

# Inpatient Buprenorphine Induction for Opioid Use Disorder

After screening, TigerText the *Buprenorphine team*.

*B-team*

## Program Overview

The Buprenorphine Team offers patients with Opioid Use Disorder (OUD) the opportunity to be started on buprenorphine Medication Assisted Treatment (MAT) while in the hospital. MAT is proven to decrease a patient's dependency on opioids while increasing self-efficacy and overall quality of life during and after treatment. Primary teams are encouraged to TigerText the Buprenorphine Team about any patient who may be a candidate for MAT.

## Why use the B-Team?

OUD is a chronic, lifelong medical condition that can be treated with buprenorphine, the safest MAT available. Offering MAT during hospitalization facilitates increased completion of inpatient medical therapies, and ultimate transition to outpatient substance abuse treatment. This program may provide definitive therapy for some of our most vulnerable patients, helping them to achieve meaningful societal contributions such as employment and long-term housing, reducing infections associated with OUD, and decreasing the risk of drug relapse.



*Between October 2015 and September 2017, over 100 patients were deemed candidates for methadone or buprenorphine treatment.*

*From October 2016 through September 2017, over 270 admitted patients at DSMC carried a diagnosis of opioid use dependency.*

## How do I know when to refer my patient to the B-Team?

**Any member of the care team can refer patients to the B-Team** — the primary team as a whole is the point of contact with the B-team.

*Look for the following signs:*



Patient is physiologically dependent on opioids (heroin or illicit pill use), or expresses addictive behavior related to opioids and interest in cessation.



**72**

Patient has inpatient status, and an expected length of stay of at least 72 hours.

## How does the program work?

A patient admitted to DSMC reports use of opioids and expresses fear or signs of withdrawing from opiates while in the hospital.

A member of the primary team TigerTexts the "Buprenorphine Team".

The B-Team screens the patient for criteria needed to start MAT. If eligible, orders are placed, and the nurse follows protocol to administer buprenorphine.

The patient will stay on buprenorphine while in the hospital, and will receive a prescription upon discharge to last through their first outpatient appointment.

Lastly, the patient will receive maintenance buprenorphine therapy as an outpatient.



## Common Misconceptions about MAT

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| <p>✗ <b>MAT is replacing one opioid with another</b></p> <p>✓ Although buprenorphine does activate opioid receptors to some extent, it provides a <b>safer and standardized dose</b>. It is also proven to reduce mortality, decrease opioid dependency, and establish a stable foundation to improve a patient's quality of life.</p> | <p>✗ <b>MAT has high potential for diversion/misuse</b></p> <p>✓ The potential for diversion is significantly lower than that of methadone. Buprenorphine in the outpatient setting is typically mixed with naloxone, and administered buccally or sublingually. This makes it very challenging to achieve euphoria if misuse is attempted.</p> |
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## Guidelines and Talking Points



Establish rapport with patients to discuss drug use and opioid dependency in a comfortable, judgment-free setting.



Ask open-ended questions that invite patients to tell their story and consider potential options alongside professional guidance.



Use positive, patient-centered language to foster mutual trust and reduce stigma around opioid use disorder and MAT.



To place a B-Team consult, TigerText the "Buprenorphine Team".

For specific questions related to the B-Team Program, please contact Rich Bottner via TigerText or [rbottner@ascension.org](mailto:rbottner@ascension.org).