

The Liver Care Clinic: Implementation of a Novel Interdisciplinary Liver Care Model for People Living with Alcohol Associated Liver Disease.

Category: Oral Presentation

Abstract Body

Background: Alcohol-associated liver disease (AALD) is the 2nd most common cause of cirrhosis among Canadians, and rates of hospitalization related to alcohol use have increased markedly in recent years, exacerbated by the COVID-19 pandemic. There are gaps in care necessary to minimize suffering in this socially vulnerable population, and treatment of alcohol use disorder (AUD) is an important and under-implemented intervention. We developed a novel interdisciplinary clinic to support patients experiencing AUD and severe liver disease.

Methods: The Liver Care Clinic (LCC) was established at a tertiary hospital in Oct. 2021 after completion of a successful pilot project. The aim is to serve high-complexity adult outpatients at risk for frequent re-admission to hospital with AALD and decompensated cirrhosis. In this observational, descriptive study, we used abstracted and de-identified data to summarize quantitatively and narratively the interdisciplinary clinic model and early learned lessons. This clinic captures data through a clinical registry and this project was approved by the local health authority.

Results: Between Oct. 2021 and Apr. 2023, 183 patients accessed LCC care. The clinic has received 193 referrals, and most people are seen within 1-2 weeks of referral. The level of patient acuity and complexity is high, with 67.5% of people requiring at least biweekly follow-up. During the study period, 226 paracenteses and 461 albumin infusions were performed. Integration of multi-disciplinary and various specialist physician care, procedures, and blood work into a single clinic visit anecdotally led to a reduction in Emergency Dept. and Interventional Radiology visits and resulted in positive patient experiences. During the study period, 117 (63.9%) patients were discharged from the clinic; 66 (36.1%) stabilized adequately for discharge to their Hepatologist, and 45 (24.6%) died, underscoring the severity of liver disease in this patient population.

Interpretation: This is a successful implementation of a multidisciplinary outpatient LCC in a Canadian tertiary hospital setting. Our clinic has demonstrated the urgent need for low-barrier, comprehensive specialty care. The care model uses interdisciplinary collaboration to assess and manage AUD and liver disease. Early experience suggests this model is scalable, applicable to other care settings, reduces hospitalization and improves quality of life in patients with AALD and decompensated cirrhosis.

Key Words

- Alcohol
- Assessment/screening
- Caring in Crisis
- COVID-19
- Elderly Populations
- Medical Co-Morbidities
- Pharmacologic Interventions
- Prevention/Harm Reduction
- Quality Improvement
- Substance Use Disorder (general)

Learning Objective # 1

Explore current gaps in our approach to caring for patients with concurrent alcohol use disorder and liver disease.

Learning Objective # 2

Illustrate the positive impact on care and share lessons learned from a novel multidisciplinary Liver Care Clinic.

Reference # 1

Hospitalizations Entirely Caused by Alcohol; details for Island Health. CIHI. www.yourhealthsystem.cihi.ca

Reference # 2

Vannier A et. Al. Incidence and Progression of Alcohol-Associated Liver Disease After Medical Therapy for Alcohol Use Disorder. JAMA Netw Open. 2022;5(5):e2213014.

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