GREATER SOUTHERN CALIFORNIA NODE SUMMER DIGEST

1. GREATER SOUTHERN CALIFORNIA NODE UPDATES

Call for Site Recruitment

CTN-0080:Medication Treatment for Opioid Use Disorder in Expectant Mothers (MOMS): A Pragmatic Randomized Control Trial Comparing Two Buprenorphine Formulations

- This study aims to evaluate the impact of treating opioid use disorder (OUD) in pregnant women using Extended-Release buprenorphine compared to sublingual buprenorphine on maternal and infant outcomes.
- Primary care sites that provide OUD treatment to pregnant women and that are associated with an OB/GYN provider are welcome to apply.

CTN-0116: Implementing a Pharmacist-Integrated Collaborative Model of Medication Treatment for Opioid Use Disorder (PharmICO)

- This study aims to evaluate the feasibility, acceptability, and impact of implementing a model of Pharmacist-Integrated Medication treatment for OUD (PharmICO).
- Primary care sites that provide OUD treatment and have a clinic based pharmacist and retail pharmacy (employed by the same organization, preferrably co-located) are welcome to apply.

If you are interested in participating in one of these studies or want to learn more, contact us at **scalhoun@mednet.ucla.edu.**

New Publications

- Read our newest papers on (1) **disparities in digital access** among individuals in rural and urban areas and (2), the **determinants of mortality** related to COVID-19 and opioid overdose in rural and urban counties.

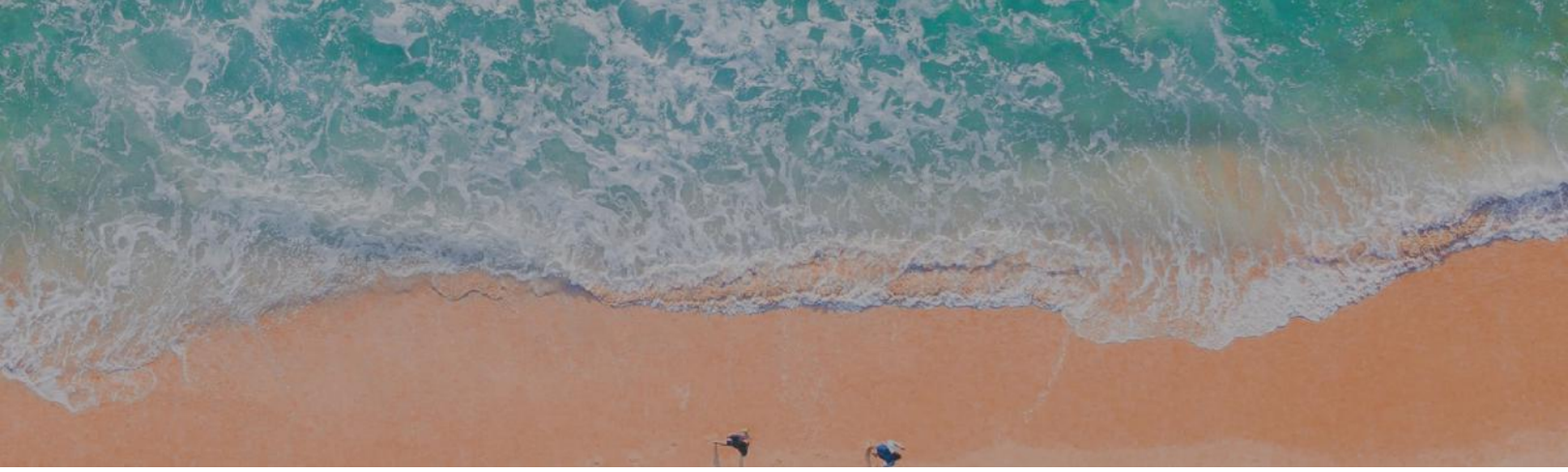
IN THIS ISSUE

2. INTRODUCTION TO SDOH

The focus of this issue is on **SDoH**, which are the interrelated social, political, and economic factors that create the conditions in which people are born, grow, live, work, and age. Examples include food, housing, and income security, socio-economic status, social inclusion, childhood experiences, race/racism, gender, education, literacy, and physical environments. These conditions are shaped by the distribution of **power** and **resources** across and within regions.

Over the life course, an array of determinants can accumulate (e.g., adverse childhood experiences, social isolation, discrimination, interpersonal violence) and influence **initiation** of and **development** of substance use disorders.

