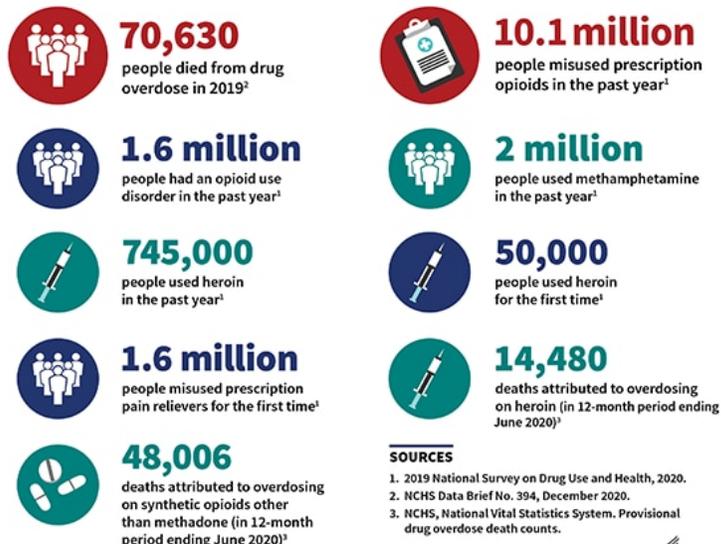
*One-year mortality after ED OD event- 5.5% (CVA 3.4%)

*Mean age of decedents- 39 years

Why are ED Bridge Programs Needed?

- › Opioid-related deaths in U.S. increased 500% over a 20-year period (1999-2019)
 - Uptake in Fentanyl use
- › Tampa Bay region **50% Higher** than the rest of the country (15.5%) (Perry, 2021)
- › Tampa Bay region recorded **1,200 overdose deaths** in 2020 (Project Opioid, 2021)

THE OPIOID EPIDEMIC BY THE NUMBERS



Emergency Department (ED) BRIDGE Program Goals

- Identify and engage individuals with SUD who present to the ED
- Effectively treat opioid withdrawal symptoms by initiating evidence-based treatment
- Incorporate Peer Specialists to engage patients and provide support, linkage and referral to ongoing care
- Reduce harm by offering overdose education and dispensing free naloxone.

Bridging Recovery Support: Peers

- BRIDGE Pathway Team:
 - Emergency Medicine Physician/PhD Addiction Specialist
 - Linkage-to-Care Navigator
 - Social Workers and Case Management
 - Certified Peer Recovery Support Specialist
- Peer Model
 - Screens patient in “real time”
 - Visits and support patients while in the ED
 - Uses motivational interviewing and lived experience to engage patients and encourage change
 - Follows patient from engagement, linkage, referral and follow-up to support/treatment services



OF OPIOID USE DISORDER

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 or in larger amounts
 ded
 strong cravings and a drive to
 ds
 a lot of time and effort to get
 pioids
 work, missing time with family
 ds or no longer doing the
 used to love to get and
 ds
 situations that are dangerous
 notional health or physical
 get and use opioids
 able to cut down on or stop
 oids, even if you want to



DACCO Behavioral Health
 4422 E. Columbus Dr.
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Tampa General Hospital's medication assisted treatment (MAT) for opioid use disorder is offered in partnership with DACCO Behavioral Health.

www.tgh.org • (813) 844-7000

Primary teaching hospital for the
 USF Health Morsani College of Medicine.



MEDICATION ASSISTED TREATMENT

for opioid use disorder

In partnership with
DACCO Behavioral Health

WHAT IS MEDICATION ASSISTED TREATMENT (MAT)?

Tampa General Hospital partners with DACCO Behavioral Health to provide a medication assisted treatment (MAT) program for opioid use disorder.

MAT is the use of FDA-approved medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of opioid use disorders. These medications can quickly treat the physical symptoms and cravings related to opioid withdrawal.

Receiving this medication in the TGH emergency department provides the stability patients need during the time between their last substance use and when they can enroll in a maintenance treatment program with DACCO.



MAT MEDICATIONS: SUBOXONE AND METHADONE

Suboxone and methadone are medications that help people reduce or quit their use of heroin and other opiates, including pain relievers like morphine. These medications reduce the effects of physical dependency on opioids. They relieve withdrawal symptoms and cravings, allowing patients to focus on their recovery.

While at Tampa General, you will be started on Buprenorphine, and after leaving the hospital, you can discuss which of these medications is best for you with the treatment team at DACCO.

