



# What Worked: Lessons from Launching Addiction Medicine in Rural Hospitals

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# Disclaimer

**We have no real or perceived conflicts of interest that relate to this presentation**

# Care As Usual

Patient arrives in ED/Hospital

Overdose reversal or address immediate acute concern

Discharge home



# Learning Objectives



**DESCRIBE HOW AN  
ADDICTION MEDICINE  
CONSULT TEAM/SERVICE  
CAN BE INTEGRATED INTO  
RURAL HOSPITAL  
WORKFLOWS**



**IDENTIFY KEY  
PARTNERSHIPS AND  
STAFFING MODELS THAT  
SUPPORT SUSTAINABLE  
ADDICTION SERVICES**



**EVALUATE THE IMPACT OF  
CONSULT SERVICES ON  
PATIENT OUTCOMES AND  
COMMUNITY HEALTH  
METRICS**

# Steps to Launch AM Consult Service

## AM Education and Training

- Education-Staff and administration

## Funding

- Local, State or Federal
- Institutional

## Collaboration-Internal and External

- Partnerships
- ED, Hospitalist and other teams
- Leadership

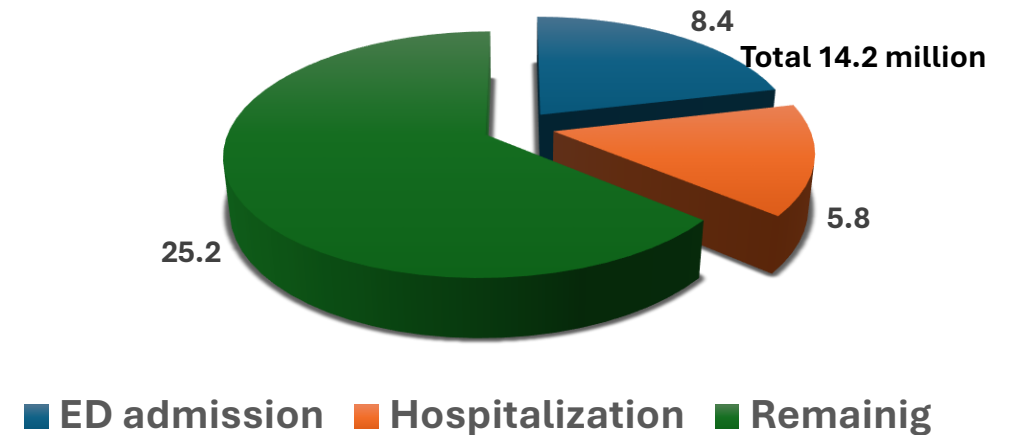
## Final Launch

- Hiring
- Marketing
- Workflow refinement

# Why AM Integration Matters

- **48.4 million** people in US, 12 years and older (40 million adults) with SUD (NSDUH, 2024)
- **Only 2-5%** receive medications for SUD in the ED & hospitals
- Majority patients with SUD have seen a primary care provider in the past year, with 36% of all primary care patients may have SUD

Adult patient population with SUD annually (millions)



# AM Integration-Untapped Potential

## Fast Facts on U.S. Hospitals, 2026

Two-thirds of Community Hospitals are Urban

In the US:

