

Integrating Bridge Clinics into Emergency Departments to Facilitate Access to Opioid Use Disorder Care

December 15 2022, 1:00-2:15 pm ET

Made possible with support from the Seven Foundation Collaborative —Arnold Ventures, The Commonwealth Fund, The John A. Hartford Foundation, the Milbank Memorial Fund, Peterson Center on Healthcare, the Robert Wood Johnson Foundation, and The SCAN Foundation.

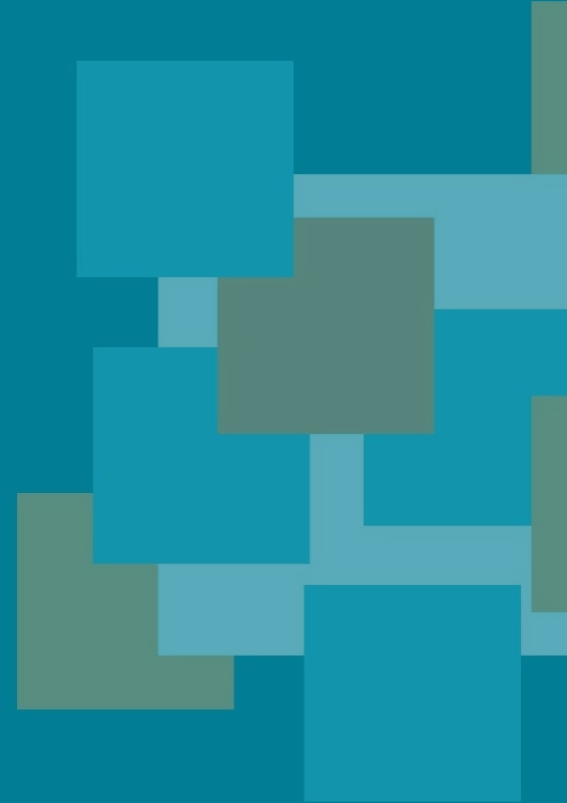


Questions?

- To submit a question, click the Q&A icon located at the bottom of the screen.



Welcome & Introductions



Agenda



- Introduction
- Key elements and implementation lessons from CA Bridge
- Moderated Q+A

About the Better Care Playbook



Find information. The Playbook is an online resource center to improve care for people with complex health and social needs.



Learn about first-person perspectives. Read case studies and join webinars highlighting real-world experiences.



Apply the evidence. Find practical implementation tools on strategies to improve care.

The Seven Foundation Collaborative



Improving Access to Addiction Care

- Estimate that 7 million people in U.S. living with opioid use disorder (OUD)
 - » Most do not receive evidence-based treatment
- Focus on models of care that meet people with substance use disorder (SUD) where they are at
 - » Prioritize rapid access to medications for addiction treatment (MAT)
 - » Reach people during “touchpoints” with medical settings
- Bridge clinics use interdisciplinary teams to support high-risk, post-discharge patients with SUD

Sources: Mauro et al., [“Use of Medication for Opioid Use Disorder Among US Adolescents and Adults With Need for Opioid Treatment, 2019,” JAMA Network Open, 2022.](#) [Key Substance Use and Mental Health Indicators in the United States: Results from the 2019 National Survey on Drug Use and Health](#), Substance Abuse and Mental Health Services Administration, September 2020. Larochelle et al., [“Touchpoints — Opportunities to Predict and Prevent Opioid Overdose: A Cohort Study,” Drug and Alcohol Dependence, September 2019.](#)

Today's Presenters

- Arianna Campbell, PA-C: Director and Co-principal Investigator for CA Bridge; Emergency Department Physician Assistant, Marshall Medical Center
- Wendy Martinez: Substance Use Navigator Mentor, CA Bridge; Substance Use Navigator, Arrowhead Regional Medical Center
- Siri Nelson, FACHE, MHA, CPA: Chief Executive Officer, Marshall Medical Center

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BRIDGE

CA Bridge is a program of the Public Health Institute. The Public Health Institute promotes health, well-being, and quality of life for people throughout California, across the nation, and around the world.

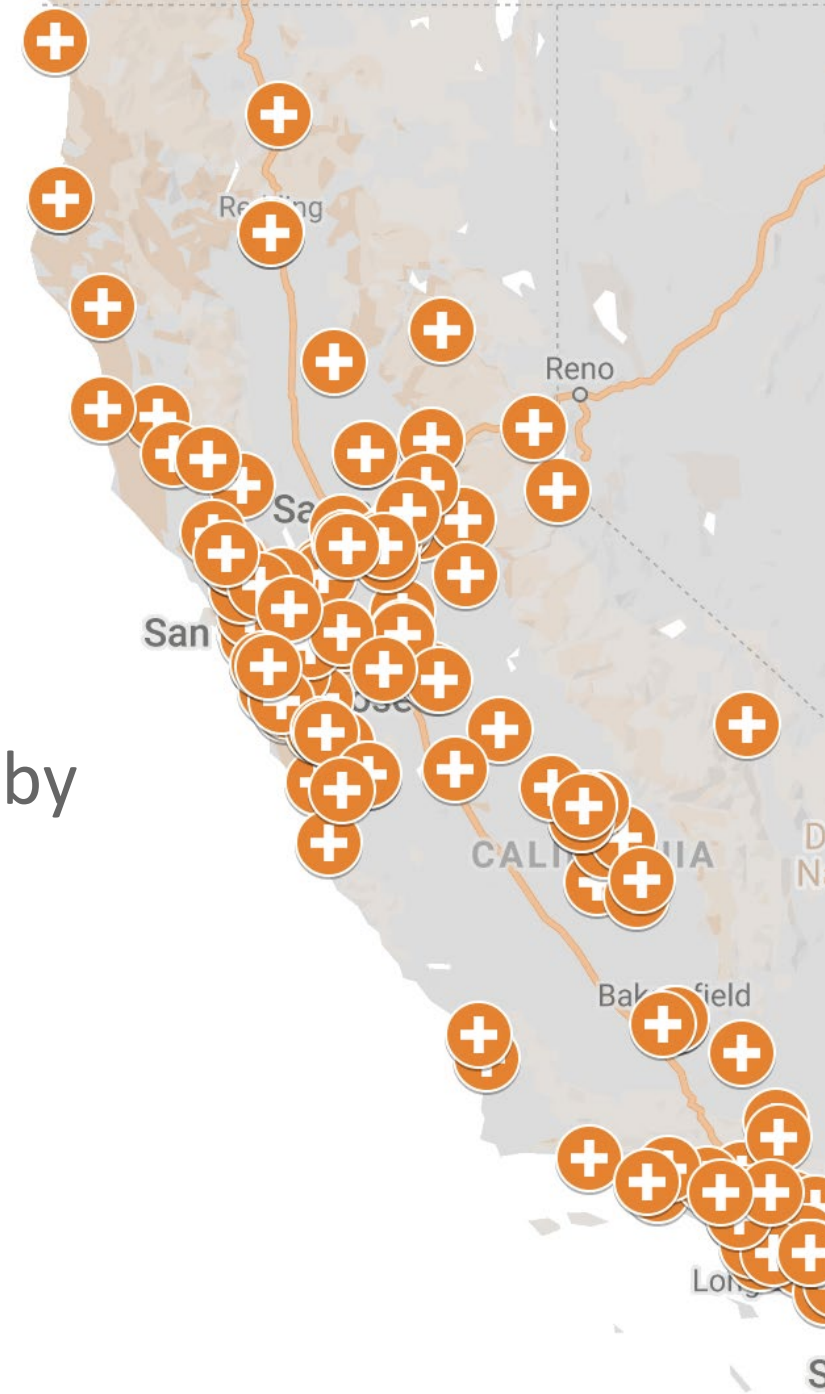
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The content for this activity, including any presentation of therapeutic options, is well balanced, unbiased, and to the extent possible, evidence-based.

