

Improving Methamphetamine Addiction Resource Center Referral Rates in Rural Oklahoma

Bryan Hummel-Price DO PGY-1, Mark Bannon DO PGY3, Paige Sanders DO PGY3, Bryan Butel DO PGY3, Eric Dahlquist DO PGY2, Katherine Mosteller DO

AIM STATEMENT

The aim of our project is to refer at least 70% of hospitalized patients with a positive UDS for both amphetamines and methamphetamine to addiction resource center upon discharge from the hospital.

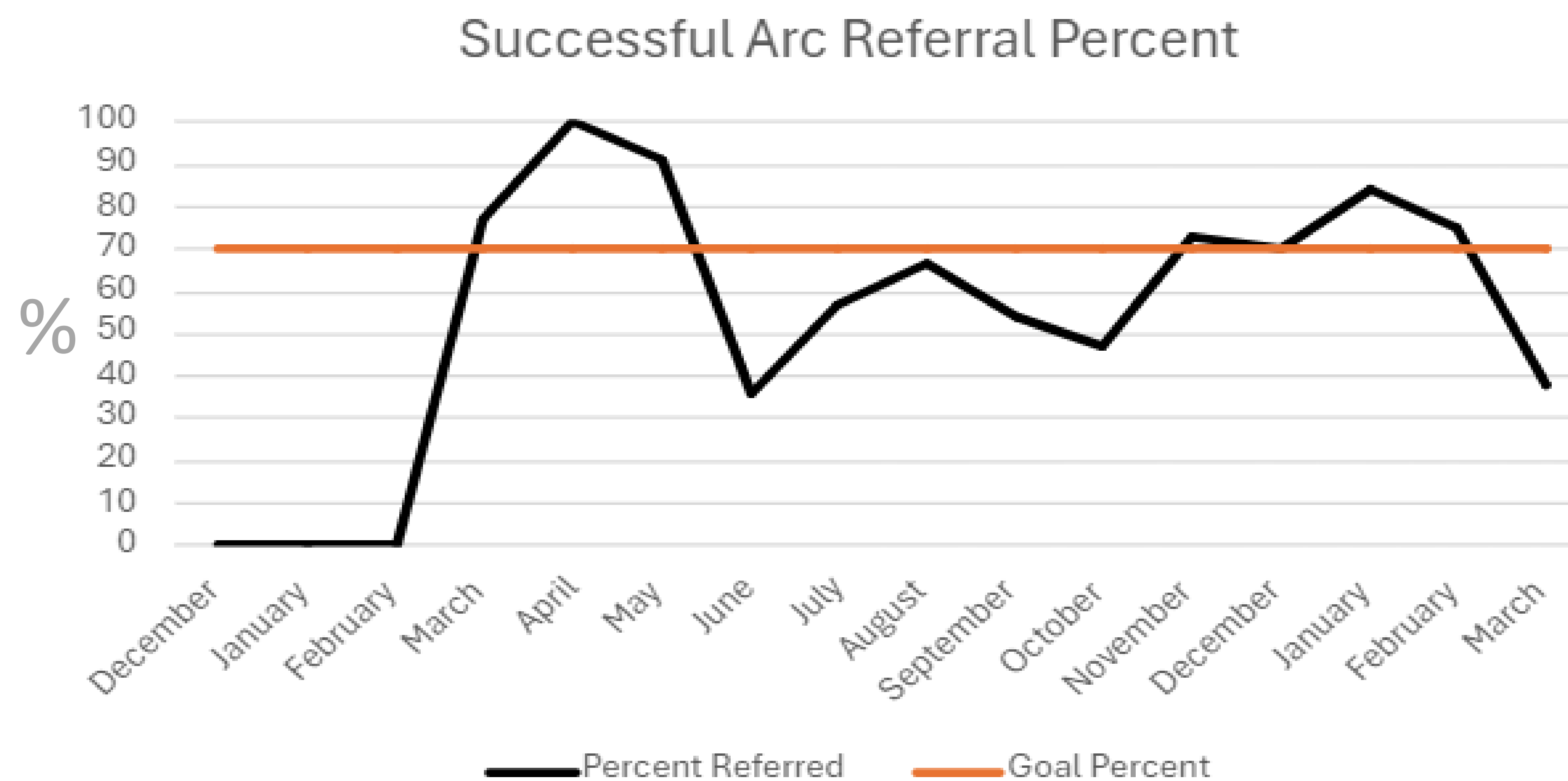
BACKGROUND

Methamphetamine Use Disorder is a debilitating condition that can lead to consequences for those suffering from it in all aspects of their lives. According to RAND, a nonprofit research institution focusing on public health and policy, the estimated economic burden/cost of methamphetamine use in the US in 2005 was \$23.4 billion. RAND estimates that healthcare and intangibles/premature death account for 73% of this annual cost[1]. While there are many barriers to patients seeking treatment, one common barrier in rural areas is individuals lack the knowledge of, or access to, the local addiction resource centers. By increasing our hospitals percentage of referrals to the Addiction Resource Center for these patients, we hope to give them a better opportunity to recover.

METHODS

An educational module was given to IM physicians on how to refer inpatients with methamphetamine addiction to the local resource center in December 2022. Inclusion criteria includes NHS Tahlequah hospitalized patients with a positive UDS for methamphetamines and amphetamines. Exclusion criteria are NHS Sequoyah Hospital or NHS Tahlequah ER patients who were not admitted. A successful referral occurs when both the patient is provided with addiction center contact details upon discharge in the discharge instructions and a separate referral is sent containing patient's contact information to the ARC. Failure to complete both steps resulted in a failed referral. Several educational sessions were held when rates dropped below 70%, and any physician that had consistently low referral rates was educated on a one-on-one basis.

RESULTS



Month	Number Eligible	Referred DC Note	Referral Placed	Failures	Percent Referred
December	1	1	0	1	0
January	12	7	0	12	0
February	6	0	1	6	0
March	13	11	10	3	77
April	5	5	5	0	100
May	11	10	11	1	91
June	11	5	8	7	36
July	14	12	8	6	57
August	18	12	13	6	67
September	13	7	10	6	54
October	17	12	9	8	47
November	11	8	8	3	73
December	10	7	9	3	70
January	13	11	12	2	84
February	8	6	8	2	75
March	13	11	5	8	38

Fig 1. Hospital Addiction Resource Referrals per Month
Fig 2. Addiction Resource Center Referral for Methamphetamine Use per Month

CONCLUSION

The goal of improving health outcomes in the community may be addressed in part by improving referrals to appropriate resources. This is particularly true in populations that face barriers to receiving aid such as patients who suffer from methamphetamine use disorder.

Difficulties in achieving our goal in earlier months were overcome with frequent reeducation and building modules into the EMR. Any further failures appeared to be secondary to residents being forgetful when fresh to a wards block. More data is required to determine whether referral rate will be maintained above the goal of 70%.

Future Recommendations

1. Track data on established patient follow up visits to Addiction Resource Center per month and patients that remain drug free at T+1 year.
2. Expand study to include Tahlequah ER patient population and NHS Sequoyah Hospital
3. Compare referral rate to hospital readmission rate for patients with methamphetamine use disorder

REFERENCES

<https://www.rand.org/pubs/monographs/MG829.html>

ACKNOWLEDGEMENTS

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Scan here to watch video