



Spring 2020 Newsletter

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Finding opportunity to improve the behavioral health system during a time of urgent need

Times have been challenging for all of us, and it is certainly not business as usual. We are all learning to adapt to “the new normal” due to COVID-19. We are also sharing in the outrage at recent events and the need to address longstanding

systemic racism and highlight social justice. Flexibility, adaptability, and inclusion of diverse voices have been key for patients, provider, payers and systems. Ensuring access to and quality of care remains essential, but how this happens is now in flux. Yet the need for systems to be engaged with their patients, providers and other systems, is more important than ever.

While we persevere through this pandemic together, we must continue to tackle the ongoing OUD epidemic – as well as SUD problems that were already increasing (e.g., stimulants, polysubstance use) – with more attention focused on addressing systemic racism and disparities through inclusion of vulnerable populations and addressing social determinants of health in health services research. We are prepared to tackle changes in the mental health/SUD environment that may result from this time, utilizing evidence-based practices and sound research while emphasizing the need of systems to incorporate the voices of those who have been underserved.

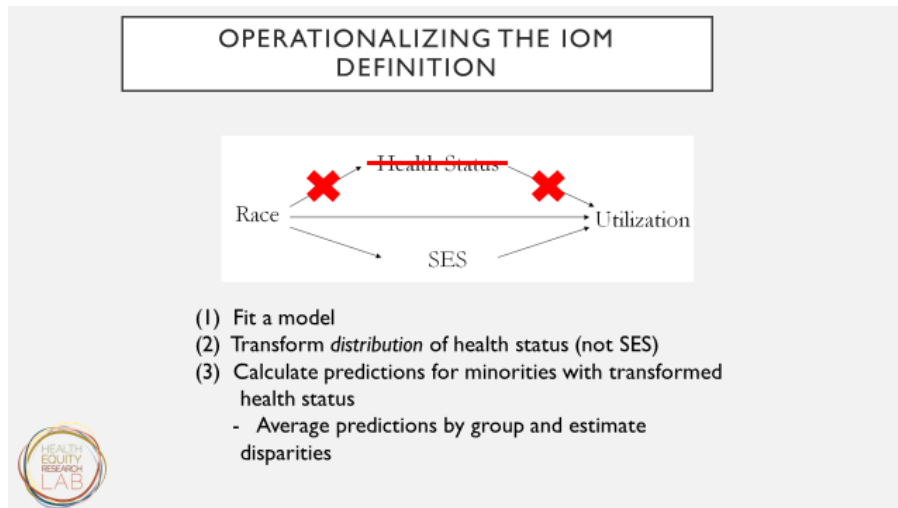
-Constance Horgan, ScD, Director

Center & Related Activities

Workshop Recording: Measuring Racial/Ethnic Disparities in SUD Treatment

“A key part of why we continue to need to measure and track disparities over time is that we need to know how all the interventions we’re working on reduce or exacerbate disparities. Especially with health reform and all the things happening in value-based payment, those are often efficiency-oriented and equity may lose out on these, and it’s really important to track disparities by race, ethnicity, poverty, by gender as we roll out all of these health reforms.”

-Dr. Benjamin Lê Cook, 3/27/2020



On March 27th, the NIDA Center hosted a virtual webinar on methods to measure racial/ethnic disparities in SUD treatment, presented by Benjamin Lê Cook and Timothy Creedon of the Health Equity Research Lab at Cambridge Health Alliance. Dr. Cook walked through methods of measuring disparity, such as rank & replace and propensity score weighting, and demonstrated how to use Stata to run these analyses. Dr. Creedon discussed tracking underlying mechanisms of disparity through the use of structural equation modeling. The workshop can also be found [on our website](#).

New Brandeis Opioid Resource Connector (BORC) website offers opioid resources for community stakeholders



Brandeis Opioid Resource Connector
communities informing communities

NIDA Center researchers affiliated with The Opioid Policy Resource Collaborative at Brandeis University are thrilled to announce the [Brandeis Opioid Resource Connector \(BORC\)](#) website launch. This new website, funded in part by the Robert Wood Johnson Foundation, serves as a one-stop resource for community-based stakeholders searching for opioid-related interventions that can serve as models for their own initiatives. It also includes a wide array of evidence-based practices and resources such as toolkits and webinars.

The BORC website has four main components:

- A curated selection of existing program models
- Guidance for choosing appropriate interventions, policies, or practices
- Links to key resources such as data and mapping, papers and reports
- A feedback function for website users to provide suggestions and recommendations for other resources to include on the website

Visit [BORC Website](#)

Publication Spotlight

***Health Affairs* publication shows inpatient psychiatric units less likely to use health information exchange**



The [June issue of Health Affairs](#) includes a publication of a NIDA Center-funded pilot paper led by Brandeis University PhD Candidate Morgan Shields and co-authored by Center researcher Alisa Busch. They find that inpatient psychiatric units in acute care hospitals are less likely to utilize electronic health information exchange (HIE) at discharge.

Larger hospitals and those that participate in an accountable care organization were significantly more likely to use electronic HIE in inpatient psychiatric units. Other factors, such as variation in stringency of mental health privacy laws across states, showed no effect on utilization of electronic HIE. Whereas 88% of acute care hospitals reported use of electronic HIE overall in 2016, only 56.3% of inpatient psychiatric units reported sending health information to providers during the transition of care.

“Patients of inpatient psychiatry are already a vulnerable population facing many disparities in health care and high rates of comorbidities, including substance use disorder,” says Morgan Shields.

[Read the full press release here](#)

Recent Researcher Publications

[Treating patients with opioid use disorder in their homes: An emerging treatment mode](#)

[Deployment of tele-mental health in conjunction with in-person services: barriers and facilitators in implementation](#)

[Mental health economics: bridging research, practice and policy](#)

[Hub & Spoke in Washington state: design, early implementation and results from innovative OUD treatment service delivery](#)

[Referral to treatment after positive screens from unhealthy drug use in an outpatient Veterans Administration setting](#)

Mentoring

The Center will facilitate mentoring at upcoming virtual conferences.

Consider participating today!



Brandeis • Harvard
NIDA CENTER
To Improve **System Performance Of**
Substance Use Disorder Treatment
SUPPORTED BY THE NATIONAL INSTITUTE ON DRUG ABUSE

Mentoring



The Brandeis-Harvard NIDA Center is committed to promoting professional mentoring and expanding networks among health services researchers focused on substance use disorders, including students, early career investigators, and more established researchers. Our mentoring program has made connections that resulted in new collaborators on papers and projects and even job offers.

Mentors and mentees will be matched based on research interests and meet over video conference for a 30-60 minute conversation to discuss a range of topics, including career development, networking, or proposal planning. The relationship can go anywhere from there, but there are no further requirements or expectations.

If you have any questions about the mentoring program, please contact Hillary Richards (hrichards@brandeis.edu). We look forward to your participation!

Former mentees and mentors:

Have NIDA Center mentoring programs at conferences led to longer-term communication, collaborations and activities?

[Share your NIDA Center mentoring success stories with us!](#)

Upcoming Conferences

[CPDD 2020 Scientific Virtual Meeting: June 22-24, 2020](#)

[AcademyHealth Annual Research Meeting: July 27-August 6, 2020](#)

[Addiction Health Services Research Conference: October 14-16, 2020](#)

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