



Changing Pathways: MOUD Induction in Inpatient Settings

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ADPC – April 20, 2021

Chapter



Overview of the Changing Pathways Pilot

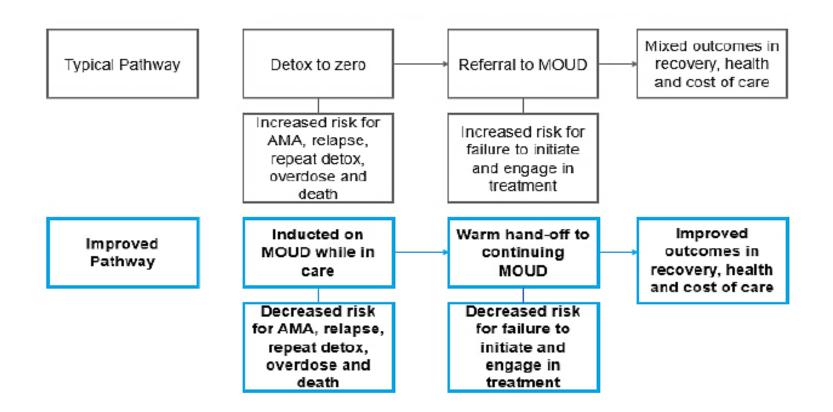


Changing Pathways: Background and Context

- Opioid overdoses continue to increase
- Members admitting to inpatient settings are high risk
- MOUD is associated with best outcomes



The Changing Pathways Model





Three Essential Components:

- 1. Frequent and thorough **education** of individuals with OUD on MOUD and how it can support them in their recovery
- 2. Offering individuals with OUD the **option** to be inducted on MOUD during their inpatient stay (instead of being detoxed to zero)
- 3. Providing clients inducted onto MOUD with **comprehensive** discharge and warm handoffs

Changing Pathways Providers

InterCommunity Health Care (East Hartford) & Rushford (Middletown)

Launched start of pilot October 2018

St. Francis Hospital (Hartford)

Joined pilot March 2020

2018

2021

SCADD (New London)

(Southeastern Council on Alcoholism and Drug Dependence)

While SCADD had already been adopting MOUD practice change, officially started pilot January 2020



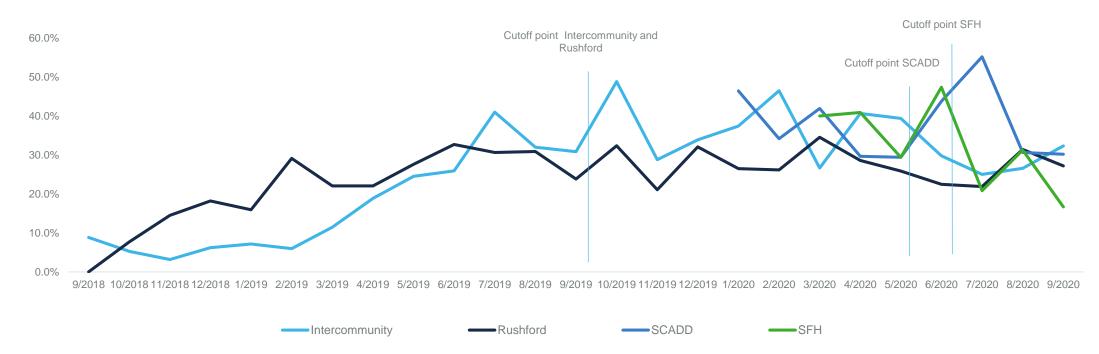
Chapter



Outcomes From Changing Pathways Pilot

Connecticut BHP Seacon

Average Induction Rates: 1st Half of Pilot vs 2nd Half



InterCommunity: 15.9% to 34.6%, highest peak in October 2019 at **48.8%** (61/125 discharges)

Rushford: 19.7% to 27.5%, highest peak in March 2020 at 34.5% (19/55 discharges)
SCADD: 36.3% to 39.9%, highest peak in July 2020 at 55.2% (32/58 discharges)
SFH: 39.4% to 22.9%, highest peak in June 2020 at 47.4% (9/16 discharges)

