

Addiction Consult Service

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"Don't hate the addict,
hate the disease.
Don't hate the person,
hate the behavior.
If it's hard to watch it,
imagine how hard
it must be to live it."

-Anonymous

01

Background

Challenges.

02

Program Model

Strategy.

03

Business Model

Sustainability.

04

Future Goals

Excellence.

About Us



Andrea Silva, M.D.

- Family Medicine Physician
- Addiction Medicine Fellow at Boston Medical Center
- Co-Founder Rainbow Clinic for Gender Health



James Kraus, M.D.

- Family Medicine Physician
- Medical Director Genesis Methadone Clinic
- Core Faculty Valley Family Medicine Residency



01

Background

40 million

Americans with a substance use disorder

\$740 billion

Annual cost of substance use disorder in United States

**1/4 of hospitalized
patients**

Diagnosed with a substance use disorder



Overdose Rate

Lack of harm reduction services



Readmission

Monetary and time costs



ED Utilization

Unavailable beds



HIV & HCV

Public health concerns



Self-Discharge

Danger to patients and staff



Treating Pain

Post-surgical, post-partum, acute



Leadership

Quality of addiction care, X-waivers



Homelessness

Risk factor for SUD



Stigma

Trauma-informed care, language



02

Program Model

What is an Addiction Medicine Consult (AMC) Service?

Medical & Psychosocial Services

01

Addiction physician, NP & social worker provide care to patient.

Hospital Policy Development

02

With pharmacy, nursing, medical & hospital leadership.

Education & Culture Change

03

Across departments, services & community.

Program Goals



PATIENT CARE

Increase care quality, evidence-based treatment, & provider knowledge



CONTINUITY

Link patients to outpatient care services; decrease self-discharges and homelessness



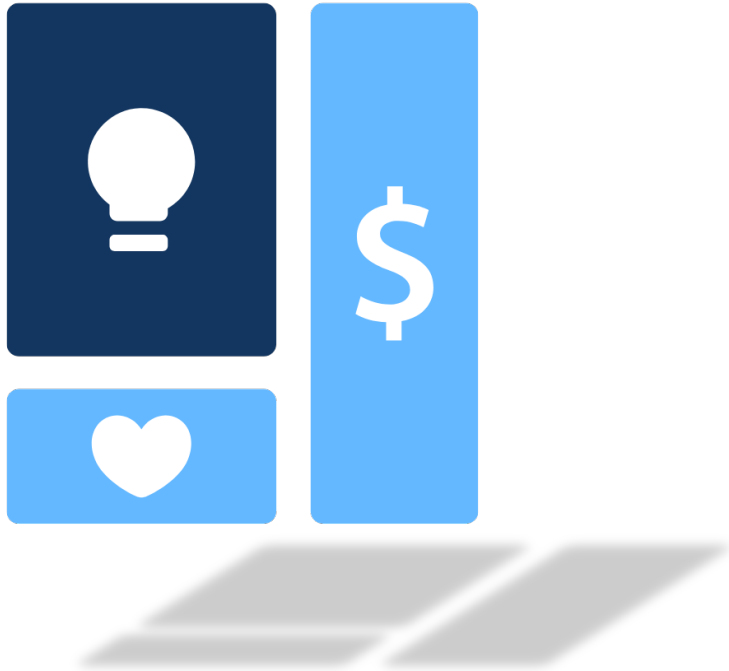
HARM REDUCTION

Provide support services; decrease infectious disease and overdose rates



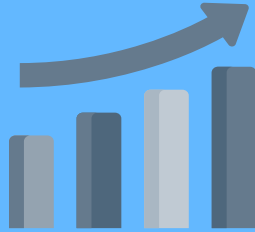
COST SAVINGS

Reduce readmissions, rationalize ED use, decrease length of hospital stay



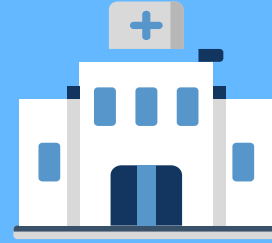
03

Business Model



STAFF PRODUCTIVITY

Maximizing billable work by MD and NP can offset a significant portion of teams' salaries.



ACO FRAMEWORK

Total cost of team must be offset by subsequent healthcare savings for impacted members.

Example from Boston Medical Center

Costs

0.5 FTE MD Salary + fringe	\$140,000
1.0 FTE NP salary + fringe	150,000
0.5 FTE RN salary + fringe	60,000
Total Costs	\$350,000

Savings

Admissions per patient ¹	\$5,182
ED utilization per patient ²	1,771
X unique Medicaid patients	432
Total Savings	\$3 M

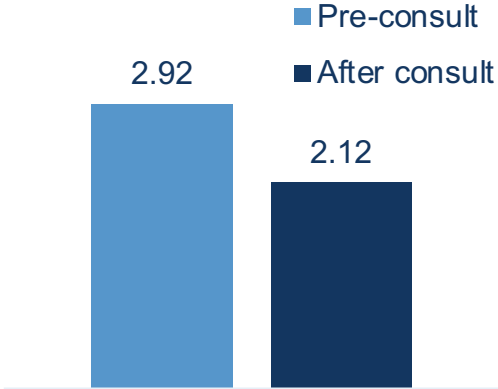
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Example from Boston Medical Center

