

Hospital-Based Treatment of Opioid Use Disorder

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Colorado Hospital Association

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Disclosures

- Salary support from Texas Targeted Opioid Response
- PCSS x-waiver trainer
- No other disclosures, except...
- ... I'm from New Jersey
- ... and REALLY passionate about this
- ...so I might talk a little fast and use my hands a lot.

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Brief Case

- 42 year-old male with opioid use disorder.
- Mom passed away at age 52 from ETOH and Hep C cirrhosis.
- Spent over 20 years in and out prison related to substance use.
- Admitted to your care for THIRD episode of endocarditis.
- Treatment plan includes six weeks of IV antibiotics.
- Two weeks into hospitalization, found to have used heroin from street.
- Accuses staff of not treating him appropriately / not treating withdrawal.
- Threatens to leave AMA.

What would YOU do?

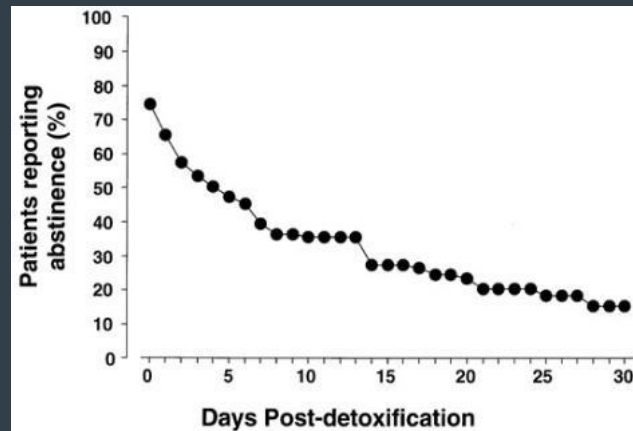
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Opioid-Related Consequences

- Withdrawal
 - Sexually transmitted
 - Hepatitis C
 - HIV
 - Endocarditis
 - Skin and soft tissue infection imaging
 - And more...
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Brief Medically Assisted Withdrawal (“detox”): Ineffective



Chutuape, M et al. 2001.

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Readmissions

- Patients with SUDs are more likely to be readmitted within 30 days. Even when adjusted for:
 - Age
 - Sex
 - Depression
 - Insurance
 - Housing
 - Charlson score

1.7x more likely to be readmitted

Walley (2012)

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Hospitalization: Recovery Opportunity

- **25-30% of patients** leave the hospital against medical advice:
 - Inadequate treatment of withdrawal
 - Fear of mistreatment
 - Opioid cravings
- Reachable moment
- **72% started on buprenorphine enter outpatient treatment after discharge.**
 - **vs 12% provided only a follow-up appointment.**

Lianping Ti et al. (2015)

Liebschutz et al. (2014)

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Among patients with opioid use disorder taking buprenorphine at the time of hospital admission...



Moreno, Jessica L., PharmD; Wakeman, Sarah E., MD, et al. Predictors for 30-Day and 90-Day Hospital Readmission Among Patients With Opioid Use Disorder. *J Addict Med.* doi: 10.1097/ADM.0000000000000499

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Among patients with opioid use disorder taking buprenorphine at the time of hospital admission...

53% reduction



Moreno, Jessica L., PharmD; Wakeman, Sarah E., MD, et al. Predictors for 30-Day and 90-Day Hospital Readmission Among Patients With Opioid Use Disorder. *J Addict Med.* doi: 10.1097/ADM.0000000000000499

