Integration of health and social care services for persons in opioid substitution therapy – results of a case study in Austria

19th International Conference on Integrated Care, San Sebastian, 01-03 April 2019

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Introduction: Severe drug addiction can in general not be regarded as an isolated condition, but is typically associated with various other health and social problems. Drug users might therefore particularly benefit from care approaches that integrate services across different sectors and disciplines, such as the Sociomedical Centre Liebenau (SMC). The SMC is a bottom-up pioneer model providing health and social care predominantly to vulnerable groups in a socioeconomically deprived district in Graz, Austria. The study aims to perform a multi-criteria decision analysis (MCDA) of the SMC, investigating whether the services provided by the SMC for drug users in the context of opioid substitution therapy are associated with improved health and well-being, improved care experience and reduced costs in comparison to standard care. The study is one of 17 case studies conducted in the course of the Horizon2020-funded project SELFIE (Sustainable intEgrated care modeLs for multi-morbidity: delivery, Financing and performancE).

Methods: The MCDA is conducted as part of a cross-sectional and quasi-experimental controlled study. The two data sources used are questionnaire data collected at one point in time and administrative claims data linked to the questionnaire data. Propensity score matching is used to improve comparability between intervention group (persons receiving substitution therapy at the SMC) and control group (persons receiving substitution therapy in facilities in Graz other than the SMC). Performance is measured with respect to ten outcomes pertaining to one of the three domains of the triple aim – i.e. health/well-being, experience of care and resource utilization/costs.

Results: A first analysis based on the data that are currently available yields the following results. The estimation of treatment effects indicates that care experience, measured by person-centeredness and continuity of care, is significantly better in the SMC compared to the control group. While most parameters pertaining to health and well-being do not show significant effects, enjoyment of life and self-sufficiency of patients appear to be poorer in the SMC compared to the control group. Data on costs will mostly be derived from administrative claims data and are yet to be retrieved.

Discussion/Conclusion: Preliminary results suggest that care experience for persons receiving substitution therapy is better in the integrated care approach of the SMC than in standard care. For health and well-being, results are currently inconclusive. Results are expected to be subject to change when additional data are available. Final results are expected for the end of 2018.
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**Keywords:** integrated care; opioid substitution therapy; complex needs; multi-criteria decision analysis