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Title

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Permalink

<https://escholarship.org/uc/item/5pz847jr>

Journal

Open Forum Infectious Diseases, 9(Supplement_2)

ISSN

2328-8957

Authors

Appa, Ayesha Ashley

Stein, Brianna

Baral, Stefan

et al.

Publication Date

2022-12-15

DOI

10.1093/ofid/ofac492.1235

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Peer reviewed

Abstract citation ID: ofac492.1235

1406. IMPACT (*Infection Management Plus Addiction Care Together*): A Combined Contingency Management Pilot for Substance Use Disorders & Antibiotic Adherence in the Acute Care Setting

Ayesha Ashley Appa, MD¹; Brianna Stein, MD²; Stefan Baral, MD, MPH³; Kelly Knight, PhD⁵; Monica Gandhi, MD, MPH⁴; Phillip Coffin, MD, MIA⁵; Marlene Martin, MD²; ¹UCSF Infectious Diseases & Addiction Medicine, Mill Valley, California; ²UCSF, San Francisco, California; ³Johns Hopkins University, Baltimore, Maryland; ⁴University of California, San Francisco, San Francisco, CA; ⁵SF Department of Public Health, San Francisco, California

Session: 151. Social Determinants of Health

Friday, October 21, 2022: 12:15 PM

Background. Amidst interrelated problems of increasing infections related to drug use and overdose deaths, contingency management (CM) is an underutilized substance use disorder treatment that leverages incentives for objective behavior change. CM implementation outside of drug treatment settings is limited, despite its regard as gold-standard treatment for stimulant use disorder and potential use to support infection treatment completion.

Objective: to describe feasibility and preliminary effectiveness of a novel CM program incentivizing reduced drug use and antibiotic adherence in the acute care setting.

Methods. We conducted a pilot of twice weekly CM in an urban public hospital and its attached skilled nursing facility with escalating opportunities to earn incentives from a fishbowl based on 1) antibiotic adherence and/or 2) absence of stimulants or opioids on urine drug testing. Eligible participants were people with stimulant and/or opioid use disorders hospitalized for at least 2 weeks of infection treatment. We measured feasibility via visits attempted/completed and cost of gift cards dispensed. We evaluated effectiveness via antibiotic completion, discharge type, and participant perception of intervention effectiveness collected via structured survey.

Results. Between March-April 2022, n=9 participants were referred to IMPACT, and n=7 were enrolled. Most participants (5/7) required antibiotics for osteomyelitis, and most had stimulant use disorder (methamphetamine, 5/7) and opioid use disorder (fentanyl, 5/7). In 4 of 7 instances, multiple visits were necessary to complete a CM visit, and participants earned between \$10-\$350 during intervention. Only 1 participant self-directed discharge without antibiotic completion. Most participants reported CM “extremely effective” in supporting antibiotic completion, though were more likely to describe CM as moderately effective (range 5-8/10) in addressing drug use reduction.

Table 1: Demographic & Baseline Characteristics of IMPACT Participants (n=7)

Demographics	
Age (median, IQR)	39 (39-64)
Female Sex	5/7
Unstably housed	6/7
Clinical Characteristics	
HIV (n, %)	1/7
Chronic HCV	2/7
Infection*	
Osteomyelitis	6/7
Endocarditis	2/7
Stimulant use disorder*	
Cocaine	0/7
Methamphetamine	5/7
Opioid use disorder*	
Fentanyl	5/7
Heroin	2/7
Patient goals at enrollment	
Importance of reducing or stopping drug use (median of scale 1-10, IQR)	10 (7-10)
Confidence in reducing or stopping drug use (median of scale 1-10, IQR)	8 (4-10)
Importance of completing infection treatment (median of scale 1-10, IQR)	10 (10-10)
Confidence in completing infection treatment (median of scale 1-10, IQR)	10 (9-10)

*Not mutually exclusive.

Table 2: Contingency Management (CM) Outcomes by Participant

ID	CM visits attempted	CM visits completed	Proportion of urine drug tests negative for non-prescribed drugs	Infection treatment complete?	Total monetary value of gift cards earned	Type of discharge	Participant-reported CM effectiveness for antibiotic completion (1-10)*	Participant-reported CM effectiveness for drug use reduction (1-10)*
1	10	8	8/8 (100%)	Yes	\$350	Standard	10	7
2	1	1	1/1 (100%)	Yes	\$10	Standard	No exit data	No exit data
3	4	2	1/1** (100%)	Yes	\$20	Standard	No exit data	No exit data
4	3	3	3/3 (100%)	Yes	\$100	Standard	10	5
5	4	3	3/3 (100%)	Yes	\$70	Standard	10	8
6	3	3***	3/3 (100%)	TBD	\$80	TBD	TBD	TBD
7	2	1	0/1 (0%)	No	\$10	Patient-directed	No exit data	No exit data

*1 indicating “no effect”, 10 indicating “extremely effective.”

**Pt developed anuric renal failure, only able to complete 1 point-of-care urine drug test.

***Pt yet in program.

Conclusion. CM for patients with stimulant and/or opioid use disorders needing prolonged antibiotics in acute care settings may be effective in supporting antibiotic completion, and additional exploration is needed to understand both program feasibility and its role in supporting reduced drug use for participants after discharge.

Disclosures. All Authors: No reported disclosures.