

RECOVERY FROM ADDICTION



Translating Research into Practice: Findings from Two Group Randomized Trials on Alcohol Screening and Treatment in a Primary Care Practice Based Research Network

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**Government
of Alberta** ■

N Norlien Foundation

Alberta
**family
wellness**
initiative

Agenda

Introduce PPRNet

Describe the methods and findings from two group randomized trials of alcohol screening and intervention in 40 PPRNet practices

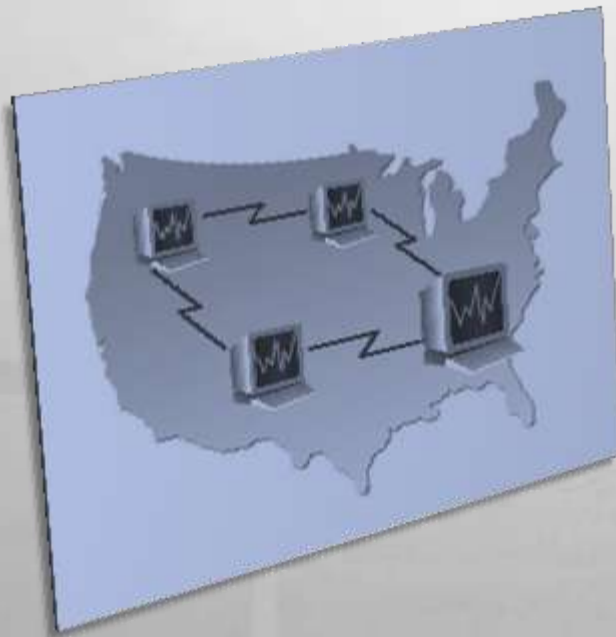
Discuss lessons learned that could be applied in other primary care settings (here and PM workshop)



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PPRNet

“A practice-based learning and research organization designed to improve health care in its member practices and elsewhere in the U.S.”



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Practice-Based Research Networks

- Consist of practices devoted principally to the primary care of patients
- Aim to answer community based health care questions and engage in quality improvement activities
- Maintains an ongoing commitment to network activities that transcends individual projects

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PPRNET

- 44 states
- 224 primary care practices
- 1180 clinicians
- 75% family practices
- All use McKesson Practice Partner EHR®



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PPRNET Aims

Turn clinical data into actionable information (Performance Reports)



Empirically test theoretically sound interventions using EHR to improve health care quality

(Research)



Disseminate successful interventions

(Implementation research and CE)

“Blurring the distinction between quality improvement and research.”

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WIN, WIN, WIN...

McKesson

- Niche in EHR field
- Academic partner
- Loyal Clients
- Evidence toward the effectiveness of EHR implementation in improving health care

