



# Introduction and SUD basics

Substance Use Disorders in Hospital Care ECHO

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# Disclosures

- **Speaker:** Honora Englander has nothing to close

# Welcome!



# Goals of SUD in Hospital Care ECHO

- Knowledge
  - Lectures
  - Case discussions
  - Online resources
- Example tools and policies
- Attitudes
  - Diverse faculty
  - Opportunity to explore structural and individual stigma

# Why focus on opioids?

- Medications are life saving, available, and under-prescribed
- Many of the lessons apply to any SUD
- Have to start somewhere
- Polysubstance/ other substances are important:
  - Lecture about methamphetamine use disorder
  - Encourage cases about alcohol, methamphetamines, and other substances

# Project ECHO (Extension of Community Healthcare Outcomes) Model

1. Use technology to leverage scarce resources
2. Share best practices
3. Case-based learning to master complexity
4. All teach, all learn
  - Practicing clinicians learn from specialists
  - Practicing clinicians learn from each other
  - Specialists learn from practicing clinicians



Arora (2013); Supported by N.M. Dept. of Health, Agency for Health Research and Quality HIT Grant 1 UC1 HS015135-04, New Mexico Legislature, and the Robert Wood Johnson Foundation.



# Today's Lecture Objectives

1. Understand hospitalization as a reachable moment to initiate addiction care
2. Recognize addiction as a treatable chronic disease
3. Learn how to diagnose substance use disorders using the DSM-5
4. Practical tools that you can integrate starting today

# Nation facing a crisis

- 2015: Overdoses exceeded annual deaths at peak of HIV/AIDS epidemic in 1995
- 2016: Overdoses killed more Americans than entire Vietnam war





# Opioid-related hospitalizations rising across US, OR among sharpest

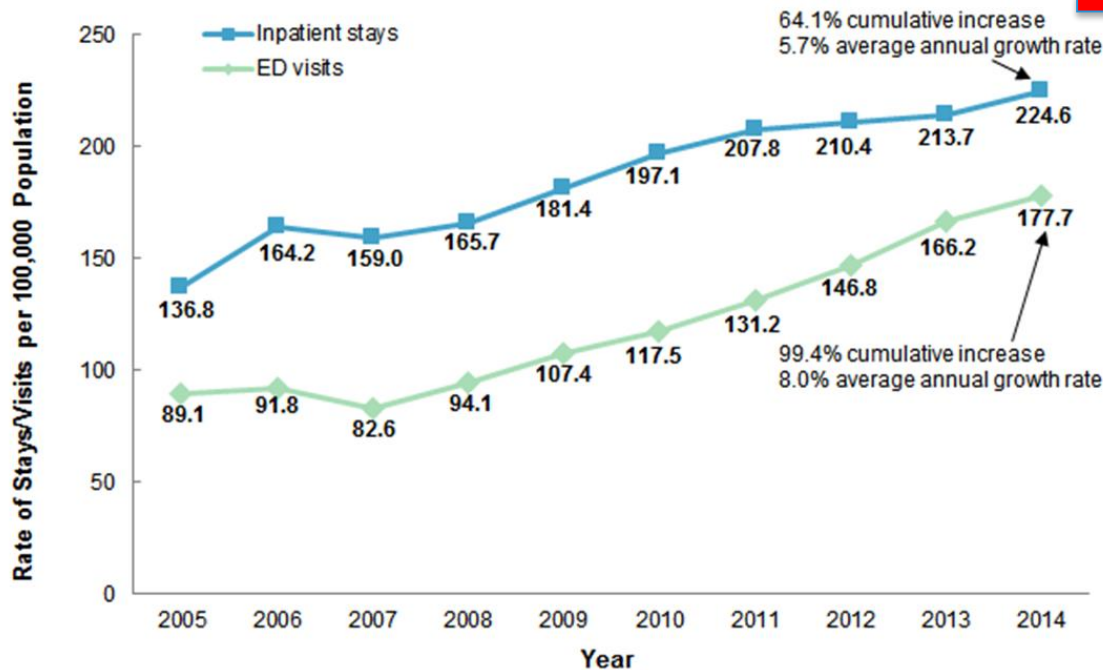
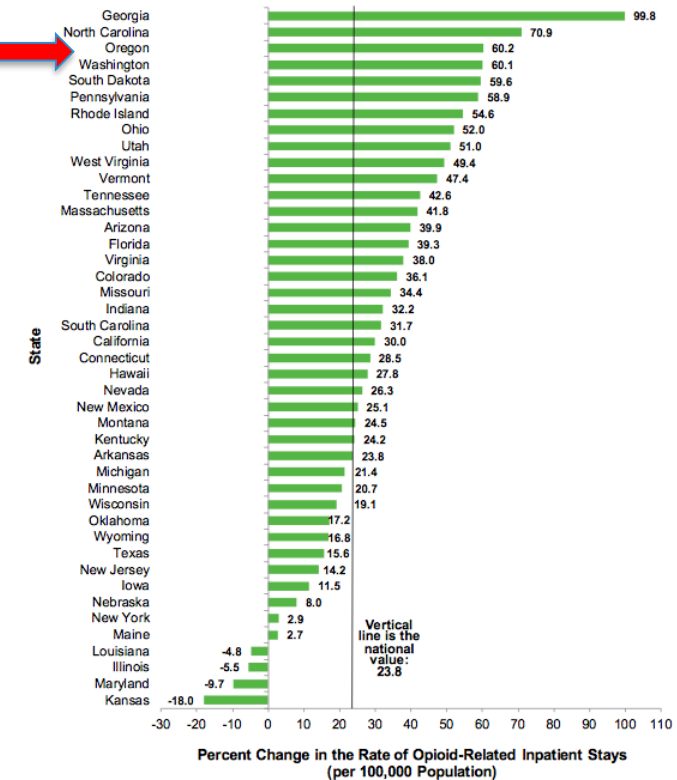