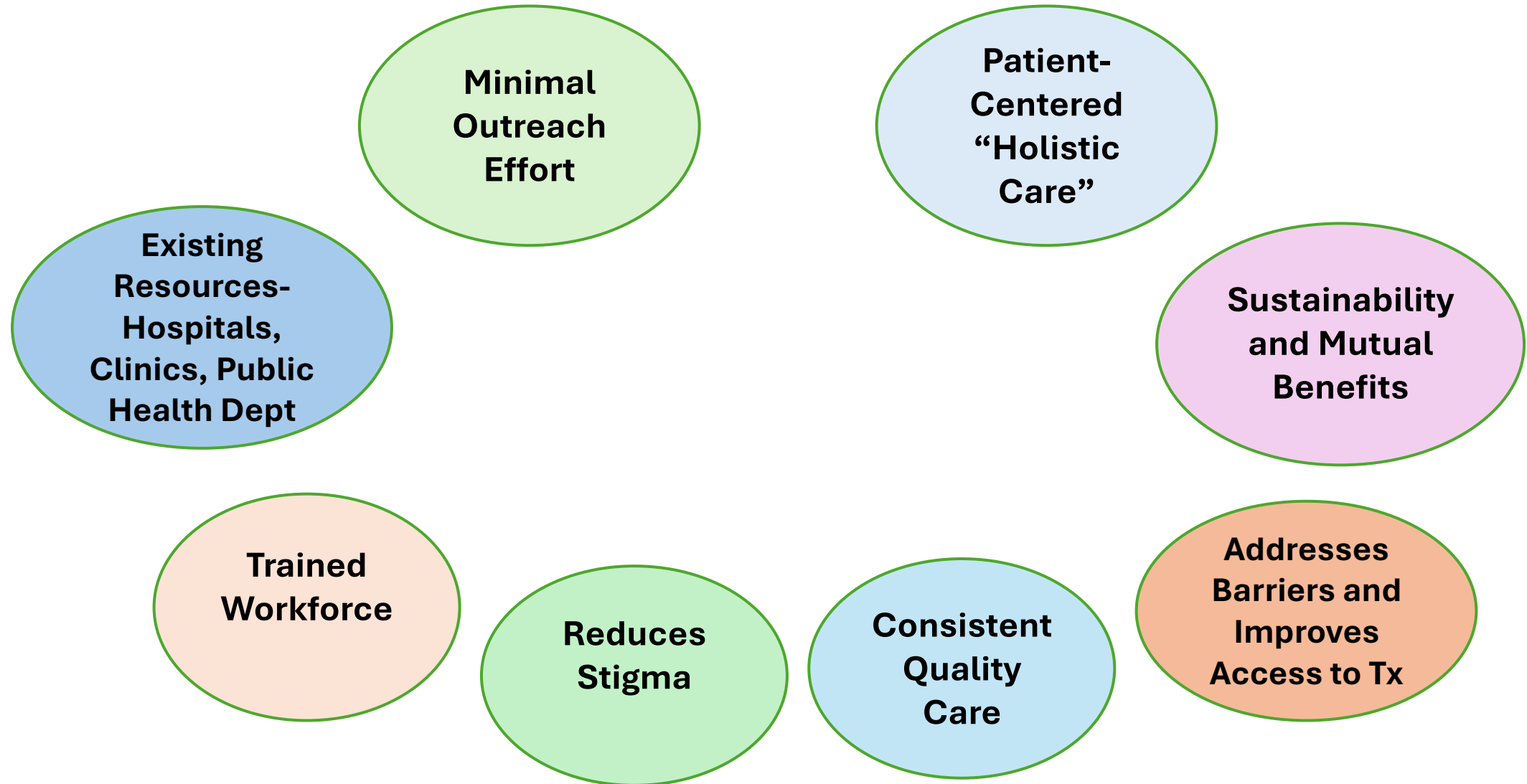
- 3300 Public Health Departments
- 5700 Rural Health Clinics
- 40% of the 14,000 FQHC sites are Rural



Community Hospitals by Urban vs Rural (5,121), FY 2024

Source: American Hospital Association. Fast Facts on U.S. Hospitals, 2026.  
<https://www.aha.org/statistics/fast-facts-us-hospitals>  
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# Benefits of AM Integration into Your Settings



# Importance of Treating Addiction Medicine Like Other Chronic Diseases



## Reduces Stigma and Encourages Treatment

- Shifts Perspective: reduces the shame and stigma
- Encourages Early Intervention: Removes the misconception of "hit rock bottom"

## Long-Term Management and Reduces Relapse

- Focus on Management, Not Cure
- Relapse is Part of the Process
- Prevents Fatal Outcomes

