



Organizational buy-in for systems change

Substance Use Disorders in Hospital Care ECHO

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Disclosures

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

Learning Objectives

At the conclusion of this session, participants will be able to:

- Recognize challenges of changing hospital SUD care
- Recognize strategies for organizational buy-in
- Recognize strategies for implementing change

Challenges

- Limited provider understanding of SUD and its treatment
- Negative attitudes towards people with SUD
- Provider burnout and frustration: “moral distress”
- Policies that interfere with treatment
 - E.g. hospital, SUD treatment, jails methadone policies
- Lack of funding
- Lack of integrated care across transitions and disciplines



Changing individual practice

Treatment changes culture:

- By modeling compassionate care and using medication to stabilize the brain disease of addiction, patients and providers engage differently

With IMPACT we've been “watching the success of appropriate medication management and how that impacts the behavior symptoms”

–patient advocate

“Instead of treating these people and making value judgements around them, now we make diagnoses. Like how bad is their infection, how bad is their addiction? As opposed to just bucketing them, oh these are a bunch of addicted people they’ll never get better, or they’ll do this or that.”

– Cardiac surgeon

Strategies for organizational buy-in

- Identify what your leadership values
- Highlight the ways in which the current system is failing
- Define the scope of the problem and an approach to improvement
- Define achievable goals
 - Make conservative estimates about how your proposal will make things better

1. Identify what your organization values

- Talk with other successful colleagues
- Talk with leadership
- Review strategic plan
- Consider:
 - length of stay, readmission, staff satisfaction, surgical outcomes

2. Highlight the ways in which the current system is failing

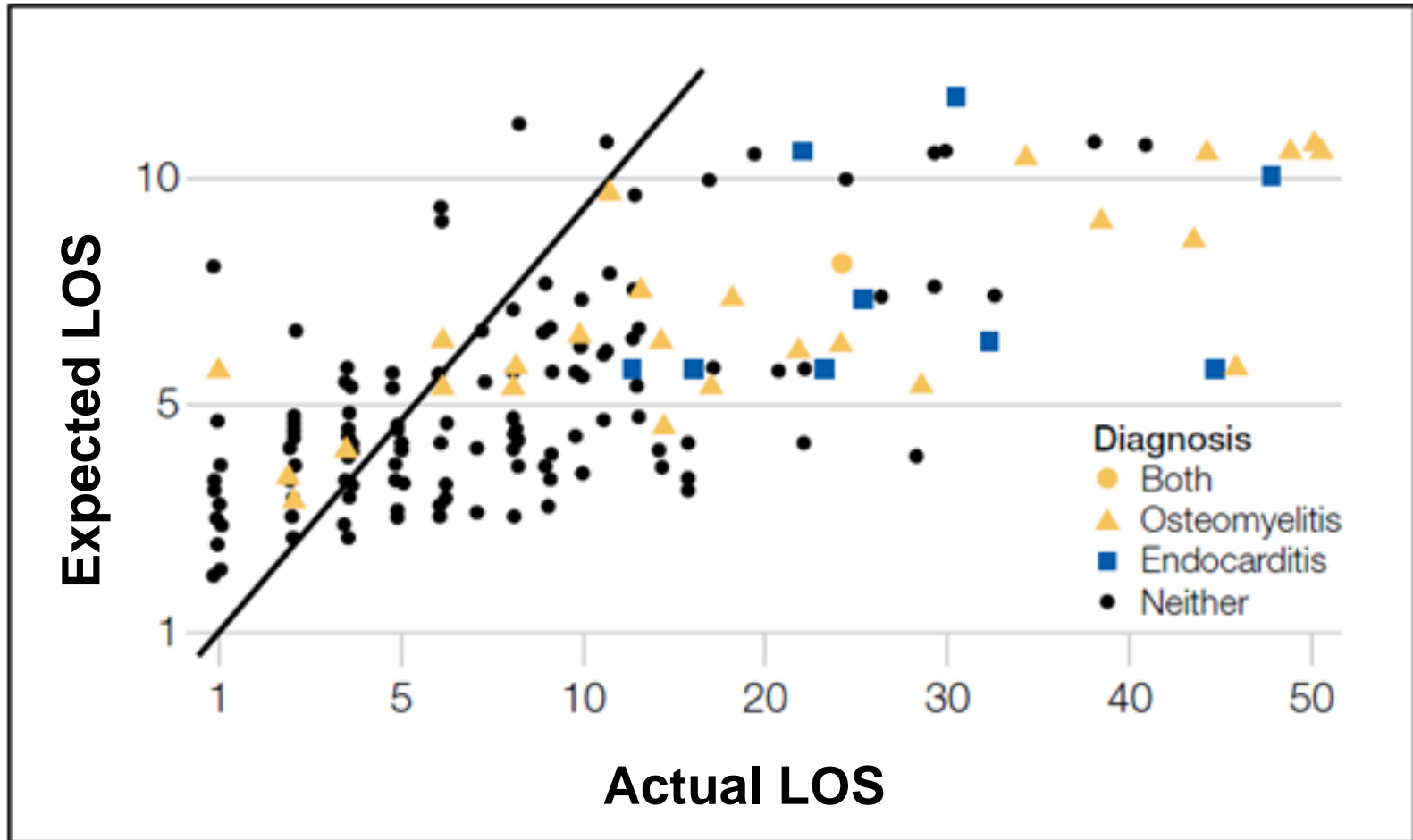
- Use patient narrative
 - Providers have unique insight into how care can be better
- Emphasize opportunities to improve:
 - Cost
 - Care quality
- Combine local examples with what is known from the literature

Mixed-methods Needs Assessment

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

- Hospitalization is a reachable moment
 - 57% of high risk alcohol users; 68% of high risk drug users 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

Defining the business case: Prolonged inpatient length of stay



3. Define the scope of the problem and an approach to improvement

Designing change

- Identify who else needs to be at the table
- Map needs to your intervention
- Match plans to time, energy, and resources
 - “don’t try to solve world hunger”

4. Define achievable goals

- Identify a few measurable, key goals
- Make conservative estimates
- Limit cumbersome data collection
- Report successes and challenges to leadership



Other advice

- Hard wire space for interdisciplinary communication and ongoing quality improvement
- Start where you're likely to be most successful
- Build systems; individuals change

Practices that you can integrate starting today

- Identify what changes in your system are:
 - Most needed
 - Most achievable
- Identify ways in which current state is ‘costing’
 - Financial costs (eg readmissions, LOS) or other (risk, legal, patient outcomes, provider experience)
- Consider who else might care, and who should be at the table



Thank You

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