Post-Acute Care in Modern Healthcare: *"Breaking Bad" Barriers for Addiction Treatment*

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Disclosures

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None

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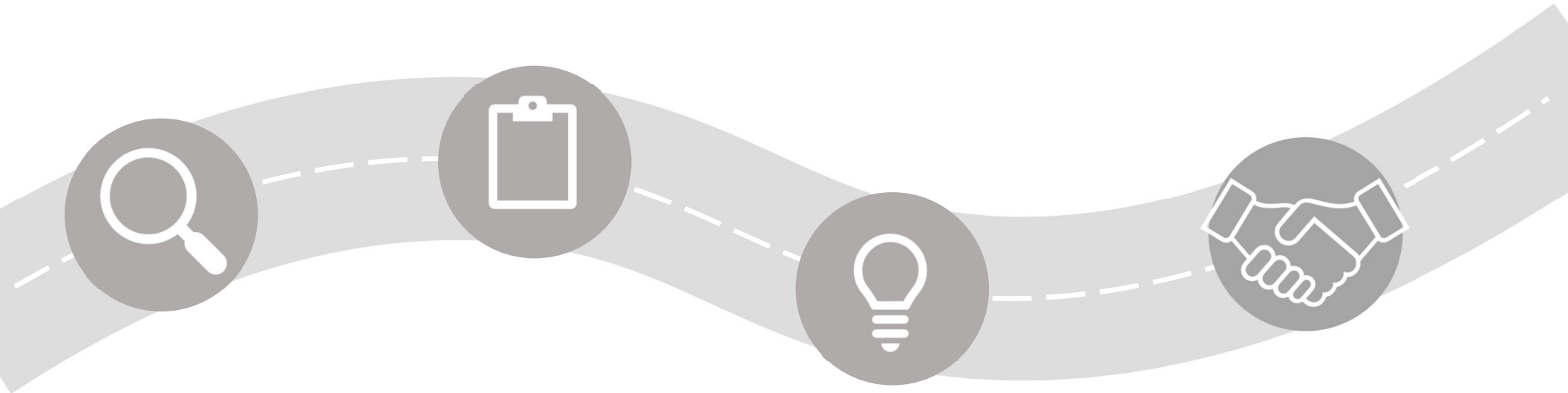
Paid Consultant for Genesis Healthcare

Objectives

1. Understand and define what post-acute care and included services.
2. Understand the current and future models of post-acute care.
3. Identify the barriers to transitioning patients to the post-acute care space.
4. Design a transition system that considers the future of post-acute care and mitigates the barriers for transitioning out of the acute care space.
5. Appreciate post-acute care's role in helping combat the opioid epidemic.
6. Examine barriers for OUD treatment in post-acute care and formulate potential solutions to these barriers.

Roadmap



Introduction

Case Presentation

Small Group Activity

Take Aways

Post-Acute Care

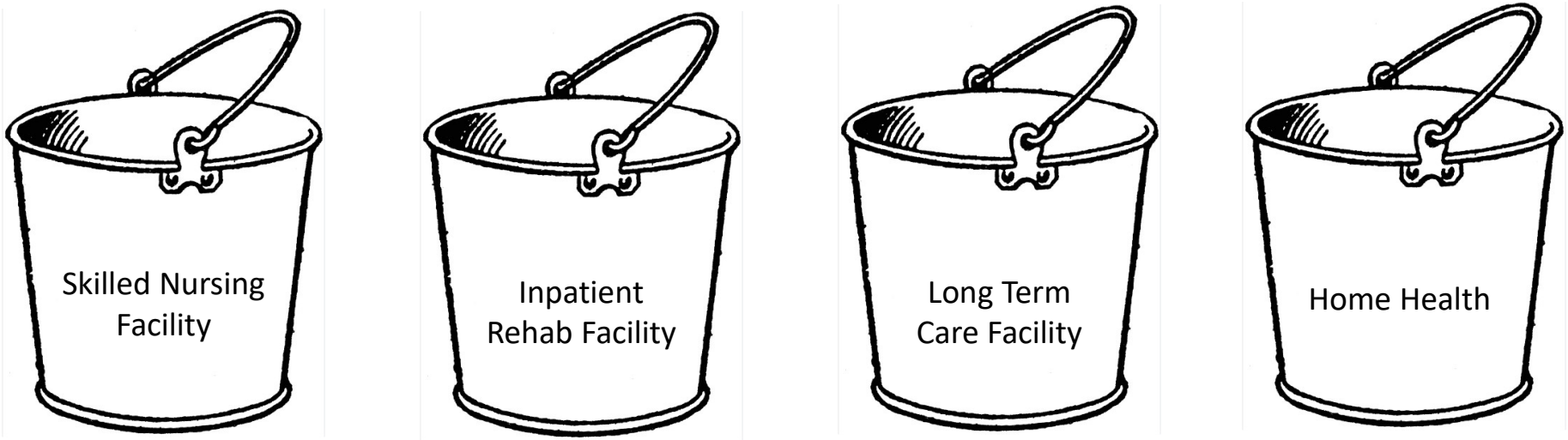
- What is Post-Acute Care
  - Care services that are delivered in a designated setting after an acute hospitalization.

Post-Acute Care

- Services that patients receive after an acute care hospitalization
  - Rehabilitation
  - Nursing care
  - Infusion services
  - Social worker services
  - End of life care
- Settings of Care
  - Inpatient Rehabilitation Facilities
  - Skilled Nursing Facilities
  - Long-term care hospitals
  - In-home

Post-Acute Care Now and Future

- Now
  - Starts at the point of discharge from a hospital (acute care setting) and rarely extends past the initial post-acute care setting.



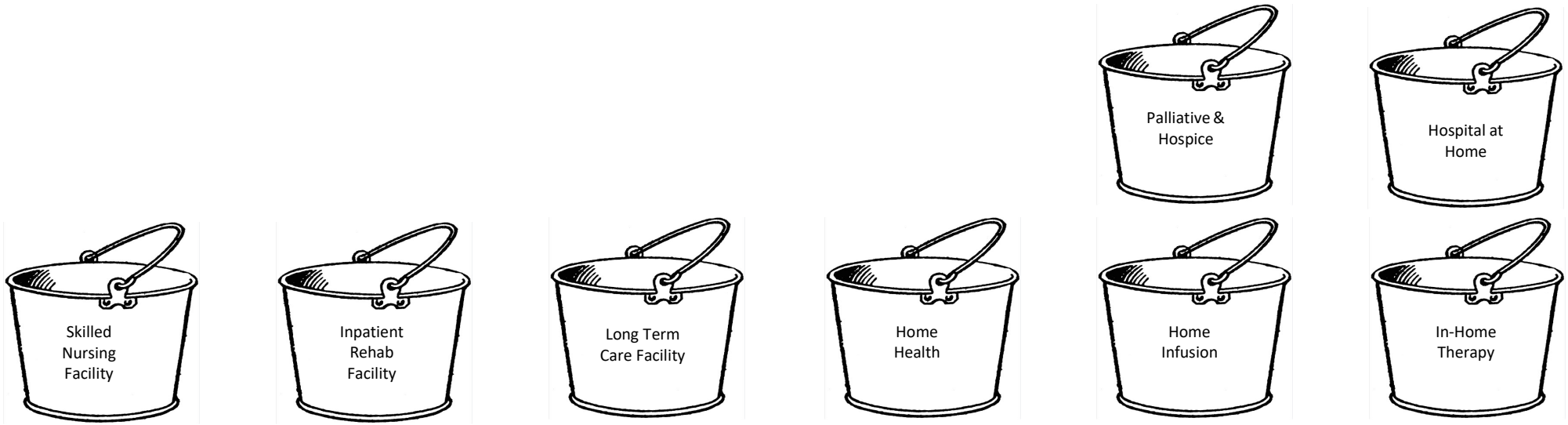
"Bundled Services"

What's Driving Change

- Pressure from CMS to reform PAC
  - Continual Payment Reform
  - Increased and continual regulatory pressure
  - Growing popularity of value-based care

Post-Acute Care Future

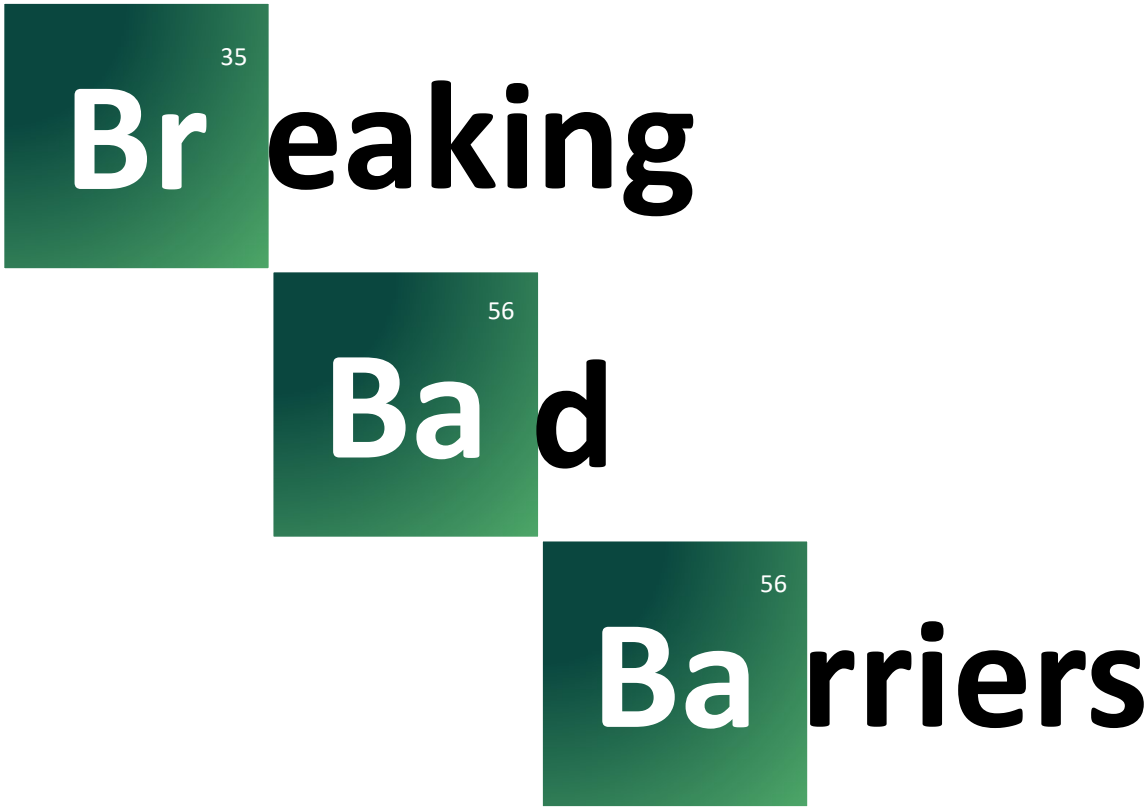
- Future
  - Starts in the Acute Care setting
  - Highlights the importance of good transitions of care
  - Focuses on “services” rather than “settings”
  - Extends past the initial setting of care



Strengths and Barriers

- Strengths
  - Stable system of care
  - Able to take care of complicated patients
  - Able to provide multiple services at the same location

- Barriers
  - Limited Discharge options after PAC setting
  - Special Populations
    - Oncology patients on active treatment
    - **Patients with opioid use disorder (OUD)**


35
Br eaking
56
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Ba rriers

Bernalillo county ranked top 10 for overdose death rates in U.S.

