



Northwest (HHS Region 10)

ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



Northwest ATTC presents:

IMPACT: Team-Based Addictions Care in General Hospitals

Honora Englander, MD
Oregon Health & Science University (OHSU)



ADAI

ALCOHOL &
DRUG ABUSE
INSTITUTE





LANGUAGE MATTERS.

Words have power.

PEOPLE FIRST.

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Please email us at northwest@attcnetwork.org with any comments or questions you have for us!

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Your certificate will be emailed within a week to the address you registered with.

Honora Englander, MD

- Associate Professor, Department of Medicine, OHSU
- Founder/Principle Investigator, Improving Addiction Care Team (IMPACT)
- Awards:
 - Portland Business Journal, "Top Forty under 40", 2015
 - American College of Physician's, "Hospitalist TOP DOC", 2012





Team-based Addictions Care in General Hospitals: Outcomes and Lessons from the Improving Addiction Care Team (IMPACT)

Honora Englander, MD
NW ATTC: December 18, 2019

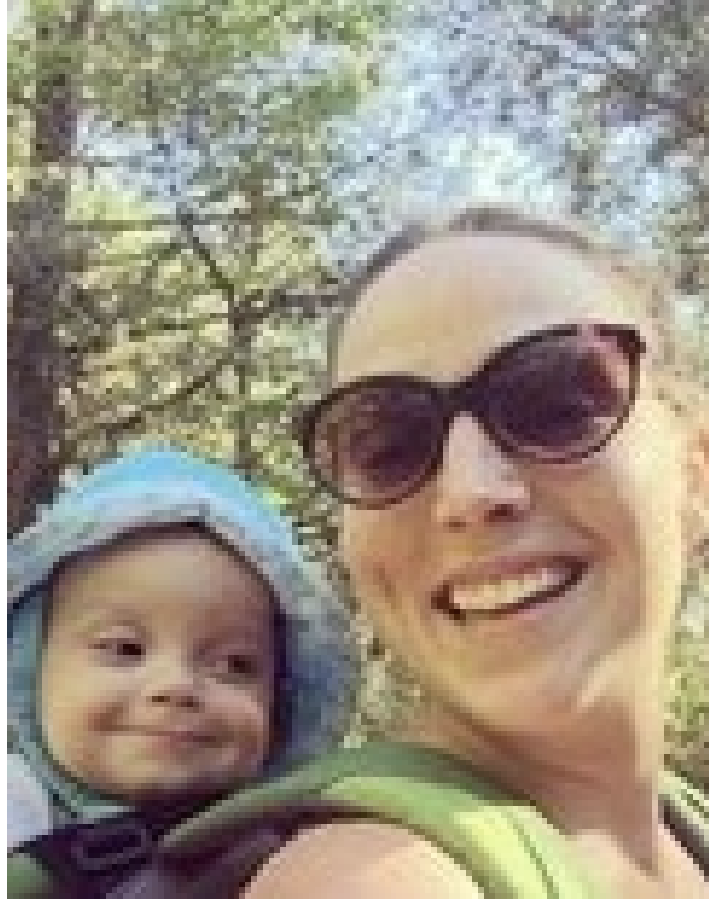


@honoraenglander

Outline:

