

**South Carolina Department of Health & Human Services**

**and**

**Medical University of South Carolina**

**Pilot Program to Expand Medication Assisted Treatment Services**

**with:**

**South Carolina Department of Alcohol and Other Drug Abuse Services  
Medical University Hospital Authority of the Medical University of South  
Carolina**

**Grand Strand Medical Center  
Tidelands Waccamaw Medical Center  
Charleston Center  
Shoreline Behavioral Health Services**

**Monthly Monitoring Report VII:**

**July 1, 2018-July 31, 2018**

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## **I. Introduction**

The South Carolina Legislature enacted Proviso 33.20(H) of the 2017-2018 Appropriation Act authorizing SCDHHS to provide funding not to exceed One Million, Five Hundred Thousand Dollars (\$1,500,000) to establish a pilot program to expand medication-assisted treatment (MAT) services for prescription opioid dependency and addiction, including such medical and behavioral health services necessary to support MAT interventions in consultation with the Department of Alcohol and Other Drug Abuse Services and the Medical University of South Carolina (MUSC).

The intent of the pilot program is to identify opioid addicted patients through hospital emergency departments (ED), determine patients eligible for treatment with buprenorphine, and subsequent follow up with a provider for ongoing addiction treatment beyond the emergency department. The goal of the pilot program to provide services targeted to Charleston and Horry Counties in South Carolina.

MUSC will subcontract with entities including The Mosaic Group for consultation in developing a MAT pilot program that spans the care continuum for opioid addicted patients; the Medical University Hospital Authority of the Medical University of South Carolina (MUSC) in Charleston County, and Grand Strand Medical Center and Tideland's Waccamaw Medical Center in Horry County to provide ED services; as well as the Charleston Center and Shoreline Behavioral Health Services in Charleston and Horry Counties, respectively, to provide other clinical services outside of the hospital setting for follow up treatment of opioid addicted patients.

### Measured Project Outcomes

- Number of ED patients screened face-to-face for opioid disorder (goal 500 for project)
- Number of ED patients provided with naloxone reversal kits (goal 150 for project)
- Number of ED patients determined eligible for buprenorphine induction (goal 150 for project)
- Number of ED patients inducted on buprenorphine and referred to outpatient community providers for follow on treatment (goal 100 for project)
- Percentage and raw number of ED patients referred for follow up opioid treatment that make the first appointment with the provider
- Number of referred opioid patients retained in treatment beyond the hospital after thirty (30) days

## II. Services Delivered

### Medical University of South Carolina

July 1, 2018-July 31, 2018:

477 ED patients identified through universal screening or electronic medical record review of complaint/reason for visit, problem list/history and nursing triage to receive screening for substance misuse using Drug Abuse Screening Tool (DAST) and Alcohol Use Disorders Identification Test (AUDIT).

48 ED patients screened positive for substance misuse/abuse on DAST/AUDIT and received brief interventions (BI).

- 12 patients identified with solely alcohol misuse/abuse
- 6 patients identified with solely cocaine misuse/abuse
- 1 patient identified with solely methamphetamine misuse/abuse
- 6 patients identified with solely marijuana misuse/abuse
- 1 patient identified with solely benzodiazepine misuse/abuse
- 5 patients identified with polysubstance (excluding opioids) misuse/abuse
- 17 patients identified with polysubstance (including opioids), solely prescription opioids or solely heroin misuse/abuse
  - 9 with polysubstance (including opioids)
  - 3 with solely heroin misuse/abuse
  - 3 with solely prescription opioid misuse/abuse
  - 2 with unknown opioid misuse/abuse
    - 1 did not receive buprenorphine in the ED as a result of refusing substance abuse treatment (*eligible*)
    - 2 did not receive buprenorphine in the ED as a result of not wanting substance abuse treatment but willing to decrease use (*eligible*)
    - 2 did not receive buprenorphine in the ED as a result of wanting an abstinence-based program (*eligible*)
    - 1 did not receive buprenorphine in the ED as a result of not being ready for treatment (*eligible*)
    - 1 did not receive buprenorphine in the ED, unknown reason (*potentially eligible*)
    - 1 did not receive buprenorphine in the ED, unknown reason, referred to Charleston Center (*potentially eligible*)
    - 3 did not receive buprenorphine in the ED as a result of already being on medicated assisted therapy
    - 1 did not receive buprenorphine in the ED, due to being from outside the area with no Fast Track Provider available (Greenville)
    - 5/13 eligible/potentially eligible patients received buprenorphine in the ED

