



Where Can My Patient Get Addiction Help?

*University of Maryland School of Nursing
Symposium on Home and Community Based Care*

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Lecture Goals

- Review available treatment contexts in Maryland
- Discuss rationale and placement criteria
- Consider the evidence base for different contexts
- Examine the unique needs of patients in post-acute and long-term care

Disclosures

- No disclosures
- I may mention some organizations here as examples, not to endorse or critique their services.

Lecture Goals

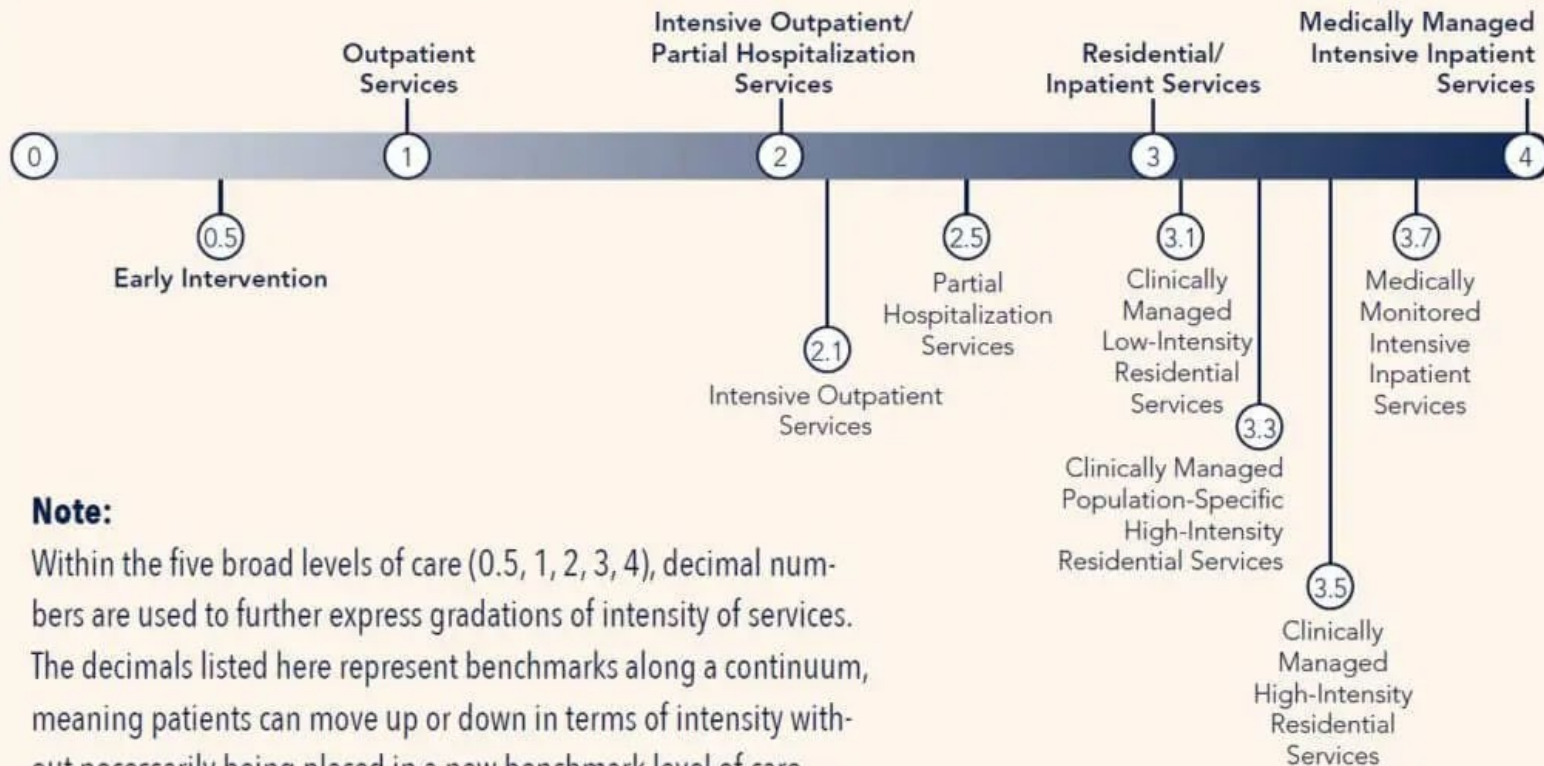
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What is SUD management called?

- Detox?
- Rehab?
- How about SUD Care, or SUD Evaluation and Treatment?
- Specific examples of settings to follow

ASAM Levels of Care

REFLECTING A CONTINUUM OF CARE



Note:

Within the five broad levels of care (0.5, 1, 2, 3, 4), decimal numbers are used to further express gradations of intensity of services. The decimals listed here represent benchmarks along a continuum, meaning patients can move up or down in terms of intensity without necessarily being placed in a new benchmark level of care.

