

New care model closes significant gap in addiction treatment

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A new program at Boston Medical Center's Grayken Center for Addiction is showing that connecting patients to addiction treatment when they are hospitalized for other conditions can be a powerful tool in closing a gap in addiction treatment. In fact, early results show that many of these patients continue treatment after they are discharged, underscoring the importance of reaching patients who might otherwise

not get treatment for their addiction.

Approximately 17 percent of [patients](#) admitted at BMC have an active substance use disorder. This led providers to look for new ways to engage patients in [addiction treatment](#) when they were already here. To accomplish this, they developed and implemented an inpatient [addiction](#) consult service, which is staffed by a multidisciplinary care team with expertise in treating addiction.

"In order to help curb the epidemic, we need to take every opportunity to engage patients with substance use disorders and get them into treatment when they are ready," said study lead author Paul Trowbridge, MD, and graduate of BMC's addiction medicine fellowship. "This service will not only prove beneficial to patients, by helping them get access to evidenced-based treatment, but also to the health care system by reducing costs and readmissions."

Researchers found the initial results promising: Methadone treatment was initiated for 70 patients and 76 percent were linked to a methadone clinic upon discharge. Upon follow up, 54 percent were still receiving methadone at 30 days, 39 percent at 90 days, and 29 percent at 180 days. Buprenorphine was initiated in 40 patients as a result of the consult, and 49 percent were linked to an outpatient clinic at discharge. Upon follow up, 39 percent were still engaged in treatment at 30 days, 27 percent at 90 days and 18 percent at 180 days.

"Like heart disease can cause a heart attack or a stroke, addiction causes many acute injuries requiring immediate attention, but we can't simply treat that issue without delving deeper to address the root cause," said Alex Walley, MD, MSc, a general internist at BMC's Grayken Center for Addiction who also oversees the addiction medicine fellowship. "Our goal is to engage willing patients in treatment and work with them on a plan that will keep them healthy and safe now and in the future."

The authors note that treatment is not one size fits all and that there is a need for additional [treatment](#) programs and services that meet the needs of even more patients both in the short and long term.

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