Follow us on Twitter @GSC_Node_CTN for collaboration opportunities, timely articles, and resources.



3. ASK AN EXPERT: SDOH WITH DR. SAE TAKADA

Question: Why is it important to address the social determinants of health for patients who have substance use disorders and/or other comorbidities? How do physicians address the social determinants of health in practice?

Answer: *At a very basic level, social determinants of health (SDOH) prevent clinicians from taking care of their patients. Clinicians expect patients to present to appointments, get lab work, and take medications on a very regular basis. [...]*

Question: What resources, if made available to primary care physicians, would facilitate their ability to better meet their patients' SDOH (e.g., housing, food insecurity, social network, etc.)?

Answer: *[...] My clinic is a patient-centered medical home, with a multidisciplinary team consisting of primary care providers, social workers, nurses, mental health providers, pharmacist, peer support, and administrative staff. Every member of our team addresses SDOH needs in our patients, even if it's not in our official job description. [...]*

DR. SAE TAKADA

Assistant Professor in the Division of General Internal Medicine and Health Services Research (GIM&HSR) in the Department of Medicine at the University of California, Los Angeles.

Read the full interview with Dr. Takada by visiting our website

4. RELATED ARTICLES

- The Terminology of Social Emergency Medicine: Measuring Social Determinants of Health, Social Risk, and Social Need.
- Prevelance of Screening for Food Insecurity, Housing Instability, Utility Needs, Transporation Needs, and Interpersonal Violence by U.S. Physician Practices and Hospitals
- Updated Guidance on the Reporting of Race and Ethnicity in Medical and Science Journals

5. UPCOMING WEBINARS ON SOCIAL DETERMINANTS OF HEALTH

Social Determinants of Health and HIV | Free online course, available anytime

- **Click here to register for the course**

Through Rose-Colored Glasses: When Cultural Competency Isn't Enough | Webinar, September 29, 2021 12:00-1:30pm PST

- **Click here to register for the webinar**

Please note: the trainings above offer Continuing Education credits (CEs/CMEs)

*"Caring for individual patients' social needs and addressing community SDoH are integral steps to achieving the goals of improved patient care and population health equity while maintaining financial sustainability."**

6. CARING FOR EMERGENCY DEPARTMENT PATIENTS WITH COMPLEX NEEDS

**Chase, J, Bilinski, J, Kanzaria, H. Caring for Emergency Department Patients With Complex Medical, Behavioral Health, and Social Needs. JAMA. 2020;324(24):2550-2551.*

Introduction

Utilization of outpatient care is complicated for patients with complex medical and psychosocial needs. Examples of complexities include houselessness, food insecurity, and social isolation. Failure to address SDoH issues and comorbidities results in poor patient outcomes, repeated emergency department (ED) use, and hospital readmissions. A multidisciplinary and integrated model of care was used to improve outcomes for patients with low-acuity medical illnesses and complex psychosocial comorbidities.

Read the article by clicking the above image

Methods

An ED social medicine (EDSM) team was created and included staff across disciplines that previously existed within the hospital system (e.g., patient navigator, social workers, care coordination nurses, a pharmacist, physician consultants, and specialists in transitional care, substance use, and quality improvement), with the exception of the care navigator. The EDSM team developed interdisciplinary workflows to integrate care for ED patients without changing work responsibilities.

The EDSM team conducted the following activities:

1) Met at a standard time daily to obtain referrals from clinicians for ED patients with psychosocial needs;
2) Reviewed electronic health records for ED patients with psychosocial needs;
3) Patient navigator proactively discussed with ED clinicians/nurses psychosocially complex patients;
4) Psychosocial factors were integrated into the consultation with the ED clinician prior to discharge/admission.
5) If barriers to medication access existed, medications were provided free of charge.

Interviews with health system and community service staff were conducted, including an analysis of patient records.

Results/Discussion

Over 30 months, the EDSM team prevented 567 admissions and 127 readmissions, provided 1163 medications for free upon discharge, and created 1046 complex care management plans for patients with frequent health service utilization across multiple institutions. Patients treated by the EDSM had a 5.8% decrease in their 60-day ED utilization.

In summary, the EDSM team:
1) Reduced health care costs (with a return on investment of 285%);
2) Improved care for patients with complex psychosocial needs while preserving the hospital's capacity to treat patients with acute medical issues;
3) Built rapport with patients.

Listen to article in a Podcast format here