Proprietary Algorithm, Anyone?

AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

ASAM's Criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:



DIMENSION 1

Acute Intoxication and/or Withdrawal Potential

Exploring an individual's past and current experiences of substance use and withdrawal



DIMENSION 2

Biomedical Conditions and Complications

Exploring an individual's health history and current physical health needs



DIMENSION 3

Emotional, Behavioral, or Cognitive Conditions and Complications

Exploring an individual's mental health history and current cognitive and mental health needs



DIMENSION 4

Readiness to Change

Exploring an individual's readiness for and interest in changing



DIMENSION 5

Relapse, Continued Use or Continued Problem Potential

Exploring an individual's unique needs that influence their risk for relapse or continued use



DIMENSION 6

Recovering/Living Environment

Exploring an individual's recovery or living situation, and the people and places that can support or hinder their recovery

PPC Evidence

- Evidence base for ASAM Criteria
 - Mostly based on prospective and retrospective evaluation of naturalistically-placed patients
 - Appropriately-matched patients do better
 - Showed up more
 - Stuck around longer
 - Used the hospital less.
- BUT: naturalistic approach is potentially more patient centered.

Other Criteria

- Who is paying?
- Personal connections?
- Who is going to be there?
- What's available?

Why seek withdrawal management?

- *Withdrawal management is not treatment*
- Outcomes are the same as no treatment at all except you can:
 - Minimize discomfort of withdrawal
 - Facilitate transition to abstinence/bup/ntx
 - Point of first contact with treatment system
 - Protect against severe morbidity/mortality
 - Especially from alcohol & benzos

What's Available in Maryland?

- **Withdrawal Management (≠Treatment)**
 - Ambulatory/outpatient facilities
 - CAM, Kolmac
 - Inpatient SUD settings
 - Tuerk House, Hope House, BCRI, Pascal Recovery
 - Hospital
 - UMMC-Midtown, Bayview, (Mercy? JHH?)
 - Simulated Inpatient
 - Ask about the ASAM Level

What's Available in Maryland?

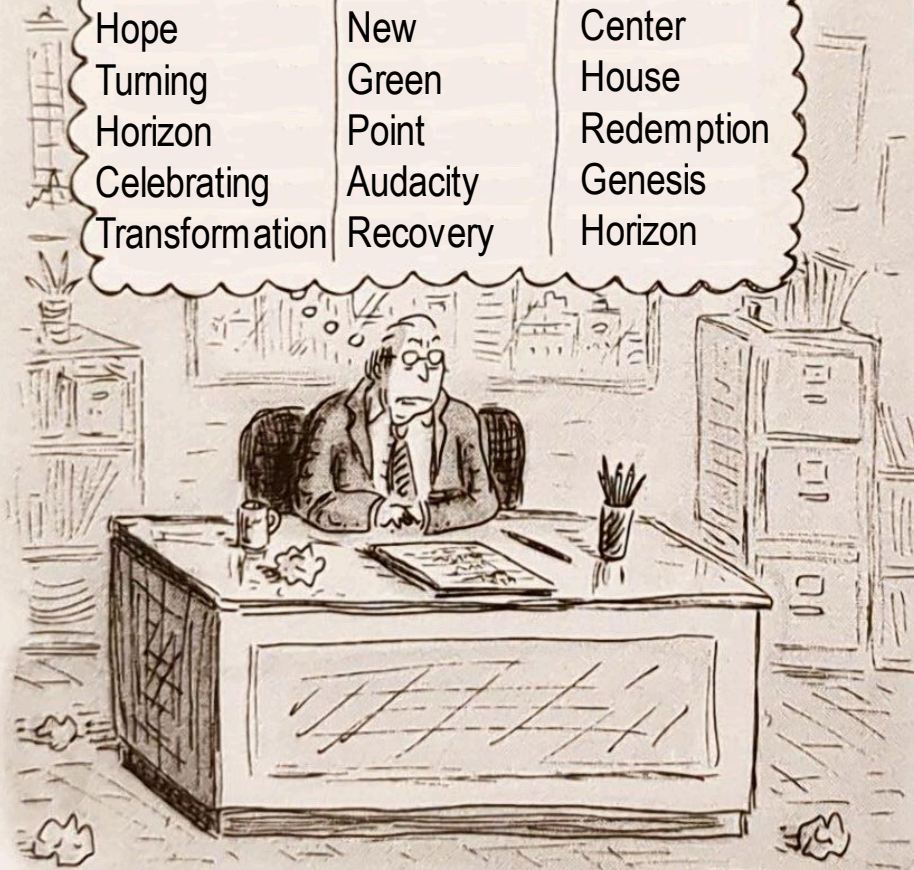
- Medication-Based Treatments for OUD
 - Methadone
 - Available only in OTPs for addiction treatment
 - Available by prescription for pain/palliative care
 - Buprenorphine
 - Available in OTPs and by prescription (SL and XR-BUP)
 - Different formulations (including patch, lower dose buccal for pain)
 - Naltrexone and XR-NTX
 - OTPs and outpatient prescribers
- Medication-Based Treatments for AUD
 - Prescription Naltrexone/XR-NTX, Disulfiram, Acamprosate
- Medications for other SUDs
 - Off label uses of FDA-approved medications

What's Available in Maryland?

