

Substance Use Treatment and Resources for Texas (START): A Program to Spread Buprenorphine Initiation During Acute Hospitalization in Texas

INTRODUCTION

- Hospitalization is an ideal opportunity to offer patients with substance use disorder (SUD) access to treatment
- Yet, life-saving medications for opioid use disorder (MOUD) are underutilized in hospitals, especially in Texas
- Hospital staff lack the training, structures and organizational cultures to enable and support evidence-based care for patients with SUD¹⁻³

The Substance Use Treatment and Resources for Texas (START) Team aims to spread MOUD and other evidence-based treatment for SUDs as the standard of care at hospitals across Texas.

METHODS

PILOT: Hospital-Based Opioid Treatment (HBOT)⁴

Design: Single-site, quality improvement project in Austin, TX.
Aims: Assist primary hospital care teams with identifying patients with OUD, start and maintain MOUD during hospitalization, and provide warm handoffs to outpatient treatment programs.

ANALYSIS: Replicating Effective Programs (REP)⁵

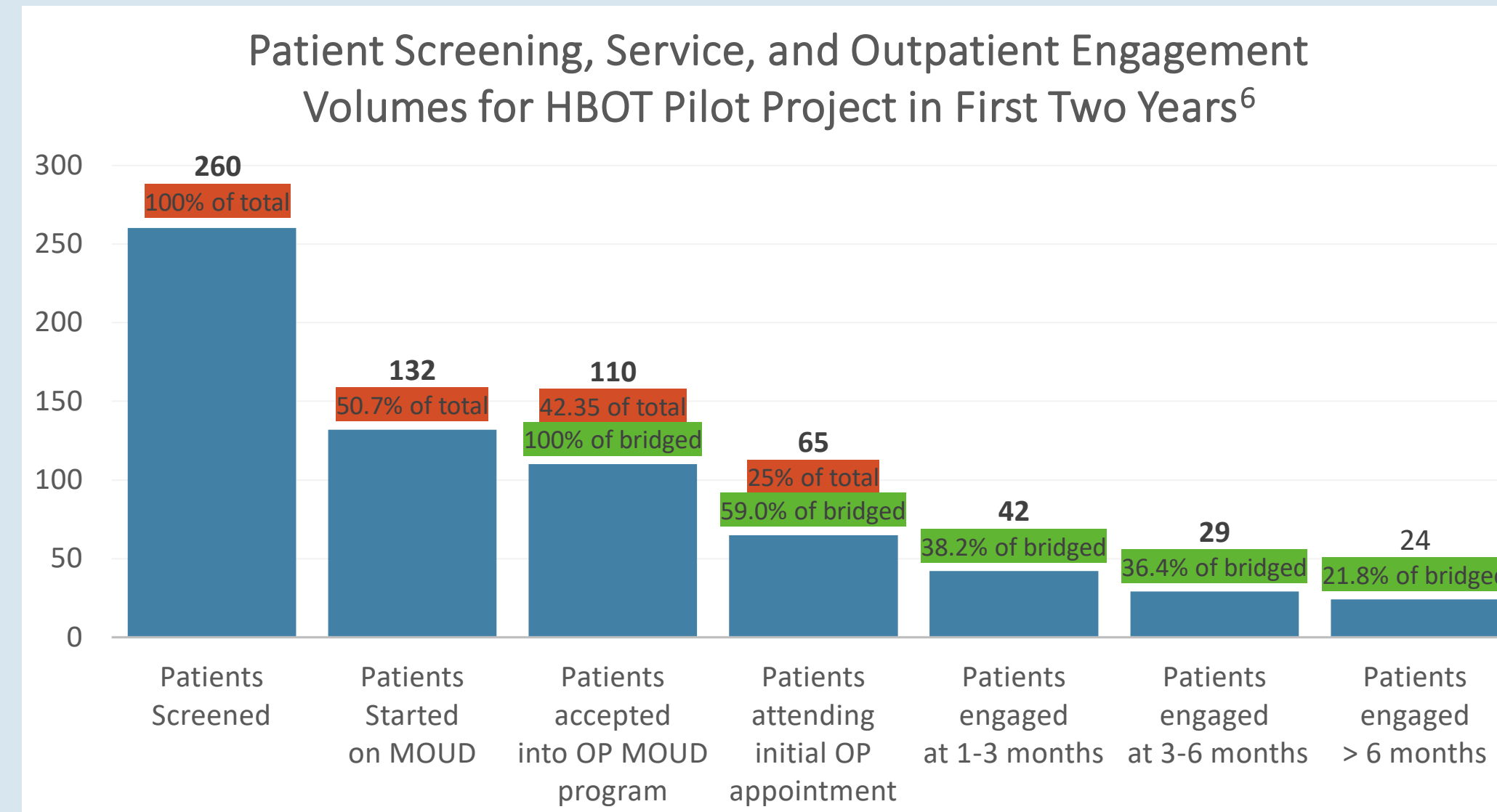
Phases: Pre-conditions, pre-implementation, implementation, and maintenance and evolution.
Aim: Develop an approach to disseminate and implement the treatment model at hospitals across Texas.

