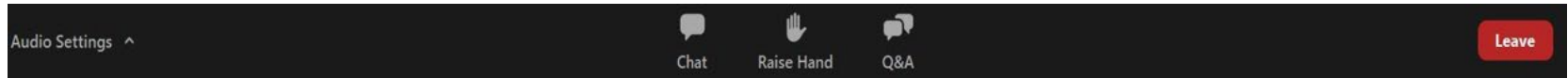


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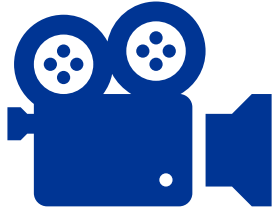


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# Mutual Agreement (continued)

- We strive to **listen** to each person, avoid interrupting others, and seek to **understand** each other through the Learning Network as we work toward the highest quality services for Centers of Excellence (COE) clients.
- Information presented in Learning Network sessions has been vetted. We recognize that people have different opinions, and those **diverse perspectives** are welcomed and valued. Questions and comments should be framed as **constructive feedback**.
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# Acknowledgements

- The COE project is a partnership of the University of Pittsburgh's Program Evaluation and Research Unit and the Pennsylvania Department of Human Services; and is funded by the Pennsylvania Department of Human Services, grant number 601747.
- COE Vision: The Centers of Excellence will ensure care coordination, increase access to medication-assisted treatment and integrate physical and behavioral health for individuals with opioid use disorder.



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Program Evaluation and Research Unit

# UPMC Bridge Clinic

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# Learning Objectives

**By the end of this module, trainees should be able to do the following:**

- Outline relevant policies and regulations that affect the operation of bridge clinics and partnerships with COEs.
- Discuss the importance of rapid induction of MOUD and identify barriers to rapid induction.
- Describe how partnerships with bridge clinics can improve access to care and support for individuals with OUD.



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# UPMC Medical Toxicology Telemedicine Bridge Clinic

Michael Lynch, MD FACMT

Senior Medical Director, UPMC Health Plan Quality and Substance Use Disorder Services

Director, UPMC Medical Toxicology Telemedicine Bridge Clinic

Associate Professor of Emergency Medicine and Toxicology, University of Pittsburgh

# Medication Treatment for OUD Should Not Be Delayed!

- Initiation of medication treatment should not be delayed while completing initial assessment and intake<sup>1</sup>
- Medication therapy should **not be contingent upon participation in behavioral therapy**<sup>1,2</sup>
- Both office-based and home buprenorphine induction **are safe and effective**<sup>1</sup>
- Patients seeking addiction treatment are **7 times more likely to be engaged** if they are seen on the same day compared to waiting 2+ days<sup>3</sup>

# Barriers To Accessing Evidence-Based Treatment

- 76% of patients with any SUD received no treatment in 2022<sup>1</sup>
  - Only ~18% of patients with OUD received any MOUD
- Barriers:
  - Gaps in knowing where to go for treatment<sup>1,2</sup>
    - 52.2% of those seeking treatment reported not knowing where to go in 2022
  - Difficulty accessing care<sup>1,2</sup>
  - Long wait times<sup>1,2</sup>
    - Pennsylvania patients can wait up to 3 weeks for MOUD treatment<sup>3</sup>
  - Geographical distance from treatment providers<sup>1,2</sup>
  - Stigma<sup>1</sup>
    - 46.1% reported concern about what others would think or say in 2022

# Bridge Clinic Model

**Bridge Clinic** = rapidly accessible, short-term service where practitioners can prescribe buprenorphine as “bridge” MOUD treatment

**Telemedicine Bridge Clinic** = services are provided without initial in-person exam

Bridge Clinic models (both in-person and virtual) have been shown to be effective and accepted by patients<sup>1</sup>



