

Specialized Community Disease Management to Reduce Substance Use and Hospital Readmissions – Patient and Community Stakeholder Engagement

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Aims: Hospitalized patients with substance-use disorders (SUDs) face significant complications in their medical care post-discharge. This study, guided largely by stakeholder involvement, is testing whether a specialized transitional care program can improve outcomes for patients with co-morbid medical conditions and SUDs.

Methods: Patients hospitalized at TUH with a co-occurring medical condition and SUD are randomly assigned to either 1) the existing Advantage program – a 90-day, post-discharge program with medical monitoring by health workers with no special SUD training, or 2) the experimental Prime program – a 90-day, post-discharge program that utilizes specialized addiction management teams. Outcomes are assessed at 3- and 6-months.

Engagement: This study integrates stakeholders in several ways. Researchers meet regularly with a community advisory board (CAB) comprised of a wide range of patient and community stakeholders. Additionally, we conducted semi-structured interviews with participants to obtain in-depth feedback on the interventions. Furthermore, co-investigators include healthcare system stakeholders.

Results: CAB involvement has led to several improvements, such as adding measures for social support and broadening eligibility. Patient interviews (n=13) indicated that participants were satisfied with both study conditions, but felt more individualized support in Prime. Six-month satisfaction data shows that 94% of patients are satisfied with the Prime intervention.

Conclusions: This is the first study of hospital transition care for co-morbid medical and SUD conditions, and involving stakeholders has been invaluable in developing an appealing intervention to engage patients. This design can help determine whether interventions for SUDs that are integrated into the hospital and continue post-discharge can improve outcomes.