

Fewer hospital programs address opioid abuse, study finds

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The damage done to America's health by the opioid epidemic is well-recognized and enormous, with drug overdose death rates helping to drive down U.S. life expectancy in recent years. Yet as the problem has

worsened, American hospitals collectively have seen a loss of programs dealing with substance abuse.

That's the finding of a new paper written by faculty in Ohio University's Heritage College of Osteopathic Medicine and College of Health Sciences and Professions, and published in the journal *Health Services Research*. Its authors are Cory Cronin, Ph.D., CHSP assistant professor of social and public health; Berkeley Franz, Ph.D., Heritage College assistant professor of social medicine; Daniel Skinner, Ph.D., Heritage College assistant professor of health policy; and Zelalem Haile, Ph.D., M.P.H., Heritage College assistant professor of epidemiology.

The study analyzed data for 3,365 acute-care hospitals across the country, from the 2010 and 2015 installments of the American Hospital Association Annual Survey. In the time between the two surveys, it found, these hospitals showed a net loss of in-patient and out-patient opioid-related programs, even as overdose deaths continued to climb.

While some hospitals added programs during this period, a greater number discontinued them. In 2010, a total of 334 hospitals surveyed offered in-patient services and 588 offered out-patient services, but by 2015 these numbers had dropped to 327 and 577, respectively.

"Hospitals are actually backing away from these services even while we have this discussion of an epidemic and the need for services for that," noted author Cronin. That could spell problems for patients with drug dependency, Franz added.

"Hospitals play a critical role in the substance abuse services they provide and also in their ability to connect patients with local treatment and harm reduction services," she said. "We need to better understand how to support hospitals, especially in rural areas, to participate in the local opioid service infrastructure."

Why are hospitals shedding opioid programs? The paper reviews some of the more important factors that may influence a decision on whether to add, drop or continue such programs. Factors that make a [hospital](#) more likely to offer them include having more beds (larger size); being nonprofit or having a religious affiliation; being in a county with higher household income; and being in a county designated Appalachian. Hospitals are less likely to provide such substance-abuse services when their home county contains a psychiatric facility.

Hospital size, the study says, may affect a hospital's perception of its ability to afford an opioid program, while the effect of county income levels could reflect that "hospitals are more likely to offer these services if they are more confident in their patients' ability to pay."

Nonprofit public ownership and/or [religious affiliation](#), the study says, may make hospitals "more likely to consider themselves safety net providers," and thus more willing to address the opioid crisis. "It is also likely that they are simply better situated to carry out the kind of collaborative team-based work that this treatment requires," it adds.

That having a psychiatric facility in its county makes a hospital less likely to offer opioid services, the study argues, may indicate that "if other local entities exist, hospitals may not see offering [substance abuse](#) disorder services as their responsibility beyond stabilizing acutely ill patients in the emergency room." And the fact that Appalachian counties are less likely to have such psychiatric facilities may account for hospitals in those counties being more apt to offer drug programs.

The paper calls for more research on how delivery models and payment incentives might encourage more hospitals to proactively address the opioid crisis and partner with other community-based organizations. It notes that federal law already requires nonprofit hospitals to develop programming to address needs identified through Community Health

Needs Assessments, but that associated regulations are vague and often lack oversight. Reforming this process to provide more guidance and enforcement could encourage more hospital [opioid](#) programming, it suggests.

More information: Cory E. Cronin et al. Hospitals and substance use disorder services in the time of the opioid epidemic, *Health Services Research* (2019). [DOI: 10.1111/1475-6773.13116](https://doi.org/10.1111/1475-6773.13116)

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