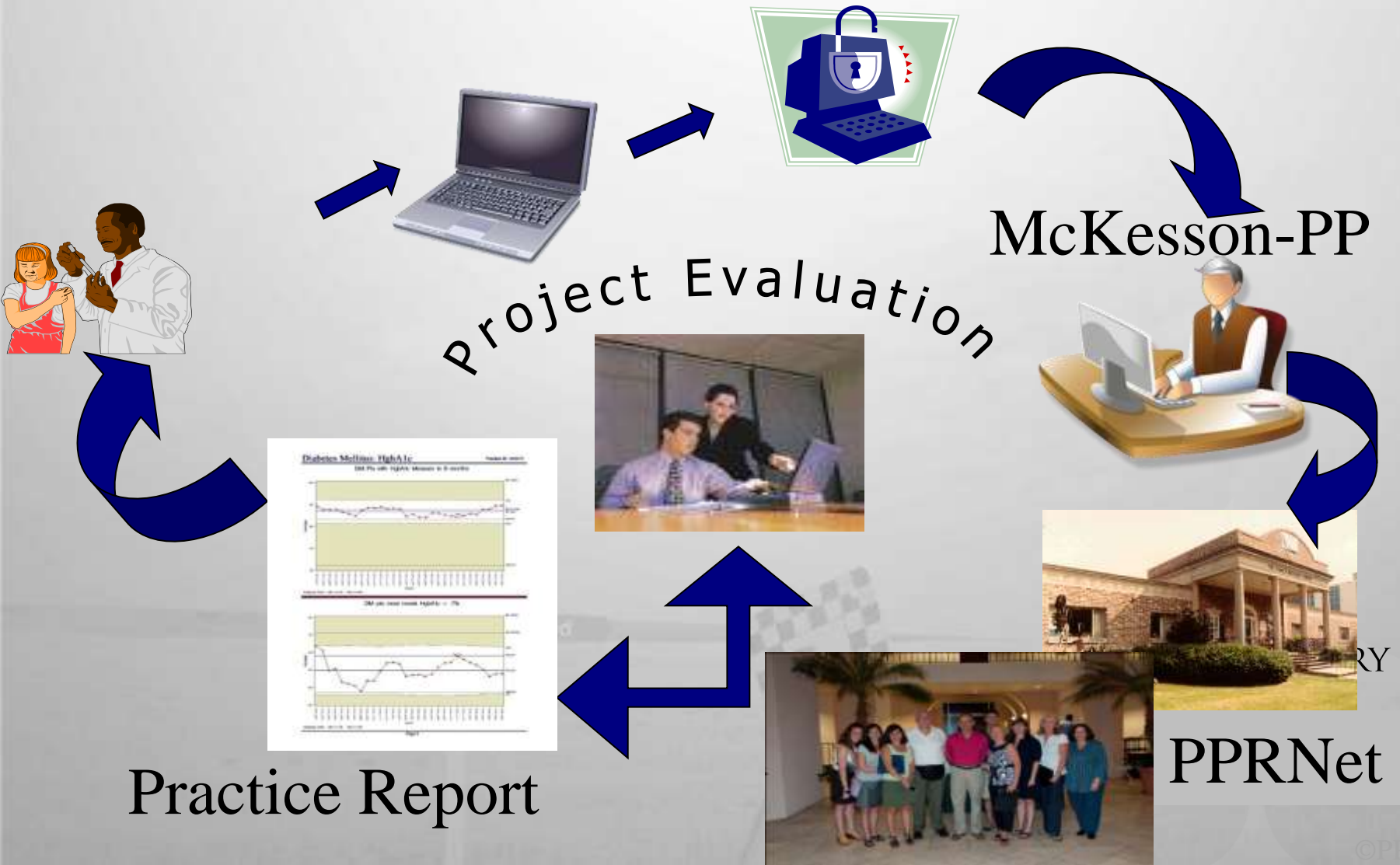
MUSC

- Practice sites with data/EHR clinicians/staff for interventions
- Clinical database

PRACTICES

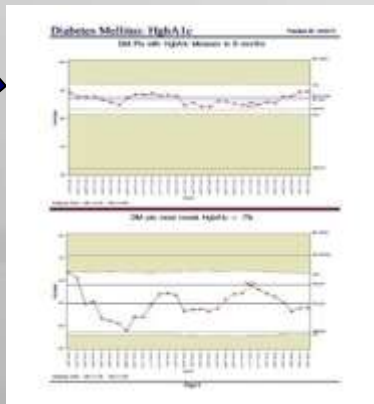
- Reports
- Recognition
- QI Assistance
- Learning Network
- \$ for meetings
- CME

