An interprofessional model for treatment of alcohol use disorder in a public hospital

TRIVENI DEFRIES, MD MPH, SASHA SKINNER, BA, JEN BERKE, MSN MPA PHN RN, OANH NGUYEN, MD MAS, MARLENE MARTIN, MD

Background

- Alcohol use disorder (AUD) is prevalent among hospitalized individuals.
  - 1 in 4 patients at our hospital has unhealthy alcohol use.
- In national samples, <2% are prescribed medication for AUD
- There are racial disparities in treatment

Martin et al, 2022; Bernstein et al, 2023; Han et al, 2021; Oldfield et al, 2022; Acevedo et al, 2024

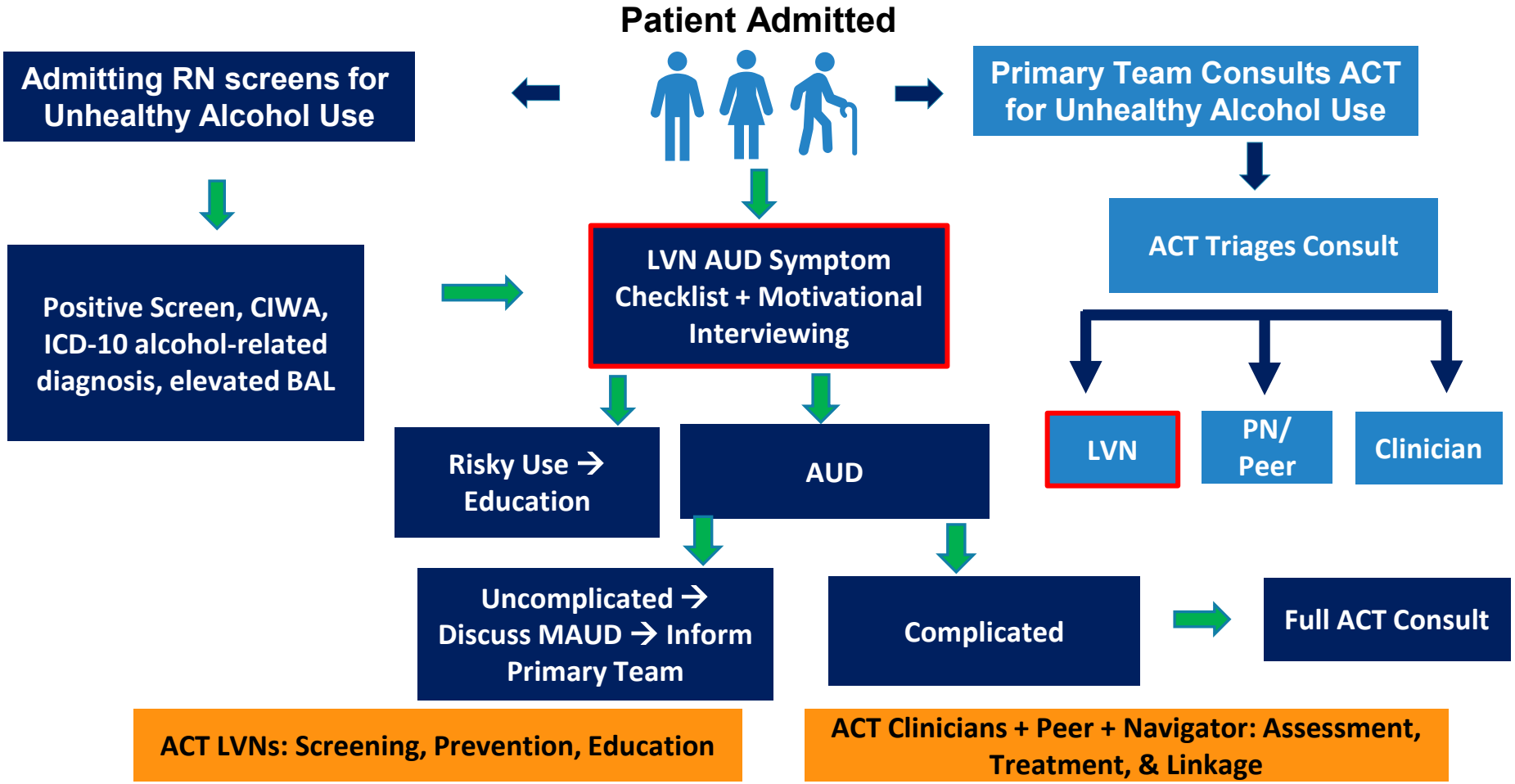
Background

- Hospitalization offers an opportunity to detect and treat AUD which may improve post-hospitalization outcomes[1]
- Addiction consult teams (ACT) can increase MAUD prescribing[2]
- ACTs may not have capacity to see all patients with AUD, nor do all hospitals have ACT
- Interprofessional models can augment the reach of interventions to increase AUD treatment

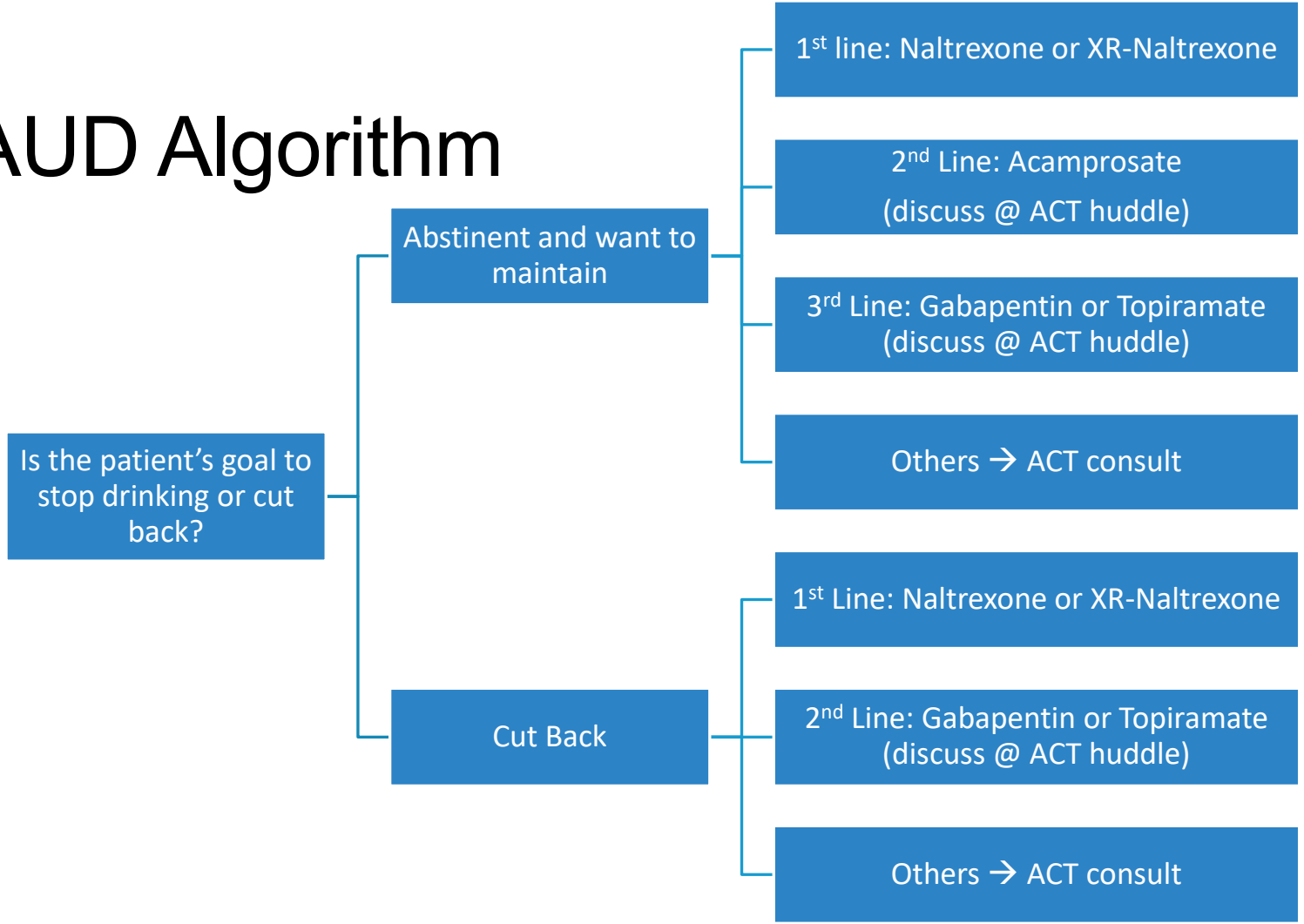
Bernstein et al, 2024. Singh-Tan et al, 2023