# Telehealth as a Solution

- Utilization of telemedicine **expanded 63-fold during the Covid-19** public health emergency<sup>1</sup>
- Telemedicine MOUD treatment outcomes are **similar to traditional care**<sup>2,3,4</sup>
- Programs to provide rapid access to buprenorphine treatment were successfully implemented in several states during the public health emergency with **good outcomes**<sup>5</sup>
- **Retention** in treatment and **rate of opioid overdose** were improved among Medicare patients who accessed telemedicine OUD treatment<sup>6</sup>

# Review of Telehealth for MOUD

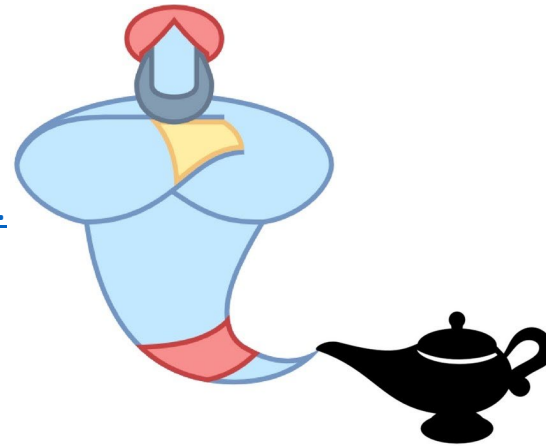
Incorporation of telehealth technology for medication treatment of OUD is associated with:

- Higher **patient satisfaction**
- Comparable **retention** rates
- Overall **reduction in healthcare costs**
- Increased **access to and utilization of buprenorphine**



# Telehealth Regulatory Landscape

- In March 2020, DEA and HHS announced temporary waivers of requirements for initial in-person evaluation prior to prescribing controlled substances under Public Health Emergency authority
  - Audiovisual for Schedule II-V and audio-only for buprenorphine
- In October 2023, DEA extended temporary permissions through 12/31/24
  - The PA Department of State's regulation at [49 Pa. Code § 16.92\(b\)\(1\)](#) will remain suspended accordingly.
- CMS continues to reimburse telehealth services through 12/31/24 pending final rules
- DEA is continuing to carefully evaluate >38,000 comments received on its proposed rulemaking to make a form of this flexibility permanent.
- TREATS Act



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# UPMC Medical Toxicology Telemedicine Bridge Program

UPMC Medical Toxicology is providing addiction medicine bridge clinic services via telemedicine throughout Pennsylvania in collaboration with the PA Department of Drug and Alcohol Programs and local Single County Authorities (SCAs).

# Patient Engagement

- Patient with substance use disorder seeks care anywhere in Pennsylvania
- If patient is unable to be seen by a local provider that day, he/she can be referred to the UPMC Medical Toxicology Telemedicine Bridge Clinic
  - Referrals are received from COEs, non-COE treatment providers, jails/probation, EDs, SCAs, word of mouth, residential rehabilitation facilities, primary care, prehospital providers, insurers, and others.
- Patient is connected with long-term treatment, social services, and/or harm reduction resources via County SCA, local treatment provider, and contracted outpatient care coordinators

# Patient Engagement Appointments

- Bridge clinic appointment is scheduled ASAP, often within 2 hours on the same day, with a DEA-licensed provider trained in addiction care
  - Patients can select **video or audio-only telemedicine appointments** based upon capabilities and preference
- Appointments can be scheduled **24/7 via an online scheduling platform**
- **Bridge clinic appointment times:** Monday-Friday 9a-5p or 9a-7p, depending upon volume and coverage