KOAT | August 21, 2023 at 7:28 PM

Bernalillo county ranked top 10 for overdose death rates in U.S.

#9

68.8 deaths per 100k

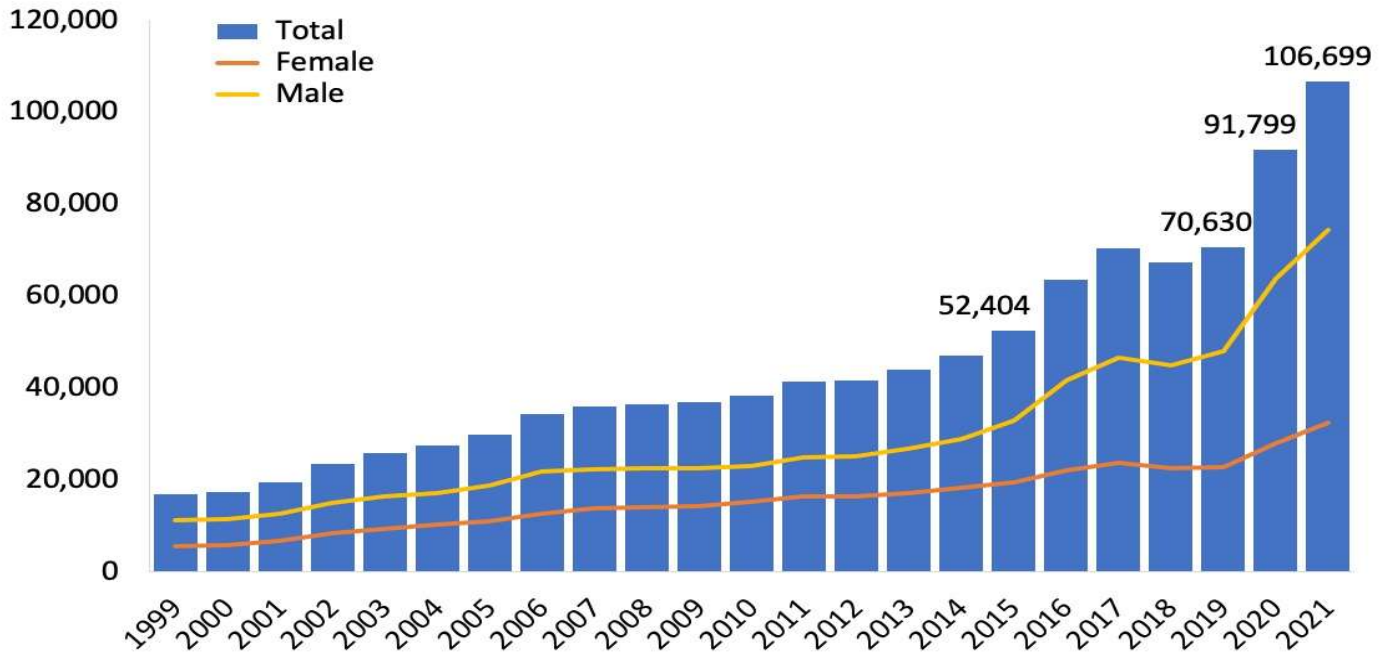
The New York Times

U.S. Recorded Nearly 110,000 Overdose Deaths in 2022

The number leveled off after two years of sharp increases, according to new data from the Centers for Disease Control and Prevention.

Drug Overdose Deaths: United States

Figure 1. National Drug-Involved Overdose Deaths*, Number Among All Ages, by Gender, 1999-2021

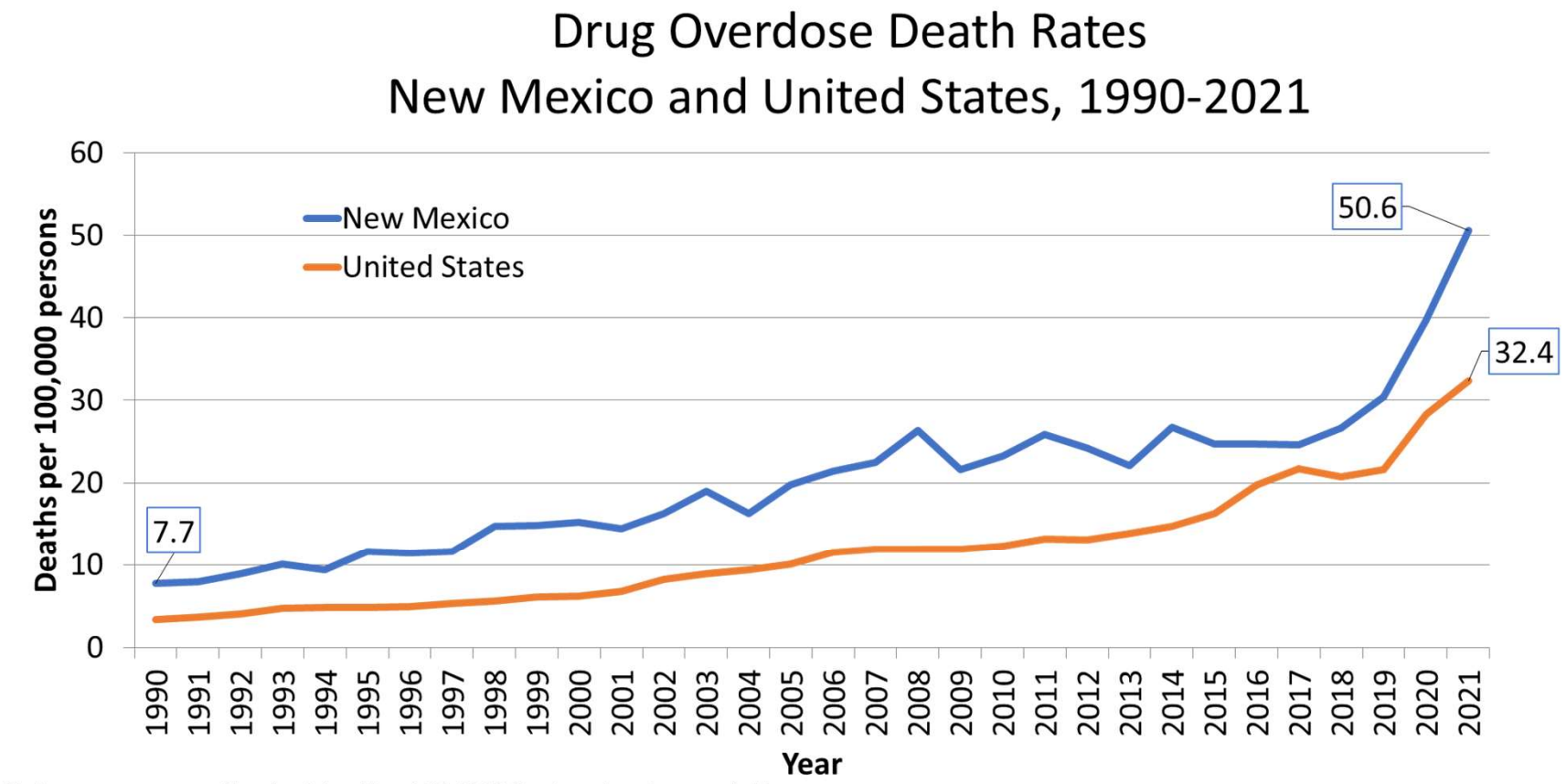


*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2021 on CDC WONDER Online Database, released 1/2023.

