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Engagement in ID/SUD Integrated Care Among People Who Inject Drugs: Preliminary Findings from a Multi-State Randomized Controlled Trial Study

MC Lavoie[1,2], A Mitchell[1], ME Mansfield[1], D Davidov[3], R McGilvery[4], AK O'Brien[5,6], A Amendola[3], R Datar[1], EC Traver[1], H Omari[1], I Kuo[6], JS Catalanotti[5], R Reece[3], G Cooper[3], AR Steck[7], JE Carpenter[7,8], AW Fujita[4], R Silk[1], H Masur[9], S Kattakuzhy[1], ES Rosenthal[1]

[1]Institute of Human Virology, University of Maryland School of Medicine (UMSOM), Baltimore, MD, USA; [2]Department of Epidemiology & Public Health, UMSOM, Baltimore, MD, USA; [3]West Virginia University School of Medicine, Morgantown, WV, USA; [4]Division of Infectious Diseases, Emory University School of Medicine, Atlanta, GA, USA; [5]School of Medicine & Health Sciences, George Washington University (GWU), Washington, DC, USA; [6]Milken Institute School of Public Health, GWU, Washington, DC, USA; [7]Department of Emergency Medicine, Emory University School of Medicine, Atlanta, GA, USA; [8]Grady Health System, Atlanta, GA, USA; [9]National Institutes of Health, Bethesda, MD, USA

01 Background

- People who inject drugs (PWID) face substantial barriers to engagement in care, contributing to suboptimal health outcomes.

Aim: to assess engagement in an infectious diseases/substance use disorder integrated care outpatient clinic intervention and explore perceived barriers and facilitators to engagement as part of a preliminary analysis.

02 Study Design & Methods

- **Study design:** CHOICE-STAR[1] hybrid effectiveness-implementation randomized controlled trial.
- **Study population:** adults hospitalized with acute bacterial or fungal infections from an injection drug use with opioids, cocaine, and/or methamphetamine.
- **Intervention:** 6-month infectious diseases/substance use disorder integrated care outpatient clinic; person-centered and low-barrier to care.
- **Mixed-methods** preliminary analysis of participants randomized to the intervention in:

Atlanta, **Georgia**	Washington, **District of Columbia**	Morgantown, **West Virginia**	Baltimore City, **Maryland**

- **Data collection:** October 2024 to April 2026.
- **Data sources:** surveys, semi-structured interviews with participants randomized to the intervention, and focus group discussions with the integrated care team.
- **Analysis:** patterns and factors associated with engagement in the integrated care intervention; descriptive qualitative research with thematic analysis.

CHOICE-STAR Study Design

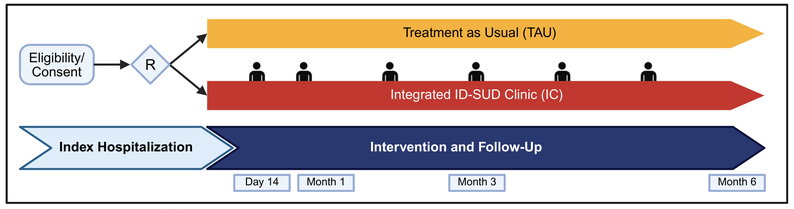


Figure 1. CHOICE-STAR study design.

03 Results

Participants with at least 1 month follow-up (n = 90)

40.9 Mean age (SD=8.7)	**63.6%** Male	**75.6%** White
90.7% Insured	**48.9%** Unhoused	**51.1%** ≥1 Integrated care visit (46/90)

Engagement in the IC intervention

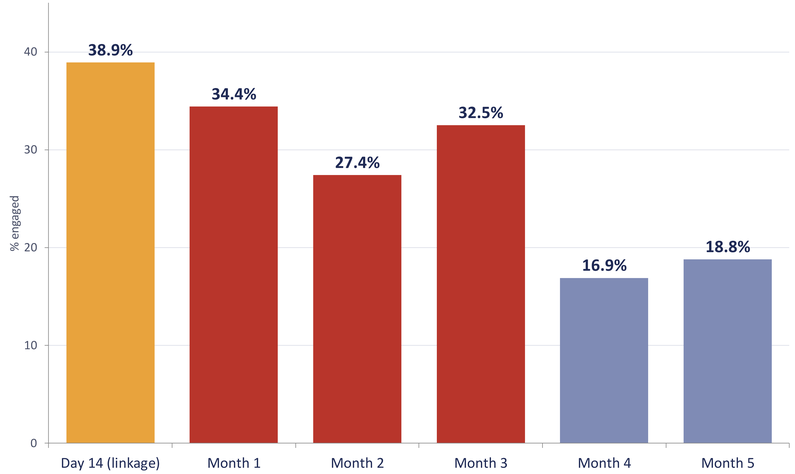


Figure 2. Linkage to the intervention at 14 days post-hospital discharge and engagement at M1–M5 (n/N: 35/90, 31/90, 23/84, 25/77, 12/71, 12/64). Denominator includes the number of participants eligible at each time.

At Month 3, **sociodemographic and site-level factors** were not significantly associated with engagement (all $p > 0.05$).

04 Barriers & Facilitators

Participant randomized to the trial

Barriers to engagement

- Housing instability
- Financial resources
- Competing life priorities
- Comorbidities
- Lack of or inconsistent transportation

> *"It would be nice to have a permanent place, because it's kind of stressful having to move all the time."*
>
> — Participant ID1, Site B

Important facilitators

- Nonjudgmental attitudes and compassionate care from the IC team
- Participants' social support (e.g., family members)

> *"She [IC provider] took her time to explain to me, this is what you need to do for this many days, and it helped…I probably would have relapsed and went back to what I usually did [without it]."*
>
> — Participant ID2, Site A

Provider perspective

> *"The people that we've enrolled in this study have been the sickest from a medical and SUD standpoint and most socially complicated of the subset of or the larger set of people who use drugs that we see in the hospital every day. From the standpoint of the clinician, like once we have patients in the clinic, it goes fine, but the challenge is always getting them there."*
>
> — Integrated Care Intervention provider, Site A

05 Conclusions

- Preliminary findings suggest that engagement in the integrated care intervention was **highest during the first three months** and declined over time.
- Despite a low barrier to care and a person-centered intervention, **engagement remains a key challenge**.
- The study findings will inform future implementation of **integrated service delivery models** for PWID.

Acknowledgments

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References 1. Rosenthal ES et al., Continuum of care in hospitalized patients with opioid or stimulant use disorder and infectious complications of drug use-substance use/infectious disease integrated clinic compared to treatment as usual to prevent infection-related readmission (CHOICE-STAR): a study protocol for an effectiveness-implementation randomized controlled trial. Trials. 2026, PMID: 41776656

Abbreviations: ID, infectious diseases; IC, integrated care; IDU, injection drug use; M, month; PWID, people who inject drugs; SUD, substance use disorder; TAU, treatment as usual.

Contact
Marie-Claude Lavoie, PhD
mlavoie@ihv.umaryland.edu