# Overview of First 9,757 Patient Encounters



April 27, 2020 to March 23, 2024

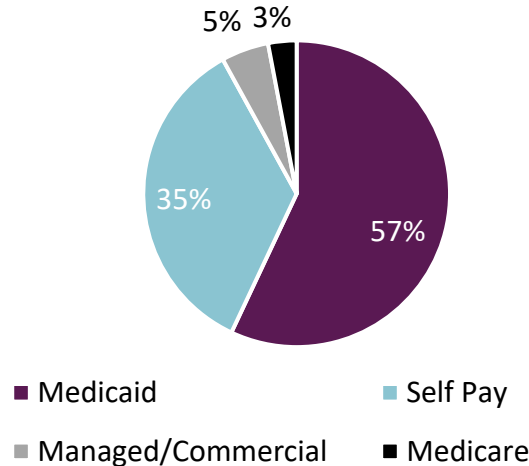


**~3753 Patients**  
61/67 PA Counties

Age Range: 17-79 yo

~57% Male  
~43% Female

Payor Category % Total Charges by  
Category



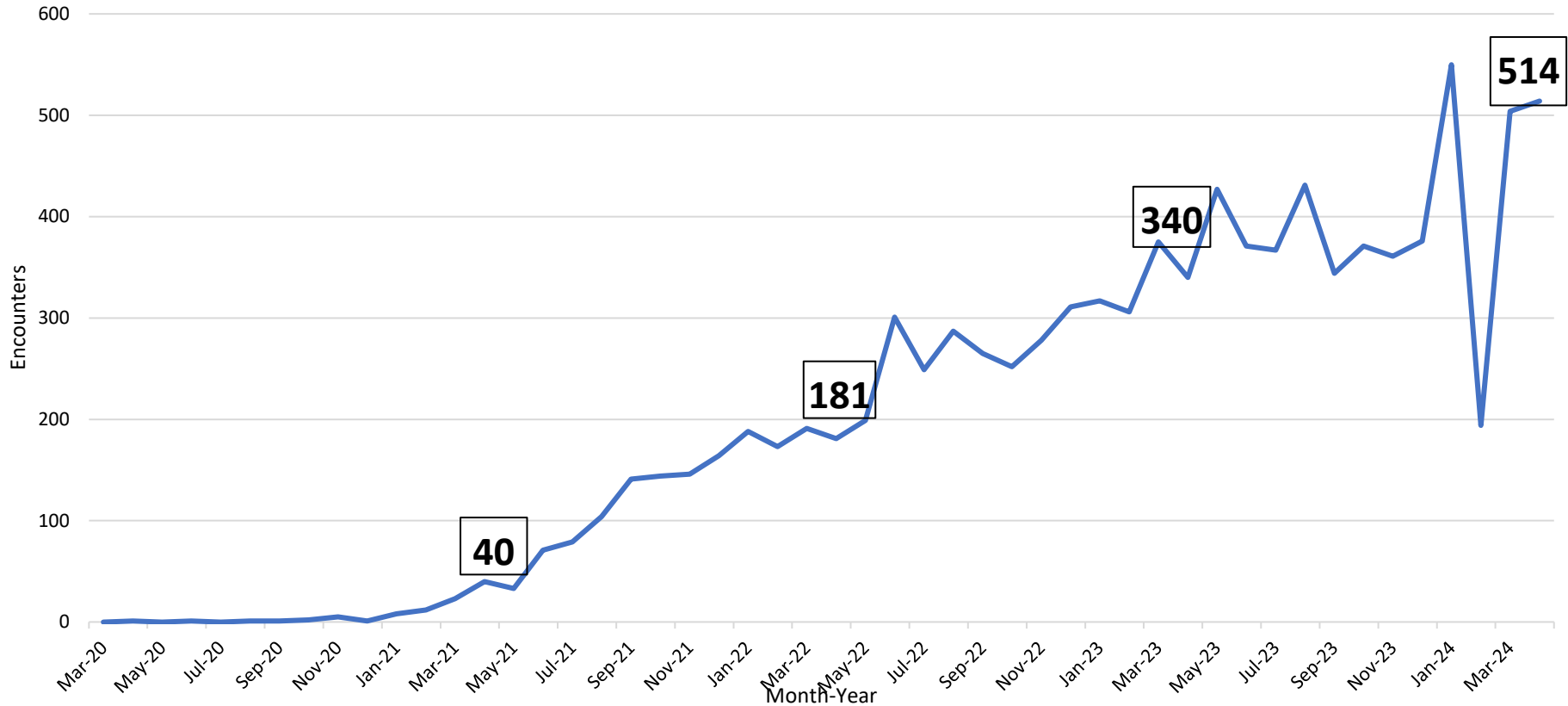
**Primary Payor Type**  
**(92% Medicaid or Uninsured)**