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Quadruple Aim

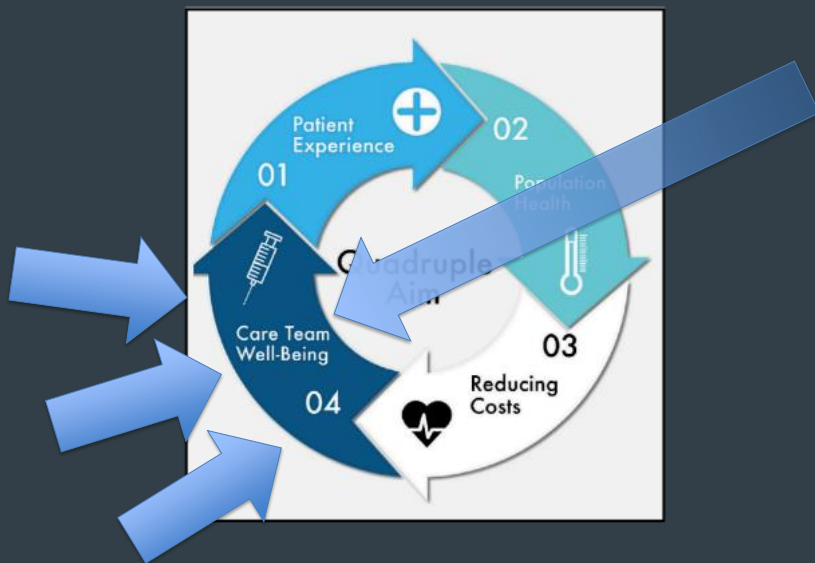


Image: Kinetix Group

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Our Problem

How can we treat hospitalized patients with opioid use disorder at our 200-bed academic hospital without a formal addiction medicine service?

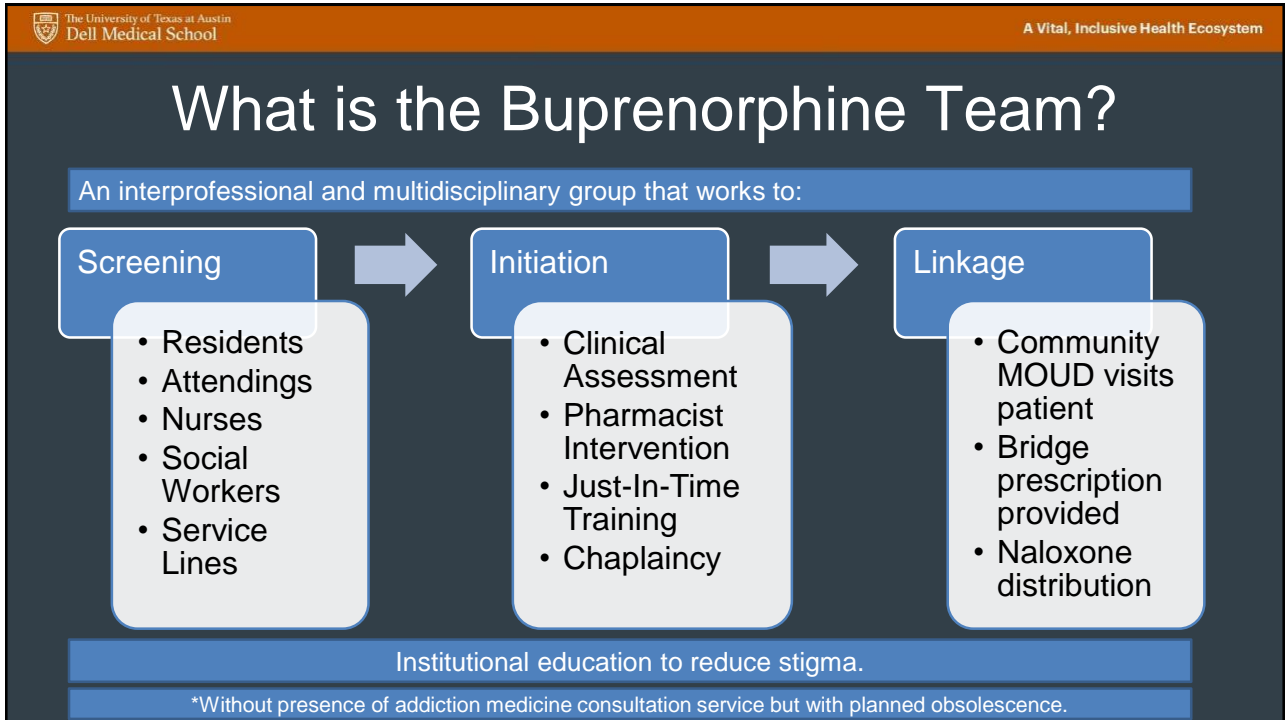
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Our Solution *Empower Hospitalists!*

The
Buprenorphine Team
(B-Team)