Performance Reports: PPRNet Data Collection/Analyses



McKesson-PP

Project Evaluation



Practice Report

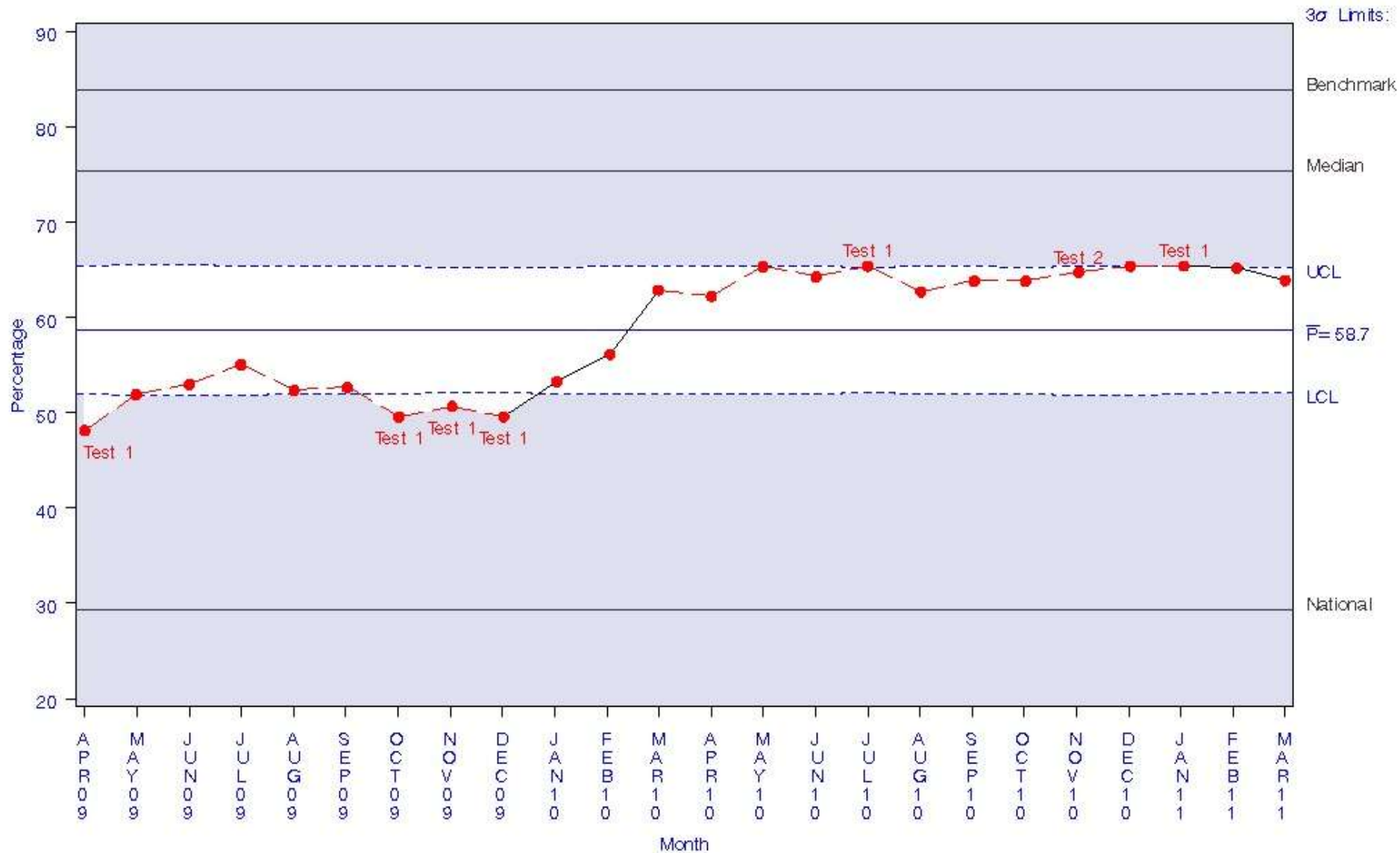
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Performance Reports

Turn clinical data into actionable information

- ✓ ~100 measures of care: preventive services, disease management, medication safety
- ✓ Process and outcome measures
- ✓ Performance on the practice, provider, and patient-level

HTN pts with most recent BP < 140/90



Patient-Level Report

[Compatibility Mode] - Microsoft Excel

Insert Page Layout Formulas Data Review View Acrobat

PRACTID

Formula Bar

Patients (reset)	DM pts w/ HgbA1c >= 7	DM pts w/ BP >= 130/80	DM pts w/ LDL >= 100	DM pts not on aspirin	DM/HTN pts not on ACE/ARB
	HTN pts w/ BP >= 140/90	HTN pts w/ SQUID < 20%	CHD pts w/ LDL >=100	CHD pts w/ no lipid lowering Rx	CHF pts not on ACE/ARB
DM or HTN or <= 3 months	Women >=40 yrs with no mammogram ever	Pts with no flu vaccine in past year who should have had one	Pts with no pnuem vaccine ever who should have had one	Pts >=65 yrs with Rx that's never supposed to be prescribed	Pts >=65 yrs with Rx that's rarely supposed to be prescribed

PPRNetID	Date of Birth	Sex	Age	Race	Provider	Insur1	Insur2
5162	9/20/1908	F	102.28	White	GEORGE S SCHROEDER	SMART VALUE MEDICAR	
2750	10/8/1908	F	102.23	White		ARE	EDS FEDERAL CORPORATION
1346	9/9/1912	F	98.31	White		ARE	PHYSICIANS MUTUAL
2958	6/10/1913	M	97.56	White		ARE	HEALTHEOS
182	1/24/1914	F	96.94	White		ARE	BLUE CROSS/BLUE SHIELD
1231	10/21/1915	F	95.20	White		ARE	UMRINACTIVE
1326	11/26/1916	F	94.10	White		ARE	BLUE CROSS BLUE SHIELD SUP
787	5/3/1917	F	93.66	White		ARE	WISCONSIN PHYSICIANS SERVI
4607	2/23/1918	F	92.85	White		ARE	
819	3/19/1918	F	92.79	White		ORK PLATINUM PLUS	
216562	5/9/1918	F	92.65	White		ARE	AMA INSURANCE AGENCY
212990	6/18/1918	F	92.54	White	GEORGE S SCHROEDER	MEDICARE	AMERICAN REPUBLIC INSURANC

Click box and patient list will filter by indicated criteria.

