Levels of care for severe substance use disorder: overview of the American system

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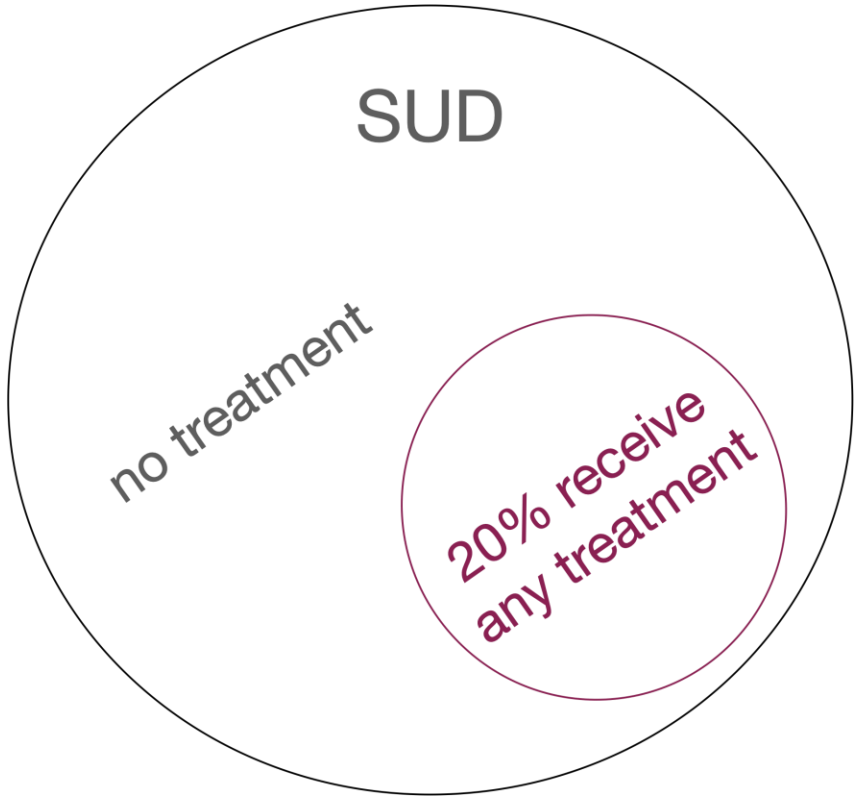
Objectives

Learners will:

- Identify levels of care for individuals with severe SUD
- Describe the ASAM criteria matching patients to appropriate levels of care
- Identify interventions for individuals in the “treatment gap”

The treatment gap for SUD

- Of individuals with SUD in the US, only 19.3% received any treatment
  - Only 12.2% received specialty facility care
- Of those in the treatment gap:
  - Only 5.5% perceive a need for treatment
  - 40% not ready
  - 33% no ability to pay

