

## Case Study

# Assessing and addressing substance use disorder with care navigation

PointClickCare supports providers in creating navigable care networks for patients with substance use disorder

### Barriers in substance use care: Underreporting and lack of coordination

Roughly 20% of patients with substance use disorder report failing to disclose substance use due to shame or fear of retaliation. When many of the signs of a drug overdose can, depending on the context, also be indicative of other medical or mental health diagnoses, it becomes easy for providers to miss an overdose—and the ideal window for intervention and referral to appropriate addiction treatment.

When overdose information is underreported, patients miss the opportunity to receive needed care management—including referrals to MAT treatment—during their period of lucidity and may be discharged from the hospital without appropriate follow-up in place. Unfortunately, without the needed care management in place, client follow-through for necessary treatment is unlikely, ultimately resulting in subsequent overdoses and readmissions.

At Community Hospital of the Monterey Peninsula (CHOMP) in Monterey, California, use of real-time notifications is empowering care teams with the ability to identify individuals at-risk for a drug overdose and facilitate smooth transitions of care to appropriate medication assisted treatment (MAT).

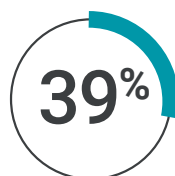
### The Challenge

Roughly 110,000 people in the U.S. died of a drug overdose in 2022, representing a 17% increase over previous years and confirming a long-term pattern of increased drug overdoses. Of these overdoses, opioids were responsible for nearly three-fourths of overdose-related deaths.

In Monterey, opioid overdoses were increasing at an even faster rate—with fatal opioid overdoses increasing eight-fold between 2018 and 2022. As mass production and prevalence of synthetic opioids like fentanyl increased, the community needed proactive ways to improve referral processes for appropriate treatment by bridging the gap between hospital and MAT facilities. Leaders at Community Hospital of the Monterey Peninsula (CHOMP) identified two key areas for focusing their solutions: accurate identification of overdoses and rapid connection to managed care.

### The Solution

Leaders at CHOMP set up specific alerts through the PointClickCare network to notify providers when patients presented with an overdose or other symptoms, such as altered mental status, that might signify an overdose.



reduction in combined ED and inpatient length of stay over one year

Providers could then review an auto-generated daily report of these patients and prioritize needs for follow-up and MAT care—without manually digging through admit and discharge data from the previous day. This automated process saved significant time without sacrificing outcomes, with Dr. Reb Close, MD and Attending Emergency Physician at CHOMP sharing:

Prior to receiving these notifications, identifying patients who needed MAT referrals fell to our ED social workers. But when social workers were already addressing with housing, food stamps, and other duties, it created a capacity issue. When we had other team members staff it, such as psychiatric nurses, we frequently ran into the need to increase training for thorough understanding to successfully facilitate substance use referrals efficiently and effectively.

Utilizing the alerts and reports allowed for quicker intervention while reducing administrative burden. As care teams saved time in reporting, hospital staff could expand offerings for patients with substance use disorder—including those with alcohol use disorder—without creating an unmanageable workload.

“Some of this information, I could find in EPIC manually,” shares Dr. Close. “But the alerts and reports are helpful because they enable me to get updates every day. These daily updates create manageable chunks of data for realistic, timely follow-up as I can quickly see patients who are admitted or discharged and prioritize time working with those who need my attention first.”

## Bringing buprenorphine to the streets

To combat the increase in overdoses, Monterey leaders are implementing a county-wide EMS buprenorphine project. This initiative allows EMS providers to deliver buprenorphine on the street, rather than waiting until the hospital, to reduce fatal overdoses.

Patient care teams are automatically alerted via the PointClickCare platform to provide appropriate follow-up care, including referrals to MAT care, following administration.



**30%**  
drop in readmissions



**27%**  
reduction in overall  
program costs



**\$17,780**  
in savings per patient



## The Outcome

By improving identification of opioid overdoses, providers were able to improve their ED bridge program with better referral rates and handoffs to MAT facilities. This resulted in smoother transitions between hospital and MAT and a decrease in hospital and ED admissions—resulting in **\$26K in savings per hospital admission and \$5K in savings per ED admission**. CHOMP leadership has also seen decreased length of stay and improved satisfaction for some of its traditionally most complex patient populations, with program averages including:



39% reduction in combined ED and inpatient length of stay over one year



178 fewer patient days in hospital



30% drop in readmissions



Decreased discharges against medical advice



A 27% reduction in overall program costs, or \$17,780 in savings per patient for under 9 hours of engagement at a cost of \$343.

Furthermore, with more accurate reporting of overdoses, care teams successfully made the case for additional staff to support patients with substance use to hospital leadership—using proven ROI to demonstrate need. “Helping administration, C-suite, and community know clearly what the need is for substance-related services is huge,” Dr. Close continues.



This program has helped us prove the cost and care efficacy of bridge programs that work, especially... in reaching traditionally difficult-to-track, complex patients who are unhoused, have serious mental illness, and/or medical comorbidities.

## About PointClickCare

PointClickCare is a leading healthcare technology platform enabling meaningful collaboration and access to real-time insights at any stage of a patient’s healthcare journey. PointClickCare’s single platform spans the care continuum, fostering proactive, holistic decision-making and improved outcomes for all. Over 27,000 long-term post-acute care providers, and 2,700 hospitals use PointClickCare today, enabling care collaboration and value-based care delivery for millions of lives across North America. For more information, visit [pointclickcare.com](http://pointclickcare.com).

North America’s Most Comprehensive Care Collaboration Network

Scan or click code to discover more



**PointClickCare**<sup>®</sup>