

Evaluating the impact of an addiction consult service

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INTRODUCTION

- Substance use disorders (SUD) impact around 8-10% of Americans; and about 70% of emergency department (ED) patients.
- There are heavy costs associated with undiagnosed and untreated SUD, upwards of \$120 billion annually¹ and around 25-30% of hospitalized patients with SUD leave against medical advice (AMA)², potentially leading to worse outcomes for these patients.
- A recent survey showed that 16% of healthcare providers referred SUD patients to treatment, only 6% prescribed SUD medications, and 31% viewed SUD as a choice³.
- Research proves that pharmacotherapy for alcohol, tobacco, and opioid use disorder in acute settings decreases substance use, readmission rates, and improves treatment outcomes⁴.
- Inpatient addiction consultation service (ACS) is a strategy to help healthcare providers feel more prepared and able to care for these patients appropriately and can help provide support with SUD screening, withdrawal, pain, and medication management.
- This project follows the ACS at Banner University Medical Center in Tucson to describe the impact ACS has on 30-day ED readmission rates.

OBJECTIVES

- Evaluating the effectiveness of an addiction consult service on 30-day ED readmission rates.

METHODS

- For this project, the ACS notes were evaluated to see what kind of effect they had on 30-day ED readmission rates. Demographics, SUD types, treatments offered, and discharge data were obtained.

Table 1: Inclusion criteria

Inclusion Criteria
Patient seen by addiction medicine service between 7/1/22 - 10/25/22
Addiction medicine consult completed

- 278 patients had chart review performed to evaluate the effects of an addiction consult.
- 69 patients were excluded that were within the evaluation period as there was no completed consult.
- Data was de-identified and stored electronically for analysis
- Descriptive analysis was used and performed using Excel.

RESULTS

Table 2: Demographic information of patients

Patient Demographics
Average age was 41 years.
Oldest patient was 72 years and youngest patient was 4 days.
63% of patients were male and 37% of patients were female.

