



Project HEART
Hospitalist Education
in Addiction &
Recovery Training

Susan Calcaterra, MD, MPH
University of Colorado
Department of Medicine
Addiction Medicine, Internal Medicine



I have no conflicts of
interest to disclose

Background

- Increasing hospitalizations due to the consequences of:
 - Opioid, alcohol, stimulant use
- Hospitalization is a critical touch point to:
 - Provide harm reduction education
 - Initiate medications for substance treatment
 - Link to addiction treatment
- Paucity of addiction-trained clinicians, especially in the hospital setting
- How to fill that treatment gap?

Background

- Hospitalists are an untapped workforce to treat addiction in the hospital
- Hospitalists:
 - Work exclusively in the hospital caring for acutely ill patients
 - Care for most hospitalized patients in the United States
 - Are accustomed to a team-based approach to provide care

Study Aim: Train hospitalists in the basics of addiction medicine to expand hospital-based addiction treatment.

Project HEART: Hospitalist Education in Addiction & Recovery Training

- **Setting:** University hospital located in metro Denver with ≈650 beds
- **Participants:**
 - 1 addiction medicine trained hospitalist
 - 11 hospitalist physicians at various stages in their post residency training
 - 1.5 FTE dedicated social workers



Project HEART: Program Description

Year 1

- 11 hospitalists recruited
- Receipt of ASAM membership
- Receipt of Principles of Addiction Medicine
- Participation in a 13-part lecture series: neurobiology of addiction, pharmacotherapy, trauma, pregnancy and addiction, toxicology, drug testing and interpretation, and others
- Participation in ½ day shadow shifts with an addiction physician
- Completion of online ASAM training modules
- Hired full-time social worker
- Hired part-time social worker with lived experience

Year 2

- Implemented a Mon – Fri addiction medicine consult service for all patients
- First 6 months, hospitalists and addiction-trained physician alternated in addiction medicine service coverage
- After 6 months, service fully covered by hospitalists with telephone access to an addiction-trained physician

Project HEART:
Program
Evaluation:
Patient-Level

**Project Outcome Measures for Hospitalist Run Addiction
Consultation Service (2019 – 2020)**

Project Measure	10/19-12/19	1/20-3/20	4/20-6/20	Total
Medicaid Encounters	172	207	276	655
Unique Medicaid members	167	195	248	610
# Addiction Medicine Consults	281	297	405	983
Referrals to Community Agencies	20	29	56	105
Initiation of Medications - (total)	220	253	266	739
Buprenorphine	15	20	23	58
Naltrexone	49	65	94	208
Methadone Enrollment	8	17	20	45
Acamprosate	16	18	20	54
Naloxone	140	143	111	394

Project HEART: Program Evaluation: Billing Data

Billing Data by Month						(COVID times)				
Month	10/19	11/19	12/19	1/20	2/20	3/20	4/20	5/20	6/20	Grand Total
Charges	\$17,621	\$52,602	\$31,276	\$42,366	\$31,657	\$33,716	\$36,012	\$34,626	\$49,209	\$329,085
Net Payments	\$2,288	\$5,981	\$11,311	\$8,166	\$8,228	\$8,358	\$9,192	\$6,807	\$8,010	\$68,341
Invoice Quantity	43	130	154	152	142	134	136	140	192	1,223
Average Monthly Payment	\$7,593									

Program Evaluation: Physician-Level

- All 11 hospitalists became buprenorphine waived
- Completed 94-½ day shadow shifts; average 8.5 shifts / person
- 100% completion of ASAM online training
- Tracking hours through direct patient care and ICD billing codes
- Goal of board certification via the Practice Pathway in 2021

Example of Addiction-Related Hours Tracking for Board

	ICD- Based Billing Hours	Addiction Med Shift Hours (10 hrs/shift)	Addiction Med Shadow Shift Hours (5 hrs/shift)	Total Addiction Medicine Hours	Other non- clinical Addiction Medicine Hours	Remaining Addiction Medicine Hours
Doctor A	334	400	40	774	111.25	581
Doctor B	103	90	40	233	17	1207
Doctor C	287	360	45	692		748
Doctor D	476	310	50	836	74.5	530

Project HEART: Program Evaluation: Community Partnerships

- Social workers have been integral in building community partnerships and linking patients to care:
 - Touring 8 local treatment facilities and identified key contacts at OTPs, inpatient & outpatient treatment centers, mental health services, and shelters
 - Identifying medical rehab facilities that accept patients on methadone or buprenorphine for OUD
 - Participating in a SUD committee to create treatment plans for patients who need increased social support

Discussion

- Our program success required:
 - A motivated addiction expert to support hospitalists
 - Buy-in from hospitalist leadership
 - Source of funding to support social worker time
- Could be extended to nurse practitioners or physician assistance with prescriptive authority
- Project HEART represents a scalable intervention to expand addiction medicine services to hospitalized patients



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Thank you for your interest.

Susan.Calcaterra@cuanschutz.edu