

# Facilitating the Transition from Hospital to Sub-Acute Residential Care

Presented at ASAM Annual Conference 2024, April 7, 2024



# Learning Objectives

- Understand the rising prevalence of acute biomedical sequelae of addiction
- Explore healthcare system strategies for promoting treatment retention and continuity of care during the transition from acute to sub-acute care
- Understand the new ASAM Criteria Level 3.7 BIO and its purpose in promoting improved treatment retention and continuity of care
- Explore the policy, payment, and staffing challenges that need to be addressed to support implementation of the new ASAM Criteria Level 3.7 BIO

# Trends in Acute Sequelae of Addiction

**Anika Alvanzo, MD, MS, FACP, DFASAM**



# Disclosure Information

## Facilitating the Transition from Hospital to Sub-Acute Residential Care

Sunday, April 7, 2024 10:15 AM

Anika A. H. Alvanzo, MD, MS, FACP,  
DFASAM

- ✦ Principal, Health Management Associates
- ✦ Addiction Medicine Physician, AbsoluteCare
- ✦ No Disclosures



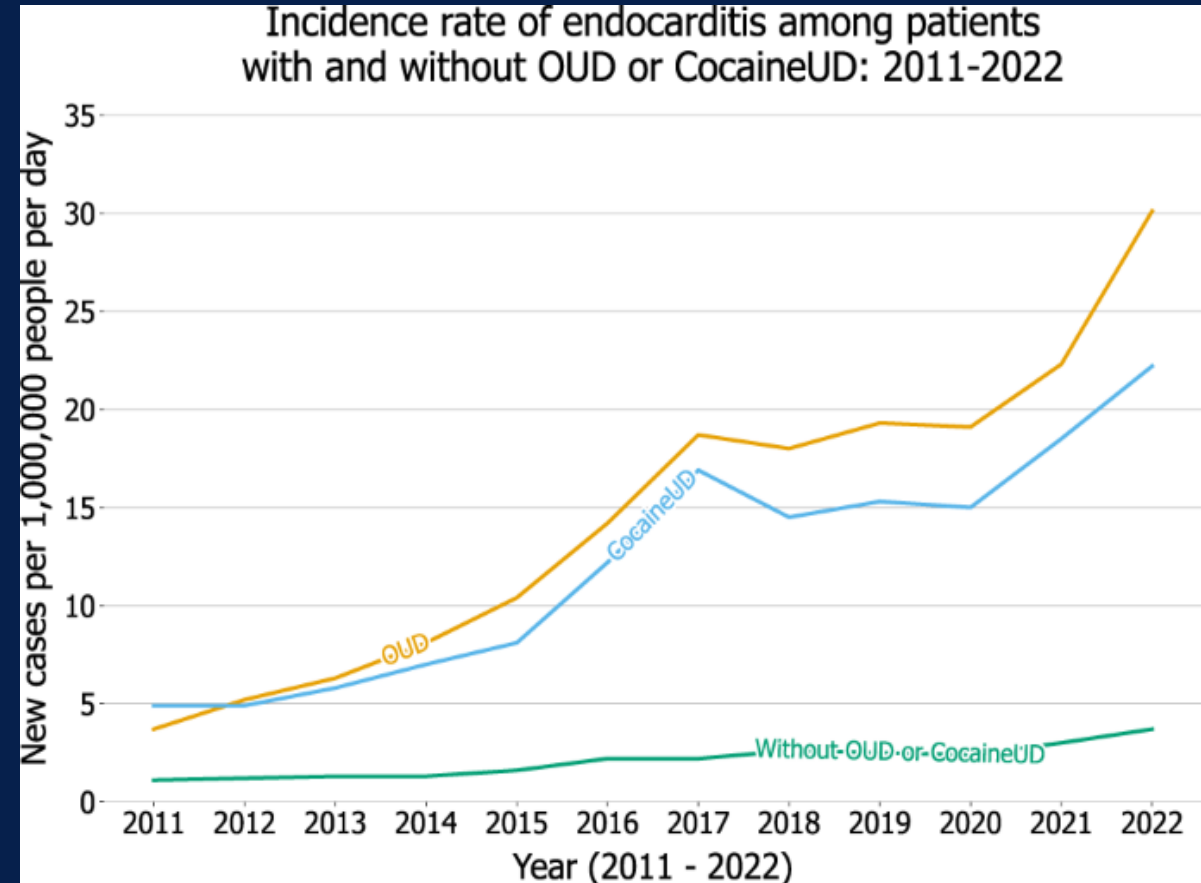
# Acute Sequelae of Substance Use

- ✦ Substance use is commonly associated with acute care needs
  - ✦ Overdose
  - ✦ Severe withdrawal syndromes
  - ✦ Infections
- ✦ Some acute concerns require extended hospital or sub-acute care
  - ✦ Infective endocarditis
  - ✦ Skin and soft tissue infections
    - Severe wounds

# Rising Prevalence of Infective Endocarditis

☀️ 2011- 2022

- ☀️ Five-fold increase among patients with opioid use disorder (OUD)
- ☀️ Three-fold increase among patients with cocaine use disorder (CUD)



1. Wang, L., Volkow, N.D., Berger, N.A. et al. Association of COVID-19 with endocarditis in patients with cocaine or opioid use disorders in the US. *Mol Psychiatry* 28, 543–552 (2023). <https://doi.org/10.1038/s41380-022-01903-1>

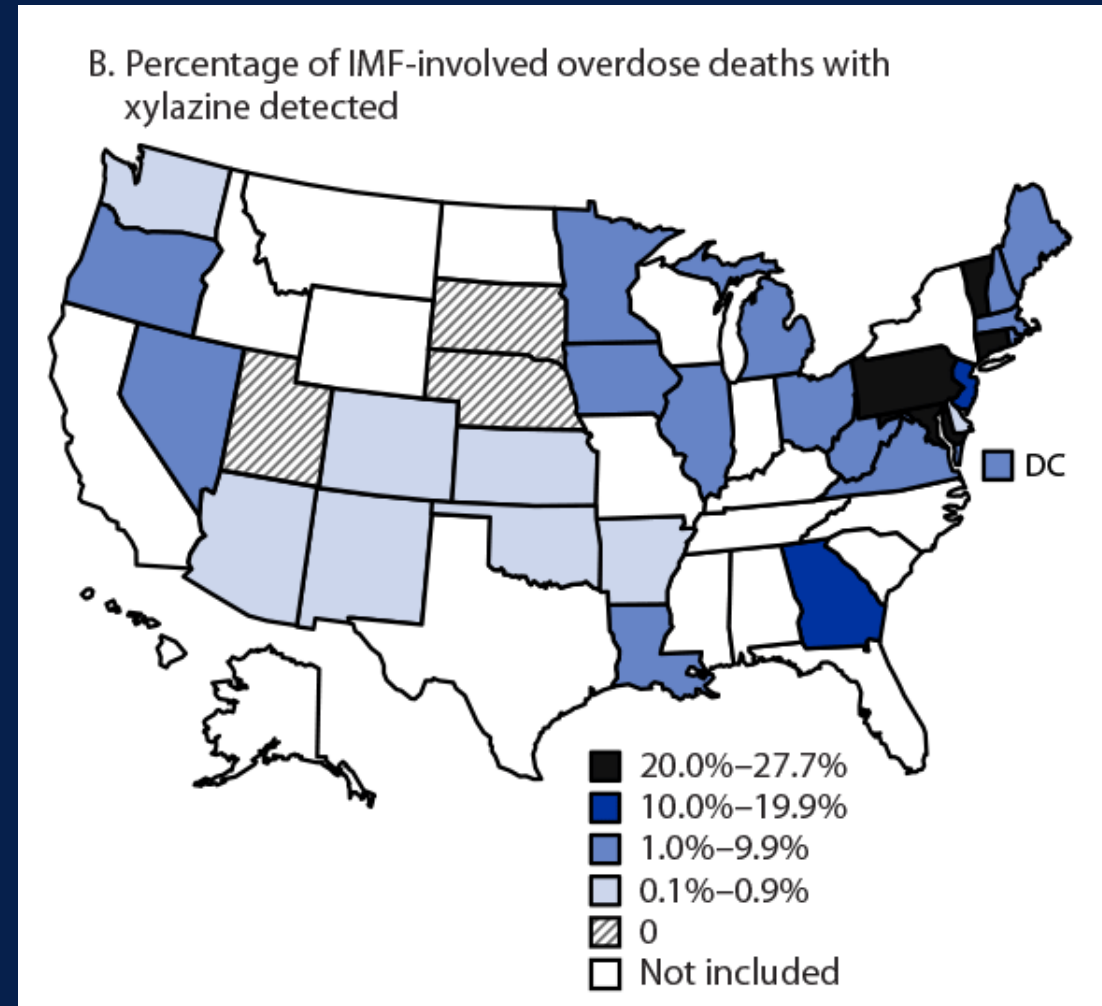
# Prevalence of Skin & Soft Tissue Infections

