BRIDGE TO CARE

Advancing Linkage to and Retention in Care Across Health Care Settings for Patients with Opioid and/or Stimulant Use Disorder

2025

LITERATURE REVIEW

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INTRODUCTION

Care transitions — the process of moving patients between different health care settings or levels of care — are pivotal in the effective management of opioid use disorder (OUD) and stimulant use disorder (StUD). These transitions often determine whether patients can access necessary resources, remain engaged in treatment and have the support they need to maintain long-term recovery.

This review synthesizes recent research on linkages and retention in care for patients with OUD and StUD, searched for as "care transitions," as prepared by the Health Research and Educational Trust (HRET) of the American Hospital Association (AHA). The review focuses on recurring themes identified in three clinical settings: primary care, inpatient care and pharmacies.

We encourage readers to use this literature review as supplementary information to the information provided in the toolkits of this report. Note that sources from page 7 onward are listed numerically; footnotes throughout this literature review mention these numbers as a reference point the reader can use for further context and research.

Methodology

From Oct. 4-11, 2024, staff at the AHA's Resource Center identified a series of medical subject headings (MeSH) to identify key current literature in the field on care transitions in OUD and StUD. Identified references include peer-reviewed articles, study protocols and grey literature / non-peer-reviewed resources.

MeSH terms, Google Scholar / Google search terms and PubMed searches are identified below.

MeSH terms: "care transitions in opioid use disorder," "care transitions in stimulant use disorder," "continuity of patient care," "referral and consultation," "transitional care," "patient transfer," "substance-related disorders," "Opioid-Related Disorders* / therapy," "Substance-Related Disorders* / therapy"

Google Scholar/Google searches:

- Primary care to inpatient transition of care substance use disorder (Google) (Google Scholar)
- Primary care transfer of care substance use disorder (Google) (Google Scholar)
- Rural integrated sud care (Google) (Google Scholar)
- Care transition stimulant use disorder (Google) (Google Scholar)
- Independent hospital SUD care transitions (Google) (Google Scholar)
- Rehabilitation hospital and stimulant use disorder and care transition (Google) (Google Scholar)

PubMed searches:

- (Continuity of Patient Care*) AND (Substance-Related Disorders / therapy*)
- Oud stewardship
- Sud linkage to care
- ("Substance-Related Disorders"[Majr]) AND ("Transitional Care"[Majr] OR "Patient Transfer"[Majr])
- ("Pharmacists"[Majr]) AND "Substance-Related Disorders"[Majr])

I. Care Transitions in Primary Care Settings

Primary Care Settings / Initial Interface for Treatment

Primary care clinics can often be the first point of contact for identifying individuals in need of OUD and/or StUD care and for individuals seeking treatment for OUD and StUD. They also offer opportunities to coordinate care with other clinicians.[1] As such, these clinics hold significant potential for initiating and sustaining treatment, particularly for OUD. StUD management in primary care remains less developed than OUD due to less research across the field.

Integration of Addiction Medicine into Primary Care

Integrating addiction medicine into primary care has shown promise in improving retention of patients in care and reducing emergency department utilization for addiction treatment. Recovery management checkups in primary care settings, for instance, significantly increased treatment engagement and the number of days in treatment compared to standard referral methods.[2] These integration models emphasize assertive linkage and regular follow-ups to ensure sustained patient engagement.

Barriers to Treating StUD in Primary Care

Unlike OUD, which benefits from medications approved by the Food and Drug Administration such as buprenorphine and methadone, pharmaceutical treatments for StUD are lacking. Primary care providers often rely on harm reduction techniques, motivational interviewing and referral to addiction specialists. This gap highlights the need for additional research on effective models and treatments to manage StUD within primary care.

