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Please refer to the electronic copy of this policy for the latest version.

Purpose:

To describe the purpose of the Bridge Clinic Program and related protocols for treating patients.

Policy Applies: (check all that apply)

- All Staff
- Administrative Staff
- Clinical Staff
- Providers
- Board of Directors
- Only applies to this or these sites: _____

Policy:

- **What is Bridge Clinic?** *Bridge Clinic is a low barrier, medication first model of treatment designed for rapid access to treatment and provides an opportunity of starting medication for opioid use disorder (MOUD) as quickly as possible and to eventually transition to comprehensive care, including psychosocial support.*
- **What is harm reduction?**
 - Providing patient opportunities to start medication for addiction treatment and accepting that complete abstinence may not be the patient’s current goal, while facilitating changes that will help to protect their health and improve their quality of life. Examples include:
 - Buprenorphine/Naloxone
 - Needle exchange
 - Hepatitis C treatment
 - Naloxone for overdose prevention
 - Mental health treatment
- **Walk In Care (WIC) Bridge Appointment**
 - Who qualifies for this service?
 - **People who meet DSM V criteria for Opioid Use Disorder (OUD) and are not currently in a MAT program.**
 - **People who have been in an MAT program in the prior 30 days may not access the Bridge Clinic through WIC.**
 - Provider and MA will collect the following;
 - Point of care urine drug screen
 - Prescription Monitoring Program (PMP)

- Clinical Opiate Withdrawal Scale (COWS) score
 - 5 question Substance Use History in Centricity
 - Informed consent for the use of buprenorphine/naloxone will be obtained at the first visit.
 - **Walk In Care (WIC) providers may not prescribe plain buprenorphine (Subutex) without consulting the Director of Addiction Services**
 - Buprenorphine/Naloxone **dosing will not exceed 8mg per day at the WIC phase.**
 - After the initial visit the patient should normally be scheduled for a follow up visit in **no more than 3 days**. If 3 day access is not available and it is determined to be acceptable safe this may be extended to as much as 7 days.
 - If the patient is not bridge eligible they may be referred to a site specific Recovery Program Coordinator so they can be connected to other services.
 - If a provider is not waived, they will contact Director of Walk-In Care to write the Buprenorphine prescription.
 - If a patient is scheduled for an intake and was given a prescription through WIC to bridge them to that appointment, they cannot be reevaluated through WIC if they no-showed the intake appointment. They will need to follow-up with the clinic at which they were scheduled.
 - The patient may re-present to WIC if they have not been seen within 30 days of their last WIC visit
 - The patient is able to present to WIC 3 times in a six month period. If they do not present to their intake after their 3rd WIC visit they cannot be seen back in WIC for 60 days from their 3rd WIC visit.
- **Initial Bridge visit at PCH Center will include the following:**
 - Urine drug screen (UDS)
 - An attempt to collect a Complete Blood Count with differential (CBC), Comprehensive Metabolic Panel (CMP), Acute Hepatitis panel, Human Immunodeficiency Virus (HIV) screening, and a Thyroid Stimulating Hormone (TSH) Reflex panel
 - Controlled Substance Contract for OUD
 - Standard Release of Information (ROI)
 - Authorization to Treat
 - Care Coordination Form
 - Substance Use History
 - Bridge agreement signed – The patient should be offered a copy or check the box that they declined to receive one.
 - Patient **MUST** present to initial Bridge visit to get any further refills on their Suboxone prescription
- **Next Steps : Stabilization**
 - The patients phase of bridge treatment should be documented by the MA or Recovery Coordinator in the patient chart as a pop-up
 - **Phase I** – Minimum of one appointment per week; dose adjustment per provider
 - **Phase II**- 7 day Rx
 - Ongoing attempts to collect bloodwork
- **Phase I**

- Visits intervals are determined by provider, but will not be longer than 7 days. If a patient's prescription is longer than 7 days they are no longer considered to be a Bridge Clinic patient and fall under the appropriate policy and procedure guidelines
- Naloxone (Prescription or Log Sample in Med List)
- Setting up expectations for patients regarding expectations:
 - Buprenorphine present in UDS with appropriate metabolites per Mass Spectrometry Testing
 - Attending appointments promptly
 - Case management referral
 - Outreach & Enrollment as appropriate for sliding scale enrollment and insurance enrollment
 - Encouraging patient to attending any forms of group therapy or counseling
 - Establishing Primary Care if needed
 - Decrease stimulant use if applicable
- If patient is not meeting the above mentioned expectations a Behavioral Plan will be developed by the responsible provider and Bridge Clinic team if appropriate. The plan will be reviewed with the patient and the responsible provider or clinical lead and signed.

