

# Case Management and Vouchers: Strategies To Link Emergency Department Patients With Drug Abuse Treatment

James L. Sorensen, Ph.D.

University of California, San Francisco  
and San Francisco General Hospital.

Presentation to Symposium at International Association for Social  
Work Research, New Orleans, LAI

January 2004

Rev. 12-09-03

1

## PREVIEW

Introduction and Acknowledgements

Study and Results

Case Management

Vouchers for 6- mo. methadone treatment

Discussion: Time-limited treatments

2

## ACKNOWLEDGEMENTS

Support from NIDA P50DA09253 and U10DA15815.

Staff of San Francisco General Hospital

Div. Of Substance Abuse and Addiction  
Medicine

Emergency Department

TRC Leader and Co-investigators on Project

ED Linkages Staff & Consultants

3

## THANK YOU BY NAME!

Paul Barnett  
Steve Batki  
Kevin Delucchi  
Tawni Gamaza  
Valerie Gruber  
Sharon Hall  
Barbara Havens  
David Hersh  
Martin Iguchi  
Cathy Jacob  
Stella Koo  
Christine Lin

Carmen Masson  
Fumi Mitsuishi  
Anh Nguyen  
Bob Okin  
Nell O'Neil  
Greg Roth  
Robyn Sera  
Yong Song  
Karl Sporer  
Jim Westphal  
Wynnie Wong

4

## BACKGROUND

- Injection drug users frequently experience medical problems (Bergstein et al., 1995).
- Because hospitals see so many people with untreated substance use disorders, these settings can be ideal to link such patients with substance abuse treatment (Rockett et al., 2003).

5

## PROMISING LINKAGE STRATEGIES

- **Case Management:** Case manager attempts to enroll patients in needed services and to coordinate their care.
- **Vouchers for free treatment:** Provision of vouchers that cover the cost of methadone treatment may be another, more simple, method of linking patients with opioid use disorders to treatment .

6

## PURPOSE

- Tests the effectiveness of two strategies, transitional case management and vouchers for free methadone treatment, in linking heroin-dependent patients to substance abuse treatment and other medical and social services

7

## METHOD

### Participants

- 126 opioid-dependent injection heroin users
- Recruited from the emergency department, inpatient wards, and outpatient wound care clinic of SFGH.

8

## DESIGN: Random Assignment to 4 Conditions

Usual Care N = 32	Case Management N = 32
Voucher N = 30	CM and Voucher N = 32

9

## INTERVENTIONS

### Lasted 6 months after intake

Case Management used client-centered approach. The study's case manager attempted to connect subjects to drug abuse treatment and ancillary services and coordinated their care.

Vouchers were good for outpatient methadone treatment at SFGH.

10

## VOUCHER Given to ED Linkages Participants

FREE! DRUG ABUSE TREATMENT FREE!

Emergency Department Linkages Project  
This voucher is good for:  
SIX MONTHS of FREE METHADONE MAINTENANCE TREATMENT  
at: San Francisco General Hospital  
Opiate Treatment Outpatient Program  
Ward 93, Building 90  
1001 Potrero Avenue, San Francisco, CA 94110  
Phone: 415-206-8412

FREE! Questions?: contact Robyn at 415-206-4603 FREE!

11

## MEASURES

Baseline assessments occurred before randomization.

Follow-up at 3, 6, 12, and 18 months.

Outcome assessment included measures of:  
Substance abuse  
HIV risk behaviors  
Physical and psychological health status  
Quality of life

Additional measures not reported here.

12

## BACKGROUND of the 126 Participants

Age (mean, range)	49 (22-64)
Women	23 %
Ethnicity	
Caucasian	48 %
African-American	29 %
Years of Heroin Use	18 (1-53)
Homeless	83%
Employed (full or part)	5 %

13

## Other Participant Characteristics

Majority recruited while treating abscess.

<u>Recruitment site:</u>	Wound care clinic	65%
	Inpatient unit	20%
	ED	15%

Population had complex problems:  
 Medical and mental health issues  
 Poly-substance use

We will examine co-morbidity in future work.

14

## CURRENT STATUS & FOLLOW-UP RATES

Followup	End Date	Rate
3-month	Done	89%
6-month	Done	90%
12-month	Done	87%
18-month	July 04	91% (partial)
Total		89% (partial)

15

## PRELIMINARY RESULTS: Did More Voucher Participants Enroll In MMT?

- **YES.**
- A significantly greater percentage of voucher subjects were enrolled in methadone maintenance at 3 months (**92% vs. 27%**,  $p < .0001$ ).
- A significantly greater percentage of voucher subjects were enrolled at 6 months (**80% vs. 29%**,  $p < .0001$ ).