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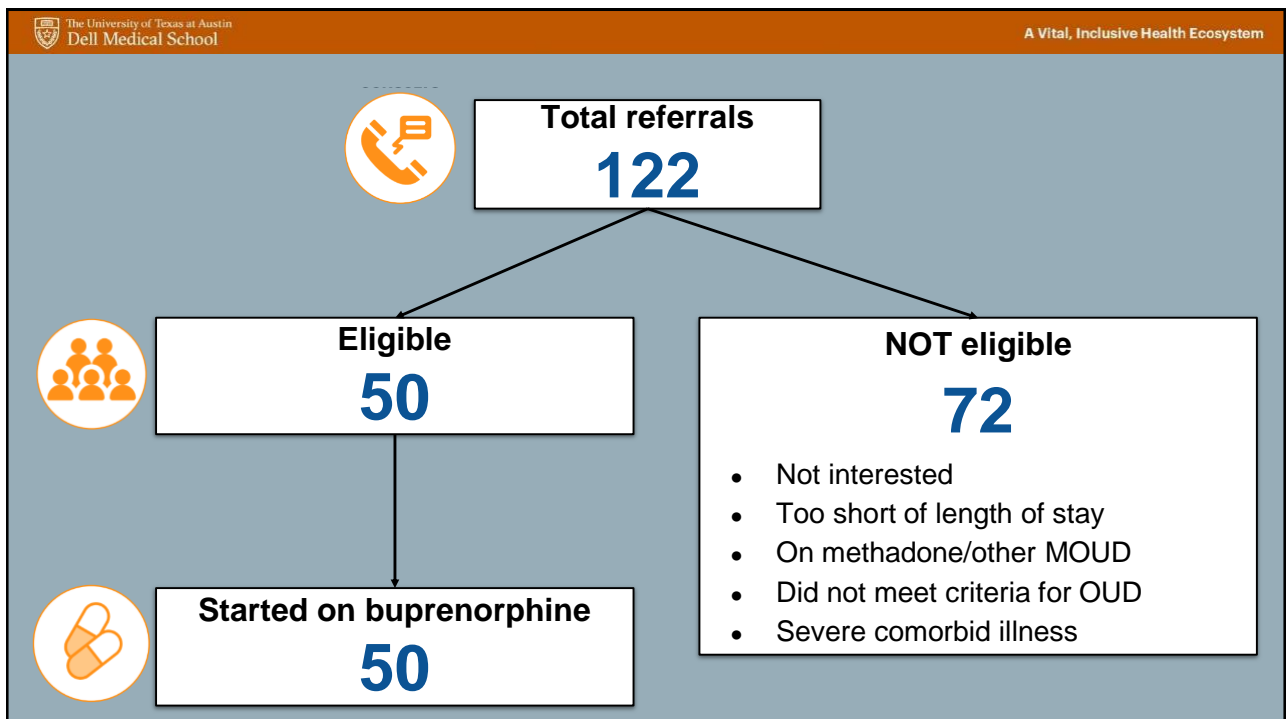