ACT's Approach

- Empathy and Respect
- Patient-centered Goals
- Evidence-based treatment
- Linkage


Patient Admitted
Admitting RN screens for Unhealthy Alcohol Use
Primary Team Consults ACT for Unhealthy Alcohol Use
Positive Screen, CIWA, ICD-10 alcohol-related diagnosis, elevated BAL
LVN AUD Symptom Checklist + Motivational Interviewing
ACT Triages Consult
LVN
PN/ Peer
Clinician
Risky Use → Education
AUD
Uncomplicated → Discuss MAUD → Inform Primary Team
Complicated
Full ACT Consult
ACT LVNs: Screening, Prevention, Education
ACT Clinicians + Peer + Navigator: Assessment, Treatment, & Linkage

MAUD Algorithm



Objective

To understand the characteristics and MAUD prescribing rates among hospitalized adults with AUD seen by ACT Licensed Vocational Nurses

Methods

Retrospective cohort study of hospitalizations

Inclusion Criteria

- Adults ≥ 18yo
- Primary or secondary diagnosis of AUD

Exclusion Criteria

- Death

Setting

- Urban, public hospital

Time

- August 2019 - December 2023

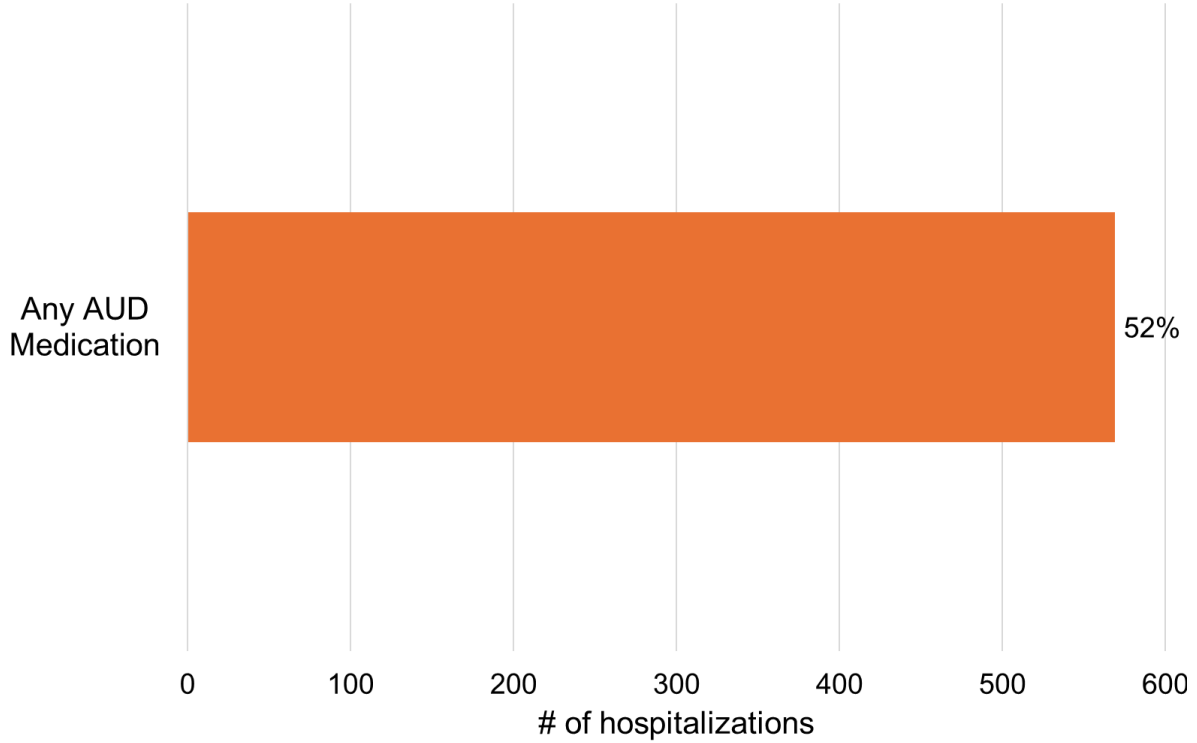
Results: Characteristics of Hospitalizations with AUD Seen by ACT LVNs