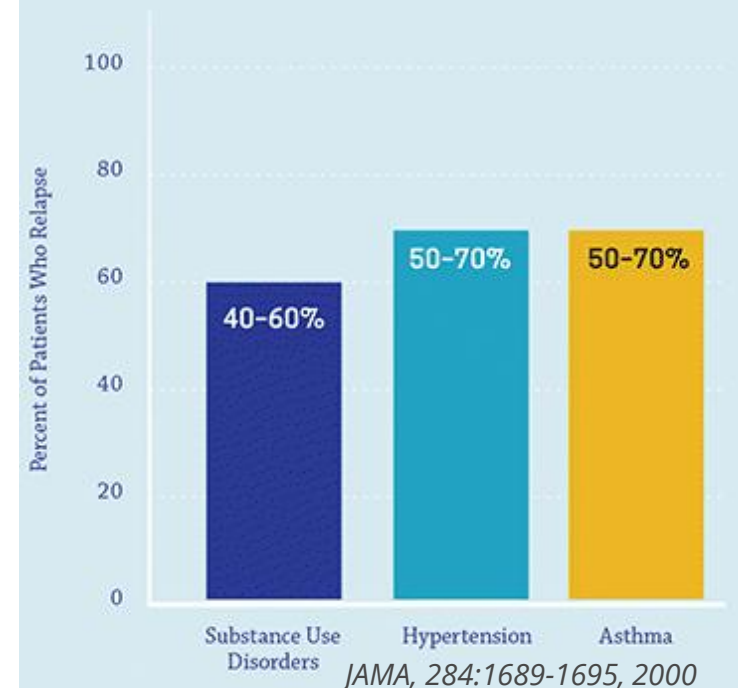
## Improves Quality of Care and Integration

- Integrated Care Models: integrating SUD services into mainstream healthcare (primary care), improving coordination of care and consistent quality of care
- Holistic Treatment

## Effective Use of Evidence-Based Medicine

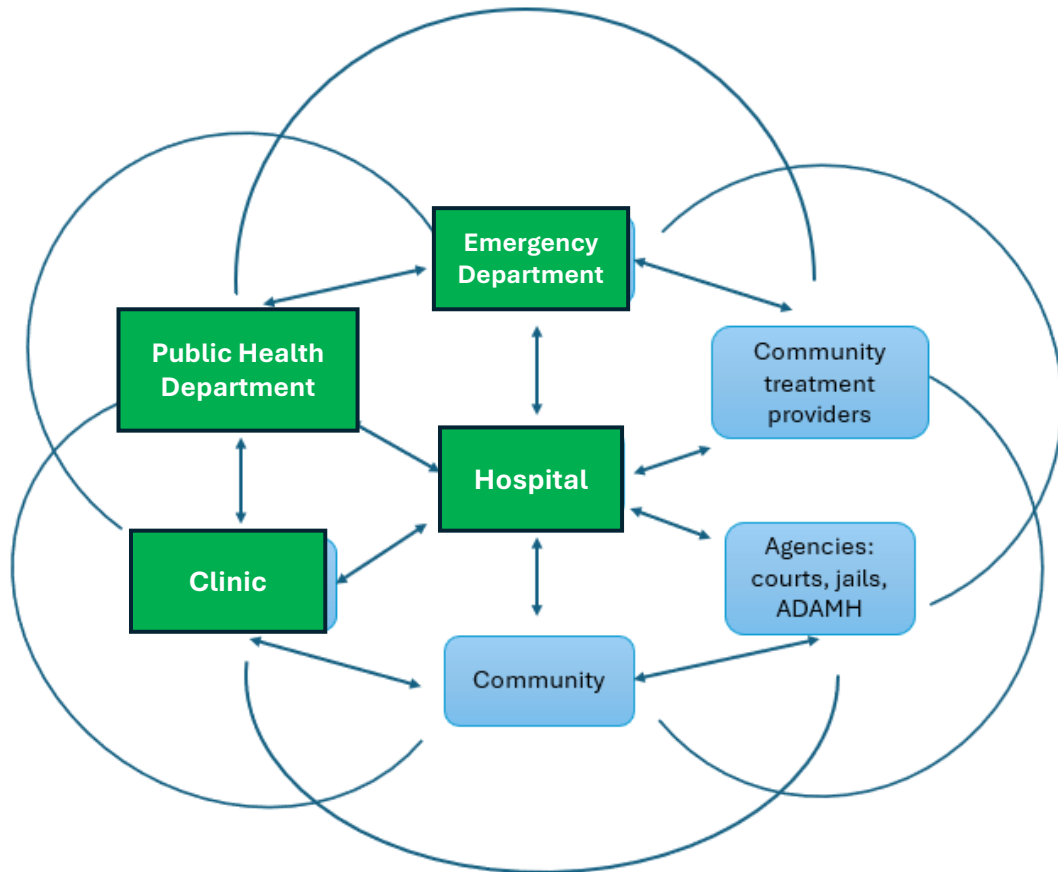
- Produces Better Outcomes and Reduces Costs
- Improved patient quality of life and societal wellbeing