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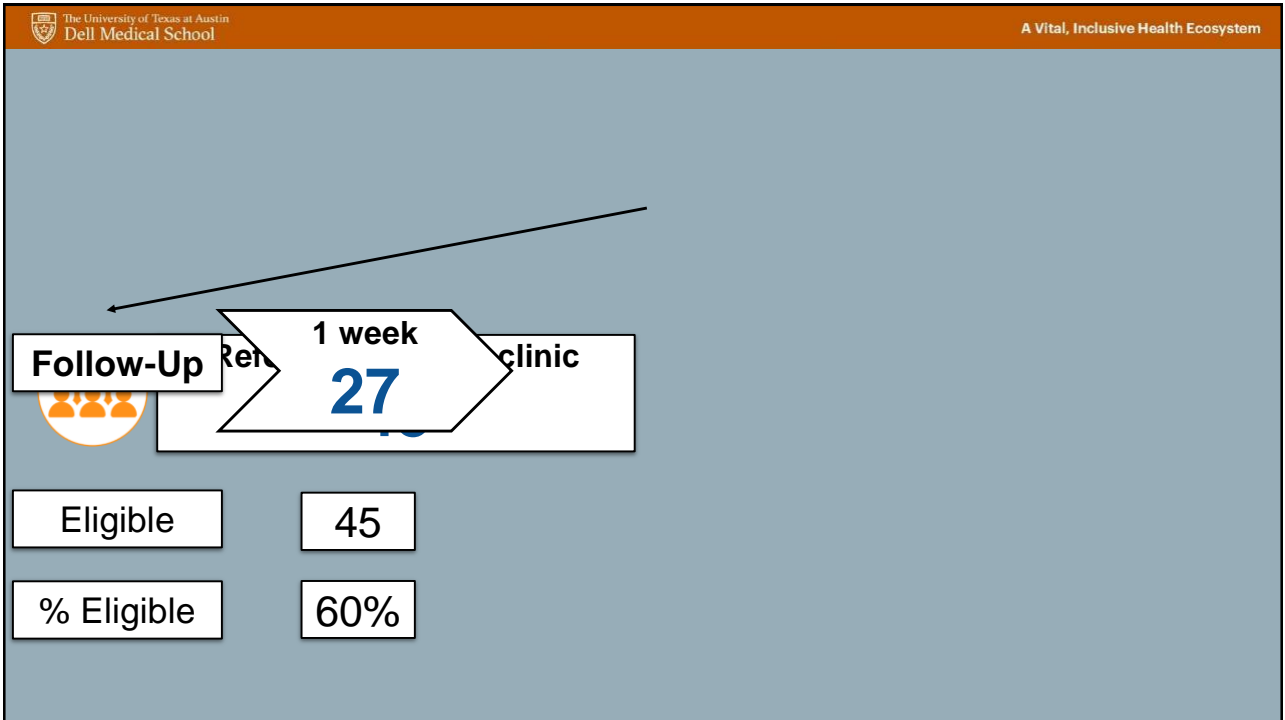
B-Team Video



