We are a community of passionate individuals whose aim is to engage patients, reduce stigma, and safely start medications like buprenorphine. The literature is unequivocal that there is a decrease in all-cause mortality when we start patients on these medications. They don’t overdose and die – and many regain control of their lives.

HANNAH SNYDER, MD
The staggering national toll of the opioid epidemic, combined with new knowledge about the nature of addiction, has increased demand for cutting-edge addiction treatment. To meet the need, UCSF’s addiction medicine-trained faculty and Primary Care Addiction Medicine Fellowship within the Department of Medicine are creating a cohort of experts in the field, with a special focus on unhealthy substance use among the safety net population in San Francisco.

UCSF faculty and fellows play an essential role in disseminating current thinking on addiction treatment, according to Paula Lum, MD, MPH, program director and founder of the fellowship. “This includes harm reduction, the need to overcome the stigma of drug use, evidence-based medications for the treatment of substance use disorders, safer opioid prescribing for chronic pain management, and effective behavioral therapies like motivational interviewing, cognitive behavioral therapy, and contingency management,” she says.

In the fellowship, physicians drawn from diverse specialties rotate through San Francisco’s unique array of addiction services, including:

- Three months as a Street Medicine physician, a program of the San Francisco Department of Public Health
- Two months at the city’s Office-Based Buprenorphine Induction Clinic
- Three months with the Opiate Treatment Outpatient Program clinic at ZSFG
- Three months in a newly created inpatient consultation service at ZSFG called the Addiction Care Team (ACT)

The Addiction Care Team

Hospitalist Marlene Martin, MD, who is board-certified in addiction medicine and physician lead for equitable care at ZSFG, directs the ACT, which she founded in early 2019.

“We operate like any consult service,” says Martin. “We offer compassionate, patient-centered, evidence-based care and provide medication treatment, motivational interviewing, harm reduction, and linkage to care for people with substance use disorders.”

In its first three months, despite being available for only three hospital services, ACT saw 60 highly complex patients: Half have more than one addiction, many are experiencing homelessness, and about a third have concurrent mental illness. ACT was originally funded by a three-year grant from the San Francisco Health Plan, and Martin is working with San Francisco Health Network leadership to evaluate and expand the service.

“We need to ensure our priorities are aligned with the health network and hospital to secure long-term funding. ACT has quickly become a pivotal service,” says Martin.

The California Bridge Program

Former UCSF primary care addiction fellow Hannah Snyder, MD, is associate director of ACT and co-principal investigator of the California Bridge Program. Supported by a $12 million grant from the California Department of Health Care Services, Bridge trains staff from 52 California hospitals on how to treat opioid use disorder in the inpatient setting.

“We are a community of passionate individuals whose aim is to engage patients, reduce stigma, and safely start medications like buprenorphine,” says Snyder. “The literature is unequivocal that there is a decrease in all-cause mortality when we start patients on these medications. They don’t overdose and die – and many regain control of their lives.”

HOPE Clinic Supports Primary Care Providers

Because she was especially concerned about improving the capacity and knowledge of primary care providers for their patients with addiction concerns, Soraya Azari, MD, established the HOPE (Helping Opioid and Pain Experiences) clinic at ZSFG in 2019.

“Evolving practice patterns for treating pain with opioids are often a source of frustration for people in primary care,” says Azari.

To ease that burden, the HOPE clinic makes addiction experts available for consultations with primary care providers. A primary care addiction medicine fellow at HOPE sees the patients and creates a plan for everything from poorly controlled pain through pain plus an opioid use disorder. The HOPE provider follows the patients until they are stable enough to return to their primary care provider. In addition, UCSF primary care residents rotate through the HOPE clinic to gain experience in complex pain and addiction treatment.

“The idea is to bring an objective set of eyes with addiction medicine expertise to each patient’s care, while allowing patients to maintain their relationship with their primary care provider,” says Azari.