US HOSPITAL-BASED ADDICTION CARE:
PAST, PRESENT AND FUTURE & IMPLICATIONS FOR PALLIATIVE CARE

Honora Englander, MD

Section of Addiction Medicine, Division of General Internal Medicine

and Division of Hospital Medicine

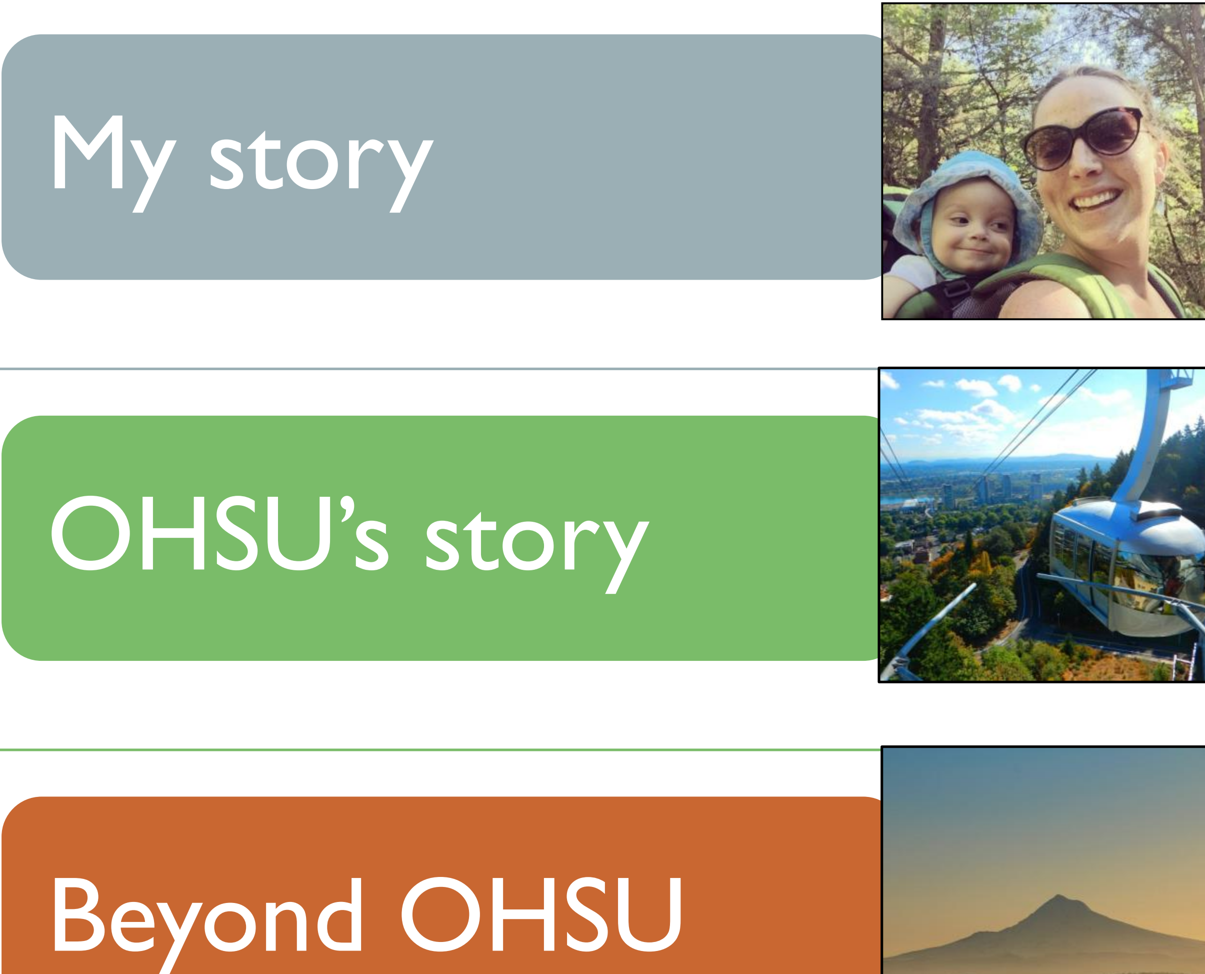
Palliative Care City Wide Conference

April 7, 2023

DISCLOSURES

- Dr. Englander has no relevant conflicts of interest.