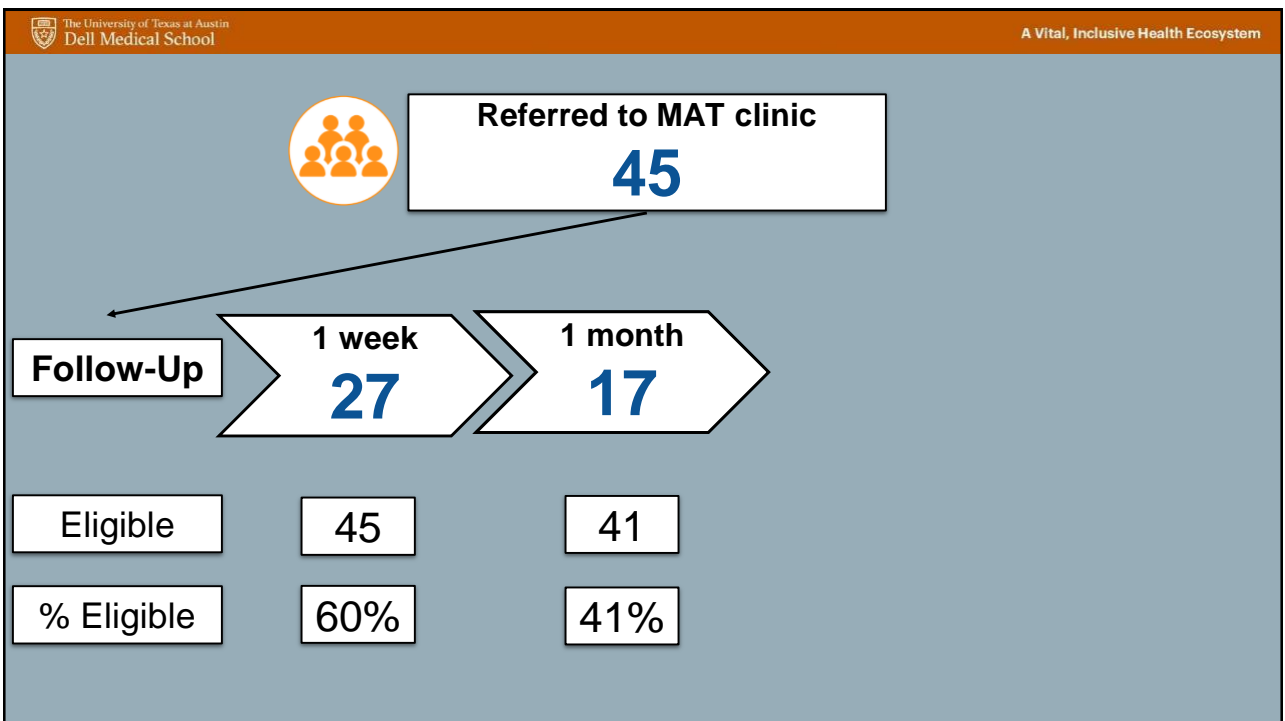
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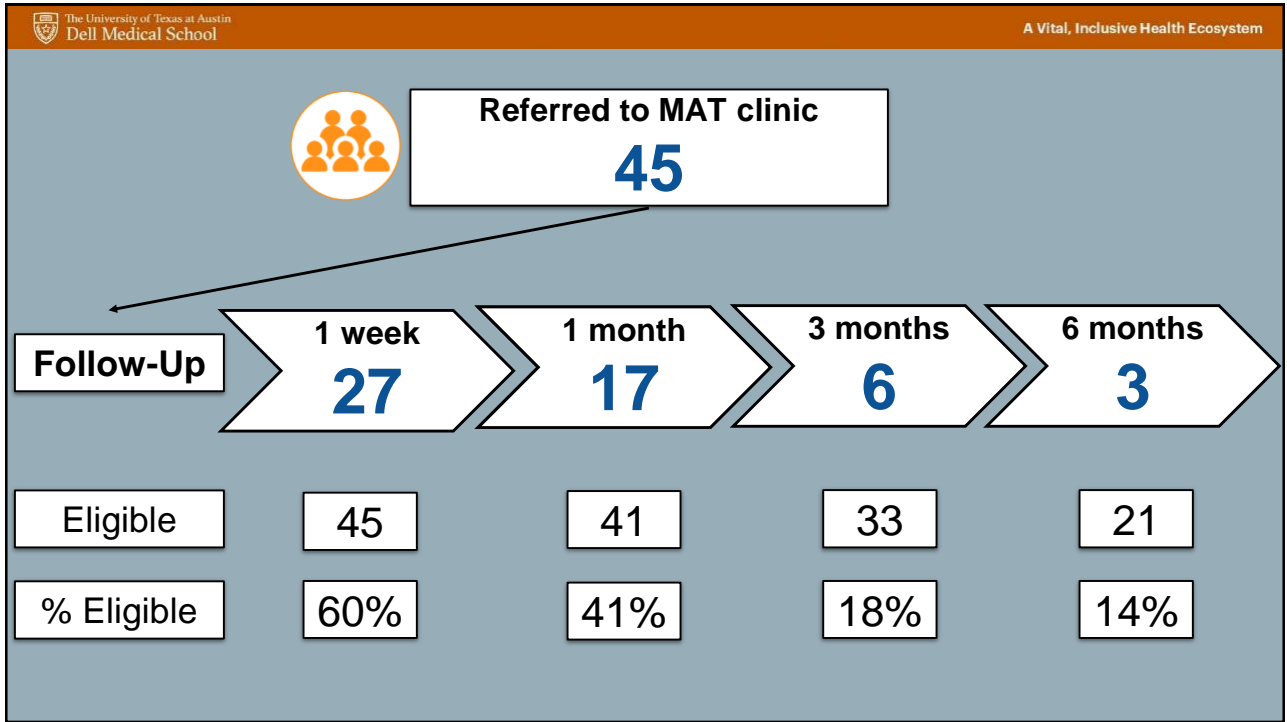
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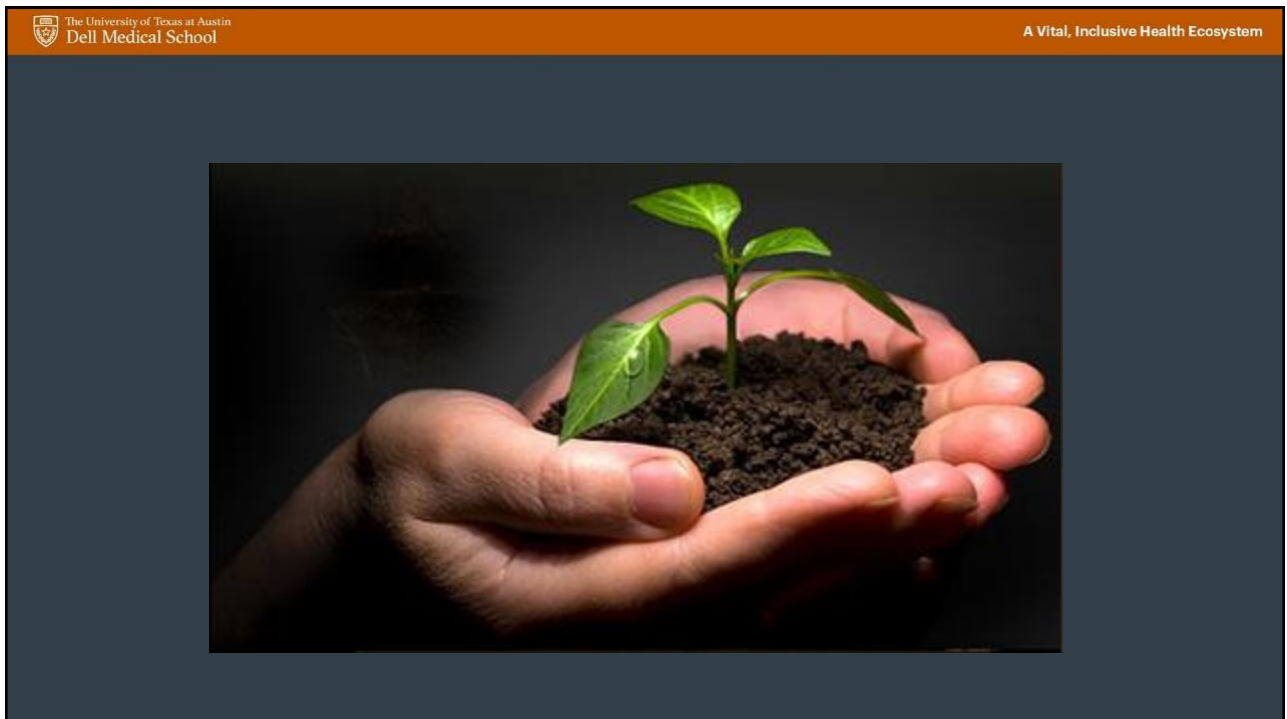
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Creating conversation around opioid addiction.

