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

Introduction: Substance Use Disorder (SUD) annually costs the US over $440 billion. Medication for Addiction Treatment (MAT) helps manage withdrawal and cravings to reduce relapse 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.

Methodology: Our Emergency and Hospital Medicine Department implemented a protocol to screen and identify patients with SUD. A county-supported warm handoff approach began using screening, brief intervention, and referrals to link patients with treatment options. Since 2017, a Hospital Opioid Support Team (HOST), a collaboration with local county drug and alcohol authority, provided a bedside level of care assessment and warm hand-off to treatment. Also, a hospital-employed Addiction Recovery Specialist (ARS), a licensed social worker and certified recovery specialist (CRS), provided bedside motivational interviews and care management. On July 1, 2018, a MAT program began with free interventions: a seven day discharge supply of buprenorphine and transportation voucher. MAT is maintained by a local drug and alcohol treatment center staffed by our MAT-trained toxicologists, where patients receive counseling, CRS support, and psychiatric treatment.

Results: Since January 2018, 1363 patients were linked to treatment through the ARS (218) and HOST (1145). Since July 2018, 123 were linked to treatment by the ARS: 54.97% to outpatient treatment, 10.48% to inpatient treatment, 4.22% 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 patients received buprenorphine/naloxone, 15-17% received naltrexone, and up to 3% received acamprosate. Of those induced on MAT, 92 followed up at the MAT maintenance clinic July 2018-March 2019, 71 of which received care management by the ARS. During July 2018-February 2019, 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: A linkage to treatment initiative with warm hand-off to SUD treatment and induction/maintenance of MAT provides a solution that transcends hospital setting limitations. Embedding MAT prescribers in a local drug and alcohol treatment facility ensures follow up for hospital MAT initiated patients. We recommend this model for other hospitals. Necessary resources are: provider MAT training; collaboration with case managers and/or CRS; partnerships with community SUD treatment organizations and local government funding bodies; ability to provide/fill MAT prescriptions; and transportation support.