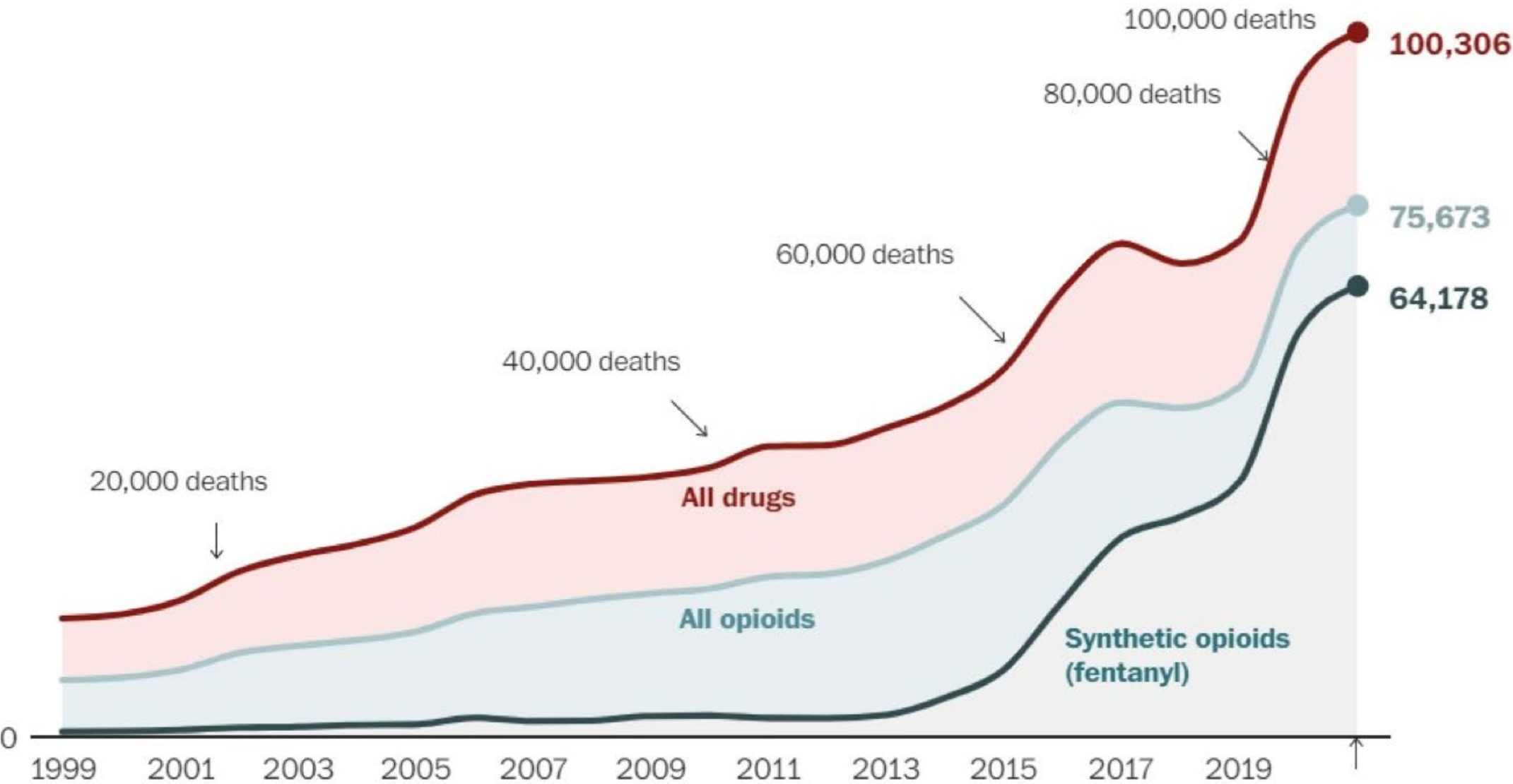
National program funding through the Opioid Response Network (ORN) and FORE Foundation



Goal: 24-7 access to high quality treatment of substance use disorders in all California hospitals by **2025.**



U.S. drug overdose deaths per year



Provisional data for 2020 and 12 months ending in April 2021.

12 months ending April 2021

Only **10%** of Americans with SUD receive any type of substance use disorder treatment.

87% of people with opioid use disorder do not receive evidence-based treatment.

The current system presents

- Long waiting periods
- Complex assessments before meds
- Referral to specialty care
- Insurance authorization
- Rigid treatment “contracts”
- Stigma and moral judgement



CA Bridge Model

Revolutionizing the System of Care



Low-Barrier Treatment



**Connection to Care and
Community**



**Culture
of Harm Reduction**

For fentanyl use too!

10-fold reduction in risk of
death

Emergency Department Medication Starts Save Lives

Original Investigation

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

Gail D'Onofrio, MD, MS; Patrick G. O'Connor, MD, MPH; Michael V. Pantalon, PhD; Marek C. Chawarski, PhD;
Susan H. Busch, PhD; Patricia H. Owens, MS; Steven L. Bernstein, MD; David A. Fiellin, MD

37% vs 78%

CONCLUSIONS AND RELEVANCE Among opioid-dependent patients, ED-initiated buprenorphine treatment vs brief intervention and referral significantly increased engagement in addiction treatment, reduced self-reported illicit opioid use, and decreased use of inpatient addiction treatment services but did not significantly decrease the rates of urine samples that tested positive for opioids or of HIV risk. These findings require replication in other centers before widespread adoption.