15% increase since 2020

CDC 2023

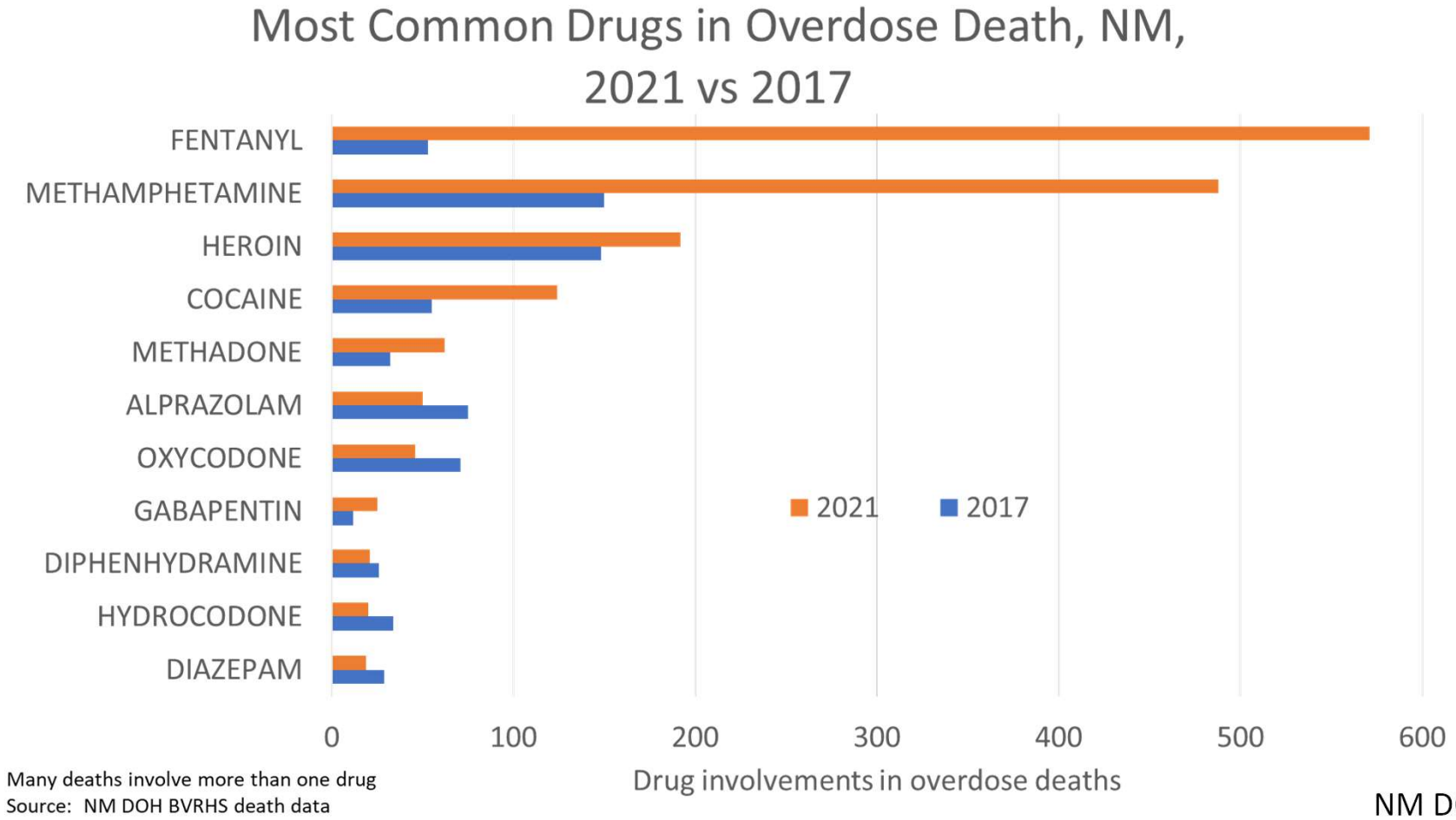
Drug Overdose Deaths: New Mexico



Rates are age adjusted to the US 2000 standard population
Source: United States: CDC Wonder; New Mexico: NMDOH BVRHS death data

NM DOH 2022

Drug Overdose Deaths: New Mexico



Many deaths involve more than one drug
Source: NM DOH BVRHS death data

NM DOH 2022

Counterfeit Fentanyl

What Can We Do?

Medications for Opioid Use Disorder (MOUD)

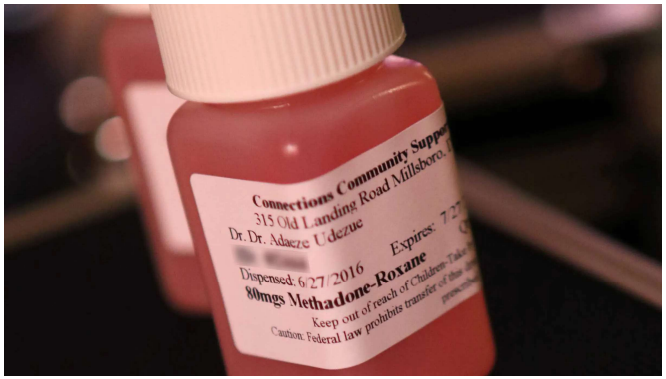
Previously known as Medication Assisted Therapy (MAT)

Medications for OUD (MOUD)

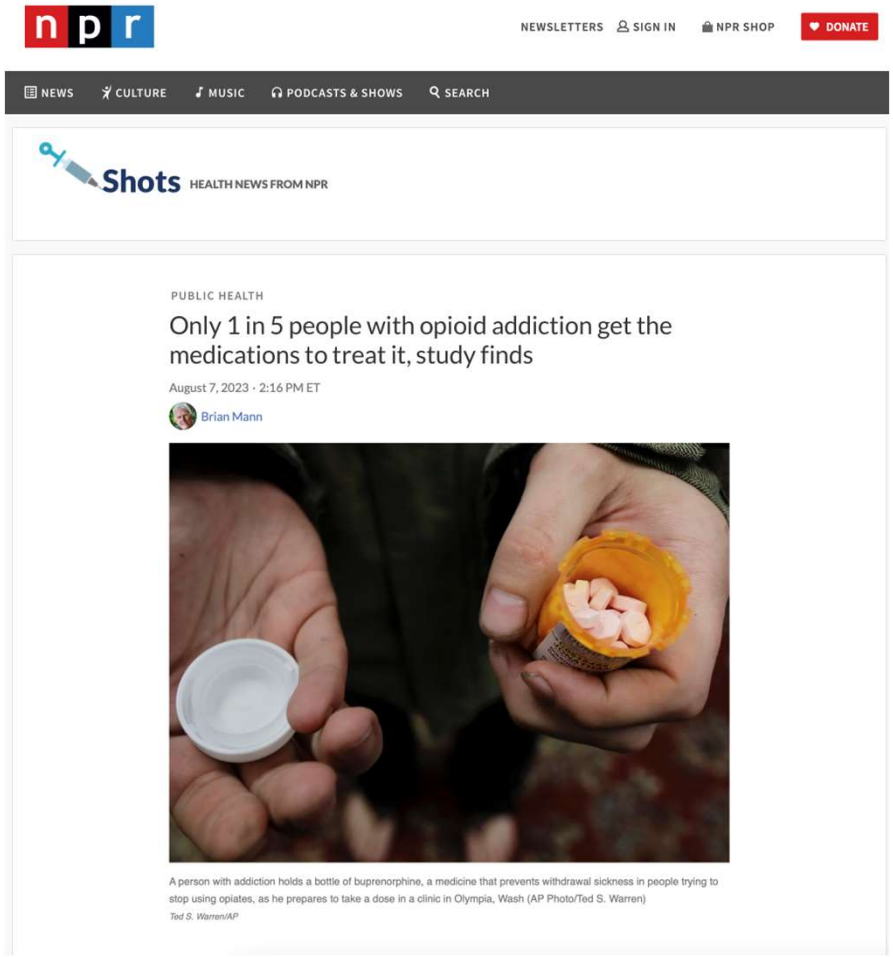
Buprenorphine/naloxone (Suboxone)

Naltexone (Vivitrol)

Methadone



IF IT WORKS - WHAT'S THE ISSUE?



npr

NEWSLETTERS SIGN IN NPR SHOP DONATE

NEWS CULTURE MUSIC PODCASTS & SHOWS SEARCH

Shots HEALTH NEWS FROM NPR

PUBLIC HEALTH

Only 1 in 5 people with opioid addiction get the medications to treat it, study finds

August 7, 2023 · 2:16 PM ET

Brian Mann

A person with addiction holds a bottle of buprenorphine, a medicine that prevents withdrawal sickness in people trying to stop using opiates, as he prepares to take a dose in a clinic in Olympia, Wash (AP Photo/Ted S. Warren)

Ted S. Warren/AP

New Mexico Treatment Gap

1/10

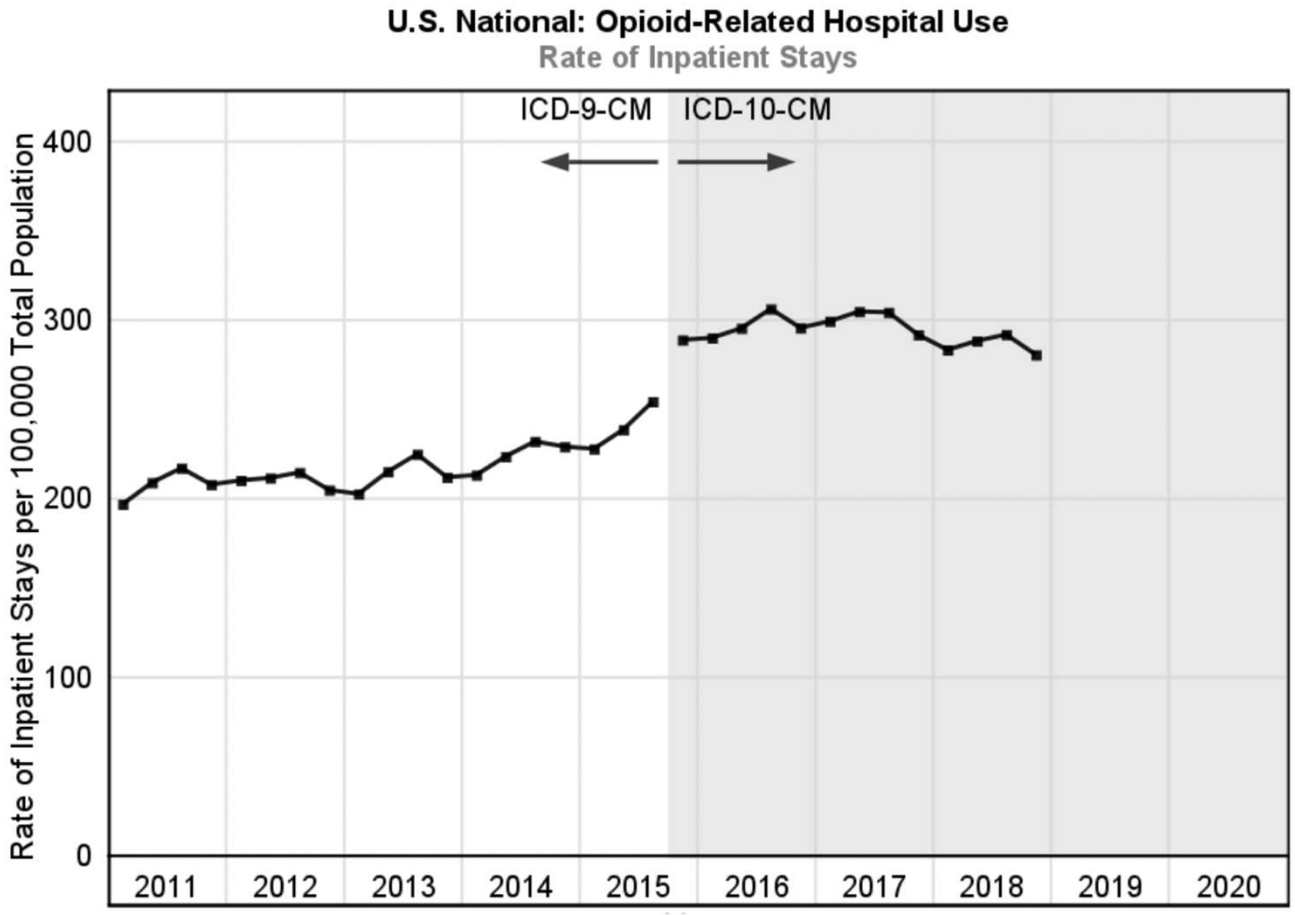
New Mexicans have a substance use disorder (SUD)

