CONTINUITY OF CARE DOCUMENT DEVELOPMENT FOR SUBSTANCE USE DISORDER

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CONTINUITY OF CARE DOCUMENT DEVELOPMENT FOR SUBSTANCE USE DISORDER

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ABSTRACT
Substance use disorder (SUD) patients present complexities often not appreciated in transitions of care. Here, we discuss the essential components of a continuity of care document (CCD) to improve care for this population. Drawing from subject matter experts in SUD, we iteratively designed and developed a CCD for use by clinicians to improve knowledge and care. Consistent with 42CFR part 2, a CCD was developed that included essential information for ED patients currently undergoing SUD evaluation and recovery services. The CCD included name and organizational identifiers, program status changes, program contact information, and referrals made for additional SUD services. The SUD CCD developed and tested in this study provided an example effort aimed at improving transitions of care for an often medically-complex and frequently non-compliant population. A CCD for ED consumption may be a useful strategy to support interoperable health information exchange in the care transition environment.

Keywords
Substance use disorder, Transitions of care

EXTENDED ABSTRACT

Introduction: There are almost 100,000 substance use disorder (SUD) deaths in the US each year, and approximately 300,000 opioid SUD related emergency department (ED) visits. (Ahmad FB, 2021) The medical complexities of SUD patients can often lead to misdiagnosis in the ED. (Theodore, Basco, & Biggan, 2012) At a national level in the United States, there is a demand for the development of continuity of care documentation especially for opioid use disorders (OUDs). Many states such as Massachusetts, Michigan, and New Jersey are working towards advancing data exchange locally and nationally and creating statewide opioid-related event notifications. (Leyden T; Ly V, 2019; Renczkowski E, 2018) While the opioid crisis is well-documented, continuity of care falls short as opioid treatment programs are equally siloed in the systems of care but face more parity. (Ly V, 2019)

Methods: We iteratively designed and developed a CCD for substance use disorder transitions of care drawing from 5 subject matter experts representing outpatient clinicians and ED professionals, 2 statewide HIE administrators, 2 CCD HIE experts, 3 CCD software integrators, and 3 academic health informaticians. The system was implemented, connecting an SUD community peer support specialist program client management software system with the Alabama statewide HIE using Mirth Connect integrator as a middleware data exchange platform. The system was tested for its functionality and performance and evaluated for its benefits and challenges.

Results: Consistent with 42CFR part 2, a CCD was developed that included essential information for ED patients currently undergoing SUD evaluation and recovery services. The CCD included name and organizational identifiers, program status changes, program contact information, and referrals made for additional SUD services. Testing of the CCD between an SUD peer support specialist client management software system and the Alabama statewide HIE resulted in complete, accurate, available, and timely CCD submissions and data that stakeholders perceived to provide efficient data acquisition services that lead to improved clinical care decision making and patient outcomes for the SUD population.

Discussion: Providing valuable information about a patient’s engagement with SUD treatment services for ED clinicians is expected to significantly improve transitions of care. Specifically, the identified CCD information is expected to aid in sifting through the possible range of diagnoses when an SUD patient, often with comorbidities, appears in the ED. Doing so holds the promise to actionable care based on known information hopefully moving an overdose to a near-miss event.

Conclusion: The SUD CCD developed and tested in this study provided an example effort aimed at improving transitions of care for an often medically-complex and frequently non-compliant population. A CCD for ED consumption may be a useful strategy to support interoperable health information exchange in the care transition environment.
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REFERENCES