

Letter from Directors

In 2022, the Center for Addiction Medicine (CAM) expanded in unprecedented ways to address the epidemic of substance misuse and overdoses.

First, we hired John Mills (he/him/his) as our Public Health Planner to support overall operations for the CAM. Previously John worked for several years at our Outpatient Behavioral Health Services specialty addiction program, gaining an intimate understanding of the challenges and struggles patients face in addressing their substance misuse. In his current role as Public Health Planner, John has used that understanding to help build programming to support our hub and spoke model of care. He has successfully co-led our 2022 Overdose Awareness Day efforts, provided project management, and to expand operational support to our six focus areas, and played a critical role in the advancement of our CAM Academy, all in addition to working tirelessly to complete his master's in public health at the Colorado School of Public Health.

Second, our hub and spoke model of care reached over 29,000 individuals with substance treatment services across our system for a total of 91,000 substance-related visits in 2022. CAM data systems were implemented in the Electronic Health Record (EHR) to support care coordination and avoid persons being lost to follow up more effectively.

Third, our Denver Health Foundation facilitated philanthropic support for the CAM totaling \$2.3M in 2022. These funds are being used to support efforts to engage our communities with lived experience, and to expand social work support for our inpatient addiction clinical liaison program. Additionally, the funds provide support to expand access to substance use disorder tools in the EHR for additional clinical sites to be able to monitor treatment services, support for our leaders in efforts to build our CAM infrastructure, continue our monthly CAM Community Advisory Meetings, and build a scholarship program for Denver Health employees to become Certified Addiction Specialists, to address workforce shortages.

Fourth, support was obtained from Health Resources and Services Administration for construction funds to remodel a facility on the Denver Health campus to support our CAM Academy. The facility will house our training programs to provide educational opportunities, technical assistance, and capacity building for health systems and community organizations to address substance misuse across the region.

Finally, our internal workgroups worked on several important efforts. These included efforts to build an alcohol use disorder and a stimulant use disorder care continuum evaluation model to monitor the identification, initiation and sustained treatment interventions for substance use disorders, and retention in care; and expansion of Methadone inductions 24/7 within the Emergency Department (see more details on right). Efforts also aimed to enhance our hub and spoke model to connect patients from our Outpatient Behavioral Health clinic to the Denver Community Addiction Rehabilitation Evaluation Services (CARES); expansion of our community warmline to have experts able to answer calls in real time, rather than only returning voicemail time, rather

Substance misuse is an unprecedented crisis. The CAM is working creatively to facilitate our goal of coordinating the essential health services of persons with substance use disorders.

We wish to thank all our partners for supporting our efforts. Wishing everyone a healthy and peaceful 2023.

Judith C. Shlay, MD, MSPH

Brooke Bender, MPH

Associate Director Public Health Institute at Denver Halth Medical Director Center For Addiction Medicine Administrative Director Center For Addiction Medicine

CAM'S EFFORTS TO ADDRESS FENTANYL WITHDRAWAL IN THE EMERGENCY DEPARTMENT

The demand for CAM's unique capacity to bring together clinicians, data scientists, and community members to deliver innovative, evidence-based care has never been greater.

One example is the new Denver Health (DH) program to provide methadone inductions in the emergency department (ED). Since 2018, Treatment on Demand has helped ED patients start treatment for opioid use disorder, 24/7. However, the rise of fentanyl in Colorado has required a new approach: buprenorphine is effective for patients who use fentanyl, but the medication may be difficult to start due to fentanyl's unique properties. Other patients feel that methadone is a better fit for them.

In February 2022, DH physicians in collaboration with CAM developed a new treatment model to provide methadone inductions to ED patients. The CAM supported staff training, built new data dashboards, and brought together DH's expertise across emergency medicine, psychiatry, and addiction treatment to deliver life-saving methadone treatment to patients. Between February and December 2022, 137 ED patient inductions on methadone occurred through CAM's Treatment on Demand program. Of these patients, 61% (83) linked to specialty addiction treatment after their emergency department visit, which is comparable to the linkage outcomes of buprenorphine (63%). DH is the only institution in Colorado that can enroll patients into a methadone treatment program 24/7, whenever the patient is ready. CAM's work directly reflects the evolving and urgent nature of the opioid epidemic in our community.