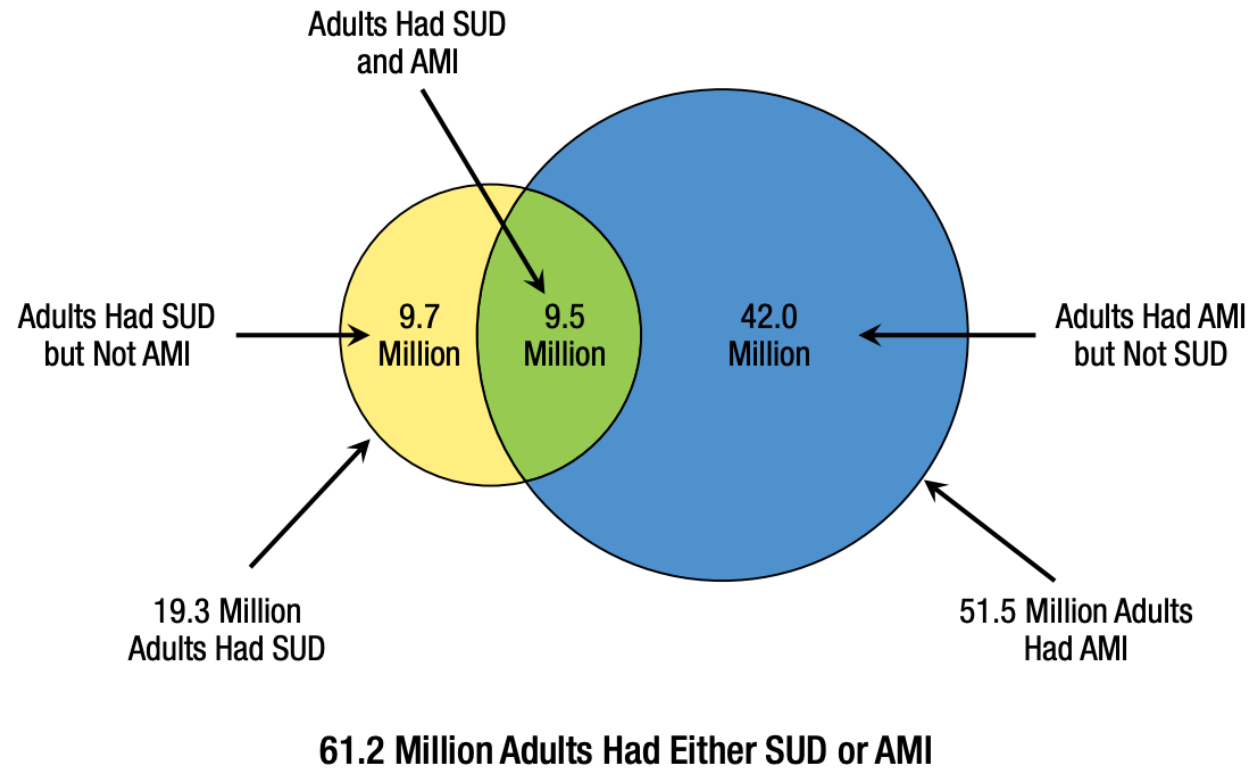


SAMHSA. National Survey on Drug Use and Health (NSDUH), 2019.

Comorbidity:

rule rather than exception.

Figure 56. Past Year Substance Use Disorder (SUD) and Any Mental Illness (AMI) among Adults Aged 18 or Older: 2019

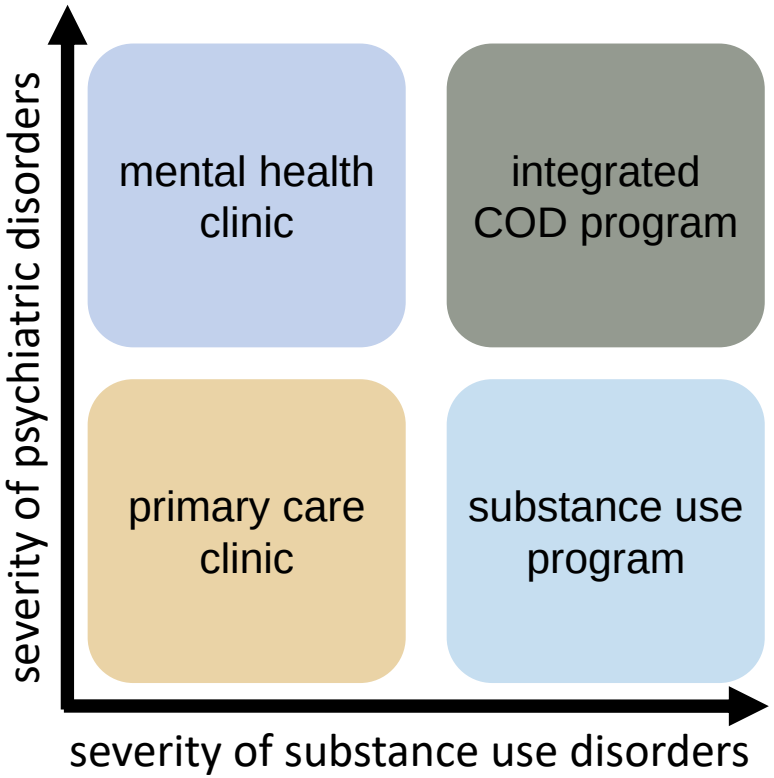


SAMHSA. National Survey on Drug Use and Health (NSDUH), 2019.

Comorbidity:

worsened outcomes.

- higher relapse rates
- higher acute care use
- higher SDOH burden
  - challenged by <u>non-integrated care</u>



SAMHSA, 1997.