Creating Vital Access Points for Addiction Treatment



Hospital EDs bridge patients to life-saving addiction treatment and are uniquely positioned to provide access and improve the delivery system because they are:

- ✓ The ultimate safety net. Emergency departments are visible, easily accessible, and often near public transportation.
- ✓ The only setting able to offer all-hours access, acute psychiatric stabilization, same-day treatment, and navigation to ongoing care.
- ✓ A critical connection for patients to services such as shelters and community treatment programs.

CA Bridge Model: Connection

- Link patients to ongoing care through active support and follow up.
- Reach out to community organizations and people who use drugs to increase access to care.



CA Bridge helps hospitals implement the standard of care needed to support patients with substance use disorders. Together, a clinical champion and a navigator bridge gaps in traditional treatment, linking patients to ongoing care.

**The CA
Bridge
Model in
Action**



**The clinical
champion**

provides assistance
to staff so they can
support the patient
with medication



The navigator
offers the patient
guidance and linkage
to ongoing treatment



The patient
gets evidence-based
care with better
outcomes, and lower
readmissions



Patient Navigation is cost-effective

Patient navigation for substance use disorder (SUD) and co-occurring mental illness is a cost-effective intervention.

SUD Navigation for hospital/ED patients is cost-effective.

Cost measures included the cost of the 3-month NavSTAR patient navigation intervention and the cost of all inpatient days and ED visits over a 12-month period. NavSTAR generated **\$17,780 in savings per participant**.

SUD Navigation reduces costs through decreased inpatient admission rates and repeat ED visits.

Inpatient admission rates were **26% lower** during a 12-month observation period. Emergency department visits were **44% less likely** for patients receiving patient navigation.

SUD Navigation reduces healthcare utilization through improved engagement in outpatient treatment.

After discharge, **50% of patients engaged in SUD treatment compared to only 30% in the control arm**.

Bridge Clinics

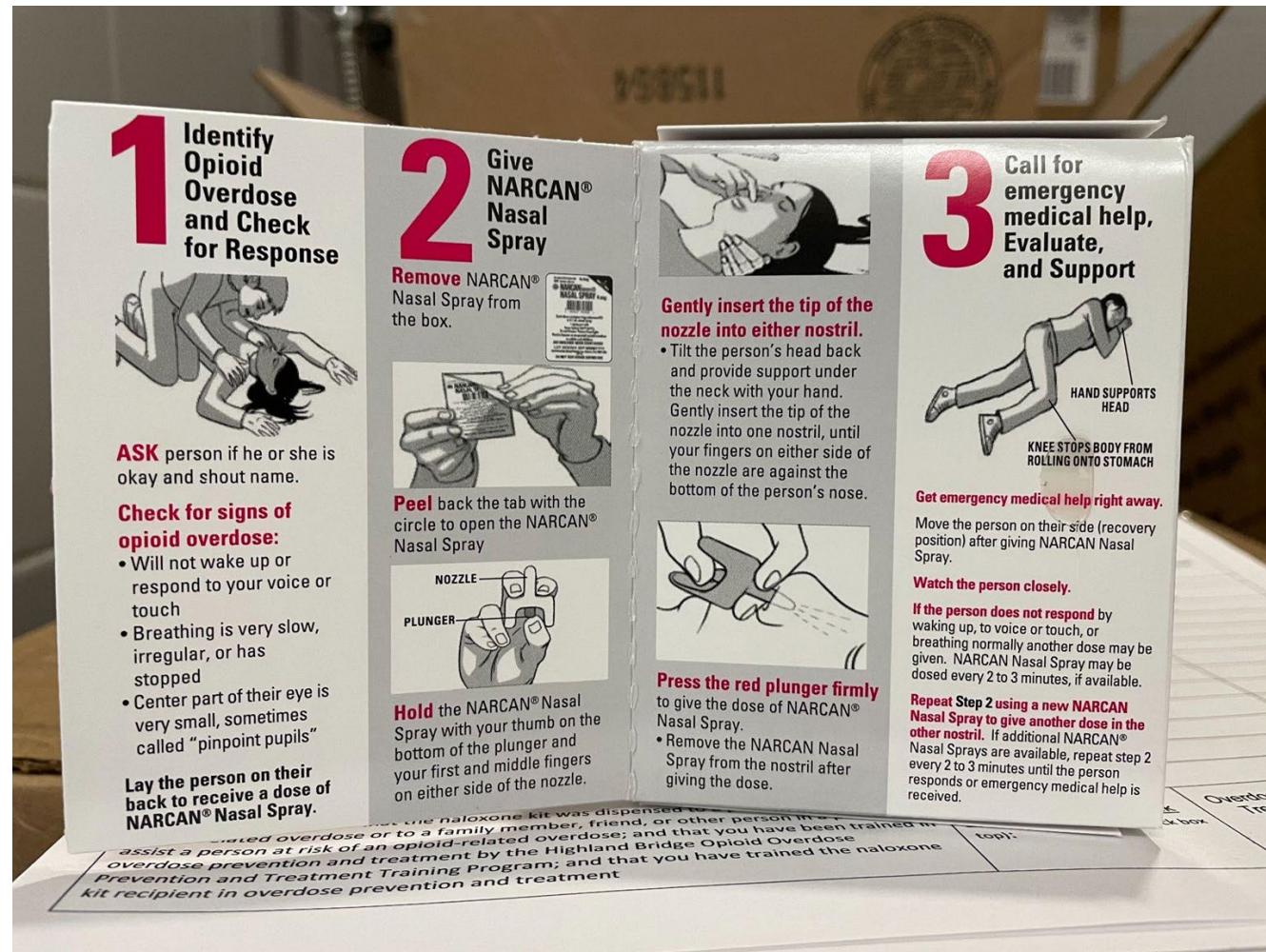


CA Bridge Model: Culture

- Create a welcoming culture in the hospital that does not stigmatize substance use and does recognize racial disparities in access to care.
- Promote harm reduction and trauma-informed practices.
- Build trust through human interactions and lead with respect.



