Integrating OUD Treatment into Post-Acute Care: Building Hospital, OTP and SNF Partnerships

Consuelo Green, CPRS
Ifedayo Kuye, MD
Catherine Chamberlain, MD
Megan Buresh, MD, DFASAM, AAHIVS

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Disclosure Information

- Presenter 1: Consuelo Green, CPRS
  - No disclosures
- Presenter 2: Catherine Chamberlain, MD
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- Presenter 3: Megan Buresh, MD, DFASAM, AAHIVS
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- Non-presenting author: Ifedayo Kuye, MD
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Learning Objectives

- Upon completion, participants will be able to identify barriers to integrating OUD treatment into post-acute care.
- Upon completion, participants will be able to describe one model of hospital, OTP and SNF partnership.
- Upon completion, participants will be able to develop a plan to improve transitions of care for patients with OUD in their practice settings.

Overview of Session

- Introduction of panel and review of the literature on SUD treatment in post-acute care settings
- Description of successful hospital, SNF and OTP partnerships
- Break-out groups
- Wrap-Up and Q+A

Patients with OUD are more likely to be rejected by SNFs

- In a survey of 20 SNFs in New Mexico, only 20% reported that they would accept patients with OUD with buprenorphine-naloxone and 25% reported that they would accept those with methadone.[1]
- Study of Boston safety net hospital found that hospitalized patients with OUD were referred to more SNFs than patients without OUD and rejected a greater proportion of the time.[2]
- In Washington, researchers found that patients with SUD referred to SNFs were more likely to be discharged home rather than to a SNF.[3]

1. Gutfrucht and Barrett, 2022; 2. Kimmel et al., 2022; 3. Waters et al., 2022.

SNF Staff members feel unprepared to take care of patients with OUD

Barriers to Care for Nursing Home Residents With Substance Use Disorders: A Qualitative Study

Meredith Yang, BA, Kimberly J. Beiting, MD, and Stacie Levine, MD

- Staff members noted a general unpreparedness in managing patients with OUD.
  - "I didn't go to a class. When you when you have [residents with] substance abuse, it's painful trial and error." - DON
  - "The more you see the more you learn...I didn't even know what oxycodone looked like[...]" — DON
- This lack of preparedness leads to stigma and poor care
  - "If you weren't taught about [substance use] or didn't deal with it directly, or know someone directly, you may be against it." —DON

Yang, Beitrin and Levine, 2022.

Regulation of MOUD Treatment in SNFs

- Methadone:
  - Cannot dispense methadone for treatment of OUD (unlike hospitals and acute care settings)
  - Require delivery of methadone from OTP
  - Can use methadone to treat pain
- Buprenorphine:
  - Can be provided by SNF pharmacy
  - Variable formularies
- In general, much fewer patient restrictions (visitors, smoking, etc) than hospitals

Telemedicine at SNFs and OTPs

- Billing: State and insurance specific
- Maryland: Due to state of Emergency, Medicaid and Medicare allow telehealth billing
- We “should” be able to bill for MAT Initial Induction and for dose evals
  - We DO NOT bill for those as prior to pandemic we were delivering to SNFs and could not bill for these services
- We bill ONLY for the weekly methadone delivery
- Medicare: very difficult to get reimbursed as medicare will only pay for SNF or OTP, but not both at same time.
  - We were advised to bill SNF for our services, but rarely do they pay