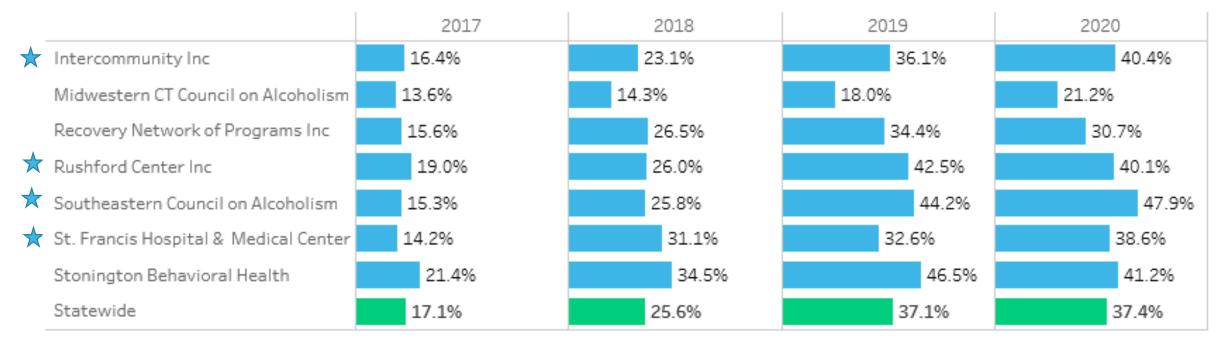
Connecticut BHP 🛛 🖉 beacon

Pilot providers have adopted the model demonstrated by increasing MOUD induction rates

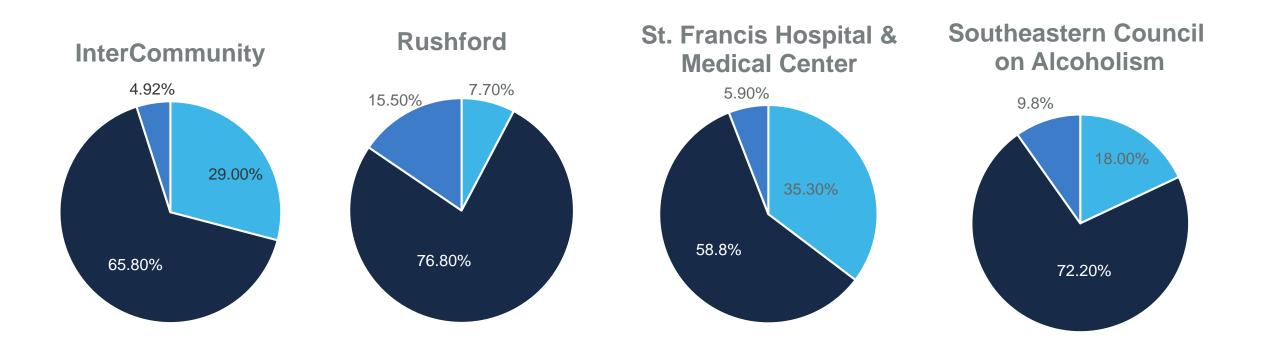
Increase in Connection to MOUD Post Discharge

Percent of Discharges with a Connection to MOUD

Percent of members who had had a claim for methadone within 1 day of discharge, a claim or prescription filled for buprenorphine within 7 days of discharge, or a claim or prescription filled for naltrexone within 45 days of discharge. Claims that occurred on the day of discharge do count towards the measure. Members with an inpatient readmission within 30 days of discharge, or less than 30 days of continuous eligibility post discharge are excluded.



