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**CHIP Title:** Time to ACT: Reducing Mortality and Readmissions for Hospitalized Patients seen by the Addiction Care Team (ACT)

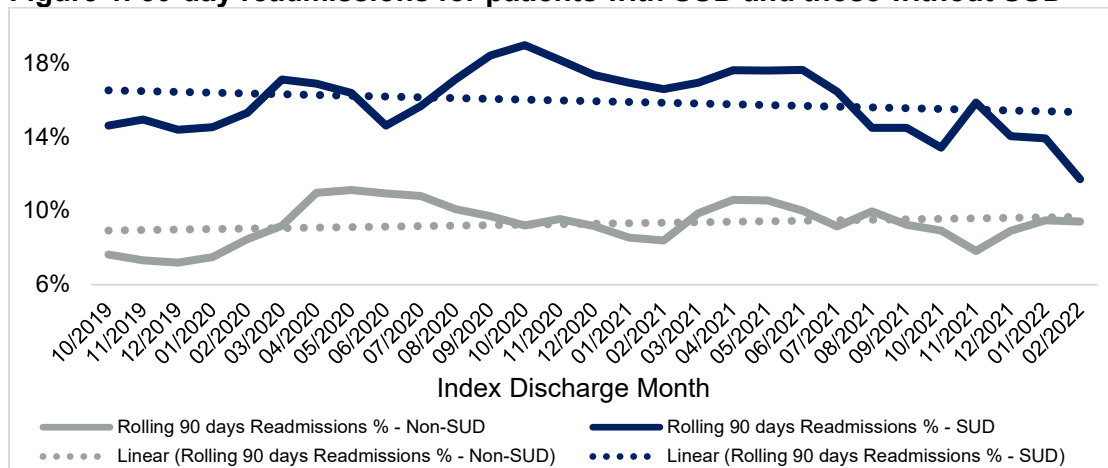
### Project Description:

We face an escalating addiction epidemic, with more than 100,000 people dying of drug-related overdoses in the US in 2021—the highest number of deaths ever recorded. San Francisco has the highest overdose death rate in California. At SFGH, more than 1/3 of hospitalized patients have a substance use disorder (SUD). Our patients with SUD have longer lengths of stay (3 v 5 days), 1.5x higher 30-day readmission rates, and 5x higher self-discharges than those without SUD. At SFGH, addiction affects Black and Latinx individuals (50%), people experiencing homelessness (50%), and those with psychiatric conditions (50%). In 2019, with grants/philanthropy funding, I co-founded the SFGH Addiction Care Team (ACT) to improve hospital-based addiction care for patients. ACT provides evidence-based addiction care, harm reduction, and linkage to care for patients while educating the healthcare workforce and reducing addiction inequities.

### Key Findings and Lessons Learned:

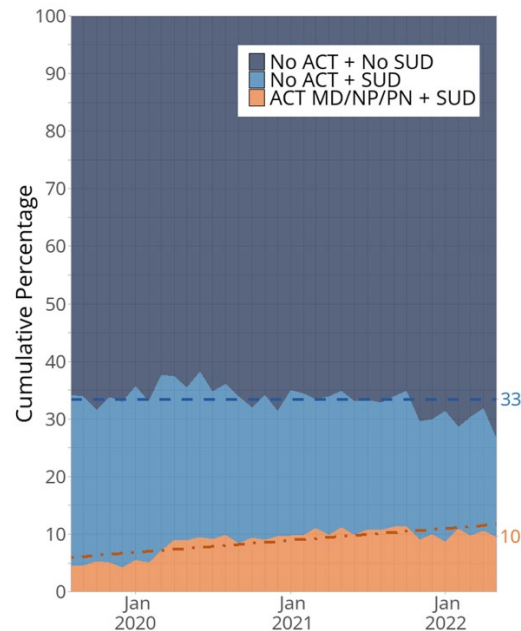
- Patients seen by ACT with a SUD compared to those not seen by ACT with a SUD have reduced mortality which is most pronounced among individuals with a SUD and infectious complications, with a 56% relative reduction in death (p=.039).
- The all-cause SUD 30-day readmission rate has decreased despite the all-cause non-SUD 30-day readmission rate for the hospital increasing. See Figure 1.

**Figure 1. 30-day readmissions for patients with SUD and those without SUD**



- ACT service demand is high across medical and surgical services at SFGH, with ACT seeing more than 9,000 patients (1 in 10 of all admissions and 1 in 3 of SUD-related admissions) between January 2019-May 2022 and demand exceeding capacity. See figure 2.

**Figure 2. Patients seen by ACT navigators, nurse practitioners, and physicians 8/2019-5/2022**



- Beyond improving patient care experience, ACT has enhanced the healthcare worker and trainee experience and led systems-wide addiction educational efforts, incorporated non-traditional healthcare settings evidence-based addiction care (e.g., harm reduction kits, contingency management), improved access to evidence-based addiction treatment, reduced addiction stigma, and improved addiction policies which have decreased punitive approaches to addiction and racial/ethnic inequities.
- Hospital leadership is prioritizing ACT for sustainable funding.

#### Next Steps:

- Obtain sustainable funding for ACT and spread this model of hospital-based addiction care across the state.
- Improve ACT operations to provide care for patients with non-OUD (e.g., alcohol, cocaine, methamphetamine) at similar rates as OUD; patients with non-OUD are less likely to be seen by an ACT physician or advanced practice practitioner.
- Access linkage to addiction care data and rates of initiation of medications for addiction during hospitalization, which have been limited due to systems constraints.
- Leverage CalAIM for opportunities to bill for patient navigation services during hospitalization.