Super Utilizers 2.0
Finding the “why”

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When we started…

ORIGINAL RESEARCH

Emergency Department Frequent User: Pilot Study of Intensive Case Management to Reduce Visits and Computed Tomography

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Our top 3 care plan items involved substance use

Table 2. Patient care plans

Patient Care Plans	Number	Percent
Limited or no narcotic use	80	94.1
Chemical dependency evaluation	29	34.1
Limited or no benzodiazepine use	22	25.9
Referral to pain management	18	21.2
Behavioral health evaluation	11	12.9
Social services/Medicaid referral	5	5.9
Referral to primary care	3	3.5
Referral to physical therapy	3	3.5
Limited or no antibiotic use	1	1.2
Referral to alcoholics anonymous	1	1.2
Referral to neurology	1	1.2

Take two

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Administration of Emergency Medicine

THE EFFICACY OF CASE MANAGEMENT ON EMERGENCY DEPARTMENT FREQUENT USERS: AN EIGHT-YEAR OBSERVATIONAL STUDY

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Table 3. Frequency of Various Aspects of Initial Care Plans (n = 199)

	Number of Patients	Percent of Patients
Restricted discharge meds for chronic conditions	165	82.9
Restricted meds in ED for chronic conditions	142	71.4
Referral to chemical dependency/drug treatment	61	30.7
Referral to Pain Management	51	25.6
Referral to support group	29	14.6
Referral to Social Services	27	13.6
Referral to a primary care physician	18	9.0
Referral to Psychiatry	12	6.0
Referral to Physical Therapy	7	3.5
Referral to homeless medical clinic	7	3.5
Referral to Alcoholics Anonymous	4	2.0
Assistance in obtaining insurance	2	1.0
Referral to Neurology	2	1.0
Assistance with smoking cessation	2	1.0
Referral to Dentistry	2	1.0
Referral to Occupational Therapy	1	0.5

ED = emergency department.

Our top 3 care plan items involved medications and substance use

Round three

ORIGINAL RESEARCH

Case Management Reduces Length of Stay, Charges, and Testing in Emergency Department Frequent Users

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Our number one reason for referral was substance use

Table 5. Reasons for referrals to Emergency Department Recurrent Visitor Program. n = 158

Reason for referral	Number of patients	% of total patients
Substance use	101	63.5
Need pain management	96	60.4
Psychiatric illness	46	28.9
Complex psychosocial issues	26	16.4
Needing resources/referrals	21	13.2
Complex medical conditions	20	12.6
Average number of reasons for referrals per patient		2
Number of reasons for referral		
Referred for 1 reason	47	29.7
Referred for 2 reasons	79	50.0
Referred for 3 reasons	23	14.6
Referred for 4 reasons	9	5.7

“The risky use of substances and addiction are the largest and most costly preventable cause of healthcare problems in the United States, yet they are not adequately addressed in healthcare practice”

– American Society of Addiction Medicine

Integrating substance use treatment into the care of high utilizers

Integrating substance use treatment into case management

High-level interventions

- Replacing RN case managers with Social Workers
- Hiring a drug/alcohol counselor for the Emergency department
- Hiring dedicated social workers for the Emergency department

Integrating substance use treatment into case management

Physician-level interventions

- Greater than 90 percent of emergency doctors have buprenorphine waiver
- Co-prescribing of Naloxone
- Education on substance use disorders for physicians

Integrating substance use treatment into case management

Social work/case manager interventions

- Social workers in the ED connect best with patients
- Follow up/continued contact with patients after discharge
- Team approach to complex patients

Integrating substance use treatment into case management

Community interventions

- Multidisciplinary community action team with local police
- Increased referrals/work with local SUD treatment programs
- Development of a Substance Use Response Team (SURT)

Timeline of work

2006: Frequent users group starts

2010: First publication on efficacy

2013: First dedicated RN case manager

2016: Transition to SW case manager

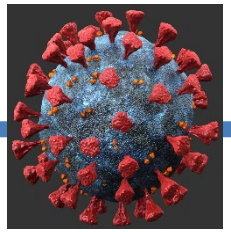
2017: Dedicated social workers for the ED

2017: ED providers start getting X Waiver

2018: Start of Multidisciplinary community action team

2019: Hiring of ED drug/alcohol counselor

COVID



2022: > 90% of ED doctors have X waiver

2022: Start of substance use response team

Current state

Patients with substance use in our ED

- Can be given a dose of naloxone before discharge
- Can receive buprenorphine if needed for opiate use disorder
- Can receive counseling from a drug/alcohol counselor
- Get referrals (often with warm hand off) to local drug treatment programs
- Can be started on medications for alcohol use disorder (such as naltrexone)
- Are connected to community mutual support groups

Our goal

- Reduce recurrent ED visits for untreated substance use by treating it
- Prevent recurrent ED visits by treating substance use when it is diagnosed

Future state

- Dedicated chemical dependency team for the hospital, with every patient with substance use being seen by a doctor/NP/PA
- ED patients with substance use can go from ED to residential treatment program if indicated
- Expanded outpatient services to shorten time to enter treatment after DC from the ED

- And we're due for a study to test our interventions in the high utilizer with substance use sub-population

Thank you

Questions?

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