IMPACT: A team-based approach to the care of addiction in the hospital

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Nothing to disclose
Objectives

- Review the what, why, and who of team-based care

- Describe IMPACT, a hospital-based addiction care team

- Discuss outcomes from IMPACT implementation

- Review resources for building similar systems
What, why, and who cares of team-based care
the provision of health services to individuals, families, and/or their communities by at least two health providers who work collaboratively with patients and their caregivers—to the extent preferred by each patient—to accomplish shared goals within and across settings to achieve coordinated, high-quality care.
To be more than the sum of our parts.
Why should you care?
Drug Deaths in America Are Rising Faster Than Ever

The drug overdose death rate in the United States is at an all-time high, according to preliminary data compiled by The New York Times.

The death rate is the latest consequence of an escalating public health crisis: opioid addiction, now made worse deadly by an influx of illegally manufactured fentanyl and similar drugs. Drug overdoses are now the leading cause of death among Americans under 50.

Although the data is preliminary, the Times’s best estimate is that deaths rose 19 percent over the 52,004 recorded in 2015. And all evidence suggests the problem has continued to worsen in 2017.
Poor care
Wasted resources
Burnt-out providers

Brener 2010.
Van Boekel 2013
Describe IMPACT, a hospital-based addiction care team
IMPProving Addiction Care Team (IMPACT)
Jessica Gregg MD, PhD

IMProving Addiction Care Team (IMPACT)
Medical Provider

- Triage new consults
- SUD assessment (including DSMV diagnosis)
- Medical, mental health and pain assessment
- Pharmacotherapy: Assessment, induction, and ongoing medication management
- Safe opioid prescribing
- Naloxone and other harm reduction discussions
Social Worker

- ASAM assessment
- Safety plan for hospital
- In hospital treatment (tailored to patient, might include motivational interviewing, identifying treatment specific goals, cognitive behavioral therapy, family work, harm reduction)
- Care coordination and linkage to treatment post-hospital
Peer Recovery Mentor

- Patient engagement: includes self-empowerment and enhancing patient activation.
- Health system navigation (in hospital and upon reentry to the community)
- Social system navigation (e.g. criminal justice and child welfare system)
- Support to obtain basic resources (e.g. housing, transportation, food)
- Provides bridging post-hospital support (e.g. accompany to appointments, enroll in college courses)
Peer Recovery Mentor

DOES NOT

...do assessments
...provide health care (including assisting in obtaining UDS’s)
...take any sort of punitive action.
...just push the rest of the team’s agenda
...have to report everything they discuss to the rest of the team
...carry out any sort of authoritative function
...collude with the patient against the system
...collude with the system against the patient
Other Team Members

- IMPACT
- Primary team and nursing staff
- Hospital system
- CCOs
- Community partners: CODA, Allied, CCC, RecoveryWorks NW etc.
More than the sum of its parts
Outcomes
Hospital Care *Before* IMPACT

Before IMPACT, caring for people with SUD was “very emotionally draining and very time consuming.”
We've been watching staff try to manage these patients for years without the experts and the resources and the skills that they need... As a result, there was a crescendo effect of moral distress and [staff] bring in all of their past experiences which influence the interaction... Some staff are very skilled but you also saw some really punitive responses.
[They] wind up either dead or re-infected. Nobody wanted to do stuff because we felt it was futile. Well, of course it’s futile… you’re basically trying to fix the symptoms. It’s like having a leaky roof and just running around with a bunch of buckets, which is like surgery. You gotta fix the roof… otherwise they will continue to inject bacteria into their bodies.

Englander, 2018
Hospital Care After IMPACT: Staff

Providers describe IMPACT as a “sea change” that “completely reframes” addiction as “a medical condition that actually has a treatment.”

England, 2018
Hospital Care After IMPACT: Staff

“By managing their opioid dependence and other substance abuse issues... it’s easier for the staff to take care of them, it’s safer, and the patients feel better taken care of because the staff will engage with them.”

England, 2018
Hospital Care After IMPACT: patients

"I'd never had that much help in the hospital before with my addiction, and it made all the difference... everything was a smooth transition. I've been able to come up on my methadone to where I needed to be. Everything was exactly as they said it was gonna be. I was worried it wasn't. That had never been the case before, until I dealt with the IMPACT team. They were definitely a great liaison to have between the hospital and transitioning to an inpatient [treatment]... Cause you don't always have a voice, especially with an addiction"

Middle aged man with severe opioid and benzodiazepine use disorder admitted for endocarditis
Hospital Care *After IMPACT*: patients

“I felt there was some immediate action on the IMPACT team side… trying to figure out if there were known triggers, and then figuring out, in collaboration with me, what I saw as a plan for prevention and relapse… they were down to earth, respectful, I never felt judgment. I felt these were people who wanted to help reach me in my goals.”

*Young man with alcohol and cocaine use disorder admitted for abscesses*
<table>
<thead>
<tr>
<th>Patient Demographics</th>
<th>July 2015—December 2017</th>
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</thead>
<tbody>
<tr>
<td>Total IMPACT patients seen</td>
<td>710</td>
</tr>
<tr>
<td>Mean age</td>
<td>44.3 years</td>
</tr>
<tr>
<td>Male gender</td>
<td>418 (59%)</td>
</tr>
<tr>
<td>Portland Metro Residence</td>
<td>404 (57%)</td>
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<tr>
<td>Homeless</td>
<td>323 (45%)</td>
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**Substance Use**

<table>
<thead>
<tr>
<th>Substance Use Disorder</th>
<th>431 (61%)</th>
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<tbody>
<tr>
<td>Alcohol Use Disorder</td>
<td>314 (44%)</td>
</tr>
<tr>
<td>Methamphetamine Use Disorder</td>
<td>269 (38%)</td>
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</tbody>
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In Progress

Analysis of Medicaid Participants:

• Analysis of Medicaid claims: Post hospital SUD treatment claims more than 2.3 times greater for patients involved with IMPACT than for patients in a matched cohort

• Studies ongoing to determine healthcare utilization, cost of care

*Oregon Medicaid data, unpublished data
Resources
Publications

• Englander et al 2017

• Protocol in the works

• Analysis of Medicaid data in the works
“the totality is not, as it were, a mere heap, but the whole is something besides the parts"
Thank you