

Assessing CL-Psychiatry Rates and Barriers to Recommending Naloxone and Opioid-Agonist Medications for Medically Hospitalized Patients with Opioid Use Disorder

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Introduction

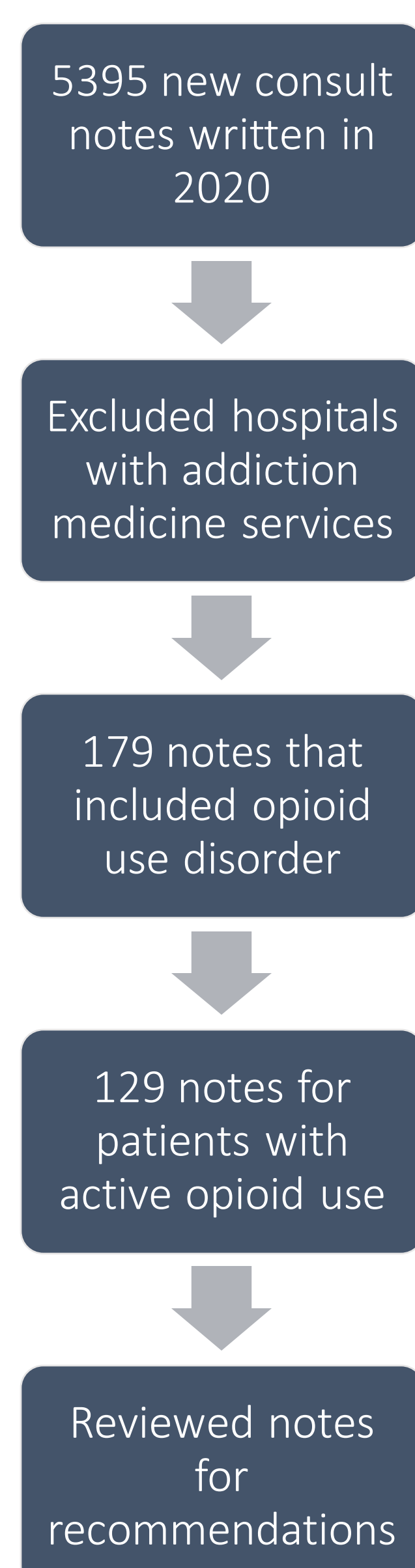
- Hospitalizations of patients with opioid use disorder (OUD) represent opportunities for initiating evidence-based treatments to improve post-discharge outcomes.
 - Medications for OUD (MOUD)
 - Naloxone kits for overdose (OD prevention)
- Consultation-liaison (CL) psychiatrists evaluate patients w/OUD, creating critical opportunities to provide life-saving interventions at point of care.

Aims

- To determine if CL psychiatrists within our health system are recommending MOUD and naloxone to patients with active opioid use
- To identify barriers and strategies to improve these practices.