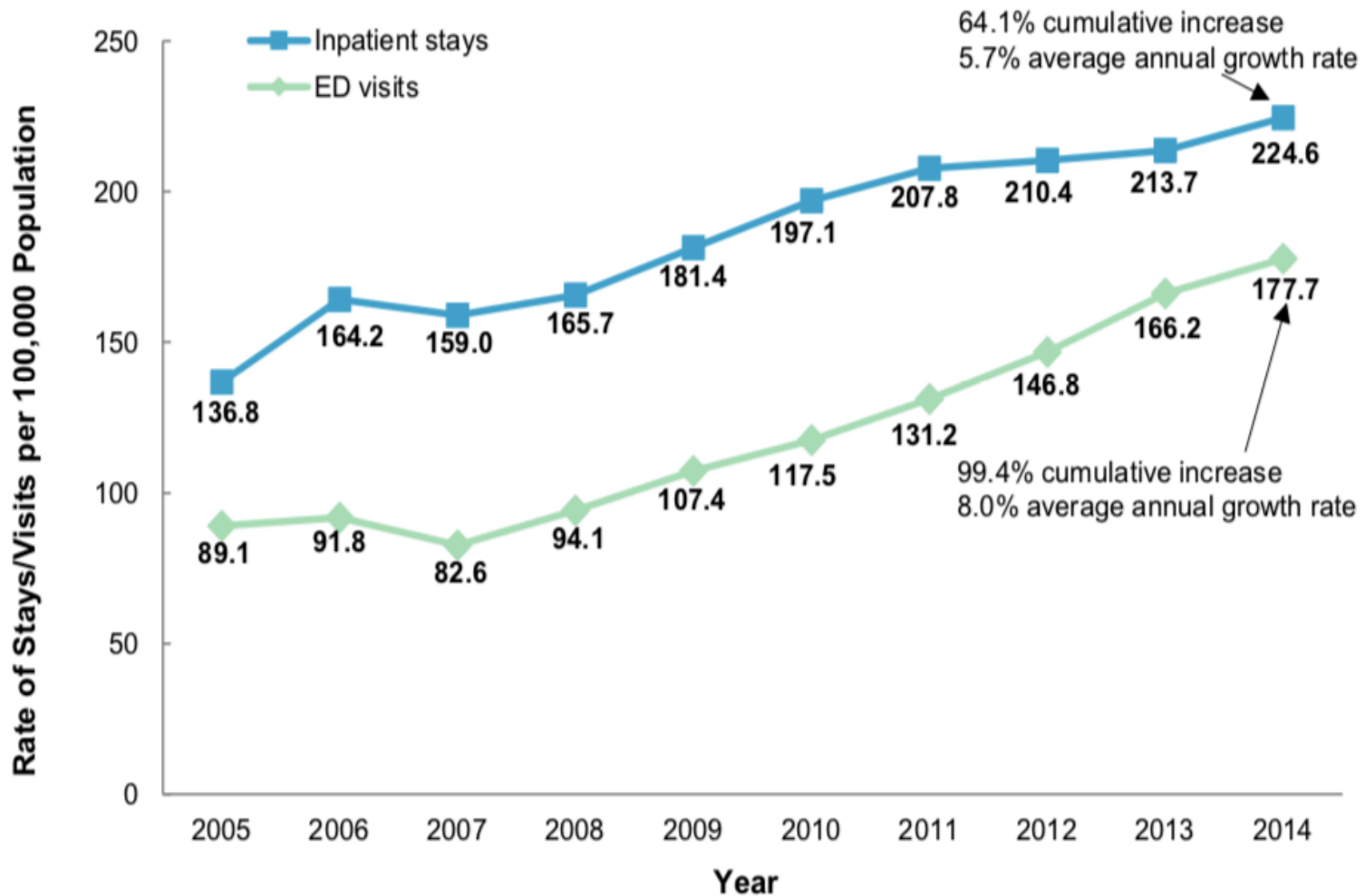
- My story
- OHSU's story
 - Needs assessment
 - IMPACT development
- Outcomes
- Implications and Lessons Learned

