



SUPPORTING INDIVIDUALS WITH OPIOID USE DISORDER

THE SHIFT-CARE CHALLENGE INVESTMENT PROGRAM: OPIOID USE DISORDER COHORT

JUNE 2022

“I think the single biggest impact is really **changing the narrative**, [to show] that opioid use disorder is a **treatable condition**. People who use drugs have not forfeited their right to health care...

We’ve long thought of this as somehow different from diabetes or from a heart attack or from a stroke and yet it really is the **same**. So the more we can get that embedded into our culture and the more we can make people feel like they **have the tools to effectively treat it**, the better.”

– SARAH WAKEMAN, MEDICAL DIRECTOR, SUBSTANCE USE DISORDER INITIATIVE,
MASSACHUSETTS GENERAL HOSPITAL

When the Sustainable Health Care Innovations Fostering Transformative Care (SHIFT-Care) Challenge was conceptualized, Massachusetts was facing a growing epidemic of opioid addiction and overdose deaths.¹ From 2011 to 2015, opioid use disorder (OUD) affected nearly 1 in 20 Massachusetts residents,^{2,3} and an estimated 80% of individuals with OUD did not receive any treatment.⁴ In 2018, the Massachusetts Health Policy Commission (HPC) launched SHIFT-Care, a two track investment program⁵ that invested \$5.7 million in nine hospitals across the Commonwealth with the goal of implementing evidence-based approaches that expanded access to OUD treatment. Awardees initiated medication for addiction treatment (MAT) for patients in the emergency department (ED) and facilitated timely follow-up care to support ongoing engagement and retention in treatment to improve health outcomes and reduce avoidable acute care utilization. All awardees sustained at least some component of their SHIFT-Care program beyond the conclusion of the investment in 2021 through operating funds or other external investments.

SHIFT-CARE CHALLENGE OUD COHORT FOCUS AREAS

INCREASE ACCESS
TO EVIDENCE-BASED,
PHARMACOLOGIC
TREATMENT FOR OUD

INCREASE THE RATE
OF ENGAGEMENT
AND RETENTION IN
MAT

INCREASE PATIENT
CONNECTIONS TO
COMMUNITY-BASED
SERVICES

1 Health Policy Commission DataPoints, Issue 4: Opioid Epidemic. Available at: <https://www.mass.gov/info-details/hpc-datapoints-issue-4-opioid-epidemic>

2 Barocas, J. A., White, L. F., Wang, J., Walley, A. Y., LaRochelle, M. R., Bernson, D., . . . Linas, B. P. (2018). Estimated prevalence of opioid use disorder in Massachusetts, 2011–2015: a capture-recapture analysis. *American Journal of Public Health*, 108(12), 1675–1681. Available at: <https://doi.org/10.2105/ajph.2018.304673>

3 High rates of overdose persist today and have been exacerbated by the COVID-19 pandemic. Available at: <https://www.mass.gov/doc/covid-19-community-impact-survey-ccis-preliminary-analysis-results-full-report/download>

4 Wu, Li-Tzy, He Zhu, and Marvin S. Swartz. 2016. “Treatment Utilization among Persons with Opioid Use Disorder in the United States.” *Drug and Alcohol Dependence* 169 (December): 117–27. Available at: <https://doi.org/10.1016/j.drugalcdep.2016.10.015>

5 The SHIFT-Care Challenge encompassed two tracks, one of which was focused exclusively on increasing access to medication for addiction treatment (MAT) for opioid use disorder (OUD) in emergency departments. For purposes of this brief, SHIFT-Care refers only to the MAT track.