- Treatment Settings
 - Outpatient—1 to 8 hours per week (ASAM level 1)
 - Intensive Outpatient—9-19 hours per week (ASAM level 2.1)
 - Partial Hospitalization—20 hours per week (ASAM level 2.5)
 - Residential—24 hour structure (ASAM level 3.1-3.5)
 - Inpatient—24 hour structure (ASAM 3.7-4)
- Peer Support
 - AA, NA, Smart Recovery, Celebrate Recovery
- Recovery Residences*
 - Certified and Non-Certified
- Shelters
 - HUM, Salvation Army

Addiction Treatment Name Generator

Hope	New	Center
Turning	Green	House
Horizon	Point	Redemption
Celebrating	Audacity	Genesis
Transformation	Recovery	Horizon



n.c.t

Inpatient Rationale

- Respite from bad environments
- More intensive treatment/more treatment hours
- Other services available (sometimes)
- Inpatient facilitates transfer to ongoing care
- More dramatic

Who Might Benefit from Inpatient?

- Inability to commute to treatment, homelessness, medical and psychiatric disorders, insufficient resources, lack of telephone
- "More impaired patients"
- Patients with personality or psychiatric disorders?
- Socially UNSTABLE alcoholics (socially stable ones might to better outpatient)

Outpatient Rationale

- More accurate assessment of ongoing drug use and coping skills. Better able to assess success
- Mobilize help in the patient's natural environment
- More successful transition to continuing care

Evidence Base: Inpatient vs Outpatient

- Few RCTs, even fewer for patients with opioid use disorder.
- No RCT evidence to support longer treatment, but naturalistic studies suggest that longer stays associated with better outcomes.
(Selection bias?)
- Ethical and economic considerations

Post-Acute Care Settings for Individuals with SUDs (1)

Setting	Advantages	Disadvantages	Publications
Hospital	Control, availability of <u>mOUD</u> , reassuring if concern for parenteral access misuse, possible SUD consultation.	Limited SUD treatment modalities, isolation, intolerant of ongoing substance use, expensive, mismatch medical of care needs and context.	Sharma et al., 2017; Haber, Demirkol et al., 2009
Home-based care	Patient centered, lower cost	Concern for treatment interruption/adherence, requires assurance of stable housing	Suzuki et al., 2018
Integrated medical treatments in residential/inpatient addiction treatment settings	High intensity addiction treatment, ability to tailor medical services to patient needs	High threshold treatment may not match patient preferences, suboptimal uptake in pilot models, regulatory/billing difficulties, addiction staff uncomfortable with medically complex patients	Englander et al., 2018

- Wakeman SE, Rich JD. Barriers to Post-Acute Care for Patients on Opioid Agonist Therapy: An Example of Systematic Stigmatization of Addiction. *J Gen Intern Med.* 2017;32(1):17-19. O'Toole TP, Pollini RA, Ford D, Bigelow G. Physical health as a motivator for substance abuse treatment among medically ill adults: Is it enough to keep them in treatment? *J Subst Abuse Treat.* 2006;31(2):143-150.

Post-Acute Care Settings for Individuals with SUDs (2)

Setting	Advantages	Disadvantages	Publications
Day hospital model: co-located SUD and medical care in a dedicated unit	Dedicated, specialized resources; balance of access and control	Limited scope of medical services, limited evidence base, mismatch with currently available services	O'Toole et al., 2006
Integrated SUD treatment into the SNF setting	Leverage breadth of existing post-acute care resources	Stigma and other barriers to integration: why we're here!	Wakeman and Rich, 2017

SNF-OTP Coordination Challenges

- Patients must be in an OTP for methadone maintenance
- Difficulties obtaining doses even for enrolled patients
 - Verifications
 - Deliveries
- SNFs and SNF pharmacies unfamiliar with 21 CFR 1306.07(b)--the so-called “3 day rule”
- SNFs reluctant to dispense methadone for pain (makes split dosing difficult)
- OTPs difficult to reach
- SNFs difficult to reach

SUD Care for Homebound Individuals

- Limited access to services
 - Dealers happily deliver; alcohol and tobacco available on demand
- Baltimore City: Glenwood mOUD deliveries
- Rx medications via telemedicine laws in flux
- Peer support and counseling available by phone/video

Thank You!

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Maryland Addiction Consultation Services

www.marylandmacs.org