

CA
BRIDGE
TREATMENT STARTS **HERE**

Treatment Starts HERE

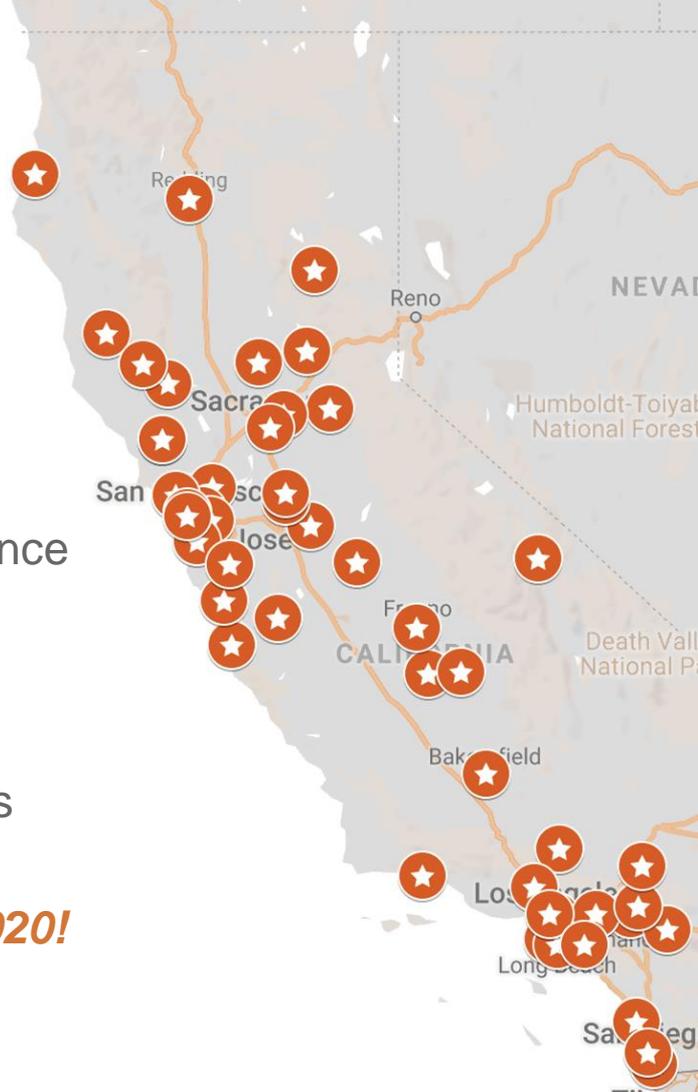
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GOAL: 24-7 access to high quality treatment of substance use disorders in all California hospitals by 2025.

IMPACT: From April 2019 - June 2020 over 50 hospitals treat patients with substance use disorders

208 hospitals implement the CA Bridge model in 2020!



Struggling with pain pills or heroin?