Harm Reduction: Naloxone



June 2018



CA Bridge Impact: To-Date



Patients seen for
substance use
disorders



Patients identified
with opioid use
disorder

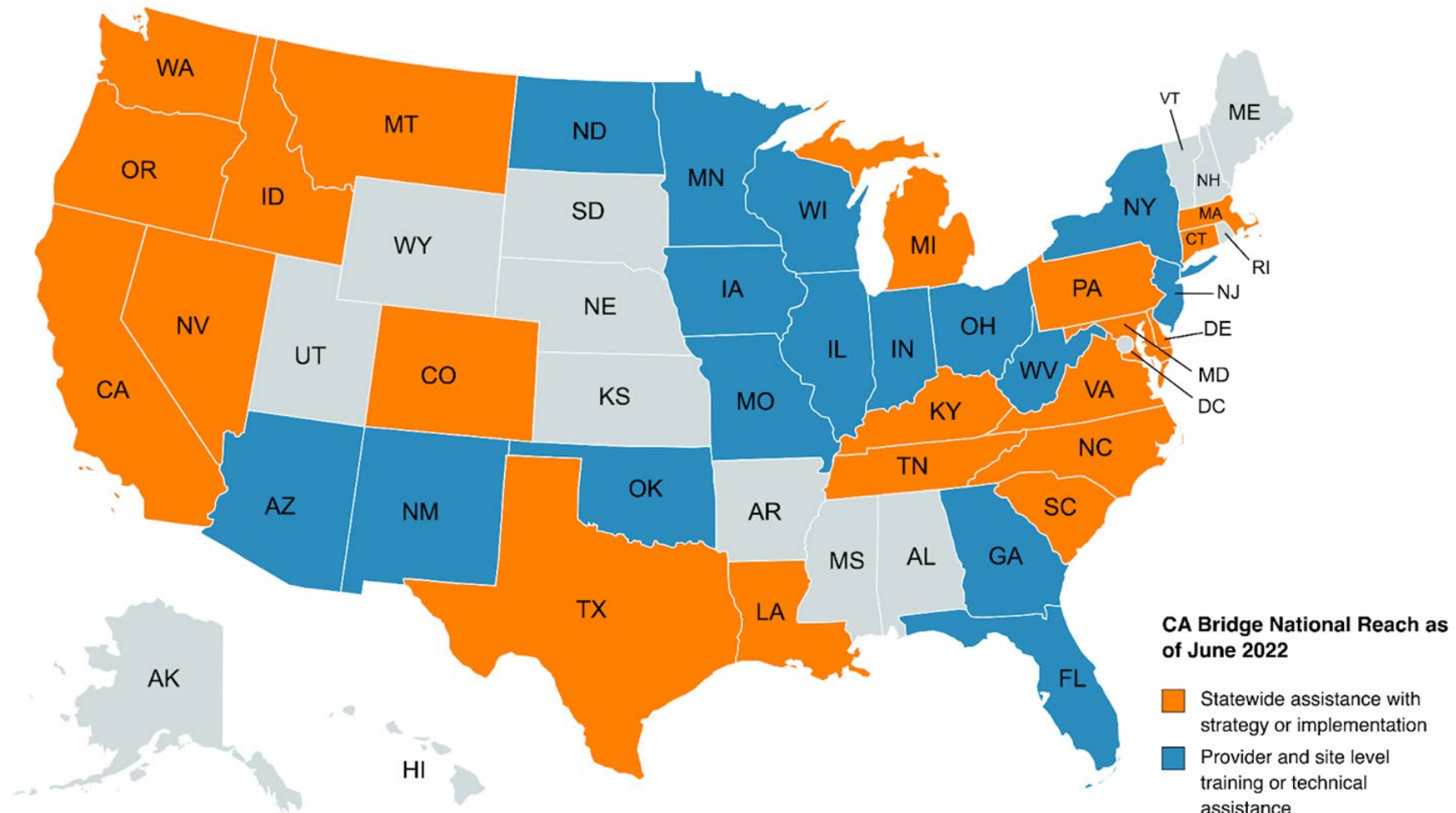


MAT was
prescribed or
administered

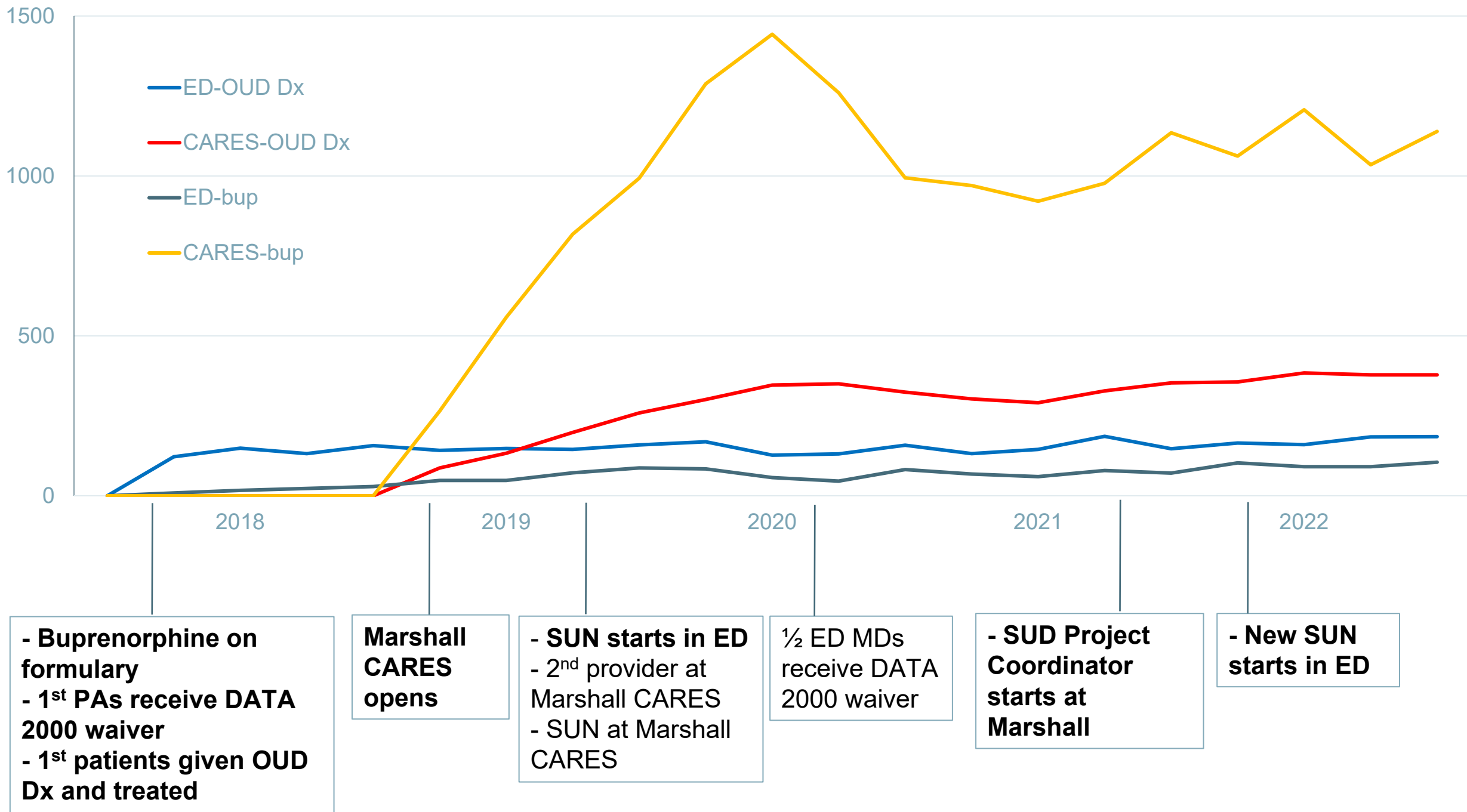


Naloxone toolkits
ordered by
