

# Discharging Patients With Methadone: Linkage to Outpatient Care



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#### **Problem**

- Outpatient Treatment Programs (OTP "Methadone Clinic")
  - Limited hours, locations, and intake restrictions/challenges
- Prescribing Limitations
  - Can **NOT** prescribe methadone for OUD, dispense from OTPs only
- Patient Challenges
  - Life restrictions (job, appointments, stigma, etc.)

#### Goal

- Optimize DEA exception → Methadone "3 day dispense"
- Expedite discharge → Decreasing length of stay → Decrease readmission
- Harm reduction → Initiating medications for opioid use disorder (MOUD) treatment
- Linkage to care → OTP

### Innovation: Take Home Methadone "3 day dispense"

2020

- UCM formulary changes: methadone expanded to initiation of therapy for maintenance and detoxification
- Prior to update methadone was only allowed for continuation of prior to admission medication with confirmation from outpatient treatment program

2023

- Provision of the ACT to revise 21 CFR § 1306.07(b)
  "so that practitioners are allowed to dispense not
- <u>"so that practitioners.. are allowed to dispense not more than a three-day supply of narcotics drugs to one person or for one person's use at one time for the purpose of initiating maintenance treatment or detoxification treatment (or both)."</u>

2024

- Take home Methadone implemented (3 day-72 hour dispense)
- Inpatient bridging to outpatient treatment

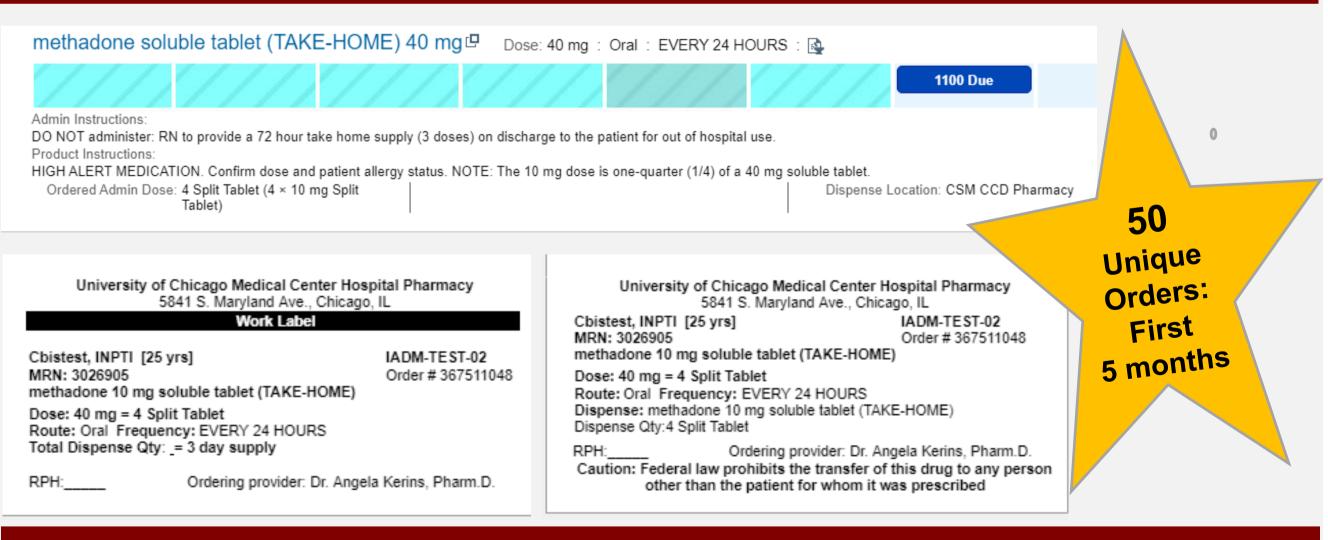
## Acknowledgements

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# Intervention Design: "3 day dispense"



# Impact: Linkage to Outpatient Care



#### Lessons Learned" and "Next Steps

- Lessons Learned:
  - Ordering/Dispensing Delays Ensure early order entry to allow for delivery prior to discharge
  - Methadone Bias/Stigma Role in treatment, legal concerns and overdose education
- Next Steps
  - Collaboration with Patient Care Coordinators