Research Productivity

- >50 Peer Reviewed Publications
- >\$13 million in grant funding
(most from NIH and AHRQ)

PPRNet Dissemination Research

Project	Funder	Guidelines	# Practices	Design
TRIP-II	AHRQ	CVD	20	Group RCT
A-TRIP	AHRQ	Broad	99	Demonstration
AA-TRIP	NIAAA	Alcohol Screening	20	Group RCT
C-TRIP	NCI	CRC screening	32	Group RCT
MS-TRIP	AHRQ	Medication safety	20	Demonstration
SO-TRIP	AHRQ	PS, DM	9	Demonstration RECOVERY
AM-TRIP	NIAAA	Alcohol screening and treatment	20	Group RCT

Why Does PPRNet Do Alcohol Screening and Treatment Research?

The U.S. Preventive Services Task Force (USPSTF) recommends screening and behavioral counseling interventions to reduce alcohol misuse by adults, including pregnant women, in primary care settings.



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Accelerating Alcohol Screening–Translating Research into Practice (AA-TRIP)

2004-2007

NIAAA NATIONAL INSTITUTE ON
ALCOHOL ABUSE AND ALCOHOLISM
of the NATIONAL INSTITUTES OF HEALTH

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AA-TRIP Goal

To evaluate the efficacy of an intervention designed to increase alcohol screening, diagnoses of alcohol disorders and appropriate counseling and referral among patients with hypertension



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Design

Two year group randomized trial

Control practices (11)

- Written guidelines
- EHR template with CDS
- Audit & feedback (report)

Intervention practices (10)

- Control interventions
- Site visits for academic detailing, QI planning
- Network meetings to share “best practices”



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Intervention vs. Control Group

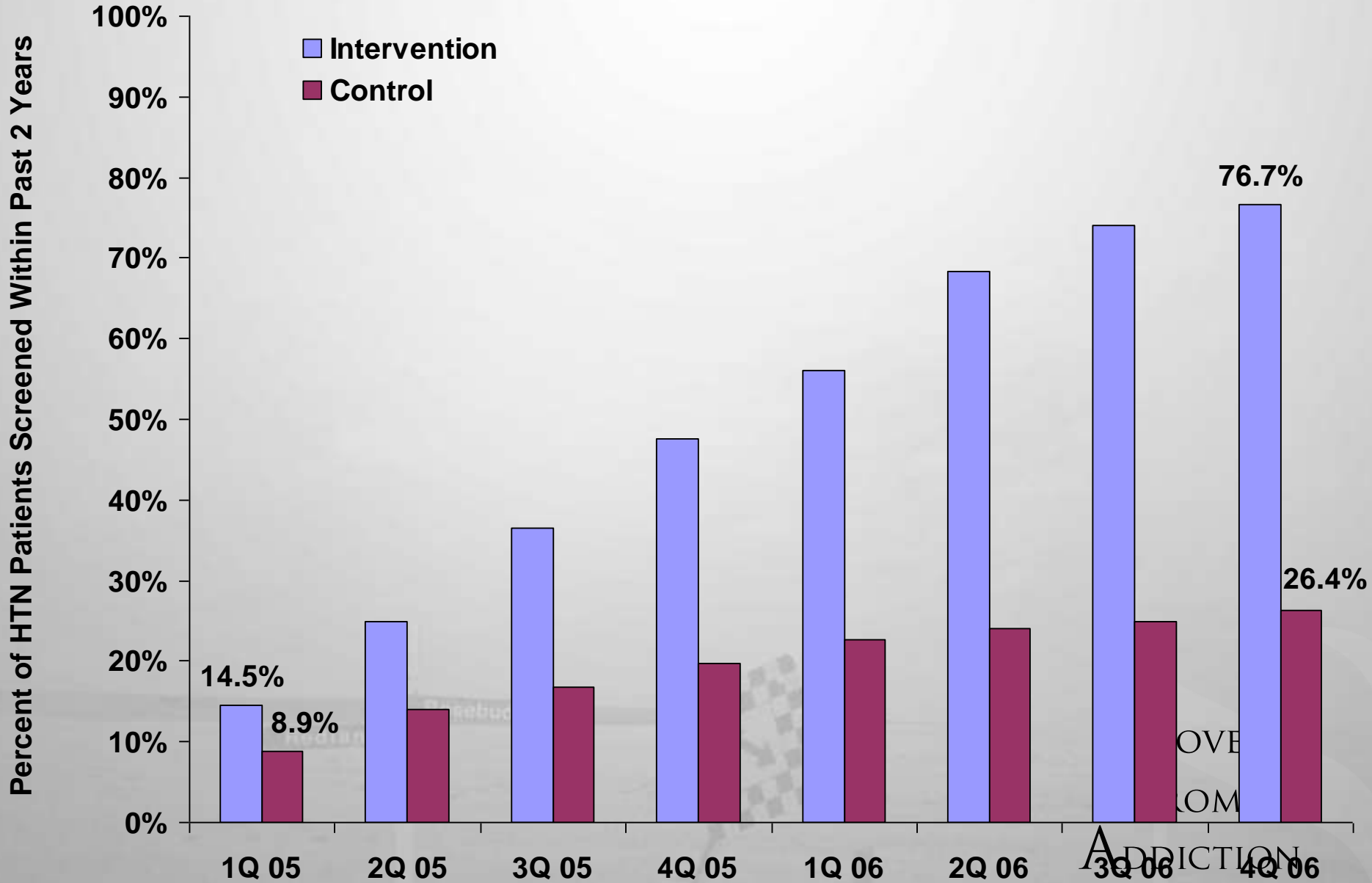
	Intervention Group (n = 10)	Control Group (n = 11)
NIAAA guidelines	Yes	Yes
EMR template	Yes	Yes
Quarterly reports	Yes	Yes
On-site training (2x per year)	Yes	No RECOVERY
Annual network meetings	Yes	No FROM ADDICTION

