

# Recovery Coaches Building the Bridge for Care Transition: Keeping Patients Engaged in Outpatient Care



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## Background

Deaths related to opioid overdoses continue to rise in New York State, increasing to 2,185 in 2015 (NYS DOH, 2017) and evidence has demonstrated that integration of Recovery Coaches into the care team facilitates more effective transitions between inpatient and outpatient care (Tracy 2011).

At Arms Acres, a New York State licensed provider of inpatient and outpatient substance use treatment services, data demonstrated that only 47% of patients discharged from inpatient substance use treatment actually attended their first follow up outpatient treatment visit. This number was achieved mostly due to staff driving patients to their first visit.

With a goal of improving transitions of care between inpatient and outpatient treatment, the Montefiore Hudson Valley Collaborative, one of 25 Performing Provider Systems (PPS) participating in the New York State Delivery System Redesign Incentive Payment (DSRIP) program, provided innovation funding for a novel pilot project that integrated Recovery Coaches into the care team at Arms Acres.

## Setting

Arms Acres is a New York State licensed provider of inpatient and outpatient substance use disorder treatment. They provide comprehensive treatment services in 7 Hudson Valley counties utilizing a multidisciplinary team model incorporating physicians, psychiatrists, nurses, certified alcoholism and substances use counselors, social workers, family specialists, and activities specialists.

Medication Assisted Treatment	Evidence Based Treatment	Trauma Informed Care	Cognitive Behavioral Therapies	Dual Focus Groups	Case Management	Therapeutic Recreation Therapy	Recovery App	Alumni Association	Equine Therapy Program
					Inpatient Rehab.		Family Program		

## Intervention

In an effort to improve care transitions between inpatient and outpatient substance use disorder treatment providers, Recovery Coaches (Peers) were offered to patients who clinicians identified as having a high risk of recidivism. The Recovery Coach meets with patients prior to discharge to collaboratively develop recovery goals and assist with linkages to harm reduction, local or online support groups, family support and education. Recovery Coaches are also available to accompany patients to their first outpatient appointment and self-help meetings. Over the first 7 months of this ongoing innovation pilot project, two Recovery Coaches worked with 85 recoverees.

The following data was collected: adherence to outpatient treatment (1st outpatient visit adherence within 7 or 30 days), long term patient engagement in care (at 30, 60, 90 days), routine discharge and readmission rates.

## Project Aim

To demonstrate, utilizing rapid cycle improvement methodology, the value of adding a Recovery Coach to the multidisciplinary team in order to improve 7 and 30-day follow up HEDIS metrics (transitions of care between inpatient and outpatient substance use treatment).