My patients' stories



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

Opioid-related hospitalizations rising



Opioid-related hospitalizations rising across US, OR among sharpest

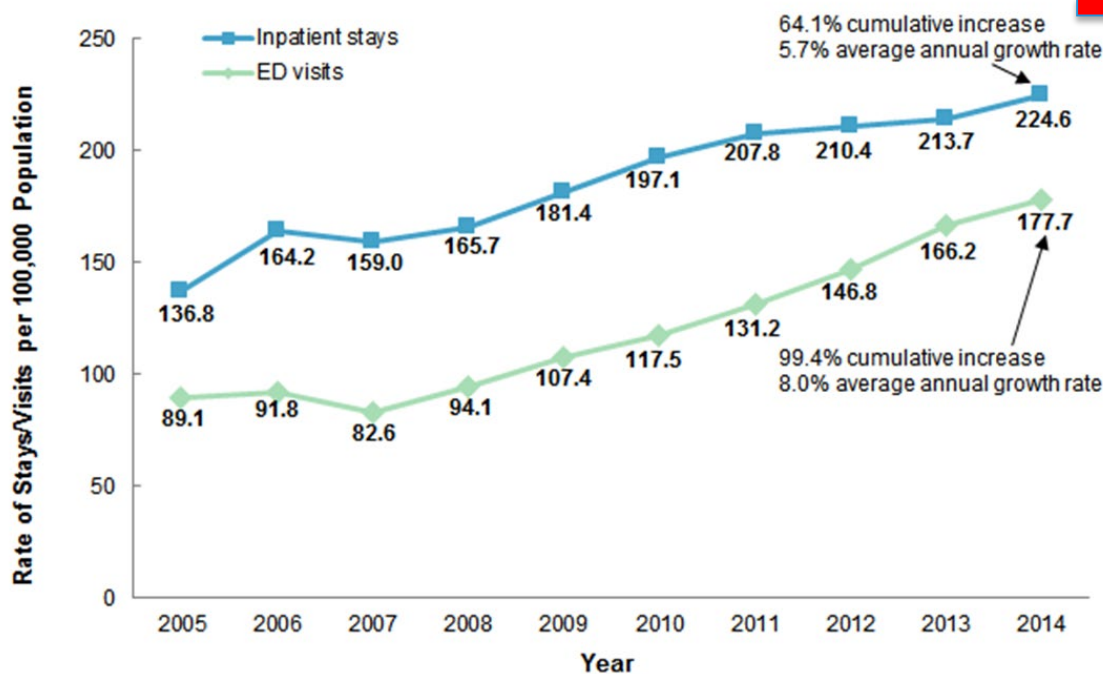
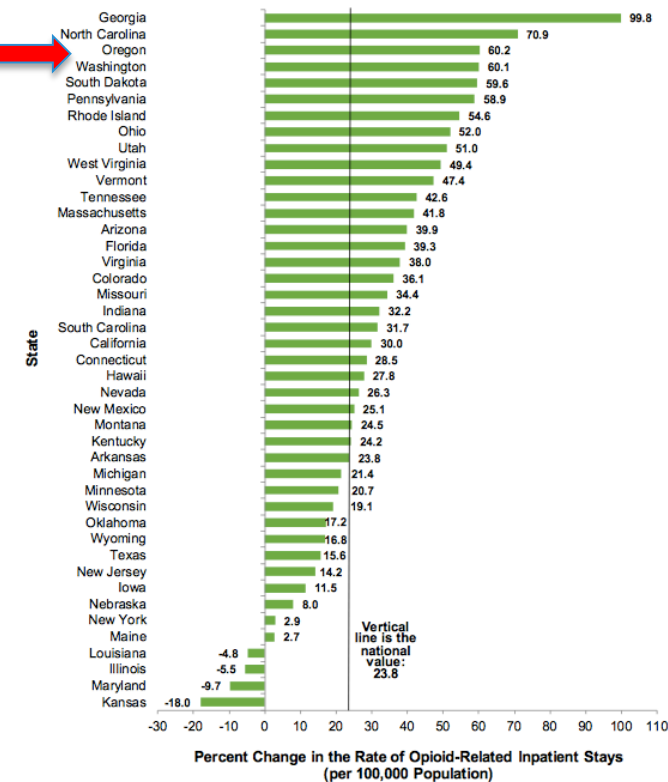
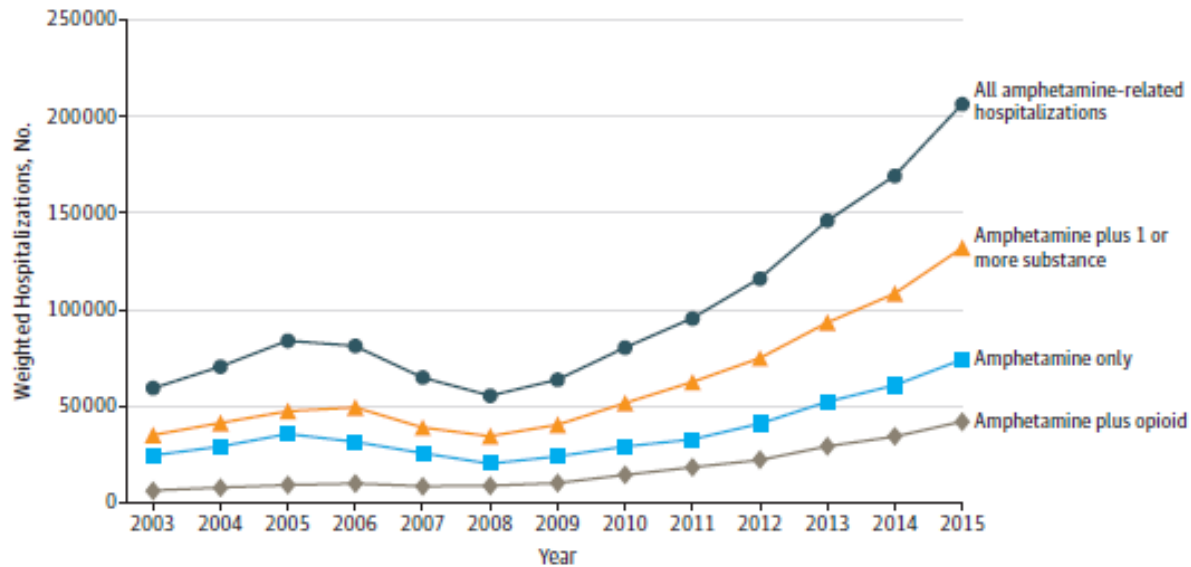


