

Join a Growing Network of Texas Hospitals Effectively Addressing Opioid Use Disorder

The opioid epidemic has had an immense impact on the U.S. healthcare system. Hospitals have experienced substantial challenges including management of patients after accidental overdose and complex medical cases such as skin and soft tissue infections and endocarditis, increased rates of readmission, longer lengths of stay, and increased staff burnout. Opioid-related hospital admissions are estimated to cost \$15 billion annually. COVID-19 has further complicated the country's response to the opioid epidemic. In the 12-month period ending in May 2020, over 81,000 people in the U.S. lost their lives to a drug overdose – the highest number ever recorded in a single one-year period, and the majority related to opioids.

Hospital admission is a reachable moment to address opioid use disorder, initiate treatment with buprenorphine, and link patients to appropriate outpatient addiction care after discharge.

Addressing opioid use disorder during hospitalization reduces morbidity and mortality, readmissions, total cost of care, and provider burnout. Since 2017, the Support Hospital Opioid Use Disorder Treatment (SHOUT) Texas program at Dell Medical School at The University of Texas at Austin has been pioneering a model of effective hospital-based care to address opioid and substance use disorders. This work is empowered by already-existing care teams in the hospital and in the absence of an addiction medicine service. The program has successfully initiated more than 250 patients on treatment, the majority of who participate in addiction care after hospital discharge.

SHOUT Texas Program Offerings:

Monthly ECHO Community of Practice series	Monthly virtual technical assistance and office hours
Individualized consulting and technical assistance	Expansion pilot program seed funding

Funding Opportunity:

With funding from Texas Health and Human Services, SHOUT Texas is pleased to announce a grant program to establish this model of care in the inpatient care setting at three additional Texas acute care hospitals. Focused on increasing access to evidence-based treatment such as buprenorphine and harm reduction such as naloxone, selected institutions will receive the following:

1. Targeted assistance and coaching sessions to develop clinical protocols and provide institutional education.
2. Direct and regular consultation with a team of local Texas experts to ensure success.
3. Membership to a network of other institutions working to improve care for people with opioid and substance use disorder.
1. \$35,000 in seed funding to be used towards dedicated time for a clinical champion to lead care transformation in the inpatient setting.

The implementing hospital will be responsible for:

2. Formal placement of a clinical champion to lead implementation
3. Development of interprofessional clinical protocols and workflows for initiation of buprenorphine
4. Coordination and implementation of institutional educational activities
5. Raising awareness within their respective institutions
6. Establishing relationships with local outpatient clinics
7. Reporting basic monthly metrics to SHOUT Texas

Applications are easy! Please be prepared to submit the following:

1. Brief personal statement of no more than 3 to 5 pages. The statement must include:
 - a. The name and credentials of the intended clinical champion and a description of the champion's professional interest in improving care for hospitalized patients with substance use disorders.
 - b. A description of how the champion will engage members of the interprofessional care team.
 - c. A description of the hospital's readiness to implement a buprenorphine treatment program.
2. CV of the person who will be designated the clinical champion.
8. Letter of support from a hospital executive, not to exceed one page.

Applications are accepted on a rolling basis! Send an email with all requested information to SHOUTx@austin.utexas.edu with the subject: "SHOUT Texas Expansion Site Application"

