SHR submission – Preventing alcohol related harm through enhanced alcohol-care teams.

The total social cost of alcohol-related harm in Australia is estimated to be more than $15 billion each year with directly related health costs nearly $2 billion [1]. On review by national and international groups, alcohol screening and brief interventions have repeatedly been shown to be effective in treating early-stage high risk drinking obviating the need for later, more intensive and costly treatment [2 and 3]. In hospital we are often burdened by the end result of chronic alcohol excess resulting in repeated high cost presentations and admissions often with little effect on the final outcome of the individual and even less effect on the burden of alcohol on society. Patients are often unaware of the dire consequences of their chronic alcohol excess and even that their level of drinking is excessive. In fact 40% of patients that attend our general outpatient department consume alcohol at an unhealthy level [4]. 20% of ED admissions are alcohol-related and of those 28% are shown to be risky drinkers. Only 50% of risky drinkers were attending ED for alcohol related illnesses, leaving a further 50% not captured by conventional presentation-triggered questioning of alcohol consumption [5].

Treatment options for advanced alcohol-related illnesses are limited. By the time patients present to hospital with symptoms from chronic alcohol abuse the main stay of treatment is abstinence and supporting the patient by treating the complications of their disease. By introducing a screening tool and brief intervention we can increase awareness of the potentially harmful levels of drinking and make a significant impact early on in a patients drinking thus preventing the progression to a state of health which is irreversible. Every opportunity should be taken to capture these screening opportunities including ED presentations, hospital admissions and in the outpatient setting. Where such interventions have been introduced there have been massive reductions in the admission and readmission rates related to alcohol [6]. This significant impact in health improvement in turn produces cost savings for the hospital [7 and 8] as well as the wider community in terms of DALYs and other social impacts. In order for this screening and brief intervention initiative to have its biggest impact it requires a comprehensive 7-day alcohol team comprising of a lead consultant, sufficient alcohol specialist nurses, a psychiatry liaison team, all with strong links to the community.

Example of cost savings and quality improvements

- Cost saving: The UK has led in this area in recent years demonstrating that a UK hospital with the introduction of a 7-day alcohol team saved $570,000 per 100,000 population in bed days alone. This has been replicated in other hospitals. With FSH's catchment area of over 320,000 this has the potential to provide massive savings. These calculations were based on a 7-day nurse led service costing the equivalent of $896,000 and are included in the savings [9].
- Reduction of alcohol-related admissions.
- Improved outcomes for individual patients; reduced mortality and length of stay.
- Enhanced multi-disciplinary outpatient care, with improved links to community based treatment / care.
- Improved patient and carer experience.

With the introduction of this model we could be state leaders in this cost effective health initiative with strong evidence that we can change the lives and health outcomes of many.

References

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A electronic system can be used in an outpatient setting that can be used for screening patients using the AUDIT-C screening tool (2). Web-based screening and brief intervention reduces hazardous and harmful drinking among non-help-seeking Maori students in a large scale pragmatic trial (3). The cost effectiveness and reduction in high risk drinking has been demonstrated in the community of screening and Brief intervention (4). 20% of ED admissions are alcohol related and of those 28% are shown to be risky drinkers. Only 50% of risky drinkers were attending ED for alcohol related illnesses. (5)

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