Comparison of Relapse Rates Between Substance Use Disorders and Other Chronic Illnesses



# Project Overview

## Providing AM care within existing settings



### O'Bleness Hospital-Athens County, Ohio (HRSA RCORP-Impact grant)



### Marion General Hospital-Marion County, Ohio (HRSA RCORP Behavioral Health grant)



# Addiction Medicine Team

## Small Team Composition

- **Nurse Practitioner (lead person)**
  - Collaborating physician (virtual)/  
in-person
- **Substance Use Navigator (SUN)/Medical Assistant/Peer specialist**
- **Counselor (part time)-*optional***

Bare minimum

**\$ < 200,000**

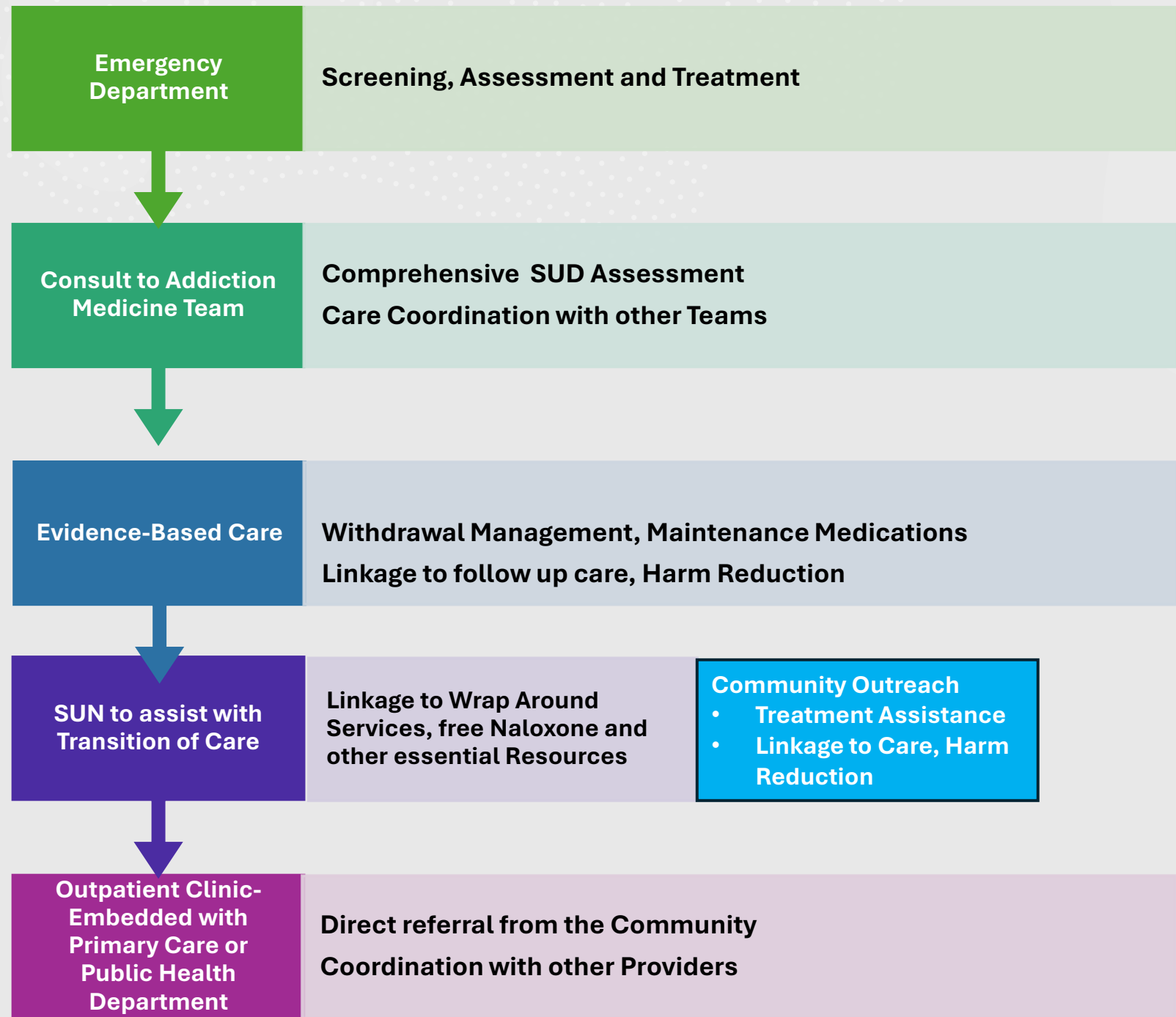


# Addiction Medicine Team Fills Gaps in Care

## Services Offered

- **Inpatient** Addiction Medicine Consult Service
  - Withdrawal Management
  - **Prescribe Maintenance Medications for SUD**
  - Referral to appropriate Level of Care
  - Harm Reduction
  - Counseling
  - Telehealth Services
  - Education-Patient and Staff
- **Outpatient Clinic** –embedded with Primary Care and at Public Health Department

# Hospital Workflow- Chronic Disease Management



# Typical Day for AM Consult Team

## Patient Assignments in the Morning

- NP prioritizes patients requiring Medical Management
- SUN to prioritize patients requiring Linkage to Follow-up Care

## Ongoing Communication

- Team stays connected throughout the day via EMR Secure Chat
- Coordination of Care with other teams

## Daily Huddle

- Combination of in-person and virtual huddle with multidisciplinary team e.g. NP, SUN, Collaborating Physician, Counselor, Fellows, learners and others

## Continued Patient Care

- Withdrawal Management, Medication Inductions, Discharge Planning, Risk Reduction
- Linkage to Follow-up Care, Wrap Around Services