Figure 3. Cumulative percent change in the rate of opioid-related inpatient stays by State, 2009–2014



# SUD drives skyrocketing costs

- SUD drives high rates of hospitalizations, readmission, long LOS
- \$15 billion in US inpatient hospital charges related to opioid use disorder in 2012
- Many people not engaged in SUD treatment

# Yet health system slow to respond...

- Hospitalization often addresses the acute medical illness but not the underlying cause - the SUD
  - Leads to significant waste and poor outcomes
- Effective treatments exist but are under-utilized

# Mixed-methods Needs Assessment

185 hospitalized adults (09/14-04/15)

- Hospitalization is a reachable moment
  - 57% of people with high risk alcohol use; 68% of people with high risk drug use reported wanting to cut back or quit
  - Many wanted medication for addiction treatment (MAT) to start in hospital
- Gap-time to community SUD treatment
- Patients valued treatment choice, providers that understand SUD

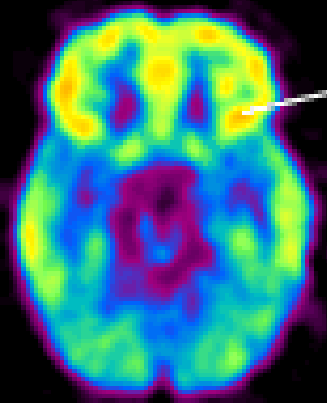
*“ Most of us that do it can’t stand it. I hate the stuff. It is wretched. It’s like damned if you do, damned if you don’t...when I do it I don’t even feel good anymore, like it takes so much just to be okay, to be normal. It’s like when I use I just feel normal...so they don’t understand that.”*

# A chronic disease of the brain

- Outdated view:
  - moral failing, bad choice
- Modern, evidence-based view:
  - Genetic and environmental factors predispose to chronic drug use
  - Leads to structural and functional disruption of motivation, reward, inhibitory control centers
  - Turns drug use into an automatic, compulsive behavior (addiction)