OUTLINE FOR TODAY'S SESSION



MY PATIENT'S STORIES

"Hooked: A Love Story From Vermont's Opioid Crisis," Kate O'Neill 2019

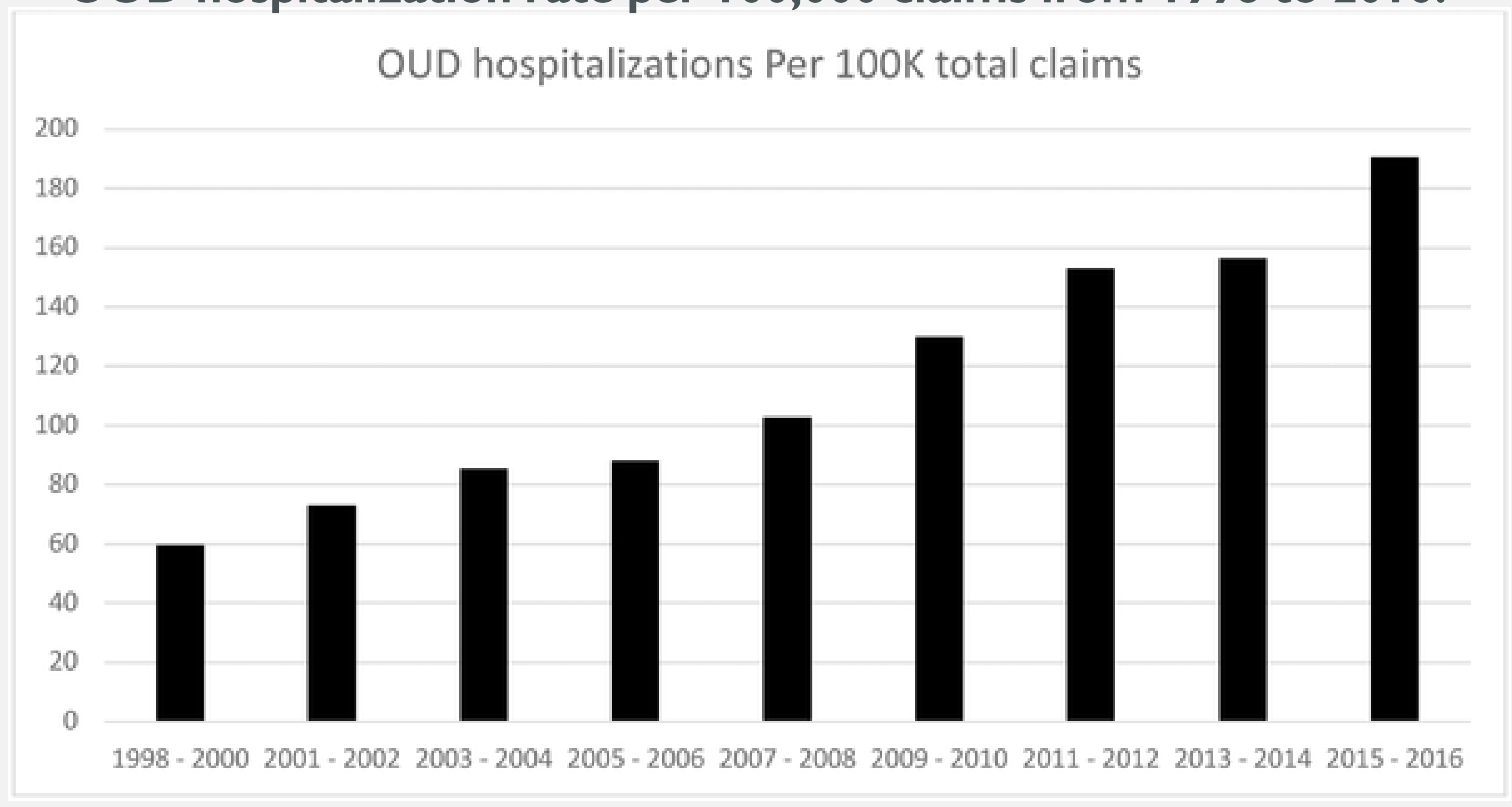
MY PATIENT, FALL 2012

- 23-year-old woman with opioid use disorder admitted to hospitalist service with chest wall pain
- Past Medical History
  - Endocarditis in setting of intravenous heroin use, treated with IV ABX x6 weeks
  - Subsequently aortic/tricuspid valve replacement, discharged to SNF
  - Persistent chest wall pain at sternotomy site, now readmitted
- Hospital course:
  - Met with social work, encouraged to enter residential treatment
  - Conversations about limiting prescribed opioids; not offered methadone or buprenorphine in hospital
  - Grieving recent death of boyfriend to overdose, limited engagement

- We were not equipped to treat the primary disease, the opioid use disorder
- Tremendous cost
- Patient died

RISING OPIOID RELATED HOSPITALIZATIONS ACROSS US

OUD hospitalization rate per 100,000 claims from 1998 to 2016.



Singh JA, Cleveland JD (2020) PLOS ONE

SUD-RELATED HOSPITALIZATIONS ARE COMMON, COSTLY

- At least 1 in 9 hospitalized adults in the US has substance use disorder (SUD), higher in many settings
  - Rising rates of opioid-, methamphetamine-, and alcohol-related admissions

- People with SUD are at high risk for repeat ED visits, readmissions, and death

Suen JGIM 2021, Singh PLOS 2020, Winkelman JAMA Open 2018,
Hirode JAMA Open 2020, Peterson JAMA Open 2021

HOSPITALIZATION IS A HIGH-RISK TOUCHPOINT

OR statewide study: Among adults with OUD hospitalized between April 2015-Dec 2017, 7.8% died within 12 months of discharge

- Mortality similar to acute myocardial infarction (5-9%)
- 13% died from overdose; 42% from non-drug related causes
- Overdose represents the tip of the iceberg

Larochelle, DAD 2019
King CA, JAM 2021

MEDICATION FOR OUD (MOUD) SAVES LIVES

In the year after non-fatal overdose, compared with no MOUD:

- Methadone maintenance was associated with ↓ all-cause mortality
  - adjusted hazard ratio 0.47 (CI, 0.32 to 0.71)
- Buprenorphine associated with ↓ all-cause mortality
  - adjusted hazard ratio 0.63 (CI, 0.46 to 0.87)

MOUD associated larger mortality reduction than antihypertensives, diabetes medications, statins; more than aspirin after STEMI

Larochelle, Annals 2018, Poorman, NEJM 2021

MOST HOSPITALS DO NOT OFFER EVIDENCE-BASED ADDICTION CARE

- National VA study: only 15% of admissions with OUD received opioid agonist therapy (OAT)
  - Most commonly, withdrawal management only
  - Only 2% of admissions started OAT with linkage to care after discharge
- Racial differences in MOUD prescribing observed in community settings persist in hospitals
  - Black patients more likely to receive methadone, whereas white patients more likely to receive buprenorphine
- Hospitals are unprepared to treat addiction
  - 46% of NM hospitals lack buprenorphine-naloxone on formulary

Priest JGIM 2020
Priest SAj 2022
Pham JAM 2022

HOSPITALS AS RISK ENVIRONMENTS

Stigma, discrimination, fear of punishment

→

Avoid/ delay care;

High-risk substance use; Surveillance;

Mistrust;

Patient-directed or involuntary discharge

→

Increased morbidity and mortality

McNeil 2014 SSM; Biancarelli DAD 2019; Simon Saj 2020; Strike PLOS 2020, King CA JAM 2021, Ti PLOS 2015; Barnett Lancet 2021

HOSPITAL SETTING

- Unique considerations:
  - Highly hierarchical systems, often harmful to people who use drugs
  - Patients are acutely ill; may receive life-changing/ life-ending diagnosis
  - Most people do not come to hospital seeking addiction care
  - Hospitalization can be a ‘wakeup call,’ reachable moment
- Changing acute care requires more than training clinicians about a new clinical practice
- Overdose crisis and increasingly lethal drug supply add to an already urgent need

Heller Public Health Rep 2004; McNeil 2014 SSM; Biancarelli DAD 2019; Velez JGIM 2017; Saitz JAM 2019; Krausz Lancet Psychiatry 2022

OHSU'S STORY

IS HOSPITALIZATION A REACHABLE MOMENT?

BRIEF REPORT

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

Surveyed 185 hospitalized adults with SUD (09/14 – 04/15)

- 57% of people with high risk alcohol use and 68% with high risk drug use wanted to cut back or quit.
  - Many wanted medication for addiction (MAT) to start in the hospital
- Gap time to community SUD treatment
- Patients valued treatment choice, providers that understood SUD

Velez JGIM 2016, Englander JHM 2017

Pervasive feelings of judgment, stigma, discrimination

"Most of us that do it can't stand it. I hate the stuff. It is wretched. It's like damned if you do, damned if you don't...when I do it I don't even feel good anymore, like it takes so much just to be okay, to be normal. It's like when I use I just feel normal...so they don't understand that.