hospitals

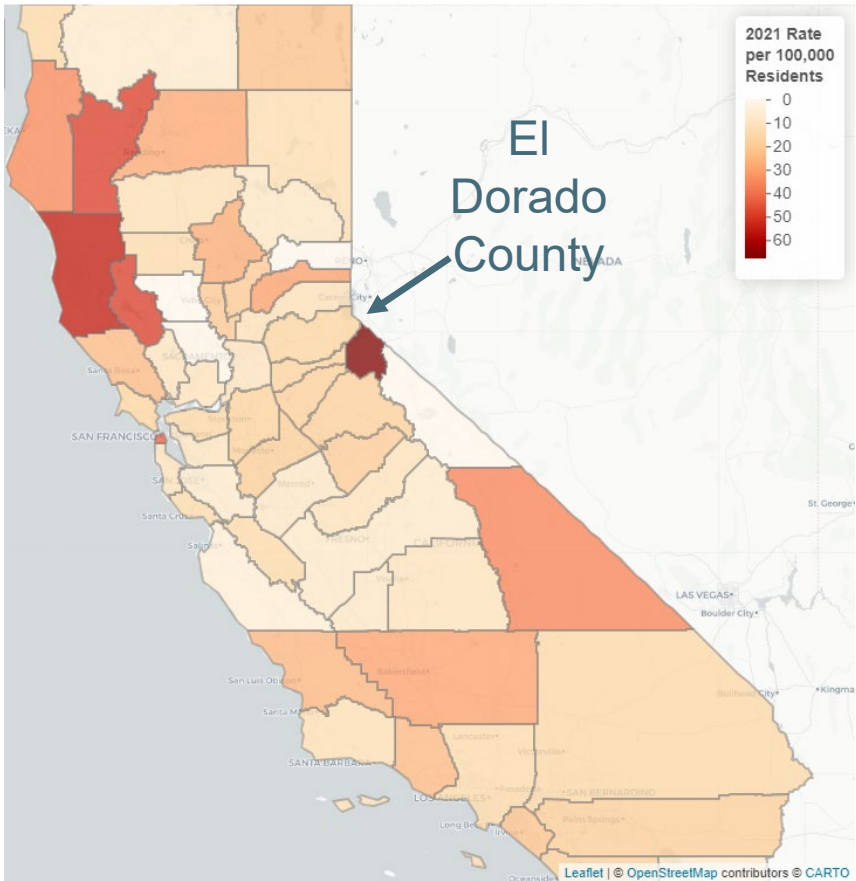
From 2019 through now, 200 hospitals implemented the CA Bridge model, helping thousands of patients get treatment.



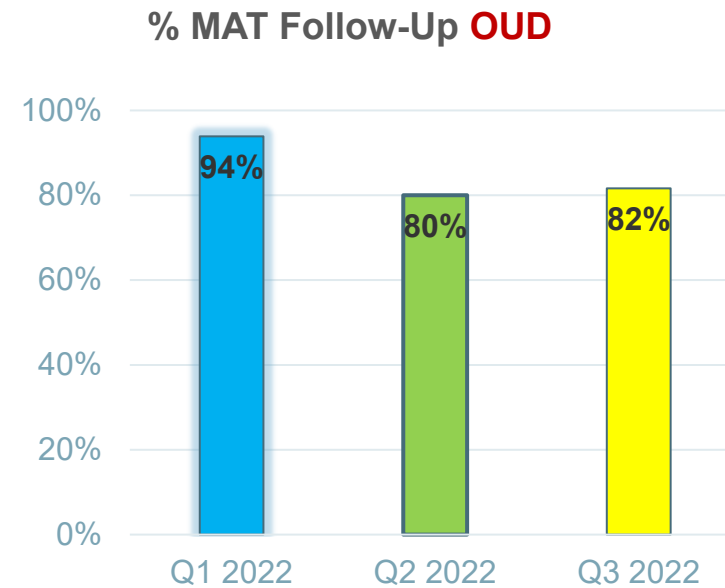
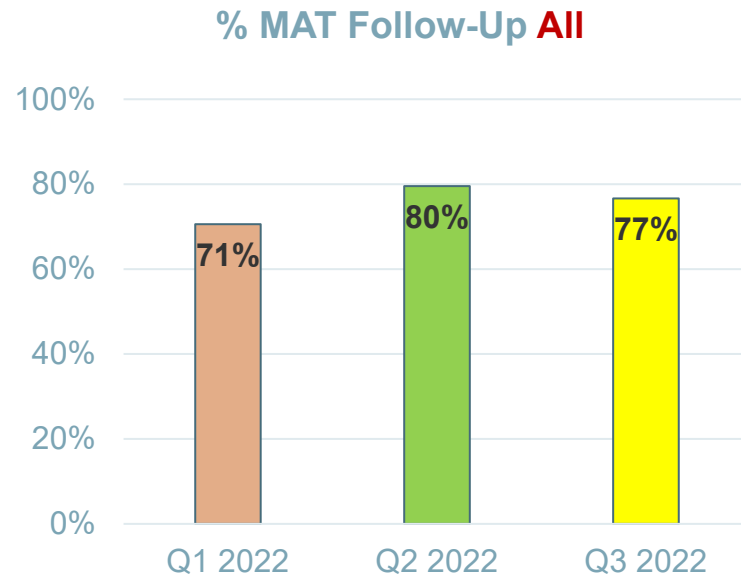
Over 1 million overdose deaths are
predicted in the next 10 years



