

Secondary outcomes from the Substance Use Treatment and Recovery Team (START) Multisite RCT to Improve Care for Hospitalized People with Opioid Use Disorder

INTRODUCTION

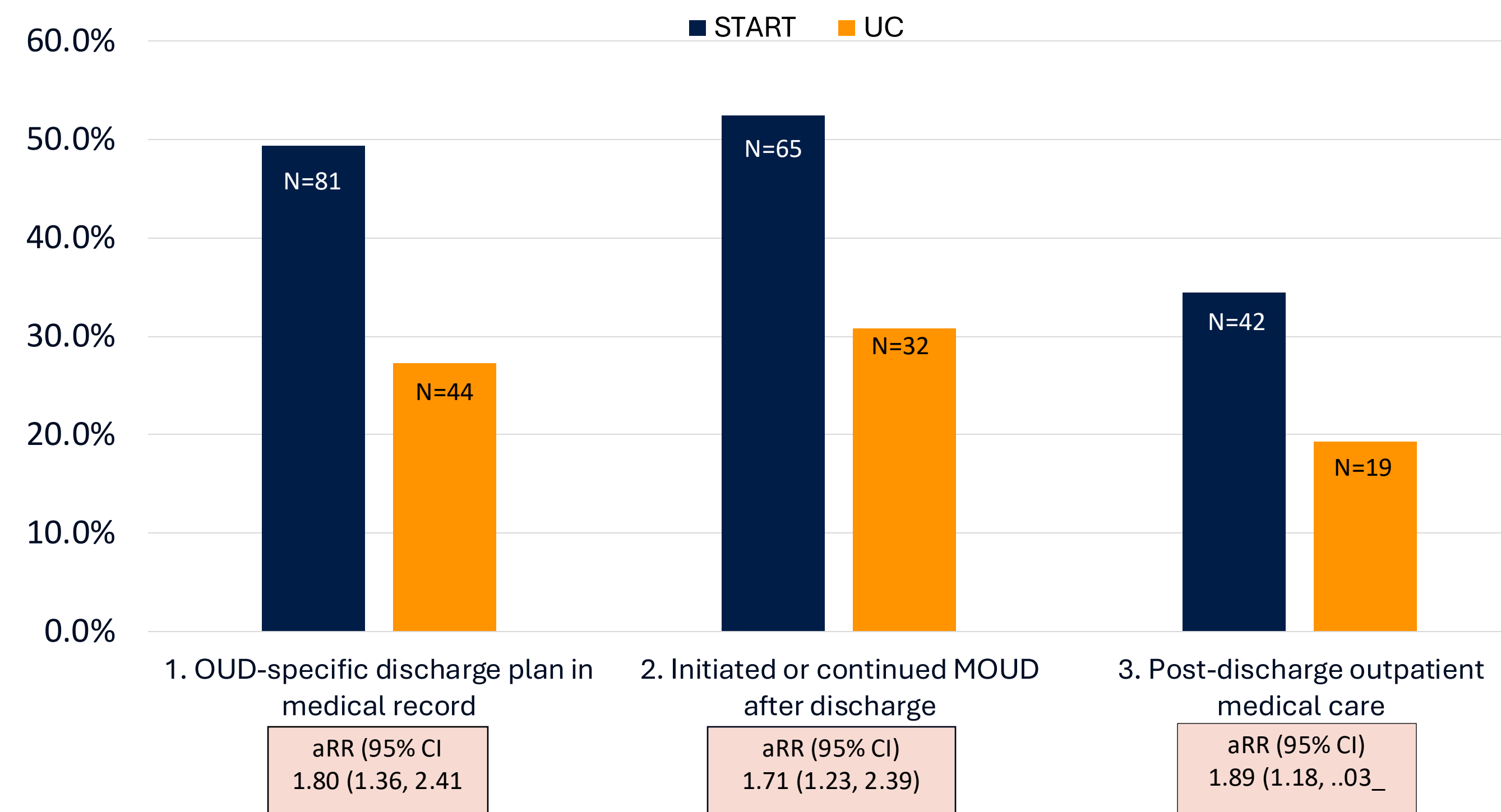
- Substance use disorders, especially OUD, are prevalent and costly in inpatient settings, but often remain unaddressed during hospitalization.
- Despite MOUD effectiveness, initiation in hospitals and post-discharge continuation are infrequent.
- Inpatient addiction consultation service (ACS) programs show potential to improve discharge planning, care continuity, and patient outcomes, including substance use reduction.

METHODS

- The START was a collaborative-care-based ACS consisting of a care manager and addiction medicine specialist.
 - 325 patients with OUD (age ≥ 18 yrs) were randomized to START or usual care (UC).
 - 228 (71%) completed 1-month post-discharge interview.
 - Secondary outcomes included:
 1. OUD-specific discharge plan in medical record;
 2. Initiated or continued MOUD after discharge*;
 3. Post-discharge outpatient medical care*;
 4. Change in opioid use-days in past 30 days at follow up*.
- *by self report*
- Analyses: Adjusted Risk Ratios (aRR) and Incidence rate ratios (aIRR) were estimated.

RESULTS

Figure 1. Secondary outcomes 1,2,3



	START	UC	iRR ^{a,c} 95% CI
4a. Opioid use-days in past 30 days ^d	N=120 Median (Q1, Q3) 0 (0, 10)	N=102 Median (Q1, Q3) 0 (0, 14)	1.25 (0.64, 2.43)

	START	UC	iRR ^{a,c} 95% CI
4b. Change in opioid use-days in past 30 (follow-up - baseline) ^e	N=120 Median (Q1, Q3) -13 (-30, 0)	N=102 Median (Q1, Q3) -4.5 (-30, 0)	--

^a Adjusted RR or IRR for stratification variables: site and prior MOUD exposure (neither significant for secondary outcomes 1-3; site significant for secondary outcome 4: p = 0.021) 4); Secondary outcome 4 also includes baseline opioid use-days (p = 0.0026).

^b Risk ratios calculated from Poisson regression models for Secondary Outcomes 1-3.

^c Incidence rate ratio calculated from negative binomial regression model for Secondary Outcome 4.

^d Opioid use-days ranges from 0 to 120 days across four types of opioids.

^e Change in opioid use-days ranges from -120 to 120 days across four types of opioids.

CONCLUSIONS

- The START ACS had a significant positive impact on key aspects of OUD care and patient outcomes.
- START participants showed markedly improved rates of OUD-focused discharge planning, and after discharge, greater initiation or continuation of MOUD, and engagement in care.
- No differences were seen in opioid use-days between the groups following the intervention.
- These findings underscore the primary study results which showed that START had a significant positive effect on treatment initiation.
- These results that inpatient ACS can benefit patients without OUD beyond MOUD initiation and linkage to follow-up care

AUTHORS & DISCLOSURES

Page K, Murray-Krezan C, Anderson J, Huerta S, Friedmann PD, Osilla K, Ryzewicz S, Hoskinson RA, Peltz A, Mazer M, Ober A, Danovitch I, and the START research team.



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