Substance Use Disorders: Diagnosis and Treatment in Primary Care
Agenda

- Opening Remarks
- Housekeeping
- Presentation
- Q&A
- Closing Remarks
Introduction to the atom Alliance

Multi-state alliance for powerful change composed of three nonprofit, healthcare QI consulting companies.
Housekeeping Items: Chat

To ensure maximum sound quality, participant lines have been muted; however we welcome ALL questions and comments via the chat board on the right hand side of your screen.

To submit questions or comments:
• Use WebEx chat – send messages to the panelists or all participants using the chat feature drop down menu.
Housekeeping Items: Q & A

To ask panelists questions directly, and privately

• The panelist can then decide to answer the question privately (only the person that asked the question will see the response), or the panelist can answer publicly, and all participants will see the question and the answer.
Polling Question 1

Are you a:
- Medicare beneficiary/Patient?
- Family member of a Medicare beneficiary?
- Caregiver of a Medicare beneficiary?
- Healthcare provider or associate?
- Other ____________________ (fill-in)
Objectives

- Define addiction as a chronic brain disease and describe the criteria for diagnosis of a substance use disorder.
- Identify the USPSTF recommendations for substance use disorder screening of adults and adolescents in primary care settings.
- Discuss the prevalence of substance use disorders for patients presenting to primary care clinics and the role of primary care providers in improving SUD treatment outcomes.
- Describe, for patients, the importance of discussing substance use with healthcare providers.
- Describe the conduct and implementation of screening, brief intervention, and referral to treatment (SBIRT) for substance use disorders in the primary care clinic.
- Describes the concepts of motivational interviewing and stages of change and how they relate to providing SBIRT in primary care settings.
Substance Use Disorders: Diagnosis and Treatment in Primary Care

Oct. 27, 2016

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Mike Caudle, M.D.
National Comorbidity Survey Replication
Lifetime Prevalence of DSM-IV Disorders

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<tr>
<td>Anxiety</td>
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<tr>
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National Comorbidity Survey Replication
Twelve-Month Prevalence of DSM-IV Disorders

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<th>Disorder</th>
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<tbody>
<tr>
<td>Any</td>
<td>26%</td>
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<tr>
<td>Anxiety</td>
<td>18%</td>
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<td>Impulse-Control</td>
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<td>Mood</td>
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National Comorbidity Survey Replication
Provision of Behavioral Health Care: Access to Services

No Treatment 59%
Treatment 41%
National Comorbidity Survey Replication
Provision of Behavioral Health Care: Setting of Service

- No Treatment 59%
- 41% Receiving Care

General Medical 56%
MH Professional 39%
Psychiatrist 29%
Human Services 20%
Alternative 17%
Polling Question 2

Please indicate which stage of implementing screeners in your practice you are in?

- Not currently screening/Not planning to screen
- Preparation: Learning about screeners, billing, etc.
- Implementing occasionally
- Implementing at every wellness visit
- Treatment and Referral
- Other __________________ fill-in
Imperative for Screening

- Improved recognition of substance misuse concerns

- Access to brief intervention and treatment in the venue where patients present for care
Screening Recommendation

• USPSTF recommends screening and brief counseling for alcohol misuse in adult patients with a grade of B.

• Alcohol screening followed by brief counseling intervention was the 3rd highest priority, among all preventative recommendations offered by the USPSTF.

• CMS encourages and covers annual screening of adult patient for substance misuse and, when screening is positive, brief counseling to reduce substance misuse.
What is Substance Misuse?

• Continuum of use in excess of recommended patterns, ranging from at-risk consumption to severe substance use disorders.

• WHO definition of at-risk consumption
  – Five or more alcoholic drinks in a day for a man,
  – Four or more drinks in a day for a woman,
  – Any illicit or prescription drug misuse in the past year

• Most patients screened will not exhibit significant substance misuse.