- patient

Velez et al., JGIM 2017

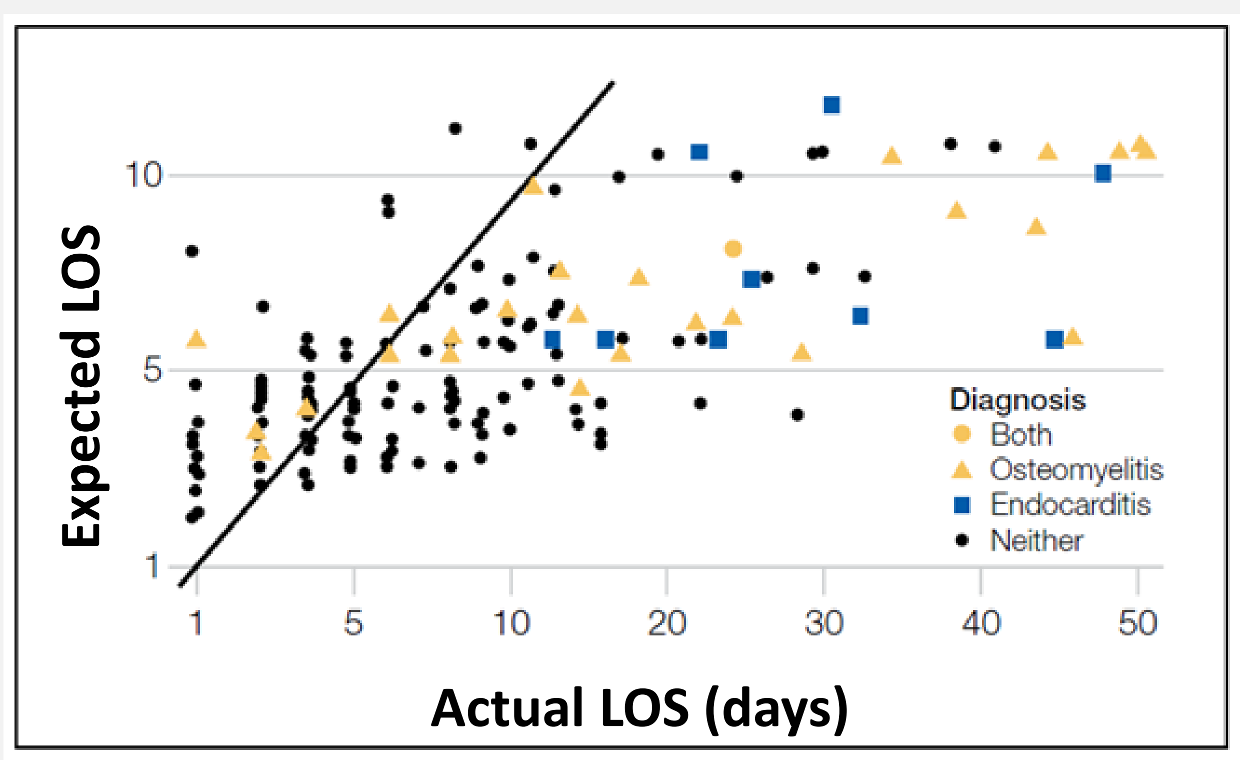
Value of peers with lived experience

"When you tell me what to do I'm a mule. I dig my hooves in and I'm like uh-uh [shaking head], I make my own decisions. But if I have somebody to talk to that could understand where I'm coming from, yeah, I could see that helping people."

- patient

Velez et al., JGIM 2017

DEFINING A BUSINESS CASE



Cohort had:

- Prolonged hospital length of stay (LOS)
- Frequent high cost utilization. First 165 participants had 137 readmissions over a mean observation period of 4.5 months.

Englander, JHM 2017

ENGAGED COMMUNITY PARTNERS

Velez, JGIM 2017
Englander, JHM 2017

IMPROVING ADDICTION CARE TEAM (IMPACT)

- Interprofessional consult service
  - Initially included MDs, SW, and peer
  - Expanded to NPs/PA, coordinator, RNs, pharmacist, fellows
- Meet people during hospitalization, provide comprehensive substance use disorder (SUD) care
- Provide rapid-access pathways to community SUD care

Englander JHM 2017, Englander SAj, 2018

OUTCOMES

"I am worth Recovery. Love, Trust, Happiness."

- IMPACT patient window

IMPACT POPULATION

- >3000 medically and socially complex hospitalized patients since July 2015
  - 60% experience homelessness; high rates of trauma, mistrust in healthcare
  - 80% Oregon Medicaid
  - High rates of polysubstance use
    - 65% Opioids; 50% Alcohol; 40% Methamphetamines

ADDICTION CONSULT SERVICE OUTCOMES

- Initiate medication for opioid and alcohol use disorder
- ↑ post-discharge SUD treatment engagement
- ↑ trust in physicians
- ↓ substance use and ↓ SUD severity after discharge
- ↓ mortality
- Improve hospital settings that care for people who use drugs

Englander JAM 2019, Nordeck DADR 2022, Trowbridge JSAT 2017, Wakeman JGIM 2017, Englander JGIM 2019, King JSAT 2020, King JAM 2021, Wilson JGIM 2022, Englander JHM 2018, Collins JGIM 2019, Hoover JSAT 2022

Before IMPACT, care was **chaotic**, **reactive**, and "very **emotionally draining** and **time consuming**."

"[Providers] get called to the unit because the person is yelling and throwing things or comes back after being gone for a long period and appears impaired … it often blows up, and they get discharged or they leave against medical advice or they go out and don't come back. We don't really know what happened to them, and they're vulnerable. And the staff are vulnerable. And other patients are distressed by the disruption and commotion." -

- Patient advocate

Englander et al, JHM 2018

IMPACT alleviated widespread "moral distress"

Englander et al, JHM 2018

OHSU

IMPACT "legitimized" addiction as a treatable chronic condition

"Instead of treating these people and making value judgements around them, now we make diagnoses. Like how bad is their infection, how bad is their addiction? As opposed to just bucketing them, oh these are a bunch of addicted people they'll never get better."

– surgeon

Englander et al., JHM 2018

Reforming hospital systems

"This is an institution, and so often I feel like the peers will show us the ways in which institutions can either harm patients or not hear patients… those are the conflicts that our patients also experience. We just don't have to see it when we're the ones with the power."

- IMPACT physician

Collins et al., JGIM 2019

ADDICTION CONSULT SERVICES ARE PLATFORM FOR CHANGE

Care redesign

- Medication protocols
- Approaches to serious infections, endocarditis care
- Post-acute care transitions, SNF

Transform culture

- Trauma-informed policies (e.g. hospital drug use, visitor)
- Workforce education
- Address individual and structural stigma

Build responsive systems

- Community treatment pathways
- Emerging population needs (e.g. COVID, fentanyl)

Englander JGIM 2022, O'Donnell JGIM 2021, Sikka BMC ID 2021, Gryzinski Annals 2021, Tassey JSAT 2022, Martin JAM 2022, Collins JGIM 2019, Englander JHM 2018, Hoover JSAT 2022, Callister SAj 2021, Wakeman JAM 2017, King PLOS 2022, Harris ASCP 2022

HOSPITAL-BASED HARM REDUCTION

What is harm reduction?

*Both a **philosophy of care** and **pragmatic set of strategies** that helps people who use drugs be safer and healthier, have more autonomy, and take protective and proactive measures for themselves, their families and communities.**

*Definition adapted from Streetworks Edmonton;
slide adapted from Dr. Elaine Hyshka and Amelia Goff

Susannah Lujan-Bear, RN

HARM REDUCTION RN

Amelia Goff, NP

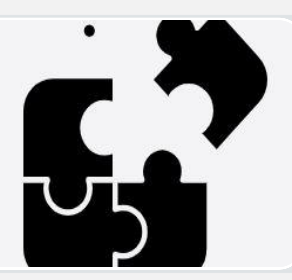
- Discusses safer substance use strategies, overdose prevention education
- Provides patient and staff support regarding in-hospital substance use
- Offers safer-use and overdose prevention kits including
  - Naloxone
  - Clean syringes, sharps containers
  - Wound care, hygiene, safer sex kits

CHANGE BEYOND OHSU – A NATIONAL STORY

SPREADING HOSPITAL ADDICTION CARE

Englander, JGIM 2021

WIDESPREAD NEED



Workforce gaps:

- Staff lack SUD knowledge and skills
- Moralize drug use
- Mutual mistrust between patients and staff

Care Fragmentation:

- Interprofessional siloes
- Hospital & community siloes
- SUD segregated from general healthcare

System lacks key components:

