Impact of Addiction Consult Social Workers on Hospital Readmission Rates

Presenter: Hayley Rotello, LCSW

Intro

- Sought to explore the specific impact of addiction consult social worker involvement on 90-day readmission rates for patients evaluated by the Addiction Consult Team (ACT)
- <u>Hypothesis</u>: Patients who received an ACT consultation with social worker involvement would have lower readmission rates compared to those seen by attending only.

Methods

- 1. Data queried from an internal dashboard (safety net hospital) reporting all addiction consultations completed between Jan 1- Sept 30, 2023.
- 2. Readmissions: 90-day, binary, same institution
- 3. Chi-squared test was performed to test the null hypothesis that readmission rates are equal in both groups. Statistical significance defined as < 0.05.
- 4. ACT social work (SW) interventions included psychosocial assessment, ASAM Level of Care Assessment, transition of care planning, linkage to treatment, therapeutic intervention, and collaborative discharge planning.

Results

- 90-day readmission rates were 5% lower for patient encounters with ACT SW involvement (p = 0.05)
 - OUD: 9% lower readmission rate (p < 0.01)
 - AUD: No difference in readmission rate (p=0.73)
 - Other: 5% lower, though non-significant, readmission rate (p < 0.35).

Discussion

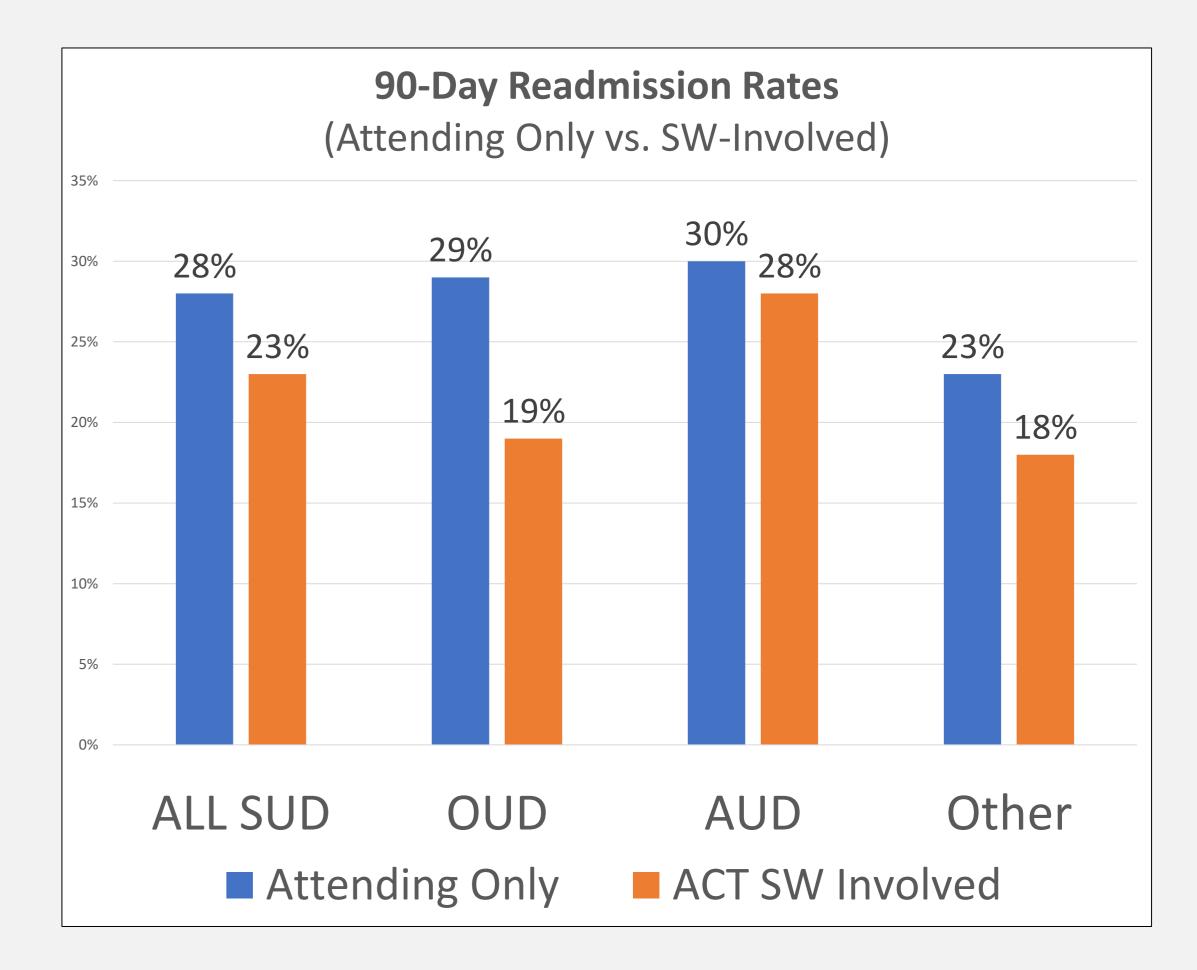
- ACT SW intervention may reduce rate of post-hospital destabilization and return to use
- <u>OUD Patients</u>: Workflow involves both medication induction and ACT SW linkage to medication continuation highlighting the multidisciplinary approach needed to treat this disease.
- <u>AUD Patients</u>: Often requires inpatient treatment, limited availability of intensive residential treatment (IRT) beds for publicly insured patients.

