

Personalized patient navigation service reduces readmissions among hospitalized patients with comorbid substance use

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A personalized patient navigation service reduced hospital readmissions and emergency department (ER) visits for patients with comorbid substance use disorder. Findings from a randomized trial comparing Navigation Services to Avoid Rehospitalization (NavSTAR) versus usual treatment are published in *Annals of Internal Medicine*.

Hospitalized patients with comorbid substance use disorders are considered a vulnerable patient population at high risk for poor outcomes and very frequent and fragmented hospital utilization. A coordinated hospital discharge approach that addresses medical needs, addiction, [self-care](#), and basic living requirements is needed to reduce [health care utilization](#) and improve health for these patients.

Researchers from Friends Research Institute, Baltimore, MD, randomly assigned 400 hospitalized patients with comorbid substance use disorders involving opioids, cocaine, or alcohol to NavSTAR or usual care upon discharge to determine whether patient navigation services would reduce [hospital readmissions](#). All participants were seen by an experienced addiction consultation service while in the hospital and 92% met criteria for severe substance use disorder, while 43% were homeless. In the NavSTAR group, participants received patient navigation services after discharge for up to 3 months. Data on inpatient readmissions (primary outcome) and ER visits for 12 months were obtained for all participants via the regional health information exchange. Entry into substance use

disorder treatment, substance use, and related outcomes were also assessed at 3-, 6-, and 12-month follow-up.

The researchers found that participants had high levels of acute care use: 69% had an inpatient readmission and 79% visited the ER over the 12-month observation period, many of them with multiple readmissions/ER visits. Participants in the intervention group had reduced hospital readmissions and ER visits compared with usual care over the 12-month study period. NavSTAR reduced rapid readmissions, meaning that it cut 30-day [readmission](#) by about half. Participants in the NavSTAR group also had increased entry into substance use treatment in the community.

According to the researchers, hospitals should devote resources to addressing comorbid substance use disorders, which can greatly affect health and prognosis.

More information: *Annals of Internal Medicine* (2021).
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