Patient cohort derivation

Objectives

To investigate the healthcare resource use (HCRU) of illicit opioid users relative to a matched population of non-users.

Background

- Patients who use illicit opioids have higher mortality and morbidity compared to the general population.
- Qualitative research suggests this population faces barriers to accessing healthcare, related to stigma, bureaucracy, and other competing priorities. Despite this, limited quantitative research has investigated how this population engages with the healthcare system, particularly with regards to planned and primary care.

Methods

- This retrospective, observational cohort study used Clinical Practice Research Datalink and Hospital Episode Statistics data to understand the HCRU of patients who use illicit opioids.
- Patients were identified through prescriptions of opioid agonist therapy or clinical observations indicating illicit opioid use (e.g., heroin dependence).
- Patients were matched on age, sex, and primary care practice to those without records of illicit opioid use (Figure 1).

Results

- 57,421 patients with a history of illicit opioid use and 172,263 matched non-users were studied. Most patients were white, male, and the median age was 36 years.
- Incident rate ratios (IRRs) were higher for emergency emergency APCs=3.60, 95% confidence interval (CI) 3.52–3.68, A&E visits=2.25, 95% CI 2.21–2.29 than planned care (planned APC=1.11, 95% CI 1.08–1.14 and outpatient visits=1.65, 95% CI 1.62–1.68). Illicit opioid use was also associated with higher rates of primary care (IRR=2.29, 95% CI 2.26–2.31) (Table 1).

Conclusions

This study is the first step in understanding how illicit opioid users engage with the healthcare system. Using the cohort definition, it is expected that these findings are generalizable to patients with opioid dependence, and not all patients who use illicit opioids.

The averse towards emergency care, as seen with the high IRRs for A&E and emergency APCs, indicates there might be barriers to accessing healthcare or poor management of chronic health conditions.

Illicit opioid use was associated with higher HCRU after adjusting for comorbidity, possibly suggesting that the comorbidity measure was not reflective of the "true" healthcare needs of this population. These findings can contribute to research and policy discussion into the appropriateness and quality of care provided to these patients, with the objective of improving access and health outcomes.

Footnote

Results have been shown to have decreased acceptance due to changes in the cohort definitions, present the impact on inpatient and outpatient counts remained consistent.

References


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