

Can We Have An Impact?



Treatment and Quality Improvement for **SUD** in HCH Primary Care Settings

Substance Use Disorders

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Objectives

1. Review the current **evidence** for treatments for AUD and OUD
2. Discuss **interventions** in use in HCH programs
3. Consider potential quality **metrics** for SUD

Outline

- Background
- Overview of evidence-based treatments
- Discussion: What's happening in our programs?
- How can we measure quality?
- Discussion: What will you take back with you?



BACKGROUND

Mortality Among Homeless Adults in Boston

Shifts in Causes of Death Over a 15-Year Period

Travis P. Baggett, MD, MPH; Stephen W. Hwang, MD, MPH; James J. O'Connell, MD; Bianca C. Porneala, MS; Erin J. Stringfellow, MSW; E. John Orav, PhD; Daniel E. Singer, MD; Nancy A. Rigotti, MD

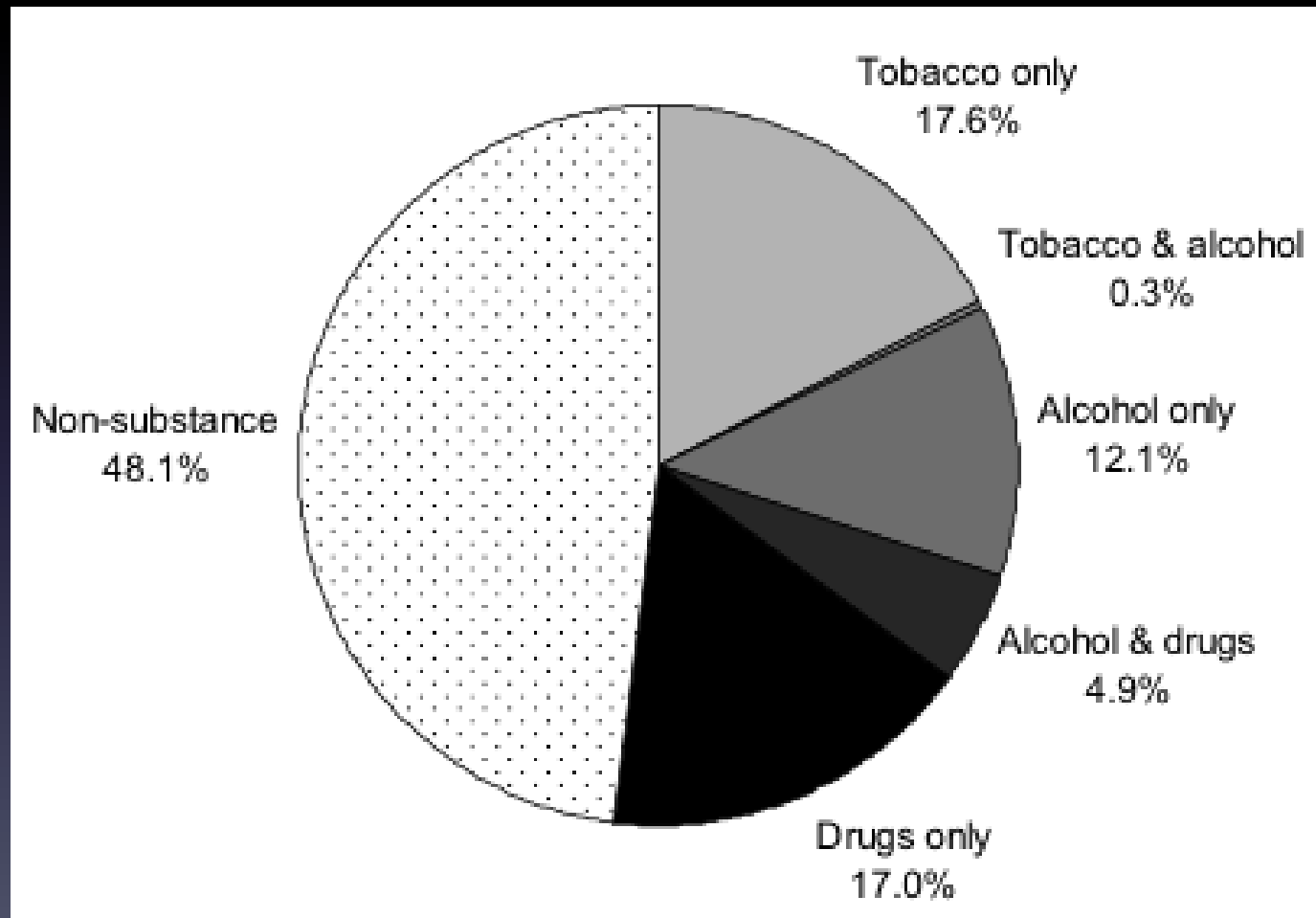
- Cohort of 28,033 adults seen at BHCHP in 2003-2008
- Drug overdose was the leading cause of death
- Opioids implicated in 81% of overdose deaths

