

THE COSTS AND CONSEQUENCES OF TARGETING AOD PATIENTS PRESENTING TO HOSPITAL EMERGENCY DEPARTMENTS

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Introduction and Aims: Drug and alcohol morbidity is common amongst patients presenting at emergency departments (ED) yet frequently goes unidentified. This increases the risk of inappropriate treatment and management of patients. Alcohol and Other Drugs (AOD) Consultation Liaison (CL) services aim to improve identification and treatment of patients with AOD morbidity. The aims of this study are to investigate the prevalence of AOD related hospital presentations and conduct an economic evaluation to investigate the cost and consequences of AOD CL services.

Design and Methods: Patients were recruited from 8 NSW hospitals. Participants completed a self-administered survey with demographic characteristics and questions about substance use. For consenting participants, medical record data was obtained for a period spanning 2.5 years. We compared utilisation and costs for patients with and without AOD problems and changes over time between those who received CL and similar AOD patients who did not.

Results: One-third of the total sample was identified as having problematic AOD use with one in five of these patients requiring specialised or intensive treatment. Those patients identified as needing intensive treatment presented more frequently, stayed longer and incurred higher ED costs than other patients. Those patients seen by CL had relative improvements over time in length-of-stay, emergency admission performance, presentation and admission rates, and increased uptake of selected pharmaceuticals.

Discussion and Conclusions: This study demonstrates a need for AOD interventions in the ED setting and shows that CL is a low-cost intervention generating net benefits to hospitals and patients.

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