WHAT CAN I EXPECT AT

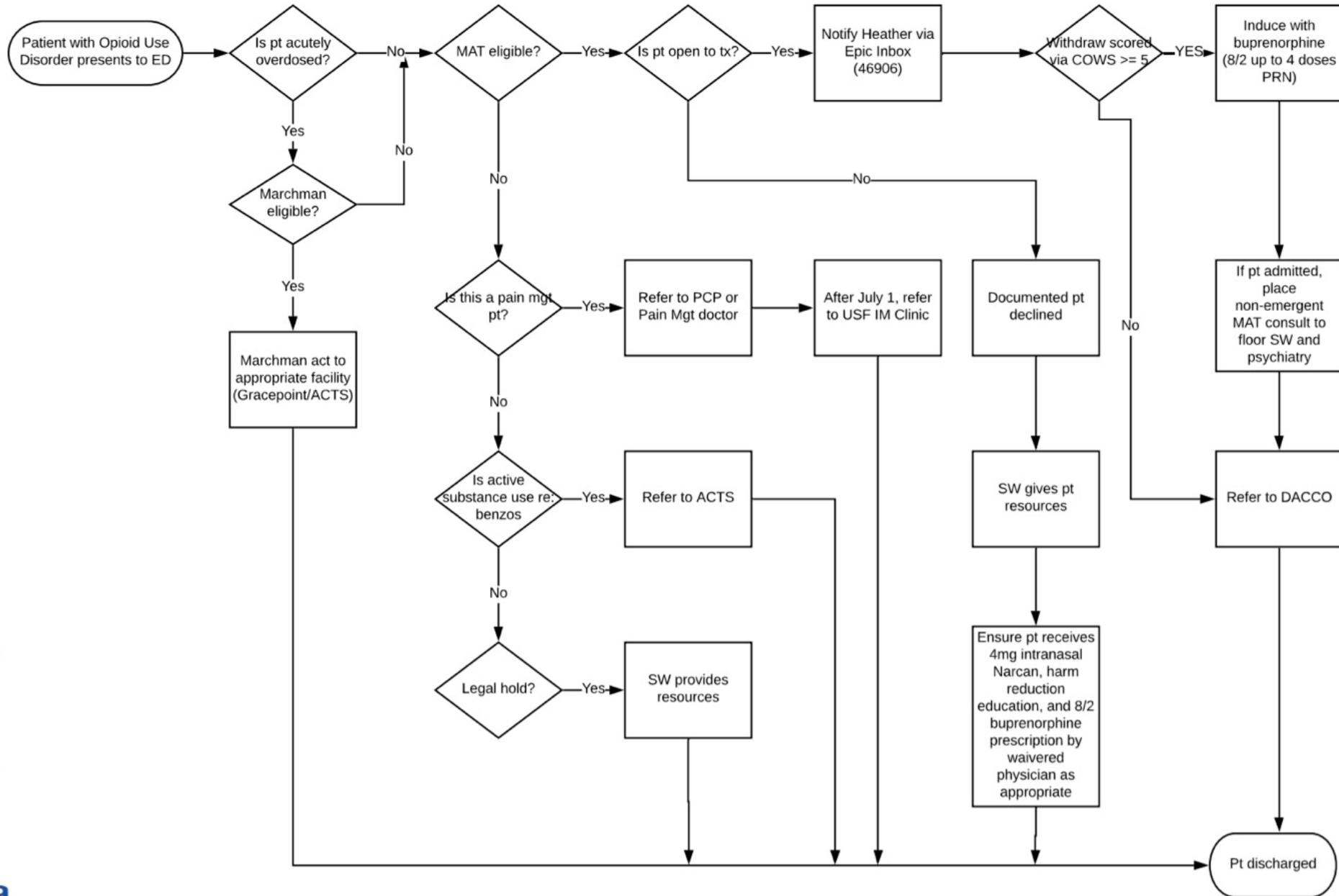
Once you arrive at DACCO, you'll go through the screening process for enrollment in one of its treatment programs. During the screening process you will:

- Provide a urine drug test
- Fill out paperwork
- Be seen by intake nurses
- Participate in a provider evaluation where you'll receive treatment recommendations based on your individual needs

The expert team at DACCO will complete a full diagnostic evaluation to ensure you receive the most appropriate level of care. The strengths and needs of each patient will be identified and included in a personalized treatment plan. The length of time you spend at DACCO depends on your individual needs. Screening with a professional can last approximately 1 ½ hours.

Methadone, Subutex, and Suboxone are prescribed through DACCO for pain management only. The only reason to prescribe these medications is for the treatment of diagnosed opioid use disorder. Patients need assistance with pain management and should follow up with their primary care doctor.

OUD TREATMENT INITIATION PATHWAY





UNIVERSITY of
SOUTH FLORIDA