Figure 3. Cumulative percent change in the rate of opioid-related inpatient stays by State, 2009–2014



Amphetamine-related hospitalizations

Figure 1. Amphetamine-Related Hospitalizations in the United States, 2003 to 2015



Winkleman, JAMA 2018



SUD drives skyrocketing costs

- SUD drives high rates of hospitalizations, readmission, long LOS
- \$15 billion in US 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

Is hospitalization a
reachable moment?

“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.”

- Hospitalized patient, OHSU

Needs Assessment

185 hospitalized adults between Sept 2014- April 2015

- 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 treatment (MAT) to start in the hospital
- Gap time to community SUD treatment
- Patients valued treatment choice, providers that understood SUD

What do we do?

How do we pay for it?

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.



Velez, JGIM 2016
Englander, JHM 2017



IMPACT: Improving Addiction Care Team

Needs

- Hospitalization as reachable moment
- Lacked expertise to assess, engage or initiate SUD treatment
- Trauma and trust

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

- Long-term IV antibiotics associated with prolonged hospital stays
- Community treatment not equipped to manage infection and SUD needs

Intervention

Inpatient consult service:
physicians, social work, peer mentors

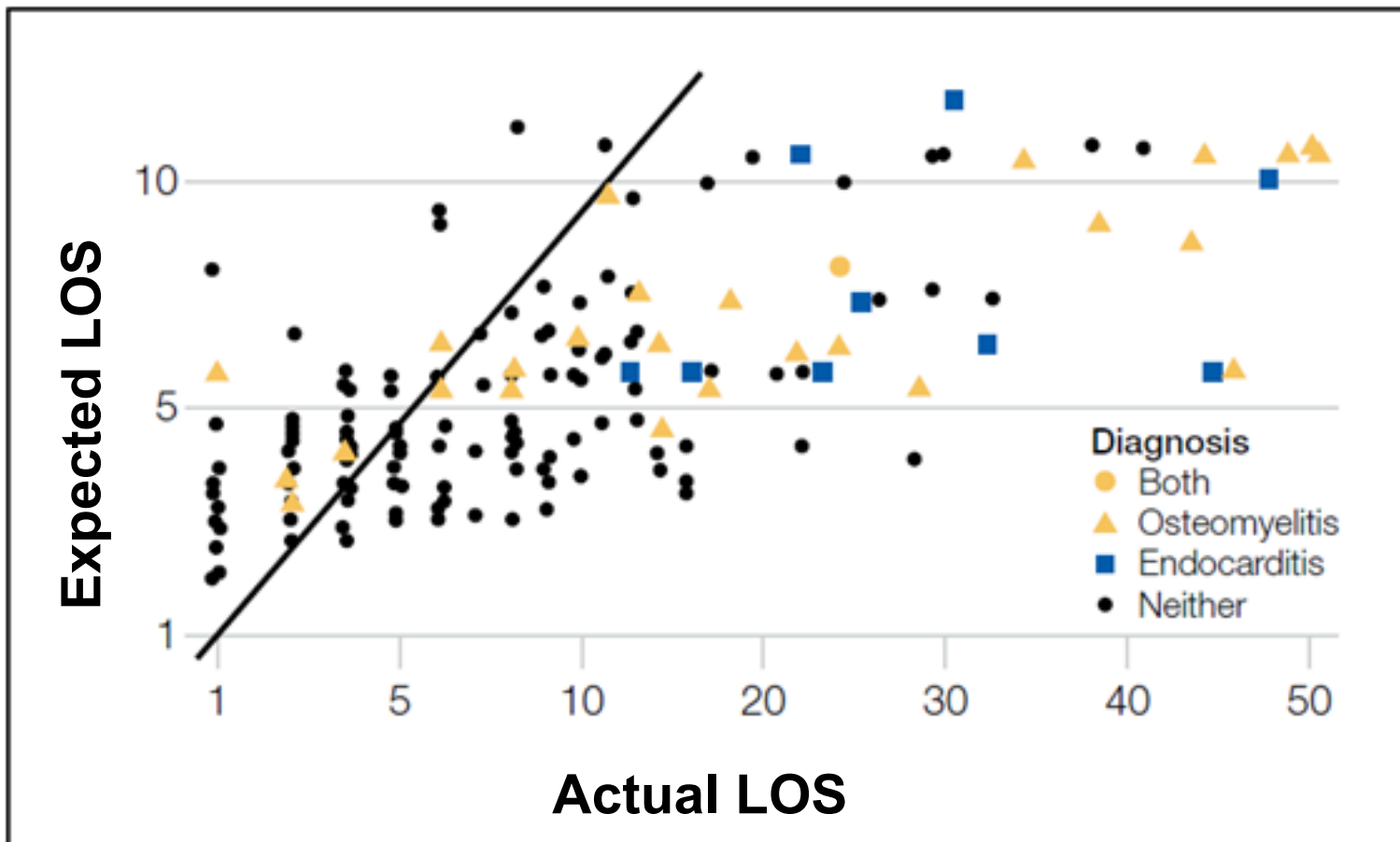
