

Transitions of Care for Hospitalized Adults with Substance Abuse

Honora Englander, MD
Associate Professor of Medicine
Oregon Health & Science University
englandh@ohsu.edu

Background

- People with substance abuse have high rates of hospitalization, readmission and complex chronic illness. Many are not engaged in addiction treatment during hospitalization and resume drug use upon discharge.
- In 2013, 14.4% of OHSU adult inpatient discharges had a chemical dependency diagnosis:
 - 67% from Portland metro area
 - 35% Medicare, 28% Medicaid, 25% commercial insurance and 12% uninsured
- Hospitalization may be a key “reachable moment.” Our current system fails to link inpatient medical treatment to addictions or social services required for recovery and sustained health outcomes.

Project Aims

Develop and implement improvements for hospitalized adults with substance use disorders (SUD) to achieve better health, better care and lower costs

Inpatient care environment

Improvement areas may include:

- Standardized screening for SUD
- ***Certified Alcohol and Drug Counselor assessments**
 - o Readiness to change, medication assisted treatment, co-occurring mental illness, etc.
- ***Initiating medication treatment (for example, naltrexone for alcohol use disorder)**
- Withdrawal (opioid/alcohol) protocols
- Opioid prescribing guidelines

Pathways from hospital to community addictions care

Improvement areas may include:

- ***Develop usual pathways from hospital to addictions services (outpatient, residential, needle exchanges)**
- ***Invest in hospital–community partnerships critical to effective implementation**
- Leverage existing infrastructure (CTRAIN/New Directions) to support linkages, coordinate care

Addictions training

Improvement areas may include:

- Staff (RN, MD) training on substance use disorder as a chronic illness, trauma informed care
- Training social workers and others to better assess SUD

**likely target areas given preliminary needs assessment findings*

If effective, bring to scale across CCO

Project Team

Partnerships across:

- Executive leadership at OHSU, CCC, CODA
- OHSU inpatient teams
- OHSU Care Transitions Innovation (CTRAIN) teams
- CCC housing and recovery services
- CCC Old Town Clinic primary care
- Community alcohol and drug treatment
 - Office-based buprenorphine
 - Methadone
 - Residential
 - Detox
- OHSU Center for Health Systems Effectiveness



Preliminary Findings

Preliminary enrollment (Sept - Nov 2014)

154 hospitalized adults reporting alcohol/drug use approached: 15 declined, 43 screened out, 96 surveyed, 8 excluded post-recruitment, 83 completed in time for interim data analysis

Patient characteristics		% (n)	Treatment preferences among sub-populations		% (n)
Gender	Male	75% (62)	Opioid users not engaged in methadone (n=27)	Interest in receiving methadone	11% (3)
	Female	24% (20)		Interest in initiating methadone in hospital	15% (4)
	Transgender	1% (1)		Opioid users not engaged in buprenorphine (n=34)	Interested in buprenorphine
Select demographics	Married	17% (14)	Interest in initiating buprenorphine in hospital		24% (8)
	White	81% (67)	Alcohol users not receiving med treatment (n=46)	Interest in medications	11% (5)
	Some college/completed college	54% (45)		Interest in initiating medications in hospital	17% (8)
	Homeless	42% (35)			
Health care	Have usual source of outpatient care	78% (65)			
	ED visit in last 6 months (self-report)	61% (51)			
	Hospitalized in last 6 mo. (self-report)	55% (46)			
	Have community case worker, RN, SW	21% (17)			
Moderate- or high-risk substance use	Opioid use	34% (28)			
	Alcohol use	41% (34)			
	Stimulant use	28% (23)			
	Sedative use	12% (10)			

Next Steps

- Convene an expert advisory committee fall 2014
 - Review preliminary study findings and advise on clinical pathways
 - Includes clinical and administrative leadership from OHSU, Central City Concern and CODA
- Complete patient needs assessment by January 2015
 - Survey 150 hospitalized adults with substance use disorders
 - Assess prevalence and severity of substance use disorders, readiness to change, system barriers and opportunities
- Complete project proposal by February 2015
 - Define target population, intervention description
 - Define process and outcome metrics, business and quality case, educational impacts