2020 Rate of Connection to MOUD by Medication





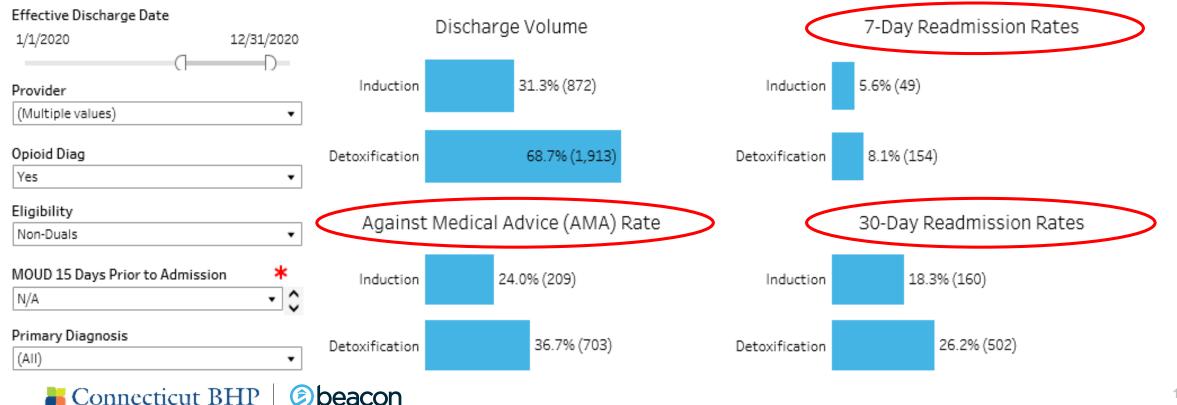
Methadone Buprenorphine Naltrexone

Reduction in Readmissions and AMA Rates

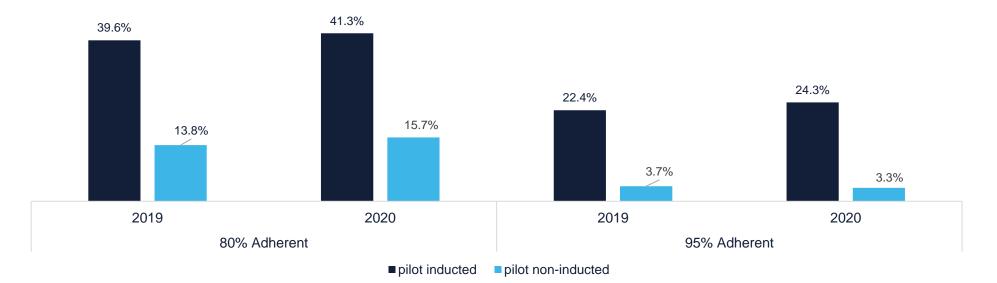
Inpatient Dashboard - Medicaid Adults (18+)

Induction vs. Detoxification



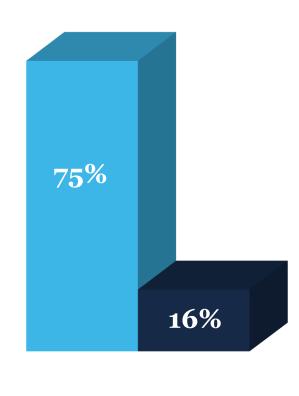


Adherence Rates



• Induction was associated with better 90-day MOUD adherence rates

Reduction in Overdoses



■ Non-adherent

- Individuals who engaged in Changing Pathways in 2020 and remained MOUD adherent for 90 days following discharge, experienced a 75% reduction in their rate of overdose, from 8.2% of members having an overdose in the 90 days before admission to 2.1% of members having an overdose during the 90 days following discharge.
- Individuals who were non-adherent only saw a 16% reduction (from 7.7% to 6.5%, respectively).

Adherent

Additional Findings...

Those members who meet the 80% MOUD adherence threshold are significantly **less likely** to have:

- BH ED episodes (52% reduction)
- Repeat withdrawal management episodes (56% reduction)

Inpatient days (40% reduction)

After discharging from withdrawal management care

Members who were non-adherent to MOUD saw a **significant increase** in:

- The number of inpatient days (27% increase)
- The number of repeat withdrawal management episodes (9% increase)
 After discharging from withdrawal management care

Questions?



Thank You

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