SDOH burden resulting from SUD

- SUD may also drive the accumulation of SDOH burden:
  - Loss of educational trajectory
  - Loss of financial stability, with disproportionate funds going to use
  - Loss of employment or transition to unstable "gig" economy
  - Loss of marital partner, increase in active-use partnerships
  - Loss of housing or living in active-use or institutionalized environments
  - Loss of social network, transitioning to active-use network or subculture
  - Legal consequences from intoxication or need to fund use
- Specific interventions targeting these losses may be required to support sustained recovery

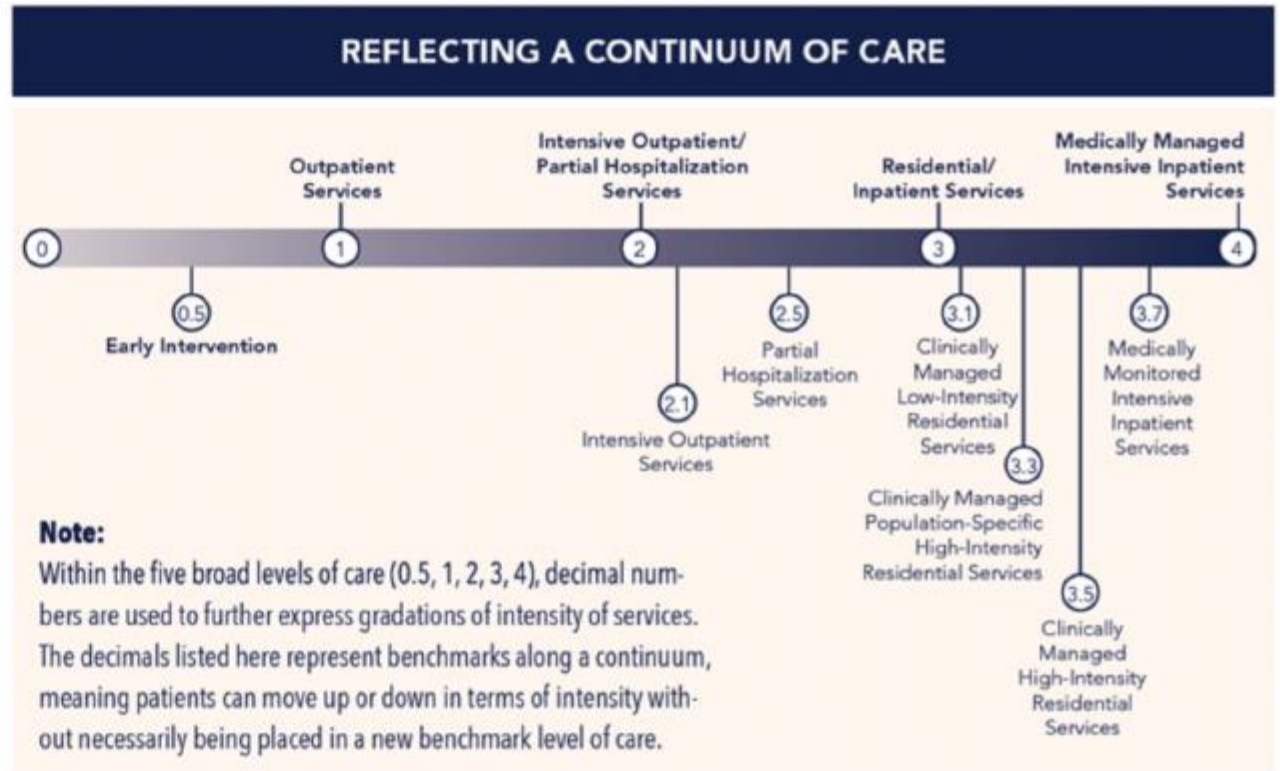
Westermeyer et al. 2019.

Where does treatment happen?

	outpatient	IOP/PHP	residential	medically-managed inpatient
acute intoxication/withdrawal				
medical comorbidity				
psychiatric comorbidity				
motivation				x
risks of relapse				x
recovery environment				x

