Who/what/where/when/why: establishing an interdisciplinary group medical visit model for Alcohol-related Liver Disease

Category: Workshop

Abstract Body

During the COVID-19 pandemic, surveys indicated a 10-25% increase in rates of alcohol consumption amongst Canadian adults, and sales of alcohol increased by 150% in certain provinces. Hospitalizations entirely related to alcohol have risen, and hospitalizations specific to alcoholic hepatitis increased significantly in at least one Canadian province. At the same time, many patients' usual in-person recovery support systems closed or were restricted, creating additional barriers towards alcohol abstinence.

Alcohol use disorder (AUD) is one of the leading causes of disease and disability worldwide. Alcoholic liver disease (ALD) is a common cause of chronic liver disease and cirrhosis, and the cornerstone of treatment is alcohol abstinence. Continued alcohol use can significantly worsen clinical outcomes, including increased hospitalizations and death. In addition, alcohol abstinence is a criterion for liver transplantation.

A multidisciplinary team approach can positively impact physicians, patients, and the healthcare system. Integrated care models have been shown to improve quality of care patient outcomes in other chronic diseases, such as cardiac disease, chronic obstructive pulmonary disease, and hepatocellular carcinoma. Studies have shown that integration of both medical and addiction medicine services leads to improved rates of alcohol abstinence in patients with ALD. Despite this, integrated care models do not exist in Canada for the treatment of concurrent AUD/ALD outside of liver transplant programs.

In the spring of 2022, after months of discussions and in the context of escalating rates of ALD, we launched our first interdisciplinary clinic in Winnipeg. Since that time, we have shifted from seeing patients individually to a group medical visit (GMV) structure. This shift has allowed us to maximize time spent with patients, standardize information provided, and leverage shared learning opportunities. It has also allowed us to reach a larger number of clients for both initial visits and follow-ups, and solved problems related to clinic non-attendance.

During this workshop, we will describe the who/what/when/where/why of establishing our interdisciplinary ALD clinic, discussing barriers and facilitators that may guide development of similar services elsewhere. We will explore different structures for GMV and how we determined our current clinic structure. Finally, we will describe and seek feedback on our plans for research and evaluation.

Key Words

- Alcohol
- Caring in Crisis
- Medical Co-Morbidities
- Quality Improvement
- Treatment Models/Programs

Learning Objective # 1

Appreciate the barriers and facilitators to establishing an interdisciplinary clinic for alcohol-related liver disease

Learning Objective # 2

Describe benefits, challenges, and decision-points in using a group medical visit model

Reference # 1

Axley PD, Richardson CT, Singal AK. Epidemiology of Alcohol Consumption and Societal Burden of Alcoholism and Alcoholic Liver Disease. Clinics in Liver Disease. 2019;23(1):39-50.

Reference # 2

Winder GS, Fernandez AC, Klevering K, Mellinger JL. Confronting the Crisis of Comorbid Alcohol Use Disorder and Alcohol-Related Liver Disease With a Novel Multidisciplinary Clinic. Psychosomatics. 2020;61(3):238-53

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