*We can start you on buprenorphine
(Suboxone) today.*

**Ask for the Bridge Team 510-
545-6572**



MAT Medication for Addiction Treatment



11954

patients identified with
OUD



7718

patients provided with
treatment



5818

patients given a
prescription for MAT



4994

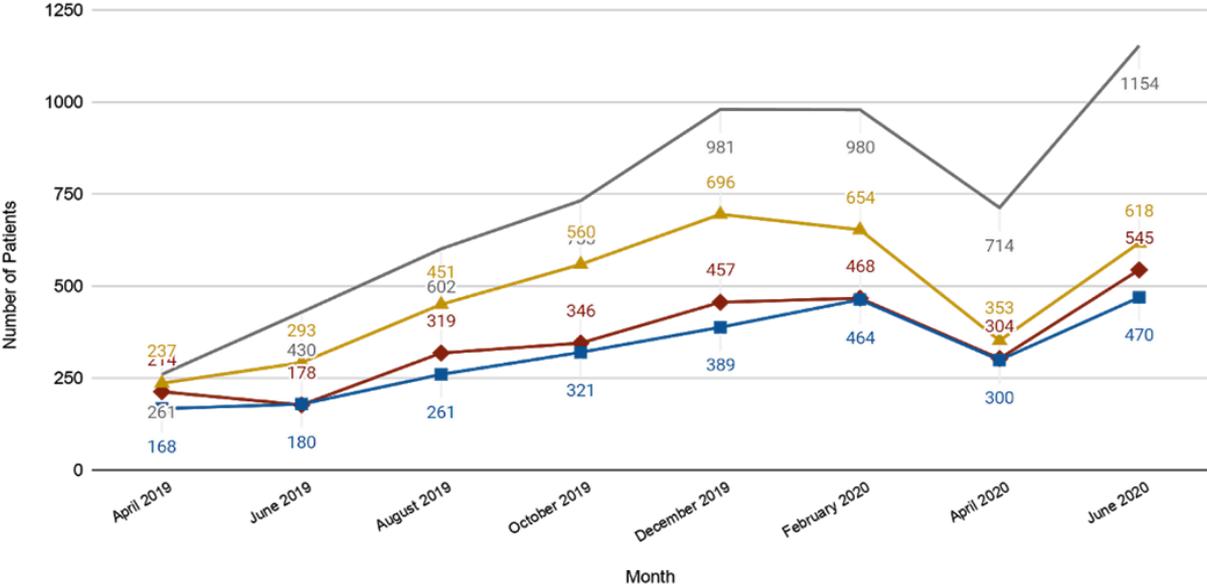
patients linked to
follow-up MAT care

CA Bridge Patients

CA Bridge Patients Receiving Treatment and Follow up Visits

April 2019 - June 2020

- Patients identified with OUD and offered MAT
- ◆ Patients prescribed buprenorphine at discharge
- ▲ Received buprenorphine in the hospital
- Completed outpatient MAT follow-up visit



OUD Opioid Use Disorder
MAT Medication for Addiction Treatment

This graph presents the total number of patient encounters by month across all Bridge sites that submitted data between April 2019 and June 2020 (n=52). Note that values reflect patient encounters rather than unique patients, as individual patient data is not currently tracked (i.e. if a patient received Buprenorphine in more than one month during this period, each encounter is counted in the monthly totals).

Clinical Impact

- All 52 hospitals offer buprenorphine starts from the ED.
- In addition:
 - 44 Hospitals: Treating Inpatient
 - 45 Hospitals: Treating Post-Overdose
 - 39 Hospitals: Treating in Obstetrics Units

Clinical Impact

- 1647 Providers X-Waivered Across CA Bridge-funded sites
- 29 Distributing Naloxone
- 40 Ready to Act as a training site in their region

Community Impact

- 37 Hospitals: Engaging with EMS
- 38 Hospitals: Engaging with Law Enforcement
- 47 Hospitals: Engaging with local harm reduction resources
- Other ripple effects:
 - Bolstering clinic resource and access, particularly FQHCs
 - Naloxone Distribution in community

HIGHLAND BRIDGE

[Opioids](#)[Overdose guide](#)[Alcohol](#)[Meth/Cocaine](#)[Dot Phrases](#)[SUN+Clinic](#)[Resources](#)

Zahaire
Kelsaw

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Kelvin Sen

ED Harm Reduction Kits

Contents:

- 10 pack of syringes
- 1 tie
- cooker
- cottons
- alcohol wipes
- condoms
- sharps container
- Flyer for Harm Reduction Services and JVMC clinic



For questions or re-stocking
Please contact
Aimee Moulin
akmoulin@ucdavis.edu

SUNs MEET PATIENTS WHERE THEY ARE

- Early treatment of withdrawal
- Naloxone distribution
- Harm reduction kits



A Timeline of Addiction Care at AHS

In the beginning...