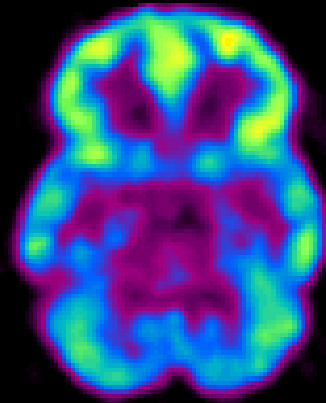
# A Disease of the Brain

Decreased Brain  
Metabolism

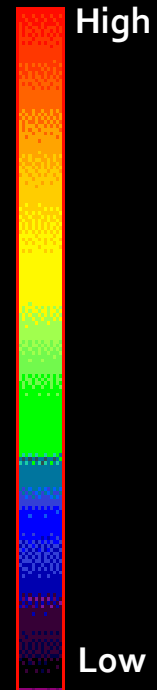


Control

OFC

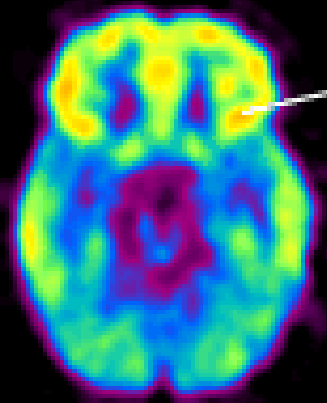


Cocaine Addicted



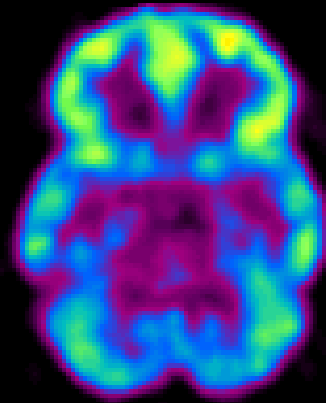
# A Disease of the Brain

Decreased Brain  
Metabolism

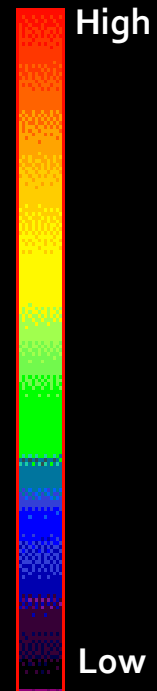


Control

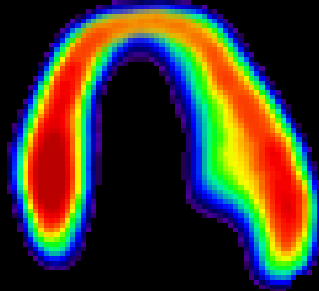
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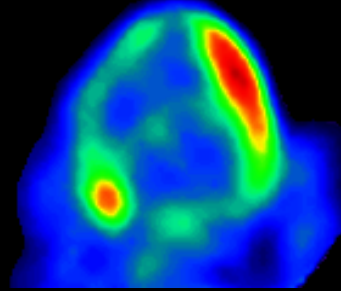
Cocaine Addicted



Decreased Heart  
Metabolism



Healthy Heart



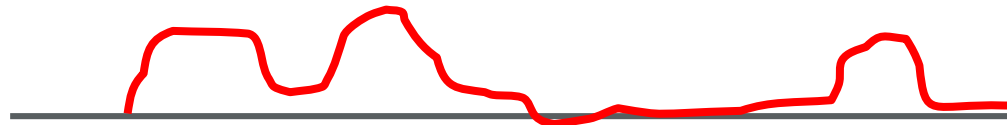
Diseased Heart



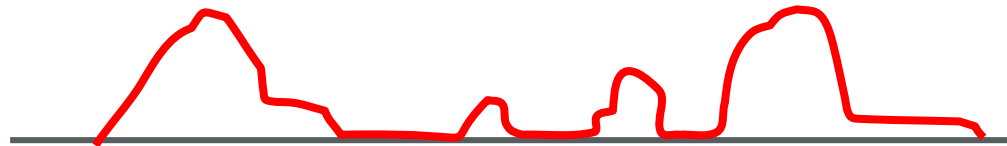
# Substance Use Disorder: Chronic, relapsing illness

Diabetes, HTN, Asthma, HIV

Disease Activity



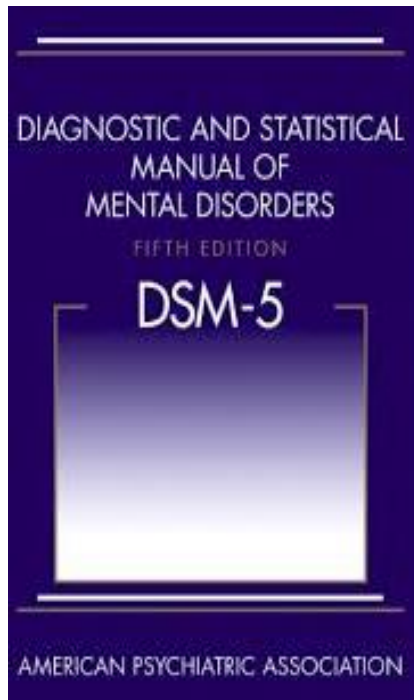
Substance Use Disorders



Time

# Summary

- We are in the midst of an epidemic with death tolls exceeding HIV at its peak, Vietnam war
- People with SUD are hospitalized frequently, and many want treatment
- Addiction is a treatable chronic disease