INCREASE ACCESS TO EVIDENCE-BASED OUD TREATMENT

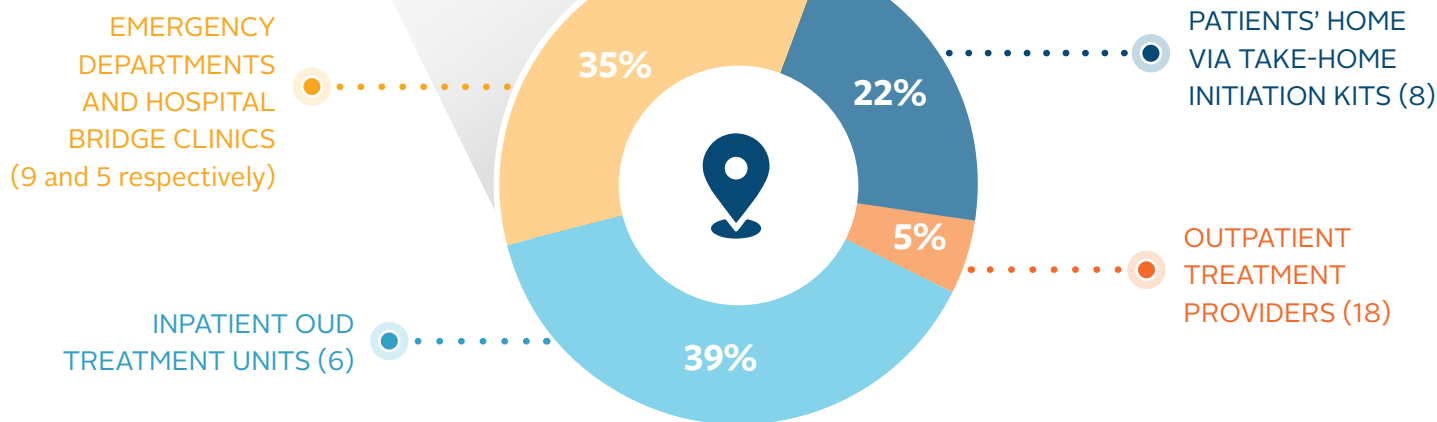
The SHIFT-Care Challenge was inspired by a model developed at Yale School of Medicine that established an evidence-based protocol for pharmacologic OUD treatment induction in the ED. The creators of the Yale model offered a straightforward rationale for their ED-based approach: “Because that’s where the patients are.”⁶ The fact that so many patients with OUD present in EDs every day – whether directly because of their OUD or because the ED is their primary source of medical care – was seen as a unique opportunity to offer MAT. Even when patients did not actually initiate MAT in the ED, the ED often became an important entry point to treatment in other settings, including community care settings, transitional hospital-based patient sites (also known as bridge clinics) or even at home.

“There are a lot of people who might not have **contemplated treatment** before they ended up in the ED. And for some, it might be the **only option**—the only place they’re being seen at all by health care providers.”

– SHIFT-CARE CHALLENGE STAFF MEMBER

**MAT INITIATION RATE
DOUBLED
FROM 5.8% TO
11.6%**

MAT INITIATION SITES



BRIDGE CLINICS

Five of the nine awardees offered these services through a “bridge clinic,” a transitional outpatient substance use disorder treatment setting, usually located near the ED, that provides OUD treatment until a patient moves to community-based care. Bridge clinics served as sites for MAT initiation, follow-up outpatient treatment, and ongoing support from recovery coaches and other program staff (e.g., social workers, nurses).



