C-DIAS Center for Dissemination & Implementation At Stanford

ABC-SUD Study

How Can Patient and Clinician Insights Shape the Implementation of SUD Care Navigation?

The Public Health Problem

Care navigation can help patients overcome barriers to treatment and engage in care, but **there is little guidance on how to deliver care navigation for substance use disorder (SUD) within health systems.**

Such guidance would make care navigation more likely to last and reach more people seeking SUD care within health systems.

Background

Linking patients with SUD to care is a two-pronged challenge: many health systems struggle to provide timely access to care, and patients fail to engage with it.

The **Addressing Barriers to Care for Substance Use Disorder (ABC-SUD) trial** (hybrid type 1) aims to:

- **Develop and implement** a care navigation intervention for patients referred to SUD treatment
- **Inform** health systems looking to implement care navigation

What This Article Addresses

To shape the intervention, researchers captured patient and clinician insights on:

- **Experiences** seeking SUD care
- **Barriers and catalysts** to SUD care
- **Care navigation optimization** within their specific health system

What They Did *(Methods)*

1. **Interviewed** 21 patients seeking SUD care and eight mental health clinicians
2. **Compiled** key findings via Rapid Group Analysis Process (Rap-GAP)
3. **Outlined** how the ABC-SUD protocol addressed or was adapted to address patient and clinician feedback

What They Discovered *(Findings)*

Patients and clinicians provided recommendations on how best to:

- Communicate effectively with patients and care team members
- Connect patients to SUD resources
- Support patient motivation
- Address logistical barriers to care

The team used this feedback to refine the intervention early on and:

- Tailor communication frequency to patient preferences, with at least weekly outreach
- Offer brief educational seminars about SUD diagnosis and treatment needs to clinicians
- Provide person-first, medically accurate language training and call scripts to clinicians
- Extend navigation support after detoxification to ensure barriers could be addressed throughout care

Opportunities for Action

The study findings highlight opportunities for:

Health Systems

- **Develop** workflows that support patients through transitions of care rather than relying on patients to navigate treatment systems independently.
- **Train** staff in person-first, medically accurate language.

Payors

- **Reimburse** more navigation activities to improve treatment initiation and engagement metrics.

Researchers

- **Use** partner-engaged co-design methods to refine interventions before and during implementation.
- **Apply** the Core Functions and Forms paradigm to adapt interventions to patient needs and maintain fidelity.

Patients

- **Ask** for help navigating insurance, treatment eligibility, transportation, and appointment scheduling.

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