Rapid-access pathways to community SUD treatment

Medically Enhanced Residential Treatment

Launched summer 2015

Defining the business case:

SUD associated with long hospital length of stay (LOS)



What is the effect of the
IMPACT?


IMPACT Population

- >1400 medically and socially complex patients
 - 60% experience homelessness
 - 80% Oregon Medicaid
 - High polysubstance use
 - 65% Opioids; 50% Alcohol; 40% Methamphetamines

Outcomes

Inpatient Addiction Medicine Consultation and Post-Hospital Substance Use Disorder Treatment Engagement: a Propensity-Matched Analysis



*Honora Englander, MD¹ , Konrad Dobbertin, MPH², Bonnie K. Lind, PhD²,
Christina Nicolaidis, MD, MPH^{1,3}, Peter Graven, PhD¹, Claire Dorfman, BA⁴, and
P. Todd Korthuis, MD, MPH¹*

- Compared IMPACT pts (n=208) with similar hospitalized pts who did not receive IMPACT (n=416)
 - IMPACT increased community addiction treatment engagement
 - 17% baseline → 39% in the month after discharge for IMPACT, compared to 23% in controls; aOR 2.15 (95% CI 1.29-3.58)
 - 1 person in IMPACT group and 14 in control group died

IMPACT created a “sea change” in hospital culture

- Increases provider understanding of addiction and how to treat it
- Reduces against medical advice (AMA) discharges and long hospital stays
- Increases patient trust
- Reduces stigma

Care before IMPACT

Caring for people with substance use disorder was “very emotionally draining and very time consuming.”