ASAM levels of care

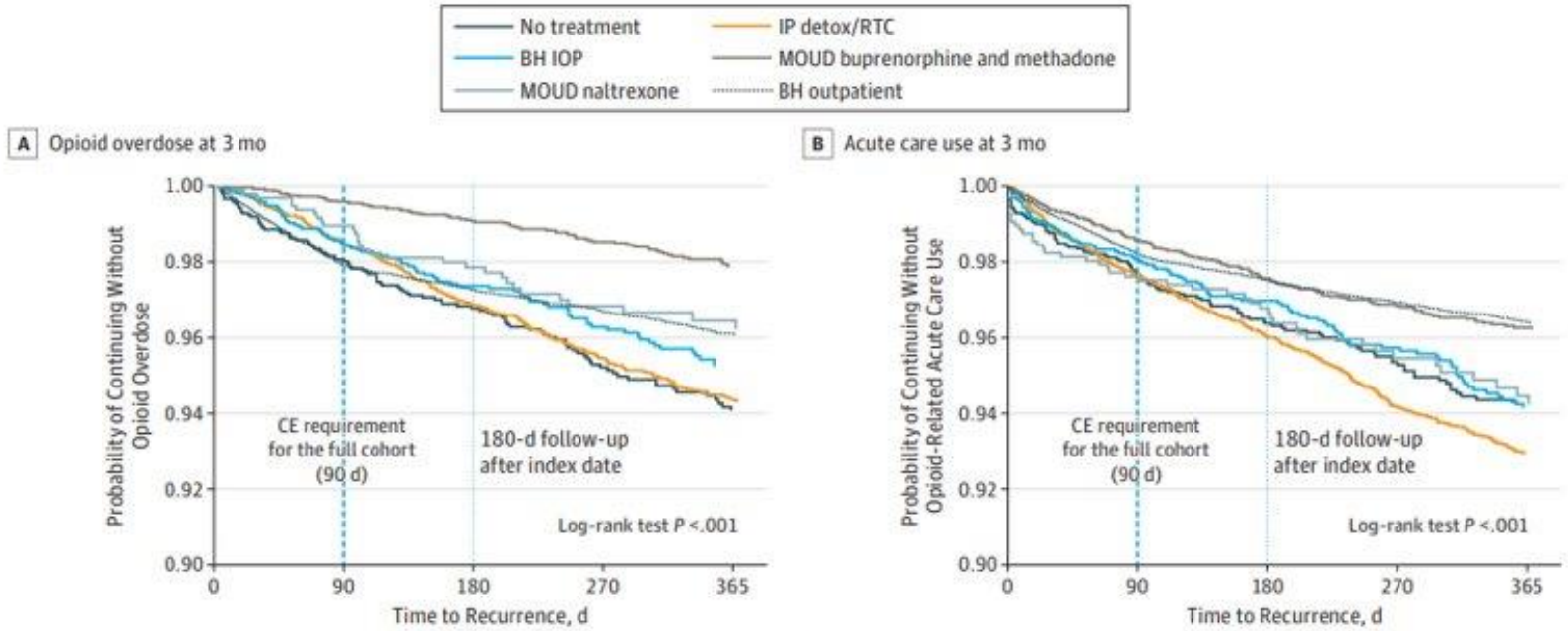
outpatient to medically-managed inpatient



ASAM Continuum, American Society of Addiction Medicine. 2019.

Reducing opioid overdose risk: MOUD

Figure 1. Probability of Opioid Overdose and Acute Care Use During the 3-Month Follow-up Period



No. at risk					
No treatment	2116	2075	1641	1248	944
IP detox/RTC	6455	6359	4911	3850	2947
BH IOP	1970	1941	1550	1237	950
MOUD buprenorphine and methadone	5123	5102	4014	3048	2282
MOUD naltrexone	963	953	743	558	421
BH outpatient	24258	23757	19950	16041	12551

No. at risk					
No treatment	2116	2067	1631	1245	944
IP detox/RTC	6455	6304	4868	3786	2887
BH IOP	1970	1932	1546	1228	936
MOUD buprenorphine and methadone	5123	5051	3951	2989	2236
MOUD naltrexone	963	940	734	551	409
BH outpatient	24258	23830	19993	16059	12547

BH indicates behavioral health; CE, continuing education; BH IOP, intensive behavioral health (intensive outpatient or partial hospitalization); IP detox/RTC, inpatient detoxification or residential services; and MOUD, medication for opioid use disorder.

Wakeman et al. 2020.

Addiction Consult Service

- Addiction specialist consultation to individuals admitted to the general hospital setting
  - Often integrating social work and recovery coaching
  - Evidence-based medication interventions for withdrawal stabilization and relapse-prevention
- At VUMC in Nashville, Tennessee, >1,100 new consults per year
- Emerging response to the treatment gap
  - Evidence for reducing 30-day re-admission risk
  - Evidence for reducing ASI scores and increasing abstinent days
  - New evidence for increasing MOUD initiation

Wakeman et al. 2017; Kast et al. unpublished.