Rural Considerations

Rural areas face their own challenges in delivering OUD and StUD care, such as sparsely populated areas isolated from cities and services, as well as limited access to broadband internet and public transportation. Programs like the Project RAMP (Rural Access to Medication Assisted Treatment in Pennsylvania) have successfully recruited and supported rural primary care providers to deliver medication for opioid use disorder (MOUD).[3]

II. Care Transitions in Inpatient Settings

Inpatient Settings / Initial Interface for Treatment

Inpatient settings offer critical intervention points for engaging individuals with OUD and StUD in treatment. Inpatient stays, particularly for related illnesses, are a reachable moment for clinicians to screen for OUD and StUD and address treatment options with patients when needed. Effective care transitions from inpatient to outpatient or community-based care are essential to sustaining treatment initiated during hospitalization. The literature highlighted both hospital-based interventions and bridge clinics as leading strategies for care transitions in inpatient care settings.

Hospital-based Interventions

Interventions such as addiction consult teams (ACTs) and transitional opioid programs (TOPs) have proven effective in initiating MOUD during hospitalization. ACTs provide interdisciplinary support, including MOUD initiation, harm reduction education and peer navigation.[4] TOPs aim to connect patients with OUDs to ongoing treatment in the community following initiation of MOUD treatment in the hospital.[5] Studies show that both interventions reduce self-directed discharges and improve patient retention in care.

Bridge Clinics

Low-threshold bridge clinics (which have low or no requirements to access treatment) offer immediate access to MOUD and other OUD and StUD treatments, serving as a transitional hub between inpatient care and long-term community-based services. These services support retention in care and continued follow-up; research indicates that 78% of patients transitioning from bridge clinics successfully connected to ongoing care.[6] These clinics reduce barriers to care by providing same-day services and harm reduction strategies.

Barriers to Effective Transitions

Unfortunately, some systemic barriers remain and can often hinder care transitions for patients. Safety-net hospitals, in particular, face challenges such as limited financial resources, inadequate data-sharing systems, limited availability of services and programs that can accommodate patients, and challenges in connecting patients with services and programs.[7] Building stronger hospital-community partnerships is critical to overcoming these obstacles. Collaboration and care coordination strategies such as hiring peer support specialists, using shared data platforms and having dedicated communication channels have shown promise in enhancing care continuity.

III. Pharmacy-led Care Transitions

Pharmacies / Critical Interface for Continued Treatment

Pharmacies have become increasingly recognized as critical access points for patients with OUD and StUD. Pharmacists' accessibility and expertise in medication management, in particular, position them to support care transitions, as MOUD is one of the most frequently cited care interventions in literature for OUD care.

Collaborative Treatment Models

Pharmacist-physician collaborative models can provide effective strategies for enhancing care coordination and expanding access to MOUD. Such models enable pharmacists to co-manage patients alongside physicians, improving retention rates and reducing barriers to treatment. Pharmacists often play key roles in prescribing and dispensing buprenorphine and managing complex medication regimens, particularly in rural and underserved areas. Buprenorphine in particular is a cost-effective treatment that has drawn increased interest for incorporating into collaborative care models.[8]

Veteran Populations

Within the Veterans Health Administration, clinical pharmacists have significantly increased access to MOUD for veterans with OUD. Pharmacist-led models show promise in providing immediate positive impacts for patients with OUD and complex pain issues,[9] and in many cases significantly improving medication regimen retention rates[10] among veteran patients. The successes in the literature highlight the potential for scaling pharmacy-led interventions across veterans' groups and other distinct populations.

Challenges in Implementation

Pharmacies face their own challenges in implementing OUD and StUD care, including regulatory restrictions, stigma and gaps in pharmacist training. Expanding educational programs to include OUD and StUD-specific curricula and addressing regulatory barriers can enhance the role of pharmacies in care transitions.[11]

IV. Cross-Cutting Themes and Interventions

Several themes emerge in the literature across primary care, inpatient and pharmacy settings that underscore both challenges and opportunities in optimizing care transitions for OUD and StUD.

Linkage to and Retention in Enduring, Community-based Care

The literature shows a successful linkage to long-term community-based care is a central tenet of effective care transitions. Strategies to improve retention in community-based care include peer navigation, transitional care management and incentivized follow-ups.[12] Programs such as bridge clinics and recovery management checkups have also demonstrated high rates of successful transitions when these strategies are employed.

