

Models of Addiction Consultation Services in the Hospital Setting

Brent D. Schnipke¹, S. Alex Sidelnik², Rachel A. Caravella², Christine T. Finn³, Lisa J. Rosenthal¹

¹Northwestern University ²NYU Langone Health ³Dartmouth Health

Introduction

The hospital setting provides an opportunity to engage patients with substance use disorders (SUDs) while facilitating necessary medical care. Addiction Consultation Services (ACS) provide valuable expertise in managing patients with SUDs who often have complex medical and psychosocial needs. Various ACS models exist with differing relationships to C-L psychiatry services, ranging from fully independent services staffed by non-psychiatrists to collaborative consultation, with variable ancillary support. Regardless of setting, C-L psychiatrists can provide support to patients and inpatient teams to address morbidity and mortality in patients with opioid use disorders.

Several small studies have described different ACS models investigating patient-level, provider-level, and institution-level outcomes.¹ There is growing evidence for the effectiveness of ACS, but teams based within Psychiatry Consultation-Liaison services have not yet been well described.

This poster describes the current landscape of ACSs in the literature, and describes sample models of care by surveying different Consultation Services across the United States.

The authors attest there are no disclosures or conflicts of interest to report.

Methods

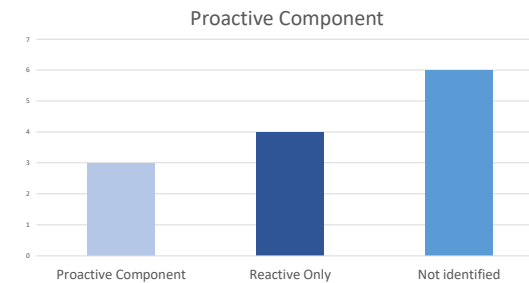
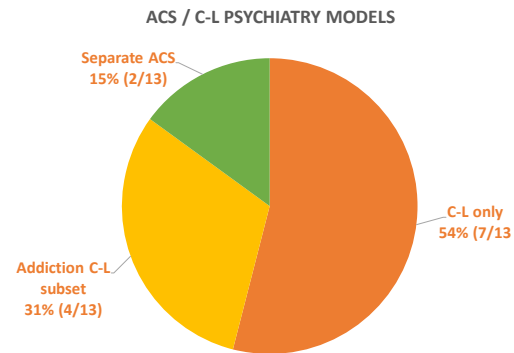
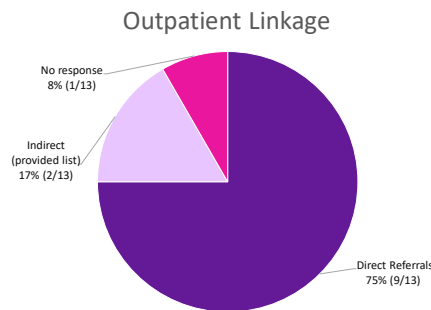
We reviewed the existing literature on ACS models in hospital systems and summarize the evidence supporting their benefit.

In addition, members of the C-L Division Directors Listserv responded to an unstructured inquiry reporting their institutional service models, including methods of staffing, types of consultation, relationship with primary C-L services, and methods of linkage to outpatient treatment. This unstructured survey data from institutions in the US was collected and analyzed.

Findings

Thirteen C-L Directors responded to the Academy of Consultation-Liaison Psychiatry Director's Listserv inquiry, representing services across nine different states and four USA geographic regions. Hospitals have various implementation strategies, ranging from complete absence of psychiatry involvement to fully integrated with an existing C-L psychiatry service.

Resources	Availability by service
Psychiatrists (+/- Addiction psychiatrists)	13 (100%)
C-L Social Work	7 (54%)
Peer Support or Recovery Coach	4 (31%)
External Social Work	2 (15%)



Discussion

Healthcare teams are attempting to develop evidence-based models of care and trying to meet clinical needs for addiction treatment in hospital settings. This preliminary survey of current models within C-L psychiatry reveals several existing models. Staffing of ACS varied across institutions and included dedicated addiction psychiatrists, social workers, peer supports, and both addiction and general C-L psychiatrists. The availability of ancillary support varied across model type. The different team members involved highlights that varied experiences and skills can be beneficial in ACS.

C-L psychiatrists are equipped with the knowledge and skills to participate in and lead Addiction Consultation Services. This unstructured data suggests that C-L Psychiatrists often provide substance use disorder treatments in the hospital setting. Less than half of responding institutions have ACS embedded within C-L teams or as separate services

These findings are limited by the self-report nature of the survey and the low percentage of responding institutions. Further investigation of the role for Consultation-Liaison Psychiatry services providing substance use disorder treatment may provide data to support essential medical care of a growing patient population. Continued sharing of existing models of care will likely help identify effective strategies, and knowledge sharing can improve provision of addiction care by C-L psychiatrists regardless of setting.

References

1. Priest KC, McCarty D. Role of the Hospital in the 21st Century Opioid Overdose Epidemic: The Addiction Medicine Consult Service. *J Addict Med*
2. Wakeman SE, Melley JP, Chang Y, Herman GE, Rigotti NA. Inpatient Addiction Consultation for Hospitalized Patients Increases Post-Discharge Abstinence and Reduces Addiction Severity. *J Gen Intern Med*. 2017 Aug;32(8):909-916. doi: 10.1007/s11606-017-4077-z. Epub 2017 May 19. PMID: 28526932; PMCID: PMC5515798.
3. Buckley PJ, Houck PR, Gopalan P. Integrating Payer and Provider Data to Identify Factors Associated With Outpatient Psychiatric Follow-Up After Inpatient Psychiatric Consultation. *J Acad Consult Liaison Psychiatry*. 2021 Sep-Oct;56(5):561-563. doi: 10.1016/j.jaclp.2021.05.009. Epub 2021 Jun 8. PMID: 34116260.

Proposed Benefits of Addiction Consultation Services

Patient-level

- Increased abstinence post-discharge²
- Decrease in readmissions and improved linkage to outpatient care³

Provider-level

- Reduced burnout in caring for people with SUDs
- Improved provider satisfaction

Institution-level

- Support for policy creation, such as withdrawal protocols
- Educational opportunities for trainees
- Reducing stigma and fear of unfamiliar treatment options