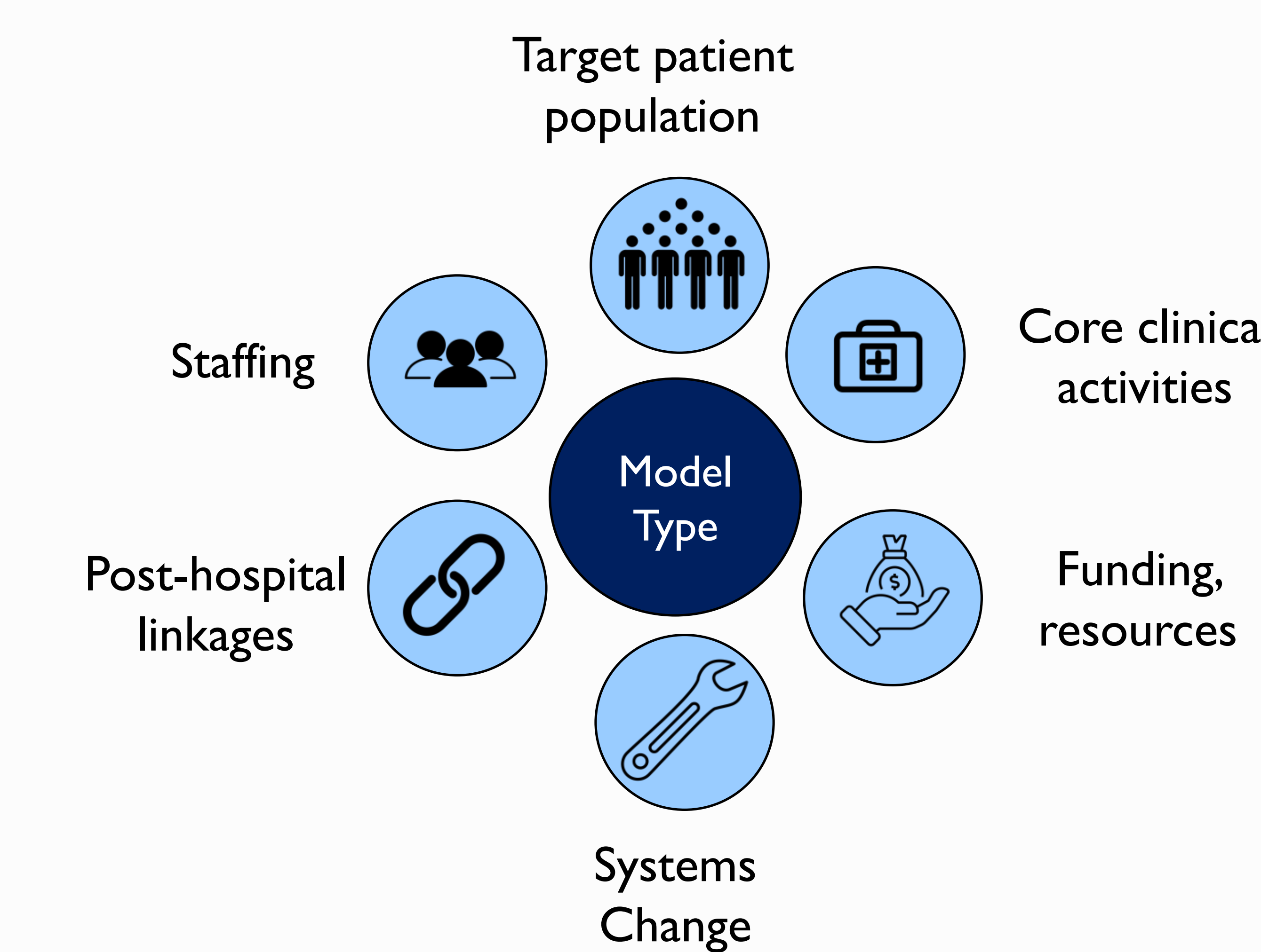
- Medications on formulary
- Metrics, incentives
- Funding
- Leadership commitment
- Community treatment

- Pervasive stigma, discrimination, criminalization of drug use
- Lack of hospital-specific research and clinical guidance

ALL HOSPITALS SHOULD ADDRESS ADDICTION, BUT HOW?

SCOPING REVIEW

- **Scoping review** of US models including gray and published literature 2000-2021
  - 2849 abstracts → 80 full text → 76 included papers
- **Key informant interviews** (n=15)



Englander et al, JGIM 2022

TAXONOMY:
6 DISTINCT MODEL TYPES*

Consult	Practice-Based	In-Reach
Expert hospital consultants	General hospital staff integrate SUD care into usual practice	Community providers reach in to deliver care
• Interprofessional addiction consult services (ACS) • Psychiatry Consult Liaison Services (PCL) • Individual Consultants	• Hospital-Based Opioid Treatment (HBOT) • Hospital-Based Alcohol Treatment (HBAT)	• Community in-reach

*Models can co-exist or build on each other

Englander et al, JGIM 2022

UNIQUE CONSIDERATIONS FOR PALLIATIVE CARE

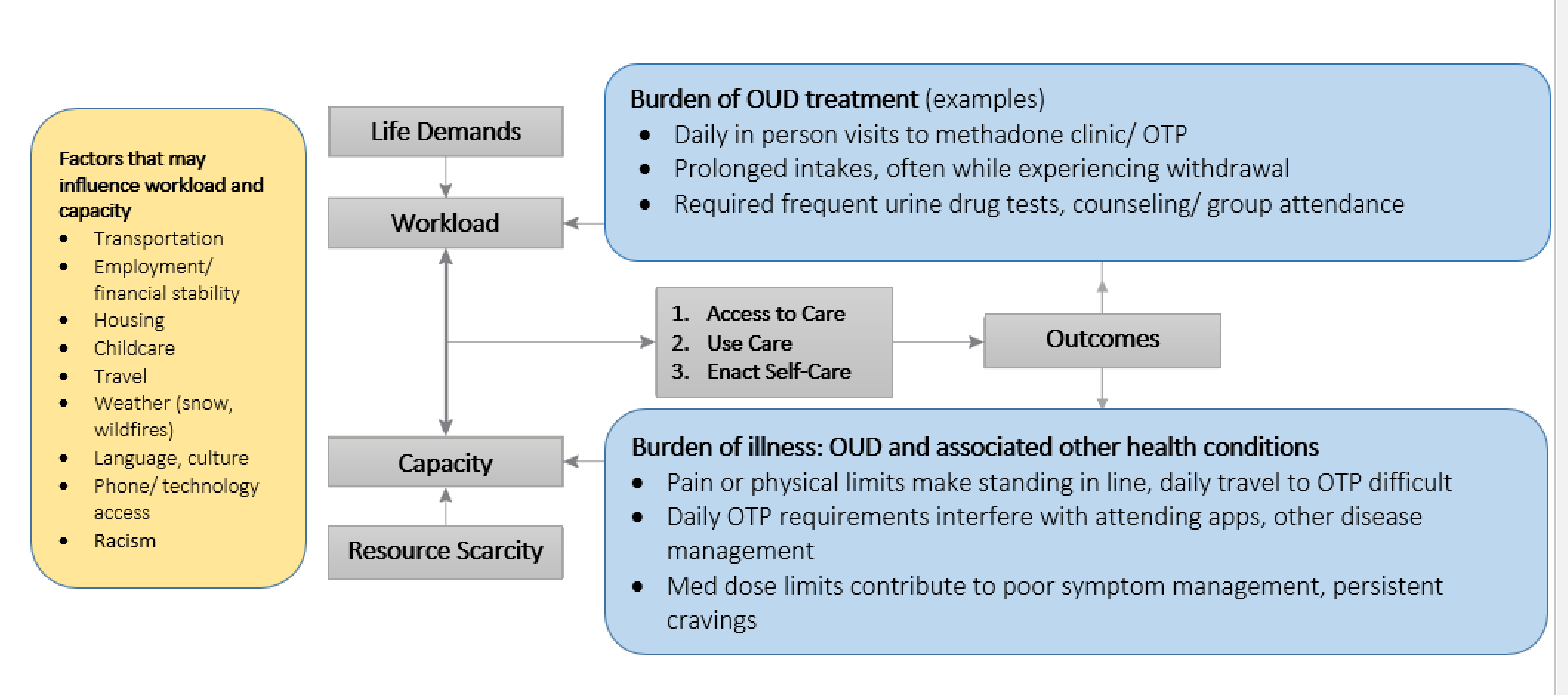
Envisioning Minimally Disruptive Opioid Use Disorder Care