## Results

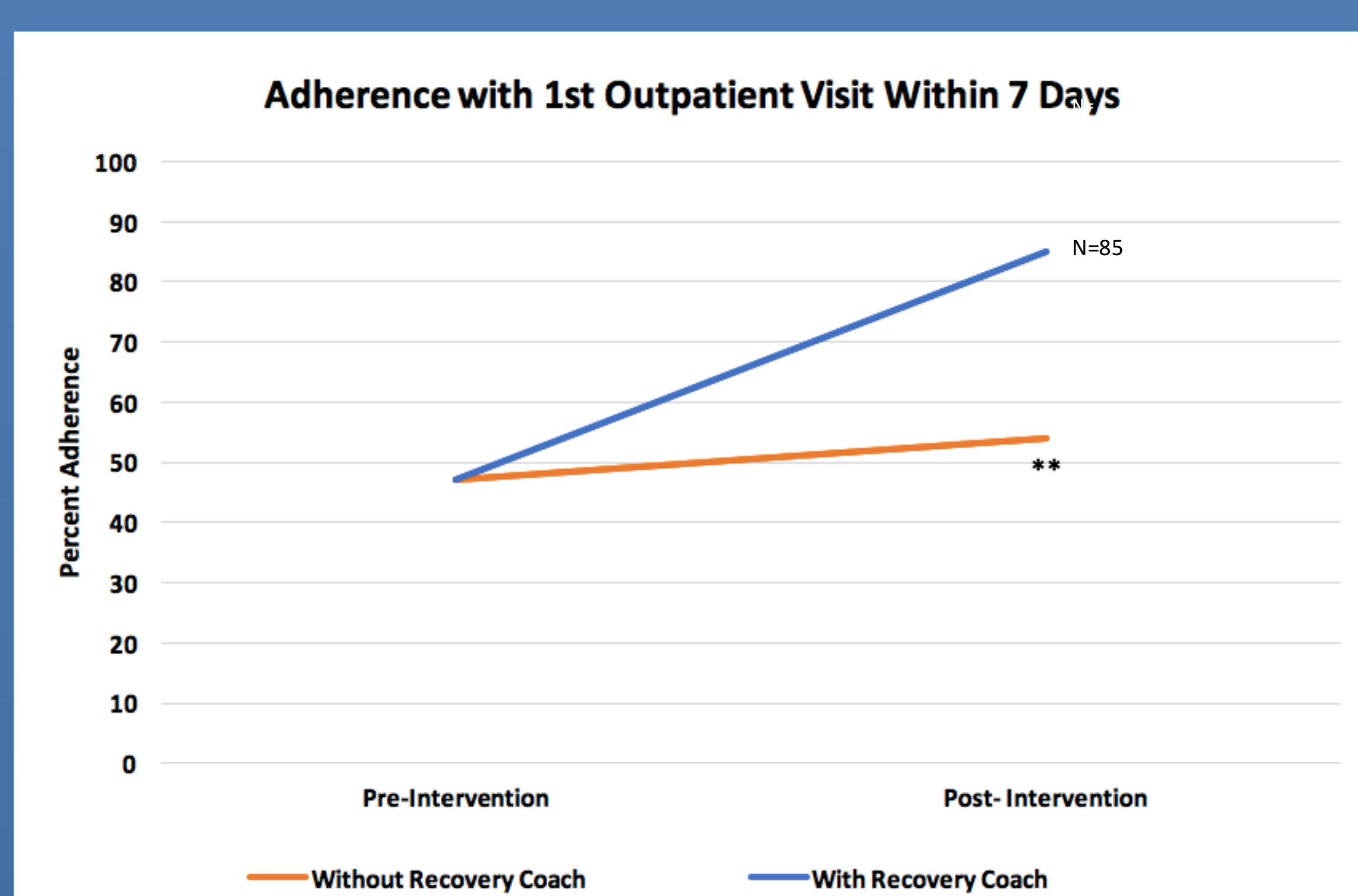


Figure 1: This graph demonstrates increased adherence among clients with Recovery Coaches (85.11% compared to 54% without Recovery Coaches)  
\*\* Intervention Groups only looked at substance use follow up appointments while non-Recovery Coach group looked all aftercare appointments (behavioral, medical, substance use)