Buprenorphine
not formulary



2016

**ED Bridge Clinic
SUD Program**

One MD + Navigator
Behavioral Health



2017

**Buprenorphine
Induction Clinic**

Ambulatory,
low-barrier MAT



2017

CA Bridge Program

State-wide, more
SUNs



2018

COVID-19

Telemedicine
changes landscape



2020

**AHS Bridge
Program**

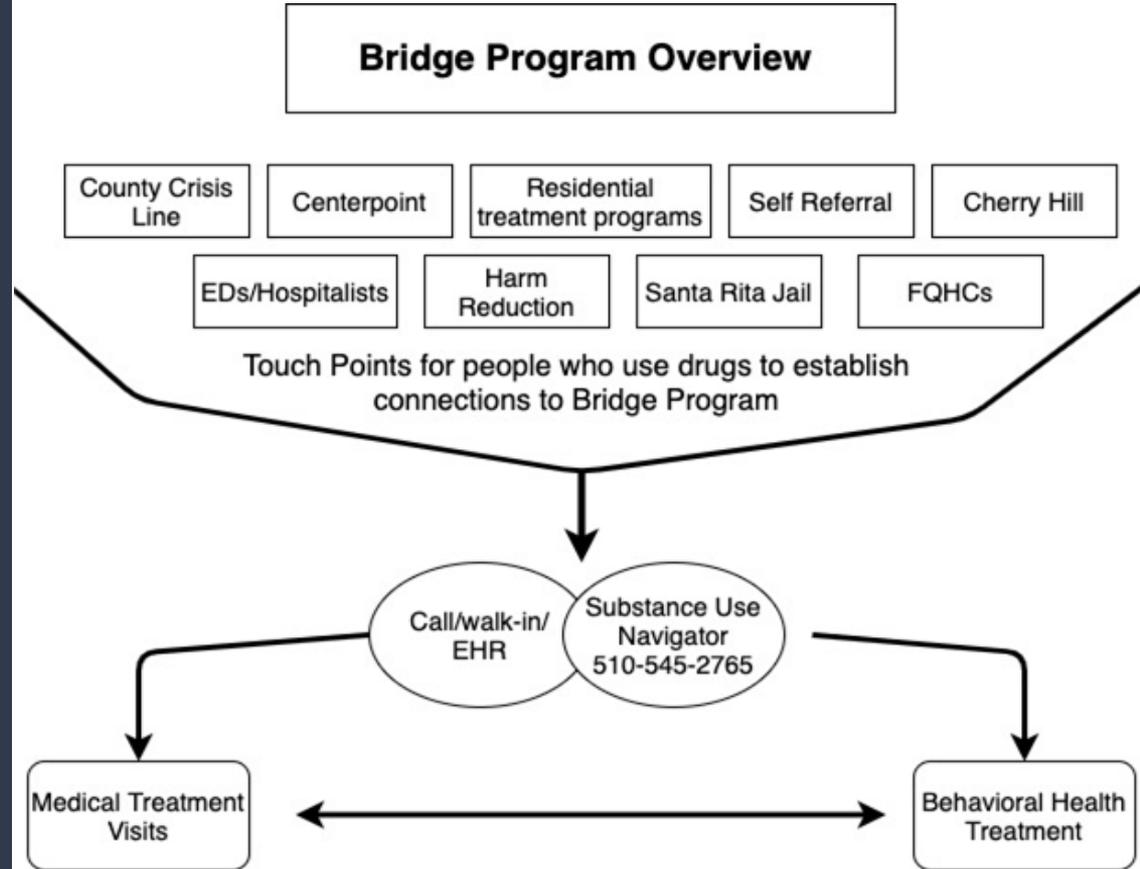
Integration of BIC,
Bridge and SUDP



2020