SCALING: Strategic Expansion to Texas Hospitals

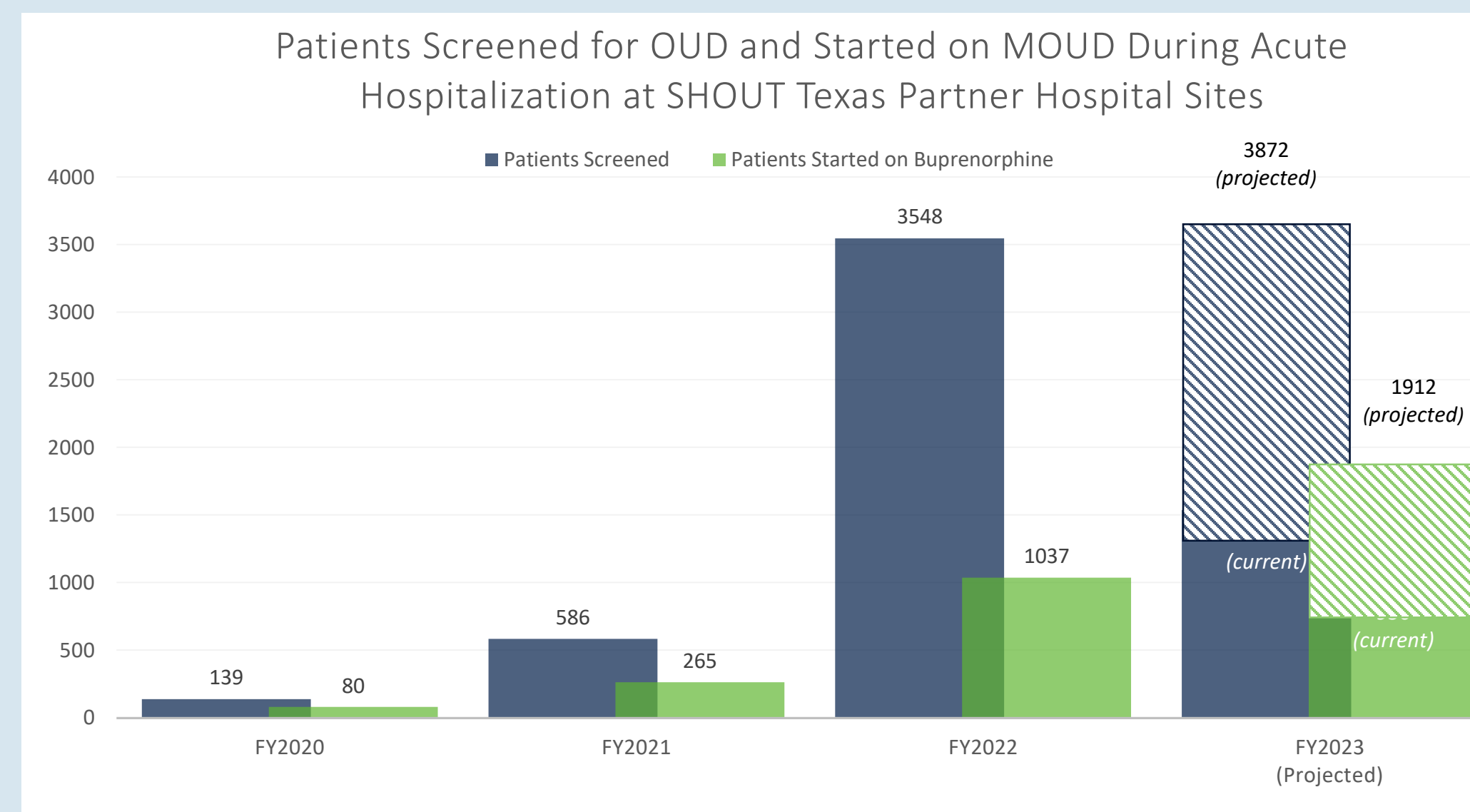
Approach: Provide educational programming, consultation, technical assistance, thought leadership and dissemination of the novel clinical treatment model from the pilot site to partner hospital sites in Temple, Ft. Worth, and Dallas, TX.

RESULTS

Success of Pilot Hospital-Based Opioid Treatment Program:



Impact of Strategic Expansion in Texas:



*Federal fiscal year begins 9/1 and ends 8/31

For more information or collaboration opportunities contact the team: START@austin.utexas.edu

CONCLUSION

Effective HBOT models can be expanded to geographically dispersed hospital sites using an implementation science approach applied to a strategic hub-and-spoke model.

Creating a state-wide community of practice allows for rapid cycles of process improvement and sharing of best practices, reducing the overall start-up inertia at each subsequent spoke-site.

This expansion model should be generalizable to other states and geographic locations since it was created with principles from the REP framework to be adaptable to local environments and designed to leverage the strengths and unique resources at each hospital without access to addiction medicine specialty services.

Results, findings, and lessons learned from the START program have informed the implementation of a broader-scoped initiative to address unhealthy alcohol use and will be scaled to other substances over time.

AUTHORS & DISCLOSURES

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