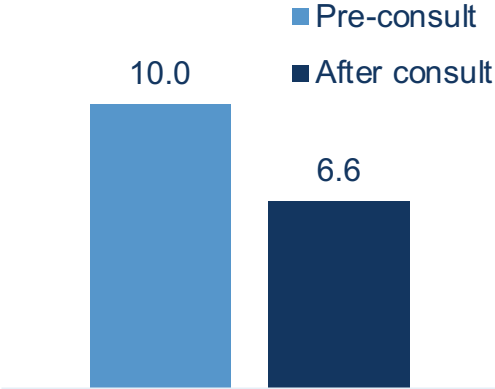
Admission rate

Average admissions per year



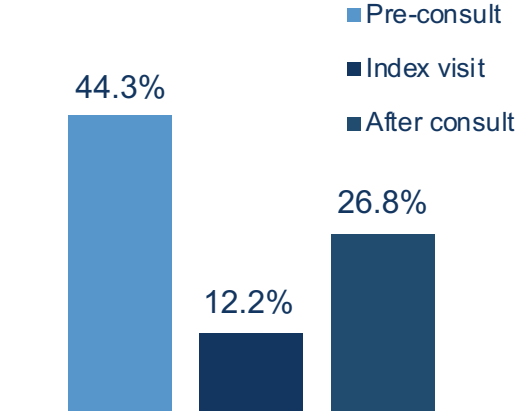
ED utilization rate

Average ED visits per year

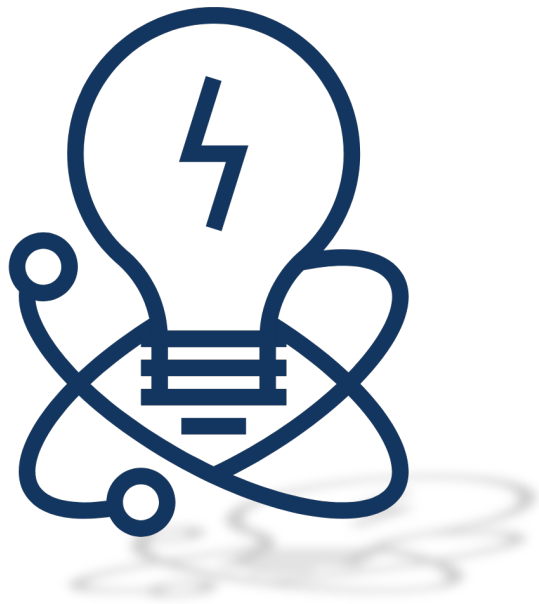


30d readmission rate

Percentage returning w/i 30d

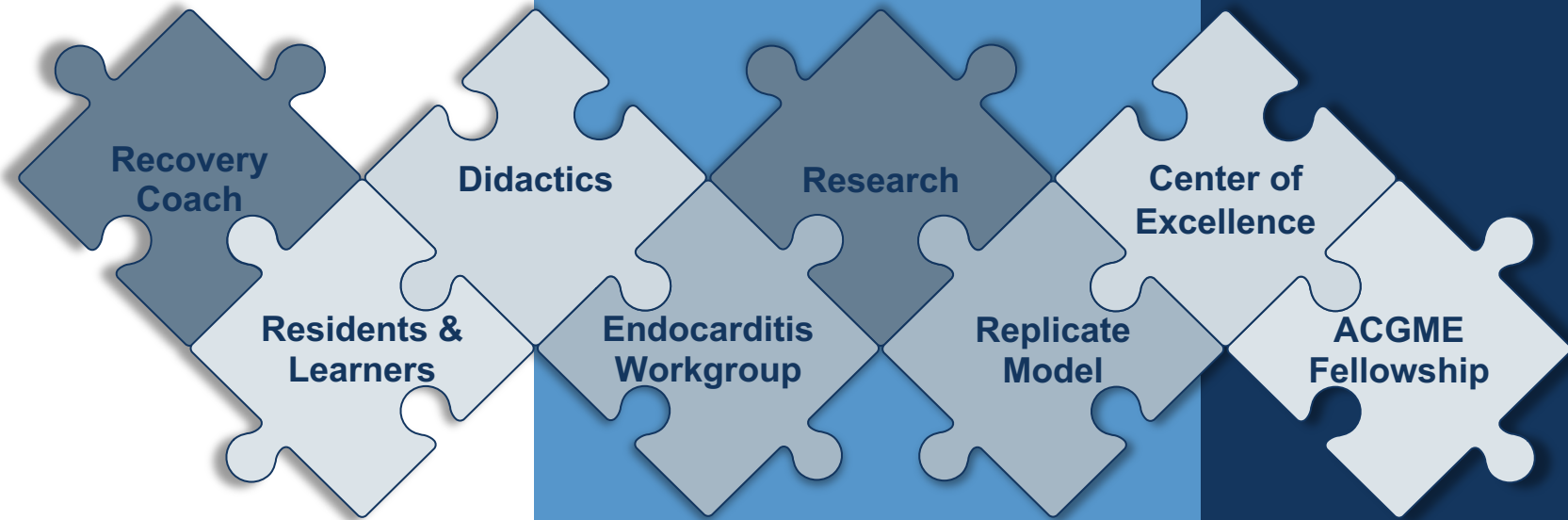


Adapted from Zoe Weinstein, M.D. Boston Medical Center 2019



04

Future Goals





Thank You

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