Addiction Consult Service

Table 4 Secondary Outcomes

		30-Day follow-up			90-Day follow-up		
		Intervention (*N* = 165)	**Control (*N* = 100)**	***P* value**	**Intervention (*N* = 144)**	**Control (*N* = 83)**	***P* value**
Mutual help attendance	Baseline	4.5 (9.5)	2.9 (7.3)	0.12	5.1 (10.2)	2.9 (7.6)	0.065
	Follow-up	8.1 (12.3)	4.4 (8.2)	0.004	9.0 (11.9)	5.1 (8.7)	0.005
	Change	3.6 (12.4)	1.6 (7.6)	0.10	3.9 (13.4)	2.2 (8.0)	0.23
Treatment engagement (%)	Baseline	30.5	30.3	0.97	30.5	29.6	0.89
	Follow-up	57.9	41.4	0.009	54.6	40.7	0.047
	Change	27.4	11.1	0.018	24.1	11.1	0.092
Hospital admission	Baseline	1.2 (1.4)	0.5 (0.9)	<0.001	1.1 (1.4)	0.5 (1.0)	<0.001
	Follow-up	0.4 (1.1)	0.2 (0.8)	0.14	0.2 (0.8)	0.1 (0.6)	0.25
	Change	−0.8 (1.6)	−0.3 (0.9)	0.001	−0.9 (1.4)	−0.4 (0.7)	<0.001
ER use	Baseline	1.5 (2.1)	0.7 (1.4)	<0.001	1.3 (1.6)	0.8 (1.5)	0.017
	Follow-up	0.6 (1.6)	0.3 (0.9)	0.10	0.3 (1.0)	0.2 (0.8)	0.21
	Change	−0.9 (1.6)	−0.3 (1.3)	0.002	−0.9 (1.8)	−0.6 (1.4)	0.084
Current quality of life	Baseline	5.0 (3.0)	5.5 (3.0)	0.23	5.0 (2.9)	6.0 (2.9)	0.021
	Follow-up	5.9 (2.9)	6.2 (2.7)	0.45	6.3 (2.8)	6.7 (2.9)	0.29
	Change	0.9 (3.1)	0.7 (2.8)	0.61	1.3 (3.0)	0.7 (2.8)	0.20
30-Day quality of life	Baseline	3.4 (1.3)	3.1 (1.5)	0.13	3.3 (1.3)	3.0 (1.5)	0.16
	Follow-up	2.5 (1.5)	2.6 (1.6)	0.51	2.2 (1.3)	2.8 (1.7)	0.014
	Change	−0.9 (1.9)	−0.5 (2.0)	0.11	−1.1 (1.9)	−0.3 (2.3)	0.006
Self-efficacy	Baseline	6.9 (3.0)	6.8 (3.7)	0.65	7.0 (2.9)	7.2 (3.5)	0.62
	Follow-up	7.2 (2.8)	7.3 (3.2)	0.93	8.1 (2.6)	7.4 (3.2)	0.098
	Change	0.3 (3.5)	0.5 (3.6)	0.61	1.1 (3.6)	0.2 (3.3)	0.054
Abstinence motivation	Baseline	9.2 (2.2)	8.1 (3.3)	0.003	9.3 (1.7)	8.5 (3.1)	0.031
	Follow-up	9.0 (2.4)	8.3 (3.1)	0.062	9.4 (1.7)	8.2 (3.1)	0.001
	Change	−0.2 (2.1)	0.2 (3.4)	0.22	0.2 (2.0)	−0.2 (2.5)	0.21
Medication adherence	Baseline	1.8 (6.1)	0.5 (3.1)	0.023	1.9 (6.5)	0.6 (3.4)	0.043
	Follow-up	1.0 (4.4)	0.3 (1.2)	0.045	0.7 (3.1)	0.2 (0.8)	0.11
	Change	−0.8 (6.6)	−0.2 (3.3)	0.34	−1.3 (7.2)	−0.4 (3.6)	0.21

Wakeman et al. 2017; Kast et al. unpublished.

Low-barrier Bridge Clinic models

- Rapid outpatient follow-up for MOUD following acute care presentations
  - Evidence for reductions in ED readmissions
  - Evidence for good long-term adherence to agonist MOUD
- Various models across American academic medical centers
  - No appointment, walk-in vs 1 or 2 visits weekly model
  - Interdisciplinary team of prescribers, social work, case management, recovery coaching
    - At VUMC, we include psychiatry, primary care, infectious disease, and pain medicine

Sullivan et al. 2021.

