

November 26, 2019

Continuum of opioid addiction care in 2017 and 2018 in Denver Health. Authored by the Knowledge Management team of Denver Health's Center for Addiction Medicine (CAM).



Estimated opioid use disorder (OUD), opioid misuse (OM), or opioid poisoning (OP) in Denver = Conservative estimation calculated by applying the percentage of Coloradans aged 212 years who reported pain reliever use disorder or heroin use in the past year in 2015-2016 to the estimation of the population aged 12 or older in Denver in 2017 and 2018. Identified opioid use disorder, opioid misuse, or opioid poisoning in Denver Health (DH) = identified through ICD-10-CM codes and additional markers indicating opioid-related problems.

Received Medication Assisted Treatment = received MAT (buprenorphine or methadone to treat addiction) in the DH organization.

Retained in care for ≥90 days of MAT = patients who had no break of 30+ days in MAT in a 90 day period.

Retained in care for ≥1 year of MAT= patients who had no break of 30+ days in MAT in a 365 time period.

Changes between 2017 and 2018:

Numbers for all steps across the continuum of opioid addiction care have increased.

CAM's goal is to reduce gaps along the continuum of opioid

addiction care. Gaps between steps in the continuum changed, as shown in the table below:

	2017	Trend	2018
Gap between OUD, OM		_	
<i>or OP in Denver</i> and	41.2%		34.5%
Identified OUD, OM, OP		•	
Gap between Identified		_	
<i>OUD, OM or OP</i> and	64.6%		62.0%
Received MAT		•	
Gap between Received			
MAT and Retained at ≥90	32.5%	\uparrow	41.4%
days of MAT			
Gap between Received			
MAT and Retained at ≥1	53.1%		60.4%
year of MAT *		•	
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*As of this report's date (Nov 26, 2019), the ≥1 year timeframe has not been completed for the entire 2018 cohort. Counts and gaps could be different in 2020 analyses.

Notes:

- To calculate the number of patients in the Diagnosed OUD, OM, or OP in DH step, we used diagnostic codes and other markers (e.g., if a COWS assessment was recorded during an encounter; if an order was placed for methadone or buprenorphine; or if a positive lab test for heroin was found)
- We have the capacity to generate provisional counts for number of inductions and intakes; because these new steps in the continuum were not relevant for the 2017 analysis – and to improve readability – they were not included here.
- Counts in Retained in care for ≥90 days and ≥1 year of MAT show the last period in which patients had no break of ≥30 days in MAT (e.g., if a person had multiple 30+ gaps in MAT within the year, we use the last MAT start date to track retention forward).



November 26, 2019

Continuum of opioid addiction care of newly identified patients with opioid -related problems between January and June 2018 in Denver Health.

Authored by the Knowledge Management team of Denver Health's Center for Addiction Medicine (CAM).



Definitions of the seven bars

Newly identified	Red: The number of patients who were newly identified with an opioid-related problem between 1/1/18-6/30/18. Patients were <i>identified</i> in the system if diagnosed with an ICD-10 diagnoses codes for opioid use disorder, opioid poisoning, or opioid misuse; if a COWS assessment was recorded during an encounter; if an order was placed for methadone (excluding tablets) or buprenorphine (excluding patches); and/or if record of a positive lab test for heroin. If the patient had any of these markers (with the addition of injection naltrexone) prior to January 2018 they were excluded from analysis.	
Bio-Psychosocial	Brown: A count of newly identified patients who completed a substance use intake (Substance/Mental Health Intake) at	
Intakes	any point or time after being identified (i.e., not limited to the 1/1/18-6/30/18 timeframe, because patients could have completed intake several months after being identified).	
Inducted	Orange: A count of newly identified patients who received an initial dose of medication-assisted treatment (MAT) at any	
	point or time after being identified (i.e., not limited to the 1/1/18-6/30/18 timeframe, because patients could have been inducted several months after being identified).	
Linked to ongoing	Yellow: A count of patients who received a follow-up dose of MAT at any point after their last induction.	
MAT	Light yellow: A count of patients who received a follow-up dose of MAT within 5 days of their last induction. For patients	
	with prescriptions, this is an indicator that a second prescription was filled within 5 days of the end of the 1st prescription.	
Adhered to MAT	Green: A count of patients * who had at least one subsequent dose of medication within the first 30 days of linking.	
at 30 days	Light green: A count of patients * adhering to medication in at least 90% of the first 30 days of treatment after linking.	
Adhered to MAT	Blue: A count of patients * who did not have a gap in coverage of MAT of over 30 days within the first 90 days of linking.	
at 90 days	Light blue: A count of patients * adhering to medication in at least 90% of the first 90 days of treatment after linking.	
Adhered to MAT	Purple: A count of patients * who did not have a gap in coverage of MAT of over 30 days within the first 365 days of linking	
at 365 days	Light purple: A count of patients * adhering to medication in at least 90% of the first 365 days of treatment after linking.	
	ded in Denver Health's data sources could have occurred after 06/30/2018, the cutoff date used to generate the "Newly identified" counts. At the time the	

analysis was conducted, some patients may have not reached a point in time where they could have had 30, 90 or 365 days of treatment after linking to ongoing MAT.