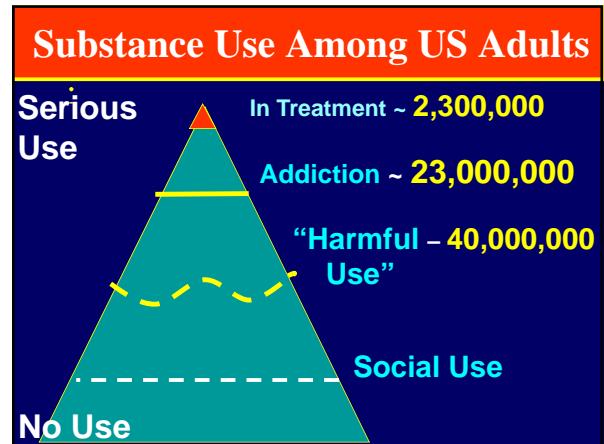


**TRI** Part I  
 Science... Addiction

**How** Should we Integrate Care for Substance Use Disorders into Mainstream Medicine?

**A. Thomas McLellan**  
 Treatment Research Institute

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## 3 Reasons to Integrate SA Care

1. Because it will improve general medical care
2. Because it will save money
3. Because it's the law.

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### Substance Use Impact on Healthcare

Alcohol and drug use - even at levels below "addiction" - regularly lead to:

- misdiagnoses,
- poor adherence to prescribed care,
- interference with commonly prescribed medications,
- greater amounts of physician time,
- unnecessary medical testing,
- poor outcomes and
- increased costs

particularly in the management of chronic illness.

Vinson D. Ann Fam Med. 2004; Brown RL. J Amer Board Fam Pract. 2001; Humeniuk R. WHO. 2006; Mainwell LB. J Addict Dis. 1998; Longabaugh R. Alcohol Res Health. 1999; Healthest Wisconsin 2010; WI DHFS. 2000; USPSTF. Screening for Alcohol Misuse. 2004; National Quality Forum. National Voluntary Consensus Standards. 2006; Bernstein J. Drug Alcohol Depend. 2005; Saunders B. Addiction. 1995; Stephens RS. J Consult Clin Psychol. 2000; Copeland J. J Subst Abuse Treat 2001; Fleming MF. Med Care. 2000; Fleming MF. Alcohol Clin Exp Res. 2002; Garattello LM. Ann Surg. 1999; Estee S. Medicaid Cost Outcome. Interim Report 4.61.1.20072. Washington State Department of Social and Health Services; Yarnall KSH. Am J Public Health. 2003; Solberg LI. Am J Prev Med. 2008; National Committee on Prevention Priorities. <http://www.prevent.org/content/view/full/43/71/>.

### Systematic Reviews

**Diabetes:**  
 - Howard et al. *Ann Intern Med.*

**Hypertension:**  
 - McFadden et al. *Am J Hypertens.*

**Chronic pain:**  
 - Martell et al. *Ann Intern Med.*

**Breast cancer:**  
 - Terry et al. *Ann Epidemiol.*

**Sleep:**  
 - Dinges et al. *JAMA*



### Low-Risk Drinking Limits

Low-risk drinking limits	MEN	WOMEN
On any single DAY	No more than <b>4</b> drinks on any day	No more than <b>3</b> drinks on any day
AND	AND	AND
Per WEEK	No more than <b>14</b> drinks per week	No more than <b>7</b> drinks per week

Source: NIAAA, Rethinking Drinking: Alcohol and Your Health, 2009

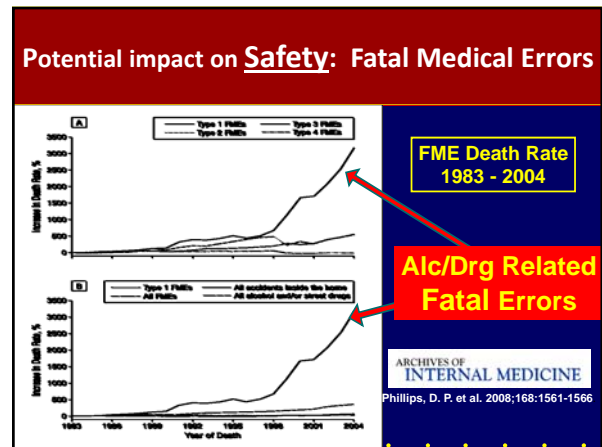
## Example 1 Alcohol & Breast Cancer

### Alcohol Use and Breast Cancer

**Before** Diagnosis – heavy drinkers  
**1.5 times chance of contracting**  
**2.3 times chance w/BRAC2 gene**

**After** Diagnosis – ANY Drinking  
**Increases risk of relapse**  
**Interferes radio & chemo therapy**

## Example 2 Drug X Drug Interactions



## Drug-Drug Interactions – Safety Issues

- BU study of 87 patients with undisclosed opioid use receiving primary care at BU Medical Center.
- **100%** received at least one medication with a significant drug-drug interaction
  - Average number of significant interactions = **5**
  - 15 of 87 patients (**17%**) were treated by ED for their interaction (\$\$\$)