Low-barrier Bridge Clinic models

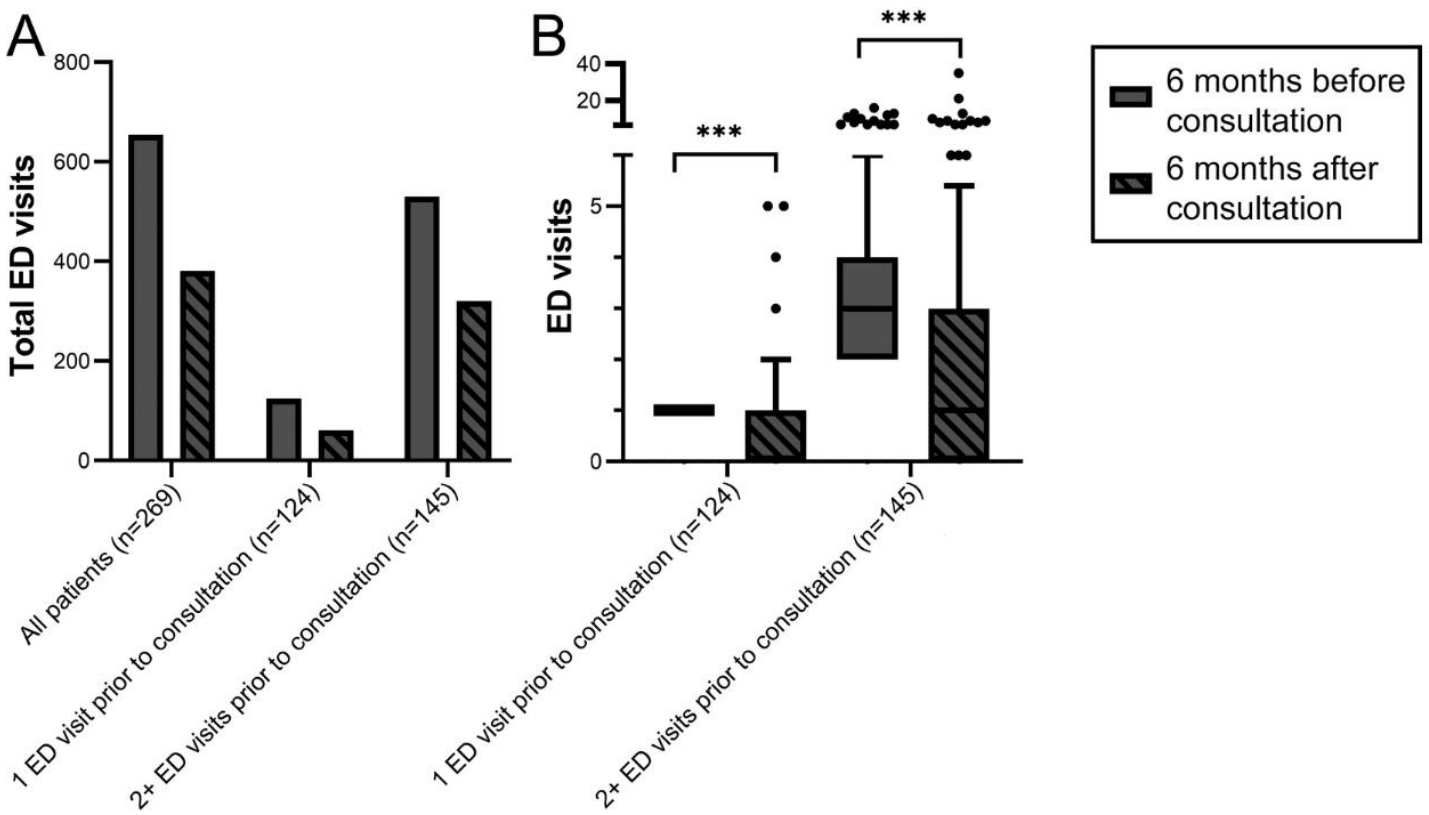


Fig. 1. ED utilization in Bridge Clinic patients. A, Total ED usage and B, ED visits per patient before and after completion of a consultation appointment in the Bridge Clinic; $p < 0.001$ is denoted by (***). Patient visits above the 90th percentile are plotted as individual data points.

Sullivan et al. 2021.

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and further reading:

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