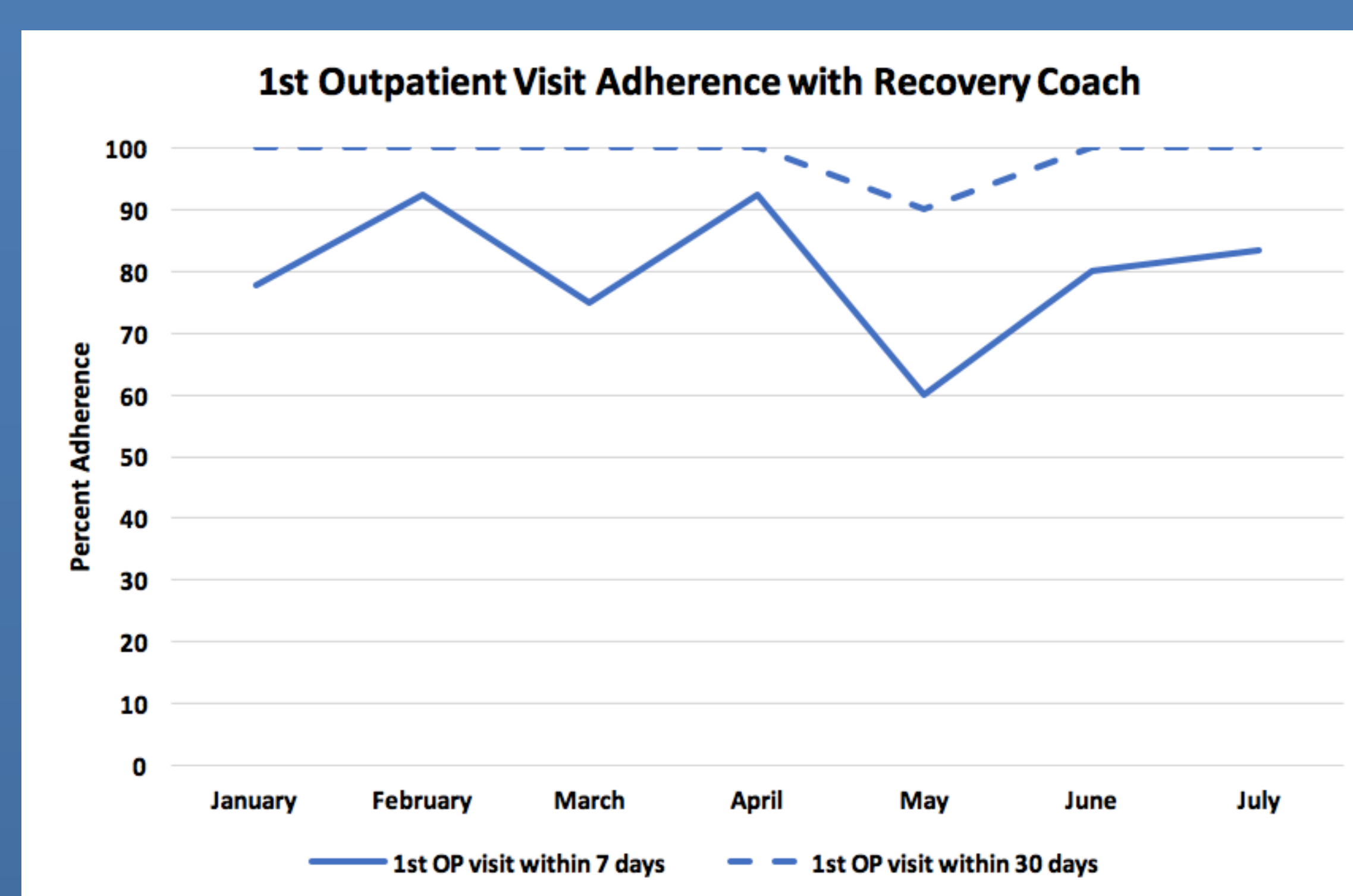


Figure 2: This graph demonstrates high visit adherence throughout the first 7 months of project implementation (n=85 recoverees engaged by two Recovery Coaches)