- ☀ Skin and soft tissue infections are the most common infectious complication among people who inject drugs (PWID)
  - Lifetime prevalence in PWID is up to 69%
- ☀ Crude national estimates of 155,000–540,000 skin infections among PWID annually
  - ~98,000 hospitalizations and ED visits annually

# Emergence & Spread of Xylazine

## ("Tranq")

- ☀️ Veterinary agent used for sedation, muscle relaxation, and analgesia
  - Not approved for human use
- ☀️ Synergistic effect with opioids
  - Bradycardia
  - Hypotension
  - Sedation
- ☀️ Increasingly found as an adulterant in the illegal drug supply
  - Increased reports "Anestecia de caballo" in Puerto Rico in early 2000's
  - Philadelphia reported 7 xylazine-associated fatal overdoses in 2006
  - By Nov 2022 found in 48 of 50 states
- ☀️ Xylazine in overdose deaths, 2019
  - ☐ 99% of xylazine-associated overdoses deaths had fentanyl
  - ☐ 32% had cocaine
  - ☐ 12% had methamphetamine
- ☀️ Involved in nearly 9% of illicitly manufactured fentanyl-related overdose deaths between January 2021 – June 2022



- Friedman J, Montero F, Bourgois P, et al. Xylazine spreads across the US: A growing component of the increasingly synthetic and polysubstance overdose crisis. *Drug and alcohol dependence*. 2022;233:109380.
- Kariisa M et al. Illicitly Manufactured Fentanyl–Involved Overdose Deaths with Detected Xylazine — United States, January 2019–June 2022. *MMWR Morb Mortal Wkly Rep* 2023;72:721–727.
- Kariisa M et al. Notes from the Field: Xylazine Detection and Involvement in Drug Overdose Deaths - United States, 2019. *MMWR*. 2021;70:1300-1302



# Xylazine-associated Wounds

- Injection associated with skin ulceration
- Often with black eschars
- Can be distant from the injection site

“I’d wake up in the morning crying because my arms were dying.”

“The tranq dope literally eats your flesh. It’s self-destruction at its finest.”



# Treatment Chasm

- ☀ Patients require extended hospital or sub-acute care
  - ☀ Many Skilled Nursing Facilities (SNFs) will not admit patients with severe SUD
  - ☀ Many hospitals and SNFs not equipped to treat the underlying SUD
  - ☀ Many patients self-discharge, resulting in high rates of readmission and death<sup>3,4</sup>
- ☀ Current 3.7 Residential Programs
  - ☀ May refuse to admit complex patients
  - ☀ Most cannot provide IV antibiotics or advanced wound care services