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Today's Goal

- How can you bring the same kind of program to your hospital system.
- Focus on the system and hospital unit – not clinician.
- Specific to inpatient medicine (not ED or OB.)
- (So much to share - contact me later!)

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Challenge #1

- Is the hospital an appropriate place to be initiating treatment for opioid use disorder?

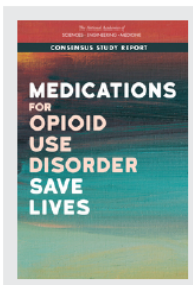
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This PDF is available at <http://nap.edu/25310>

SHARE



Medications for Opioid Use Disorder Save Lives (2019)

DETAILS

180 pages | 6 x 9 | PAPERBACK

ISBN 978-0-309-48648-4 | DOI 10.17226/25310

*"Medication-based treatment is **effective** across all treatment settings studied to date. Withholding or failing to have available... medication for the treatment of opioid use disorder in any care setting is **denying appropriate medical treatment.**"*

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Challenge #2

- How does hospital-based treatment intersect with responsible and appropriate opioid prescribing?

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Challenge #3

- How do we identify stakeholders?
 - Stakeholder map exercise

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Constituents

- *People at the center of our work*
- Patients, Family Members, Physicians, PAs, Nurses, Social Workers, Pharmacists, Chaplains, outpatient behavioral health, outpatient primary care, payers

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Leaders

- *Derived from our constituents*
- Leaders at site, regional, and national level

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Supporters

- *People whose interests are not obviously affected by our work but who may find it in their interest to support it*
- IHI, SHM, Colorado Hospital Association, American Hospital Association, hospitals, Harm Reduction Coalition, universities, hospital-based programs elsewhere in the country, policymakers, Bridge CA and SHOUT

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Competition

- *Individuals and organizations with whom we share interests, but have different ideas about how to achieve our goals*
- Individuals who believe in the treatment of addiction, but don't believe hospitals are the right place to do so.

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Opposition

- *Conflict with the values and interests of other individuals or organizations*
- Those who do not support MOUD at all (either individuals or organizations.)

