

Substance Use Disorder Treatment Outcomes and Transitions at a Large Midwestern Healthcare System

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BACKGROUND

Substance use disorder (SUD) is diagnosed in 10% of the US population across a lifetime.¹ Although around 10% of individuals with SUD go into long-term remission each year, the disease is considered chronic and is punctuated by many periods of abstinence, relapse, and eventual long-term remission. Nevertheless, only 35-50% of individuals with SUD experience long-term remission within 17 years of diagnosis.² To account for disease chronicity and varying levels of need over time, several treatment programs exist, each tailored to an individual's current acuity and needs. These treatments include inpatient, residential, partial hospitalization program (PHP), intensive outpatient program, and outpatient treatment. Patients are assessed and referred for a specific level of treatment, and individual outcomes are superior if patients enter and complete the recommended program. However, many patients choose to reduce their lengths of stay, discharge against medical advice, or enter programs mismatched with their current acuity.

OBJECTIVE

The purpose of this retrospective study was to describe patient populations within the five unique SUD programs as well as variables related to program outcomes.

METHODS

Medical records were used to collect data. Eligible subjects were adults enrolled in SUD treatment at a midwestern psychiatric hospital between 1/1/17-12/31/19. Data included demographics, diagnoses, tobacco use, number and length of stays, discharges, and program type. Basic descriptive statistics were conducted. Depending on the variable, patient data were counted once at first entry of each relevant program within the study dates (e.g., age, rate/ethnicity, reason for treatment, mental health diagnoses) or upon each entry into the program (e.g., admission count, length of stay).

RESULTS

- The majority of patients receiving treatment for SUD were male, white, and under 40 years old (Table 1).
- Black patients had higher rates of admission to inpatient and lower rates of residential stays compared to white patients.
- Alcohol use (43-71%) and opioid use (24-57%) were the most prevalent reasons for treatment (Figure 1). Variations were evident across programs.
- Many patients had concurrent mental health diagnoses (Figure 2), with depression (54-67%) and anxiety disorders (52-68%) being highly prevalent.
- Inpatients were the most likely to have bipolar or psychotic disorders.
- Programs had unique length of stay and early discharge patterns (Figure 3).

CONCLUSIONS

Patients receiving treatment for SUD are highly varied, and population differences exist between programs. These data suggest opportunities for additional tailoring within programs to meet the specific behavioral needs of different patient subpopulations.

	Inpatient		Residential		PHP		IOP		Outpatient	
Population size (N)	3,908		584		1,924		2,235		1,810	
Gender	n	%	n	%	n	%	n	%	n	%
Female	1,753	45%	218	37%	741	39%	827	37%	711	39%
Male	2,155	55%	366	63%	1,183	61%	1,408	63%	1,099	61%
Race/Ethnicity	n	%	n	%	n	%	n	%	n	%
White	2,424	62%	512	88%	1,450	75%	1,753	78%	1,440	80%
Black	1,041	27%	25	4%	234	12%	264	12%	186	10%
Hispanic	330	8%	27	5%	179	9%	164	7%	125	7%
Other	113	3%	20	3%	61	3%	54	2%	59	3%
Age (years)	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Admission Count	1.6	1.2	1.4	0.8	1.5	1.0	1.4	0.7	1.4	0.7
Length of Stay (days/visits)	4.1	3.0	14.7	7.3	9.0	5.6	7.9	4.9		

Table 1. Patient demographics and characteristics across programs.

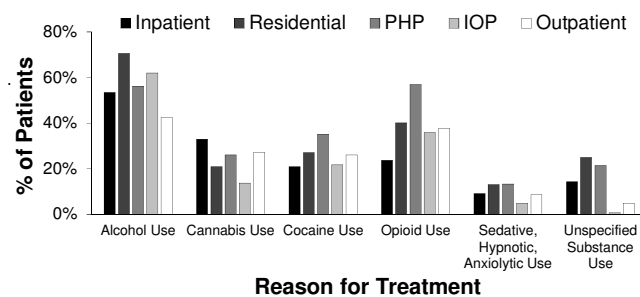


Figure 1. Patient reasons for treatment by program. Each patient could have more than one reason for treatment.

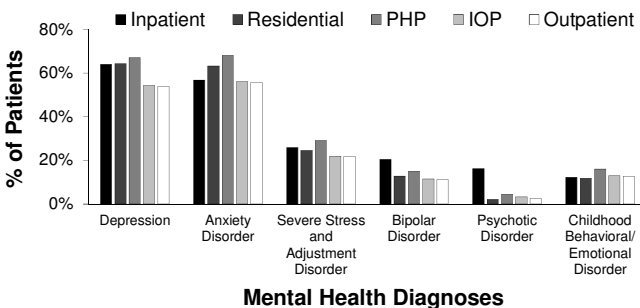


Figure 2. Patient diagnoses by treatment program. Each patient could have more than one diagnosis.

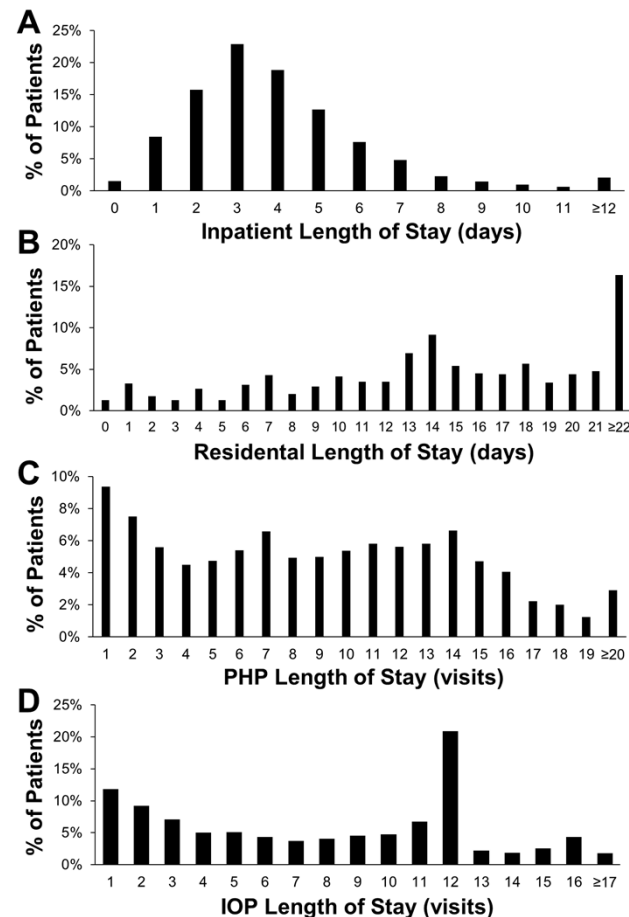


Figure 3. Histogram of length of stay in days or visits by program.

REFERENCES

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