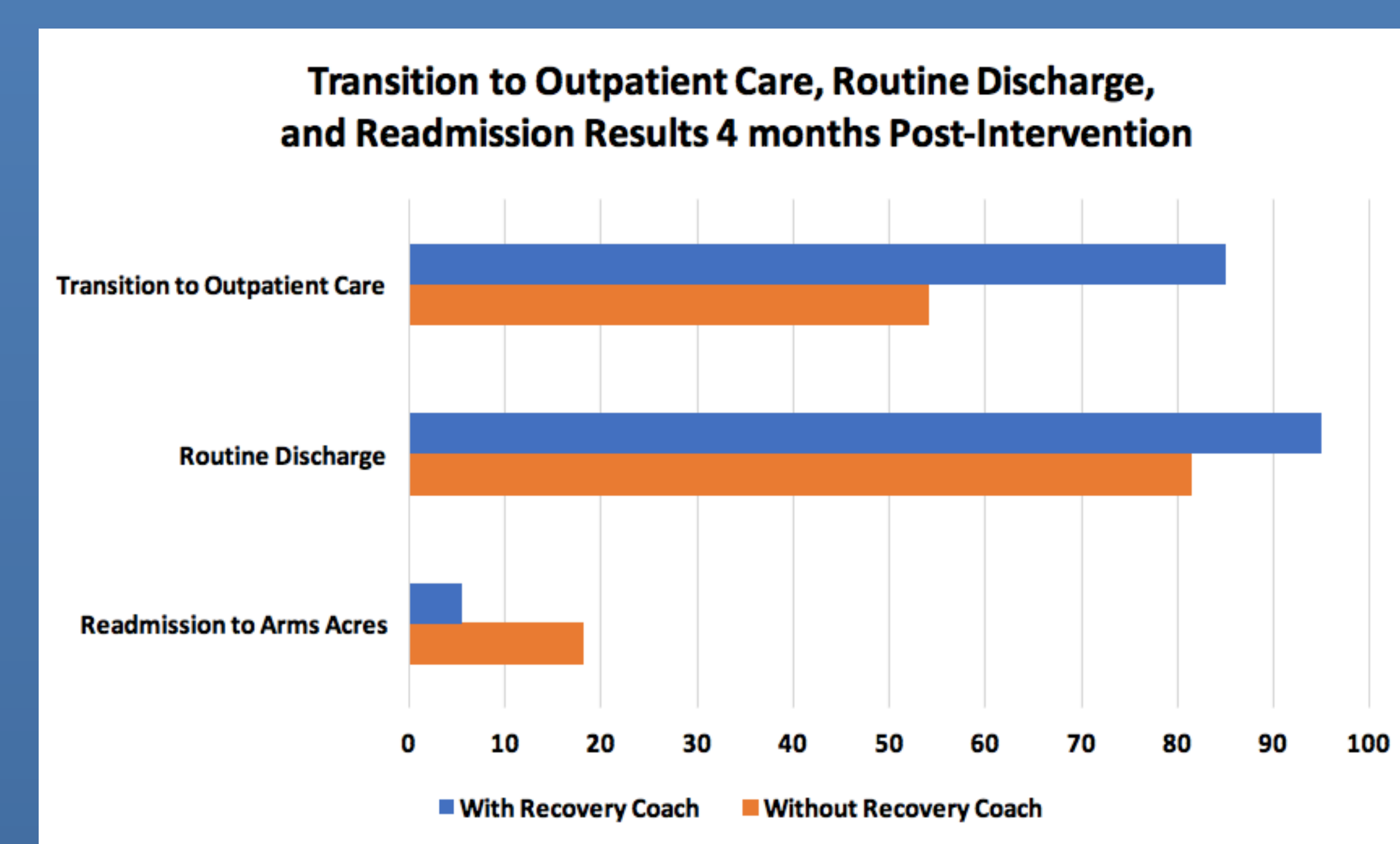


Figure 3: Recovery Coach intervention improved transition to outpatient care by 31.11%, increased routine discharge by 13.6%, and reduced readmission by 12.6%.

## Conclusions and Discussion

Utilization of Recovery Coaches to support transitions of care for patients with addiction demonstrated a decrease in readmissions, improved transitions to outpatient care, and led to higher routine discharge rates. It is important to note a limitation of the data that may explain why the group without Recovery Coaches also demonstrated slight improvement in first visit follow up rates. First, outpatient visits for the group without Recovery Coaches included medical, behavioral and substance use follow up appointments, whereas only substance use follow up appointments were captured in the measure for the group with Recovery coaches. In addition, providers selected patients at highest risk of recidivism for the intervention group (Recovery Coach), thereby removing the most non-adherent patients from the group without Recovery Coaches.

Overall, the Recovery Coach intervention improved patient engagement in care leading to positive outcomes for the patients themselves. It also has the potential to reduce downstream healthcare costs, saving money for providers and payers. Next steps include continuing to collect and analyze data with a goal of demonstrating a return on investment of the Recovery Coach intervention, and considering the various settings in which the use of Peers could be spread.

### References:

New York State Department of Health. Opioid-related Data in New York State (2017). Available at: <https://www.health.ny.gov/statistics/opioid/>.  
Tracy K, Burton M, Nich C, et al.: Utilizing peer mentorship to engage high recidivism substance-abusing patients in treatment. *American Journal of Drug and Alcohol Abuse* 37:525-531, 2011.