65%

of New Mexicans with an SUD are not on treatment

NM DOH 2020

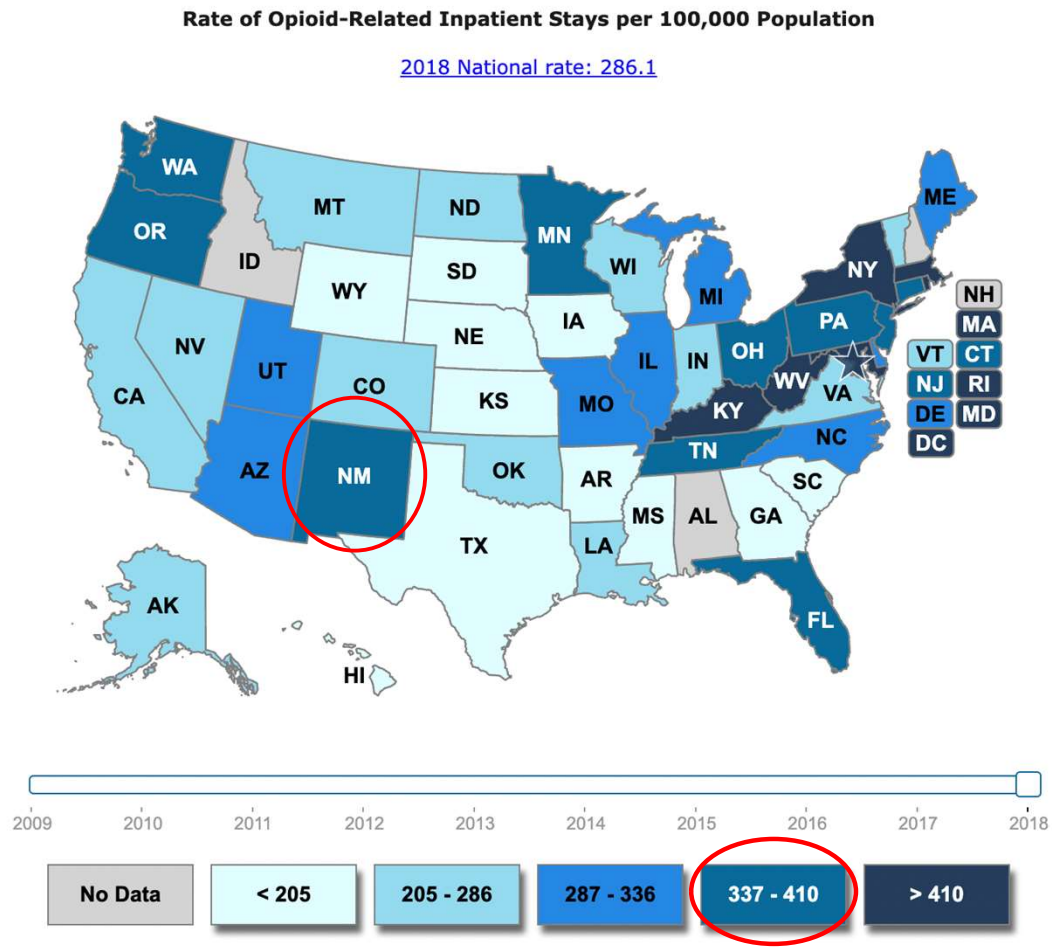
Hospitalizations for OUD: United States



Patients with OUD are admitted primarily due to infections related to substance use

AHRQ 2021

Hospitalizations for OUD: New Mexico



National: 286.1

New Mexico: 357.6

AHRQ 2021

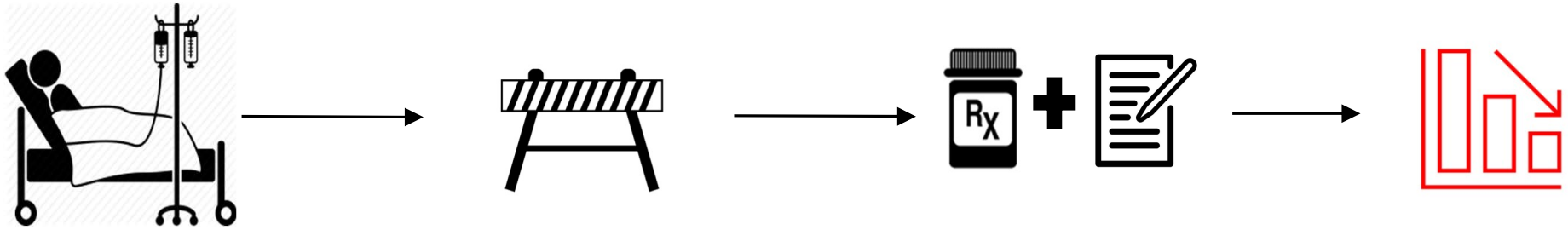
Closing the Treatment Gap

Utilize hospitals as entry points for providing SUD screening and treatment

NM DOH 2020

Reachable Moment

Standard of Care for Inpatients with OUD



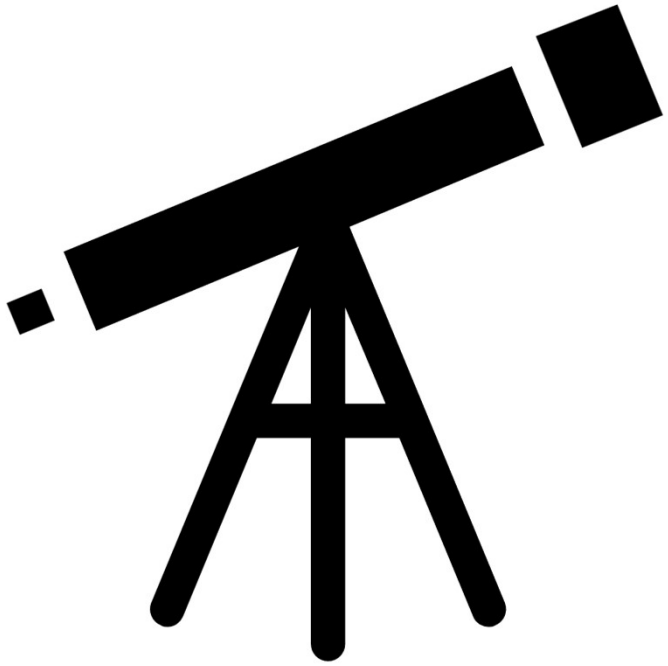
Patient admitted to hospital

Multiple barriers exist to initiating treatment

Missed opportunity to start treatment

Poor health outcomes

CHANGE OUR PERSPECTIVE



CHANGE OUR PERSPECTIVE

Hospitalized patients with heart attacks are at high risk of death

Immediate treatment

Cardiology consult

Cath lab

Medications

Care team is on high alert

CHANGE OUR PERSPECTIVE

Death Rates

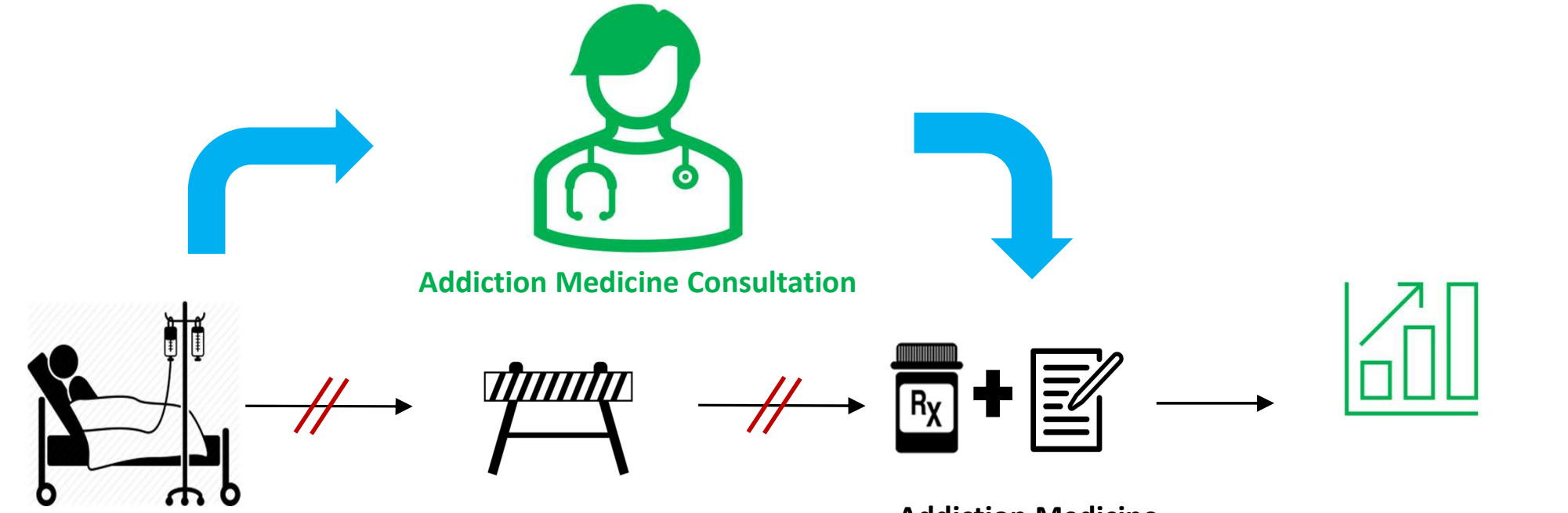
Hospitalized patients with heat attack

=

Hospitalized patients with OUD

Englander 2022

A New Model for Inpatient Treatment



Hospital initiated MOUD is Effective

Reduces

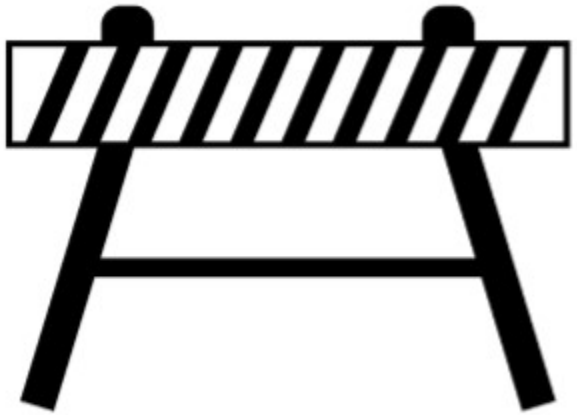
- 90-day readmissions
- AMA discharges
- ED visits
- PICC line misuse
- 30-days opioid use
- Opioid overdoses