Marshall Hospital System for SUD



Removing barriers: MAT Follow-Up Rates



Navigator is our Hero



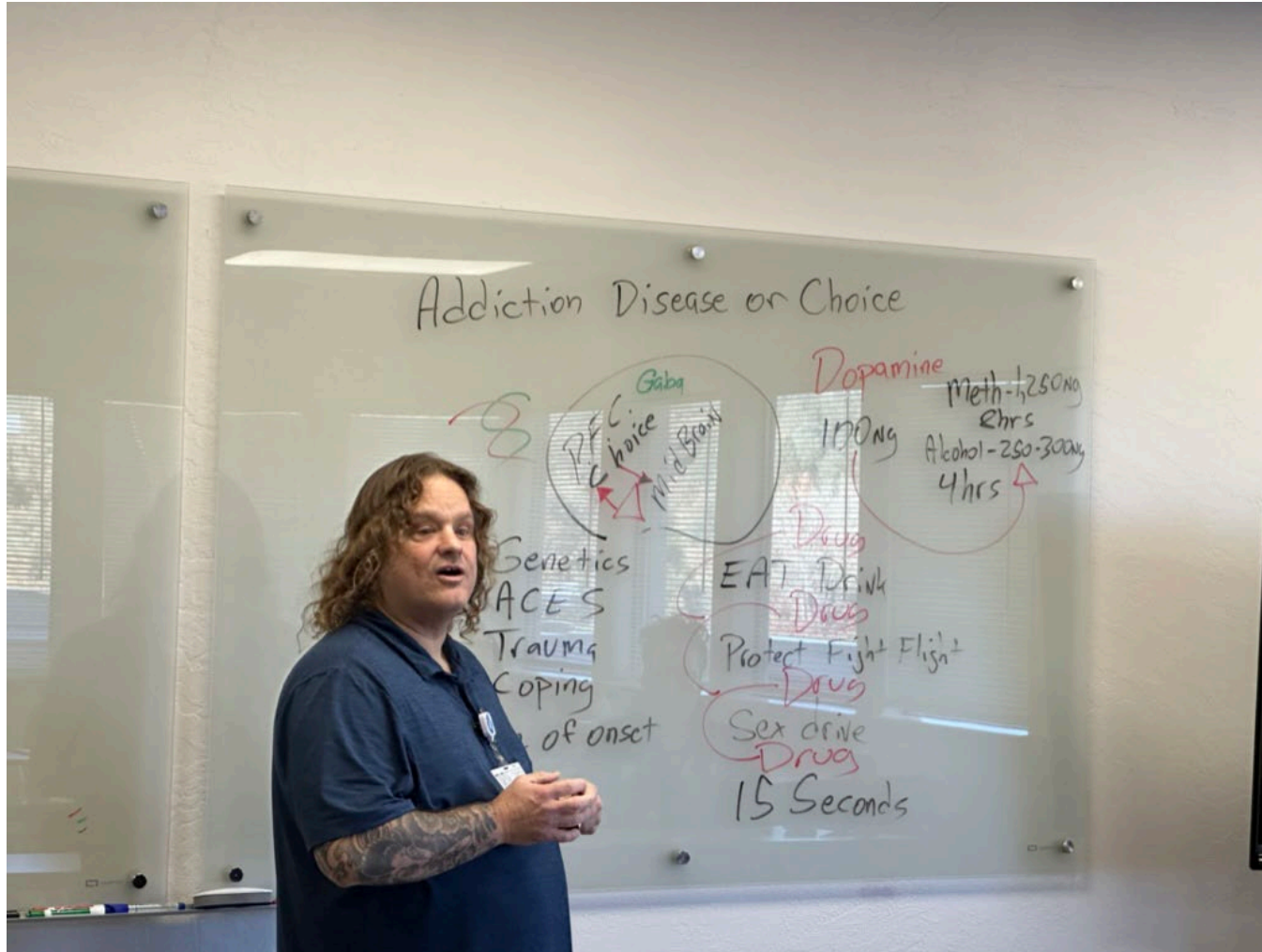
Process Improvement



Commitment to Community



Stigma: People First Trainings



Hospital Awards



www.marshallmedical.org

MARSHALL MEDICAL CENTER Nationally Recognized for Excellence



U.S. NEWS & WORLD REPORT

Best Hospitals 2021-22,
High Performing for COPD,
Pneumonia, Stroke and Hip Fracture



MONEY AND THE LEAPFROG GROUP

Named Top Hospital in Patient
Safety and Quality Care



LOWN INSTITUTE HOSPITALS INDEX

A Grades for Social Responsibility,
Patient Outcomes, Value of Care,
Clinical Outcomes, Patient Safety,
and Cost Efficiency



LEAPFROG HOSPITAL SAFETY GRADE

Nationally recognized with "A"
rating for patient safety (2021, 2022)



LEAPFROG TOP HOSPITAL

Recognized for commitment to
patient safety and quality 2021



AMERICAN HEART ASSOCIATION/ AMERICAN STROKE ASSOCIATION

- Stroke Gold Plus 2022
- Target: Stroke Honor Roll-Elite 2022
- Target: Type 2 Diabetes Honor Roll 2022



BETA HEALTHCARE GROUP Quest for Zero

- Excellence in OB Tier 2
(2019, 2020, 2021, 2022)



AMERICAN COLLEGE OF EMERGENCY PHYSICIANS' E-Qual HONOR ROLL

Recognized for both top
performance and most
improvement in certain measures
(2019, 2020, 2021)



CAL HOSPITAL COMPARE HONOR ROLL

- Maternity Care Honor Roll 2022
- Opioid Care 2020, 2021, 2022
- Patient Safety 2019, 2020, 2022



AMERICAN DIABETES ASSOCIATION

Since 2009, Marshall Diabetes
and Nutrition Education has been
recognized for Diabetes Self-
Management Education and Support



COMMISSION ON CANCER ACCREDITATION

Accredited since 2005, quality
measures address survival
and quality of life



BABY FRIENDLY CERTIFIED SINCE 2015

By the World Health Organization
and UNICEF for Breastfeeding
Advocacy



JOINT COMMISSION

Certificate of Distinction for
Advanced Certification as a Primary
Stroke Center (2013, 2015, 2017,
2020, 2021)

Saving Lives. Saving Money.