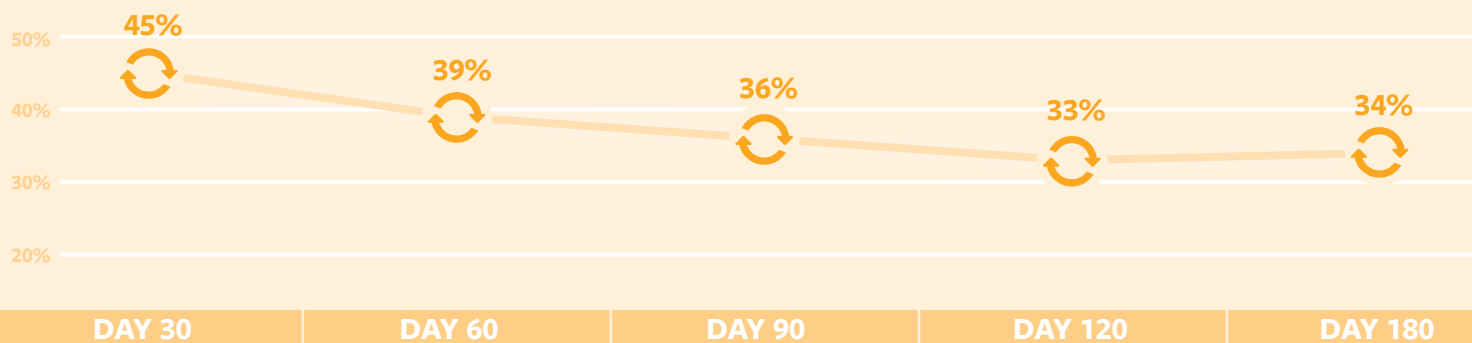
INCREASE THE RATE OF ENGAGEMENT AND RETENTION IN MAT

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In addition to establishing protocols for MAT initiation in the ED, awardees also put in place other resources to support patients in both engagement and retention in treatment. For example, nearly all awardees included recovery coaches —staff with lived experience of substance use disorders— on their care teams. Personal connections with these staff members were instrumental in keeping patients committed to treatment. Additionally, awardees implemented a variety of stigma-reduction strategies to address entrenched bias towards patients with OUD and misinformation about pharmacologic treatment that exists within health care systems and beyond.

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PROPORTION OF PATIENTS STILL ENGAGED IN TREATMENT



CONNECT PATIENTS TO PEER SUPPORTS

Eight of nine awardees employed recovery coaches to support patients with OUD. Program teams found that having recovery coaches speak to their personal histories and recovery pathways enabled meaningful connections with patients that both increased the likelihood of successful MAT initiation and encouraged patients' active participation in recovery.



“All day long, our **recovery coaches are planting seeds**. We’ve had people **call back** six to eight months later and say, ‘I remember you, you talked to me, and **I’m ready now.**’”

– SHIFT-CARE CHALLENGE STAFF MEMBER

“I have been **in recovery for five months**. Met [the recovery coach] in the ED. I had given up. He **shared his experience** with wanting to give up and what he did. Thought maybe, you know, **I had a chance.**”

– SHIFT-CARE CHALLENGE PATIENT

REDUCE OUD STIGMA

Stigma towards individuals with OUD and other addictions is pervasive. Many people, including patients themselves, view OUD as a choice or a personal failing rather than understanding addiction as a disease.⁷ This dynamic—which is exacerbated when patients arrive at the ED for overdose reversal already feeling angry or agitated—can lead to tension between patients and ED staff.⁸⁻⁹ As a result, some patients not only experience stigma from the health care system itself, but also from their own, internalized self-stigma, both of which may prevent them from seeking treatment.⁷⁻⁹ All SHIFT-Care sites implemented training and other strategies to decrease stigma among hospital staff, an effort that awardees reported had an impact on both MAT initiation as well as engagement and retention. SHIFT-Care staff cited the reduction of stigma as the most common change arising from the program.



“[Some providers] see using drugs as a health harming behavior and therefore view people who use drugs as not caring about their **health** and that couldn’t be further from the truth...This is a human being in front of you, and we all want to do everything we possibly can to **improve their health**, the **quality of their life**, and most importantly, **help them stay**.”

– SHIFT-CARE CHALLENGE STAFF MEMBER

“So many people **interact with patients** from the minute they walk in until the minute they’re discharged. Even if nine out of ten don’t come across as stigmatizing, it’s the one **who they remember**. We need to do better at every point along the way.”

– SHIFT-CARE STAFF MEMBER

RESPONSE TO THE COVID-19 PANDEMIC

During the COVID-19 pandemic, awardees observed an increase in overdoses, relapses, and health-related social needs among their patients and had to adjust their program models in response to stay-at-home orders. After a notable drop in MAT initiations in March-April 2020, initiation rates rebounded and stabilized through the end of the period of performance.

**4 HOSPITALS USED
TELEMEDICINE FOR**



**16% OF THEIR
MAT INITIATIONS**

Nearly all awardees used telehealth and teleprescribing to deliver care and support their patients’ therapeutic needs. Some awardees found that offering services via telehealth improved accessibility for their patients and allowed staff to spend more time following up with patients. Others experienced challenges with patients having varying access to technology, including phones or high-speed internet access, and struggled to develop relationships without face-to-face contact.