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- Rosenthal ES, Karchmer AW, Theisen-Toupal J, Castillo RA, Rowley CF. Suboptimal Addiction Interventions for Patients Hospitalized with Injection Drug Use-Associated Infective Endocarditis. *Am J Med*. 2016 May;129(5):481-5. doi: 10.1016/j.amjmed.2015.09.024. Epub 2015 Nov 18. PMID: 26597670.
- Simon R, Snow R, Wakeman S. Understanding why patients with substance use disorders leave the hospital against medical advice: A qualitative study. *Subst Abus*. 2020;41(4):519-525. doi:10.1080/08897077.2019.1671942

# References

1. Wang, L., Volkow, N.D., Berger, N.A. *et al.* Association of COVID-19 with endocarditis in patients with cocaine or opioid use disorders in the US. *Mol Psychiatry* 28, 543–552 (2023). <https://doi.org/10.1038/s41380-022-01903-1>
2. See, I. *et. al.* 2020. *JID* 2020;222(S5):S429–36; Larney, S., *et. al.*, 2017. *Drug and Alcohol Dependence* 171, 39–49;
3. Friedman J, Montero F, Bourgois P, *et al.* Xylazine spreads across the US: A growing component of the increasingly synthetic and polysubstance overdose crisis. *Drug and alcohol dependence*. 2022;233:109380.
4. Kariisa M *et al.* Illicitly Manufactured Fentanyl–Involved Overdose Deaths with Detected Xylazine — United States, January 2019–June 2022. *MMWR Morb Mortal Wkly Rep* 2023;72:721–727.
5. Kariisa M *et al.* Notes from the Field: Xylazine Detection and Involvement in Drug Overdose Deaths - United States, 2019. *MMWR*. 2021;70:1300-1302
6. Hoffman. *New York Times*, Jan 7, 2023
7. Ehrman-Dupre, Rachel MD; Kaigh, Caroline MD; Salzman, Matt MD; Haroz, Rachel MD; Peterson, Lars-Kristofer MD; Schmidt, Ryan MD. Management of Xylazine Withdrawal in a Hospitalized Patient: A Case Report. *Journal of Addiction Medicine* 16(5):p 595-598, 9/10 2022. | DOI: 10.1097/ADM.0000000000000955
8. Rosenthal ES, Karchmer AW, Theisen-Toupal J, Castillo RA, Rowley CF. Suboptimal Addiction Interventions for Patients Hospitalized with Injection Drug Use-Associated Infective Endocarditis. *Am J Med*. 2016 May;129(5):481-5. doi: 10.1016/j.amjmed.2015.09.024. Epub 2015 Nov 18. PMID: 26597670.
9. Simon R, Snow R, Wakeman S. Understanding why patients with substance use disorders leave the hospital against medical advice: A qualitative study. *Subst Abus*. 2020;41(4):519-525. doi:10.1080/08897077.2019.1671942

# Facilitating the Transition: Level 3.7 BIO in *The ASAM Criteria*, Fourth Edition

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Chief Medical Officer, Brightview Health



