



# Inpatient Buprenorphine Initiation for Opioid Use Disorder

## PROGRAM OVERVIEW

The Buprenorphine Team (B-Team) offers patients with Opioid Use Disorder (OUD) the opportunity to start buprenorphine treatment while in the hospital. Buprenorphine has been FDA approved to treat OUD since 2000 and is proven to decrease a patient's physical dependency on opioids while increasing self-efficacy and overall quality of life during and after treatment. Primary teams are encouraged to notify the Buprenorphine Team about any patient who may have a diagnosis of OUD.

## WHY USE THE B-TEAM?

Opioid Use Disorder is a chronic, lifelong medical condition that can be effectively treated with buprenorphine. Buprenorphine is safe and cost-effective. Importantly, starting buprenorphine for interested patients during hospitalization facilitates increased completion of inpatient medical therapies and the ultimate transition to outpatient substance use disorder treatment. This program may provide definitive therapy for some of our most vulnerable patients and helps them to achieve meaningful societal contributions, such as employment, long-term housing, reducing infections associated with OUD, and decreasing subsequent drug use.

Our team can also help patients who are not interested in buprenorphine therapy, including counseling, resource navigation, and naloxone.

## 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 interest in cessation of illicit opioids.
- Using opioids other than as prescribed and feeling sick when opioids are abruptly stopped are both signs of possible opioid use disorder.

*The B-Team is an interdisciplinary group that includes prescribers, nurses, social workers, case managers, pharmacists, chaplains, and a peer support specialist. **To refer a patient, TigerText the "Buprenorphine Team".***

## HOW DOES THE PROGRAM WORK?

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

1. **Request a Consultation:** Any member of the primary team TigerTexts the “Buprenorphine Team”
2. **Patient Assessment:** The B-Team screens the patient for opioid use disorder and counsels on buprenorphine treatment. If the patient is interested, orders are placed for buprenorphine, and the nurse follows protocol to initiate the medication.
3. **Treatment Plan:** The patient will continue to receive buprenorphine while in the hospital, and will receive a prescription upon discharge to last through their first outpatient appointment. The patient will also be provided with care coordination and peer recovery support.
4. **Discharge and Outpatient Care:** The patient will receive ongoing buprenorphine therapy and will continue to have access to peer recovery support services as an outpatient.

## COMMON MISCONCEPTIONS ABOUT MAT

- *MAT is replacing one opioid with another*

Although buprenorphine does activate opioid receptors to some extent, it provides a safer and standardized dose. It is also proven to reduce mortality in half while decreasing drug use, decrease hepatitis C and HIV transmission, and establish a stable foundation to improve a patient’s quality of life.

- *MAT has high potential for diversion/misuse*

The potential for diversion is significantly lower than that of treatments for opioid use disorder. Buprenorphine in the outpatient setting is typically combined with naloxone, and administered buccally or sublingually. This makes it very challenging to achieve euphoria if misuse is attempted.

## GUIDELINES AND TALKING POINTS

- Establish rapport with patients to discuss drug use 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

## CHANGING THE LANGUAGE OF ADDICTION

### Say This

- person with a substance use disorder
- person with an opioid use disorder
- person in recovery
- negative/positive result(s)
- addiction, substance use disorder
- drug or medication misuse

### Not That

- addict, abuser, user, junkie, druggie
- oxy-addict, meth-head
- ex-addict
- clean/dirty (drug test)
- addictions, addictive disorders
- drug abuse

*To place a B-Team consult, TigerText the “Buprenorphine Team”.*

### Need more information?

Email Rich Bottner ([rbottner@ascension.org](mailto:rbottner@ascension.org)) and/or Alanna Boulton ([alanna.boulton@austin.utexas.edu](mailto:alanna.boulton@austin.utexas.edu))