

CONFERENCE ABSTRACT

Integrated management pathways for alcohol and drug clients into treatment (impact) service reduces emergency department visits

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Introduction and Aims: People with substance use disorders (SUD) are over represented among frequent attenders to Emergency Departments (ED), however there have been few attempts to systematically respond to such individuals outside of hospital settings. This presentation will report on the final results of an assertive outreach case management program (IMPACT), aimed at frequent (≥ 5 within the past year) attenders with SUD presenting to two major Sydney hospitals.

Design and Methods: A pre-post evaluation examining changes in (a) ED presentations; (b) substance use and general health outcomes; and (c) economic costs.

Results: Of 42 clients engaged between October 2014 and November 2015, most (64%) presented with alcohol as drug of concern. Two-thirds were women and mean age was 45 years.

Intervention lengths averaged 5 months with two-thirds (28) successfully completing. ED presentations more than halved, from mean 1.2 visits/month prior, to 0.5 visits/month post-IMPACT ($p=0.001$).

Clinical Global Impression: Improvement ratings by clinicians found 22 improved, 11 remained the same and 8 worsened in condition. ED visit rates dropped significantly among clients who improved but not among those who did not.

Among 27 clients with pre- and post-ATOP measures, the number of days primary drug use dropped from 18 to 12 in the last 28 days ($p=0.008$), and quality of life improved.

Economic costs will be available at time of presentation.

Discussion and Conclusions: Current service models do not cater for the needs of people with SUD and innovative and integrative approaches are required that transition patient care from hospital to community settings to reduce the burden upon ED. Results demonstrate a decrease in ED visits, improvement in health and substance use, and good retention in the program.

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Implications for Practice or Policy: Integrated care principles support the development of more efficient and effective models of responding to individuals with significant D&A problems that transitions the focus of care from hospital to community settings.

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Keywords: substance use disorders; emergency presentations; community care; preventable presentations; integrated care approach
