ATS Highlights 2026:
Critical Care Assembly Early Career Professionals

Kelsey Hills-Dunlap, MD

Instructor of Medicine
Division of Pulmonary, Allergy and Critical Care Medicine
University of Colorado School of Medicine

Tell us about yourself. I am a pulmonary and critical care physician-scientist focused on substance-related critical illness. After completing my medical training at Massachusetts General Hospital, I joined faculty at the University of Colorado where I happily remain!

Is your research clinical, basic science, or translational? Clinical/HSR

Tell us about your research. My research focuses on substance-related critical illness, particularly alcohol use disorder among ICU patients. I study the epidemiology and outcomes of substance-related ICU admissions and evaluate novel approaches to alcohol withdrawal management. A central goal of my work is to develop and tailor pragmatic, patient-centered interventions that improve recovery and engagement in evidence-based alcohol treatment after critical illness, particularly for vulnerable populations.

Where do you see yourself in 5 years? I hope to be an independently funded physician-scientist leading national or international collaborative efforts to improve care for patients with substance-related critical illness, while mentoring trainees and early-career faculty.

How has the Critical Care Assembly contributed to your career? Through the ATS mentorship program and the Early Career Professionals Working Group, the Critical Care Assembly has connected me with mentors and collaborators focused on improving care for vulnerable ICU populations. These relationships have shaped my research direction and made the process of building an academic career in critical care way more fun!

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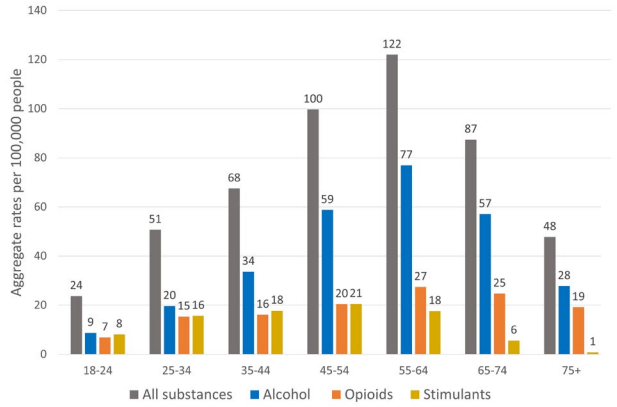

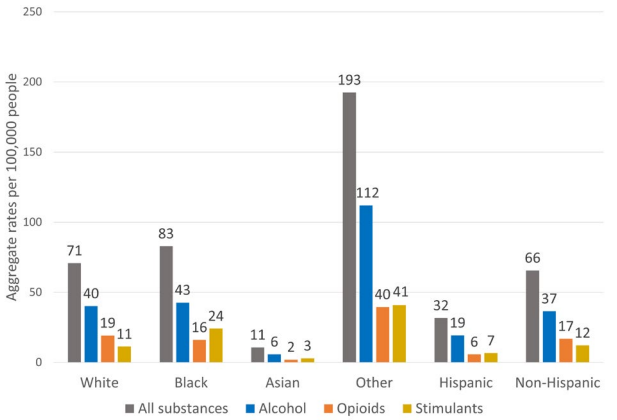

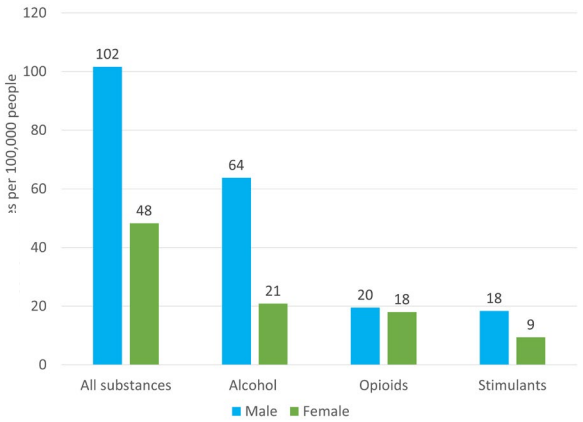

Epidemiology of Substance-Related ICU Admissions to ICUs in the United States

Rationale: Substance use disorders are important causes of early death in the US. Few studies report a high burden of substance use diagnoses in local ICUs, but data is lacking regarding the prevalence and characteristics of substance-related ICU admissions nationwide.
Methods: In a multicenter retrospective cohort study using the national PINC AI database, we evaluated adult ICU admissions with substance-related ICD-10 diagnosis codes from 2016 to 2019.
Results: Among 4,740,799 ICU admissions, 16% were substance-related, with alcohol most identified (9%) followed by opiates (4%) and stimulants (3%). ICU admission rates differed by age, sex, and race/ethnicity with varied patterns across substances.
Conclusions: A substantial burden of substance-related diagnoses exists in patients admitted to ICUs. These findings have implications for effective allocation of resources toward addiction-related diagnoses, treatment, and secondary prevention for ICU patients.

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