# *Diagnostic and Statistical Manual of Mental Disorders*

*DSM 5: Substance Use  
Disorder*  
11 criteria

Courtesy of Jessica Gregg



# DSM 5 Criteria 1-4: Craving, Compulsion

1. Use in larger amounts or for longer periods of time than intended
2. Unsuccessful efforts to cut down or quit
3. Excessive time spent using the drug
4. Intense desire/ urge for drug (craving)

# DSM 5 Criteria 5-9: Consequences, Loss of Control

5. Failure to fulfill major obligations
6. Continued use despite social/ interpersonal problems
7. Activities/ hobbies reduced given use
8. Recurrent use in physically hazardous situations
9. Recurrent use despite physical or psychological problem caused by or worsened by use

# DSM 5 Criteria 10, 11

10. Tolerance\*

11. Withdrawal\*

\*can occur in absence of use disorder

# Substance Use Disorder Severity



Mild  
disorder



Moderate  
disorder



Severe  
disorder

# Substance Use Disorder

## Diagnosis





Harmful  
Label

# Words Matter

They can contribute to stigma and create barriers to accessing effective treatment

## Avoid these terms

Addict, user, drug abuser, junkie

Clean or dirty urine test

Opioid substitution therapy

Relapse

Being clean

## Instead, use these:

Person with opioid use disorder, addiction, patient

Negative or positive urine drug test

Medication for opioid use disorder

Return to use

Being in remission or recovery

# Summary

- Diagnose SUD using the DSM
- 11 diagnostic criteria
  - Cravings, compulsion
  - Consequences, Loss of control
  - Tolerance and withdrawal
- Language matters: diagnose, don't label

# Changing Hospital Systems



# Care before IMPACT

“[Providers] get called to the unit because the person is yelling or throwing things, or ... appears impaired... it often blows up and they get discharged or they leave [AMA] .... We don't really know what happened to them, and they're vulnerable. And staff are vulnerable. And other patients are distressed by the disruption and commotion.”

–Patient advocate

“You would see this pattern, especially in the IV drug-using population: left AMA, left AMA, left AMA... 9 times out of 10, nobody was dealing with the fact that they were gonna go into withdrawal”  
– Hospitalist

# Care after IMPACT

“I don’t know if it gives them a voice or allows us to hear them better... but something’s happening with communication.”

- Hospitalist

“I think you feel more empowered when you’ve got the right medication... the knowledge, and you feel like you have the resources. You actually feel like you’re making a difference.”

- Nurse



# Practices that you can integrate starting today

- Explore a diagnosis of SUD:
  - Cravings, compulsion, consequences, loss of control
- Use person-first language
- Ask patients:
  - What is your understanding of why you are hospitalized? How might it relate to your substance use?
- Read Donroe paper in anticipation of week 2 and 3 lecture

# Getting the most out of ECHO

- Sign in with name(s) and organization
- Case presentations
- Online resource library
  - Useful papers and tools
  - Lecture slides
- Interprofessional Faculty

# Review Case Presentation Form



## OHSU SUD in Hospital Care ECHO Patient Case Presentation Form



Please email by the Friday before presenting to: [SUDHospitalECHO@ohsu.edu](mailto:SUDHospitalECHO@ohsu.edu)

**Date:** Click here, then arrow to access calendar. **Presenter:** Click here to enter name. **Additional Contributors:** Click here to enter name(s).

**ECHO ID:** Coordinator to complete. **Case type:** Click here, then arrow for choices.

Please complete the patient case form below, including only information relevant to your clinical question(s). You will have 2-4 minutes to present the case.

What question(s) would you like answered?

- 1) Click here to enter question. Please be succinct and specific.
- 2) Click here to enter question 2 (if applicable).

**Case Summary:** Click here to enter 2-3 sentence summary. Please include history of present illness, including reason for hospitalization. DO NOT include protected health information (eg, name, dates, employer, school, unique identifying characteristics.)