Increases

- Addiction treatment and retention post discharge
- Completion of medical treatments (IV antibiotics)
- Patient and provider experience

Englander 2017
Wakeman 2017
Marks 2019
Trowbridge 2017
Liebschutz 2014

Addressing Barriers

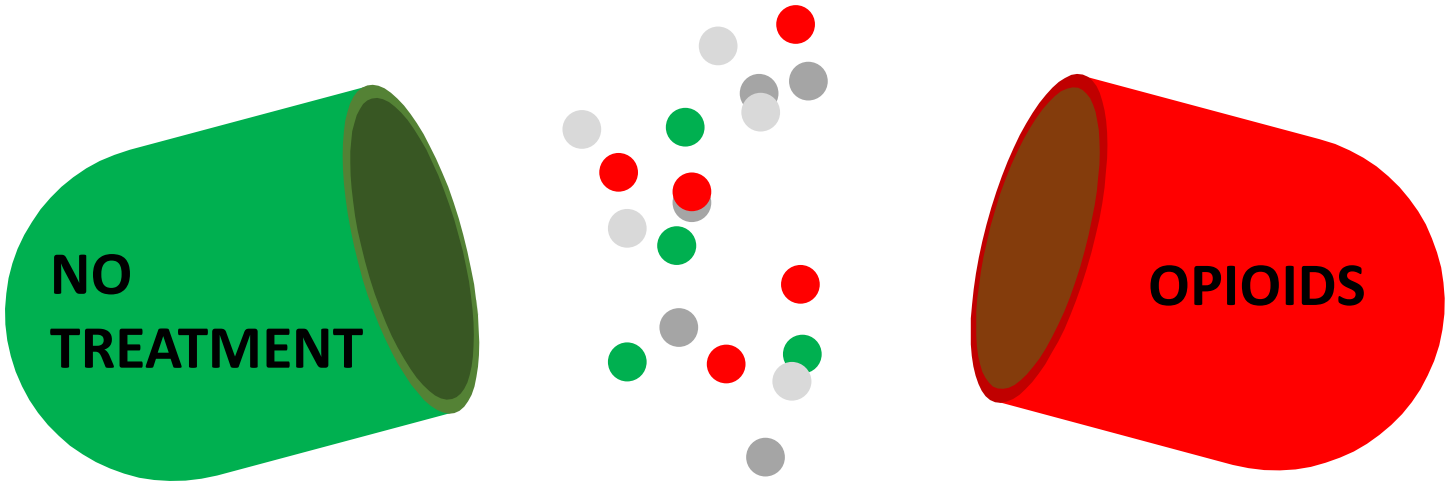


Surveyed over 100 inpatient providers at UNM Hospital

One of the three most common barriers to inpatient MOUD initiation was:

“SNF refusal” of patients on MOUD

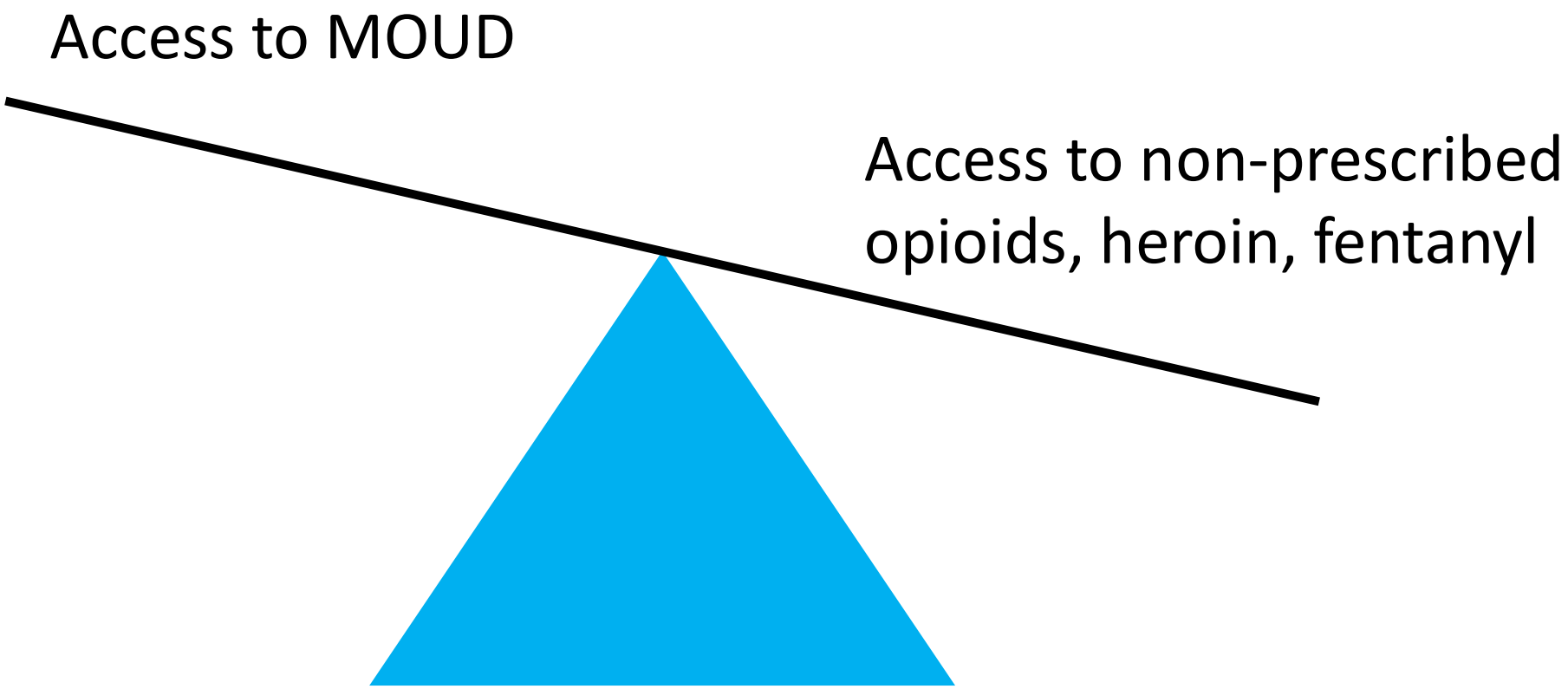
Patients with OUD Discharged to SNF



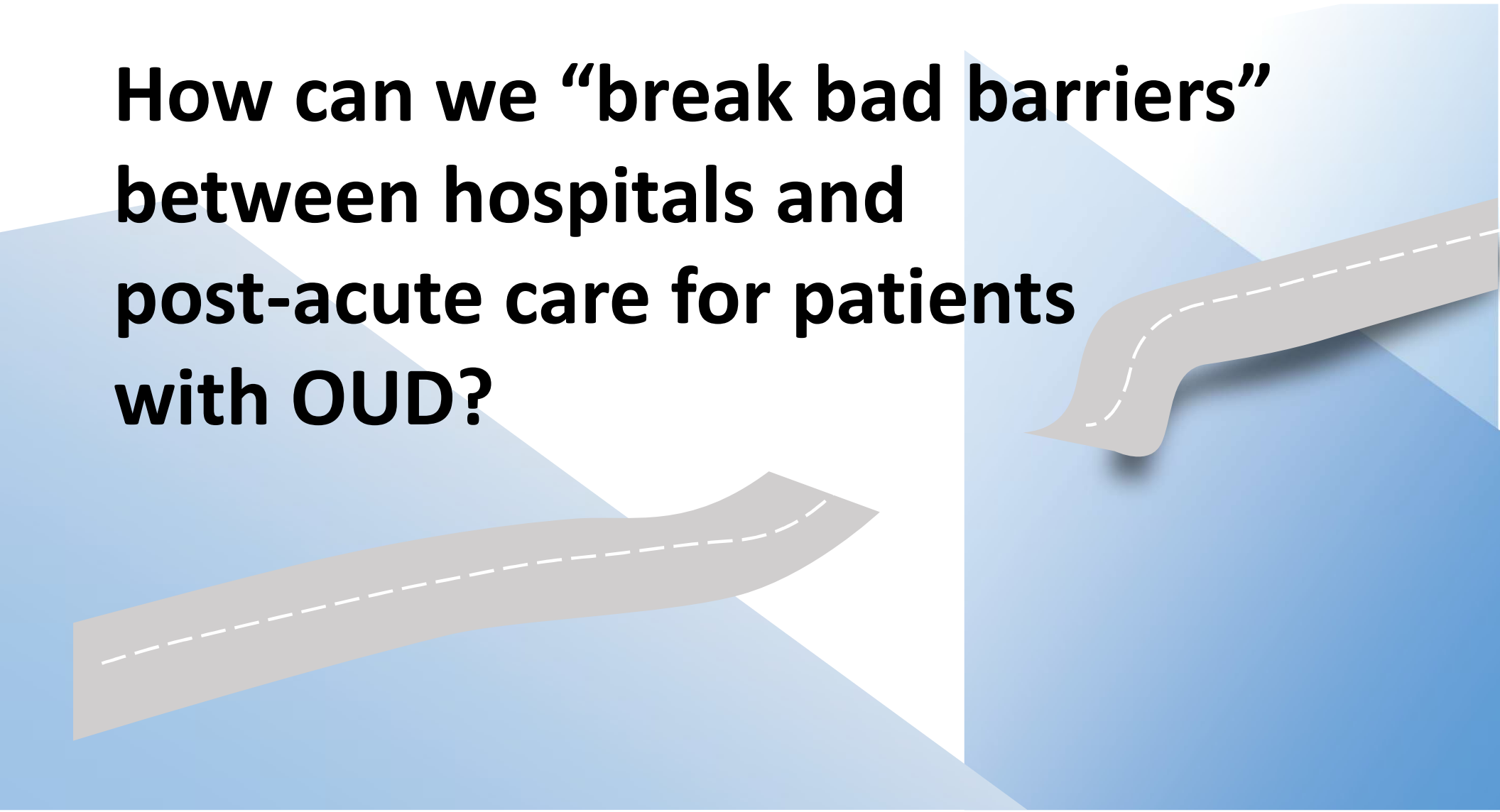
91% discharged without treatment

44% discharged on opioids (oxycodone, hydrocodone)

