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Comparative Success of a Substance Use Intervention between Providers

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Comparative Success of a Substance Use Intervention between Providers

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OBJECTIVE

We set out to determine the comparative success of a substance use intervention by medical students, EM residents, and an addiction recovery specialist in the ED setting.

METHODS

We screened for potential patients that may benefit from substance use intervention from Oct. 2016 to Feb. 2018 during scheduled shifts. Shifts were assigned at two sites (a level one trauma center with an annual adult census of 70,000, and a community hospital with an annual census of 60,000) to an ED employed addiction recovery specialist, EM residents, and medical students. To be eligible to participate, subjects had to be 18 years or older, have capacity to answer survey questions, participate in the program interventions, and not be critically ill. Additionally, potential participants had to admit to 'at risk' use of substances such as heroin, alcohol, tobacco, or potentially addictive prescription drugs and provide details of use. We defined 'at risk' substance use as follows: any use of tobacco products, alcohol use of three drinks per occasion or seven per week for women (and patients 65 and older), four per occasion or 14 per week for men, or any use of street drugs or narcotics without prescription. After a brief motivational intervention with informational pamphlets and verbal guidance, we offered direct or indirect referral to inpatient treatment facilities and determined the frequency of warm handoff success by provider.

RESULTS

We screened 1,723 patients (trauma center) and 553 patients (community hospital) at our two sites. Of those, the following met criteria for 'at risk' substance use and agreed to an intervention: Forty-two from our addiction specialist, 62 from our EM residents, and 118 from our medical students. There were a total of 126 males and 108 females who participated. The number of interventions held by each provider group (N) and the frequency of warm handoff success (%) is listed as follows: Addiction specialist N = 42 and 57.1% success, EM resident N = 62 and 14.5% success, Student N = 118 and 13.6% success.

CONCLUSIONS

Overall, our screening yielded a low number of eligible subjects for a substance use intervention. Of those who did agree to an intervention, our addiction specialist was more effective in securing a warm handoff for them than our EM residents and medical students. Our ED benefits from having a network employed addiction recovery specialist which may influence other hospitals to acquire a similar specialist. The reasons for the variable differences in provider success are unclear. It may be, in part, due to the advantage of the lived experience the addiction recovery specialist brings to the encounter. Further research might identify if medical trainees need additional education in addiction medicine to be more effective in securing a warm handoff for patients with substance use disorder. While the success rate of the students and residents in our study was low, when applied to a national model as a public health intervention, they are still impactful.

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