Characterize the prevalence of OUD and MAT

Methods

Background
- Opioid addiction affects over 2 million Americans
- Available medication-assisted treatments (MAT) include:
  - Methadone: full mu receptor agonist
  - Buprenorphine: partial mu receptor agonist
  - Naltrexone: opioid antagonist

- Individuals with opioid use disorder (OUD) may have limited access to MAT due to limited supply of qualified prescribers
- Only 2.2% of physicians have waivers that allow them to prescribe buprenorphine
- 25% of physicians with these waivers have never actually treated a patient
- Patients with co-occurring psychiatric disorders may have difficulties with successfully engaging, participating, and completing addiction treatment

- Developing models of care that enable psychiatrists to prescribe buprenorphine while also treating co-occurring psychiatric illnesses could enhance access for a vulnerable patient population

Objectives
- Characterize the prevalence of OUD and MAT utilization among psychiatric patients in a community-based clinical setting
- Implement a home induction protocol that can be adapted to increase buprenorphine prescribing capabilities by community-based psychiatrists

Study Setting
- The study was set in Hatfield Addiction Free Clinic (HAFHC), a Federally Qualified Health Center
- HAFHC was founded in 1967 on the principle that addiction is a medical disease as opposed to a moral failing
- HAFHC helped pioneer the treatment of addiction as a medical disease as opposed to a moral failing
- HAFHC is a community-based primary care clinic in an urban setting
- Psychiatric, behavioral health and addiction medicine services are offered free of charge
- HAFHC serves approximately 1,200 patients per year

Table 1: Characteristics of Patients with OUD

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<th>Total</th>
<th>Age (years)</th>
<th>Sex</th>
<th>Race/ethnicity</th>
<th>Unreported/Refused to report</th>
<th>More than one race</th>
<th>Native American / Alaska Native</th>
<th>Time as HAFHC Patient</th>
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Table 1. Characteristics of Patients with OUD

Study Analysis
- Opioid Use Disorder
- Medication-Assisted Treatment
- Shadow addiction specialist
- Patients continue taking full dose daily
- Home induction may be preferable to clinic induction

Clinic Induction
- 1. Prior to Induction
  - Psychiatric & patient agree that buprenorphine is the best treatment option
  - Linking Unmet Screen
  - Review Medication Drug Monitoring Program
  - Administer Clinical Opiate Withdrawal Scale (COWS).
  - Wait until score of 4-10 (moderate-moderate) to start induction
  - Written resources given to patient
  - COWS
  - Follow-up
  - Titrate buprenorphine (max 24mg)

- 2. Written resources given to clinic
- 3. Induction – Day 1
  - Patient given prescription to fill
  - Patient takes first 2mg buprenorphine dose at home

Discussion
- I’m Jessica, a psychiatrist with an X Waiver!
- This work was supported by the San Francisco, Alameda, and San Mateo County Behavioral Health Systems and HealthRight360.