5 patients arrived to next day Fast Track appointments

- 5 to Charleston Center
  - 5 continued on buprenorphine at next day Fast Track appointment

- 4 insured
  - 2 Blue Cross Blue Shield
  - 2 Medicaid
- 1 uninsured
  - Treatment funded with State Targeted Response Grant funds

## Grand Strand Medical Center

July 1, 2018-July 31, 2018:

73 ED patients identified through hospital staff, electronic medical record review of complaint/reason for visit, problem list/history or nursing triage to receive brief interventions (BI) for substance abuse/misuse.

66 patients received a BI

- 20 patients identified with solely alcohol misuse/abuse
- 2 patients identified with solely cocaine misuse/abuse
- 3 patients identified with solely methamphetamines misuse/abuse
- 10 patients identified with polysubstance (excluding opioids) misuse/abuse
- 31 patients identified with polysubstance (including opioids), solely prescription opioids or solely heroin misuse/abuse
  - 14 with polysubstance (including opioids)
  - 14 with solely heroin misuse/abuse
  - 3 with solely prescription opioid misuse/abuse
    - 2 did not receive buprenorphine in the ED as a result of refusing substance abuse treatment (*eligible*)
    - 2 did not receive buprenorphine in the ED as a result of not wanting substance abuse treatment but willing to decrease use (*eligible*)
    - 5 did not receive buprenorphine in the ED as a result of wanting an abstinence-based program (*eligible*)
    - 1 did not receive buprenorphine in the ED as a result of being from outside the area, referred to Charleston Center
    - 2 did not receive buprenorphine in the ED as a result of being admitted
    - 3 did not receive buprenorphine in the ED as a result of being not clinically appropriate for buprenorphine at time of ED visit
    - 2 did not receive buprenorphine in the ED, due to being from outside the area
    - 1 did not receive buprenorphine in the ED as a result of being medically unstable
    - 3 did not receive buprenorphine in the ED as a result of already being on medicated assisted therapy
    - 10/19 eligible/potentially eligible patients received buprenorphine in the ED

10 patients arrived to next day Fast Track appointments

- 10 to South Carolina Primary Care
  - 9 continued on buprenorphine at next day Fast Track appointment
  - 1 suicidal and sent to ED for evaluation
- 10 uninsured
  - Treatment funded with State Targeted Response Grant funds

Tidelands Waccamaw Medical Center

July 1, 2018-July 31, 2018:

80 ED patients identified through hospital staff, electronic medical record review of complaint/reason for visit, problem list/history or nursing triage to receive brief interventions (BI) for substance abuse/misuse.

76 patients received a BI

- 42 patients identified with solely alcohol misuse/abuse
- 1 patient identified with solely cocaine misuse/abuse
- 4 patients identified with solely marijuana misuse/abuse
- 1 patients identified with solely benzodiazapines misuse/abuse
- 5 patients identified with polysubstance (excluding opioids) misuse/abuse
- 23 patients identified with polysubstance (including opioids), solely prescription opioids or solely heroin misuse/abuse
  - 15 with polysubstance (including opioids)
  - 4 with solely heroin misuse/abuse
  - 4 with solely prescription opioid misuse/abuse
    - 4 did not receive buprenorphine in the ED as a result of refusing substance abuse treatment (*eligible*)
    - 2 did not receive buprenorphine in the ED as a result of not wanting substance abuse treatment but willing to decrease use (*eligible*)
    - 3 did not receive buprenorphine in the ED as a result of wanting an abstinence-based program (*eligible*)
    - 2 did not receive buprenorphine in the ED, unknown reason, referred to other treatment providers (Coastal Wellness & Martha's House) (*potentially eligible*)
    - 2 did not receive buprenorphine in the ED as a result of being admitted
    - 1 did not receive buprenorphine in the ED as a result of being not clinically appropriate for buprenorphine at time of ED visit
    - 1 did not receive buprenorphine in the ED as a result of already being on medicated assisted therapy
    - 8/19 eligible/potentially eligible patients received buprenorphine in the ED