Honora Englander, MD[1,2], Jessica Gregg, MD PhD[3], and Ximena A. Levander, MD MCR[1]

ENORMOUS CHALLENGES FOR PEOPLE WITH SERIOUS ILLNESS AND OPIOID USE DISORDER

Englander et al, JGIM 2022

IMBALANCE BETWEEN WORK AND CAPACITY



Adapted from Englander, JGIM 2022

Consensus Statement | Substance Use and Addiction

Expert Panel Consensus on Management of Advanced Cancer-Related Pain in Individuals With Opioid Use Disorder

Jessica S. Merlin, MD, PhD; Dmitry Khodyakov, PhD; Robert Arnold, MD; Hailey W. Bulls, PhD; Emily Dao, MS; Jennifer Kapo, MD, MSCE; Caroline King, PhD; Diane Meier, MD; Judith Paice, PhD, RN; Christine Ritchie, MD, MSPH; Jane M. Liebschutz, MD, MPH

2 cases: Pt w advanced cancer pain, and OUD treated with buprenorphine or methadone

Consensus:

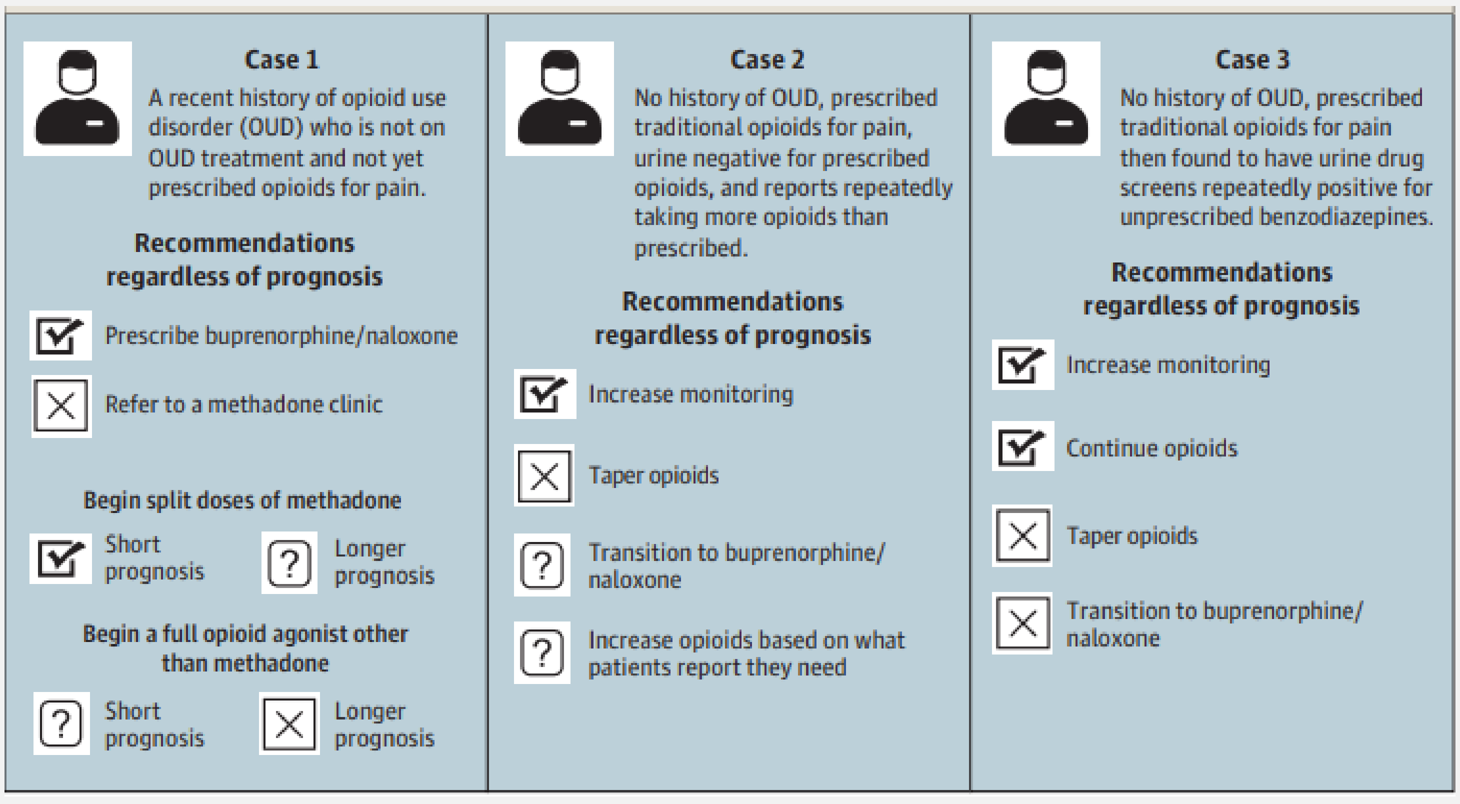
- Continue methadone and buprenorphine
- Add full agonists as needed
- Appropriate for palliative clinician to assume methadone prescribing from OTP and dose BID, TID

Merlin 2021

JAMA Oncology | Original Investigation

Consensus-Based Guidance on Opioid Management in Individuals With Advanced Cancer-Related Pain and Opioid Misuse or Use Disorder

Katie Fitzgerald Jones, MSN; Dmitry Khodyakov, PhD; Robert Arnold, MD; Hailey Bulls, PhD; Emily Dao, MS; Jennifer Kapo, MD; Diane Meier, MD; Judith Paice, PhD; Jane Liebschutz, MD, MPH; Christine Ritchie, MD, MSPH; Jessica Merlin, MD, PhD