**>90%**  
audio/telephone  
only visits

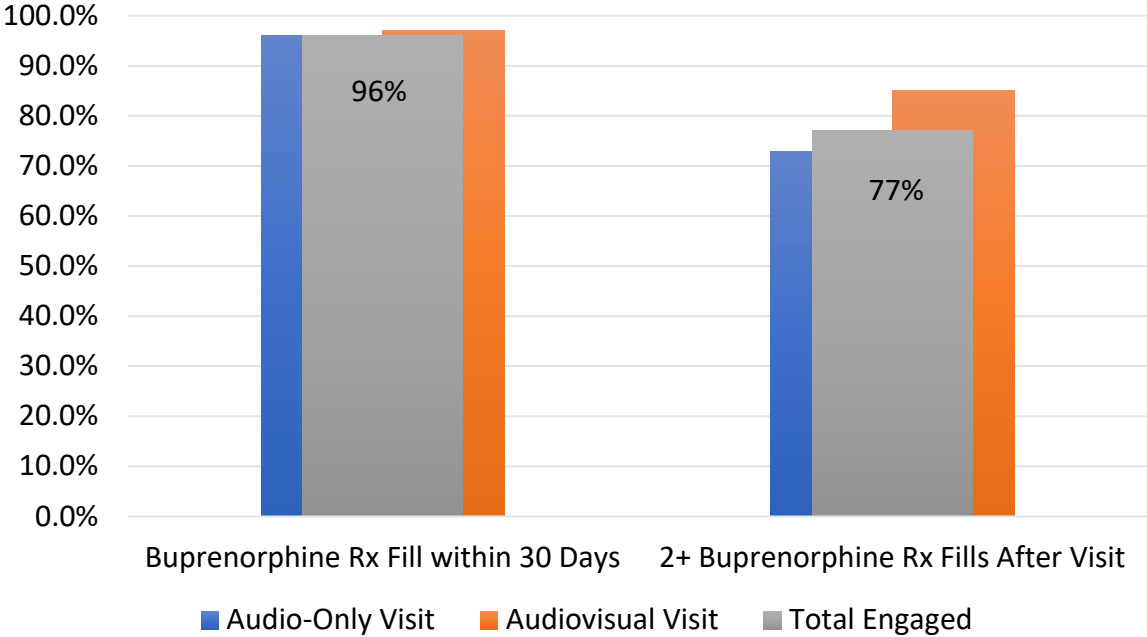
# Sustained Growth Over 4 Years

UPMC Telemedicine Bridge Clinic Volume by Month, 4/2020-4/2024



# Excellent Rate of Engagement in Buprenorphine Treatment

Telemedicine Bridge Clinic Patients Engaged in OUD Medication Treatment



# 6 Month Outcomes

- 150 UPMC For You patients with continuous coverage before and after bridge clinic visit for OUD
- Increased outpatient behavioral health and primary care utilization; decreased ED and inpatient utilization
- **Reduction in costs** 6 months after first bridge visit compared to month before
  - 62% reduction in unplanned care costs
  - 38% reduction in all care costs *excluding* pharmacy
  - 10% reduction in all care costs *including* pharmacy
- Median days of buprenorphine treatment increased from 0% to 73% with persistent median coverage >50% after 6 months



# Proportion of Days Covered-Buprenorphine

	Mean	Median
180 days pre-Bridge	24.8%	1.7%
90 days pre-Bridge	24.3%	0.0%
30 days pre-Bridge	20.7%	0.0%
30 days post-Bridge	65.1%	73.3%
90 days post-Bridge	53.6%	54.4%
180 days post-Bridge	50.8%	50.6%