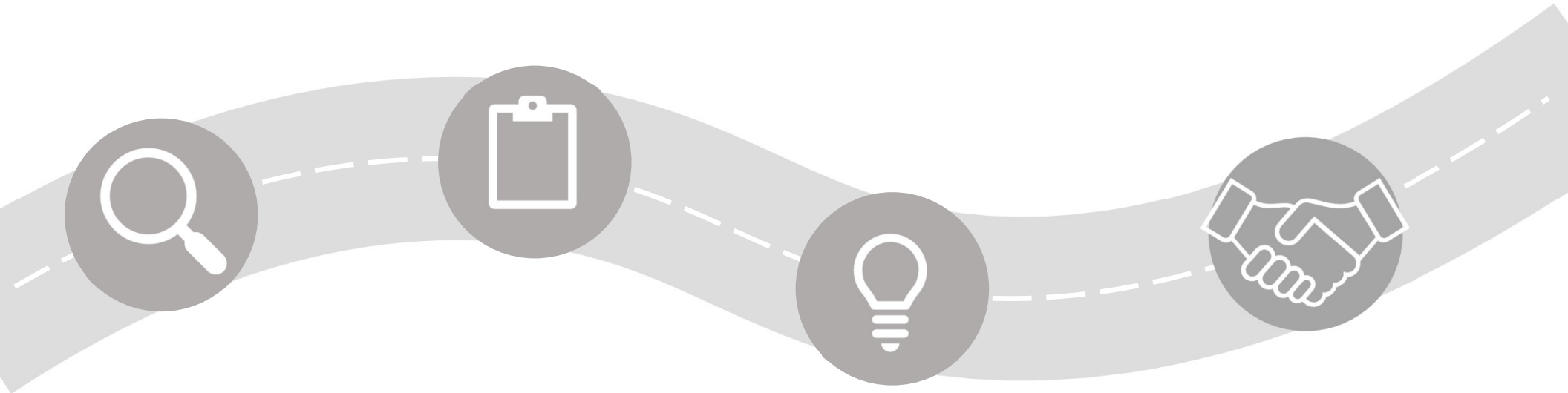
Tipping the Scale



How can we “break bad barriers” between hospitals and post-acute care for patients with OUD?



Roadmap



Introduction

Case Presentation

Small Group Activity

Take Aways

Case Presentation

Ms. P is a 40-year-old female with a past medical history of GAD, MDD and untreated OUD who was admitted to the hospital for a chief complaint of low back pain.

She has a history of using IV heroin since 2016 and began using inhaled counterfeit fentanyl in 2023. She had been using up to 1G of heroin and up to five tablets of fentanyl a day. She last used these substances on the day of hospital admission. She has never been on MOUD.

Case Presentation

On work-up, she was found to have spinal osteomyelitis. Infectious disease was consulted and recommended six weeks of IV antibiotics. A PICC line is placed shortly after. PT/OT recommendations are for SNF.

On day 3 of hospital admission, she begins to endorse strong cravings for heroin/fentanyl and is suffering from severe opioid withdrawal.

Case Presentation

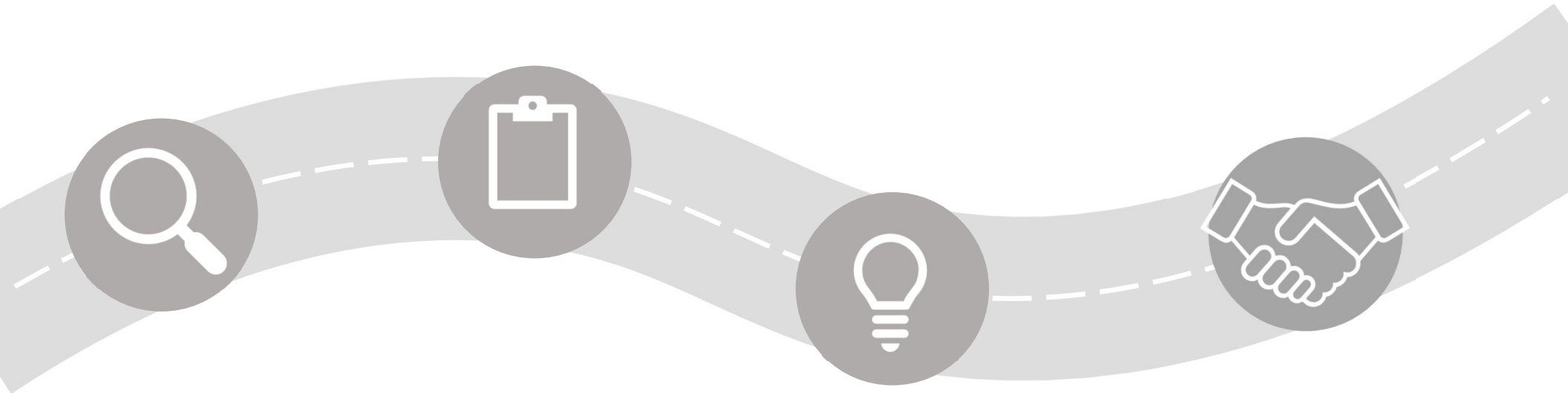
The hospitalist on call evaluates Ms. P and discusses OUD treatment options. She feels “ready for change” and is very interested in starting Suboxone.

Case Presentation

The hospitalist decides to start the patient on Suboxone. Her dose is titrated accordingly.

Ms. P's symptoms of opioid withdrawal resolve, and she is now pending SNF placement.

Roadmap



Introduction

Case Presentation

Small Group Activity

Take Aways

Small Group Activity

Your group will act as the healthcare team evaluating the case for admission at your post-acute care facility.

Small Group Activity

Step 1 (10 min):

Your first objective is to determine what barriers exist to admission. Identify one team member to serve as the group's scribe to write down your team's answers. Work together to write down all the potential barriers to admission that exist in the case.

Small Group Activity

Step 2 (5 min):

Work as a team to prioritize your list and rank your top three barriers.

Number your list accordingly.

Small Group Activity

Step 3 (5-10 min):

Your team will now get up and walk around the room to review other teams lists.

Feel free to discuss your lists with your colleagues.

Small Group Activity

Step 4 (10-15 min):

Return to your teams table and begin to develop solutions to your top three barriers.

If you finish ahead of time, try to solve any additional barriers that you listed or that you saw from other team's lists.

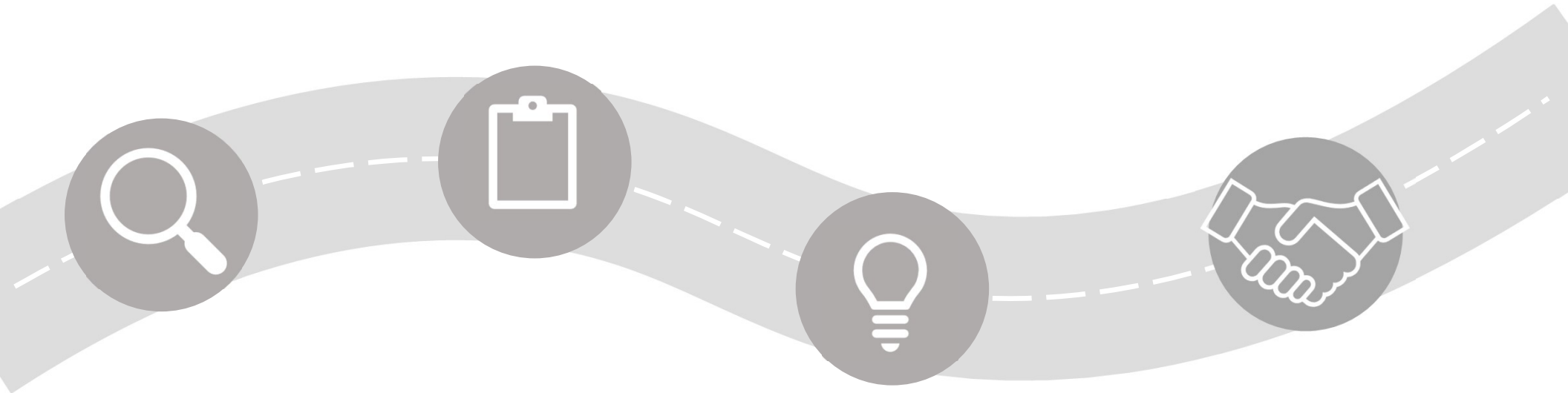
Debrief

What did your team identify as your top barriers?

Debrief

What were your team’s solutions?