90-day hospital readmission rates were 5% lower (absolute difference) for patients seen by Addiction Consult Social Worker than those seen by Addiction Consult attending alone.



Scan to download the full abstract

		Attending only		SW involved			
Primary		# Rehosp	Rehosp	# Rehosp	Rehosp		Chi-square p
SUD	# Consults	(90 days)	Rate	(90 days)	Rate	Diff.	value
ALL	1515	225	28%	165	23%	5%	0.0452
OUD	578	91	29%	50	19%	9%	0.009
AUD	660	98	30%	94	28%	1%	0.7317
Other	277	36	23%	21	18%	5%	0.3547



References

[1] Raheemullah, Amer & Deng, Huiqiong & Fenno, Lief & Lembke, Anna. (2022). Inpatient Addiction Medicine Consultation on Readmission Rates and Length of Stay. Journal of Addiction and prevention. 10. 10.13188/2330-2178.1000053.

[2] Trowbridge, Paul & Weinstein, Zoe & Kerensky, Todd & Roy, Payel & Regan, Danny & Samet, Jeffrey & Walley, Alexander. (2017). Addiction consultation services — Linking hospitalized patients to outpatient addiction treatment. Journal of Substance Abuse Treatment. 79. 10.1016/j.jsat.2017.05.007.

[3] Englander H, Dobbertin K, Lind BK, Nicolaidis C, Graven P, Dorfman C, Korthuis PT. Inpatient Addiction Medicine Consultation and Post-Hospital Substance Use Disorder Treatment Engagement: a Propensity-Matched Analysis. J Gen Intern Med. 2019 Dec;34(12):2796-2803. doi: 10.1007/s11606-019-05251-9. PMID: 31410816; PMCID: PMC6854181.

[4] Wilson JD, Altieri Dunn SC, Roy P, Joseph E, Klipp S, Liebschutz J. Inpatient Addiction Medicine Consultation Service Impact on Post-discharge Patient Mortality: a Propensity-Matched Analysis. J Gen Intern Med. 2022 Aug;37(10):2521-2525. doi: 10.1007/s11606-021-07362-8. Epub 2022 Jan 25. PMID: 35076857; PMCID: PMC9360378.

Authors

- Hayley C. Rotello, LCSW <u>hayley.rotello@dhha.org</u> [a]
- Dale J. Terasaki, MD, MPH <u>dale.terasaki@dhha.org</u> [a,b]
- Alexandra D. Tillman, MS <u>alexandra.tillman@dhha.org</u> [a,c]
- Jennifer R. Lyden, MD <u>jennifer.lyden@dhha.org</u> [a,b]
 - [a] Denver Health & Hospital Authority
 - [b] University of Colorado School of Medicine
 - [c] Public Health Institute at Denver Health

No financial disclosures for any authors.