5 patients arrived to next day Fast Track appointment

- 4 to South Carolina Primary Care
- 1 to Tidelands Island Family Care
  - 5 continued on buprenorphine at next day Fast Track appointment
- 2 insured
  - SC Medicaid
- 3 uninsured
  - Treatment funded with State Targeted Response Grant funds

## Cumulative Summary

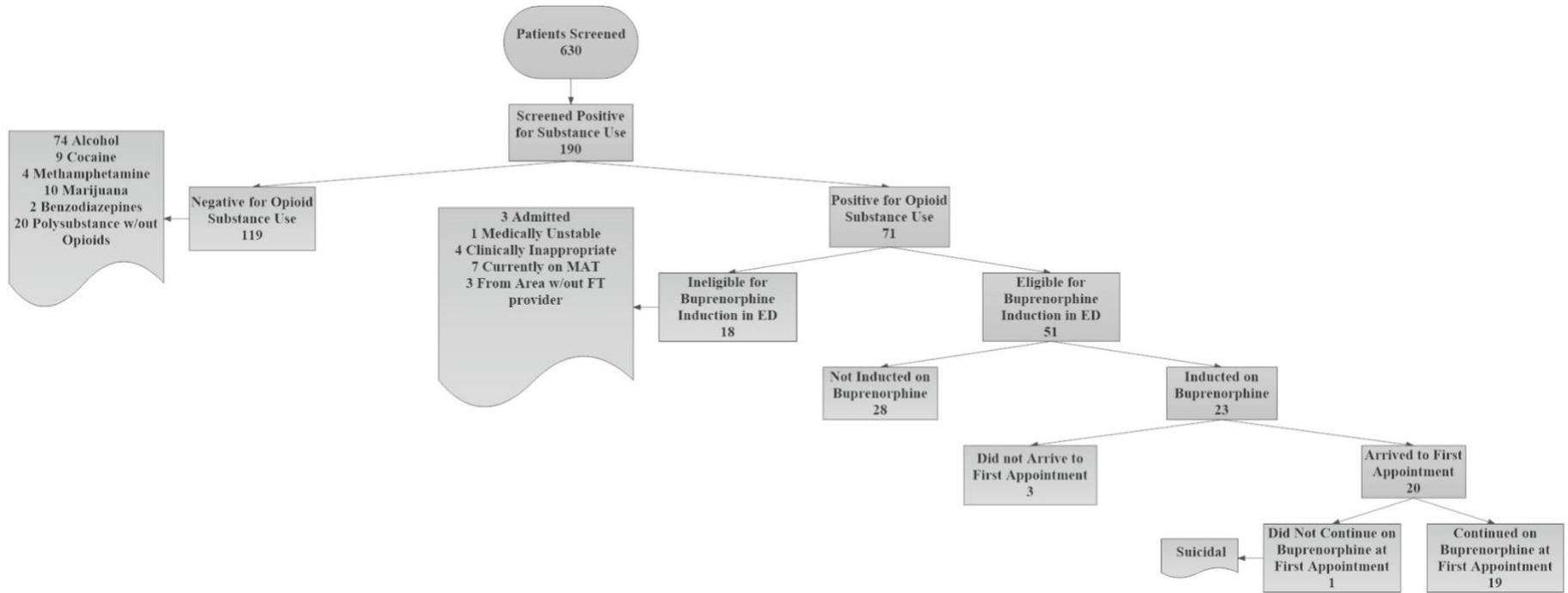
	12/10-1/10	1/11-2/11	2/12-3/31	4/1-4/30	5/1-5/31	6/1-6/30	7/1-7/31	8/1-8/31	9/1-9/30	10/1-10/31	11/1-11/15	Total	<i>Pilot Goals</i>
# ED patients screened for substance abuse/misuse	41	56	580	669	711	627	630					3314	500
# ED patients screened positive for substance abuse/misuse	28	29	254	234	200	209	190					1144	
# ED patients screened positive for OUD	13	9	73	65	56	74	71					361	
# ED patients provided with naloxone kits	*	*	2	14	12	5	14					47	150
# ED patients determined eligible for buprenorphine	6	3	39	47	42	51	51					239	150
# ED patients inducted on buprenorphine	6	3	20	19	15	22	23					108	100
# (%) ED patients inducted and arrived to first appointment	6 (100%)	3 (100%)	13 (65%)	14 (73.7%)	11 (73.3%)	20 (90.9%)	20 (87%)					87 (80.6%)	
# retained at thirty-day mark	**	6/6	2/4	8/12	9/14	6/11	9/20					40/67	

