Implementation of an integrated infectious disease and substance use disorder team for injection drug use-associated infections: a qualitative study

Background

Hospitalizations for severe injection drug use-related infections (SIRIs) are characterized by **high costs, frequent patient-directed discharge, and high readmission rates.**

These admissions can be traumatizing to people who inject drugs (PWID), who often receive inadequate treatment for their substance use disorders (SUD).

The SIRI team was developed as an **integrated infectious disease/SUD treatment intervention** for patients hospitalized at a public safety-net hospital in Miami, Florida in 2020. We conducted a qualitative study **to identify patient- and provider-level perceived implementation barriers and facilitators** to the SIRI team intervention.

Methods

Participants were patients with history of SIRIs (n=7) at the Jackson Memorial Hospital (JMH) and healthcare providers (HCPs) (n=8) at JMH. Semi-structured qualitative interviews were performed with a guide created using the Consolidated Framework for Implementation Research (CFIR). Interviews were transcribed and double coded by study team members using determinants adapted from the CFIR.

Who are our participants?

Providers (n=8)		Patients (n=7)	
Female	6 (75%)	Female	5 (71%)
Age (median, IQR)	46 (39-51)	Age (median, IQR)	40 (35-46)
Profession		Race	
Physician	5 (62%)	White	4 (57%)
Registered Nurse	2 (25%)	Black	2 (29%)
Social Worker	1 (13%)	Prefer not to say	1 (14%)
Physician Specialty (n=5)		Hispanic	4 (57%)
Family Medicine	2 (40%)	Injected drugs	
Internal Medicine	2 (40%)	Opioids	7 (100%)
Psychiatry	1 (20%)	Cocaine	6 (86%)
Location of primary work		Methamphetamine	1 (14%)
Inpatient	7 (88%)	Experiencing homelessness	5 (71%)
Outpatient	1 (12%)	HIV	4 (57%)
Years since completing training (median, IQR)	6 (4-12)	Hepatitis C	4 (57%)

UNIVERSITY OF MIAMI

IDEA Exchange

Integration of ID and SUD treatment is a promising approach to managing injection drug use-associated infections

Facilitators

Efficiency and effectiveness of integrated care

"I think the ability of this team to bring in other providers together so that we have a coherent treatment plan, not piecemeal by different providers and different consultants, I think is also important."
– Provider

Close follow-up for an often-abandoned population

"I can honestly say right now, the best doctor that I've had is [the SIRI team doctor]. Followin' up after I leave the hospital. Followin' up since I was in rehab. That was amazing. I've never experienced anything like that. Because of him, I'm here to say I would not be straight today, or sober today." – *Patient*

Addressing diverse needs of housing, insurance, psychological well-being

"[The SIRI team] wanted to make sure I had a safe place to go when I left [the hospital]… to make sure I came and got clean needles and everything but to hang in there. [They] kept me on methadone and everything." – *Patient*

It just seems to be that patients seen by [the SIRI] team get into the right places more often. I think because they're knowledgeable about community resources." – *Provider*

Barriers

Complexity of integrated SIRI+SUD care

"I think that you become overwhelmed with too many patients… not enough staff, not enough people bein' able to track because one of the important aspects is to be able to follow [patients] inside and outside of the hospital. Patients losing their phone, or not living in the address where they live anymore." – *Provider*

Lack of resources for PWID

"It seems like we have resources for other things when we need them, but this [PWID, patients experiencing homelessness] isn't a priority." – *Provider*

Stigma

"It can be hard to get other providers and health care staff to have compassion, the same level of compassion for other patients when they consider people to have self-inflicted behavior." – *Provider*

"Overall, I think that people – especially doctors – judge you because you're an addict…because most of the time, I'm judged. Looked down upon. That it's somethin' that I chose. In a lot of ways that's not – I made the first choice, but after that it's a disease and it needs to be treated more like that. I think [the SIRI team doctor] treats it that way and that's great." – *Patient*

Conclusions

Implementation success depends on institutional buy-in, holistic care beyond the medical domain, and an ethos rooted in harm reduction across multilevel (inner and outer) implementation contexts.

Ongoing research will evaluate the clinical effectiveness of the team on infection, substance use, and healthcare utilization-related outcomes as well as examining implementation strategies that improve our implementation outcomes. Testing of the intervention in a hybrid RCT is necessary to evaluate efficacy and guide implementation considerations of SIRI teams across health systems heavily impacted by the infectious disease/SUD syndemic.

Authors

Grace Seo, BS
Belén Hervera, BA
Tyler S. Bartholomew, PhD
Teresa A. Chueng, MD, MPH
Edward Suarez, PsyD, MBA
David Forrest, PhD
Salma Hernandez, DNP, APRN, ACNP-BC
Allan Rodriguez, MD
Hansel Tookes, MD, MPH
Susanne Doblecki-Lewis, MD, MSPH
David P. Serota, MD, Msc

Contact Information:
Grace Seo
g.seo@med.miami.edu

IDWeek