Skilled Nursing Facilities:

Opportunities for Improved Drug Treatment Engagement Following Hospitalizations

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Research Team

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Substance Use and Health

- Hospitals face pressures to reduce lengths of stay
  - Saves $
  - Can reduce risk of hospital-acquired conditions
- Not all patients can or should go home following a hospitalization
- Community-based skilled nursing facilities (SNFs) continue medical care for patients who are stable enough to leave the hospital, but not stable enough for home discharge

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Substance Use and Health

- Substance use disorders (SUD) can adversely affect health through both direct and indirect pathways
  - Infections or injury related to substance use
  - Difficulty with adherence to medical care and keeping follow-up appointments after hospitalization
- People with SUDs may require SNF care following hospitalizations but regulations and the facilities themselves are often ill-equipped to care for this population

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AIMS

The current study examines discharge experiences at SNFs among hospital patients with comorbid SUD.

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Navigation Services to Avoid Rehospitalization (NavSTAR)

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- Parallel two-group randomized effectiveness trial comparing NavSTAR vs. treatment-as-usual (TAU) for medically ill hospital patients with comorbid SUDs in a large Baltimore City hospital
- Intervention coupled patient navigation and motivational interventions to reduce 30-day hospital readmission

Navigation Services to Avoid Rehospitalization (NavSTAR)

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- Participants were 400 hospitalized patients who met diagnostic criteria for opioid, cocaine, and/or alcohol use disorder
  - SNF discharge and linkage determined via electronic health record review and health information exchange
  - Assessed at baseline (in-hospital) and 3-, 6-, and 12-months post-discharge
- Sub-sample of participants completed qualitative interviews as part of a process evaluation
  - 30 participants interviewed approximately 3 months post-discharge

RESULTS

- Over 1 in 4 participants had a planned discharge to SNF
  - 27.0% sub-acute; 3.3% acute
- SNF discharge was associated with:
  - Length of initial hospitalization (4.9 vs. 11.7 days; $p<.001$)
  - Race (25.5% non-white vs. 36.7% white; $p=.02$)
  - Female sex (25.4% male vs. 36.6% female; $p=.02$)

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RESULTS

- Nearly half of the interview participants described experiences with SNFs post-hospital discharge
- Many patients placed on opioids for pain management in the hospital experienced problems receiving them in the SNF
    - Greater difficulties reported by those with history of OUD who wanted to remain on methadone
- When medication lapses occurred, patients often left AMA and wound up being re-hospitalized
- Participants described drug misuse by other patients in SNF, either from illicit drugs brought in or patients selling their opioid pain medications

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Discussion

- SNFs are a common transitional waypoint for patients who require continual monitoring and rehabilitation after medical hospitalization
- Many patients face difficulties getting both their physical post-hospitalization and SUD treatment needs met
- Recovery challenges are abundant
- More SUD-“friendly” programming is needed

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Thank you

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