\*Naloxone kits not yet available

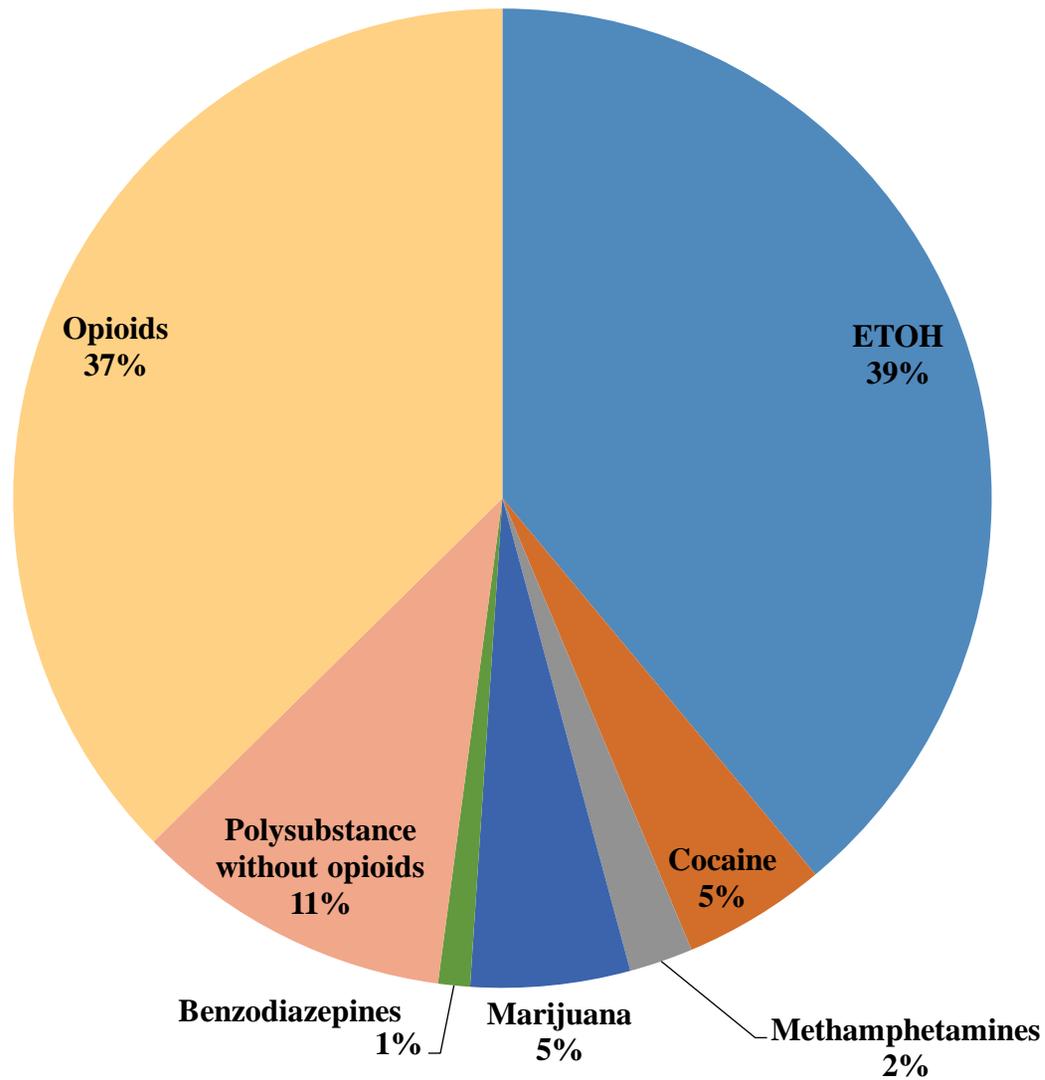
\*\*30 day window still open

- 630 patients screened for substance abuse/misuse
  - 3314 patients screened to date
- 87% arrived to next day appointments
  - 80.6% arrived to next day appointments to date
- 45% of patients inducted in the ED retained in treatment at 30 days
  - 59.7% of patients inducted in the ED retained in treatment at 30 days to date