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Challenge #4

- What regulatory requirements to we need to be aware of?

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Challenge #5

- What hospital policies do we need to be aware of (and potentially advocate to change?)

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Challenge #6

- How do we provide education?

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The University of Texas at Austin
Dell Medical School

A Vital, Inclusive Health Ecosystem

Challenge #6

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The University of Texas at Austin
Dell Medical School

A Vital, Inclusive Health Ecosystem

Challenge #7

- How do we accomplish all of this in the setting of so much stigma?

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Challenge #8

- What does the workflow look like?

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Challenge #9

- How does hospital-based treatment intersect with harm reduction?

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Challenge #10

- How do we fund this program?

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Contact

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Let's collaborate!

<http://bit.ly/bupteam>



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ONLINE FIRST OCTOBER 23, 2019—PERSPECTIVES IN HOSPITAL MEDICINE

A Call to Action: Hospitalists' Role in Addressing Substance Use Disorder

Honora Englander, MD^{1,2*}, Kelsey C Priest, PhD, MPH^{3,4}, Hannah Snyder, MD⁵,
Marlene Martin, MD⁶, Susan Calcaterra, MD, MPH, MS⁷, Jessica Gregg, MD, PhD^{2,8}

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ONLINE FIRST DECEMBER 18, 2019—REVIEW

New Answers for Old Questions in the Treatment of Severe Infections from Injection Drug Use

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BRIEF REPORT

Planning and Designing the Improving Addiction Care Team (IMPACT) for Hospitalized Adults with Substance Use Disorder

Honora Englander, MD^{1,2*}, Melissa Weimer, DO, MCR^{1,3}, Rachel Solotaroff, MD, MCR², Christina Nicolaidis, MD, MPH^{1,4}, Benjamin Chan, MS¹, Christine Velez, MSW⁴, Alison Noice, MA, CADC-III³, Tim Hartnett, MSW, MHA³, Ed Blackburn, MA², Pen Barnes, MBBS, PhD¹, P. Todd Korthuis, MD, MPH¹

¹Oregon Health & Science University, Portland, Oregon; ²Central City Concern, Portland, Oregon; ³CODA, Inc., Portland, Oregon; ⁴School of Social Work, Portland State University, Portland, Oregon.

ONLINE FIRST APRIL 25, 2018 – ORIGINAL RESEARCH

"We've Learned It's a Medical Illness, Not a Moral Choice": Qualitative Study of the Effects of a Multicomponent Addiction Intervention on Hospital Providers' Attitudes and Experiences

Honora Englander, MD^{1,2*}, Devin Collins, MA¹, Sylvia Peterson Perry, MD, MPH¹, Molly Rabinowitz MD, MPH¹, Elena Phoutrides, MD, MPH¹, Christina Nicolaidis, MD, MPH^{1,3}

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Emergency Department-Initiated Buprenorphine for Opioid Dependence with Continuation in Primary Care: Outcomes During and After Intervention

Gail D'Onofrio, MD, MS¹, Marek C. Chawarski, PhD^{1,2}, Patrick G. O'Connor, MD, MPH³, Michael V. Pantalon, PhD¹, Susan H. Busch, PhD⁴, Patricia H. Owens, MS¹, Kathryn Hawk, MD, MHS¹, Steven L. Bernstein, MD¹, and David A. Fiellin, MD^{3,4}

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Original Investigation

Emergency Department-Initiated Buprenorphine/Naloxone Treatment for Opioid Dependence A Randomized Clinical Trial

Gail D'Onofrio, MD, MS; Patrick G. O'Connor, MD, MPH; Michael V. Pantalon, PhD; Marek C. Chawarski, PhD; Susan H. Busch, PhD; Patricia H. Owens, MS; Steven L. Bernstein, MD; David A. Fiellin, MD

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A Quality Framework for Emergency Department Treatment of Opioid Use Disorder



Elizabeth A. Samuels, MD, MPH; Gail D'Onofrio, MD, MS; Kristen Huntley, PhD; Scott Levin, PhD; Jeremiah D. Schuur, MD, MHS; Gavin Bart, MD, PhD; Kathryn Hawk, MD, MHS; Betty Tai, PhD; Cynthia I. Campbell, PhD, MPH; Arjun K. Venkatesh, MD, MBA*

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