“The stressors and isolation of the pandemic made patients who were otherwise well-supported in their recovery more vulnerable to relapse.”

– SHIFT Care Challenge Staff Member

“Feedback from our patients on our online support groups has been very positive. One patient told us ‘It’s the one thing I look forward to during the week and it’s keeping me sober.’”

– SHIFT-Care Challenge Staff Member

7 National Academies of Sciences Engineering and Medicine. (2019). Medications for opioid use disorder save lives. The National Academies Press. Available at: <https://doi.org/doi:10.17226/25310>

8 Mackey, K., Veazie, S., Anderson, J., Bourne, D., & Peterson, K. (2019). VA evidence-based synthesis program reports. In Evidence Brief: Barriers and Facilitators

to Use of Medications for Opioid Use Disorder. Department of Veterans Affairs. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK549203/>

9 Allen, B., Nolan, M. L., & Paone, D. (2019). Underutilization of medications to treat opioid use disorder: what role does stigma play? *Subst Abuse*, 40(4), 459-465.

INCREASE PATIENT CONNECTIONS TO COMMUNITY-BASED SERVICES

SHIFT-Care patients had complex clinical, economic, and social needs, including lengthy histories of substance use and addiction, early childhood and continual trauma, substantial mental health and medical conditions, and unmet social and economic needs. Most teams recognized that supportive services in the hospital were not alone sufficient to address those needs. SHIFT-Care enabled awardees to establish partnerships with more than 30 community organizations and to employ staff with expertise in connecting patients to community-based wraparound services ranging from health insurance and inpatient withdrawal treatment to food, transportation, and housing. These services were found to be essential in responding to patients' needs and enabling their continued recovery.

“Many of our patients, with the help of a **village of resources** that included our Bridge Clinic care, were able to achieve **sustained remission** and **provide hope** to those of our patients that were new to recovery.”

– SHIFT-CARE CHALLENGE STAFF MEMBER

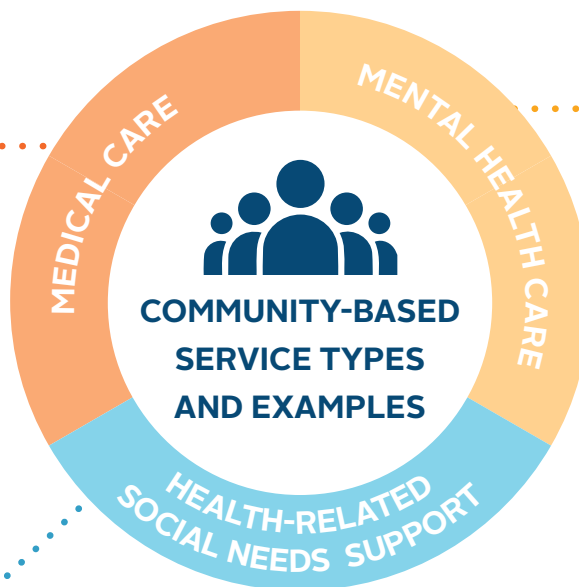
“Our patients need so much. Yes, medication, along with **trauma and mental health care**, access to a range of credible treatment options, and they must have a **way to access avenues off the streets**—housing, food, work, activities if they can't work, sober support.”

– SHIFT-CARE CHALLENGE STAFF MEMBER



MASSACHUSETTS GENERAL HOSPITAL

Partnered with Boston Health Care for the Homeless Program to provide social support and medical respite for people living on the street.