# Disclosure Information

## Facilitating the Transition from Hospital to Sub-Acute Residential Care

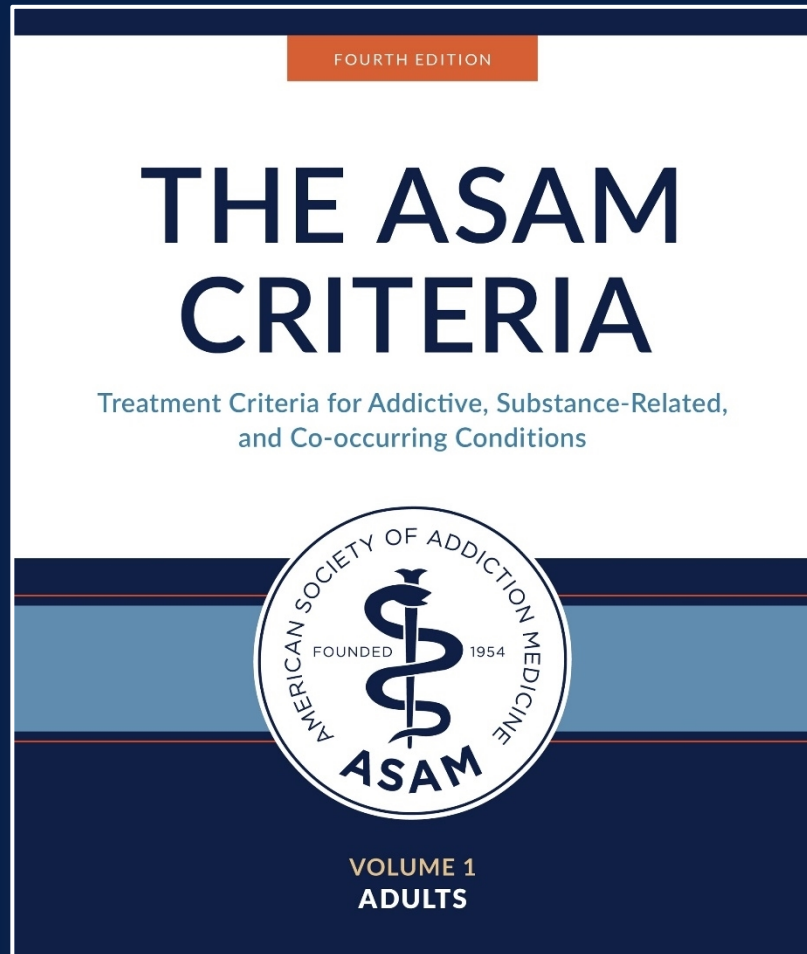
Sunday, April 7, 2024 10:15 AM

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- ☀ Chief Medical Officer – Brightview Health
- ☀ No Disclosures



# 4<sup>th</sup> Edition of The ASAM Criteria



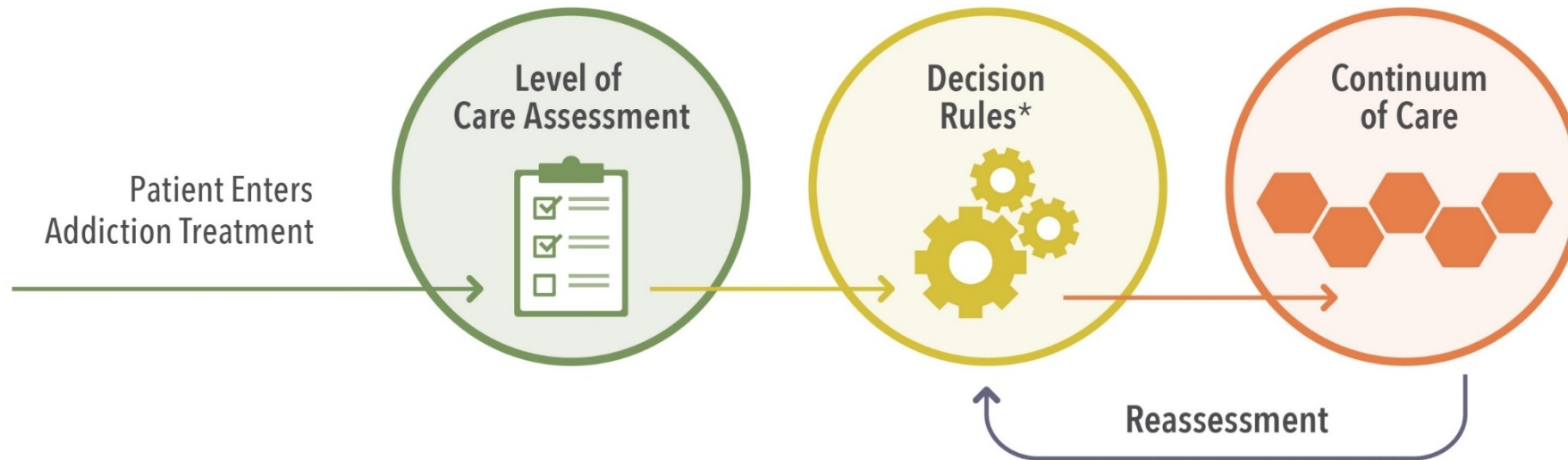
- ☀ Framework for organizing the SUD treatment system
- ☀ Updated standards reflect the current state of science and practice
- ☀ Patient centered
- ☀ Biopsychosocial model
- ☀ Focus on integrated medical and mental health care

Waller RC, Boyle MP, Daviss SR, et al, eds. The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-occurring Conditions, Volume 1: Adults. 4th ed. Hazelden Publishing; 2023.