1. Maximize Billing Codes
2. Work with key stakeholders
 - a. Managed Medicaid Plans
 - b. Local Behavioral Health Program
 - c. Local Treatment Centers
 - d. YOUR HOSPITAL

Billing for Buprenorphine: ED MAT Procedure Code

ED MAT HCPCS Code G2213:

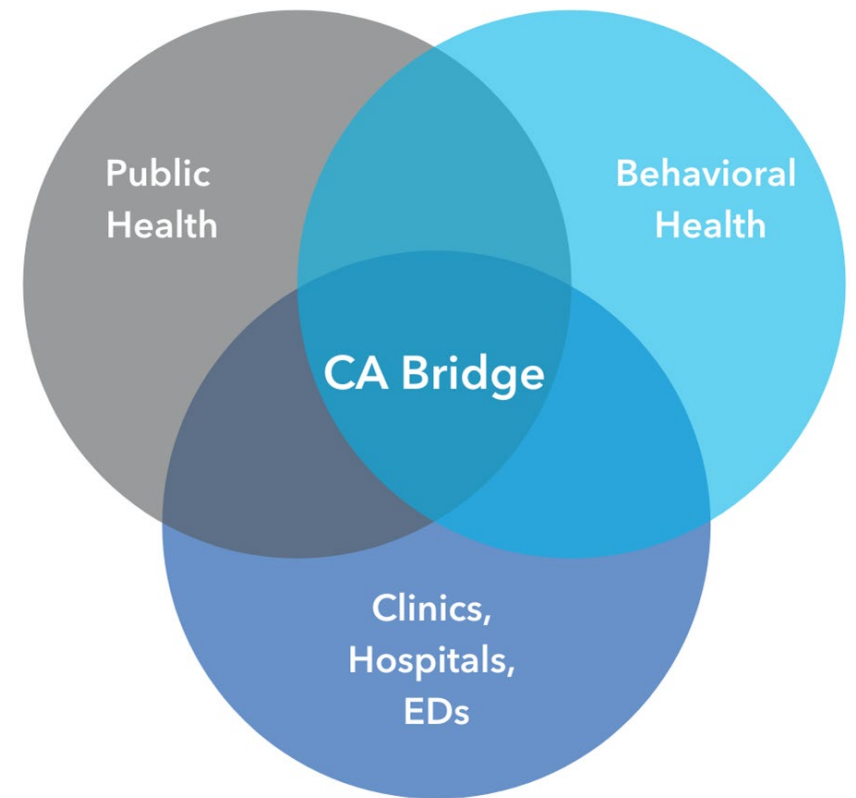
- Initiation of medication for the treatment of opioid use disorder in the emergency department setting, including assessment, referral to ongoing care, and arranging access to supportive services.

Billing for Buprenorphine: SBIRT GCodes

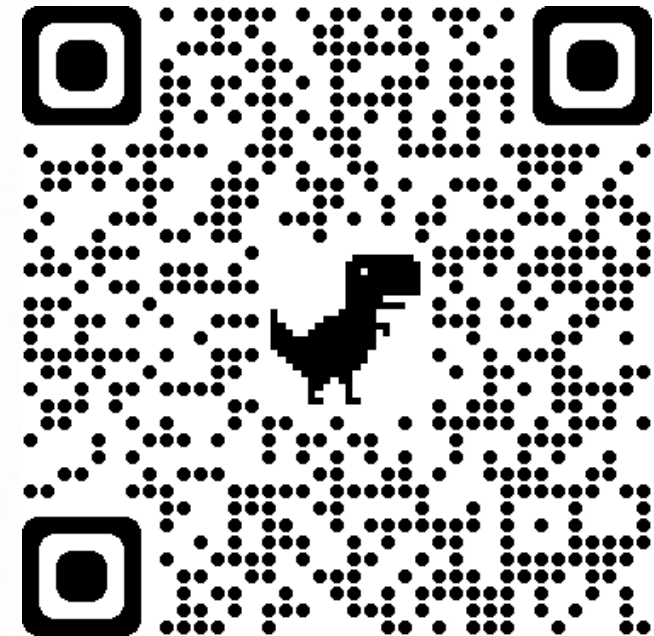
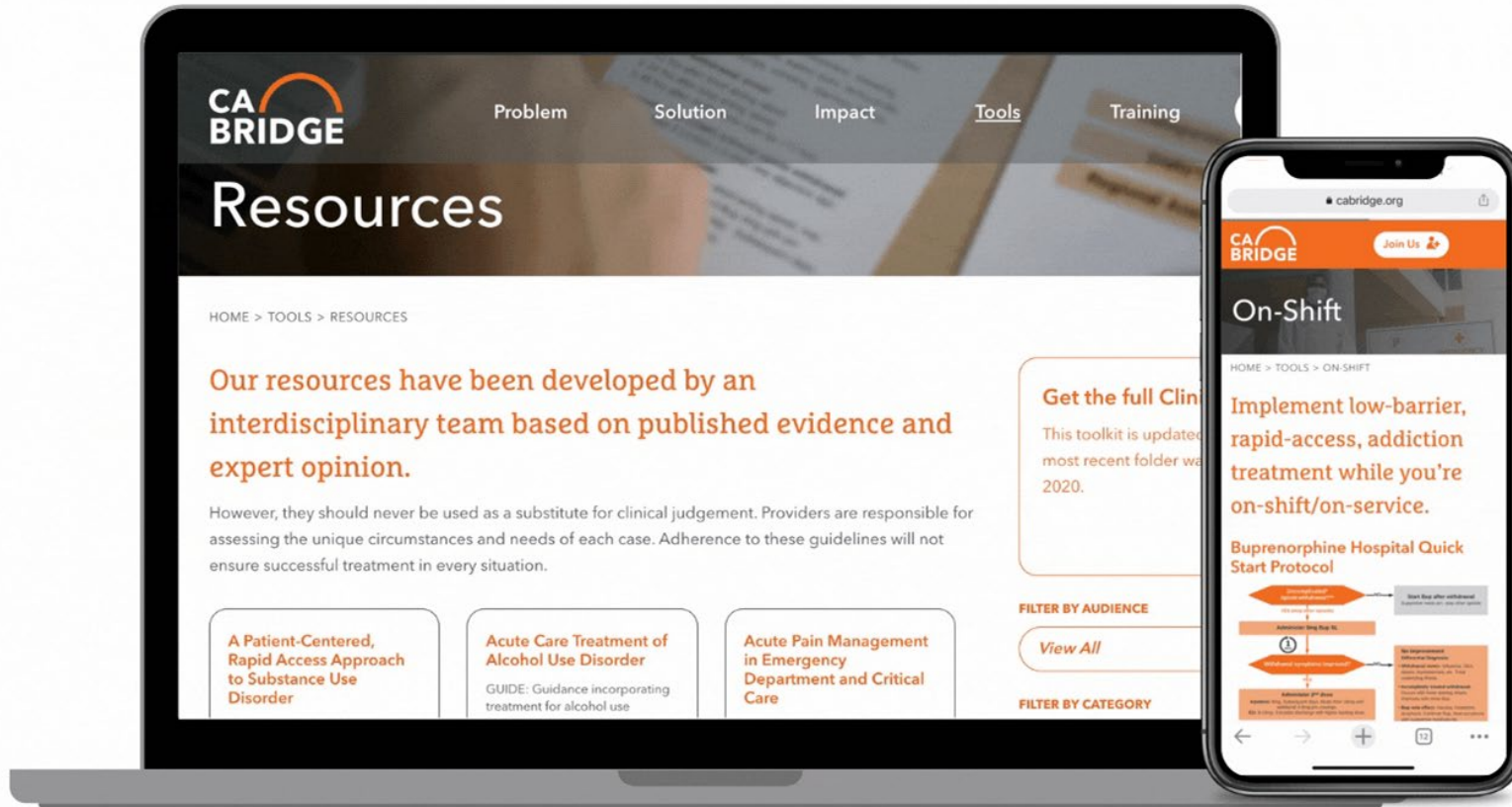
- Code G0396: Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes
- Code G0397: Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes