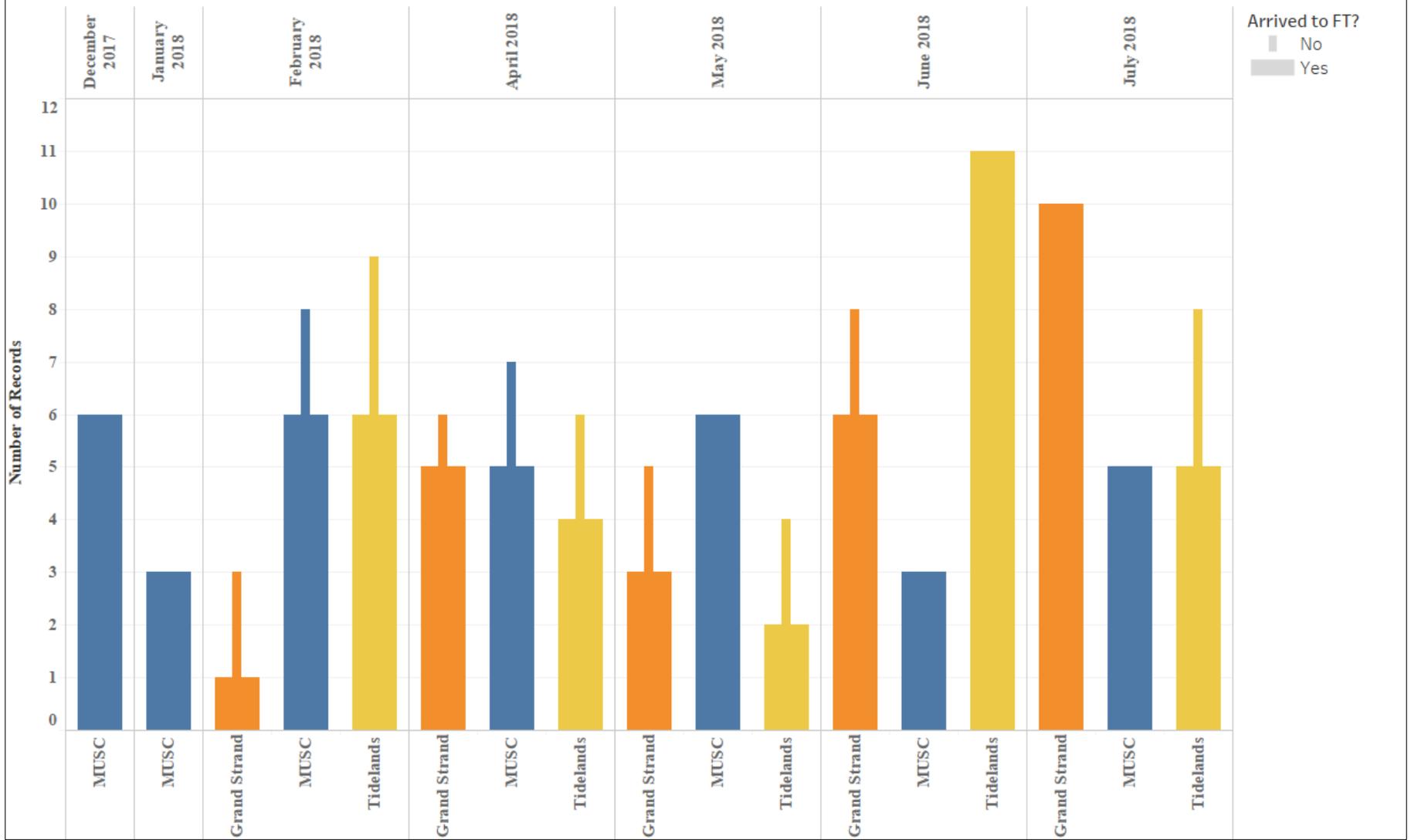
# Patient Breakdown: July 1-July 31, 2018