# Core Components of The ASAM Criteria

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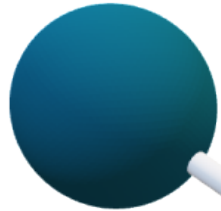


\* Decision rules include the Dimensional Admission Criteria and the transition and continued service criteria.

# Components of Addiction Treatment

## Medical Care (D1, 2 and 3)

Medications, WM, ID  
and pain management



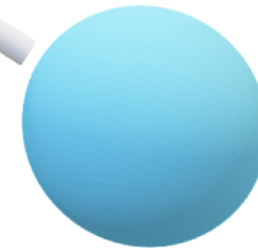
## Psychoeducation (D4 and 5)

Didactics, structured,  
group focused



## Psychotherapy (D3, 4 and 5)

CBT, DBT, EMDR,  
etc.



## Addiction Treatment Supports (D5 and 6)

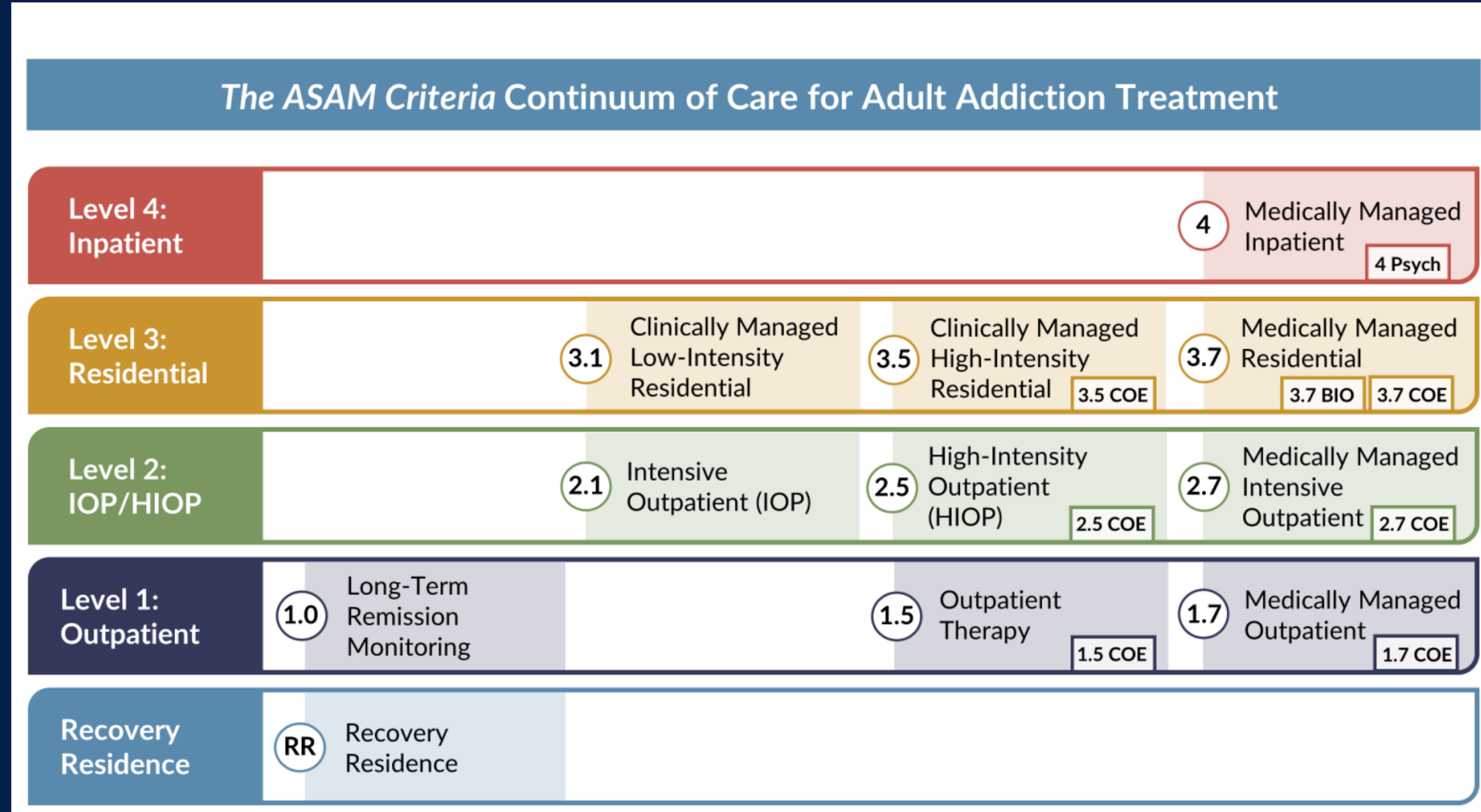
Supportive aspects  
of treatment





# Integrated Medical Care

- ☀ Medical management
- ☀ withdrawal
- ☀ intoxication
- ☀ biomedical comorbidities
- ☀ psychiatric comorbidities





## **Level 3.7 – Medically Managed Residential**

Medical management with 24-hour  
nurse monitoring

Initiation of psychosocial services for  
SUD



## **Level 3.7 BIO – Biomedically Enhanced Medically Managed Residential**

Intravenous fluids and medications

PICC line management

Vacuum assisted wound closure

# Implementation Challenges

- ☀ Regulatory barriers
- ☀ Payment models
- ☀ Staff training and oversight
- ☀ Development of policies, procedures, checklists

# References

1. Waller RC, Boyle MP, Daviss SR, et al, eds. The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-occurring Conditions, Volume 1: Adults. 4th ed. Hazelden Publishing; 2023.