# Cost of Care Compared to 30 Days pre-Bridge Clinic

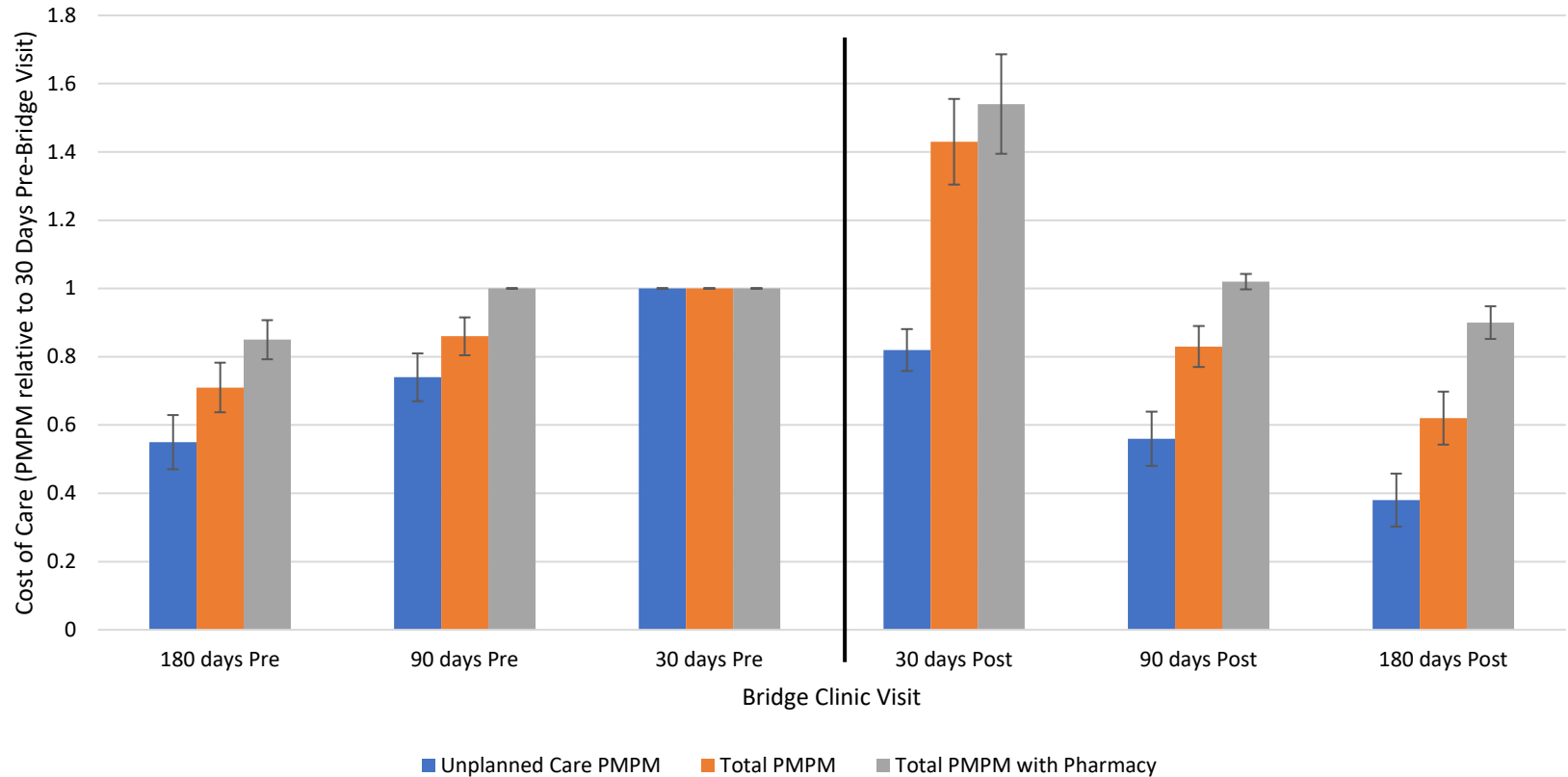


Figure 1a. Costs of care (PMPM) relative to 30 days Pre-Bridge Clinic Engagement with 95% CI

