

Focus Study

Substance Use Disorder (SUD) Treatment Access Across Care Settings

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Description

Substance Use Disorder (SUD) is a pervasive societal challenge with numerous contributing causes and potentially several root causes depending on the social determinants of health impacting populations and individuals (Wangensteen T, Hystad J.). Substance abuse can take many forms including, but not limited to alcohol abuse, amphetamine abuse, narcotic abuse, and most prevalently in recent years, opioid and opiate abuse. The rise of street drugs laced with fentanyl has brought new attention to the latter due to the high risk of not only abuse but lethal overdose. Frequently, those struggling with SUD also experience notable poverty, mental health conditions, and disabilities. As these populations represent the majority of Hennepin Health's covered lives, this focus study is intended to identify avenues for access improvement for the most at-risk members.

CDC estimates place drug overdoses deaths at over 108,000 in the year period from May 2021 – April 2022. Historically, opioids have been attributed to approximately 75% of all drug overdoses as recently as 2020. Synthetic opioids, such as those found in fentanyl-laced street drugs, have been estimated to account for up to 87% of all opioid-related deaths and 65% of all overdose fatalities as of 2021 (Ahmad FB, Cisewski JA, Rossen LM, Sutton P., 2022). Hennepin Health's HEDIS® measurement year (MY) 2022 rates demonstrate that only 45.26% of Families and Children/Medicaid Expansion members who received Emergency Department (ED) care for SUD have adequate follow-up 7 days after leaving the ED. The 30-day post-discharge follow-up rate was 58.54%. Follow up after High Intensity Care for substance Use Disorder (FUI) stood at 34.57% at the 7-day mark and 67.36% at the 30-day mark. Rates of Diagnosed Substance Use Disorder (DSU) were 8.25% for alcohol use and 5.23% for opioid use. Through the learnings of this focus study, Hennepin Health intends to improve these rates by finding effective methods of access barrier reduction.

In partnership with Hennepin Healthcare as part of the AHM, Hennepin Health is supporting multiple projects aimed at training providers in interdisciplinary approaches to SUD treatment and access for primary care providers (PCPs), Emergency Medicine professionals, and Hospitalist staff as a part of our Reinvestment Initiative program.

Focus Study Question

1. Can specialized training for PCPs enhance provider confidence in addressing SUD, diagnosis of SUD, and treatment of SUD with medications?
2. Can specialized training for Emergency Medicine professionals enhance provider confidence in addressing SUD, diagnosis of SUD, and treatment of SUD with medications?
3. Can specialized training for inpatient Hospitalists enhance provider confidence in addressing SUD, diagnosis of SUD, and treatment of SUD with medications?

Process and Documentation

This study utilizes the ongoing findings of reinvestment initiatives championed by provider researchers at Hennepin Healthcare in the SUD access and treatment space. The two reinvestment initiatives used for this study are listed below.

- "Improving Access to Substance Use Disorder Treatment Through the Implementation of an Advanced Addiction Medicine Training Program for General Internal Medicine Providers" is championed by Dr. Tyler Winkelman, MD, MSc.
- "Improving Access to Substance Use Disorder Treatment Through Training of Emergency Medicine and Hospitalist Providers" is championed by Dr. Brian Graham, MD, PhD.

The findings of these complimentary interventions, using PDSA methodology, are being analyzed and synthesized to assess the effectiveness of processes and structural changes to elicit sustainable improvements to SUD treatment access.

Sample Size and Study Methodology

SUD training for the PCPs focuses on educating providers in cohorts of 6 providers each. As of January 2024, three cohorts have completed the trainings. A fourth cohort to further increase provider capacity was added in Q1 of 2024. All patients that these providers treat are included in the outcome metrics calculations for the initiative.

The outcome measurements focus on 1) increasing the number of patients receiving active SUD treatment amongst the PCPs and 2) increasing the number of prescriptions for SUD treatment amongst the PCPs. Metrics are stratified by SUD type, principally alcohol abuse and opioid use. Use of the medication for opioid use disorder SmartSet in Epic® is also set to be tracked after its development and deployment in Hennepin Healthcare's instance of Epic® in November 2023.