Major Findings

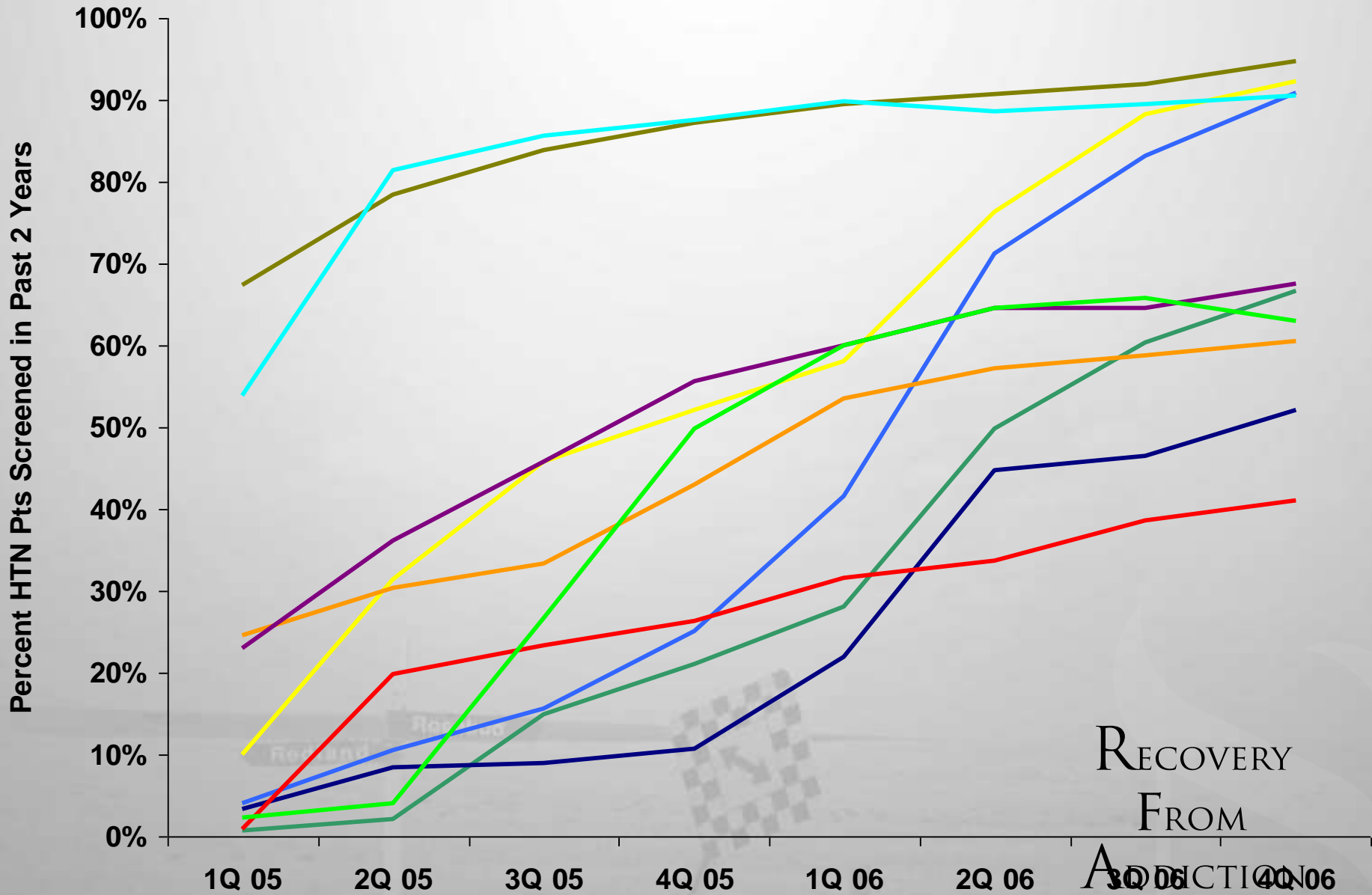
>27,000 hypertensive pts

	Intervention	Control	Adjusted Odds Ratio
Screening	64.5%	23.5%	8.1
Counseling for high risk drinking or disorder	50.5%	29.6%	5.5

