Discharge Partnerships with Community-Based Organizations for Patients with Substance Use Disorders: How Much Do Physicians Know?

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INTRODUCTION

Patients experiencing homelessness and substance use disorders (SUDs) often experience multiple medical, economic, and social hardships,^{1, 2} requiring multidisciplinary efforts to determine appropriate hospital discharge disposition. Hospitals and community-based organizations (CBOs) are increasingly developing partnerships for the treatment of SUDs, which may include residential treatment for patients experiencing homelessness. Though an interdisciplinary team is necessary for these transitions, physicians are often on the front lines of screening for appropriateness and ensuring patient safety. Our institution's internal medicine (IM) residents and hospitalists provided feedback that they frequently felt unprepared to do this because of poor understanding of CBO resources and criteria. While published best practices identify physicians as stakeholders for hospital-CBO partnerships, they do not focus on how to involve physicians nor address the challenges that physicians may face during these care transitions.³ A literature review revealed no studies regarding physician knowledge or perceptions of hospital-CBO partnerships. We performed a survey to assess provider knowledge and perceptions in response to this feedback and literature gap, and in alignment with our institution's True North metrics of advancing patient safety and physician satisfaction.

METHODS

This was a descriptive cross-sectional study at the University of California, San Francisco (UCSF). All hospitalists based at the Parnassus campus and all IM residents were eligible for the survey.

We developed a 10-item anonymous survey to assess (1) physician comfort with patient discharge to a partnered CBO for patients experiencing homelessness and SUDs, with regard to CBO criteria, services, and benefits and (2) knowledge of clinically relevant resources available at the partnered CBO

using true/false items. We performed descriptive statistics on survey data and use *t* tests to compare faculty and resident responses.

The Institutional Review Board at UCSF approved this study.

RESULTS

Thirty-three of 83 (39.8%) faculty and 67/184 (36.4%) residents completed the survey. Mean Likert scale scores demonstrated poor confidence in the knowledge of services available at the CBO by both faculty and residents (Fig. 1). Question 1 regarding CBO criteria demonstrated a significant difference in mean scores between faculty (2.12, SD 0.96) and residents (1.61, SD 0.72; $P=0.004$). There was no significant difference in scores between faculty and residents for question 2 regarding CBO services (faculty 2.42, SD 1.20; residents 2.13, SD 0.95; $P=0.193$) or question 3 regarding CBO benefits (faculty 2.24, SD 1.12; residents 1.97, SD 0.89; $P=0.192$). When asked true/false knowledge items about CBO resources, faculty answered 46.0% correctly, and residents 37.3% correctly ($P=0.179$; Fig. 2).]->]->

DISCUSSION

In this study, we found poor faculty and resident confidence in whether a patient would be safe and appropriate to discharge to a partnered CBO, and low scores in knowledge-based items of services offered by this partner CBO to which we routinely refer patients experiencing homelessness and SUD. These results demonstrate a physician knowledge gap that is previously undescribed in the literature.

A recent study by the Commonwealth Fund entitled “Using Community Partnerships to Integrate Health and Social Services for High-Need, High-Cost Patients” identifies hospital utilization and patient outcomes as potential measures of strength for hospital-CBO partnerships, as well as coordination of care delivery between providers and CBOs as one of four keys to strengthening integration of services.⁴ Physicians want to ensure that referred patients are likely to benefit from partner CBO services and are transitioning to an appropriate level of care for their medical needs and functionality—however, this is challenging to ensure with physicians' poor confidence and knowledge. Choosing the most appropriate CBO is a key

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Fig. 1 Comparison of UCSF hospitalist and IM resident perceptions regarding CBO partner resources and patient discharge referral appropriateness, by percent of responses to each level of Likert scale (1 = Strongly Disagree; 2 = Disagree; 3 = Neither Agree nor Disagree; 4 = Agree; 5 = Strongly Agree).

step in discharge planning given its implications for re-admission, health care utilization, and patient recovery. This is particularly critical for patients experiencing homelessness and SUD and who may have multiple other comorbidities and poor social support. These findings highlight genuine physician uncertainty and concern when discharging patients in these circumstances and may act as a needs assessment for future educational and quality improvement initiatives. Additional research is needed to understand physician-patient and interdisciplinary team communication and satisfaction, patient outcomes, and value improvement.

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Compliance with Ethical Standards:

The Institutional Review Board at UCSF approved this study.

Conflict of Interest: The authors declare that they do not have a conflict of interest.

Fig. 2 Hospitalist and resident knowledge of clinically relevant resources available at CBO partner based on true/false item responses.

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