• Of patients with positive screenings, most will exhibit at-risk patterns of consumption.
Substance Misuse Data

• The incidence of high-risk patterns of drinking in a primary care population is 24%.\(^1\)

• Three percent of primary care patients report regular use of illicit substances.\(^1\)

• Substance use is associated with increased morbidity and mortality, increased healthcare costs, and increased ER utilization.\(^1,2\)

• Approximately **217 million days of work** are lost annually to related mental illness and substance misuse disorders (costing employers **$17 billion/year**).\(^3\)

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Substance Misuse Data

- Individuals with a SUD have 9x increased risk of CHF, 12x increased risk for cirrhosis, and 12x increased risk for pneumonia\(^1\)
- SUD patients with two or more primary care visits over 6 months have a 50% increase in abstinence rates\(^1\)
- Regular primary care for SUD patients results in up to a 30% decrease in hospitalizations\(^1\)
- More than 2/3 of patients with addiction are estimated to be in contact with a primary or emergency care physician on average twice per year\(^2\)
- Study of SBIRT in primary care in 2009 showed a nearly 68% decrease in illicit drug use and almost 39% decrease in heavy alcohol use at 6 month follow-up\(^3\)

2 www.centeronaddiction.org/addiction-research/reports/addiction-medicine
Polling Question 3

What screeners are you using in your practice?

- ASSIST
- AUDIT-C
- CAGE
- NIDA
- Other ___________________ fill-in
Implications of Positive Screen

- Indicates need for additional assessment
- Screening alone does not suggest a diagnosis
Diagnosis: Substance Use Disorder

Diagnosis is established based upon DSM 5 Criteria:

• DOC often taken in larger amounts or over a longer period of time than was intended.
• Persistent desire or unsuccessful efforts to cut down or control use.
• Great deal of time spent in activities to obtain, use, or recover from DOC effects.
• Craving or a strong desire to use DOC.
• Recurrent DOC use resulting in failure to fulfill major obligations at work, school, home.
• Continued DOC use despite persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of DOC.
Diagnosis: Substance Use Disorder

Criteria Continued:

- Important social, recreational, occupational activities given up/reduced due to DOC use.
- Recurrent DOC use in situations in which it is physically hazardous.
- DOC use continued despite knowledge of having a persistent or recurrent physical or psychological problem likely to have been caused or exacerbated by DOC.
- Tolerance
- Withdrawal – characteristic withdrawal syndrome for the DOC or use of DOC or a related substance to relieve or avoid withdrawal symptoms.
Responding to a Positive Screen

- Ask Permission & Provide Feedback
- Assess Motivation
- Enhance Motivation
- Brief Intervention
  - Referral for Treatment
Responding to Positive Screen: Ask Permission

“Would it be okay with you if we talked about your substance use?”
Responding to a Positive Screen: Assess and Enhance Motivation

• “On a scale of 1-10, with 10 being most, how interested are you in working with me to reduce your substance use today?”

• “Why not lower.”
  – Listen for change talk.
Stages of Change

- Anticontemplation- “I resent your assertion that it might be a problem.”
- Precontemplation – “It’s not a problem.”
- Contemplation – “I know it’s a problem, but I’m not ready to change.”
- Preparation – “I’m going to change soon.”
- Action – “I’m working to change.”
- Maintenance – “I’m working to maintain the changes I’ve made.”
- Relapse
Motivational Interviewing

- Motivation is elicited from the patient through socratic discussion
- Readiness to change is not a characteristic of the patient, but a product of clinical interaction
- The patient must elicit and resolve ambivalence
- Provider is directive and helps resolve ambivalence
- Persuasion and direct advice giving is ineffective
- Listening is important
Four General Principles of Motivational Interviewing

1. Express empathy
2. Develop discrepancy
3. Roll with resistance
4. Support self-efficacy
Responding to a Positive Screen: Brief Intervention

**Zone Green Intervention: At-Risk Use**

- **Educate** patient about low-risk consumption limits and the health benefits associated with reducing intake.

