

Implementing peer recovery coaches to increase linkages to recovery services among patients with substance use disorders seen in emergency departments

Background:

Emergency department (ED) visits for patients with non-fatal opioid overdoses are increasing across the state of Georgia. Peer recovery coaches (PRCs), individuals in long-term recovery from substance use disorders (SUD), have helped current patients navigate recovery services and improve care outcomes by utilizing their lived experiences. A large public hospital in Georgia seeing >150,000 encounters historically used clinician-driven recovery service referrals and sought to improve their referral program.

In this evaluation, researchers implemented in-person and virtual PRC consultations as a tool to increase referrals provided to patients with SUD in an Atlanta-based ED.

Methods:

Data Collection:

- Eligible patients with SUD-related problems were identified and contacted by either ED staff or PRCs following supervisor physician approval.
- The program included 396 patient encounters conducted by five PRCs from May 20, 2023 to December 20, 2023.

Analysis:

- Descriptive statistics were used to determine recovery resources PRCs referred patients to, monthly PRC encounters, and patient connections to resources by month.
- The previous referral process was not standardized or measured meaning the research team could not compare changes in referrals pre-implementation.

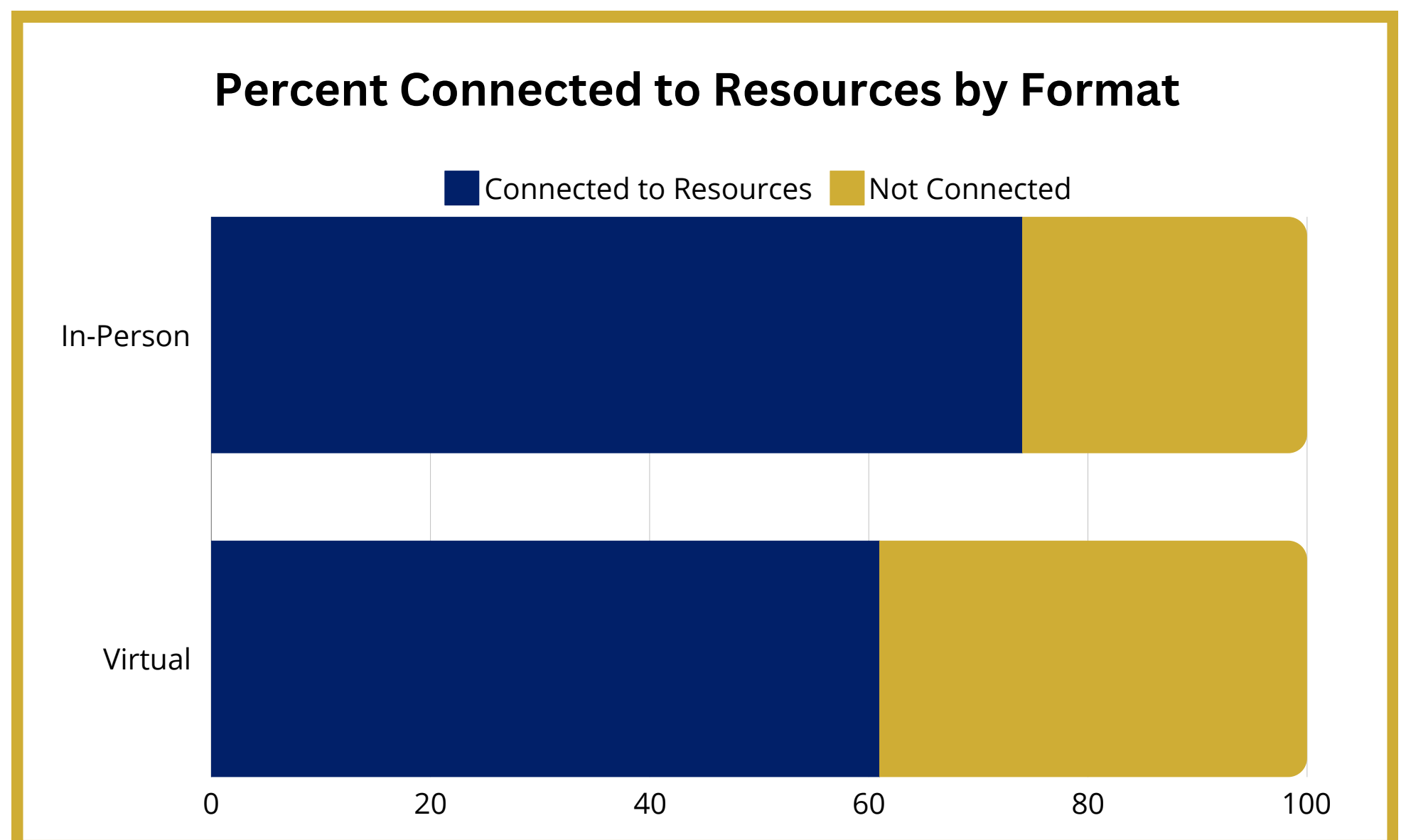


Figure 1. Percentage of encounters resulting in a patient being connected to recovery resources by consultation type.

Findings:

- About 1 in 5 encounters (19%) involved a patient who had recently overdosed or reported withdrawal symptoms.
- 74% of all encounters with a PRC led to patients being connected to recovery resources.
- In-person encounters (74%) were more likely to result in patients being connected to resources compared with virtual (61%).
- Overall, patients' connection to resources increased from 52% in the first month of program implementation to 74% in December.

Discussion:

The findings of this evaluation underscore the feasibility of implementing simultaneous in-person and virtual PRC consults in ED settings, to increase connections to recovery resources for patients with SUD. Additionally, the implementation of virtual PRC encounters is supportive in addressing staffing and geographical barriers in providing SUD care.

Key Takeaway

A high percentage of encounters between patients and PRCs resulted in resource linkage, highlighting the practical utility of simultaneous in-person and virtual PRC consultations in ED settings.

Citation:

Carpenter J, Ibragimov U, Steck A, Getz T, Li Y, Giordano N.
Emerg Med J Epub ahead of print: 3 October 2024.
[doi:10.1136/emered-2023-213700](https://doi.org/10.1136/emered-2023-213700)

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