Tobacco-, Alcohol-, and Drug-Attributable Deaths and Their Contribution to Mortality Disparities in a Cohort of Homeless Adults in Boston

Travis P. Baggett, MD, MPH, Yuchiao Chang, PhD, Daniel E. Singer, MD, Bianca C. Porneala, MS, Jessie M. Gaeta, MD, James J. O'Connell, MD, and Nancy A. Rigotti, MD

- Follow up study using same cohort
- Estimated proportion of deaths attributed to substances using population-attributable fractions
- Over half of all deaths attributable to substances

Proportion of Deaths Attributable to Substances





EVIDENCE-BASED TREATMENTS

SUD: Psychosocial Treatments

Motivational Interviewing



- Counseling technique for eliciting behavior change by helping the patient explore and resolve ambivalence about change

Motivational Enhanced Therapy

- Four-session variant of MI
- Includes structured assessment of substance use, measures of substance use harm, and personalized feedback

Motivational Interviewing



- 2011 meta-analysis of 59 trials with >13,000 participants with SUD (29 trials for AUD)
- Significant effect on substance use, strongest at post-intervention (standardized mean difference = 0.79, with CI 0.49 – 1.09)
- For long follow up, the effect was not significant
- Can reduce extent of substance use compared to no intervention
- Mostly low quality evidence

Cognitive Behavioral Therapy

- Goal-directed form of therapy
- Patients learn how their thought processes contribute to their behavior
- Helps patients develop adaptive ways of behaving
- Among most extensively evaluated



Cognitive Behavioral Therapy

- 2009 meta-analysis of 53 trials of 9,308 patients found small positive effect (inverse variance weighted effect size, Hedges' $g=0.154$, $p<0.005$) on outcomes for SUD compared to no treatment, across all studies.
- Effect continued to diminish at 12-months f/u

Residential Treatment

- 24-hour, drug and alcohol-free environment
- Vary widely in intensity of clinical services and treatment models
 - Psychosocial model
 - Supportive rehab model
 - Intensive treatment model
- No well designed clinical trials comparing effectiveness to treatment at lower levels of care

Peer Support Groups

- 12-step programs and other models
- Emphasize working toward abstinence through group sharing and support



Peer Support Groups

- Meta-analyses of AA participation have reported methodologic problems
- Limited generalizability due to coerced participation
- 2006 meta-analysis of 8 RCT involving 3,417 patients comparing 12-step approaches to other interventions for AUD found few differences in treatment retention and drinking outcomes

Tonigan JS, et al. Meta-analysis of literature on AA. *J Stud Alcohol* 1996; 57 (1): 65-72.

Kownacki RJ, Shadish WR. Does AA work? The results from a meta-analysis of controlled experiments. *Subst Use Misuse* 1999; 34 (13): 1897-916.

Humphreys, et al. Self-help organizations for alcohol and drug problems: toward evidence-based policy and practice. *J Subst Abuse Treatment* 2004; 26: 151-158.

Ferri M, et al. AA and other 12-step programmes for alcohol dependence. *Cochrane Database Syst Rev* 2006.

Contingency Management

- Offers incentives to encourage abstinence or discourage substance use
- Patients receive rewards for meeting behavioral goals like drug free urines, for example:
 - Take home methadone doses
 - Vouchers (for goods/services)
 - Monetary incentives

Contingency Management

- 2006 meta-analysis of 47 trials found CM led to improved substance use outcomes in opioid, cocaine, and nicotine dependence (mean effect size (ES) positive, with a magnitude of $d = 0.42$)
- CM was more effective in treating opiate use ($d = 0.65$) and cocaine use ($d = 0.66$), compared with tobacco ($d = 0.31$) or multiple drugs ($d = 0.42$)
- Has not been studied extensively with alcohol

Prendergast M, et al. Contingency management for treatment of SUD: a meta-analysis. *Addiction* 2006; 101 (11): 1546-60.

Lussier JP, et al. A meta-analysis of voucher-based reinforcement therapy for substance use disorders. *Addiction* 2006; 101:192-203.

AUD: Pharmacologic Treatments

Naltrexone (oral)

- Blockade of the mu-opioid receptor
- Suppresses alcohol consumption
- Multiple meta-analyses of trials for AUD found naltrexone to reduce consumption compared to placebo
- 2010 meta-analysis of 50 RCTs with 7,780 participants found that naltrexone reduced risk of heavy drinking to 83% that in placebo group and decreased drinking days by 4%

Jonas DE, et al. Pharmacotherapy for adults with AUD in outpatient settings: a systematic review and meta-analysis. *JAMA* 2014; 311 (18): 1889-900.

Rosner S, et al. Opioid antagonists for alcohol dependence. *Cochrane Database Syst Rev* 2010.

