PATIENT-CENTERED OUTCOMES RESEARCH INSTITUTE
RESEARCH SUMMARY

PROJECT INFORMATION

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Comparing Programs to Support Patients with Substance Use Disorders after They Leave the Hospital

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Organization
Public Health Management Corporation

What was the research about?

Having support after a hospital stay can help patients recover and keep them from having to go back to the hospital. Many hospitals offer patients follow-up help using community disease management, or CDM, programs. After patients leave the hospital, they get phone calls from nurses, help getting to doctor's visits, and other kinds of support.

In this study, the research team created a new CDM program for patients with both

- Substance use disorders, or SUDs
- Long-term health problems, such as heart disease or diabetes

In the new CDM program, care teams received special training in treating SUDs. The research team compared patients in the new program with those in a standard CDM program.

What were the results?

Compared with the three months before their hospital stay, patients in both CDM programs reported decreases in substance use three months after leaving the hospital. Changes didn't differ between the groups. Neither group reported changes in hospital and emergency room visits or substance use treatment attendance.

Who was in the study?

The study included 97 patients with SUDs and another long-term health problem. Of these patients, 69 percent were African American, 14 percent were white, 16 percent were other races, and 19 percent were Hispanic or Latino. The average age was 50, and 59 percent were men. All received care at a hospital in Philadelphia.

What did the research team do?

The research team assigned patients by chance to one of the two 90-day CDM programs. In the new CDM program, before leaving the hospital, patients had one or two sessions with a counselor who encouraged them to seek SUD treatment. Patients also set goals on reducing substance use and avoiding risky situations. After leaving the hospital, patients received follow-up calls from counselors twice a week for four weeks, and then once a week for the next eight weeks. Patients also received home visits from a peer support worker who offered emotional support and went with patients to treatment visits.

In the standard CDM program, care teams didn't receive special training on treating SUDs. Before leaving the hospital, patients had a session with the counselor without setting goals. After patients left the hospital, they received check-in calls from nurses once a week. Patients who needed extra help received home visits and aid getting to healthcare visits.

Patients completed surveys at the start of the study and three months after leaving the hospital.

Patients, clinicians, and counselors for SUDs helped design the new CDM program and provided input throughout the study.

What were the limits of the study?

Fewer patients took part in the study than planned. Results may have differed if more patients had enrolled in the study.

Future research could continue to explore ways to support patients with SUDs after they leave the hospital.

How can people use the results?

Hospitals can use these results when considering ways to support patients with SUDs after they go home.

To learn more about this project, visit www.pcori.org/Brooks298.