# Changes in SUD-Specific PMPM Compared To Pre-Bridge Clinic By Service Category

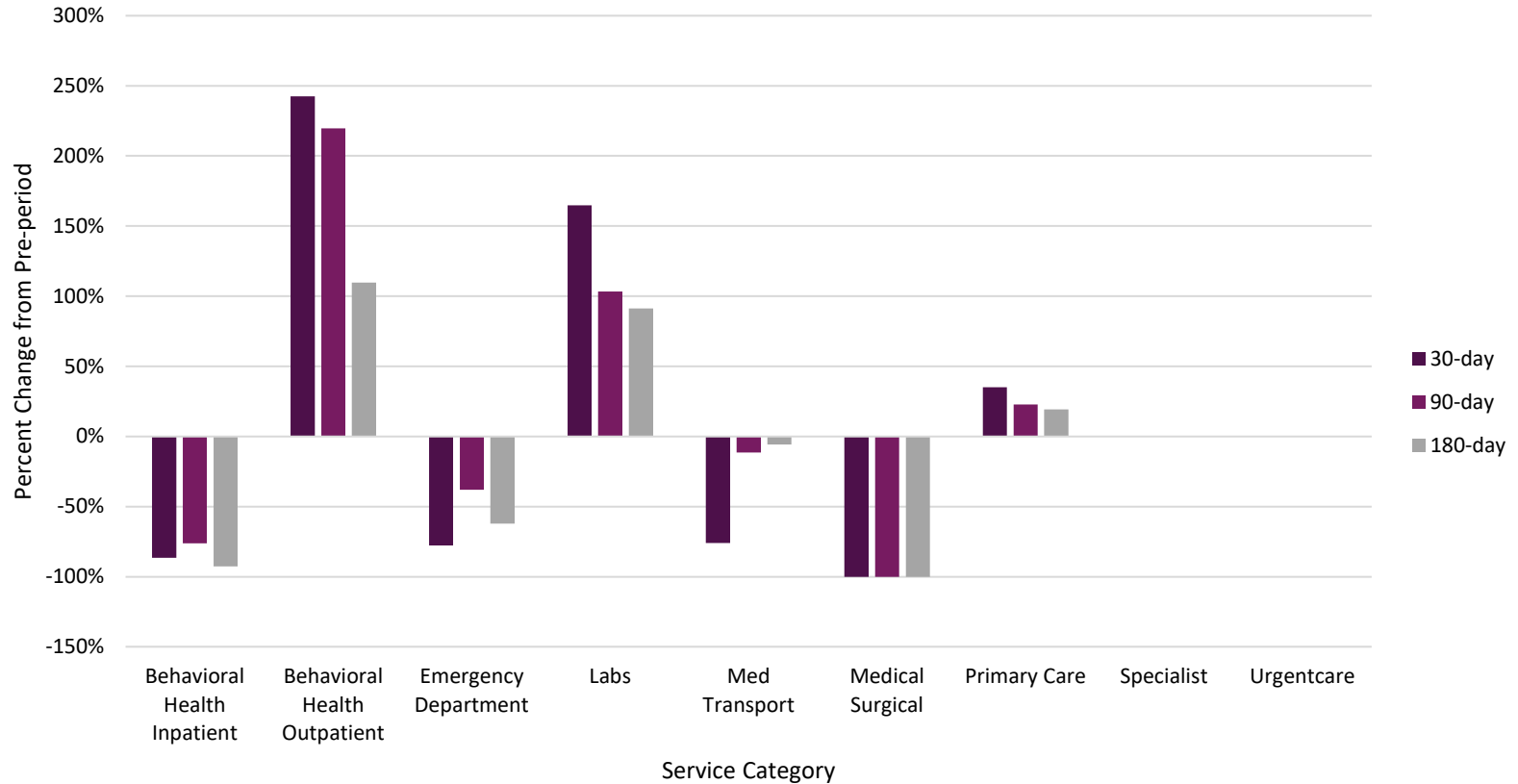


Figure 1b. Percent change in SUD-specific care costs before and after Bridge Clinic engagement by service category