16

## Did More CM Participants Receive Other services?

- **MAYBE.**
- Case-managed participants were more likely to use "in program" employment (46% vs. 9%), drug (63% vs. 32%), legal (8% vs. 0%), and psychological services (22% vs. 4%) at 3 months (all  $p$ 's  $< .05$ ).
- There were no differences in use of "out of program" services at 3 months.
- At 6 months, similar results

\* "Out of program" refers to services provided by staff not affiliated with the research project.

17

## Did Voucher Participants Use Less Opiates?

- **SOMEWHAT**
- Significantly fewer voucher subjects tested positive for opiates at 3 months (**54% vs. 72%**,  $p < .05$ ).
- No significant differences at 6 months (63% vs. 61%).

18

## Did CM Participants Use Less Opiates?

- NO.
- No significant differences in rates of opiate-positive urinalyses at 3 months (66% vs. 60%)
- No significant differences at 6 months (58% vs. 66%).

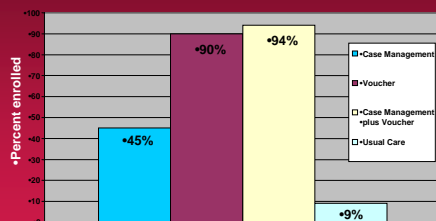
19

## Did Participants Receiving BOTH CM and Vouchers Use Less Opiates?

- NO.
- No significant differences in rates of opiate-positive urinalysis at 3 months (59% vs. 65%).
- No significant differences at 6 months (58% vs. 64%).

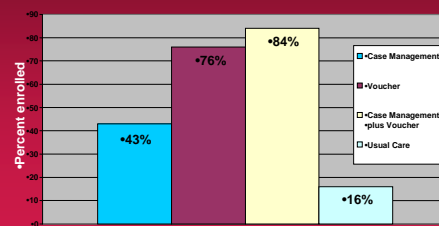
20

## KEY FINDING Enrollment in MMT at 3 months



21

## Enrollment in MMT at 6 months



22

## ABOUT THE INTERVENTIONS

Six months only...a significant limitation  
CM focused on linkage, not primary thx  
Vouchers focused on MMT, not all kinds of services

23

## Case Management LINKAGE ELEMENTS

- Engagement
- Needs assessment and planning
- Accessing resources & advocacy
- Monitoring
- Client tracking
- Termination and referral issues

24

## Case Management: SERVICES DELIVERED

- **Common activity goals**
  - Monitoring 43%
  - Accessing resource 40%
  - Planning 22%
- **Type of contact**
  - Contact with client 35%
  - Contact with others 61%

25

## Case Management: CLINICAL ISSUES

- Engagement
- Attending appointments and following up
- Client motivation
- Scarcity of resources

26

## Voucher for MMT: HOW ADMINISTERED

- **MMT clinic intake** typically occurred a few days after baseline.
- **To prevent fraud**, research staff provided clinic with ID info and photo.
- **If participant missed intake**, clinic rescheduled appointment. A 3<sup>rd</sup> missed intake resulted in loss of voucher.

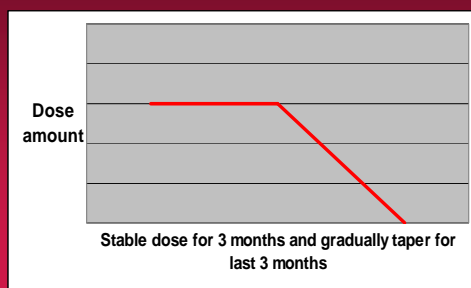
27

## Voucher for MMT: THE 6-MONTH TREATMENT

- Comprehensive intake
- Counseling
- Methadone dosing
- Monthly drug testing

28

## Voucher for MMT: METHADONE DOSAGE



29

## Case Management-Voucher INTERACTION

- CM helped voucher clients successfully enroll in 6-month MMT program.
- CM relieved the MMT counselor of some duties.
- Voucher was primary attraction for clients.
- Location of CM's office near MMT clinic facilitated CM's contact with clients.

30

## PRELIMINARY CONCLUSIONS

Voucher facilitates entry into MMT.  
Vouchers reduce opioid use (through being in MMT)  
Mixed results regarding case management.

31

## FUTURE WORK

Finish 18-month assessments.  
Analyze all results.  
Address the cost-effectiveness of the interventions by examining health and service utilization data.  
Examine the services provided by the case manager and methadone treatment program.

32

## Linkage Strategies: IMPLICATIONS OR ISSUES

- Make MMT available
- Vouchers for the highest-need clients
- Time limitations: Curse and blessing
- CM: For whom, what kind?

33