

Using available resources to treat Opioid Use Disorder

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The Problem

Integrating treatment for opioid use disorder (OUD) during an acute hospitalization is an important element of care for patients with this disease.

Based on data from a 2015 study by BIDMC's Infectious Disease, we know that patients with OUD are likely to relapse, to have readmissions, and to have high mortality rates.

The same study of BIDMC patients looked at 102 patients with injection drug use and endocarditis between 2005-2015 and found:

- Only about half the discharge summaries mentioned substance use disorders
- Only 7.8% of patient had a plan for medication assisted treatment

As the opioid crisis impacts BIDMC's patient population, we have developed new ways of intervening, treating, and planning care. The study below aims to outline BIDMC's resources for addressing OUD and examining how often we offer those resources to patients.

Aims

First, our aim is to develop various interventions that BIDMC's providers can offer to patients who have opioid use disorder. Such interventions are detailed in the graph (right), and include naloxone/Narcan scripts and addiction medications.

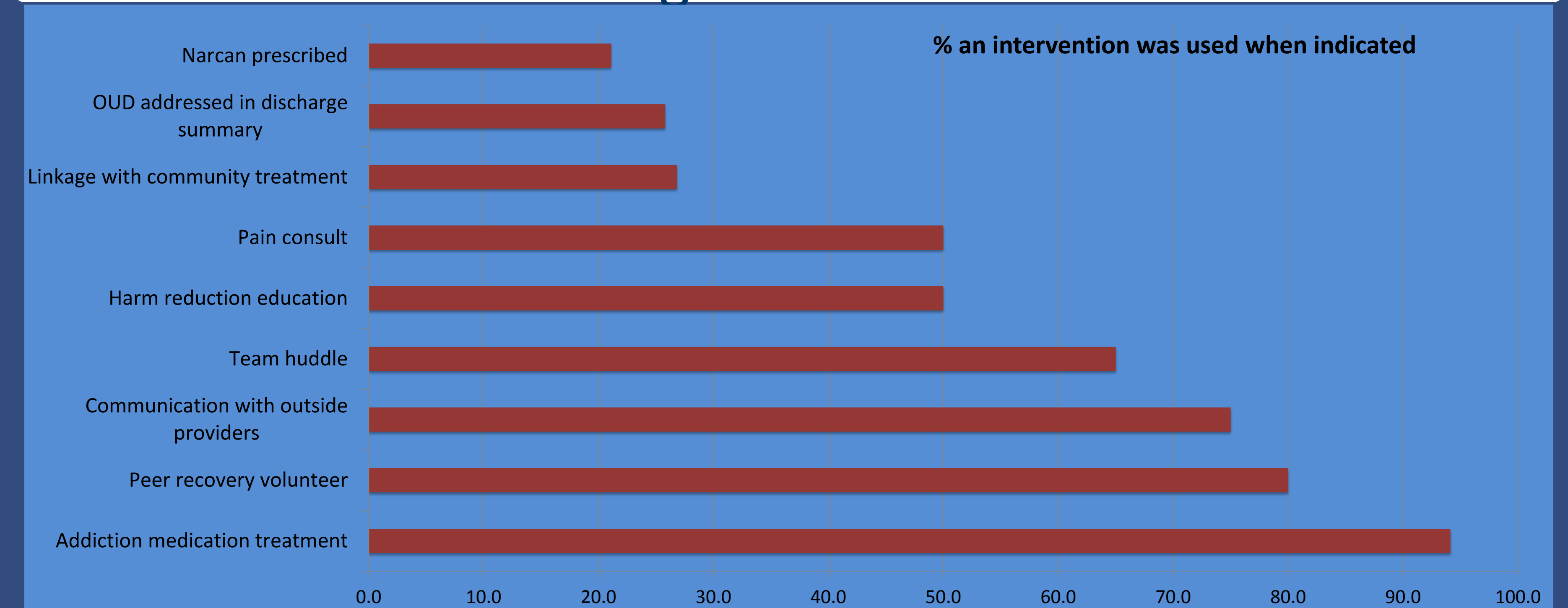
Second, our aim is to help providers understand what they can offer and feel comfortable doing so.

- Through chart review, we collected data about which interventions have been used for any patient with opioid use disorder admitted between May-September 2017 and who came to the attention of the Addiction Psychiatry Team.
- This includes 48 distinct patients.

The Team

Any member of patients' care team on any medical or surgical service, including the attending, resident, intern, NP or PA, nurse, or unit social worker, helped implement these interventions. The Addiction Psychiatry Team, supported by the Opioid Care Committee, began collecting data about OUD patients before formally starting as a team in September 2017.

Progress to Date



Lessons Learned

- Based on past data from patients with injection drug use and endocarditis, BIDMC has made tremendous gains. Areas of particularly high growth are starting patients on medication assisted treatment, a very important element of addiction recovery.
- We still have room for improvement, especially in prescribing patients with naloxone/Narcan, linking patients to community treatment and teaching patients how to reduce risks of drug use.

Next Steps

- Ongoing provider education at every level of clinical practice.
- Continue expanding the variety of resources available to providers to most effectively and efficiently address addictions.
- Continue making inpatient addiction interventions easily and quickly accessible for patients and providers.

For more information, contact:

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