# PA DHS Medicaid Analysis of Bridge Clinic

## Outcomes

- Significantly higher rates of engaging non-white PA residents
  - Almost double the rate of Black patients
- Higher risk of comorbidity or recent ED visit
- Significantly higher 30-day engagement on MOUD compared to other providers (92% vs.74%)
- Increasing proportion of days covered on buprenorphine following bridge visit
- ~13% relative reduction in ED visits relative to other programs in month of engagement
- Significantly lower overall cost of care in the month of visit compared to other providers

	Bridge Patients (552)	Comparison (9813)
<b>Gender</b>		
Female	255 (46.2%)	4780 (48.7%)
<b>Race/Ethnicity</b>		
White	449 (81.34%)*	8714 (88.8%)
Black	85 (15.4%)*	858 (8.7%)
Hispanic	5 (0.91%)*	57 (0.58%)
<b>Chronic Conditions</b>		
AUD	65 (11.8%)*	873 (8.9%)
Other SUD	414 (75%)*	6959 (70.9%)
HCV	108 (19.6%)*	1218 (12.4%)
Recent ED Visit	237 (42.9%)*	3718 (37.9%)

\* Represents statistically significant finding

# Unsolicited Stakeholder Feedback

“Since its inception, the Bridge Program has been incredibly helpful for folks in our rural counties not able to access immediate interim MAT due to limited provider access when no other options can be coordinated in a timely manner.

While I am happy to report our local providers are working diligently to meet the need, having access to the Bridge Program has definitely been a lifesaver for folks that otherwise had no options in a world that still has way too many barriers!”

- County Drug and Alcohol Case Manager  
3/24/2022

# Contact Information

- Dr. Michael Lynch: [lyncmj@upmc.edu](mailto:lyncmj@upmc.edu)
- Telemedicine Bridge Clinic Scheduling (M-F 8a-5p): (412)432-1042
- Virtual scheduling (24/7): [UPMC Toxicology Telemedicine Bridge Clinic - Pittsburgh, PA - Medical Toxicology - Book Appointment](#)
- Clinician group email: [toxicologybridgeclinic@upmc.edu](mailto:toxicologybridgeclinic@upmc.edu)



# UPMC Latterman Family Health Center (LFHC): Partnership with Bridge Clinic

Latterman Family Health Center, MOUD COE

Heather Mikes, DO

Hannah Scears, BA, MS

# Clinic challenges prior to partnership

- New referrals are generally contacted by Care Manger within 24 hours to set up an appointment. **Scheduling availability** made it challenging to get new patients in and started on medication in a timely manner. **Gaps between interest and starting treatment** risks losing contact with the patient.
- New Patient clinic appointments are 40-minute slots with the physician. CM would also have to try to complete the COE intake portion with the patient before/after the initial visit. It was often **difficult to keep patients engaged** for this amount of time in the first visit, especially if they were not already on maintenance medication and feeling ill d/t withdrawal symptoms.



# Challenges prior to partnership cont..

- For existing patients who missed an appointment and needed to be rescheduled, getting a bridge could be challenging if there was **not a physician** available at the time that they contacted CM or if they **reached their maximum number of consecutive bridge scripts** according to clinic policy (2).