Overview of the AHS Bridge Program

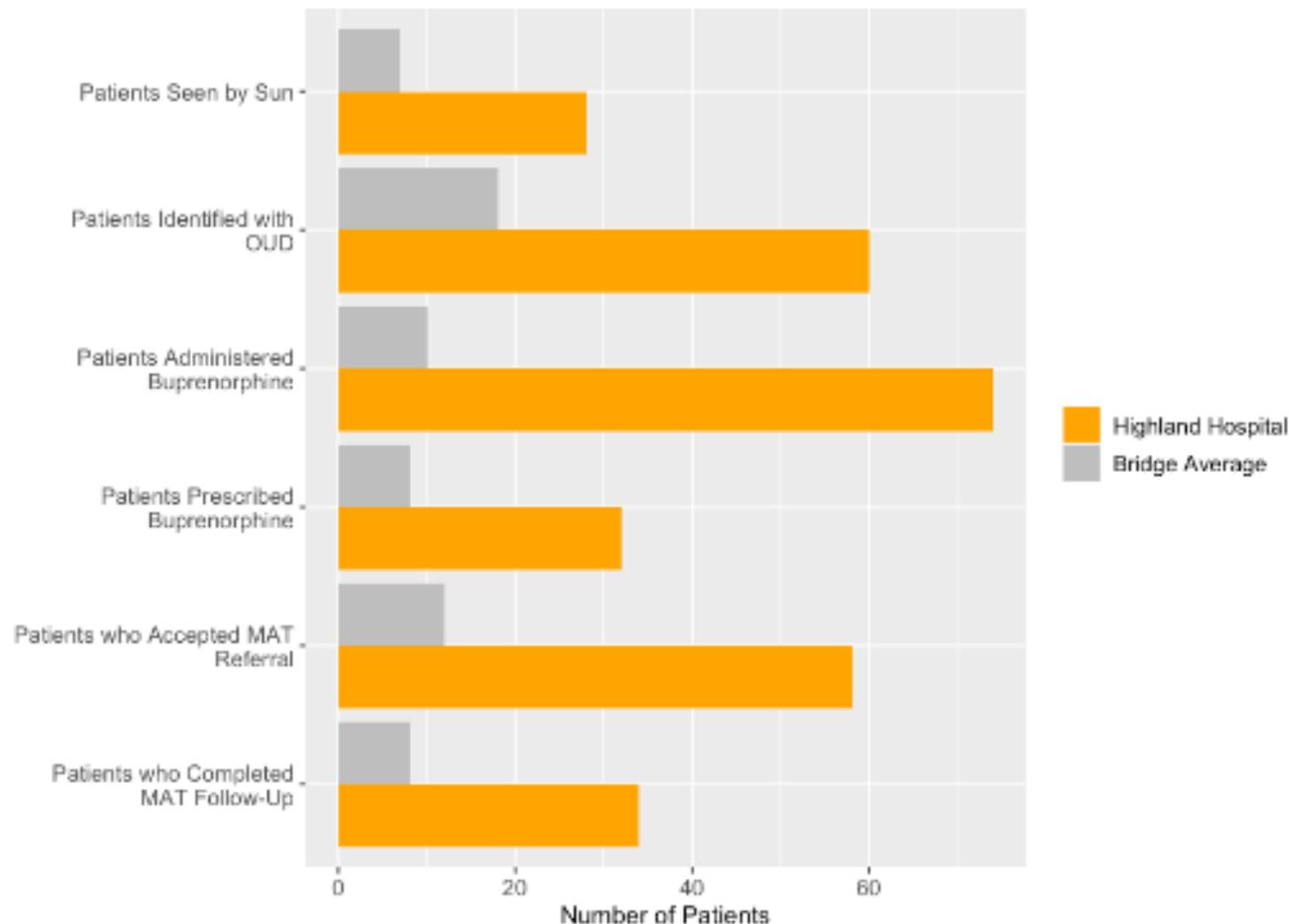
- Universal linkage via SUN:
 - Community partners and patients
 - Within all of AHS
 - CHCN, other hospitals
 - Correctional facilities
- Bridge Clinic
- SUD Treatment Program (Behavioral Health)



AHS Bridge is leading the state

→ Goal to improve the number of patients engaged, offered treatment, and successfully linked to follow-up care