Total hospitalizations, n	1,095
Unique patients, n (%)	811 (74.1%)
Age, years, median (IQR)	47 (20)
Male, n (%)	883 (80.6%)
Race/Ethnicity, n (%)	
Latine	438 (40%)
White	366 (33.4%)
Black/AA	211 (19.3%)
English, n (%)	883 (80.6%)
Unhoused, n (%)	440 (41.2%)
Publicly Insured, n (%)	845 (77%)
Admitted to Medical Service, n (%)	972 (88.8%)
Mean Length of Stay, days (IQR)	5 (5)
Self-Directed Discharge, n (%)	72 (6.6%)

Results: Substance Use Disorder & Mental Health Diagnoses Among Hospitalizations with AUD Seen by ACT LVNs

Total hospitalizations	**1,095**
Nicotine dependence	422 (38.5%)
Other SUD	466 (43.6%)
Opioid	233 (21.3%)
Stimulants	364 (33.2%)
Opioid and Stimulant	144 (13.2%)
Sedative Hypnotic	24 (2.2%)
Mental Health Diagnoses	528 (48.2%)

Results: AUD Medications Prescribed for Hospitalizations seen by LVN



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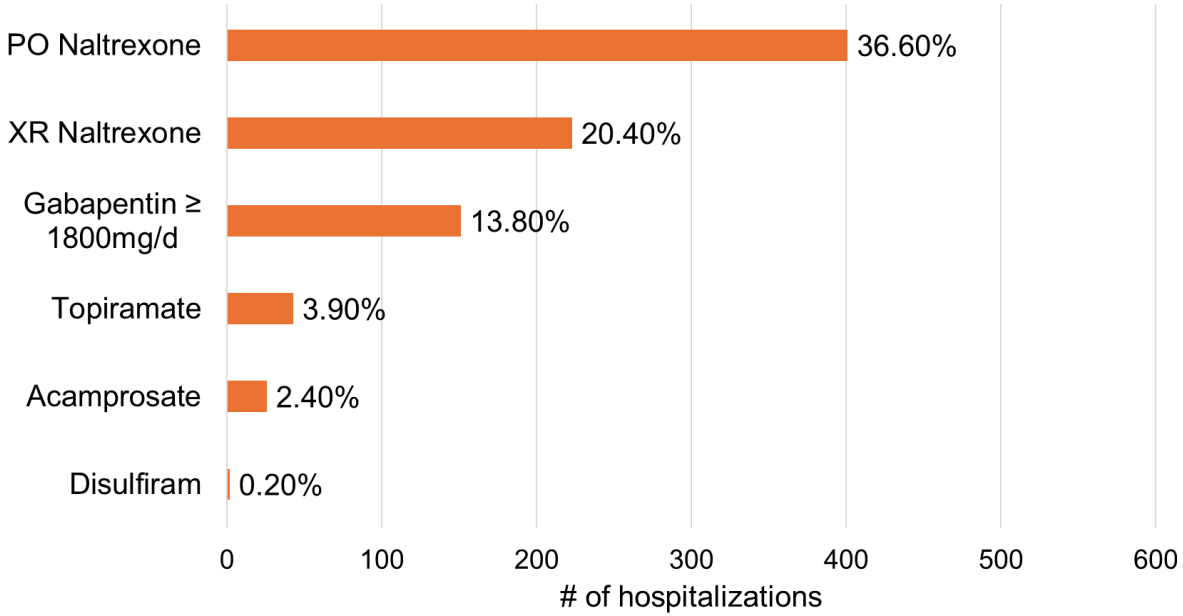