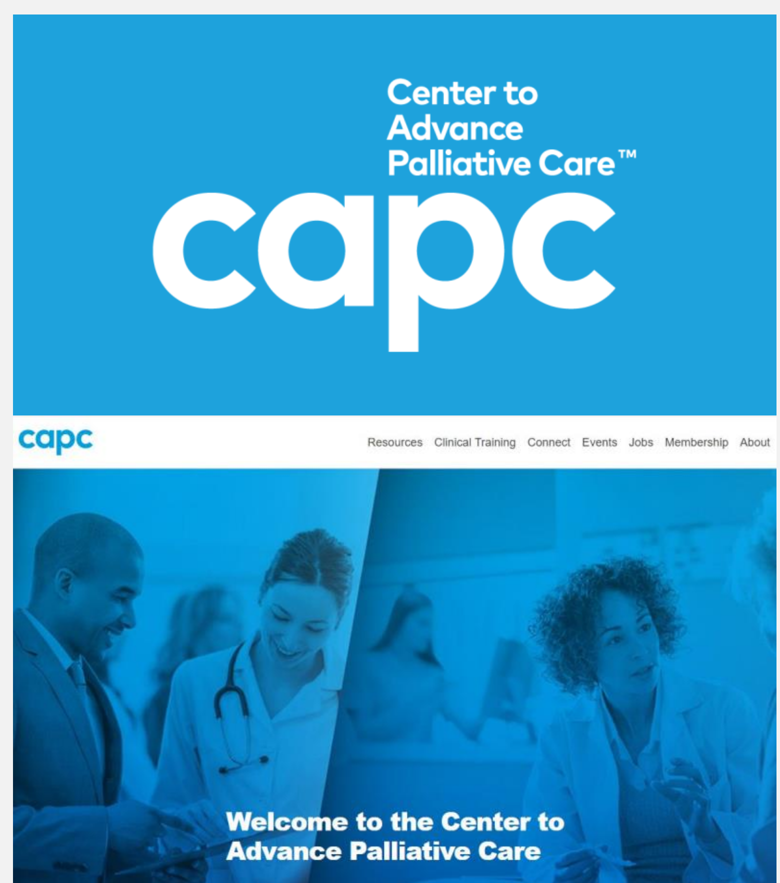


Fitzgerald 2022

FUTURE DIRECTIONS

DEVELOP TRAINING, TOOLS AND TECHNICAL ASSISTANCE

- Borrow lessons and experience from other disciplines (e.g. palliative care)
- Spread interprofessional addiction consult services
- Assure core competencies of evidence-based addiction care among trainees



Englander JAM 2019; Meier DE Health Aff 2017; www.capc.org

EXPLORE INTERNATIONAL MODELS

Nguemeni Tiako, AJPH 2022

CHANGING US STANDARD OF CARE REQUIRES AMBITIOUS, MULTIPRONGED AGENDA

Interprofessional workforce education	Education	Research	Practice- and policy-changing research focused on hospital
Innovation and dissemination of best practices	Clinical Care	Policy	Hospital standards, metrics, incentives, payment reform

Englander NEJM 2022

SUMMARY AND TAKE-HOMES

REFRAMING HOW HOSPITALS ADDRESS ADDICTION

Insulin

Diet

Lifestyle

Aspirin

Statin

Exercise

REFRAMING HOW HOSPITALS ADDRESS ADDICTION

Insulin Diet Lifestyle	Aspirin Statin Exercise	Engage, treat, link

ALL CLINICIANS SHOULD

- Recognize patients' experiences of discrimination, mistrust, fear in healthcare settings
- Embrace harm reduction and trauma informed approaches, including acknowledging patients' value and lived-experience
- Identify and treat withdrawal and pain
- Offer evidence-based medication for opioid, alcohol use disorder
- Prescribe naloxone to people with opioid and or stimulant use disorders

RESOURCES

For patients, families

- SAHMSA treatment locator
  https://findtreatment.samhsa.gov/
- Harm Reduction
  https://harmreduction.org/
- OHA Naloxone resources
  https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SUBSTANCEUSE/OPIOIDS/Pages/naloxone.aspx#pharmtoolkit

For providers

- ECHO
  https://connect.oregonechonetwork.org/
- IMPACT Education and Training
  https://www.ohsu.edu/health/impact-education-and-training
- OHSU Addiction Medicine Consult Line
  503-494-4567

Thank you

- IMPACT patients and families
- IMPACT research and clinical teams
- OHSU leadership
- CareOregon and OHSU Health

Contact:

REFERENCES

Suen LW, Makam AN, Snyder HR, Repplinger D, Kushel MB, Martin M, et al. National Prevalence of Alcohol and Other Substance Use Disorders Among Emergency Department Visits and Hospitalizations: NHAMCS 2014-2018. J Gen Intern Med. 2021:1-9. https://doi.org/10. 1007/s11606-021-07069-w

Singh JA, Cleveland JD. National U.S. time-trends in opioid use disorder hospitalizations and associated healthcare utilization and mortality. PLoS One. 2020 Feb 18;15(2):e0229174. doi: 10.1371/journal.pone.0229174. PMID: 32069314; PMCID: PMC7028263.

Winkelman TA, Admon LK, Jennings L, Shippee ND, Richardson CR, Bart G. Evaluation of amphetamine-related hospitalizations and associated clinical outcomes and costs in the United States. JAMA Netw Open. 2018;1(6):e183758. https://doi.org/10.1001/jamanetworkopen. 2018.3758

Hirode G, Saab S, Wong RJ. Trends in the Burden of Chronic Liver Disease Among Hospitalized US Adults. JAMA Netw Open. 2020 Apr 1;3(4):e201997. doi: 10.1001/jamanetworkopen.2020.1997. PMID: 32239220; PMCID: PMC7118516.

Peterson C, Li M, Xu L, Mikosz CA, Luo F. Assessment of Annual Cost of Substance Use Disorder in US Hospitals. JAMA Netw Open. 2021 Mar 1;4(3):e210242. doi: 10.1001/jamanetworkopen.2021.0242. PMID: 33666661; PMCID: PMC7936257.

Larochelle MR, Bernstein R, Bernson D, Land T, Stopka TJ, Rose AJ, Bharel M, Liebschutz JM, Walley AY. Touchpoints - Opportunities to predict and prevent opioid overdose: A cohort study. Drug Alcohol Depend. 2019 Nov 1;204:107537. doi: 10.1016/j.drugalcdep.2019.06.039. Epub 2019 Sep 3. PMID: 31521956; PMCID: PMC7020606.

King C, Collins D, Patten A, Nicolaidis C, Englander H. Trust in Hospital Physicians Among Patients With Substance Use Disorder Referred to an Addiction Consult Service: A Mixed-methods Study. J Addict Med. 2021;09:09. https://doi.org/10.1097/ADM. 0000000000000819

Biancarelli DL, Biello KB, Childs E, Drainoni M, Salhaney P, Edeza A, Mimiaga MJ, Saitz R, Bazzi AR. Strategies used by people who inject drugs to avoid stigma in healthcare settings. Drug Alcohol Depend. 2019 May 1;198:80-86. doi: 10.1016/j.drugalcdep.2019.01.037. Epub 2019 Mar 8. PMID: 30884432; PMCID: PMC6521691.

Strike C, Robinson S, Guta A, Tan DH, O'Leary B, Cooper C, Upshur R, Chan Carusone S. Illicit drug use while admitted to hospital: Patient and health care provider perspectives. PLoS One. 2020 Mar 5;15(3):e0229713. doi: 10.1371/journal.pone.0229713. PMID: 32134973; PMCID: PMC7058273.

Ti L, Milloy MJ, Buxton J, McNeil R, Dobrer S, Hayashi K, Wood E, Kerr T. Factors Associated with Leaving Hospital against Medical Advice among People Who Use Illicit Drugs in Vancouver, Canada. PLoS One. 2015 Oct 28;10(10):e0141594. doi: 10.1371/journal.pone.0141594.

REFERENCES

Priest KC, Lovejoy TI, Englander H, Shull S, McCarty D. Opioid Agonist Therapy During HospitalizationWithin the Veterans Health Administration: a Pragmatic Retrospective Cohort Analysis. J Gen Intern Med. 2020;35(8):2365-74. https://doi.org/10.1007/s11606-020-05815-0

Kelsey C. Priest, Caroline A. King, Honora Englander, Travis I. Lovejoy &Dennis McCarty (2022) Differences in the delivery of medications for opioid use disorder during hospitalization by racial categories: A retrospective cohort analysis, Substance Abuse, 43:1,1251-1259, DOI: 10.1080/08897077.2022.2074601

Pham S, Haigh A, Barrett E. Statewide Availability of Buprenorphine/Naloxone in Acute Care Hospitals. J Addict Med. 2022 Jan-Feb 01;16(1):e48-e51. doi: 10.1097/ADM.0000000000000833. PMID: 33758118.