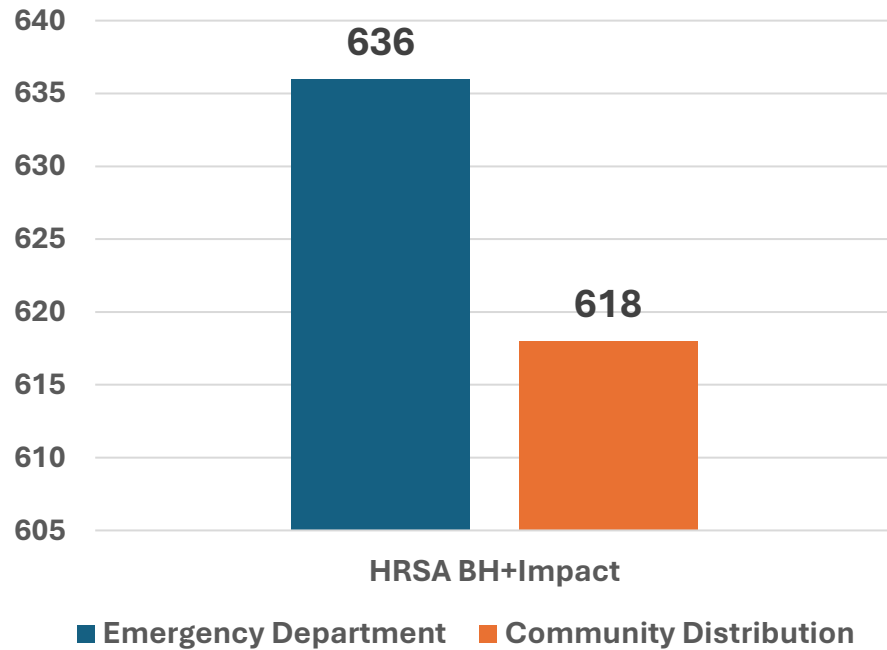
## Hand-off

- Provide Hand-off to the on-call person

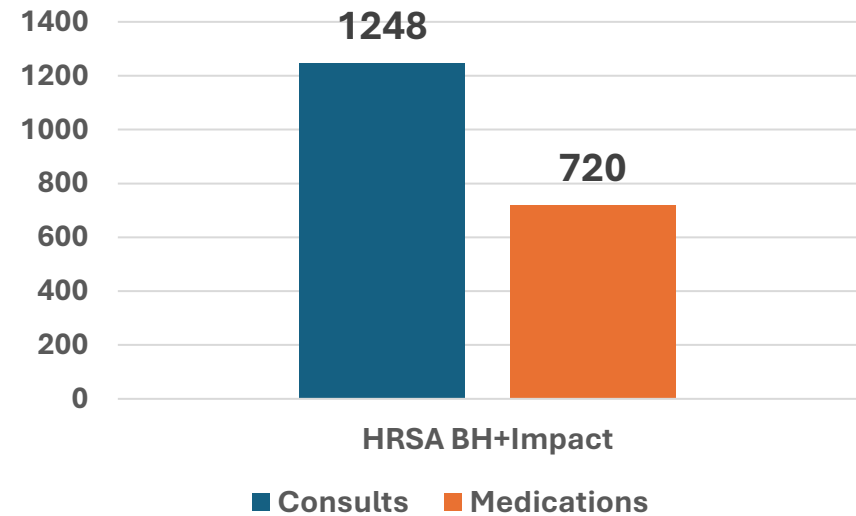
Monday through Friday service 8am-5pm

# Impact and Outcomes

## Naloxone Distribution



## Addiction Medicine Consults and Medications



Data:  