# Improvements post-partnership

- Improved **linkage to care** and **rapid induction**
- More effective **intake flow**. CM is now able to meet with patient prior to first clinic appointment and spend the time needed with them for intake. Pt's complete a bridge clinic appointment that is coordinated to align with the time of their intake appointment and get a script the same day. They are then scheduled with a LFHC physician the following week.
- Heightened **retention rates** resulting from getting patients engaged in care and treatment right away and keeping them connected.
- Engagement opportunity and **timely bridge scripts** for patients that need to reschedule.
- Provides our team with another tool to share with patients to **empower** them towards success. The relationship built between the LFHC team and the bridge clinic team has also resulted in **collaborative care** and support for those we service.

# Current Program Structure for LFHC MOUD

- New patient begins with CM intake visit
- Seen for first medical appointment 1 week later
- At 1<sup>st</sup> medical visit, spaced for further follow-up in 1-2 weeks
- Every-other MOUD visit can be tele/video.
- If stable, can then space to monthly visits.
- If unstable or further engagement indicated, spacing remains every other week
- Stable x 1 year, can space to quarterly
  
- **Available slots each week/month: 82**
- **Ave patients seen/ month: 128**
- Biggest challenge: clinic schedule availability/capacity

# Patient Scenarios and Discussion

- Examples of LFHC's utilization of the Bridge Clinic resource
- Situations or Pt behavior to be aware of to ensure appropriate use of the resource





# Mr. Smooth Sailing

- 34 yo man with hx of OUD, living at recovery house contacts CM on Monday requesting to get established for care.
- CM visit arranged for Intake appointment on Wednesday @ 2 pm.
- **Bridge Clinic** appointment set for Wednesday @ 3:30.
- Intake forms completed during visit (ASAM, SDOH, BARC-10, treatment plan, ROIs etc.)
- MOUD medical appt made @ 1 week
- **Bridge Clinic** contacted Pt @ 3:30 while still at intake appointment, 1 week Rx given
- 1 week later, pt presented for medical MOUD appointment



## Ms. Day

- 60 yo woman followed in MOUD clinic x 1 year
- Has monthly in-person clinic appt set for today @ 2 pm
- Called CM at @ 3:30pm. Daughter in an accident. Has 1 film left
- MOUD clinic spots filled for remainder of the afternoon.
- CM made make-up clinic visit in 5 days.
- CM called **Bridge Clinic**, patient seen @ 4:30, given 5 days of suboxone



# Ms. Oops!

- 55 yo woman called MOUD CM on Friday at lunchtime stating she has 1 film left!
- Chart reviewed, she was due for follow-up visit the day before, but never scheduled.
- MOUD providers not available.
- MOUD CM set up **Bridge Clinic** appt for 3 pm & MOUD clinic appt made in 6 days.



# Ms. Cycle

- 55 yo woman called MOUD CM for new intake. States she's been followed by community program, ran out of suboxone 2 days ago. Feels very sick.
- CM intake appointment set in 3 days
- CM set up **Bridge Clinic** same day, given 4 days Rx
- 3 days later, patient did not show. CM cannot get a hold of her.





# Mr. Setup

- 38 yo man referred to the bridge clinic after missed in-person MOUD appointment.
- Now has the phone number.
- Calls **Bridge Clinic** for additional Rx, reports he has a follow up appointment in 2 weeks
- Calls **Bridge Clinic** again 2 weeks later, requesting Rx... still has not followed up with provider or rescheduled a clinic appointment

# Testament from the team at Latterman

When used appropriately, the UPMC Toxicology Telemedicine Bridge Clinic provides accountability, support, and accessible, low-barrier care to individuals in an under-served community. This program and the people working behind it have become an extension of our team at Latterman Family Health Center. From the physicians to the schedulers, they are a pleasure to work with and go the extra mile to ensure great outcomes for the patients we serve. Our relationship with the Bridge Clinic team has resulted in a collaborative approach to care and a noticeable improvement in patient outcomes. Patients have stated that it makes them feel secure to have “an extra tool in their tool belt”. Even our front desk staff, resident doctors, and other staff not directly related to the MOUD Program, have been impressed by this resource and now know how to help refer patients when needed. We could not be more grateful to have partnered with such a necessary resource!

# Questions and Discussion



# Resources