# New ASAM LOC 3.7 in Real Time

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Chief Medical Officer – Landmark Recovery

President – Tennessee Society of Addiction Medicine

No disclosures



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- ☀ Chief Medical Officer – Landmark Recovery
- ☀ President – Tennessee Society of Addiction Medicine
- ☀ No Disclosures



# Landmark Recovery

- ☀️ Community based, medically monitored residential units of varying sizes
  - WDM
  - RTC
- ☀️ 10 facilities in 8 operating states
  - VA, TN, KY, OH, IN, MI, AR, CO
- ☀️ Headquartered in Franklin, TN
- ☀️ 60% alcohol related, 30% and rising opioid related, 10% hodgepodge

# LR Medical Leadership

## ☀ CMO

## ☀ Regional Medical Directors

- Clinically supervise APPs/nursing
- BE/BC in Addiction Medicine or Addiction Psychiatry
- Extensive experience in physical/mental/and behavioral health



# LR Facility Staffing Leadership

- ☀ 1 Executive Director
- ☀ 1 Assistant Executive Director
- ☀ 1 Director of Nursing
- ☀ 1 Clinical Director
- ☀ 1 Patient Engagement Manager (PEM)

# Other LR facility staff

- ☀ APPs
- ☀ Floor nurses
- ☀ Patient Engagement Specialists
- ☀ Individual/Group therapists
- ☀ Patient Navigators

# Typical Comorbid Conditions at LR

- ☀ DM I and II
- ☀ HTN
- ☀ CAD
- ☀ Endocarditis +/- s/p valve replacement
- ☀ Xylazine skin ulcerations
- ☀ Methamphetamine induced psychosis
- ☀ Hepatitis C/HIV
- ☀ S/p transplant
- ☀ ESRD/ESLD
- ☀ Bipolar/schizophrenia/mood disorders/personality disorders