Walley et al., *J. Gen Internal Medicine*, 24(9): 1007-11, 2009

## Example 3 Opioids & Chronic Pain

## Causes of Accidental Death

- #1 Prescription Opioid Overdose
- #2 Car Accidents
- #3 Accidental Shooting

Source: CDC, 2013

## Physician Response

### Pain Society and State Guidelines for Pain Management

Model policy for the use of opioids in the treatment of pain.

[http://www.fsmb.org/pdf/2004\\_grpol\\_Controlled\\_Substances.pdf](http://www.fsmb.org/pdf/2004_grpol_Controlled_Substances.pdf)

Gilson AM, Joranson DE, Maurer MA. Improving state pain policies: recent progress and continuing opportunities.

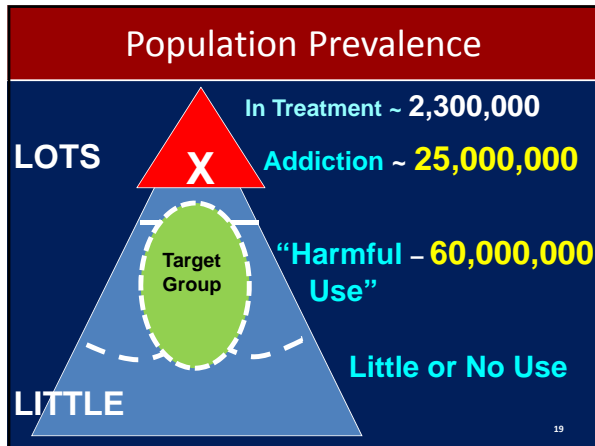
*CA Cancer J Clin*. 2007;57(6):341–353

## Practice Elements

1. **Screening** for & discussing substance use
2. **Patient contract** – Single doc & pharmacy
3. **Patient & family education** on safe storage of medications
4. **Urine Screening** pre and during prescribing (expanded test panel)

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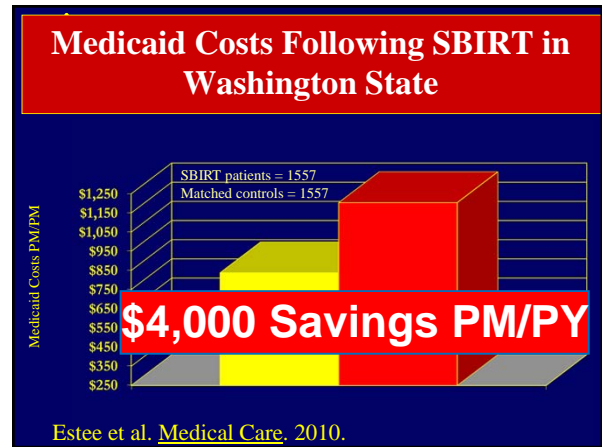
### Major Advances in Brief Interventions

- "Harmful substance use" is accurately identified with **2 – 3 questions**.
  - Prevalence rates of **20 – 50%** in healthcare
  - **60%** of all ER admissions (10 million/yr)
- Brief counseling (**5 – 10 minutes**) by produces lasting changes & savings

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### Washington's Screening Brief Intervention & Treatment Evaluation

- SBIRT in 9 Emergency Depts.
- Case Control Study of 1557 pts
  - Matched group – got ER care but no BI
- Measured healthcare utilization and costs for one year



### 3 Reasons to Integrate SA Care

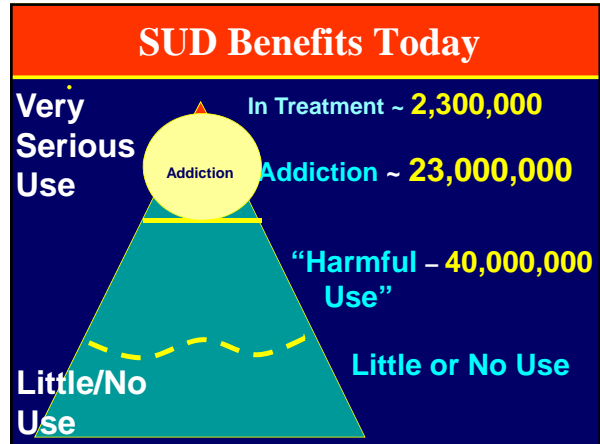
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### 2009 Parity Act "MHPAEA"

