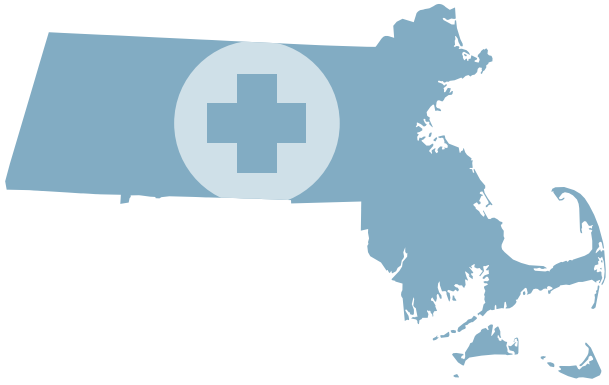
JUNE 2022

SHIFT-CARE CHALLENGE

Medication for Addiction Treatment (MAT) in the Emergency Department



FOREWORD TO THE EVALUATION REPORT

MASSACHUSETTS
HEALTH POLICY COMMISSION

FOREWORD

The Health Policy Commission (HPC) invests in transformative care models, designed both to improve care for patients and to support changes in provider organizations that are consistent with holistic, cost-effective care, inclusive of medical, behavioral health and social needs. The SHIFT-Care Challenge was one such initiative, investing up to $10,000,000 to support 15 provider organizations in their efforts to transform care delivery and reduce avoidable acute care utilization. Within that cohort, nine hospitals opted to focus specifically on increasing access to medication for addiction treatment (MAT) for opioid use disorder (OUD) in the emergency department (ED). The HPC contracted with Brandeis University to conduct an evaluation of the MAT initiation programs at these nine awardee hospitals, the results of which appear in the attached report. This brief foreword provides additional context about the design of the SHIFT-Care initiative and perspective on some of the findings in the evaluation.

The SHIFT-Care MAT initiative 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 initiating pharmacologic treatment in the ED: "Because that's where the patients are." 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, despite aspects of the ED setting that could be challenging for physicians, staff, and patients.

The SHIFT-Care MAT initiative produced encouraging results. As reported in the evaluation, MAT initiation rates increased at participating hospitals from 5.8% prior to SHIFT-Care to 11.6% of eligible ED visits during SHIFT-Care. Among patients who initiated MAT through SHIFT-Care, the overall 30-day engagement rate during the 18-month implementation period was 45%. This performance reflects notable improvement from baseline and is comparable to similar programs in other parts of the country.

All SHIFT-Care MAT programs inevitably experienced some challenges at varying points during their implementations. In designing the initiative, the HPC anticipated some of the issues hospitals might confront, specifically the ED's orientation towards short-term, focused treatment as opposed to ongoing, supportive care and, relatedly, physician and staff assumptions about what kind of care is appropriate for the ED. As such, SHIFT-Care applicants were asked not only to propose strategies for addressing operational challenges, but also to outline their plans for engaging ED clinical staff in project leadership and governance. They were also asked to articulate plans for securing endorsement from hospital leadership, recognizing that support from these stakeholders would be important to the success of their programs.

During the implementation period, awardee hospitals were asked to assess the barriers the HPC anticipated and identify any new ones they experienced. Through that process, awardees highlighted addiction stigma, ED logistics and processes, a lack of familiarity with OUD treatment protocols, and competing priorities and initiatives as additional challenges to implementation. In response, most awardees set aside significant resources, including staff time and funding, to hold a variety of trainings on these topics. These trainings included education on the urgency of the OUD crisis, administration of the clinical opiate withdrawal scale, buprenorphine prescribing practices, anti-stigma principles, and trauma-informed care strategies.

As they worked to address barriers to MAT initiation, awardees also made efforts to strengthen ongoing engagement with patients whose treatment was initiated in the ED. In so doing, they encountered a range of external barriers. For example, most awardees recognized that their patients were experiencing significant health-related social needs and thus carved out resources and established partnerships to provide food, transportation, and housing. These efforts, unsurprisingly, illuminated gaps in the continuum of behavioral health services, limited social supports for housing, systemic racism, and entrenched stigma and bias that exceeded the capacity of the programs to resolve on their own. Together, these factors continue to create a difficult environment for people experiencing OUD and the health systems that serve them.

The qualitative findings presented in the evaluation report speak powerfully to the day-to-day experience of engaging patients in OUD treatment and to the risks and benefits of using the ED as a point of initiation. Brandeis's analysis is particularly salient as it provides deep insights from patient and staff interviews and focus groups into the context in which the SHIFT-Care programs operated as well as the creative strategies that awardees used to achieve results in their unique contexts.

So long as a substantial number of people with OUD seek care in the ED, the ED will remain a critical – if imperfect – intervention point. The HPC's hope is that lessons from SHIFT-Care captured in this evaluation report provide important new information that can advance more widespread adoption of evidence-based treatment strategies to improve the lives of people suffering the effects of OUD.