Heller D, McCoy K, Cunningham C. An invisible barrier to integrating HIV primary care with harm reduction services: philosophical clashes between the harm reduction and medical models. Public Health Rep. 2004 Jan-Feb;119(1):32-9. doi: 10.1177/003335490411900109. PMID: 15147647; PMCID: PMC1502252.

McNeil R, Small W, Wood E, Kerr T. Hospitals as a 'risk environment': an ethno-epidemiological study of voluntary and involuntary discharge from hospital against medical advice among people who inject drugs. Soc Sci Med. 2014 Mar;105:59-66. doi: 10.1016/j.socscimed.2014.01.010. Epub 2014 Jan 19. PMID: 24508718; PMCID: PMC3951660.

Simon R, Snow R, Wakeman S. Understanding why patients with substance use disorders leave the hospital against medical advice: A qualitative study. Subst Abus. 2020;41(4):519-525. doi: 10.1080/08897077.2019.1671942. Epub 2019 Oct 22. PMID: 31638862.

Velez CM, Nicolaidis C, Korthuis PT, Englander H. "It's been an experience, a life learning experience": a qualitative study of hospitalized patients with substance use disorders. J Gen Intern Med. 2017;32(3):296-303. https://doi.org/10.1007/s11606-016-3919-4

Englander H, Jones A, Krawczyk N, Patten A, Roberts T, Korthuis PT, McNeely J. A Taxonomy of Hospital-Based Addiction Care Models: a Scoping Review and Key Informant Interviews. J Gen Intern Med. 2022 Aug;37(11):2821-2833. doi: 10.1007/s11606-022-07618-x. Epub 2022 May 9. PMID: 35534663; PMCID: PMC9411356.

Courtney D. Nordeck, Christopher Welsh, Robert P. Schwartz, Shannon Gwin Mitchell, Kevin E. O'Grady, Jan Gryczynski, Opioid agonist treatment initiation and linkage for hospitalized patients seen by a substance use disorder consultation service, Drug and Alcohol Dependence Reports, Volume 2, 2022, 100031, ISSN 2772-7246, https://doi.org/10.1016/j.dadr.2022.100031.

REFERENCES

Englander H, Mahoney S, Brandt K, Brown J, Dorfman C, Nydahl A, et al. Tools to Support Hospital-Based Addiction Care: Core Components, Values, and Activities of the Improving Addiction Care Team. J Addict Med. 2019;13(2):85-9. https://doi.org/10.1097/ADM. 0000000000000487

Trowbridge P, Weinstein ZM, Kerensky T, Roy P, Regan D, Samet JH, et al. Addiction consultation services - Linking hospitalized patients to outpatient addiction treatment. J Subst Abuse Treat. 2017;79:1-5. https://doi.org/10.1016/j.jsat.2017.05.007

Wakeman SE, Metlay JP, Chang Y, Herman GE, Rigotti NA. Inpatient Addiction Consultation for Hospitalized Patients Increases PostDischarge Abstinence and Reduces Addiction Severity. J Gen Intern Med. 2017. https://doi.org/10.1007/s11606-017-4077-z

Englander H, Dobbertin K, Lind BK, Nicolaidis C, Graven P, Dorfman C, et al. Inpatient addiction medicine consultation and posthospital substance use disorder treatment engagement: a propensitymatched analysis. J Gen Intern Med. 2019;34(12):2796-803. https:// doi.org/10.1007/s11606-019-05251-9

King C, Nicolaidis C, Korthuis PT, Priest KC, Englander H. Patterns of substance use before and after hospitalization among patients seen by an inpatient addiction consult service: A latent transition analysis. J Subst Abuse Treat. 2020;118:108121. https://doi.org/10.1016/j.jsat. 2020.108121

Wilson JD, Altieri Dunn SC, Roy P, Joseph E, Klipp S, Liebschutz J. Inpatient Addiction Medicine Consultation Service Impact on Post-discharge Patient Mortality: a Propensity-Matched Analysis. J Gen Intern Med. 2022 Aug;37(10):2521-2525. doi: 10.1007/s11606-021-07362-8. Epub 2022 Jan 25. PMID: 35076857; PMCID: PMC9360378.

Englander H, Collins D, Perry SP, Rabinowitz M, Phoutrides E, Nicolaidis C. "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. J Hosp Med. 2018. https://doi.org/10.12788/jhm.2993

Collins D, Alla J, Nicolaidis C, Gregg J, Gullickson DJ, Patten A, et al. "If It Wasn't for Him, I Wouldn't Have Talked to Them": Qualitative Study of Addiction Peer Mentorship in the Hospital. J Gen Intern Med. 2019;12:12. https://doi.org/10.1007/s11606-019-05311-0

Kaitlyn Hoover, Steve Lockhart, Catherine Callister, Jodi Summers Holtrop, Susan L. Calcaterra, Experiences of stigma in hospitals with addiction consultation services: A qualitative analysis of patients' and hospital-based providers' perspectives, Journal of Substance Abuse Treatment, Volume 138, 2022, 108708, ISSN 0740-5472, https://doi.org/10.1016/j.jsat.2021.108708.

O'Donnell M, Englander H, Strnad L, Bhamidipati CM, Shalen E, Riquelme PA. Expanding the Team: Optimizing the Multidisciplinary Management of Drug Use-Associated Infective Endocarditis. J Gen Intern Med. 2022 Mar;37(4):935-939. doi: 10.1007/s11606-021-07313-3. Epub 2022 Jan 11. PMID: 35018563; PMCID: PMC8904655.

REFERENCES

Sikka MK, Gore S, Vega T, Strnad L, Gregg J, Englander H. "OPTIONS-DC", a feasible discharge planning conference to expand infection treatment options for people with substance use disorder. BMC Infect Dis. 2021 Aug 9;21(1):772. doi: 10.1186/s12879-021-06514-9. PMID: 34372776; PMCID: PMC8351414.

Gryczynski J, Nordeck CD, Welsh C, Mitchell SG, O'Grady KE, Schwartz RP. Preventing Hospital Readmission for Patients With Comorbid Substance Use Disorder : A Randomized Trial. Ann Intern Med. 2021 Jul;174(7):899-909. doi: 10.7326/M20-5475. Epub 2021 Apr 6. PMID: 33819055.

Tassey TE, Ott GE, Alvanzo AAH, Peirce JM, Antoine D, Buresh ME. OUD MEETS: A novel program to increase initiation of medications for opioid use disorder and improve outcomes for hospitalized patients being discharged to skilled nursing facilities. J Subst Abuse Treat. 2022 Dec;143:108895. doi: 10.1016/j.jsat.2022.108895. Epub 2022 Oct 1. PMID: 36215913.

Martin M, Snyder HR, Otway G, Holpit L, Day LW, Seidman D. In-hospital Substance Use Policies: An Opportunity to Advance Equity, Reduce Stigma, and Offer Evidence-based Addiction Care. J Addict Med. 2023 Jan-Feb 01;17(1):10-12. doi: 10.1097/ADM.0000000000001046. Epub 2022 Aug 2. PMID: 35914181; PMCID: PMC9897266.

Callister C, Lockhart S, Holtrop JS, Hoover K, Calcaterra SL. Experiences with an addiction consultation service on care provided to hospitalized patients with opioid use disorder: a qualitative study of hospitalists, nurses, pharmacists, and social workers. Subst Abus. 2022;43(1):615-622. doi: 10.1080/08897077.2021.1975873. Epub 2021 Oct 19. PMID: 34666634; PMCID: PMC8888039.