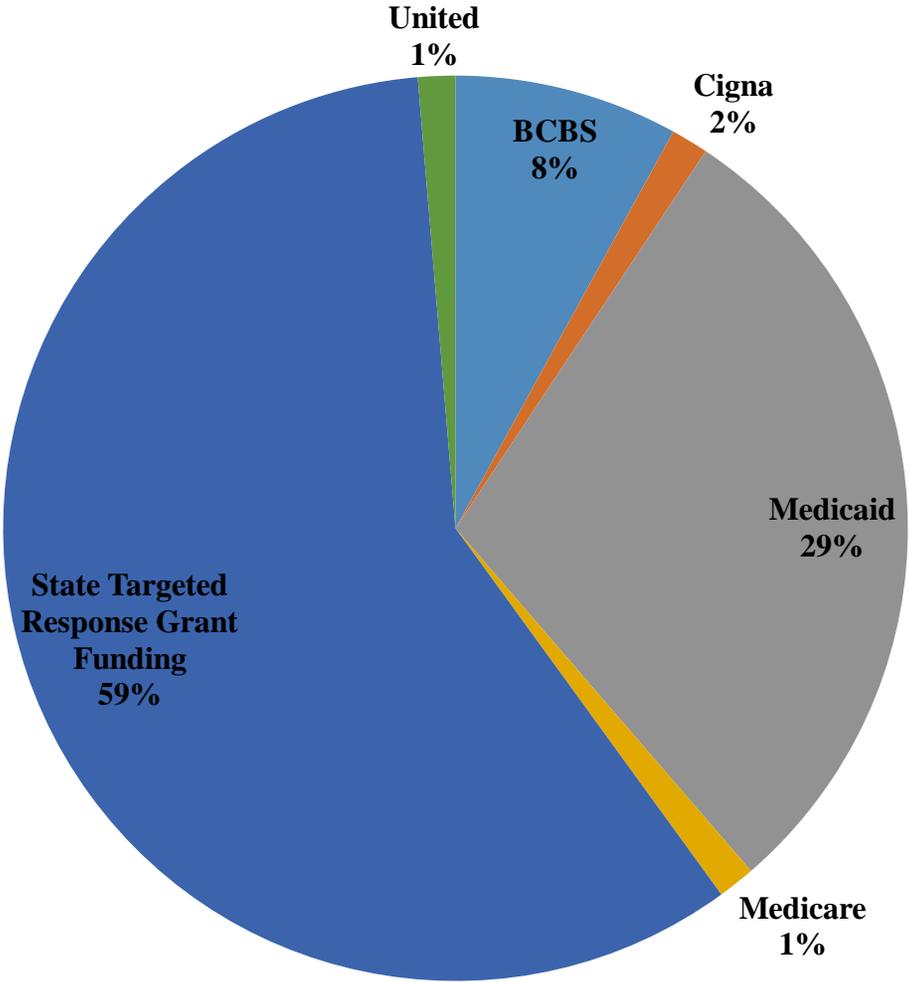
# Cumulative Substances of Misuse/Abuse July 1-July 31, 2018