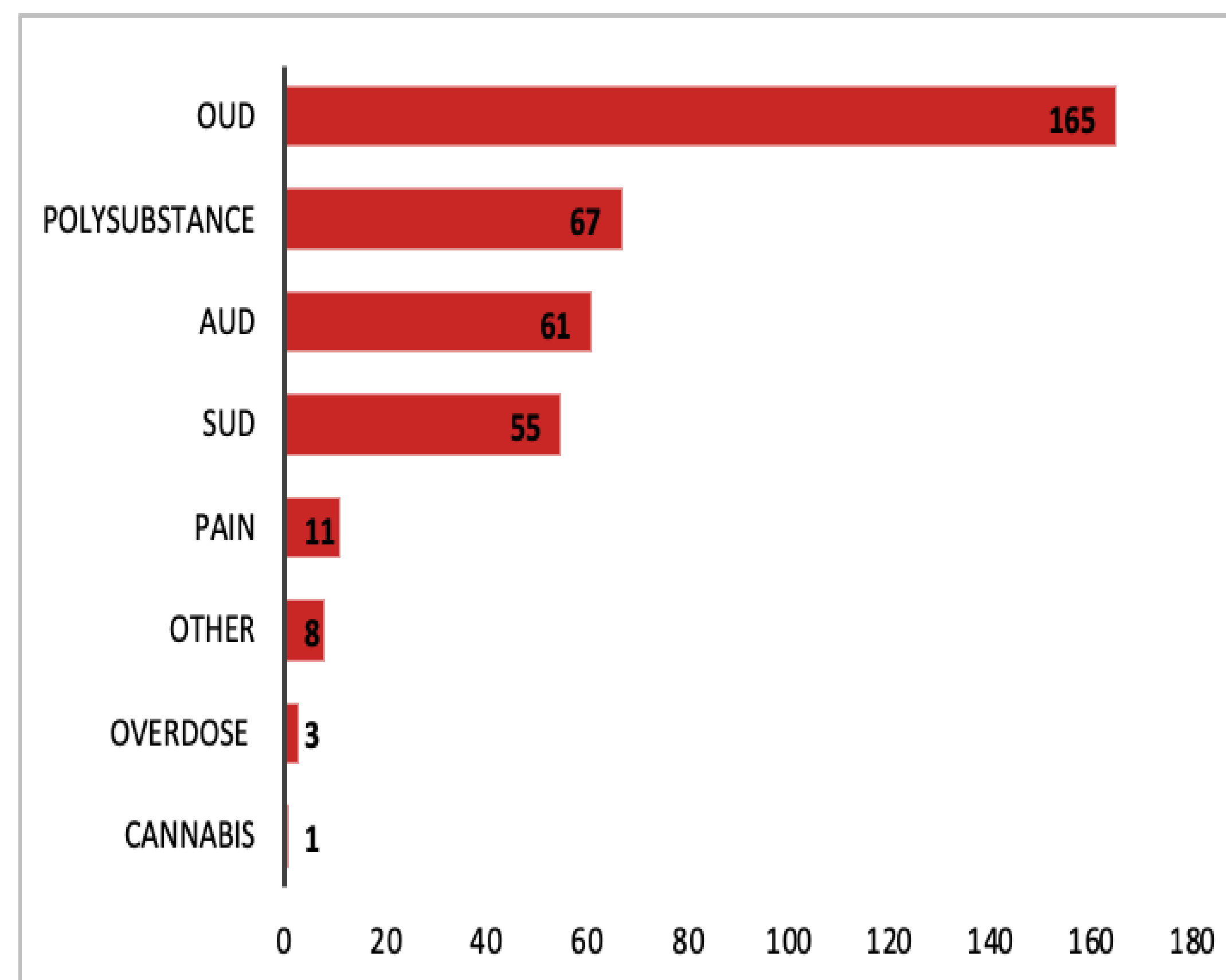


Figure 1: Reasons for consult

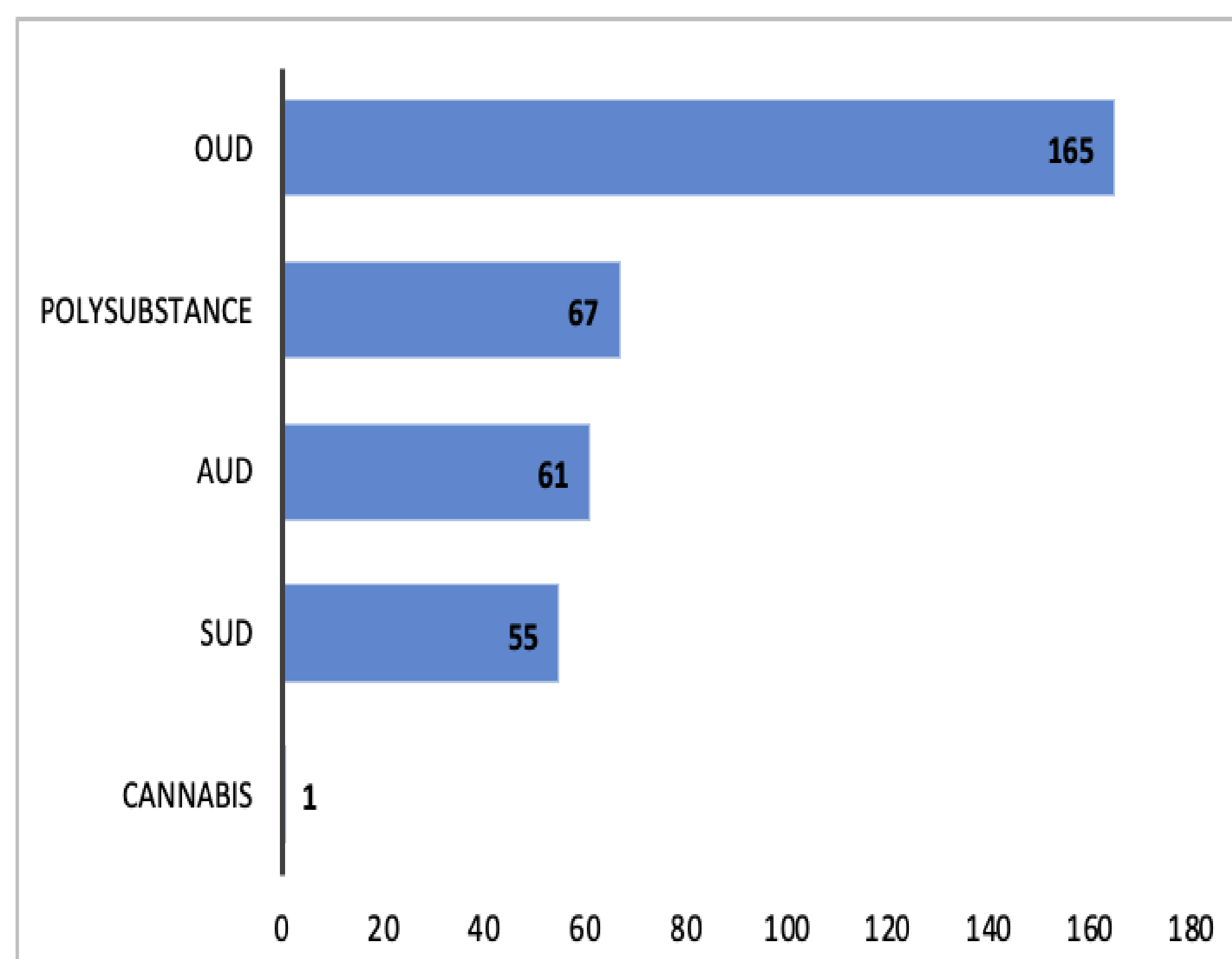


Figure 2: Substance use disorders seen

RESULTS

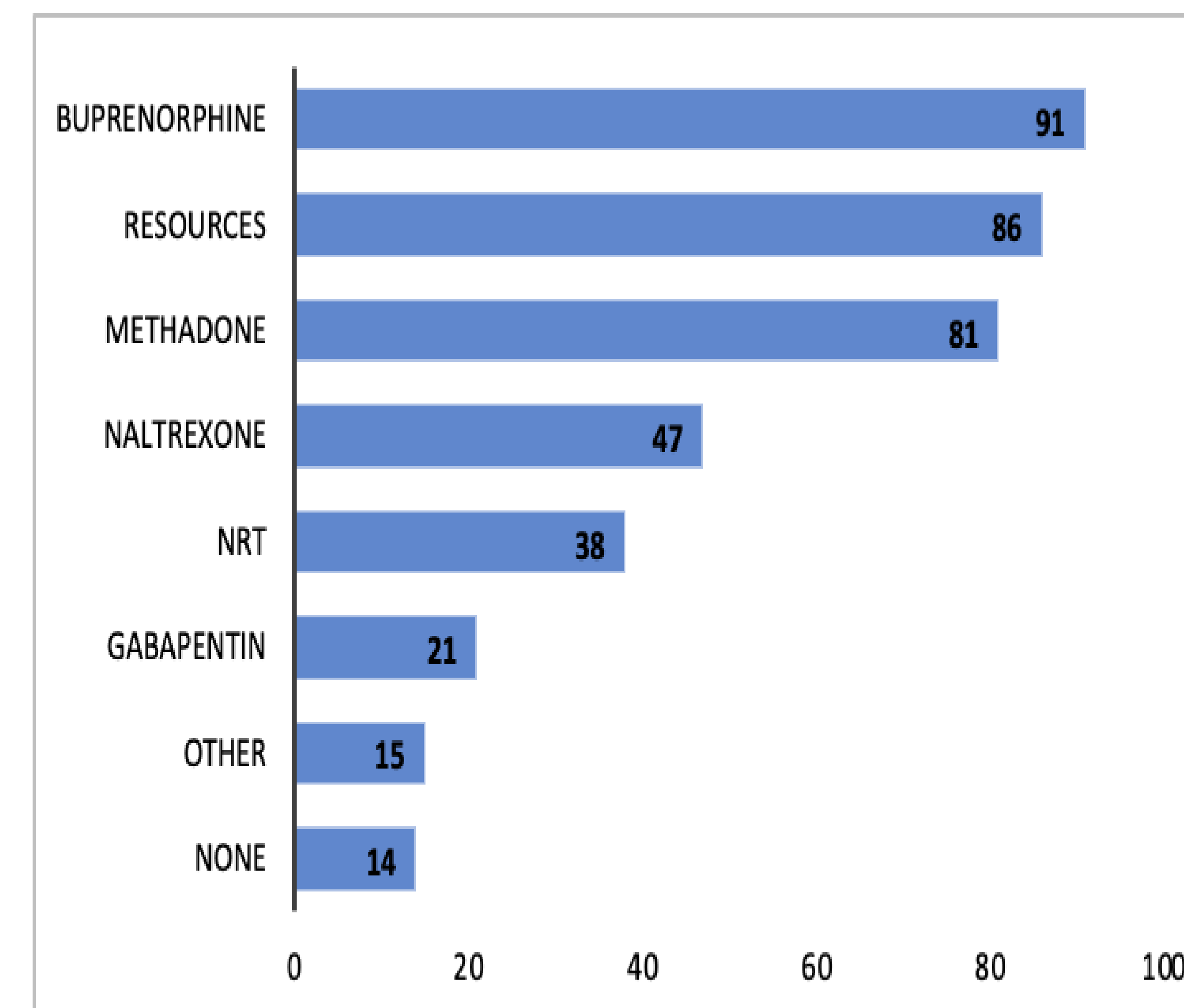


Figure 3: Recommended treatments for patients

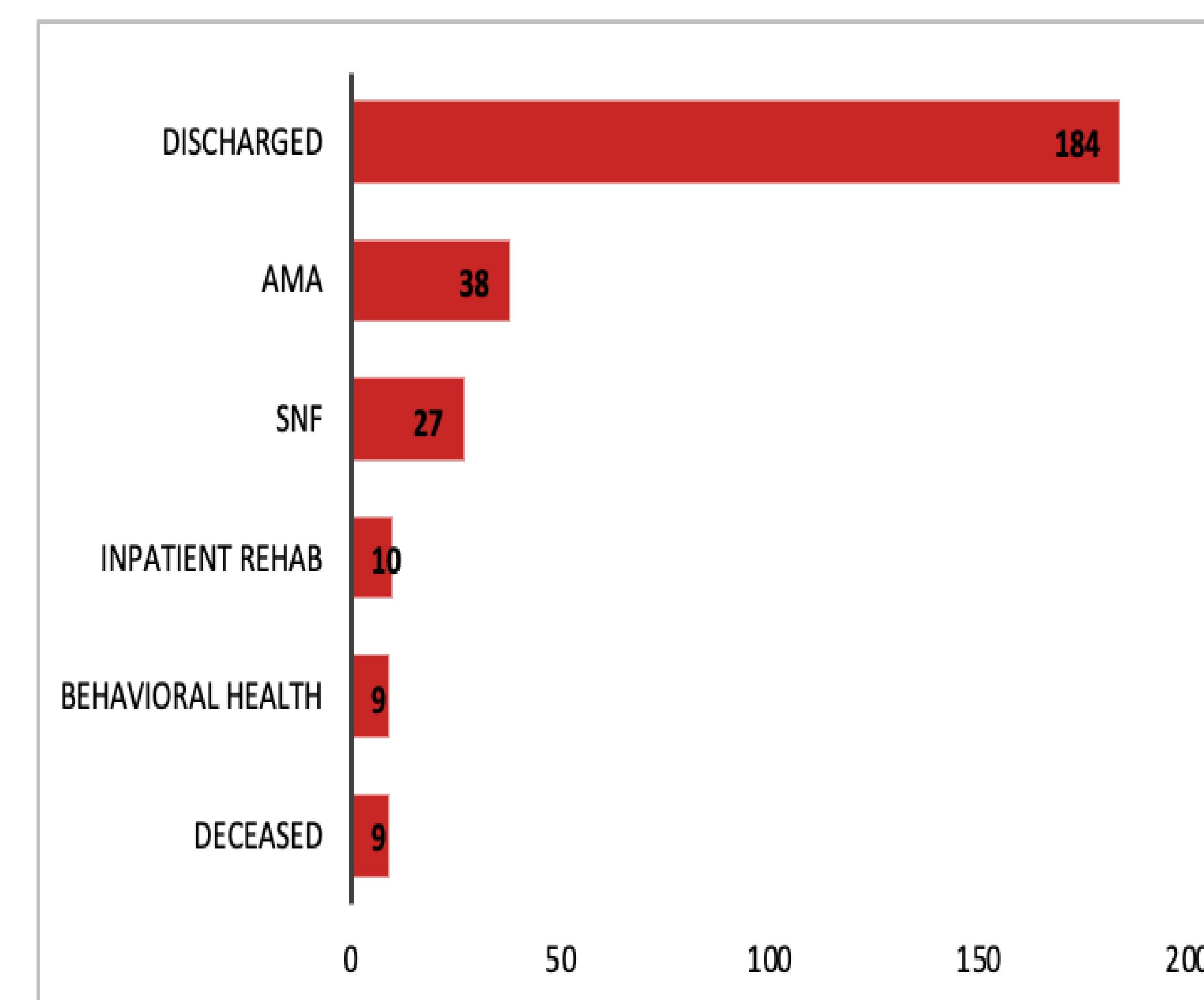


Figure 4: Discharge data for patients

30-day ED readmissions decreased by 59% after patient were able to see the ACS.

DISCUSSION

- Opioid Use Disorder (OUD) was the most common substance. Alcohol was the second most common.
- Buprenorphine, methadone, and resources were the top three treatments offered. Resources included follow up clinics, support groups, and education.
- Most patients were successfully discharged from the hospital.
- 13% of patients left against medical advice, while some were discharged to another healthcare facility depending on their individualized needs.
- 3% of patients died during hospital admission due to various reasons.
- 30-day ED readmissions decreased by 59% in patients who were seen by the ACS.

LIMITATIONS

- Patients unwilling to meet with the ACS limiting number of total patients
- Inability for follow up to determine efficacy of ACS on patient outcomes long-term.

CONCLUSION

- This project demonstrated that an ACS provided in healthcare settings can have a positive impact on patient outcomes for SUD.
- This is an important intervention that should be implemented into more healthcare systems as SUD has and continues to claim the lives of many.

REFERENCES

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