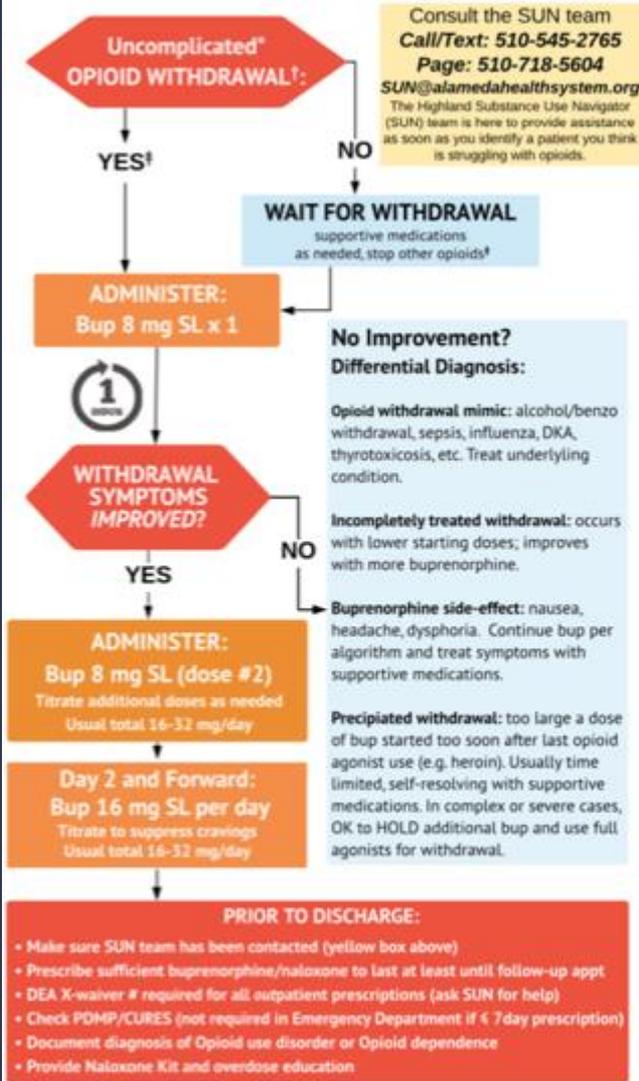
CA Bridge: Highland Hospital - Alameda Health System
Average Patients Served Per Month, January to April 2020



This bar graph presents monthly site averages for Highland Hospital compared to the CA Bridge program

Inpatient Buprenorphine Start Guide

- Posted in all resident workspaces
- In my SmartPhrases in Epic under “.BUPSTART”



†Diagnosing Opioid Withdrawal

Subjective symptoms **AND** one objective sign

Subjective: Pt reports feeling "bad" due to withdrawal (nausea, stomach cramps, body aches, restlessness, hot and cold, stuffy nose)

Objective: [at least one] restlessness, sweating, rhinorrhea, dilated pupils, watery eyes, tachycardia, yawning, goose bumps, vomiting, diarrhea, tremor

- **Typical Withdrawal onset:**
 - ≥ 12 hrs after short acting opioid (e.g. heroin)
 - ≥ 24 hrs after long acting (e.g. morphine ER)
 - ≥ 48 hrs after methadone (can be ≥ 72 hrs)
- **If unsure, use COWS (Clinical Opioid Withdrawal Scale), start if COWS ≥ 8 AND one objective sign**

Buprenorphine Dosing

- Any prescriber can administer Bup in the hospital
- Either Bup or Bup/Nx (buprenorphine/naloxone) sublingual (SL) tablets or films are OK.
- If unable to take sublingually, try Bup 0.3 mg IV/IM
- OK to start with lower initial dose: Bup 2-4 mg SL
- Total initial daily dose above 16 mg may increase duration of action beyond 24 hours
- Bup SL onset 15 min, peak 1 hour, steady state 7 days
- If co-existing pain, may split dosing TID/QID