- **Engage in collaborative goal setting** to reduce use. Problem-solve barriers to reduction.

- **Monitor** in primary care.

Suggested patient handouts:

*Did You Know? Fast Facts about Substance Misuse*

*Triggers*
Responding to a Positive Screen: Brief Intervention

Zone Yellow Intervention: Substance Use Disorder

- Educate patient about substance misuse and the benefits of reducing substance intake.
- Engage in collaborative goal setting to reduce/cease use.
  - Consider problem-solving barriers to cessation using Triggers handout.
  - Consider developing relapse prevention plan using Relapse Prevention Plan handout.
- Offer referral to alcohol and drug treatment.
- Monitor closely in primary care.

Suggested patient handouts:
- Did You Know? Fast Facts about Substance Misuse
- Triggers
- Relapse Prevention Plan
Zone Red Intervention: Crisis Due to Acute Withdrawal Risk

- Educate patient about the potentially life-threatening risk of withdrawal associated with abrupt discontinuation of alcohol, benzodiazepines, and barbiturates.

- Offer referral to detox. If withdrawal symptoms are present and detox is not immediately accessible, consider referral to the ER.

- Recommend engagement in alcohol and drug treatment following detox. Educate patient that detox is not treatment, but a way to stop using that is medically safe.

- Monitor closely in primary care.
Responding to a Positive Screen: Referral for Treatment

• Treatment plan must match both symptom severity and motivation for change.
  – Without this, most referrals will fail.

• Consider referral for patients who:
  • have failed a trial of brief intervention
  • have a severe substance use disorder by DSM criteria
  • use multiple substances
  • have significant psychiatric or medical co-morbidities
Responding to a Positive Screen: Referral for Treatment

- Improve the likelihood that the patient will follow-through with referral:
  - Don’t refer patients who are not motivated for change
  - Schedule the referral appointment immediately, with the patient still in the office
  - Provide encouragement
  - Provide information about the intended treatment program or referral provider
  - Follow-up and repeat referrals if needed
Empowering & Engaging the Patient

- More than 50% of patients with SUD report their PCP did not address their substance use\(^1\)
- Recognize that not all primary care providers are comfortable or appropriately trained\(^1\) to identify and treat substance use disorders
- Expect to be asked about substance use as part of a comprehensive health history
- Understand that substance use, even at “low” levels, often adversely affects treatments for other chronic medical and psychiatric conditions

\(^1\)Shapiro B, et al. *A Primary Care Approach to Substance Misuse.* Amer Fam Phys, JUL 15 2013; 88:2; 113-121.
Empowering & Engaging the Patient

• Be open and honest when discussing substance use and related behaviors with all healthcare providers
• Know that health information regarding substance use will be kept confidential in accordance with all applicable federal and state laws
• Understand that addiction is not a personal flaw or cause for shame; it is a chronic disease for which there are effective treatments, just like diabetes and hypertension
• Expect that all healthcare providers have a role in treating addiction and the patient is the critical link in the system to manage his/her own care
Polling Question 4

What additional information would you like to know in order to implement screeners in your practice?

- Billing/Coding
- Referral Resources
- Technical Assistance
- Treatment Techniques
- Administering screeners with EHR use
- Follow up assessment with positive screen
- Other __________________________ fill-in
Questions?
On-Demand Learning (ODL)

Our On-Demand Learning (ODL) area on www.atomAlliance.org allows you to participate in archived events when it is most convenient.

Live events are usually posted as an ODL opportunity 10 days after the live session.

Requirements to participate?

- Review the list of ODL opportunities
- Click “Go”
- Submit your name and other information for documentation
- Click “Submit” and you’ll have access to the ODL of your choice.
- Share the opportunity with your peers!
Thank you for joining us!

Please complete the survey that will come up as you exit the webinar – we value your feedback in developing future events!

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