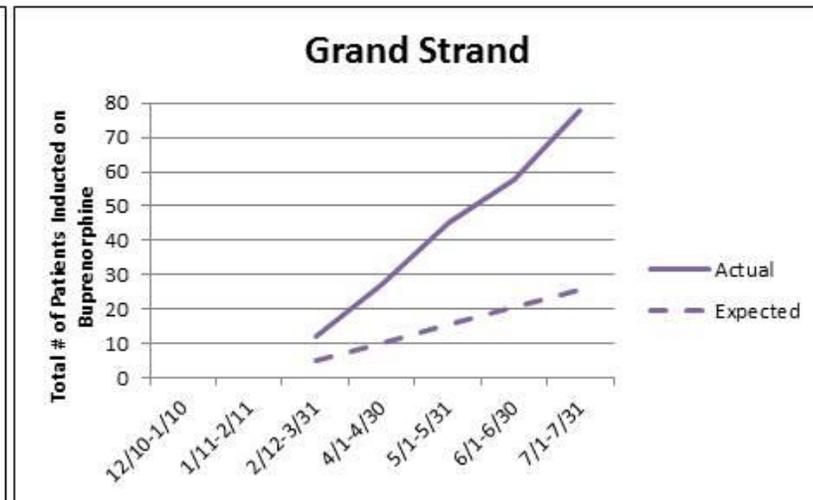
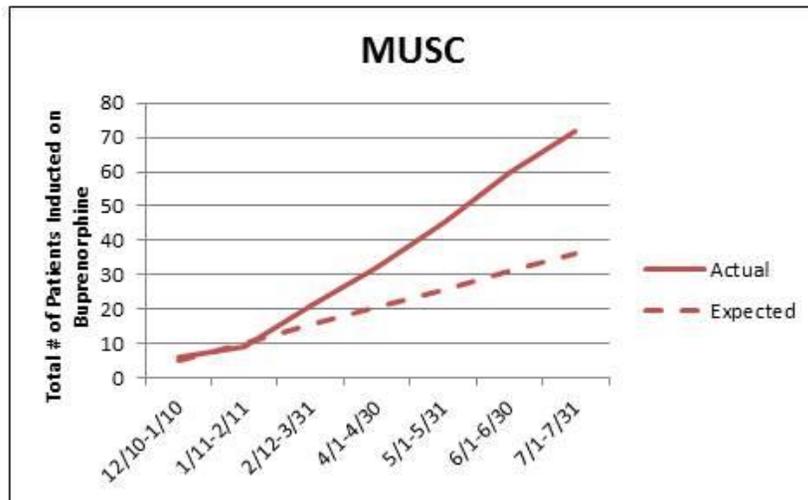
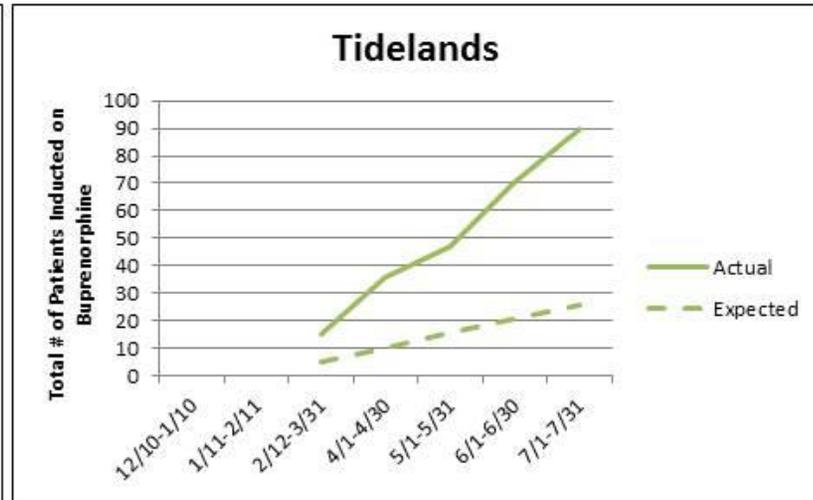
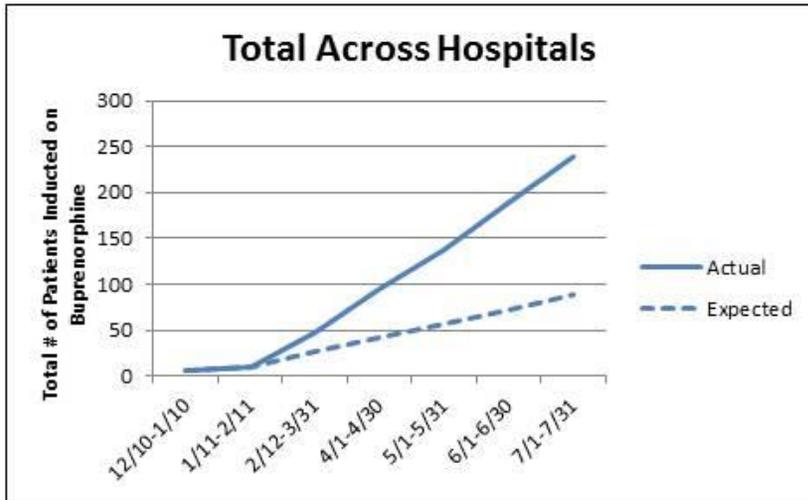
# Number of patients inducted on buprenorphine in the ED that arrived to FT appointments



**Cumulative Payor Breakdown for Buprenorphine Project Fast Track  
Patients: December 10, 2017-July 31, 2018**



## Actual vs. Expected Number of Patients Eligible for Buprenorphine



## Actual vs. Expected Number of Patients Inducted on Buprenorphine