**"If" a health plan covers MH/SA benefits should be comparable to those of similar physical illnesses"**

### 2010 Affordable Care Act

- SA care is “Essential Service”
  - SA is firmly part of healthcare
- Funds full continuum of care
  - Prevent, BI, Meds, Spec Care
- Significant change in benefit
  - The nature/number of benefits
  - The types of eligible providers



### 2008 Medicaid Benefit

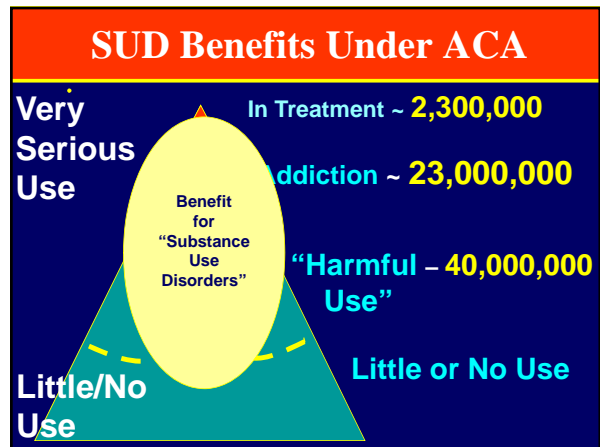
- Detoxification – 100%
  - Ambulatory – 80%
- Opioid Substitution Therapy – 50%
- Urine Drug Screen – 100%
  - 7 per year

### Compared to What?

Medicaid Diabetes benefit

### Medicaid Benefit in Diabetes

- Physician Visits – 100%
- Clinic Visits – 100%
- Home Health Visits – 100%
- Glucose Tests, Monitors, Supplies – 100%
- Insulin and 4 other Meds – 100%
- HgA1C, eye, foot exams 4x/yr – 100%
- Smoking Cessation – 100%
- Personal Care Visits – 100%
- Language Interpreter - Negotiated



## ACA Benefit for SUDs

- **Physician Visits – 100%**
  - Screening, Brief Intervention, Assessment
  - Evaluation and medication – Tele monitoring
- **Clinic Visits – 100%**
- **Home Health Visits – 100%**
  - Family Counseling
- **Alcohol and Drug Testing – 100%**
- **4 Maintenance and Anti-Craving Meds – 100%**
- **Monitoring Tests (urine, saliva, other)**
- **Smoking Cessation – 100%**

TREATMENT RESEARCH INSTITUTE  
**TRI**  
Since 1986

**Part II**



## What will it take to Integrate Substance Use Disorders into Mainstream Medicine?

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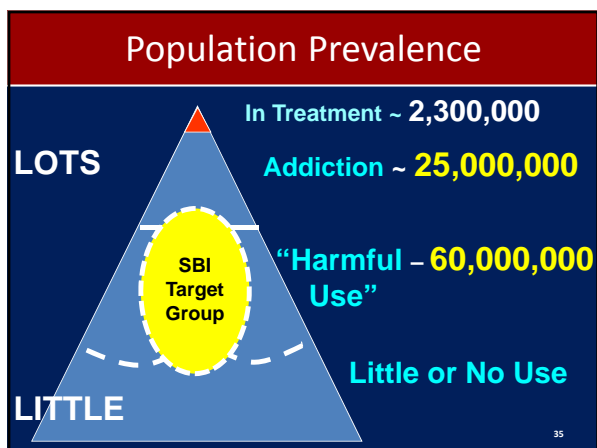
## Behavior Change

Evidence can change understanding - But behavior is changed by:

- **Incentives** (negative and positive)
- **Laws/regulations,**
- **Tools/protocols**
- **Market forces** (supply, demand, access)

# Story 1

## Incentives & Tools: SBI in Breast Cancer Care



### Background

Prominent University Medical Center in Philadelphia

- CEO of Healthcare System – **“JCAH wants this – whatever it is – I want it in the whole system. Start with whichever clinic raises their hand.”**
- Cancer center administrator raises his hand – currying favor

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## Meeting 1 With Cancer Staff

- **With Docs** - ready to discuss procedures
  - Go through slides – NO Questions
- **Immediate Result**
  - Letter to Dean – “ *Why do we have to do Psychiatry’s work....trolling for addicts is not part of our mission*”

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## Meeting 2 With Cancer Staff

- **Bring in the research**
  - Alcohol is significant predictor of susceptibility to BC
  - Alcohol at any dose accelerates tumor growth
  - BI reduces alcohol use among non-dependent drinkers
  - BI is paid for
- **Re-set Expectations**
  - NOT here FOR a favor – here to DO a favor
  - if not good for cancer treatment – we leave – no problem

