

# Hospital-based Addiction Medicine Consultation

Improving Addiction Care Team (IMPACT)



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Tricounty Collaborative

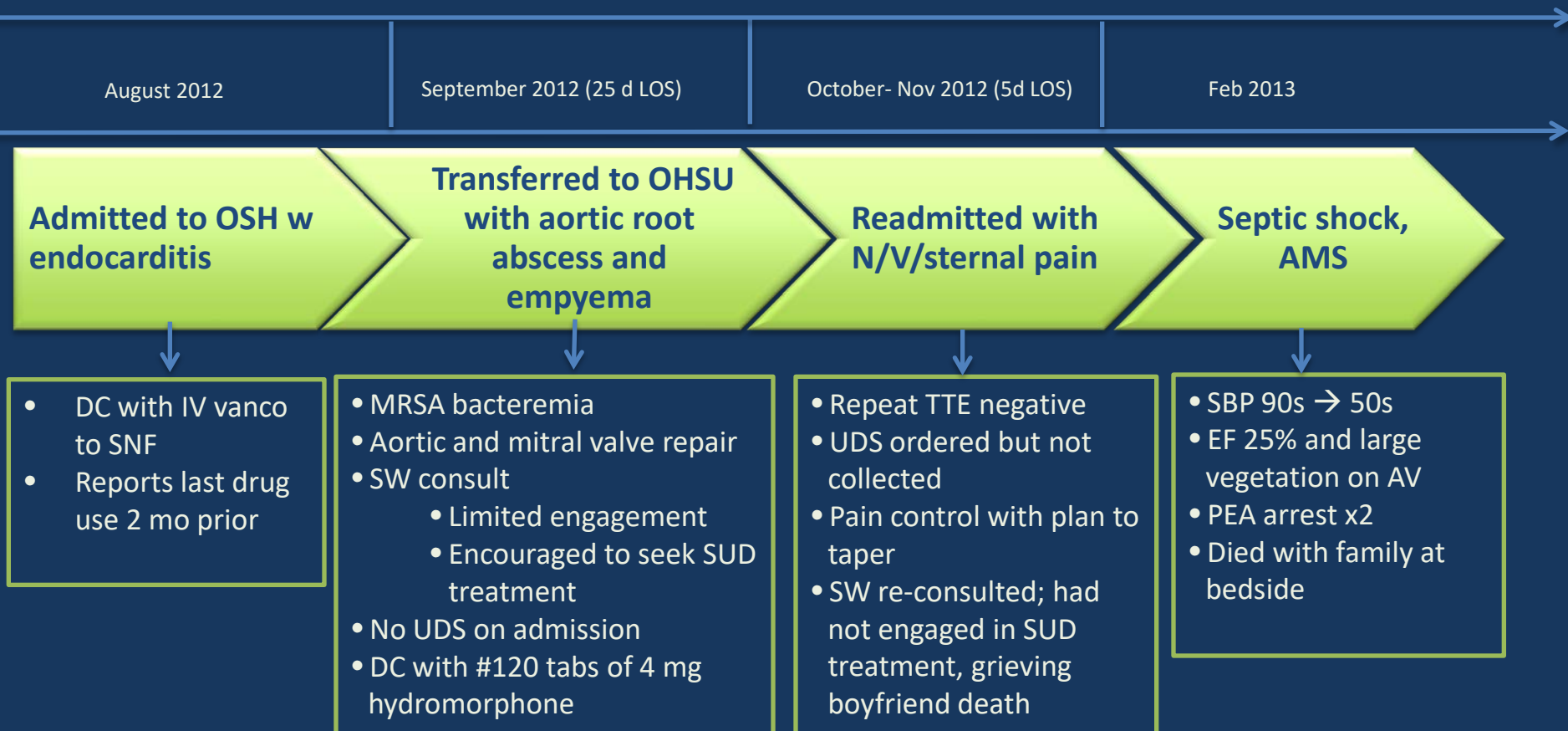
# Our interprofessional team



CareOregon  
better together

# Case example:

23 year-old with history of IV heroin and methamphetamine use admitted with MRSA endocarditis



Despite extensive physical health care and hospital staff best effort,  
no SUD expertise in the hospital

# SUD drives skyrocketing costs

- SUD drives high rates of hospitalizations, readmission, long LOS
- \$15 billion in inpatient hospital charges related to opioid use disorder in 2012
- Many people not engaged in SUD treatment

# Yet health system slow to respond...

- Hospitalization often addresses the acute medical illness but not the underlying cause - the SUD
  - Leads to significant waste and poor outcomes
- Effective treatments exist but are under-utilized

# Mixed-methods Needs Assessment

185 hospitalized adults (09/14-04/15)

- Hospitalization as reachable moment
  - 57% of high risk alcohol users; 68% of high risk drug users reported wanting to cut back or quit
  - Many wanted medication assisted treatment (MAT) to start in hospital
- Gap-time to community SUD treatment
- Patients valued treatment choice, providers that understand SUD

*Velez, JGIM 2016*

*JHM, in press, May 2017*

# IMPACT: Improving Addiction Care Team

Needs

- Hospitalization as reachable moment
- OHSU lacked expertise to assess, engage or initiate treatment for SUD

- No usual pathways to outpatient addiction care
- Long community wait times

- Endocarditis/ osteo pts with long LOS
- Residential SUD treatment not equipped for medically complex patients (IVs)