Home-Based Simplified Bup Start Guide

- Great for uncomplicated starts
- If less baseline opioid use, start with lower doses
- In my SmartPhrases in Epic under “.BUPSTARHOME”



Wait, Withdraw, Dose

Starting Buprenorphine (Bup), “Subs,” Suboxone

- 1 Plan to take a day off and have a place to rest.
- 2 Stop using and wait until you feel sick from withdrawals (at least 12 hours is best).
- 3 Dose an 8mg tablet or strip **UNDER** your tongue.
- 4 Repeat dose (another 8mg) in an hour to feel well.
- 5 Start 16mg per day the next day.

If you have started Bup before:

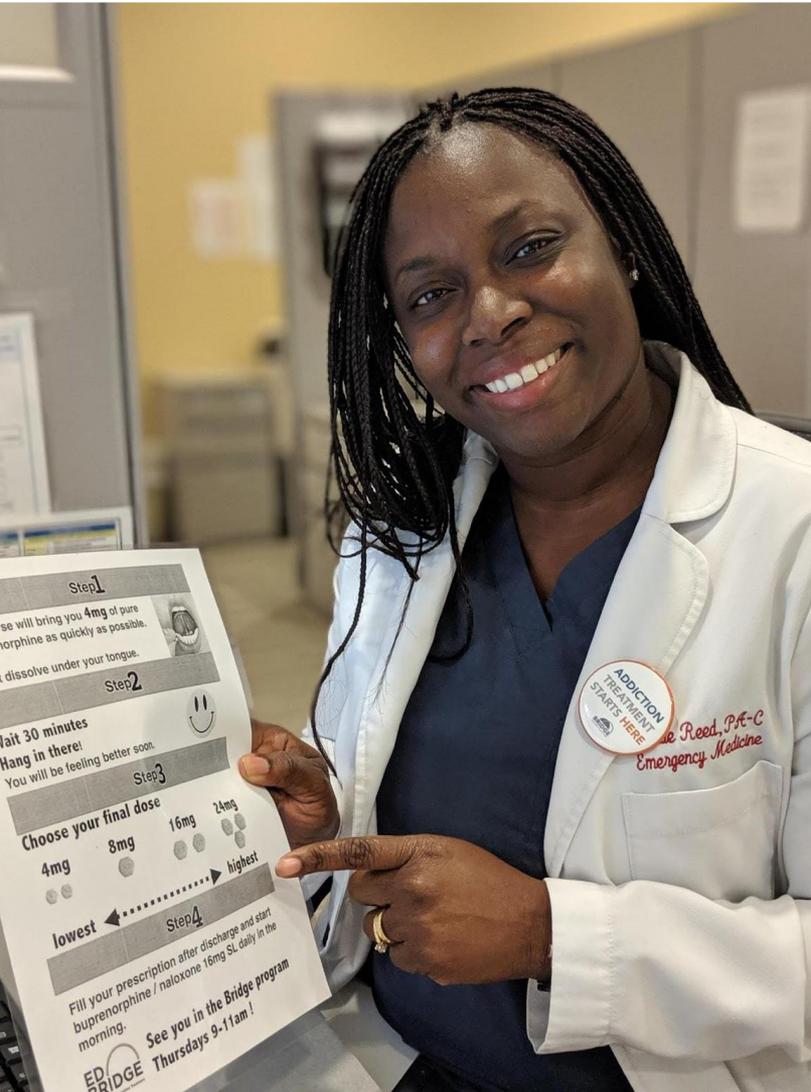
- If it went well, that’s great! Just do that again.
- If it was difficult, talk with your care team to figure what happened and find ways to make it better this time.

If you have never started Bup before:

- Gather your support team and if possible take a “day off.”
- You are going to want space to rest. Don’t drive.
- Using cocaine, meth, alcohol or pills actually makes starting Bup harder, but that is up to you. Be safe.



Place dose under your tongue (sublingual).



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