

H+H shifting substance-use care to outpatient model

NYC Health + Hospitals said it is closing its inpatient detox units at seven hospitals across the city and devoting more resources to outpatient substance-use services as part of a change in the way it treats addiction.

Patients with substance-use disorders often enter the hospital through the system's emergency department. Instead of admitting patients to a dedicated detox unit, H+H has begun treating patients within a hospital's department of medicine. Bellevue and other hospitals have created addiction consult teams that can recommend a patient undergo medical stabilization while detoxing.

Dr. Charles Barron, the system's deputy chief medical officer for behavioral health, said the change was driven by evidence showing patients can be more effectively treated through ongoing treatment outside of hospitals.

"This is a better method of treatment for our patients and gives wider access for patients to come into treatment," Barron said. "It gives our staff a better way of using their expertise and skills to provide this kind of service."

Crain's interviewed Barron following [a report published](#) in The City that said H+H would close all its inpatient detox units. Detox units are scheduled to close at seven hospitals, affecting 131 licensed beds. H+H's Harlem and Bellevue campuses have already made the transition with unit closures planned at the Coney Island, Jacobi, Kings County, Metropolitan and Woodhull campuses as well.

Barron said it could convert some of those beds to medical or drug rehabilitation beds pending approval from the state Office of Addiction Services and Supports.

More than 60% of the system's detox beds were routinely empty, the health system said. An H+H spokesman said that under the traditional inpatient detox model, H+H could admit only patients who had used drugs or consumed alcohol within the previous 48 hours.

Barron said the system will not lay off staff as part of the transition. H+H is working to get effective treatment options, he said, such as the use of buprenorphine in connection with addiction counseling embedded into primary care offices, not just behavioral health sites.

John Coppola, executive director of the state Association of Alcoholism and Substance Abuse Providers, said the health system needs to be thoughtful about ensuring there are enough hospital and community resources to support patients needing detox services.

"When we shut down beds in hospitals, where are those places going to be where [patients] can get medical attention?" Coppola said. "It's not as simple as referring them to outpatient programs."