

CL Frequent Flyers: Why Do Some Patients Have So Many Consults?

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Hypothesis: at least some are due primarily to psychiatric and behavioral factors inadequately addressed by psychiatric consultation or impossible for the consultant to resolve.

- Retrospective chart review, consults for January 2022-February 2023
- N = 3406 consults, 2894 patients
- 344 (11.8%) patients had more than one consult
- 27 patients had four or more consults. (mean 4.72, range 4-10)

	Patients with 4 or more consults	
Leading medical diagnoses	Cancer (4), liver disease (3), chronic/recurrent pain (3)	
Leading psychiatric diagnoses	Substance use disorders (9), depression (5), borderline personality (4), adjustment disorder (4), bipolar or schizoaffective disorder (4)	
Age, y (mean, (range))	46.8 (25-89)	
Gender, %	M 59.3%, F 40.7%	
Primary service	N	%
Medicine	14	52
Transplant surgery	4	15
HSCT	3	11
Oncology	2	7
Surgery	2	7
Cardiology	1	4

Consult Issue identified	N	%
Capacity evaluation	0	0
SUD	12	44
Psychosis, acute	5	19
Depression	16	59
Delirium	0	0
Psychosis, chronic	5	19
Dementia	2	7
Suicide	6	22
Pain	11	41

Outcomes	N	%
Agreed upon disposition plan, yes	22	81
Inevitable rehospitalization due to medical diagnosis?, yes	8	30
Readmission driven primarily by psychiatric factors?, yes	18	67
Rehospitalization could have been avoided if psych consult had been more effective?, yes or maybe	19	70

Psychiatric issues driving re-admission:

- Substance use disorder
- Somatization
- Nonadherence to medical regimen
- Nonadherence to psychiatric care regimen
- No follow-up care arrangements before discharge
- Intractable psychiatric disorder

Example: an unavoidable re-admission and re-consult for medical reasons:

A 27 yo man with autism and schizophrenia undergoing repeated admissions for chemotherapy of metastatic cancer.

Example: a potentially avoidable readmission despite everything the consultant could do:

A 46 yo woman with borderline personality disorder, substance use, recurrent suicidal ideation, and COPD, enrolled in ACT team outpatient care, with good follow-up arranged, but poor adherence to outpatient medical and psychiatric follow-up.

Example: a potentially avoidable readmission and re-consult with room for consult improvement:

A 29 yo woman with repeated admissions for abdominal pain and alcohol use disorder. Although she has been referred in the past to outpatient substance use disorder rehabilitation, she has not been able to stay in treatment. In four admissions she has never been referred to inpatient substance use disorders treatment.

Discussion:

Unresolved and perhaps inadequately addressed chronic psychiatric problems including substance use disorders are common in CL “frequent flyers;” more focused CL intervention might help reduce readmissions and re-consultation.