Alcohol Screening (in Past 2 Yrs) Over Time by Treatment Group



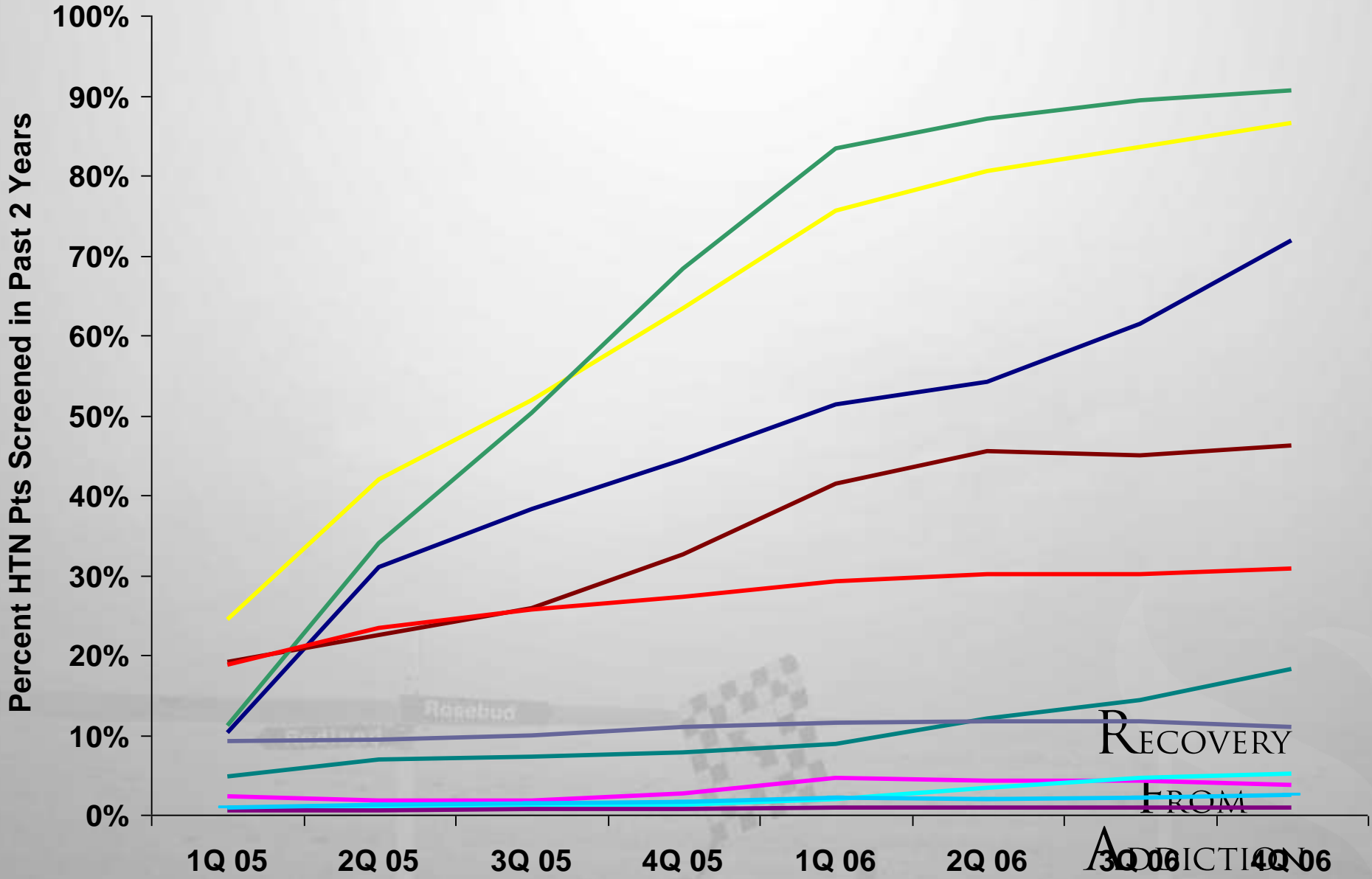
Alcohol Screening (in Past 2 Yrs) Over Time by Practice: Intervention Practices



