Linking Hospitalized People with Opioid Use Disorder to Treatment: Interim findings from a multisite RCT

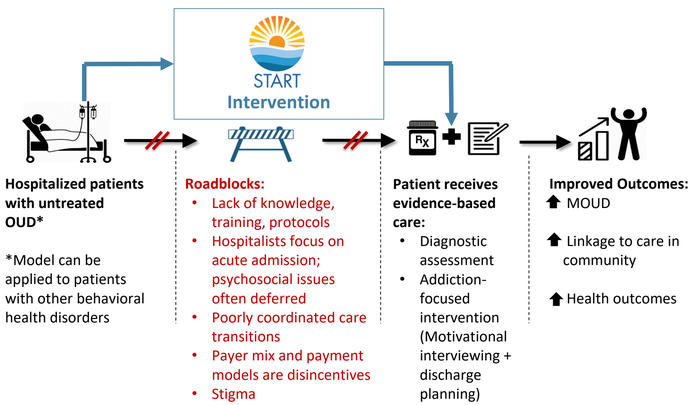
INTRODUCTION

- Addiction consultation services (ACS) have been established as a model to improve care for hospitalized patients with addiction.
- Studies suggest that ACS are feasible, that the inpatient hospitalization is a teachable moment, and that patients are willing to engage with treatment both in the hospital and after discharge.
- Robust evidence is needed to establish ACS as a standard of care and to make the case for broader adoption but there have been no RCTs demonstrating the effectiveness of ACS.
- To address this gap, we are evaluating the effectiveness of a hospital-based ACS: the Substance Use and Recovery Team (START).
- The START consists of an addiction medicine specialist (AMS) and care manager (CM) delivering an addiction-focused intervention developed from evidence-based resources.
- Here, we present findings of an interim analysis testing the effects of the START on linkage to OUD care within 30 days after discharge.

METHODS

- We conducted a multi-site RCT in three diverse hospitals to evaluate whether the START increases linkage to care after discharge among patients with OUD.
- Linkage to care was defined as receiving a medication for opioid use disorder (MOUD) or at least one visit for psychosocial treatment for OUD, obtained through patient self-report in a one-month follow-up interview.
- We randomized patients from Cedars Sinai Medical Center in Los Angeles, the University of New Mexico Medical Center in Albuquerque, and Baystate Health in Springfield to receive either the START or usual care, stratifying by site and prior MOUD use.
- We fit a logistic regression model to the data, with linkage to care within 30 days after discharge (yes vs. no) as the dependent variable and treatment arm as the independent variable.
- We adjusted for site and prior MOUD exposure (yes vs. no), as well as key covariates - age, sex, and ethnicity (Hispanic vs. not Hispanic).
- We conducted an interim analysis to assess effects of the intervention on linkage to OUD care after discharge.
- We used an O'Brien-Fleming-type alpha spending function to estimate the type I error level to which we would compare the p-value resulting from a single interim primary analysis for linkage.

CONCEPTUAL MODEL



RESULTS

Participants

- N=291; Mean age (SD) : 42.9 (13.1)
- Sex: 187 (64%) Male, 104 (36%) Female
- Race: 20 (7%) American Indian or Alaska Native, 2 (1%) Asian, 20 (7%) Black or African American, 116 (40%) White or Caucasian, 21 (7%) More than 1 race, 112 (38%) Other
- Ethnicity (Hispanic or non-Hispanic): 150 (52%) Not Hispanic, 141 (48%) Hispanic
- % who had ever received MOUD in the past: 229 (79%)
- % unhoused in the past two months: 91 (31%)
- % that came from each hospital: 52 (18%) Baystate, 79 (27%) CSMC, 160 (55%) UNM

Linkage to Care Findings

- Participants in the START intervention arm were nearly three times as likely to link to MOUD care following hospital discharge than participants in the UC arm (OR = 2.82, 95% CI: (1.58, 5.01), p = 0.0004), controlling for site, prior MOUD use, age, sex and ethnicity.

CONCLUSION

- Our findings are the first to offer evidence from a large rigorous RCT that ACS – the START in particular – can effectively link hospitalized patients with OUD to post-discharge treatment.
- The inpatient setting presents a critical window of opportunity where patients may be more receptive to discussing OUD and planning for treatment because of an illness or injury related to their OUD.
- A model of care that leverages hospital resources (i.e., a physician and a care manager) is a realistic model for intervention that could be sustainable and have broad public health impacts, even in hospitals with limited resources.
- An intervention designed specifically for the inpatient setting, where the average length of stay is 6 days, and immediately after discharge, offers patients the opportunity to engage with the START over the course of the hospital stay and to be provided with needed support after leaving the hospital.
- Next steps are to test the effects of START on initiation of medications for opioid use disorder in the hospital and on substance use and hospital readmissions after discharge, and to examine how ACS like the START can be implemented and sustained beyond the research study.

AUTHORS & DISCLOSURES

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