Data-driven Approaches

The use of frameworks such as the OUD Cascade of Care enables health care systems to track patient milestones and identify areas for intervention.[13] However, operationalizing these frameworks requires significant resources and a robust data infrastructure, as well as interdisciplinary collaboration. Future efforts should focus on supporting hospitals and health systems by integrating electronic health records to limit challenges related to local health systems' specific data practices and data-sharing across different entities.

Barriers and Facilitators

Common barriers to effective care transitions include regulatory hurdles, inadequate coverage and payment, resource limitations, stigma, communication challenges, and a lack of clinical champions. Strategies such as interdisciplinary collaboration, patient-centered approaches and policy support can mitigate these challenges. For instance, safety-net hospitals have successfully used cross-sector partnerships to overcome resource constraints and enhance care continuity.[14]

V. Conclusion

Care transitions are critical to the success of treatment for individuals with OUD and/or StUD across all care settings. By leveraging effective care models, addressing systemic barriers for target populations and fostering collaboration across health care settings, clinicians can improve treatment engagement and long-term outcomes.

While our preliminary research shows promise across a wide range of care transition models, effective models of care transition in OUD and StUD treatment remain an understudied area in the field.[15] Continued research and innovation is needed to develop evidence-based and evidence-informed strategies that enhance care transitions and address the evolving needs of patients and communities.

Research results: Care transitions in OUD and StUD

Prepared by the AHA Resource Center, October 2024

Peer-Reviewed Articles

1. Reframing conceptualizations of primary care involvement in opioid use disorder treatment, *BMC Primary Care*, September 2024 (link to free full text)
2. Linking Hospitalized Patients With Opioid Use Disorder to Treatment—The Importance of Care Transitions (Invited Commentary), *JAMA Network Open*, February 2024 (link to free full text)
3. Using the Delphi Process to Prioritize an Agenda for Care Transition Research for Patients With Substance Use Disorders, *Substance Use & Addiction Journal*, July 2024 (link to abstract)
4. Clinical Pharmacist with DEA License: Efforts to Increase Access to Buprenorphine in a Veteran Population, *Journal of Opioid Management*, July-August 2024 (link to free full text)
5. Pharmacist-prescriber collaborative models of care for opioid use disorder: an overview of recent research, *Current Opinion in Psychiatry*, July 2024 (link to abstract)
6. Barriers and Facilitators to Establishing Partnerships for Substance Use Disorder Care Transitions Between Safety-Net Hospitals and Community-Based Organizations, *Journal of General Internal Medicine*, June 2024 (link to abstract)
7. Linkage to Care Outcomes Following Treatment in A Low-Threshold Substance Use Disorder Bridge Clinic, *Substance Use & Addiction Journal*, June 2024 (link to abstract)
8. Perspectives of people experiencing homelessness with recent non-fatal street drug overdose on the Pharmacist and Homeless Outreach Engagement and Non-medical Independent prescribing Rx (PHOENIx) intervention, *PLoS One*, May 2024 (link to free full text)
9. Post-hospitalization Care Transition Strategies for Patients with Substance Use Disorders: A Narrative Review and Taxonomy, *Journal of General Internal Medicine*, April 2024 (link to abstract
10. Application of an opioid use disorder cascade of care in a large public health system, *American Journal of Drug and Alcohol Abuse*, March 2024 (link to abstract)
11. Initiatives to Support the Transition of Patients With Substance Use Disorders From Acute Care to Community-based Services Among a National Sample of Nonprofit Hospitals, *Journal of Addiction Medicine*, March-April 2024 (link to abstract)
12. Knowledge, practice and attitudes regarding substance use disorder treatment and harm reduction strategies among pharmacists: a scoping review protocol, *BMJ Open*, February 2024 (link to free full text)
13. Effect of a Co-Located Bridging Recovery Initiative on Hospital Length of Stay Among Patients With Opioid Use Disorder: The BRIDGE Randomized Clinical Trial, *JAMA Network Open*, February 2024 (link to free full text)
14. Opioid stewardship program implementation in rural and critical access hospitals in Arizona, *Journal of Opioid Management*, January-February 2024 (link to abstract)
15. Research Priorities for Expansion of Opioid Use Disorder Treatment in the Community Pharmacy, *Substance Abuse*, October 2023 (link to free full text)
16. Systematic literature review of the impact of psychiatric pharmacists, *Mental Health Clinician*, July 2023 (link to free full text)
17. Trends in the Prioritization and Implementation of Substance Use Programs by Nonprofit Hospitals: 2015-2021, *Journal of Addiction Medicine*, July-August 2023 (link to abstract)
18. Substance use disorder bridge clinics: models, evidence, and future directions, *Addiction Science & Clinical Practice*, April 2023 (link to free full text)
19. Pharmacist-delivered comprehensive medication management in a substance use disorder clinic, an 18-month descriptive study, *Journal of the American College of Clinical Pharmacy*, February 2023 (link to free full text)
20. Strategies to recruit rural primary care providers to implement a medication for opioid use disorder (MOUD) focused integrated care model, *Implementation Research and Practice*, February 2023 (link to free full text)
21. Transitions in care between hospital and community settings for individuals with a substance use disorder: A systematic review, *Drug and Alcohol Dependence*, February 2023 (link to abstract)
22. Addressing Methamphetamine Use in Primary Care: Provider Perspectives, *Journal of Addiction Medicine*, July 2022 (link to free full text)
23. Predictors of engagement and retention in care at a low-threshold substance use disorder bridge clinic, *Journal of Substance Abuse Treatment*, October 2022 (link to abstract)
24. Four models of pharmacist-integrated office-based opioid treatment, *Journal of the American College of Clinical Pharmacy*, January 2022 (link to abstract)
25. Impact of a pharmacist-led substance use disorder transitions of care clinic on postdischarge medication treatment retention, *Journal of Substance Abuse Treatment*, November 2021 (link to abstract)
26. A Quality Improvement Pilot of Pharmacist-Led Identification of an Inpatient Population for Opioid Stewardship and Pain Management, *Journal of Pain & Palliative Care Pharmacotherapy*, June 2021 (link to abstract)