OTP Federal Regulations

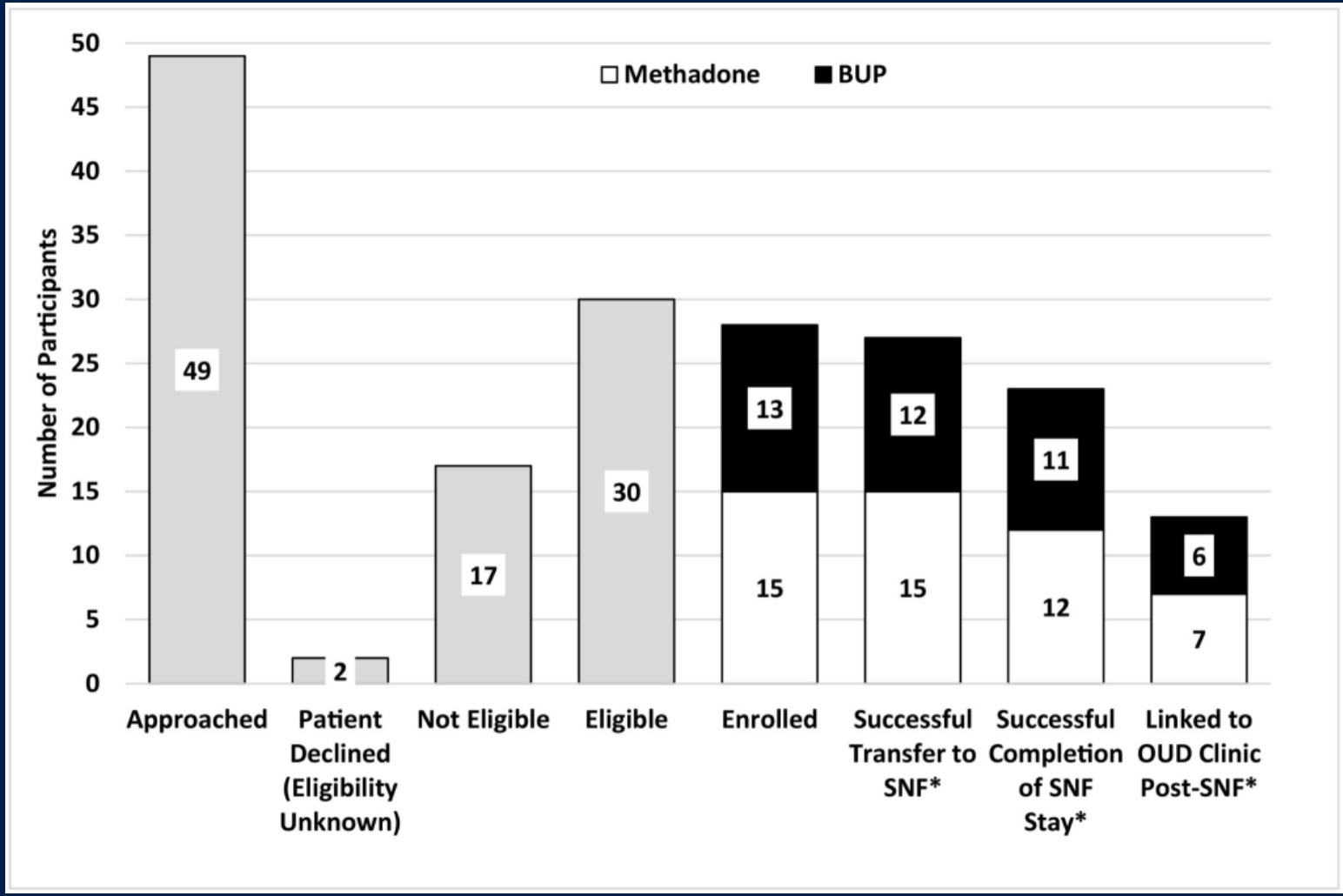
- 42 CFR 8.12
- Physical exam is required prior to admission
  - "...fully documented physical evaluation by a program physician or a primary care physician…"
  - Received approval from SAMHSA to use hospital's addiction medicine team's physical exam
- 8 drug screens per year (Maryland requires 12)
  - Received approval from state to waive this
  - We have to submit a one time Extranet request for every patient

OUD MEETS

- Grant-funded partnership between state, hospital, 2 OTPs and 2 SNFs
- Enrolled hospitalized patients with OUD who were out of treatment and required post-acute care
  - Used inpatient ACS note for OTP H+P
  - Standardized OTP Enrollment Packet
- Peer recovery coach and case manager provided supports to patients during and post-SNF stay

Tassey et al., 2022.

OUD MEETS Outcomes



Tassey et al., 2022.

Description of Local Partnership

- Previous pilot: OUD MEETS
- Current partnerships
  - Model of care: patient is started on methadone in the hospital, upon discharge OTP delivers methadone to SNF where patient continues treatment.
  - Successes
    - Admitting dozens of patients into OTPs
    - Continuity of care and increased access to MOUD
  - Challenges
    - Regularly challenging – lots of coordination required
    - Exceptions needed to meet OTP regs (frequency of drug testing, approval to use hospital H+P, etc)
    - Spend time admitting patients into OTP whose discharge plans change

Tassey et al., 2014.

Breakout Session (30 min)

- Now we'll breakout into small groups will be for participants to assess their current collaborations across transitions of care and to assess barriers and opportunities for partnerships to improve access to MOUD and recovery supports in post-acute care settings.
- Handouts at your tables

Areas for Advocacy

- Change in regs to allow SNFs to dispense methadone on site (like acute care hospitals)
- Increased reimbursement for OTP services provided while patient at SNF (including telemedicine)
- File ADA complaints with the Civil Rights Division of the DOJ online at the ADA website (providers + patients)

Cohen et al., 2023.

Final Takeaways

- Current regs allow for hospital initiation with continuation of MOUD at SNF (including methadone!)
- Peer recovery coaches are key partner in improving patient experiences
- Elimination of X-waiver may increase access to bup at SNFs but education is needed
- Advocacy needed to improve quality of care and access to MOUD at SNFs, including methadone deregulation
- Report discrimination of patients and barriers to MOUD to your local ombudsman to DOJ

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