- **Phase II**
 - 7 day prescriptions at stable dosing
 - Weekly UDS with negative opioid result/Buprenorphine present
 - patient will have had 2 appropriate UDS confirmations sent at least 2 weeks apart. UDS confirmations should be completed at a minimum of once every 3 months while in Bridge Clinic
 - Hepatitis C positive patients are referred to pharmacy for disease management
 - The patient will be offered Hepatitis A and B vaccines if appropriate
 - Discussions of referral to recovery programs. A list of MAT service options will be provided
 - Encourage engaging in group therapy
 - Utilizing community services (WISH, Care Management, etc.)
 - Relapse prevention plan on file if appropriate
 - This does not need to be a standalone document, but incorporated into a counselor or provider's note
 - Decrease stimulant use if applicable

ADDITIONAL INFORMATION:

- **It is expected that patients will remain in the Bridge program for** no more than 6 months and that when appropriate staff will support patients to transition to a recovery program, or if stabilized, to a primary care provider for ongoing management of their OUD
 - **Patients may charge medications for a maximum of 30 days** at the PCHC Pharmacy on Union St. with an understanding that they must complete an Affordable Care Program and Medication Assistance Program packet, and will assume responsibility of payment if no insurance/ACP is put in place at the end of 30 days (see Pharmacy Procedure for Bridge Program policy)

- Patients who have previously been treated for OUD through the Bridge Clinic may re-engage through a WIC visit after 30 days have elapsed since last appointment in the Bridge Clinic. Prior to 30 days they must reschedule with their Bridge Clinic provider.
 - Patient Service Representatives will facilitate scheduling the patient for this appointment, guided by the policy.

- **Referrals to Program**
 - A patient with complex opioid use disorder must be seen for 6 appointments or minimum of 6 weeks by a bridge provider before a referral is entered for program.
 - Please be aware that a referral is not necessary for a patient to connect to a treatment program of their choosing

- **Diversion**
 - If there is any clinical concern that the patient may be diverting their medication, they will be called in to provide a UDS/mouth swab and film count.
 - If the patient presents and UDS/Film Count is non-reassuring, the patient will have the option of daily dosing at Hope House or Bridge Clinic pending availability.
 - If the patient refuses the treatment options, the provider will discontinue the prescription but work to both maintain other support and care for the patient or arrange appropriate transfer of care.
 - If the patient presents and UDS/Film Count is reassuring, the patient will continue with their treatment plan with higher frequency of monitoring.
 - If a patient is witnessed by staff diverting medication on site, their prescriptions will be cancelled. They will be seen as soon as possible by the recovery program provider, bridge clinic provider or the site medical director. The patient will have the option of daily dosing at Hope House or Bridge Clinic pending availability.

- **Levels of Accountability (Phase I & II)**
 - Patient Behavior expectations
 - Speaking appropriately to staff (no swearing, yelling, threatening, demanding)
 - Proper phone etiquette (and answer voicemails within 24 hours.
 - Waiting room appropriateness (maintaining respectful presentation, civil language, keeping clothes/shoes on, keeping belongings with them at all times)
 - UDS expectations – A point of care (POC) urine drug screen should be done at every visit. A Mass Spectrometry testing UDS should be done at the provider’s discretion if the POC comes back with any indications of concern. Documentation of why a Mass Spectrometry testing drug screen was done needs to be clearly documented in the encounter. Expectations for successful treatment include:
 - Buprenorphine present
 - Decrease in stimulants (**Mass Spectrometry testing only**)
 - Decrease in opioids (**Mass Spectrometry testing only**)
 - Decrease in alcohol (**Mass Spectrometry testing only**)
 - No falsification (dipping films, using other person’s urine)
 - Attendance expectations
 - Calling 24 hours in advance to cancel and reschedule appointments

- Showing up on time (15 minutes prior to appointment)
 - Calling within a reasonable time frame if they are going to be late
 - No more than two no-shows during their use of Bridge Clinic
- **Rescheduling/No-Show appointments with a Buprenorphine refill request**
 - It is expected that patient attend their visits weekly. If patients are attending less than 2 visits per month for 2 months in a row they will be reviewed in team huddle to determine if it is appropriate for them to continue in Bridge Clinic
 - **First Canceled Appointment (short notice or otherwise)** – The patient will first be offered an alternative appointment time for the same day if available
 - At the discretion of the responsible provider (or clinical lead if the responsible provider is not available) the patient may be offered a one-time refill of their medication without an office visit. This will not be communicated to the patient until the responsible provider has had the opportunity to review this option. The patient will still be expected to provide a UDS prior to their refill. This option will be available to patients **once every three months.**
 - The patient will be made aware that they will not receive any further prescription refills until they attend a scheduled appointment.
 - The patient will be made aware that they will not receive any further refills in the case of a missed appointment.
 - **Important Note: This does not apply to patient's Initial Bridge Visits**
 - **First No Show** - If patient made no attempt to cancel appointment, no further prescriptions until patient comes in. Again, provider may require urine drug testing or oral fluid testing.
 - **If patient has no showed more than one appointment** - This will be addressed at their appointment and the treatment plan will be altered based on the clinical scenario.
 - **All refills are pending a UDS result**