- Nurse manager

IMPACT alleviated widespread “moral distress”

“I think you feel more empowered when you’ve got the right medication... the knowledge, and you feel like you have the resources. You actually feel like you’re making a difference.”

- OHSU Nurse

Shifting Mindsets

- “When it's somebody in a white coat with expertise who's talking to another doctor it really can shift mindsets in an amazing way.”
- IMPACT “legitimized the fact that this is an actual disease that we need to treat - and a failure to treat it is a failure to be a good doctor.”

Spreading IMPACT



COMMENTARY

Tools to Support Hospital-Based Addiction Care: Core Components, Values, and Activities of the Improving Addiction Care Team

Honora Englander, MD, Stacey Mahoney, LCSW, CADC, Kimberly Brandt, FNP-BC, Jessica Brown, LCSW, Claire Dorfman, BA, Alexander Nydahl, PA, Melissa Weimer, DO, and Jessica Gregg, MD, PhD

EDITORIAL

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

Richard Saitz, MD, MPH, DFASAM, FACP



NATIONAL ACADEMY OF SCIENCES



ACP Hospitalist



IMPACT toolkit

Tools to Support Hospital-Based Addiction Care: Core Components, Values, and Activities of the Improving Addiction Care Team

*Honora Englander, MD, Stacey Mahoney, LCSW, CADC, Kimberly Brandt, FNP-BC,
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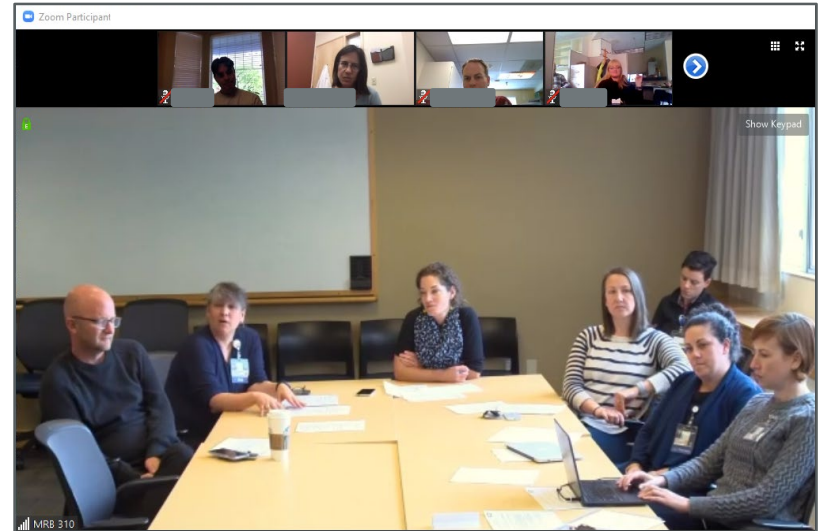
JAM, 2019



SUD in Hospital Care ECHO

- Distance-education model that connects specialists with remote providers
- Interprofessional faculty and participants
- 12-week ECHO series. Combines participant case presentations and didactics

Komaromy SAj 2016



Substance Use Disorders in Hospital Care ECHO

Vancouver, WA
PeaceHealth SW

Corvallis
Good Samaritan Regional

Eugene
PeaceHealth Sacred Heart
– Riverbend

Coquille
Coquille Valley Hospital

Cottage Grove
PeaceHealth – Cottage Grove

Roseburg

Medford
Asante Rogue Regional
Providence Medford
CareOregon

Portland Area

OHSU
Kaiser Permanente
Sunnyside/Westside
Portland Adventist
Legacy Good Samaritan
Legacy Emanuel
Portland VA
Providence Portland
Providence St. Vincent
Tuality Community Hospital

