

Improving Addiction Care Team (IMPACT) Oregon Health Sciences University (OHSU)

The Challenge

Nationally, opioid-related morbidity and mortality – as measured by admissions and overdose deaths – is rising, and these trends are mirrored locally in Oregon. To address the rise in opioid-related admissions and deaths, the Improving Addiction Care Team (IMPACT) at Oregon Health Sciences University (OHSU) built on existing relationships with OHSU leadership and community partners. Specifically, the IMPACT intervention was built on a program called the Care Transitions Innovation (C-TRAIN), following an assessment of community needs and resources.

Assessing needs

As a first step, OHSU and its partners performed a mixed-methods needs assessment of hospitalized adults with substance use disorders. OHSU then convened a set of community stakeholders to conduct a needs assessment. Stakeholders included a health system (OHSU Hospital, with representatives from hospital medicine, infectious diseases, social work, nursing, pharmacy, and hospital leadership); community-based treatment providers (Central City Concern, CODA, Inc.); and a specialty infusion services provider (Coram). Leaders from these organizations participated in three large group meetings and numerous small meetings to map patient and system needs to intervention components and develop a business case.

Using findings from the needs assessment, the group identified three areas to address in addiction treatment, highlighting both challenges and opportunities along the continuum of care:

1. **Hospitalization as a “reachable” moment:** A survey of hospitalized adults conducted by OHSU revealed that 68% of high-risk drug users reported wanting to cut back or quit. Many patients also reported that they wanted to initiate medication-assisted treatment (MAT) while hospitalized, and that they wanted providers that understand addiction.
2. **Lack of usual pathways to treatment:** OHSU Hospital lacked established referral pathways to outpatient addiction care, and wait times were often long. Historically, the gap time to treatment following hospitalization was measured in weeks or months.
3. **Special considerations for complex patients:** Many patients with substance use disorders are high-need and high-cost. At OHSU Hospital, 165 patients with substance use disorders generated 137 readmissions over a period of 4.5 months with mean charge of \$31,157 per readmission. Charges were significantly higher for patients with endocarditis and osteomyelitis. Few residential addiction programs are equipped to handle the medical needs of complex patients, such as those requiring intravenous (IV) antibiotics.

The program

To address these needs, OHSU and its partners developed the Improving Addiction Care Team (IMPACT) intervention. IMPACT includes three complementary components:

1. **Inpatient consult service:** OHSU Hospital created a team-based consult service with the goal of improving patient engagement and trust as well as expanding inpatient treatment options. The team is comprised of an addiction-trained physician, nurse practitioner or physician assistant, social workers, and peer recovery mentors.

- The team works together to address patients' substance use needs and initiates treatment, including medication-assisted treatment (MAT) where appropriate.
2. **“In reach” liaisons:** OHSU partnered with Central City Concern and CODA to create rapid-access pathways to outpatient care. New pathways decrease wait times and provide patients who have started MAT in the hospital with a smooth transition to community-based services.
 3. **Medically-enhanced residential treatment:** Finally, OHSU worked with Coram and CODA to bring IV antibiotics into the residential addiction care setting. The goal was to expand treatment options for patients with complex medical needs. *(Note, IMPACT piloted this model for 6 months but terminated the model due to low patient acceptability).*



Hospital support

Health system leadership is crucial, say IMPACT team leaders, since hospitalization provides a unique opportunity to reach patients with opioid use disorders. In addition, health systems have unique resources they can bring to bear. To assist the IMPACT intervention, OHSU provided funding along with CareOregon, a Medicaid payer. In addition to financing, hospital leadership across disciplines -- nursing, pharmacy, and physicians championed the program, which facilitated hospital-level changes. Examples include supporting pharmacy policies around medication for addiction and nursing support as peers were integrated into the care team.

OHSU is also evaluating IMPACT. Preliminary results are encouraging, and ongoing studies will assess the intervention's effect in terms of patient engagement, inpatient MAT initiation, and referral to community-based addiction treatment, among other outcomes.

The program has now expanded its staff. Currently IMPACT has 1.5 physician FTE, 1.0 Nurse practitioner FTE, 2.0 social work FTE and 2 peers. And the program continues to work to show a business case and are developing a case rate with Medicaid payers.

Lessons learned

IMPACT has faced numerous challenges along the way. Most notably, patients were ambivalent about the medically-enhanced residential treatment model and the team was not able to recruit enough patients to make it sustainable.

The IMPACT experience underscores the value of addiction treatment in the hospital. The team continues to appreciate the value of an addiction medicine team in the hospital, in particular noting the value of peers as key members of the team. Finally, IMPACT's experience supports the importance of initiating treatment – including medications for addiction – in the 'golden moment' of hospitalization.

In terms of advice to other health systems, IMPACT leaders recommend engaging payers earlier in the planning, as they report that funding continues to be a challenge. And they underscore the importance of community partnerships in furthering this work.

Acknowledgments

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References:

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