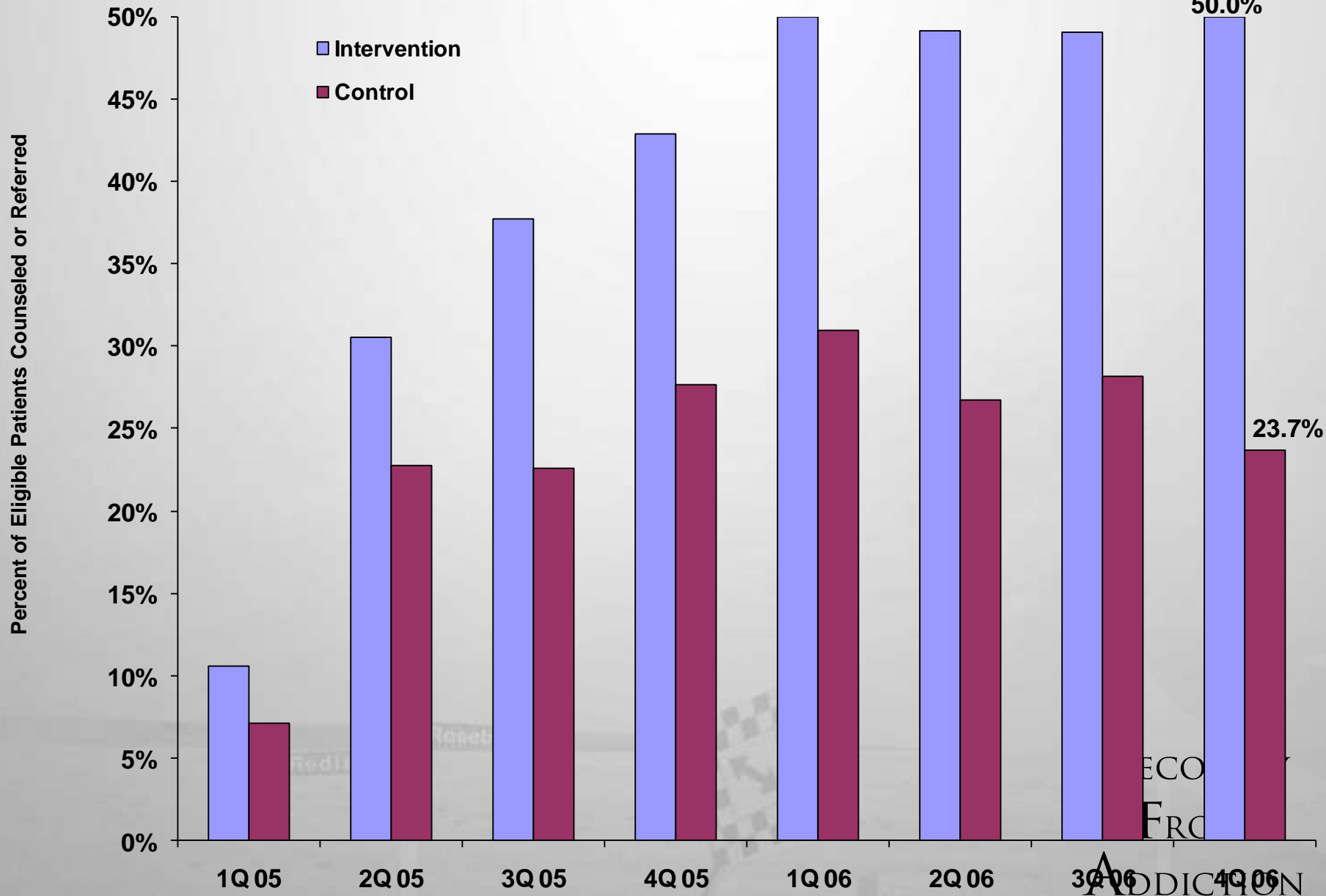
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Alcohol Screening (in Past 2 Yrs) Over Time by Practice: Control Practices



Alcohol Counseling or Referral (among Eligible Pts) Over Time by Treatment Group



Qualitative Findings

Alcohol screening was easily integrated in the nursing vital sign protocol

Explicitly linking alcohol with a disease outcome (HTN control) was important for pts

EHR reminder and documentation tools were helpful

Approaches to assure appropriate handoffs from nurses who screened and clinicians who did brief intervention were important