HRSA BH Marion-3 years  
HRSA Impact Athens-1 year

# Impact and Outcomes

**Decrease in 30-day  
Readmission Rate**

**Decreased Stigma**

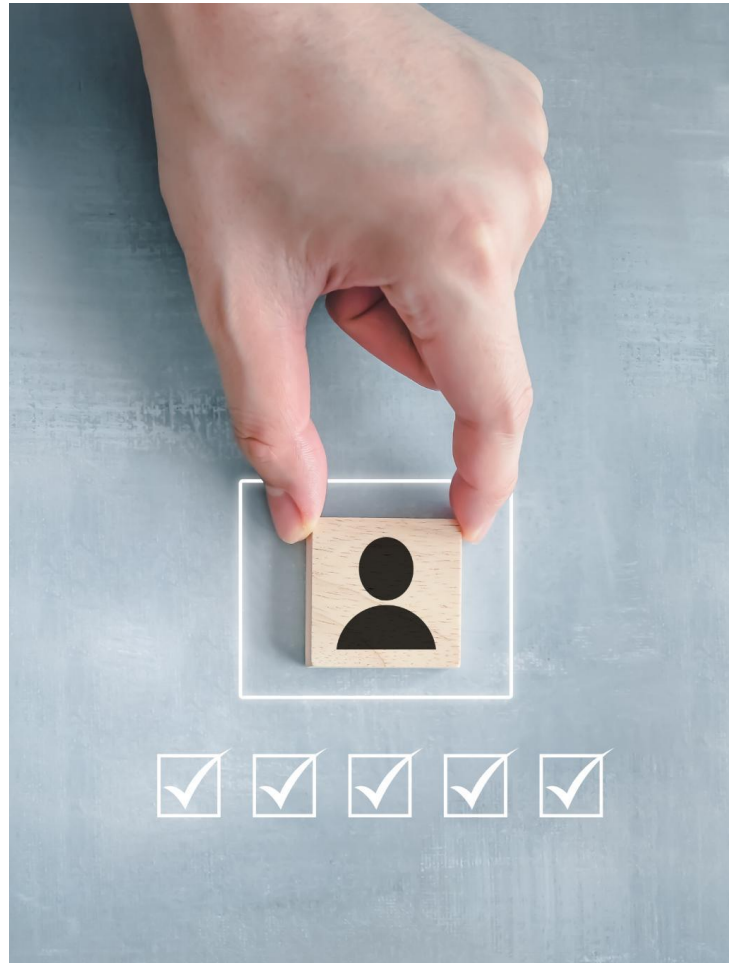
**Decrease in Overdose  
Deaths in the  
Community**

