MISSED OPPORTUNITY FOR MOUD EXPANSION IN PATIENTS HOSPITALIZED WITH INFECTIONS DUE TO INJECTION OPIOID USE: DATA FROM CHOICE+ INVESTIGATION

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Background:
Medication for Opioid Use Disorder (MOUD) is strongly associated with reduced drug use and mortality in people with Opioid Use Disorder (OUD). However, few individuals with OUD in the US receive MOUD. Hospitalization may be a critical time to increase MOUD uptake. We sought to evaluate the MOUD continuum of care and associations with MOUD initiation in people hospitalized with infectious complications of OUD.

Methods:
CHOICE+ is a multisite retrospective cohort study of adults hospitalized at four hospitals in the United States with infections from injection opioid use between 1/1/2018 and 3/31/2022. Data were collected by abstraction of the EMR and were analyzed by chi-square and multivariable regression.

Results:
1652 individuals had a median age 36 and were predominantly male(53%), White(77%) or Black(18%), insured(89%), and stably housed(62%). Of those with known status, 56% had HCV and 5% had HIV. On admission, 33% were positive for stimulants.
Prior to admission, only 20% were on MOUD, of whom 92% were continued during hospitalization. Of 80% of participants not on baseline MOUD, 42% were initiated on MOUD during hospitalization, while 58% were not initiated. Reasons for non-initiation included no time(25%), and patient preference(23%). Collectively, 853(52%) received MOUD for purposes of OUD treatment. The median time to MOUD initiation was 7 days(range 1-23), and median duration of hospitalization 11 days.
In individuals not on baseline MOUD, female gender(aOR 1.34), withdrawal(aOR 1.99), and consultation with addictions, psychiatry, or ID(aOR 5.09; 3.43; 1.8) were significantly associated with any MOUD initiation, while surgical primary service(aOR 0.45) was negatively associated. Female gender(aOR 0.32) and Black race(aOR 0.30) were negatively associated with buprenorphine initiation. MOUD initiation was associated with a 78% reduction in the odds of patient-directed discharge(OR=0.22;95% CI(0.17-0.30);p<0.001).

Conclusion:
Hospitalization of people with OUD in the United States is a critical missed opportunity to initiate MOUD.

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