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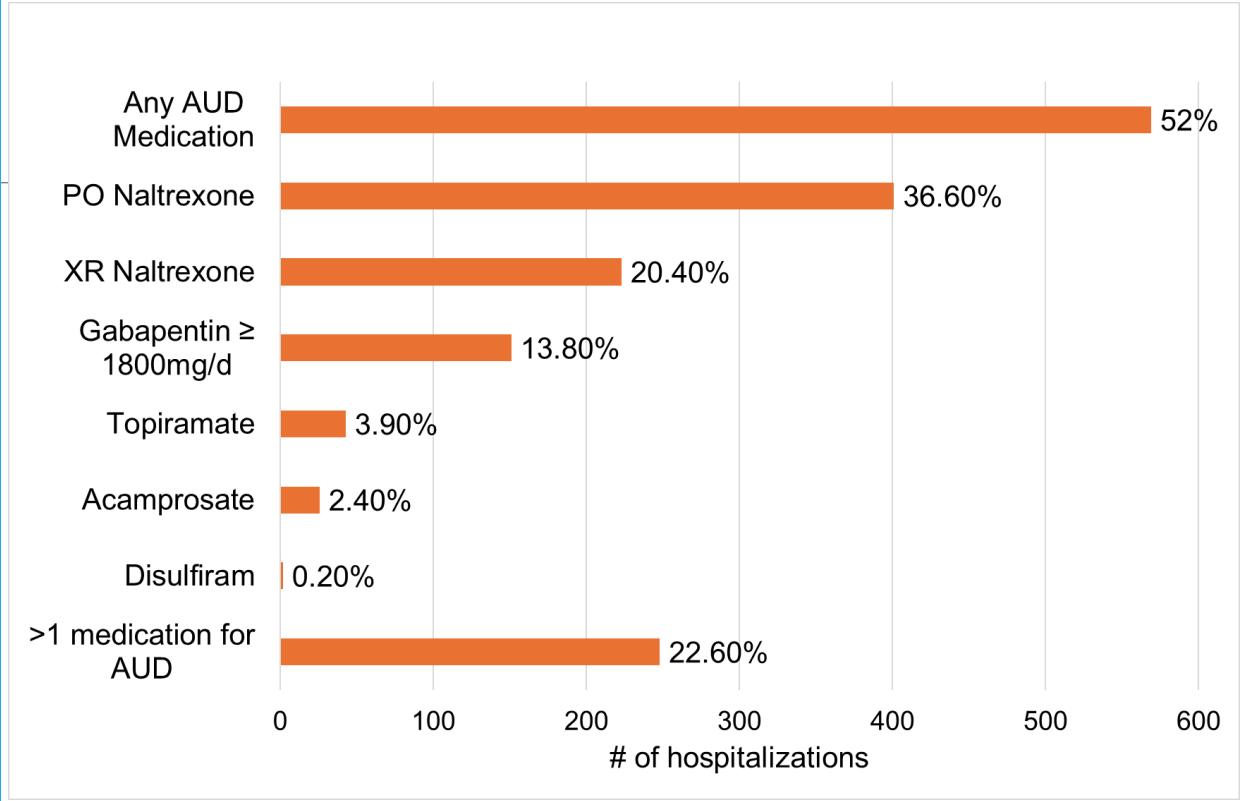

Limitations

- Limited post-hospital follow up data on medication, linkage, AUD- and health-related outcomes
- Using ICD-10 codes to capture AUD diagnosis may underestimate the sample
- Some prescriptions for medications were likely continuation (not initiation)
- Our hospital has higher rates of prescribing MAUD
  - Possible cross-over effects of a robust addiction consult team and accessible hospital-wide medication protocol
- Relied on a medication algorithm that has not been validated in a hospitalized sample

Conclusions

High rates of MAUD prescriptions among hospitalizations with AUD seen by an LVN

An LVN model can bolster MAUD initiation

Nurses can increase the impact of addiction medicine interventions

We need to understand linkage and ongoing treatment for people started on MAUD during hospitalization

Ongoing efforts can optimize the LVN role in the setting of complex co-occurring illnesses

Thank you!

UCSF
University of California
San Francisco

ZUCKERBERG
SAN FRANCISCO GENERAL
Hospital and Trauma Center

triveni.defries@ucsf.edu
marlene.martin@ucsf.edu