HOLYOKE MEDICAL CENTER

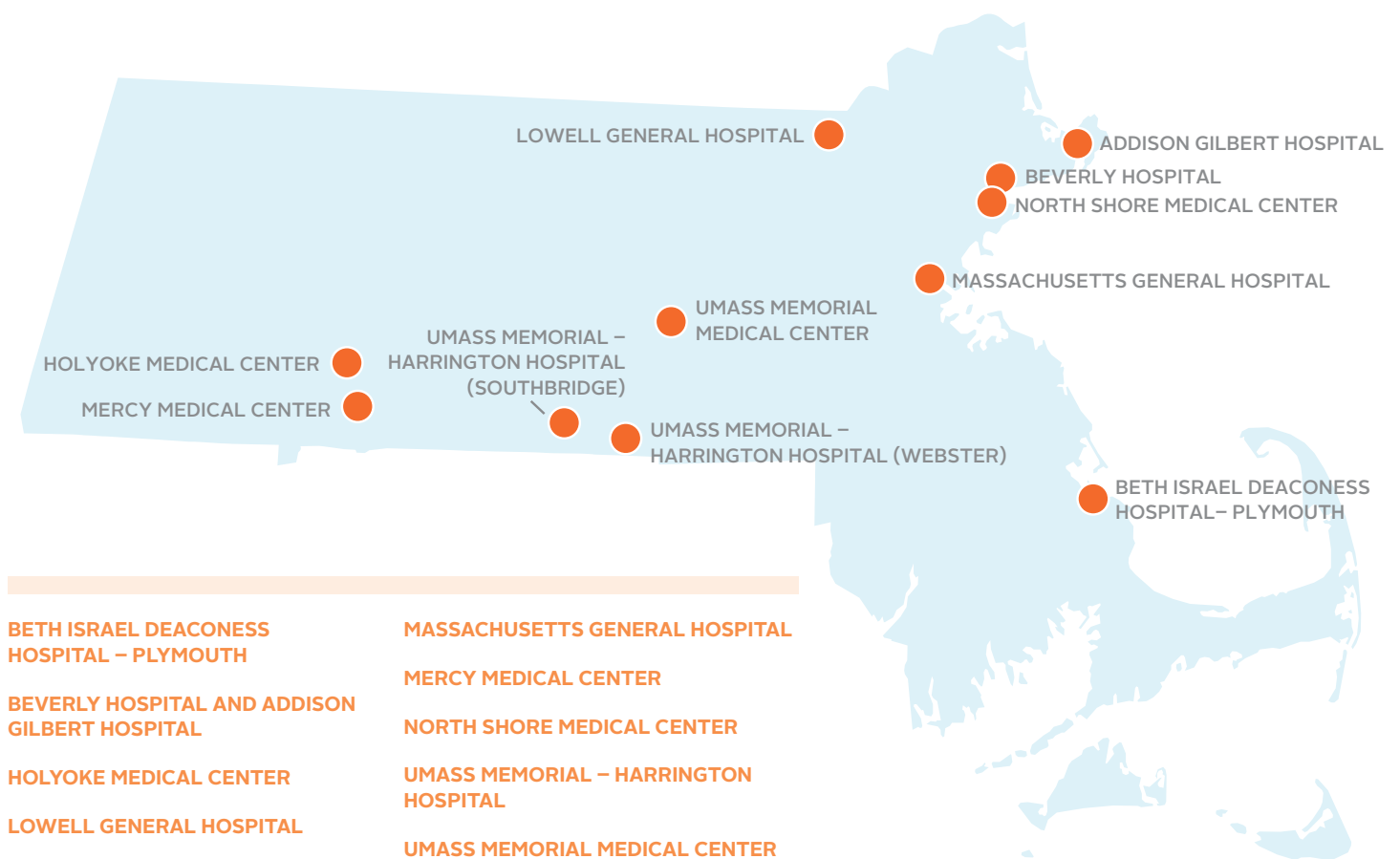
Partnered with the Gándara Center to offer bilingual mental health and substance use disorder services for Spanish-speakers, including recovery coaches and drop-in programs.



LOWELL GENERAL HOSPITAL

Deployed a multi-disciplinary team including a social worker and a community health worker to connect patients to social services.

SHIFT-CARE CHALLENGE OLD COHORT MAP



ABOUT THE MASSACHUSETTS HEALTH POLICY COMMISSION

The Massachusetts Health Policy Commission (HPC) is an independent state agency charged with monitoring health care spending growth in Massachusetts and providing data-driven policy recommendations regarding health care delivery and payment system reform. The HPC's mission is to advance a more transparent, accountable, and equitable health care system through its independent policy leadership and innovative investment programs. The HPC's goal is better health and better care – at a lower cost – for all residents across the Commonwealth.



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