# Breaking Down Barriers

- ☀️ March 2023, identified key opportunities in the organization
  - Pregnant women admissions
  - More complex medical/psychiatric admissions
  - Relationships with acute HLOC within region
  - Discharge planning
    - Improving attrition rates between levels of care

# To service more complex patients...

## 1. Staffing

- 40 hours providers in house
- RN's staffed on every shift

## 2. Training

- ACLS/BLS
- Policies and procedures

## 3. Resources

- Crash cart, DME

## 4. Accountability/supervision

- Monthly drills and response documentation

# Emergency Response

- ☀️ ACLS mandates for all medical staff April 2023
  - DONs trained as trainers for both ACLS/BLS
  - New staff certified within 90 days
- ☀️ Purchased crash carts from McKesson
- ☀️ 7 core emergency drill algorithms; monthly randomized assessments
  - Seizure
  - Fall
  - First Aid
  - Respiratory Distress/Arrest
  - Cardiac Arrest
  - Psychosis
  - Behavioral
- ☀️ DME purchased by McKesson
  - 6/12 lead EKG, IV tubing, IVF, non-invasive airways, nonrebreather, nasal cannula, oxygen concentrator, etc



# Pregnancy Protocol – March 2023

- ☀️ Admit pregnant women up to 24 weeks gestation for:
  - Opioid withdrawal/use disorder, stimulant use disorders, non-gabenergic mediated withdrawal syndromes except for case-by-case basis
- ☀️ Protocol orders reflect best practices per ACOG/ASAM
- ☀️ If admitting 2nd trimester, needs established OB and ROI on admission
- ☀️ PNs work to establish follow up to MFM/OB/MH/PCP upon discharge

# Successes to Date

- Higher morale and job satisfaction
- >80% conversion rate
- Improved relationships with HLOCs in regions



# Barriers Experienced

- ☀ Cost
- ☀ Quality/experience of facility staffing
- ☀ Availability of medications by pharmacy
- ☀ Restrictions by state regulators
- ☀ MCO per diem rates without carve outs

# Payer Perspective – Transitioning from Acute to Subacute BIO Services

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- ☀ No Disclosures



# Payer Perspective – Transitioning from Acute to SubAcute BIO services

- Approximately 30% of commercial members admitted to ASAM level 3.7 for WM services required ASAM level 4 or acute care hospitalization during or immediately following a 3.7WM admission (Optum commercial data discharges 2022).
- The volume increased post COVID when many facilities had remote physicians doing admission review.
- Most payers have the ability to track the % of members who discharge on MOUD/MAUD from ASAM level 4 and ASAM level 3.7 services. This number has been historically low (>10%) but in recent years we have seen a slight uptick (>13%) as MOUD/MAUD at discharge factors into Center of Excellence met/Platinum Preferred methodology for many payers and is encouraged.
- Payors also track on members who leave AMA from inpatient/residential levels of care. The number one reason why members site that they left a program AMA is that their “withdrawal symptoms are not being adequately medicated in the setting”. AMA discharges is also a metric tracked by payers for their Center of Excellence/Platinum Preferred methodology.

# Payer Perspective – Transitioning from Acute to SubAcute BIO services

- Payors will reimburse for necessary medical services in a subacute setting however it is necessary to understand what services are being provided, by whom and in what frequency so the reimbursement rates are commensurate with the services being provided.
- All programs are not the same and if the program is providing additional or enhanced BIO services then they should be compensated for those services.
- Because many plans cover medical, behavioral and RX through separate health plans it is important for the provider to work with their payer contractor to advise them of the additional medical services included in their program.
- For some programs it may be necessary to obtain a contract with the medical carrier in addition to the behavioral carrier.

# References

1. Optum commercial data discharges, 2022



# Final Takeaways/Summary

- ☀ Strategies are needed to provide sub-acute care services concurrent with SUD treatment
- ☀ The 4<sup>th</sup> Edition of The ASAM Criteria proposes a new level of care, Level 3.7 BIO, to facilitate transitions from acute to sub-acute care and improve engagement and retention in SUD treatment