Roadmap



Introduction

Case Presentation

Small Group Activity

Take Aways

Genesis Addiction Medicine Pilot:

Creating a Pathway to Improve Opioid Use Disorder (OUD) Care

Collaborative Effort

Genesis Healthcare

- Scott Bolhack, MD, MBA - Regional Medical Director
- Tony Watt – Regional Director of Business Development
- Tiffany Titus – Center Executive Director, Uptown Rehab Center
- Melissa Regensberg, RN – Care Transitions Nurse, Team Lead
- Christopher Vincent, RN – Uptown Rehab Center Nurse
- Eric Metzler, MD – Medical Director at Uptown Rehab Center

Recovery Services of New Mexico

- Max Camden – Treatment Center Director
- Derrick Romero, RN – Lead Nurse

University of New Mexico Hospital

- Perryman Collins, MD – Medical Director of Care Management
- Crystal Frantz, RN, MSN – Executive Director of Care Management

Collaborative Effort

Post-Acute Care

Addiction Medicine

Program Components

- Single hospital – UNMH
- Single facility – Genesis Uptown
- Genesis team – Dedicated Medical Director and Case Manager
- Single specialist - Addiction/Internal Medicine Physician
- Single OUD Treatment Center – Recovery Services of NM

Continuum of Care to Help Address Barriers

Hospital

Help with MOUD initiation/titration

Patients had follow-up

Post-Acute Care

Site specific issues

Call for medical providers/staff

Outpatient clinic

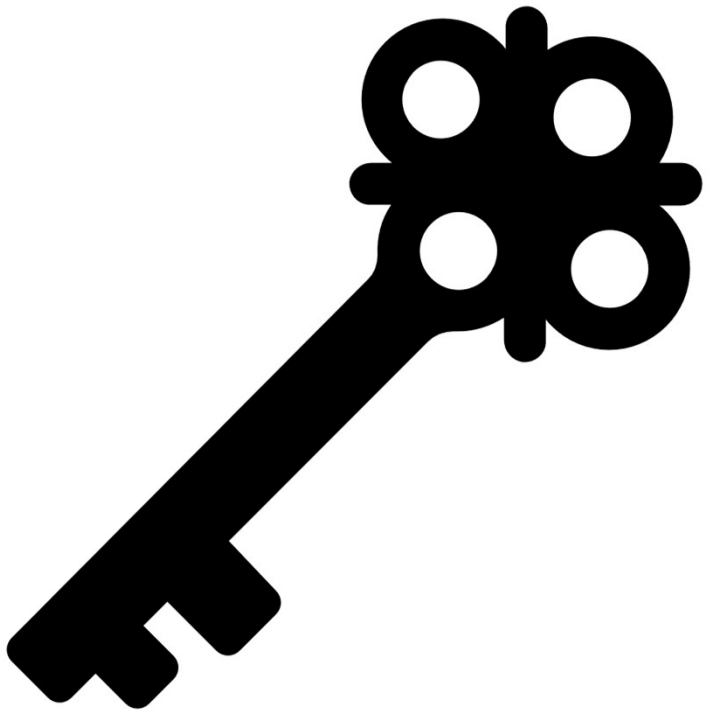
Coordination of care

Dose adjustments

Post-discharge follow-up

Key Component

MOUD focused treatment



Program Process

Genesis

- Team reviews all potential OUD admissions
  - Patient must have skilled need
  - Referral sent to case manager
  - Medical director review
  - Specialist review

Addiction Medicine Provider

- Prescribes and coordinates *Suboxone* and methadone dosing
- Coordinates outpatient follow-up
- Is available for telephone consultation with primary team and SNF staff
- New MOUD starts – specialist consults on patient at UNMH

Program Goals

1) Feasibility

Determine the logistics of prescribing Suboxone and methadone at a SNF

- Prescribing
- Storage
- Coordinating take-home methadone doses with a methadone clinic
- Nursing and pharmacy issues

2) Safety

Identify any adverse events or patient safety issues

- In-facility substance use
- PICC line misuse
- Diversion of medication
- AMA discharges
- Behavioral issues

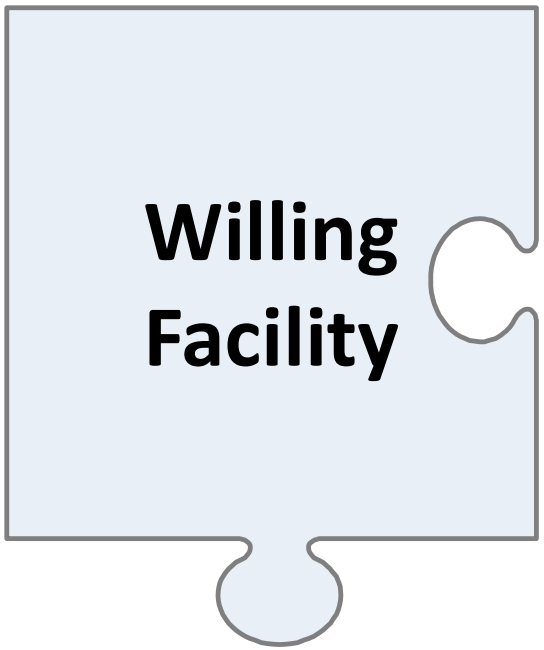
Genesis Pilot Program Data

- No in-facility substance use
- No PICC line misuse
- No AMA discharges
- No diversion of MOUD
- No behavioral issues
- Majority of patients attended follow-up (all but one attending follow-up appointments)

Addressing Barriers

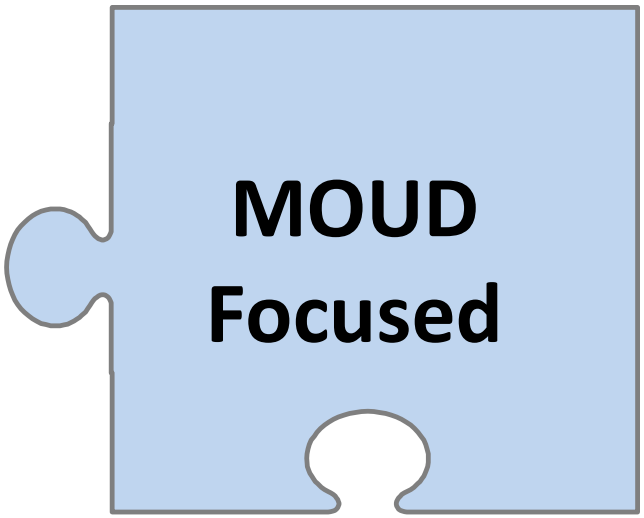
Perceived concern	Potential solution
Feasibility: Can my facility even do this?	Yes! Even starting with small steps – like taking established patients on MOUD (stable patients on outpatient Suboxone)
Regulatory concerns: Does offering MOUD mean I will be governed by different accreditation standards, require counselling, etc?	Administering MOUD ≠ inpatient rehab or detox SNF's will need to create policy and procedures around MOUD, will need to work with methadone clinics to develop clear policies for methadone handoff/storage/disposal
Provider education: majority of providers at SNFs are not waivered to prescribe Suboxone, are unfamiliar with MOUD	Waiver training is no longer required, can call the Poison Center to talk to an Addiction Med physician 24/7, NM Bridge Program and other groups will provide training
Outpatient follow-up: need to coordinate with addiction specialists in community	Creating referral networks with outpatient providers, partner with one clinic for delivery, many clinics now offer telehealth options
Quality indicators: AMA is quality indicator for SNFs, patients with SUD have higher AMA rates, etc	Starting/continuing MOUD reduces AMA discharges, PICC misuse, etc
Cultural shift: SNF's historically did not have to manage patients with OUD, growing pains	Provider/staff education to address stigma Agreements with hospital systems to find common ground

A Successful Post-Acute Care Program



Ready for change

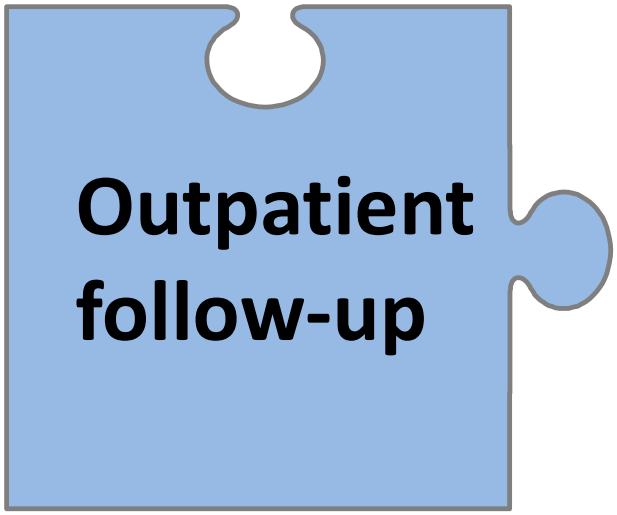
A Successful Post-Acute Care Program



Focus on medications not counselling, psychiatry, etc

Small steps

A Successful Post-Acute Care Program



Work with a specific provider/clinic

Online providers for Suboxone

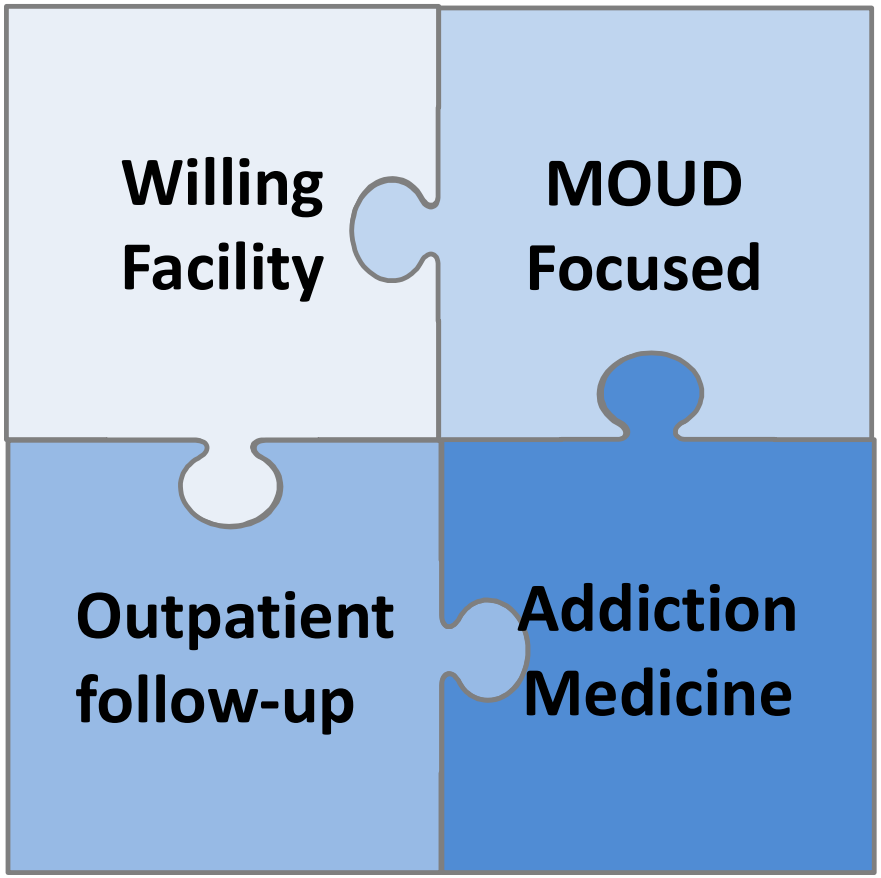
Have Hospital help coordinate care

A Successful Post-Acute Care Program

Quarterback

Concerns, follow-up, education

A Successful Post-Acute Care Program



Case conclusion

Patient was started on inpatient Suboxone and was accepted to Genesis Uptown. On one of her follow-up visits at the clinic she stated:

“They just did not give me resources… they grabbed me by the hand and lead me… I want to make them and myself proud.”