Methods

Chart Review



Survey

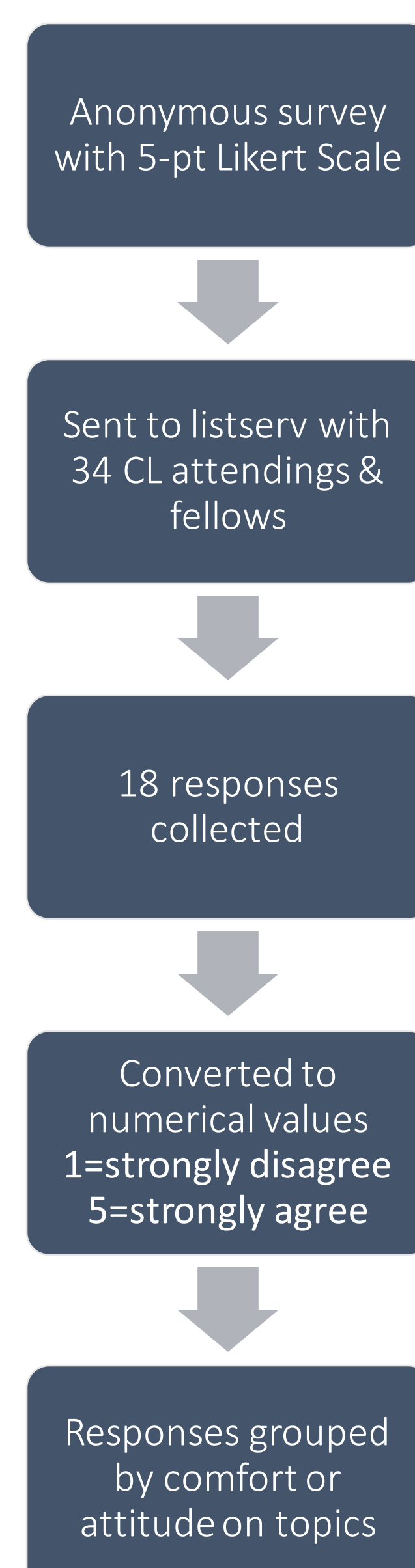


Chart Review Results

Demographics	
Patients with active opioid use disorder (n)	129
Gender (n female (%))	65 (50.4%)
Age in years (average (range))	40.9 (21 – 73)
Marital Status (n married (%))	9 (7.0%)
Already prescribed MOUD (n (%))	29 (22.5%)

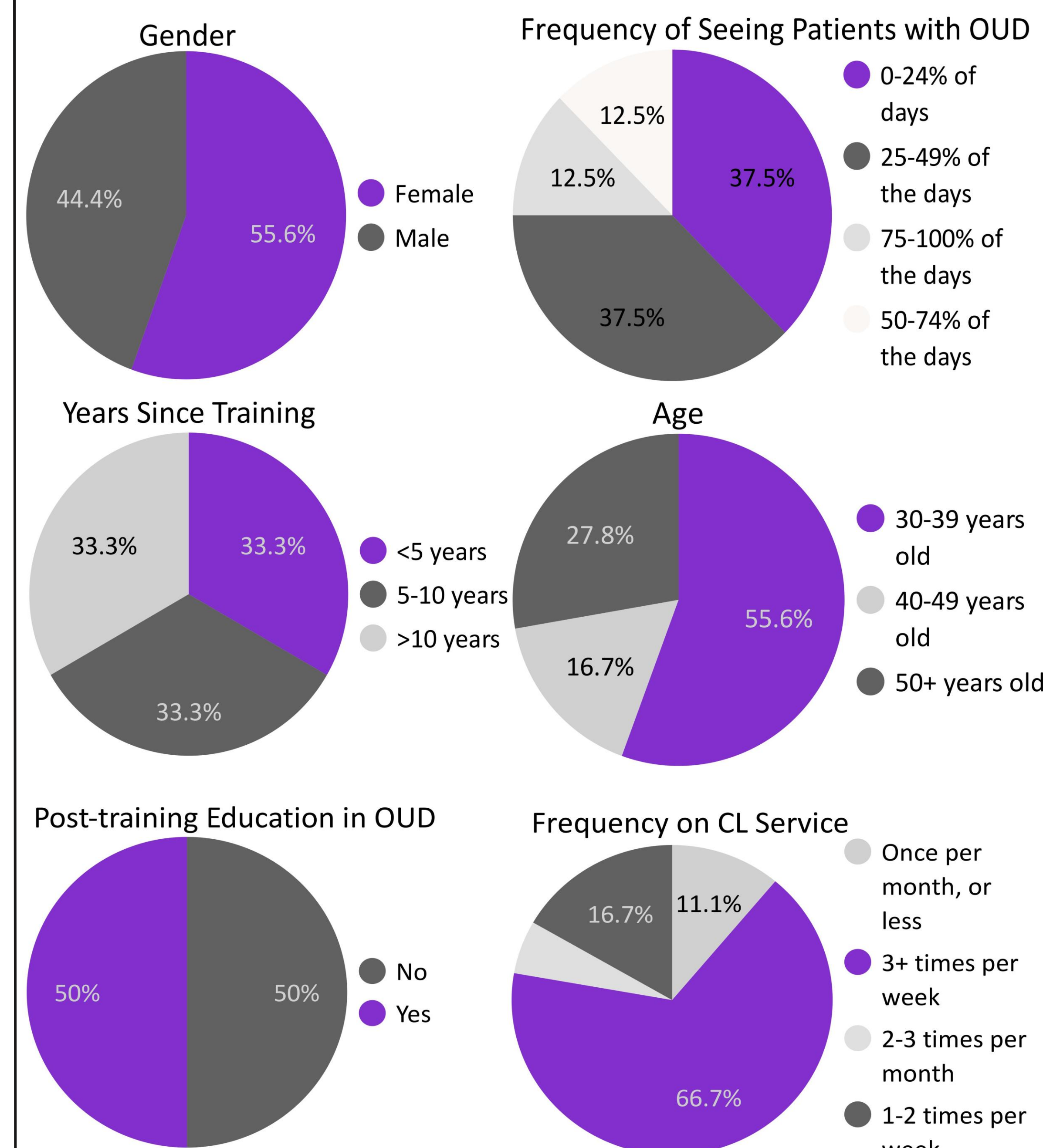
Patients with active opioid use (n (%))	
Patient not on MOUD – CL made MOUD recs	56 (56%)
Recommended naloxone	11 (8.5%)

