

Abstract

BACKGROUND: In the system of addictology care, the outpatient sector is being strengthened and pilot programs of outpatient clinics with extended care for patients with substance use disorder (ARP-AD) are being created. ARP-AD clients are users of all types of addictive substances, including non-substance addictions, in various stages of addiction and motivation to change, often with comorbid illness. Services are provided by a multidisciplinary healthcare team that works together intensively. Case management approaches and work in the client's natural environment are applied. One of the main goals is the coordination of the current network of addictology (and other) services based on the individual needs of clients.

OBJECTIVE: Qualitative evaluation of the ARP-AD pilot programs with a focus on case management and a multidisciplinary approach.

METHODS: The original intention was to carry out a process evaluation of all ARP-AD. Due to the failure of the recruitment strategy, the evaluation of only one pilot program – ARP-AD at the Department of Addictology (KAD) - was completed. Therefore, this is a case study. The data sources were implementation reports and semi-structured interviews with ARP-AD staff. The last data source was the ARP-AD Methodology. Implementation reports and interviews were analyzed using the clustering method. The Methodology was subjected to a thematic analysis. The analyzed data were compared with each other using the method of contrasts and comparisons.

FINDINGS: The actual target group of ARP-AD is broad and corresponds to the original intention. Most clients have an alcohol-related disorder with a comorbid personality disorder. Most clients do not have significant difficulties in the social area. Case work is carried out in accordance with methodological procedures. Case managers are addictologist who coordinate care within the team and with other services. The case manager has around 30 clients under his care. Workers offer field services, but do not register interest among clients. Personally, the service is provided according to the methodology. There is ongoing intensive communication in the team. The staff is aware of their roles and competences. Respondents do not perceive rivalry or hierarchy in the team, they feel support in the team. Mandatory indicators were fulfilled by the program. A common team space has proven to be effective for team communication. Cooperation with other KAD departments works very well. Interdisciplinary cooperation in the team is successful. Staffing is not sufficient for the great interest of clients. The need for frequent indication of addictology treatment by a doctor-psychiatrist is ineffective.

CONCLUSION: From the results it follows that it would be appropriate to extend the working time of the staff. Case managers care for many clients who do not meet the recommendations. The work brings valuable information from the workers about the provision of case management and cooperation in a multidisciplinary team.

KEYWORDS: evaluation, ambulance, case management, pilot project, dual diagnosis