27. The substance use intervention team: A hospital-based intervention and outpatient clinic to improve care for patients with substance use disorders, *American Journal of Health-System Pharmacy*, February 2021 (link to abstract)
28. Impact of recovery support navigators on continuity of care after detoxification, *Journal of Substance Abuse Treatment*, May 2020 (link to abstract)
29. A Call to Action: Hospitalists' Role in Addressing Substance Use Disorder, *Journal of Hospital Medicine*, March 2020 (link to free full text)
30. Integrating addiction medicine into rural primary care: Strategies and initial outcomes, *Journal of Consulting and Clinical Psychology*, October 2019 (link to abstract)
31. Effect of Integrating Substance Use Disorder Treatment into Primary Care on Inpatient and Emergency Department Utilization, *Journal of General Internal Medicine*, January 2019 (link to free full text)
32. Linking Individuals with Substance Use Disorders (SUD) in Primary Care to SUD Treatment: The Recovery Management Checkups – Primary Care (RMC-PC) Pilot Study, *The Journal of Behavioral Health Services & Research*, April 2018 (link to free full text—author manuscript version)

Endnotes

[1] BMC Primary Care, September 2024 (No. 1 in Peer-Reviewed Articles section)

[2] The journal of behavioral health services & research, April 2019 (No. 32)

[3] Implementation Research and Practice, February 2023 (No. 20)

[4] JAMA Network Open, July 2024 (No. 2)

[5] Journal of General Internal Medicine, June 2024 (No. 6)

[6] Substance Use and Addition Journal, June 2024 (No. 7)

[7] Journal of General Internal Medicine, June 2024 (No. 6)

[8] Current Opinion in Psychiatry, July 2024 (No. 5)

[9] Journal of Opioid Management, July-August 2024 (No. 4)

[10] Journal of Substance Abuse Treatment, November 2021 (No. 25)

[11] Substance Abuse, October 2023 (No. 15)

[12] Journal of General Internal Medicine, April 2024 (No. 9)

[13] Journal of Substance Abuse Treatment, October 2022 (No. 23)

[14] American Journal of Drug and Alcohol Abuse, March 2024 (No. 10)

[15] Journal of General Internal Medicine, June 2024 (No. 6)

[16] Substance Use & Addiction Journal, July 2024 (No. 3)