Community Stakeholders

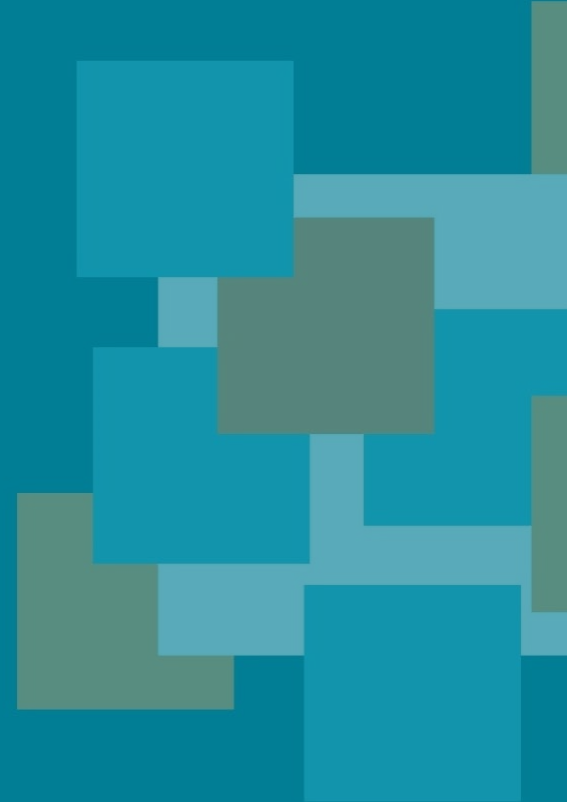
- Support for patient navigation from local behavioral health and public health departments
- Increasing volume to local treatment
- Clinics
- Managed Care Plans and NCQA
- HEDIS measures : Follow up after ED visit and other drugs of abuse



Cabridge.org Resources

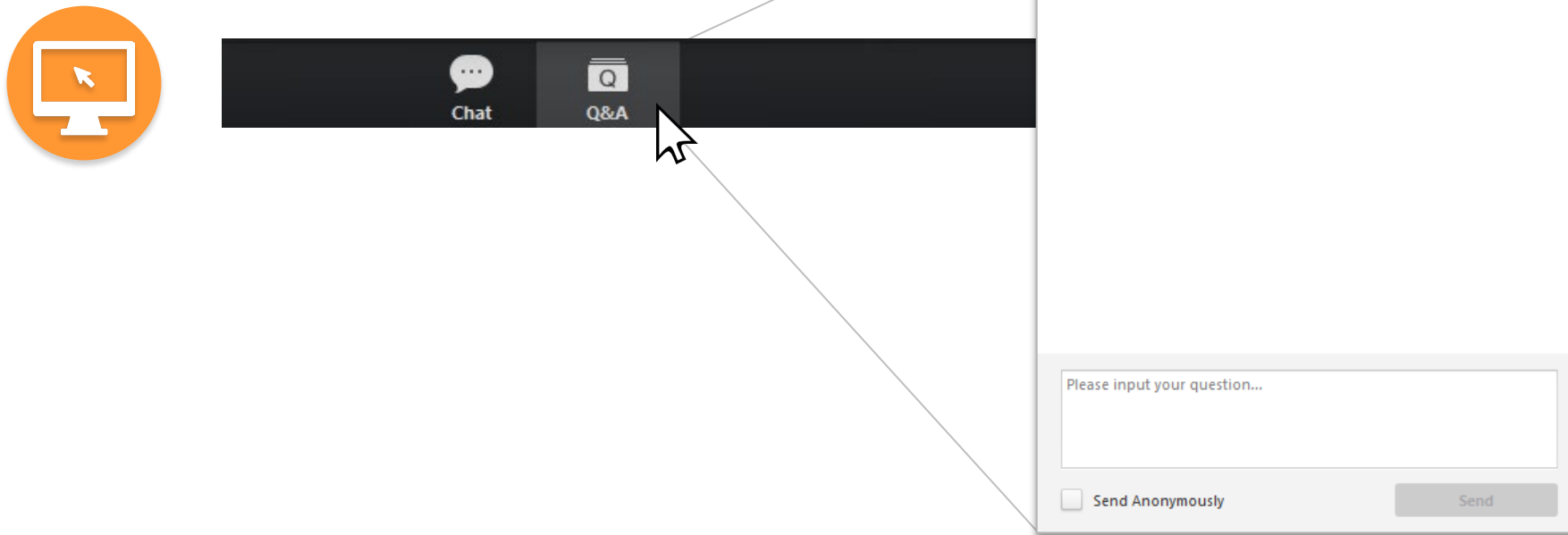


Question & Answer



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Share Your Successes on the Playbook

**Have you established a promising practice?
Published a study about your complex care
program?**

The Playbook welcomes content submissions
to help spread best practices in complex care.

BetterCarePlaybook.org/submit



Thank you!

Please submit your evaluation survey.

