NUGGETTE 2

Revival of interest in inpatient detoxification in Britain is accompanied by concern that this investment can be wasted if (as in most cases in England) it does not leads to further treatment. Evidence that case management can be part of the solution comes from the public addiction treatment system in Philadelphia, where 10–15% of patients dependent on alcohol or other drugs underwent three or more inpatient detoxifications a year, nearly always without continuing care. [1] Detox repeaters were blocking an important gateway to rehabilitation without lasting benefits for the patients. In response, clinical case managers were sited at each of the five largest detoxification centres. They targeted patients with a history of multiple detoxes, motivating them to complete detoxification and arranging the support and follow-on treatment needed to sustain their recovery. In view of the effort likely to be required, caseloads were limited to 15. Case management was initiated early in the detox episode and continued for up to a year.

Before case management was fully operative, two thirds of the treatments received by these patients were isolated detoxifications not part of a continuum of care. Afterwards this proportion more than halved and instead records were dominated by admissions to longer term care. Average stays in treatment also improved from about a week to a month. Case management transformed these extreme detox repeaters in to patients with typical treatment admission patterns. The effects were felt across the entire five-clinic system in increased capacity (patients treated rose by well over a half), a halving in the proportions both of treatments and of patients which were re-detoxification admissions, and increased admission to longer term care instead of isolated detoxifications.

LINKS
Nuggets 14.10 12.4
Case management, issue 15
Can we help? issue 12

[1] McLellan A.T. *et al*. "Improving continuity of care in a public addiction treatment system with clinical case management." *American Journal on Addictions*: 2005, 14(5), p. 426–440 DS