Redmond
St. Charles Redmond

Bend
St. Charles Bend

Lakeview
Lake Health District

Participants (n = 80)

Physician (33)
Nurse (13)
Social Worker (10)
Administrator (6)
Addiction Specialist (6)
Clinical Psychologist (3)
Nurse Practitioner (1)
Other (4)

Lessons and Implications

Lesson #1:
**Hospitals can and should address
SUD**

Lesson 1: Hospitals can and should address SUD

- IMPACT increased SUD tx engagement among non-treatment seeking adults
- Hospital can engage particularly high risk people
 - homelessness, partner with SUD, medically complex

Englander et al, JGIM 2019
Englander et al, JAM in press



Lesson #2: Broad stakeholder engagement is critical to success

Stakeholder engagement

- External stakeholders informed intervention:
 - Treatment pathways
 - Peers
- Important to understand local hospital environment and identify clinical and executive leadership champions.

Englander et al, JHM 2017
Priest et al, JSAT 2019



Lesson #3: Harm reduction focus

- While 39% of people engaged, 61% did not.

Harm Reduction

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.

Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.

- Harm Reduction Coalition

<https://harmreduction.org>

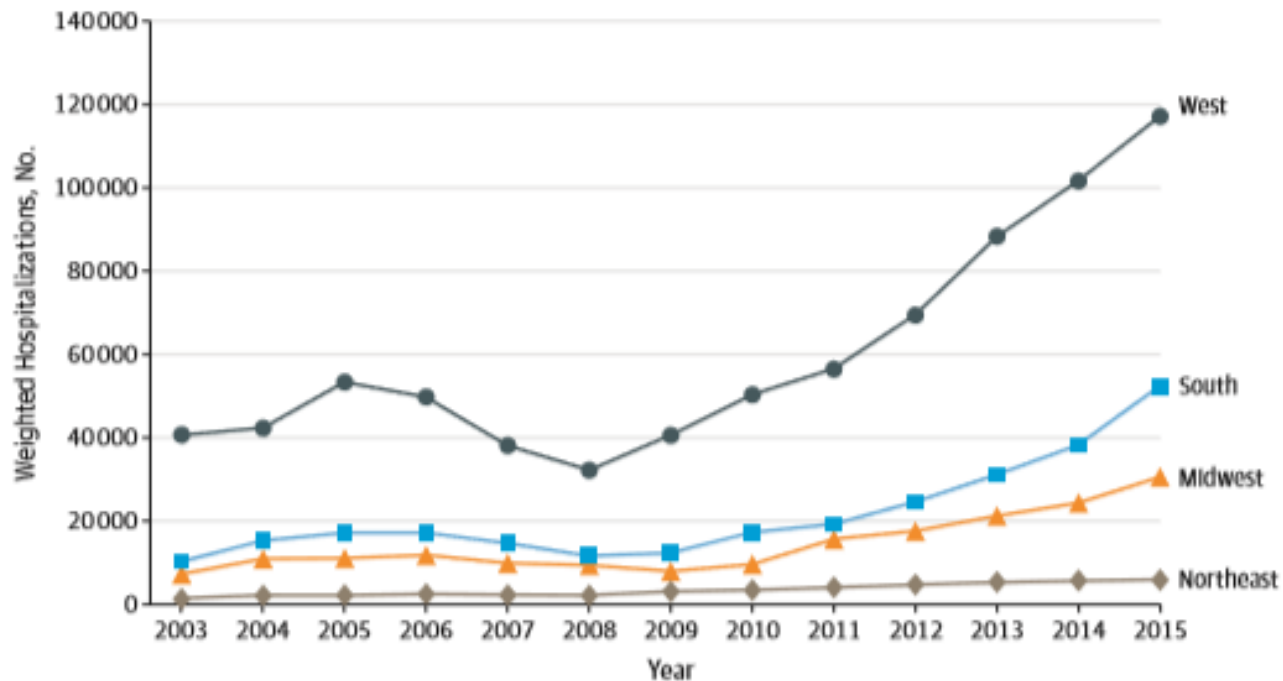


Harm Reduction in Hospitals

- Necessary
- Can be challenging
 - “Culture clash” with hospitals/ medical model
 - Hospitals have a lot to gain from HR philosophy
- Can include:
 - Naloxone
 - Counseling regarding safer use practices
 - Testing and treatment for infectious diseases
 - Linkage to low-barrier care after discharge

