



Bridging Recovery Initiative Despite Gaps in Entry (BRIDGE): Study Protocol for a Randomized Controlled Trial of a Bridge Clinic Compared with Usual Care for Patients with Opioid Use Disorder



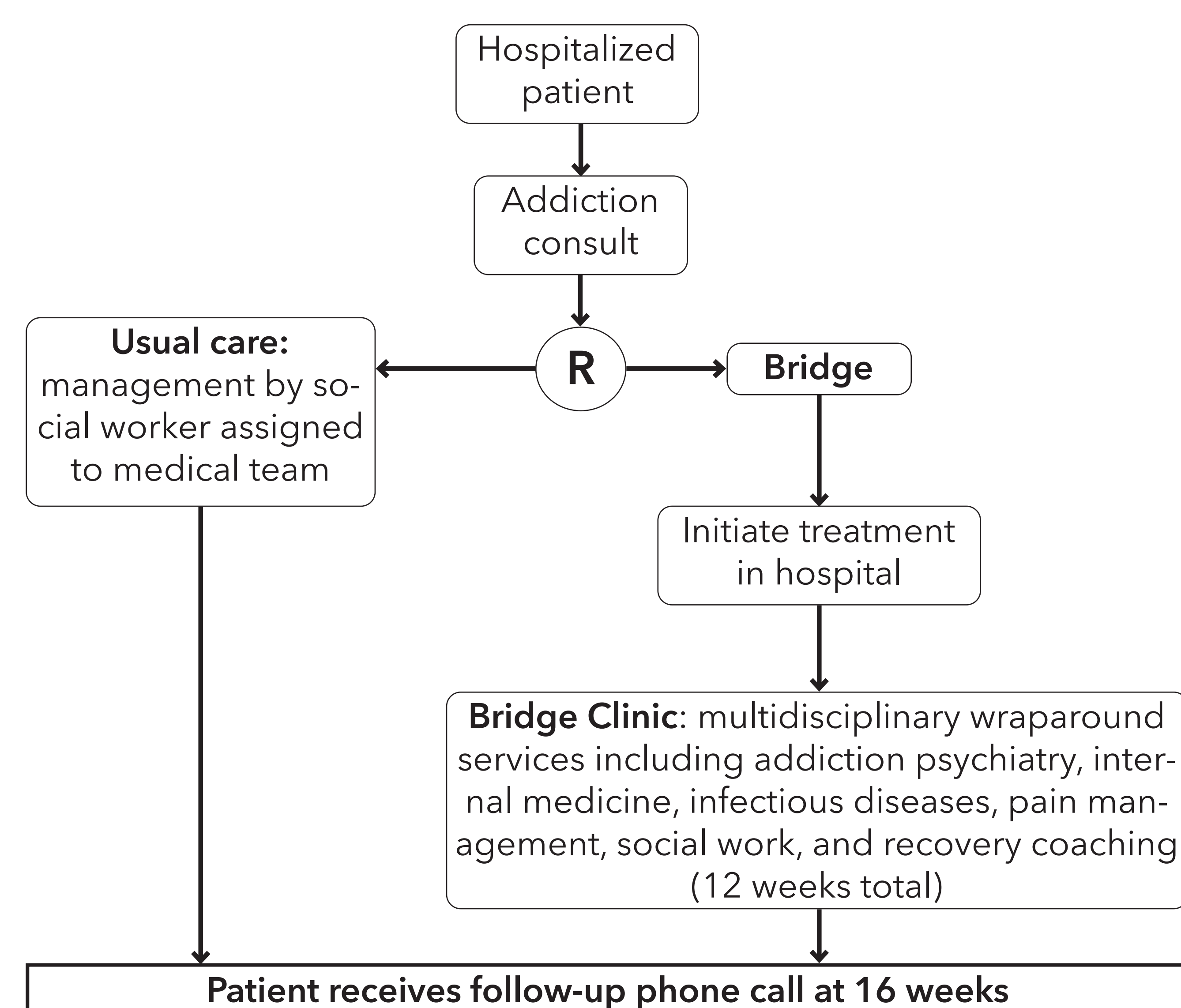
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Background

- Treatment with medications for opioid use disorder (MOUD) improves treatment retention and decreases the rate of opioid related deaths.
- Less than 10% of hospitalized patients with injection related endocarditis are initiated on MOUD and referred for outpatient treatment.
- Transitional “bridge” clinics aim to reduce this fragmented care, but little is known about the clinical and cost effectiveness of the bridge clinic model.

Methods and design

- Pragmatic, single-center, superiority, randomized controlled trial starting November 2019 at Vanderbilt University Hospital
- **Primary outcome:** hospital length of stay
- **Secondary outcomes:** outpatient referral, buprenorphine use, readmission rate, emergency department visit rate, opioid use, quality of life, overdose, mortality, and cost
- **Analysis:** Generalized linear model with group assignment as primary predictor, adjusted for covariates.
- **Goals/Assumptions:** With 15-day average length of stay and 90% power, 358 patients are needed per study arm to detect a difference.



This study will provide **cutting-edge data** on how to effectively transition hospitalized patients struggling with **opioid use disorder** to long-term treatment

