Improving Treatment of Patients Who Inject Drugs

The Problem
There has been an increase of young people with IV heroin use presenting to the hospital with serious illness.

- Infectious endocarditis represents one of the most serious complications of injection drug use (IDU). Of the 102 patients with IDU and endocarditis admitted over ten years, 50 were readmitted. Of those 50, 28 had relapsed. We know 26 of the original 102 subsequently died, but this number is likely higher as deaths are not always reported to the hospital.
- The experience of people with IDU in the hospital is often complicated by uncontrolled pain, cravings causing continued drug use in the hospital and discharges against medical advice, and adversarial relationships with staff.
- Providers realized that drug addiction was not addressed during hospital treatment or in discharge plans. Of the 102 patients with IDU and endocarditis admitted over ten years, addiction was mentioned in 55.9% of discharge summaries and only 7.8% had a plan for medication assisted treatment (MAT; e.g., buprenorphine, methadone).

Aims/Goals
- First, the project aimed to integrate addiction care into the medical care of all patients with substance use disorders, and particularly opiate injection drug users with infectious disease.
- Second, the project aimed to improve continuity of care from the hospital to community or rehabilitation facility providers.
- Lastly, the project aimed to explore the possibility of BIDMC offering more comprehensive addiction services, both inpatient and outpatient.

The Team
- Multidisciplinary team from nursing, cardiology, cardiac surgery, medicine, infectious disease, social work, pain, ethics, and information services met monthly, with different disciplines taking on different projects.

The Interventions
- Created an Opioid Addiction page on the Portal for resources and information:
  - Harm reduction handouts for patients
  - Community resources for patients and families
  - Clinical information for providers
- Education and dissemination for providers:
  - Ethics rounds, palliative care panel, nursing continuing education
  - Creation of a clinical pathway to guide multidisciplinary team engagement in the treatment.
- Investigated feasibility of starting inpatients on MAT as maintenance medications.

The Results/Progress to Date
- Infectious Disease has bridged about 10 patients who started buprenorphine in the hospital until they would ideally connect with a community clinic.
- There are 146 page views to the Opioid Addiction page on the Portal.
- Social work actively seeking to connect patients with facilities to provide MAT for opioid-use disorder.

Lessons Learned
- There is a need for more education for all disciplines about various ways to care for injection drug users. Staff have been very receptive to increased information and support around addiction care. Many disciplines can have a positive impact.
- Outcome studies are difficult because we do not typically have contact with patients after they leave the hospital.
- There is a strong need for additional resources within the hospital and in the community for addiction care.

Next Steps/What Should Happen Next
- A larger, hospital-wide group has been created to improve the hospital’s addiction resources in inpatient and outpatient settings.
- The workgroup continues to meet to assess quality on certain cases and to coordinate education and research efforts. We welcome new members.
- Additional education efforts for providers are underway both within the hospital and in the medical community.
- Additional research of injection drug use and hospital-based intervention efficacy is underway.

For more information, contact:
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