Implementation of a Substance Use Intervention Team to provide hospital based SBIRT and medications for substance use disorder

Henry Swoboda, MD, Hale Thompson, PhD, Kathryn Perticone, APN, Tran H. Tran, PharmD
Conflicts of Interest

Tran Tran has no conflicts of interest to disclose.
Background

- Hospitals urged to perform substance use disorder (SUD) screening, brief intervention, discharge planning with referral to treatment, and naloxone education.

- Universal screening makes specialized treatment available to all patient and decreases stigma due to SUDs, allowing patients and providers to address SUDs during their hospitalization.

- Hospital and emergency department initiated medications for SUD improves engagement with treatment, decreases opioid use, and use of medications for OUD after non-fatal overdoses decreases mortality.
Objective

- To assess initial year outcomes for a hospital-based substance use intervention team.
Timeline

- **October 2017**: SUIT clinicians assembled
- **November 2017**: Screening roll out
- **January 2018**: Data collection begins
- **December 2018**: End of data reported
- **2019**: Expansion
Substance Use Intervention Team (SUIT)

Components of Intervention

Inpatient Consult Team

- Attending Physician
- Inpatient Social Worker
- APN
- PharmD

Outpatient Addiction Medicine Clinic

- Certified Medical Assistant
- Licensed Clinical Social Worker
SBIRT based universal screening efforts in tandem with specialized substance use intervention team and clinic

- Universal Screening
  - Abbreviated NIDA screen
- Brief Intervention
  - AUDIT/DAST
- SUIT Consult
  - Medications for SUD
  - Referral
  - Naloxone
SUIT Intervention Model

**Initial Screen (inpatient Nurse)**
- 2-question screening asked during admission process to 18 medical and surgical units in the Hospital regarding alcohol and drug use

**Secondary Screen (Social Work)**
- Complete full AUDIT/DAST Questionnaire
- Complete CM Flowsheet in Epic
- Brief Intervention
- Consult to SUIT or other treatment

**SUIT Consultation**
- The consult team rounds on identified patients and refers to appropriate level of care
- Med-assisted treatment
- Multidisciplinary: CMA, LSW, PharmD, APN, MD

**Linkage to Outpatient Resources**
- Rush Addiction Med Clinic
- Community Referrals
  - Medical home
  - Inpatient treatment
  - Community mental health
Results: SUIT by the numbers

- During January – December 2018, 87.2% of 35,541 hospital admissions received initial screening

- Of those who screened positive, 1400 patients received a brief intervention

- SUIT consulted on 880 patients and multiple forms of medications for SUD were used in the inpatient setting

- 100 screened in hospital
- 19 will screen positive
- 5 will receive BI
- 3 will receive SUIT consult
- 1 will receive MAT
Medications Initiated

Two hundred forty-four patients have been seen in the SUIT outpatient clinic and the patient identification and flow has been used to justify initiation of naloxone distribution in both the SUIT clinic and emergency department.

<table>
<thead>
<tr>
<th>MAT (indication)</th>
<th>Number of patients</th>
<th>Percent of inpatient MAT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buprenorphine (OUD)</td>
<td>153</td>
<td>57%</td>
</tr>
<tr>
<td>Naltrexone PO (AUD)</td>
<td>26</td>
<td>10%</td>
</tr>
<tr>
<td>Naltrexone IM (AUD)</td>
<td>6</td>
<td>2%</td>
</tr>
<tr>
<td>Naltrexone IM (OUD)</td>
<td>2</td>
<td>1%</td>
</tr>
<tr>
<td>Acamprosate (AUD)</td>
<td>17</td>
<td>6%</td>
</tr>
<tr>
<td>Other(^x)</td>
<td>65</td>
<td>24%</td>
</tr>
</tbody>
</table>
Naloxone

- ED dispensed take-home kits
  - March 2019

- Overdose Responder Training (N = 300/yr)
  - SUIT clinic dispensed naloxone (outpatient)
  - Patients, family and friends (inpatient)
  - Hospitalists, psychiatry department, APP, pharmacy department, transitions of care, population health
Conclusion

- Formation of SUIT has successfully allowed the screening of the majority of patients admitted to our urban academic medical center and has identified and provided interdisciplinary addiction care and medications for SUD to appropriate patients
References