Average time to consult order (mean days (95% CI))	
All	1.5 (.9 - 2.1)
Not currently on MOUD	1.4 (.8 - 2.0)
Received MOUD recs	2.1 (1.1 - 3.1)
Did NOT receive MOUD recs	0.4 (.3 - .6)

Average length of stay (mean days (95% CI))	
All	8.8 (6.6 - 10.9)
Not currently on MOUD	9.7 (7.1 - 12.4)
Received MOUD recs	11.6 (7.6 - 15.6)
Did NOT receive MOUD recs	7.3 (4.3 - 10.3)

Results

Survey Demographics



Survey Scores

Attitudes and Comfort Likert score (1-5) (mean (95% CI))	
Attitudes about MOUD	4.33 (4.10 - 4.57)
Attitudes about OD prevention	4.81 (4.37 - 5)
Comfort discussing MOUD	3.86 (3.49 - 4.23)
Comfort initiating MOUD	3.96 (3.76 - 4.16)
Comfort discussing OD prevention	3.89 (3.53 - 4.25)
Comfort recommending naloxone	4.63 (4.29 - 4.96)
Comfort arranging follow-up	4.56 (4.33 - 4.79)
Perceived benefit from education topics Likert score (1-5) (mean (95% CI))	
Methadone	4.61 (4.23 - 4.99)
Buprenorphine	4.78 (4.53 - 5)
Naloxone and OD prevention	4.33 (3.96 - 4.71)

Discussion

- Most CL psychiatrists see patients with OUD frequently
- Need to ↑ recs for MOUD and OD prevention
- Consults prior to withdrawal symptoms emerging may confound recommendations
- CL psychiatrists believe in importance of MOUD and take-home naloxone
- Improvement needed in discussing/initiating MOUD, discussing OD prevention
- Mismatch between comfort discussing OD prevention and recommending naloxone
- No interaction between attitudes, comfort, and time since completing residency/fellowship, MOUD training since residency, or clinical site

Limitations

- Did not include follow-ups
- Does not account for primary teams ordering
- Attendings may not document verbal recs or orders placed
- Perceived knowledge may not equal actual knowledge

Future Directions

- Mismatch between attitudes, comfort, and practice
- Semi-structured key-stakeholder interviews
- Possible interventions: training sessions, 1:1 coaching, pre-made order sets

Citations

Herscher M, Fine M, Navalurkar R, Hirt L, Wang L. Diagnosis and Management of Opioid Use Disorder in Hospitalized Patients. Med Clin North Am. 2020 Jul;104(4):695-708.