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Study Limitations

Volunteer practices

Small # of practices

Analyses relied on data in structured fields

No data on change in drinking

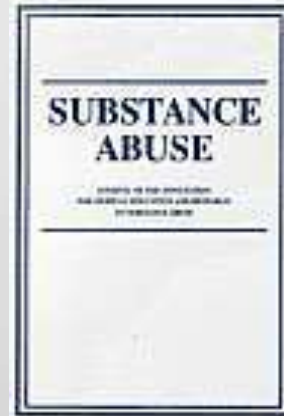
No data on hard clinical outcomes



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AA-TRIP Publications

Miller, P. M., Stockdell, R., Nemeth, L., Feifer, C., Jenkins, R., Nietert, P.J., Wessell, A., Liszka, H., & Ornstein, S (2006) Initial steps by nine primary care practices to implement alcohol screening guidelines with hypertensive patients: The AA TRIP project. Substance Abuse, 27, 61-70.



Rose, H. L., Miller, P.M., Nemeth, L.S., Jenkins, R.G., Nietert, P.J., Wessell, A., & Ornstein, S. (2008) Alcohol screening and brief intervention in a primary care hypertension population: A quality improvement intervention. Addiction, 103, 1271-1280.



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Implementation of Alcohol Screening, Intervention and Treatment in Primary Care (AM-TRIP)

2008-2012

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ALCOHOL ABUSE AND ALCOHOLISM RECOVERY
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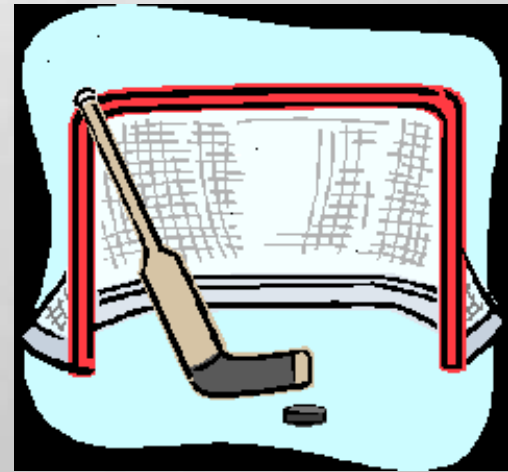
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AM-TRIP Goal

To evaluate the efficacy of an intervention designed to increase alcohol screening, diagnoses of alcohol disorders, brief intervention, and alcohol medication use in patients with diabetes or hypertension

Emphases on 2007 NIAAA update to publication “Helping Patients Who Drink Too Much: A Clinician’s Guide” and COMBINE study findings



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Design

Two year group randomized cross-over trial

Control practices (11)

- Written 2007 NIAAA guidelines
- Improved EHR template with CDS
- Updated audit & feedback report

Intervention practices (10)

- Control interventions
- Site visits for academic detailing, QI planning
- Network meetings to share “best practices”



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Focus on Impact of Alcohol on Common Chronic Diseases

Heavy drinking affects BP & glucose control

Alcohol screening and counseling may improve the clinical management of HTN and DM in heavy-drinking patients



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Simplified Screening and Brief Intervention

Single heavy-drinking-day question



Symptom checklist – to identify at-risk drinker or alcohol use disorder



Standardized BI message, use of “Rethinking Drinking”



All embedded in CDS template



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My Doctor said "Only 1 glass of alcohol a day". I can live with that.



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Medication Options

Disulfiram (Antabuse)



Naltrexone oral (ReVia)

Naltrexone injectable (Vivitrol)



Acamprosate (Campral)

Topiramate (Topamax)



AM-TRIP Preliminary Findings

Metric	Median Among Practices	10th-90th Percentile Among Practices
Alcohol Screening	92.7%	78.6% - 97.1%
At-Risk Drinking	7.7%	2.8% - 26.2%
Alcohol Use Disorder	4.1%	1.6%-5.2%
Alcohol Med Rx for AUD	6.6%	0%-14.5%

Based on July 1, 2011 data from 18 intervention and delayed intervention practices
Total # of patients with HTN and/or diabetes = 20,179

AM-TRIP Preliminary Findings

Simplified alcohol screening based on updated 2007 NIAAA has been widely adopted by study practices

At-risk drinking is under-identified compared with national benchmarks

Use of medication for AUD is beginning to occur, more in some practices than in others

A faded background image showing a road intersection. A checkered flag is visible on the right side of the road. Street signs for 'Redland' and 'Rosebud' are visible on the left side of the road.

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Summary: PPRNet Alcohol Screening and Treatment Research

Among volunteer practices participating in a national U.S. PBRN, we have been able to demonstrate widespread adoption of alcohol screening

Involvement of non-physician staff and use of simple, EHR based protocols has facilitated this adoption

Brief intervention for at-risk drinkers and those with AUD and treatment for the latter group has also occurred, albeit with less penetrance than screening

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Comments and Questions?

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