**Improved Staff  
Knowledge and  
Understanding of  
Addiction Medicine**

**Improved Community  
Engagement and  
Collaboration**

**Potential Cost Savings  
for the System**

# Challenges and Lessons Learned “Integrating *AM Care* addresses *Barriers and Challenges*”



Collaboration

Hiring  
Retention

Sustainability

Stigma

Culture  
Change

Engaging  
System  
Leadership

Transportation

Space

Cost

# What can I do Monday Morning?

## Where to Start:

- Needs Assessment
- Education-Staff and Administration
- Collaboration-ED, Hospitalist and other teams
- Community partnerships

## What to Build Towards:

- Navigation Support-Care Coordination, Navigator
- Provider Support-Hospitalist, Virtual coverage
- Leadership Support

## Final Model:

- AM Team-NP leading the work
- Linkage to Follow-up Care partners
- Collaborative work with hospital teams
- Leadership Support

# AM Integration is Achievable in Rural Settings

## CONCLUSIONS



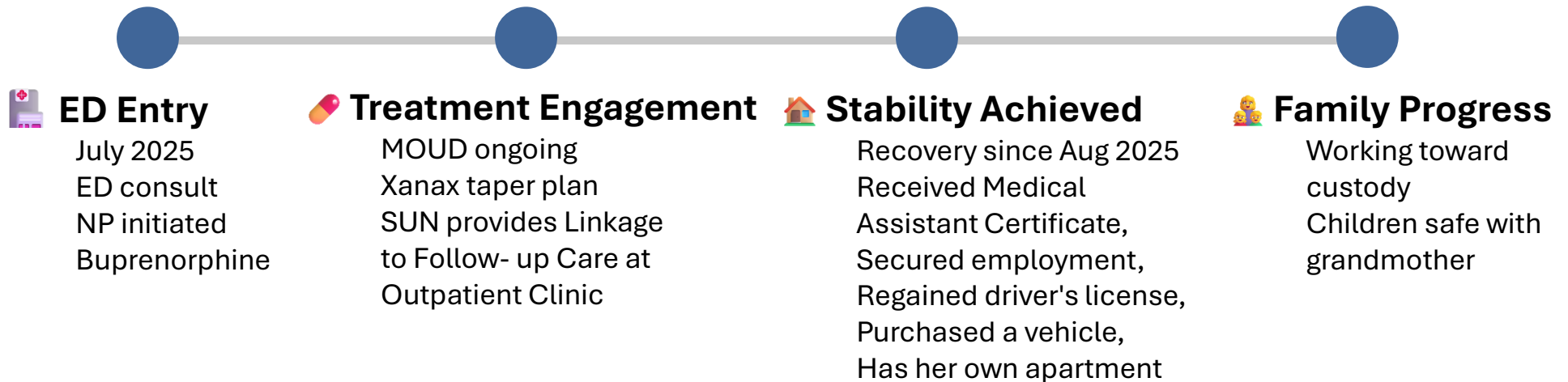
- **Addiction Medicine Care-** integrated within existing health system (like other chronic diseases)
- **Utilize existing components-**Hospitals, Clinic, Public Health Departments, Treatment Teams etc.
- **Small Team-**can drive major impact
- **Significant-** number of patients provided care
- **Improves-** quality, outcomes & reduces stigma
- **Collaboration-** strengthens community health
- **Sustainability-**lowers costs & improves system efficiency



# Story

26 y/o female, substance use: methamphetamine, cocaine, benzodiazepines, and opioids

## From ED to Sustained Recovery and Stability



Thank you