2022 Monthly Methadone and Buprenorphine Inductions in the Emergency Department at Denver Health



"The willingness of the medical and psychiatric ED providers to expand their practice to include methadone initiation in the ED has greatly enhanced our ability to initiate medication assisted treatment for opioid use disorder 24/7 and connect patients to ongoing care in the era of fentanyl. Denver is lucky to have a group of professionals that adopts new practices with such enthusiasm to improve patient care."

Dr. Kathrine Hurlbut (CAM ED Champion)

Education & Promotional Efforts



66 News Items related to CAM community awareness: 294 million story exposures nationally

4,200+ community members reached through online CAM Overdose Awareness efforts

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10 Professional Learners 1 CDC Fellow, 2 Psychology Residents,

7 Psychiatry

Fellows

RESEARCH & EVALUATION



INNOVATIVE PROGRAMS

Treatment on Demand: **570** UNIQUE PATIENTS



In 2022, Treatment on Demand expanded to provide services for patients with Alcohol Use Disorder, Stimulant Use Disorder, and those who experienced an overdose, in addition to patients with Opioid Use Disorder. Across all substances of misuse, the same or more unique patients were reached in 2022 compared to 2021.

All Substances': 570 unique patients, 610 treatment episodes, 297 treatment episodes linked[†] (49%), 185 episodes had 90-day retention[‡] (62%)

Opioid Use Disorder: 458 unique patients, 492 treatment episodes, 491 episodes inducted[§] (99.8%), 261 episodes linked[†] (53%), 160 episodes retained had 90-day treatment retention[‡] (61%)

Stimulant Use Disorder: 17 unique patients and treatment episodes, 5 episodes linked[†] (29%), 1 episode had 90-day treatment retention[‡] (80%)

Alcohol Use Disorder: 47 unique patients, 48 treatment episodes, 20 episodes linked[†] (42%), 4 episodes had 90-day retention[‡] (30%)

Overdose: 12 unique patients and treatment episodes, 5 episodes linked⁺ (42%), 2 episodes had 90-day retention⁺ (40%)

*All Substances includes all substances plus those labeled "other" as primary substance

†% linked is calculated by the number linked within 30 days over the number of episodes

‡% 90-day retention is calculated by the number of retained for 90 days over the number that linked ever. In January 2022: for OUD, retention is calculated as 90 days without any 30-day breaks in dosing; for other substances, retention is calculated as 90 days without any 30 day breaks in visits. February-December 2022: 90-day retention is calculated based on the length of the SUDT episode

§ % inducted is calculated by the number of episodes with induction over the number of episodes (and only for OUD)

Community Line: **249**

14% CALLERS	53%CALLERS
REFERRED	LINKED

This program offers a phone line for community members seeking substance-use screening, referrals, and information related to accessible opioid and other substance treatment options.

100% answered or received call back, 41% received SUD information, 14% had referrals, 53% linked to care

CAM OVERVIEW



Inclusive and

Compassionate Care

Cana

Full Continuum of Care

or care Strengthen the continuum of care for people with substance use disorders throughout the Denver Health system and beyond Ensuring that patients receive the right level of care for their individual needs.

5 Year Strategic Goals

Fiscal Growth and Financial Partnership

Knowledge Management Establish a comprehensive data interface to support strategic,

For more information please visit our website www.DenverHealth.org/CAM or email us at: CAM@dhha.org

WHAT IS NEXT FOR CAM

- Implement a Words Matter Campaign to eliminate stigmatizing language used with patients and in patient charts
- Inventory correctional care services across the state to understand what addiction services they provide and how we can link patients to DH upon release

External

Primary Care

- Inventory all care coordination efforts across our system to prepare for potential reimbursement legislation
- Build Peer Recovery Coach career ladder, explore reimbursement opportunities, and establish a learning collaborative and other support to retain these incredible staff
- Develop evaluation and research strategy to guide fundraising and growth

Continued Efforts:

- Monthly CAM Community Advisory Meetings to ensure all CAM efforts start and end with the community
- Provide education and technical assistance to Denver Health staff, other health systems, and community organizations on traumaand addiction-informed care through the CAM Academy
- Establish Continuum of Care Evaluation Models for Alcohol Use Disorder and Stimulant Use Disorder to help better understand the true incidence, impact of interventions, and opportunities for improved identification, linkage, and retention in services