King C, Vega T, Button D, Nicolaidis C, Gregg J, Englander H. Understanding the impact of the SARS-COV-2 pandemic on hospitalized patients with substance use disorder. PLoS One. 2021;16(2):e0247951. https://doi.org/10.1371/journal.pone.0247951

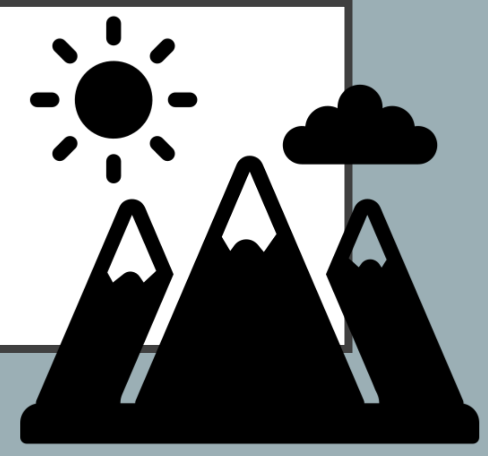
Harris MTH, Peterkin A, Bach P, Englander H, Lapidus E, Rolley T, et al. Adapting inpatient addiction medicine consult services during the COVID-19 pandemic. Addict Sci Clin Pract. 2021;16(1):13. https://doi. org/10.1186/s13722-021-00221-1

Englander H, Gregg J, Levander XA. Envisioning Minimally Disruptive Opioid Use Disorder Care. JGIM 2022.

Englander H, Davis CS. Hospital Standards of Care for People with Substance Use Disorder. N Engl J Med. 2022 Aug 25;387(8):672-675. doi: 10.1056/NEJMp2204687. Epub 2022 Aug 20. PMID: 35984354.

EXTRA

PATH FORWARD



How do we change the standard of care so all hospitals deliver evidence-based addiction care?

EDITORIAL

Treatment for Opioid Addiction Must Be Offered in General Hospitals: But How?

Richard Saitz, MD, MPH, DFASAM, FACP

"On the basis of what we know, simply issuing an edict or guideline promulgating initiation of OUD treatment… would seem to be akin to picking low hanging fruit. But it appears not to be the case. …."

Saitz, JAM 2019

- What are the effects of hospital-based addiction care?
  - Describe outcomes using standard model definitions
- How do we improve care models?
  - Racial disparities; transitional care gaps; population-specific needs (e.g. end of life, rural, pregnancy); specific health conditions (e.g. endocarditis, transplant)
- How do we implement across diverse settings?
- How do we promote broad adoption and diffusion of innovation?

WHY TREAT ADDICTION IN HOSPITALS?

Avoid harms

- People with SUD to avoid/ delay care
- Withdrawal, pain, stigma
- Patient-directed discharge

Benefits

- Reachable moment to engage in SUD care
- Can improve SUD and other health outcomes

Transform systems

- Hospitals have power, influence, resources
- Hospitals are where we train workforce
- Build prepared, responsive systems; address inequities

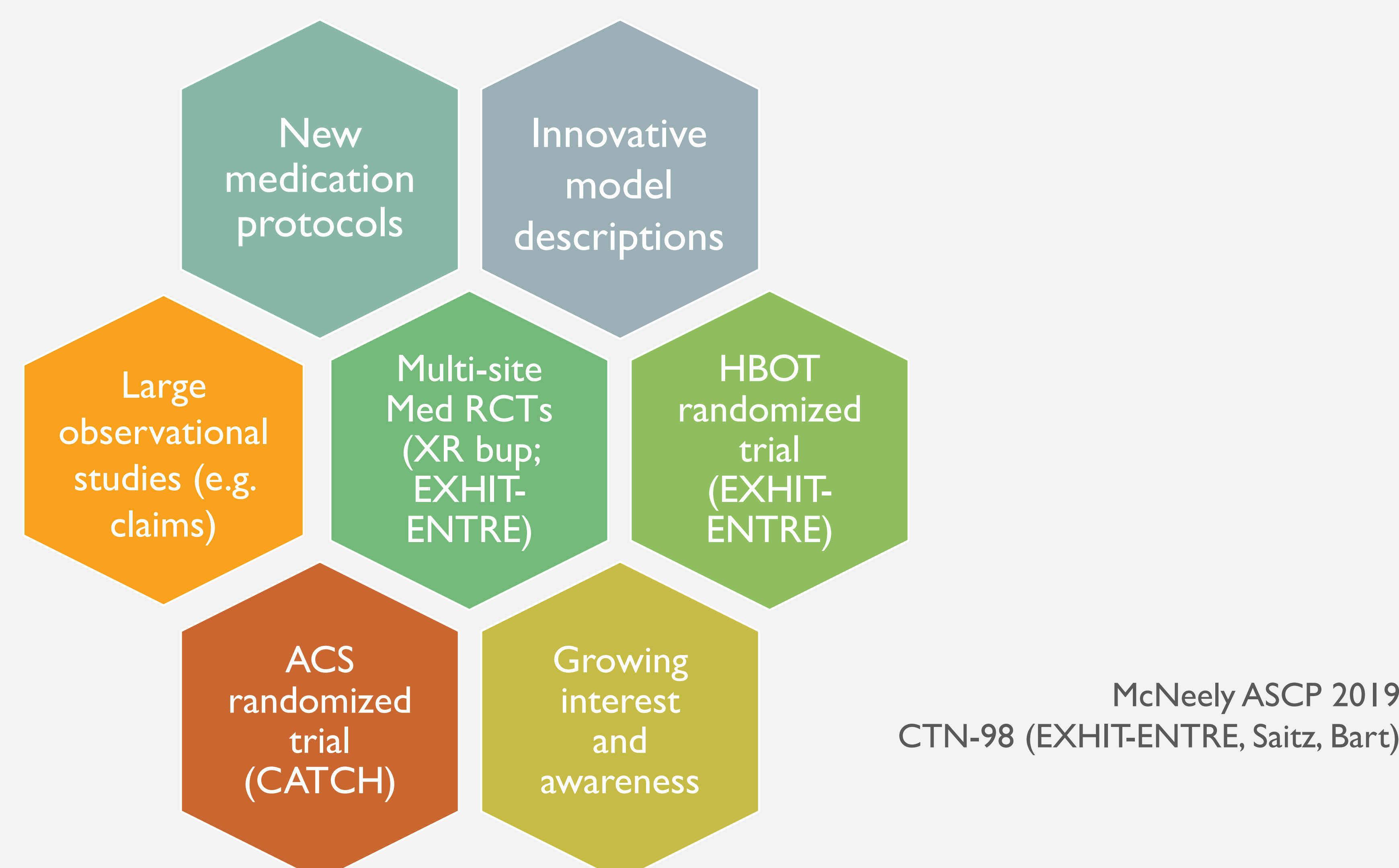
PREPARED AND RESPONSIVE SYSTEMS

- COVID demonstrated that in times of stress, hospitals and health systems serve as safety net for those with nowhere else to turn
- Underscored the need to
  - Incorporate and amplify expertise of people with lived experience
  - Prioritize needs of marginalized populations
  - Partner with organizations that understand community needs

- Investments in Addiction Consult Service care support preparedness,
  - lessons may be important for future climate events, changes in drug supply (eg xylazine), emerging infections

King, PLOS 2021

EMERGING EVIDENCE



McNeely ASCP 2019
CTN-98 (EXHIT-ENTRE, Saitz, Bart)