Intervention

**Inpatient consult service:**  
physician, SW, peer recovery mentors

**'In-reach' liaisons**  
from create rapid-access pathways

**Bring IV antibiotics into residential addiction (CODA) with infusion pharmacy**

Implementation

Launched summer 2015

# Experience

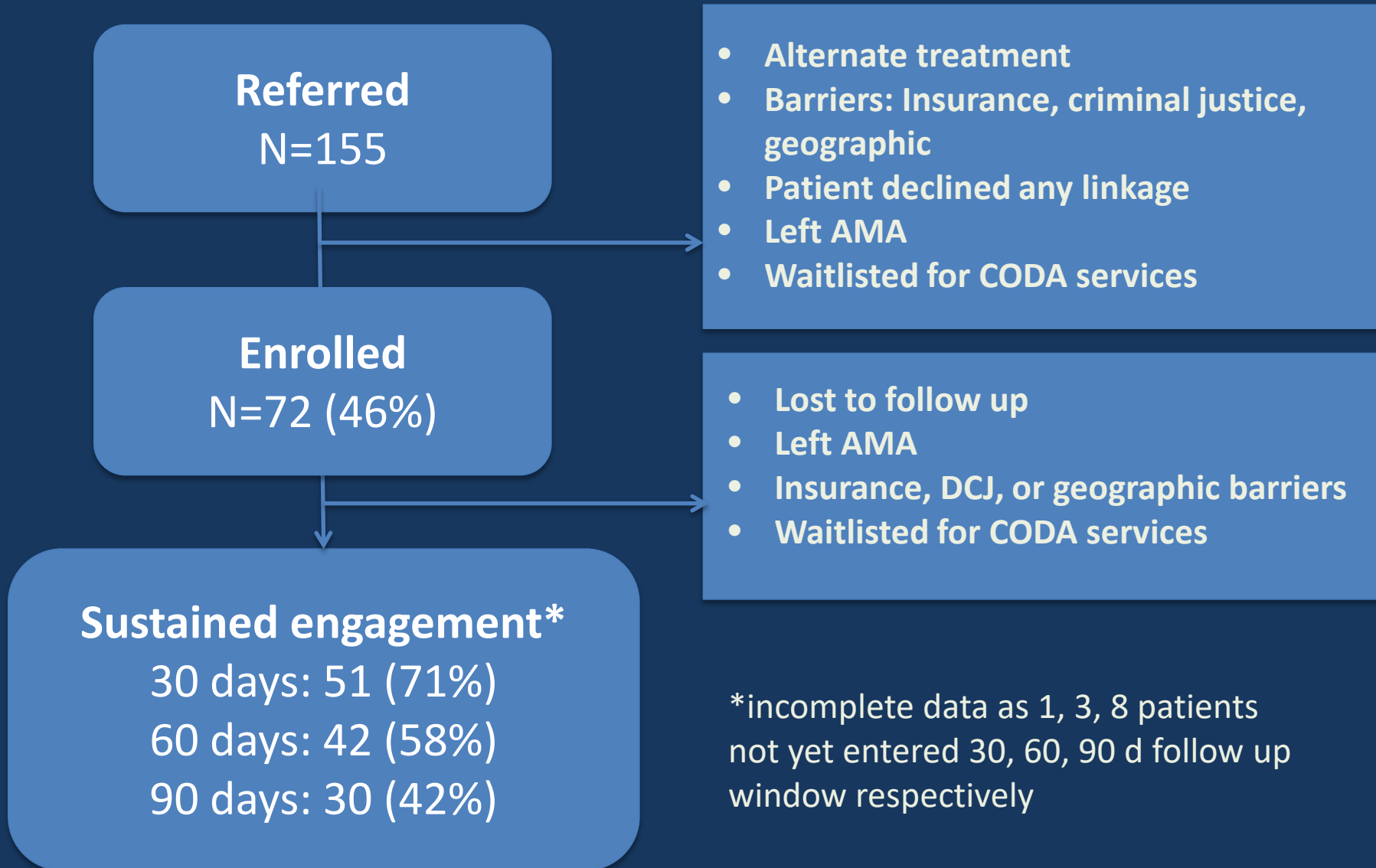
<b>Patient Demographics</b>	<b>July 2015-April 2017</b>
Total IMPACT patients seen	510
Mean age (years)	43.5 years
Male gender	311 (61%)
Portland Metro residence	280 (55%)
Homeless	245 (48%)
Substance use	
Opioid Use Disorder	317 (62%)
Alcohol Use Disorder	234 (46%)
Methamphetamine Use Disorder	193 (38%)



# IMPACT Activities

<b>IMPACT activities</b>	
Unique patients seen by IMPACT (n)	510
Patient engagement	415 (79%)
Average physician encounters/ patient (range)	2.7 (0-20)
Average SW encounters/ patient (range)	4.8 (0-23)
Treatment	
Medication Assisted Treatment	283 (68%)
Linked with community SUD treatment	303 (73%)

# Treatment Linkages to CODA



# Medically Enhanced Residential

Medically Enhanced Residential Treatment	02/16 - 08/16
Number of individual patients	10
Completed recommended medical treatment	5 (50%)
Hospital days saved	114

- Lower than expected recruitment
  - Ambivalence towards treatment, prefer to stay in hospital
  - Once daily IV ABX options
  - Criminal Justice involvement
  - Perceived safety of hospital/ SNF setting
- High rates of AMA from MERT
  - Focused efforts towards patient safety
  - Redesigning model

# Lessons Learned

- Hospitalization is a reachable moment
- Huge opportunities to
  - Improve withdrawal management
  - Engage patients in SUD treatment including MAT
- Essential to have strong community supports including more residential capacity

# Thank you!

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