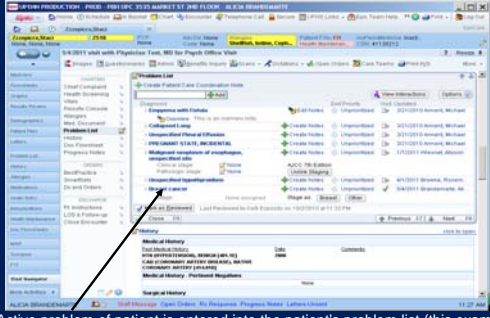
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## Meeting 3 With Cancer Staff

- Surprised but convinced by the research
- New concerns – fit and clinical value in work setting
  - Training and Time (Rotations every 12 weeks)
  - Workflow - Who, When, How
  - What **exactly** to say – What **exactly** to do
  - Electronic Health Record (EHR)
  - Patient Negative Reactions – “Probing into their lifestyle”

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## SBI and EPIC



Active problem of patient is entered into the patient's problem list (this example is breast cancer)

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## EARLY Results

- **No Patient Problems/Complaints**
- No Intrusion into Workflow/Routine
  - New Income from sale of EHR app to EPIC
- No “alcoholism” – 6% drinking harmfully
- Cancer Center gets CQI credit/prize
  - CQI adds SBI as a “performance measure”
- **SBI is now part of regional cancer training**

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# Story 2

Tools & Market Forces:  
Consumer Guide to  
Adolescent Addiction Treatment

## Background

When a consumer needs a new refrigerator or car s/he can go to Consumer Reports to get accurate, comparative information on quality and costs

This has two market effects:

- **Immediate** – Individual consumer makes an informed choice
- **Longer Term** – Providers respond/adjust to consumer choices – develop improved products - competition
- **Why not for addiction treatment?**

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## Solutions Round 1

- **Work with Consumer's Report**
  - Understand the comparative evaluation approach
  - Copy the reporting format (filled circles)
- **Identify “quality features” in treatment**
  - Work with Drug Strategies – Supplement with science
  - Identify 64 features in 10 domains
  - Create standardized measurement protocol
  - Verify reliability, validity and ease of use - 3 hours

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**Actual Data - Comparative Guide to Adolescent Addiction Treatment**  
[-----PROGRAMS-----]

[-----QUALITY DIMENSIONS-----]	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Not Present/ Inadequate <span style="color: red; font-weight: bold; font-size: 1.2em;">0</span></div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Present/ Adequate <span style="color: yellow; font-weight: bold; font-size: 1.2em;">1</span></div> <div style="border: 1px solid black; padding: 2px;">Present/ Good <span style="color: green; font-weight: bold; font-size: 1.2em;">2</span></div>
--------------------------------	--

## Solutions Round 2

- **Test protocol in 17 Philadelphia treatment programs**
  - Findings are disturbing
  - High score is **24 of 64**
  - Average score is **13 of 64**
- **Offer the tool to 11 Insurance Companies – For FREE**
- **ZERO TAKERS**

## Solutions Round 3

- **Bring tool to 4 State Directors -**
  - Designed for use by state licensing
    - No new staff or expense – no union problems
    - Idea of incentives for 'better' programs
    - Help licensing save/improve time of staff
    - TRI provides the web-site answers questions
- **4 out of 4 agreed**
  - **Being implemented this year – Stay Tuned**

## Closing Premises

**Alberta will have a modern, fully integrated healthcare system when:**

1. There is significant demand for integration
  - By general medicine
  - By the major payer - AHS
  - By the public and/or employers

**AND**

2. The system can accommodate integration
  - Protocols that fit into the system
  - Meaningful credentials for providers
  - Money/incentives diverted from segregation to integration





**Background**

- Clear recognition by deans of major medical schools and by medical societies that substance use disorders affect medical care & costs
- **BUT** – in 2010 only **7 of 164** US Medical Schools had a one-semester course in substance use disorders

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**Issues**

- **What MIGHT work?**
  - Create a formal course endorsed by specialty medicine
- **But Who will teach it – Are there faculty?**
  - **NO** – Very few qualified faculty
  - No “department” ownership
  - Curriculum is “too crowded” No time available

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**Solutions Round 1**

- **Create an On-Line Course**
  - 12 topics agreed upon by all specialty societies
  - Delivered by recognized authorities
  - Made available for 10% of cost of in person course
- **Make this available through standard channels**
  - Med U – distributor of all on-line courses
  - Servicing 142 schools
- **After 1 year – only 13 Med Schools**

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**Solutions Round 2**

- **Federal Legislation increased the number of alcohol and drug questions on the exam**
  - 2010 **<1%** of questions on alcohol or drug issues
  - 2013 **~12%** of questions on alcohol and drug issues
    - TRI wrote the questions on behalf of general medicine
    - TRI submitted them in the right format with justification
- **2015 - 97** Medical Schools have ordered the course – more have integrated education