Lesson #4: It's not just opioids

Figure 2. Amphetamine-Related Hospitalizations by US Census Region, 2003 to 2015



Winkelman et al, JAMA Open 2018



**Lesson #5:
Change begins with
connection.**

Peers as “secret weapon” in hospital care

- Serve as “cultural brokers”
- Transfer trust to providers and systems
- Influence program development

Collins et al, JGIM 2019



Hospitals present unique challenges for peers

Hospital Peer programs need:

- A home base
- Allies and a process for hiring
- Peers who are likely to succeed, “treatment agnostic”
- Initial and ongoing training
- Regular, meaningful supervision
- Sustainable funding sources

“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



All systems can

- Support harm reduction
 - Abstinence should not be a precondition for help.
- Include voices of people who use drugs and people in recovery.
- Support recovery oriented systems of care.

Where we need to go

- Long-term goal is to change the standard of care such that all hospitals deliver hospital-based SUD Care
- Will depend on a broad provider education, efforts to address individual and structural stigma, interprofessional teams, diverse internal/ external stakeholder champions, policy changes, research

Interested in learning more?

Oregon ECHO network:

<https://www.oregonechonetwork.org/>



SUDs in ambulatory
Care

Persistent Pain and
Opioids

Effective Systems for
Treating Addiction in
Primary Care

Substance Use
Disorders in Hospital
Care

Hepatitis C and SUDs

Thank you

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Email: englandh@ohsu.edu



Surveys

Look for our surveys in your inbox!

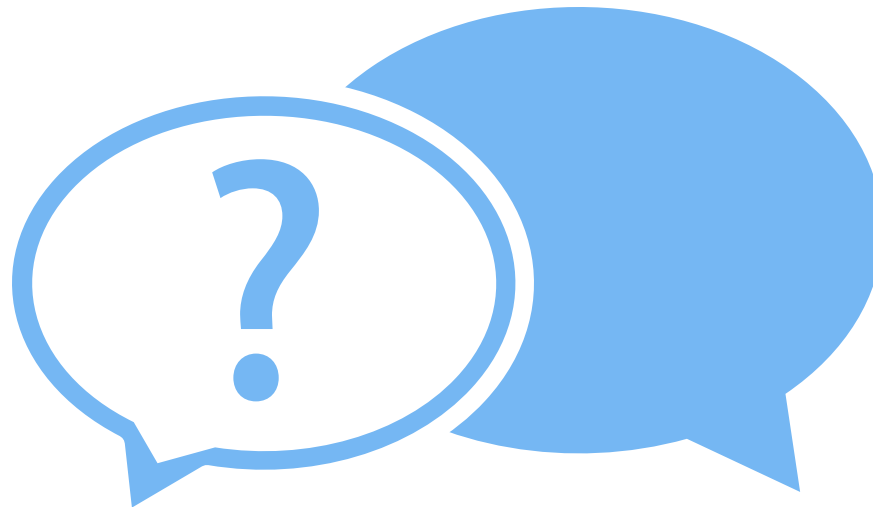
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Every survey we receive helps us improve and continue offering our programs.



It only takes **1 minute** to complete!

Questions? Please type them
in the chat box!



Upcoming Events

Join us for our next webinar!

Keepin' It Real: Finding Valid and Reliable Information About Substance Use Disorders Online

Meg Brunner, MLIS
January 29, 2020, 12-1pm





gracias cảm ơn bạn धन्यवाद 고맙습니다
 شكرا جزيلًا salamat благодарю вас 谢谢
 Dziękuję Ci **Thank** ευχαριστώ
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 धन्यवाद danke asante grazie
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 ありがとうございますでした спасиби mahalo

<http://attcnetwork.org/northwest>