SUD training with the ED/Hospitalist providers focuses on educating these providers in functional knowledge and skills in Addiction Medicine. Cohorts of each provider type are receiving targeted trainings based on Hennepin Healthcare's Integrated Opioid and Addiction Care Epic® and a NIDA-funded national implementation study of hospital-based SUD care. The measurements used are reflective of all patients seen by these providers who have an opioid treatment order set initiated in their care plan record.

Outcome metrics review the increase in utilization by these provider types of specially created order sets in Epic®, Hennepin Healthcare's Electronic Health Record (EHR) centered on opioid withdrawal and medication for opioid use disorder treatment. Additional plans are in place to measure opioid use disorder cascade of care including case identification, diagnosis, initiation of medication-assisted opioid use disorder treatment, and retention of patients in medication for opioid use disorder treatment. These will be complimented by future measurements of admissions for opioid toxicity and improved specificity in measurements of opioid use disorder care processes and discrete outcomes for patients.

Analysis

Data Limitations

As these initiatives are still in the early stages and utilize the PDSA-cycle of continuous improvement, conclusions at this time are limited. Initial results are promising; however, additional provider cohorts will need to receive the interventions, and enough time is needed to begin to see the changes in practice and patient outcomes. Hennepin Health will continue to monitor HEDIS® rates of SUD follow up care for additional systemic evidence of intervention effectiveness.

Results

"Improving Access to Substance Use Disorder Treatment Through the Implementation of an Advanced Addiction Medicine Training Program for General Internal Medicine Providers" continues to show encouraging results. Quarterly reporting has recently demonstrated that the primary goals are being achieved through self-reported trainee assessments conducted pre-, acute post-, and post-trainings. Workflow changes in relation to the use of SmartSets at the time of diagnosis continue to rise. Post-implementation barrier analyses continue to inform future direction within the PDSA-framework. Structured analyses of these data are forthcoming as enough is generated for effective analyses in terms of statistical significance and meaningful change.

"Improving Access to Substance Use Disorder Treatment Through Training of Emergency Medicine and Hospitalist Providers" has had reported success from Hospitalists. Hennepin Healthcare Research Institute's Health, Homelessness, and Criminal Justice lab has started a follow-up analysis of medication for opioid use disorder

initiation at Hennepin Healthcare that will include 2022-23 data to assess impact of the order set on patient care delivery and education initiatives for providers. Change in practice response has been identified as a prominent feature of the above initiative to avoid duplication of effort and inconsistent measurement approaches.

Recommendations and Next Steps

Hennepin Health will continue to monitor SUD-related HEDIS® measures going forward, with attention paid to the Follow up After Emergency Department Visit for Substance Use (FUA), Follow up after High Intensity Care for Substance Use Disorder (FUI), and Diagnosed Substance Use Disorder (DSU) measures. As these initiatives progress, Hennepin Health will make determinations as to how these initiatives impact on the rates versus other contributing factors.

As the initiatives continue and more detailed data analysis becomes possible, Hennepin Health will receive sound quantifiable results for assessment per the terms of the Reinvestment Initiative program. While quantitative data are not yet robust enough for formal analyses, the qualitative data currently available suggest that providers are receptive and interested in these new tools and processes that have been developed and continue to be refined. By assessing long-term utilization rates of EHR SmartSets, building out formal scheduling processes for SUD patients, developing formal mechanisms for interdisciplinary practice across care environments, and monitoring follow-up quality metrics, this study shows promise to demonstrate effective and sustainable methods of process improvement with regard to SUD treatment access.

References

Centers for Disease Control and Prevention. Ahmad FB, Cisewski JA, Rossen LM, Sutton P. Provisional drug overdose death counts. National Center for Health Statistics. 2022.

Wangensteen T, Hystad J. A Comprehensive Approach to Understanding Substance Use Disorder and Recovery: Former Patients' Experiences and Reflections on the Recovery Process Four Years After Discharge from SUD Treatment. J Psychosoc Rehabil Ment Health. 2022;9(1):45-54. doi: 10.1007/s40737-021-00233-9. Epub 2021 Aug 27. PMID: 34466372; PMCID: PMC8391873.

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