References

1. Barocas, J., Savinkina, A., Adams, J., Jawa, R., Weinstein, Z. & Samet, J. (2021). Clinical impact, costs, and cost-effectiveness of hospital-based strategies for addressing the US opioid epidemic: a modelling study. The Lancet. https://doi.org/10.1016/S2468-2667(21)00248-6
2. Bhatraju, E. P., Ludwig-Barron, N., Takagi-Stewart, J., Sandhu, H. K., Klein, J. W., & Tsui, J. I. (2020). Successful engagement in buprenorphine treatment among hospitalized patients with opioid use disorder and trauma. *Drug and alcohol dependence*, *215*, 108253. https://doi.org/10.1016/j.drugalcdep.2020.108253
3. Callister, C., Lockhart, S., Holtrop, J. S., Hoover, K., & Calcaterra, S. L. (2021). Experiences with an addiction consultation service on care provided to hospitalized patients with opioid use disorder: a qualitative study of hospitalists, nurses, pharmacists, and social workers. *Substance abuse*, 1–8. Advance online publication. https://doi.org/10.1080/08897077.2021.1975873
4. Christian, N., Bottner, R., Baysinger, A., Boulton, A., Walker, B., Valencia, V., & Moriates, C. (2021). Hospital Buprenorphine Program for Opioid Use Disorder Is Associated With Increased Inpatient and Outpatient Addiction Treatment. *Journal of hospital medicine*, *16*(6), 345–348. https://doi.org/10.12788/jhm.3591
5. Englander, H., Collins, D., Perry, S. P., Rabinowitz, M., Phoutrides, E., & Nicolaidis, C. (2018). "We've Learned It's a Medical Illness, Not a Moral Choice": Qualitative Study of the Effects of a Multicomponent Addiction Intervention on Hospital Providers' Attitudes and Experiences. *Journal of hospital medicine*, *13*(11), 752–758. https://doi.org/10.12788/jhm.2993
6. Center for Medicare and Medicaid. (2003, September 26). *Post Acute Care Reform Plan*. CMS.gov. Retrieved August 21, 2023, from https://www.cms.gov/medicare/medicare-fee-for-service-payment/snfpps/post_acute_care_reform_plan
7. Gryczynski, J., Nordeck, C. D., Welsh, C., Mitchell, S. G., O'Grady, K. E., & Schwartz, R. P. (2021). Preventing Hospital Readmission for Patients With Comorbid Substance Use Disorder : A Randomized Trial. *Annals of internal medicine*, *174*(7), 899–909. https://doi.org/10.7326/M20-5475
8. King, C. A., Englander, H., Korthuis, P. T., Barocas, J. A., McConnell, K. J., Morris, C. D., & Cook, R. (2021). Designing and validating a Markov model for hospital-based addiction consult service impact on 12-month drug and non-drug related mortality. *PloS one*, *16*(9), e0256793. https://doi.org/10.1371/journal.pone.0256793
9. King, C., Collins, D., Patten, A., Nicolaidis, C., & Englander, H. (2021). Trust in Hospital Physicians Among Patients With Substance Use Disorder Referred to an Addiction Consult Service: A Mixed-methods Study. *Journal of addiction medicine*, 10.1097/ADM.0000000000000819. Advance online publication. https://doi.org/10.1097/ADM.0000000000000819
10. Klimas, J., Ahamad, K., Fairgrieve, C., McLean, M., Mead, A., Nolan, S., & Wood, E. (2017). Impact of a brief addiction medicine training experience on knowledge self-assessment among medical learners. *Substance abuse*, *38*(2), 141–144. https://doi.org/10.1080/08897077.2017.1296055
11. Larochelle, M. R., Bernson, D., Land, T., Stopka, T. J., Wang, N., Xuan, Z., Bagley, S. M., Liebschutz, J. M., & Walley, A. Y. (2018). Medication for Opioid Use Disorder After Nonfatal Opioid Overdose and Association With Mortality: A Cohort Study. *Annals of internal medicine*, *169*(3), 137–145. https://doi.org/10.7326/M17-3107
12. Le, T., Cordial, P., Sankoe, M., Purnode, C., Parekh, A., Baker, T., Hiestand, B., Peacock, W. F., & Neuenschwander, J. (2021). Healthcare Use After Buprenorphine Prescription in a Community Emergency Department: A Cohort Study. *The western journal of emergency medicine*, *22*(6), 1270–1275. https://doi.org/10.5811/westjem.2021.6.51306
13. Marks, L. R., Munigala, S., Warren, D. K., Liang, S. Y., Schwarz, E. S., & Durkin, M. J. (2019). Addiction Medicine Consultations Reduce Readmission Rates for Patients With Serious Infections From Opioid Use Disorder. *Clinical infectious diseases : an official publication of the Infectious Diseases Society of America*, *68*(11), 1935–1937. https://doi.org/10.1093/cid/ciy924
14. Nolan, N. S., Marks, L. R., Liang, S. Y., & Durkin, M. J. (2021). Medications for Opioid use Disorder Associated With Less Against Medical Advice Discharge Among Persons Who Inject Drugs Hospitalized With an Invasive Infection. *Journal of addiction medicine*, *15*(2), 155–158. https://doi.org/10.1097/ADM.0000000000000725
15. Regan, S., Howard, S., Powell, E., Martin, A., Dutta, S., Hayes, B. D., White, B. A., Williamson, D., Kehoe, L., Raja, A. S., & Wakeman, S. E. (2021). Emergency Department-initiated Buprenorphine and Referral to Follow-up Addiction Care: A Program Description. *Journal of addiction medicine*, 10.1097/ADM.0000000000000875. Advance online publication. https://doi.org/10.1097/ADM.0000000000000875
16. *Requirements for Hospital Discharges to Post-Acute Care Providers | CMS*. (n.d.). https://www.cms.gov/medicare/provider-enrollment-and-certification/surveycertificationgeninfo/policy-and-memos-states/1010511604/requirements-hospital-discharges-post-acute-care-providers
17. Sullivan, R. W., Szczesniak, L. M., & Wojcik, S. M. (2021). Bridge clinic buprenorphine program decreases emergency department visits. *Journal of substance abuse treatment*, *130*, 108410. https://doi.org/10.1016/j.jsat.2021.108410
18. Thakrar, A. P., Furfaro, D., Keller, S., Graddy, R., Buresh, M., & Feldman, L. (2021). A Resident-Led Intervention to Increase Initiation of Buprenorphine Maintenance for Hospitalized Patients With Opioid Use Disorder. *Journal of hospital medicine*, *16*(6), 339–344. https://doi.org/10.12788/jhm.3544
19. Thompson, H. M., Faig, W., VanKim, N. A., Sharma, B., Afshar, M., & Karnik, N. S. (2020). Differences in length of stay and discharge destination among patients with substance use disorders: The effect of Substance Use Intervention Team (SUIT) consultation service. *PloS one*, *15*(10), e0239761. https://doi.org/10.1371/journal.pone.0239761
20. Thompson, H. M., Hill, K., Jadhav, R., Webb, T. A., Pollack, M., & Karnik, N. (2019). The Substance Use Intervention Team: A Preliminary Analysis of a Population-level Strategy to Address the Opioid Crisis at an Academic Health Center. *Journal of addiction medicine*, *13*(6), 460–463. https://doi.org/10.1097/ADM.0000000000000520
21. Trowbridge, P., Weinstein, Z. M., Kerensky, T., Roy, P., Regan, D., Samet, J. H., & Walley, A. Y. (2017). Addiction consultation services - Linking hospitalized patients to outpatient addiction treatment. *Journal of substance abuse treatment*, *79*, 1–5. https://doi.org/10.1016/j.jsat.2017.05.007
22. Velez, C. M., Nicolaidis, C., Korthuis, P. T., & Englander, H. (2017). "It's been an Experience, a Life Learning Experience": A Qualitative Study of Hospitalized Patients with Substance Use Disorders. *Journal of general internal medicine*, *32*(3), 296–303. https://doi.org/10.1007/s11606-016-3919-4
23. Wakeman, S. E., Kane, M., Powell, E., Howard, S., Shaw, C., & Regan, S. (2021). Impact of Inpatient Addiction Consultation on Hospital Readmission. *Journal of general internal medicine*, *36*(7), 2161–2163. https://doi.org/10.1007/s11606-020-05966-0
24. Wakeman, S. E., Metlay, J. P., Chang, Y., Herman, G. E., & Rigotti, N. A. (2017). Inpatient Addiction Consultation for Hospitalized Patients Increases Post-Discharge Abstinence and Reduces Addiction Severity. *Journal of general internal medicine*, *32*(8), 909–916. https://doi.org/10.1007/s11606-017-4077-z
25. Wang, S. J., Wade, E., Towle, J., Hachey, T., Rioux, J., Samuels, O., Bonner, C., Kirkpatrick, C., O'Loughlin, S., & Foster, K. (2020). Effect of Inpatient Medication-Assisted Therapy on Against-Medical-Advice Discharge and Readmission Rates. *The American journal of medicine*, *133*(11), 1343–1349. https://doi.org/10.1016/j.amjmed.2020.04.025
26. Weinstein, Z. M., Cheng, D. M., D'Amico, M. J., Forman, L. S., Regan, D., Yurkovic, A., Samet, J. H., & Walley, A. Y. (2020). Inpatient addiction consultation and post-discharge 30-day acute care utilization. *Drug and alcohol dependence*, *213*, 108081. Advance online publication. https://doi.org/10.1016/j.drugalcdep.2020.108081

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