<b>Age, Gender, Ethnicity:</b> Click here to enter information.					
Substance Use History	Amount/Frequency	Route	Age of onset/duration	Meets SUD criteria?	<b>Overdose History</b> Number: Click here to enter #. Date (most recent): Click here to enter date. Substances involved: Click here to enter (if known).
<input type="checkbox"/> Opioid				<input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> Alcohol				<input type="checkbox"/> Y <input type="checkbox"/> N	<b>Relevant medical history:</b> Click here to list (please bullet).  Does patient need long-term IV antibiotics (>2 weeks)? <input type="checkbox"/> Y <input type="checkbox"/> N  Are you concerned patient may be actively using illicit substances while hospitalized? <input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/> Benzodiazepines				<input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> Cocaine				<input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> Amphetamines				<input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> Cannabis				<input type="checkbox"/> Y <input type="checkbox"/> N	
<input type="checkbox"/> Other				<input type="checkbox"/> Y <input type="checkbox"/> N	



# Review Case Presentation Form

<b>SUD Treatment History</b>		
<b>Medications for SUD</b> <input type="checkbox"/> Buprenorphine/naloxone <input type="checkbox"/> Injectable bupe/implant <input type="checkbox"/> Methadone maintenance <input type="checkbox"/> Naltrexone oral <input type="checkbox"/> Naltrexone injection <input type="checkbox"/> Acamprosate <input type="checkbox"/> Disulfiram	<b>Behavioral Health &amp; Other Engagement</b> <input type="checkbox"/> Intensive outpatient (IOP) <input type="checkbox"/> Inpatient residential <input type="checkbox"/> Inpatient dual diagnosis <input type="checkbox"/> Individual Counseling/Therapy <input type="checkbox"/> Peer/Mutual Support Groups <input type="checkbox"/> Outpatient Psychiatry <input type="checkbox"/> Other (describe in additional details)	<b>Safer use practices</b> <input type="checkbox"/> clean needles <input type="checkbox"/> clean water source <input type="checkbox"/> clean cotton/works <input type="checkbox"/> injects with others present <input type="checkbox"/> has naloxone <input type="checkbox"/> did not ask
<b>Additional Details:</b> <a href="#">Click here to enter additional details, including year of treatment.</a>		
<b>Co-occurring Mental Health Disorders</b> <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Suicidal Ideation <input type="checkbox"/> Psychosis <input type="checkbox"/> PTSD <input type="checkbox"/> Other: <a href="#">Click here to enter other mental health disorders.</a> History of trauma? <input type="checkbox"/> Y <input type="checkbox"/> N		<b>Medications</b> Pertinent prior to admission medications (eg, benzodiazapines, anti-psychotics, opioids): <a href="#">Click here to list meds (please bullet).</a> Pertinent inpatient medications (eg, IV ABX, above meds): <a href="#">Click here to list meds, including meds for addiction treatment (please bullet).</a>
<b>Other Social History</b> Homelessness ? <input type="checkbox"/> Y <input type="checkbox"/> N Criminal Justice involvement? <input type="checkbox"/> Y <input type="checkbox"/> N <a href="#">Click here to enter additional social history details.</a>		<b>Physical Exams and Labs</b> Pertinent physical exam and lab findings: <a href="#">Click here to enter physical exam and lab details.</a> Urine Drug Screen results: <a href="#">Click here to enter urine drug screen details.</a>
<b>Patient's strengths:</b> <a href="#">Click here to enter up to 3.</a>  <b>Patient's goals for recovery:</b> <a href="#">Click here to enter up to 3.</a>  <b>Psychosocial stressors/challenges to treatment:</b> <a href="#">Click here to enter up to 3.</a>		<b>Your treatment plan:</b> <a href="#">Click here to summarize your plan</a>

By [initialing here](#) [Click here to initial.](#) you have acknowledged that OHSU SUD in Hospital Care ECHO case consultations do not create or otherwise establish a provider-patient relationship between any ECHO clinician and any patient whose case is being presented in a teleECHO clinic.

By [initialing here](#) [Click here to initial.](#) I grant permission for OHSU SUD in Hospital Care ECHO to post this case presentation and subsequent recommendations on the Box.com site for learning purposes only and for access to participants within the OHSU SUD in Hospital Care ECHO.



# Review Case Presentation Form

- Format:
  - 2-5 minute case presentation
  - Clarifying questions from participants and faculty
  - Faculty recommendations
- Form located on connect site: session 0
- MOC credit available for participating
- Volunteers for next few weeks?

# Evaluations

- Per session evaluations
  - CME
- Global ECHO evaluation at 0, 10, 20 weeks
  - Goal: 100% participation
  - Supports ongoing improvement



# Thank You

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OHSU

Division of Hospital Medicine  
Section of Addiction Medicine, Division of General Internal Medicine

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