

Introduction:

- Buprenorphine has emerged as a safer alternative for managing chronic pain
- In 2023, Henry Ford Health launched an initiative to promote buprenorphine prescribing through a structured, multidisciplinary approach
- The goal was to reduce reliance on full mu-opioid agonists, improve chronic pain care, and increase provider confidence in buprenorphine use
- This project outlines the collaborative process required to implement buprenorphine prescribing pathways across specialties

Materials and Methods:

- A Buprenorphine Transition Team was formed, comprising of leaders from Palliative Care, Pain Medicine, Behavioral Health Services, Pharmacy, and Primary Care
- A prescribing guideline detailing initiation strategies, patient selection criteria, and formulation-specific protocols was developed
- Champions were tasked with fielding clinical inquiries and training colleagues in their respective departments

ESTABLISHING A HOSPITAL-WIDE BUPRENORPHINE INITIATIVE FOR SAFER PAIN MANAGEMENT

A MULTIDISCIPLINARY QUALITY IMPROVEMENT EFFORT

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Table 1: Outpatient low-dose initiation schedule

Day #	Bup dose and schedule	Suboxone film size	Bup total daily dose	Full mu-opioid agonists
Day 0	No Bup	No Suboxone	0 mg	Continue full mu-opioid agonists at the original dose
Day 1	0.5 mg SL BID	1/4 film (2-0.5 mg)	1 mg	
Day 2	0.5 mg SL TID	1/4 film (2-0.5 mg)	1.5 mg	
Day 3	1 mg SL BID	1/2 film (2-0.5 mg)	2 mg	
Day 4 *	1 mg SL TID	1/2 film (2-0.5 mg)	3 mg	Stop full mu-opioid agonists on Day 4 (or later as below) for pain only or Day 8 for at-risk patients
Day 5	2 mg SL BID	Full film (2-0.5 mg)	4 mg	
Day 6	2 mg SL TID	Full film (2-0.5 mg)	6 mg	
Day 7	4 mg SL BID	2 full films (2-0.5 mg)	8 mg	
Day 8	4 mg SL TID	2 full films (2-0.5 mg)	12 mg	
Optional titration	4 mg QID to 8 mg TID or QID	Full film (4-1 mg or 8-2 mg)	16 to 32 mg	

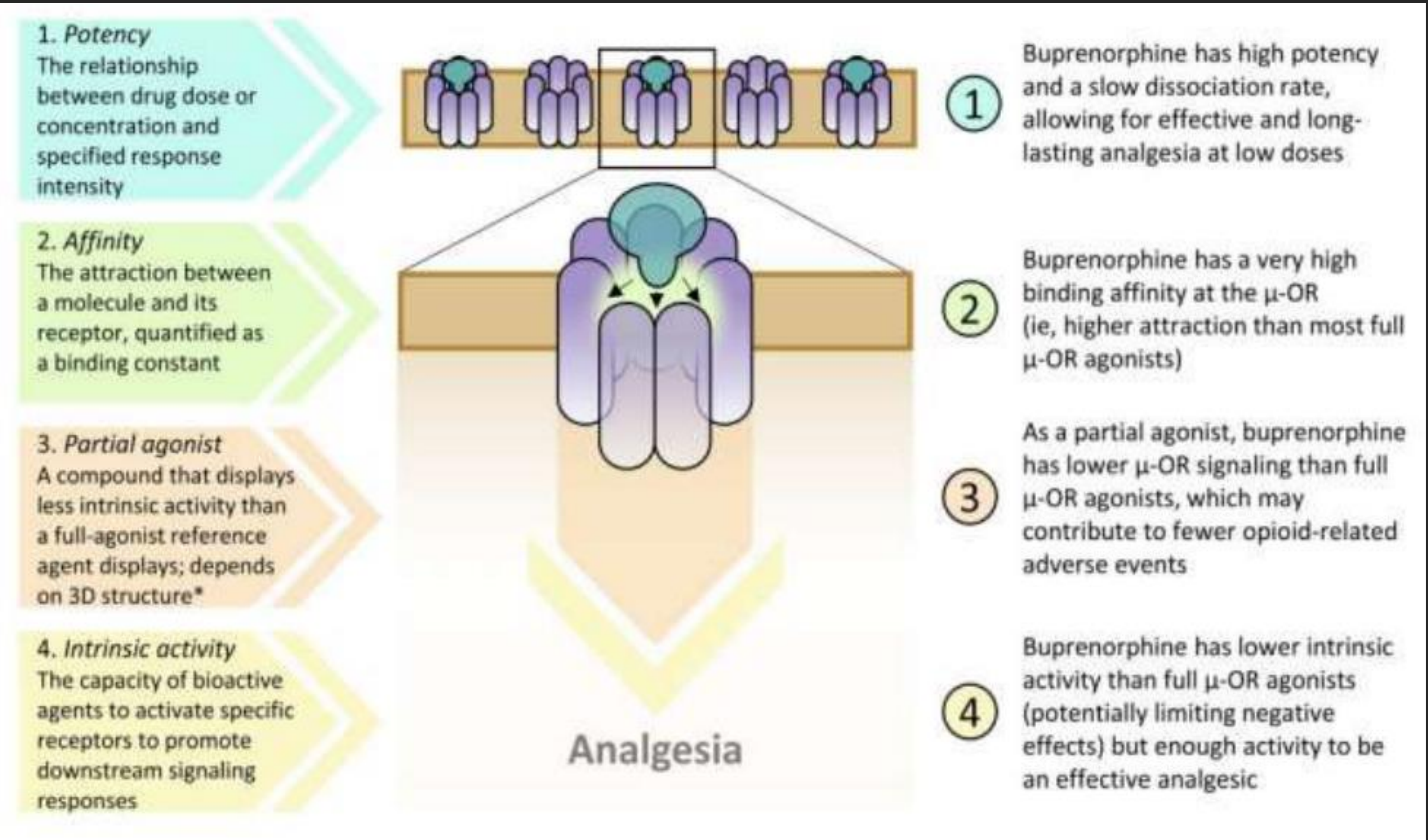


Figure 1: Receptor/ligand definitions and applications to buprenorphine at the mu-opioid receptor

Results:

- The primary result of this initiative was the creation of a standardized buprenorphine prescribing guide
- The guide was shared widely across inpatient and ambulatory teams
- Common challenges included insurance authorization, limited familiarity with microdosing protocols, and uncertainty around perioperative management
- Feedback indicated increased interest and willingness to consider buprenorphine as a safer alternative to full opioid agonists

Conclusion:

- Early implementation of a buprenorphine initiative can be successful especially with regular multidisciplinary meetings
- Future directions include embedding prescribing tools into the electronic health records, expanding provider education, and evaluating clinical impact through prescribing data and patient outcomes

References:



HENRY
FORD
HEALTH