Naltrexone (IM)



- Monthly injection achieves steady therapeutic level, avoid peaks
- 2005 RCT of 624 patients found 25% reduction in rate of heavy drinking after 24 weeks compared to placebo
- Subgroup analysis suggested less effect in women

Acamprosate

- Effect attributed to modulation of glutamate neurotransmission
- Multiple meta-analyses have found acamprosate to reduce consumption compared to placebo
- 2010 meta-analysis of 24 RCTs of 6,900 participants showed increased abstinence rates at 6-months compared to placebo (36.1% vs. 23.4%)
- 3 subsequent trials found acamprosate did not improve outcomes

Jonas DE, et al. Pharmacotherapy for adults with AUD in outpatient settings: a systematic review and meta-analysis. *JAMA* 2014; 311 (18): 1889-900.

Rosner S, et al. Acamprosate for alcohol dependence. *Cochrane Database Syst Rev* 2010.

Anton RF, et al. Combined pharmacotherapies and behavioral interventions for alcohol dependence: the COMBINE study: a RCT. *JAMA* 2006; 295 (17): 2003.

Disulfiram

- Aversive agent that discourages drinking by evoking an unpleasant reaction
- 2014 meta-analysis of 2 trials of 492 patients did not find a significant difference in return to drinking compared with placebo

Emerging Treatments

- Topiramate
- Gabapentin
- Baclofen
- Nalmefene
- SSRIs
- Ondansetron

Comparing Modalities

- No trials directly compare psychosocial interventions to medication for AUD

Combining Modalities

- Evidence is mixed about whether combining medication with psychosocial intervention leads to better outcomes than medication alone
- Let's look closely at the COMBINE study...

The COMBINE Study

- 1,383 patients with AUD
- Eight groups of patients received 16 weeks of naltrexone or acamprosate, both, and/or both placebos, with or without a combined behavioral intervention (CBI). A ninth group received CBI only (no pills).
- Psychosocial intervention integrated elements of CBT, 12-step, MI
- No differences seen with either med combined with psychosocial treatment compared with med alone or psychosocial treatment alone
- No combo produced better efficacy than naltrexone or behavioral intervention alone

OUD: Pharmacologic Treatments

Methadone



- 2009 meta-analysis of 11 RCTs among 1,969 patients compared methadone to placebo or non-medication treatment
- Participants on methadone more likely to remain in treatment and reduce opioid use compared to placebo or non-med treatment (RR = 0.66, 95% CI 0.56-0.78)
- No difference in criminal activity or mortality

Methadone



- 10-year follow up mortality study of 405 patients randomly assigned to methadone or buprenorphine
- Duration of either med associated with lower mortality rates
- No difference between the meds



Buprenorphine/Naloxone

- 2014 meta-analysis of 5 trials among 4,497 participants
- Buprenorphine improved treatment retention compared to placebo (RR=1.74; 95% CI: 1.06 - 2.87)
- Medium and high dose buprenorphine suppressed heroin use significantly above placebo



Naltrexone (oral)

- 2011 meta-analysis of 13 RCTs of 1,158 patients showed no difference between naltrexone and placebo or psychosocial treatments (limited by poor compliance)
- More effective than placebo in 3 trials where patients were forced to adhere

Naltrexone (IM)

- 2011 trial compared once-monthly injection with placebo in 250 patients over 24 weeks
- Proportion of weeks of confirmed abstinence was 90% with naltrexone, only 35% with placebo
- Excluded 47% of patients who didn't complete study

Combining Modalities

- 2011 meta-analysis of 35 trials with 4,319 participants found that adding psychosocial treatment to agonist medication did not yield advantages over agonist medication alone
- No benefit for retention in treatment (27 studies): RR 1.03 (95% CI 0.98 to 1.07)
- No benefit for opioid abstinence (8 studies): RR 1.12 (95% CI 0.92 to 1.37)

Comparing Modalities

- Pharmacotherapy vs. abstinence-based therapy
 - Buprenorphine: retention in treatment at 1 year for 40 individuals was 75% vs. 0% in control group
 - Abstinence in 75% of treatment group
 - Among 179 participants randomized, methadone maintenance resulted in greater treatment retention (median, 438.5 vs 174.0 days) and lower heroin use rates than did detoxification

Kakko J, et al. 1-year retention and social function after buprenorphine-assisted relapse prevention treatment for heroin dependence in Sweden. *Lancet* 2003; 361: 662.

Sees KL, et al. Methadone maintenance vs 180-day psychosocially enriched detox for treatment of opioid dependence. *JAMA* 2000; 283: 1303.

DISCUSSION

Query: How are we integrating evidence-based treatments into our primary care?

- Suboxone; unable to use methadone (MA)
- Tough love, support gp (MA)
- No SUD services; difficult to connect pt in non-Medicaid expansion states to SUD treatment (NC)
- Brief intervention by providers (counseling for alcohol, harm reduction model) for homeless women (MA)
- Naltrexone pills on mobile medical van for AUD
- Suboxone, psychosocial (mix of CBT, MI, etc.) (NJ)



**HOW CAN WE MEASURE
QUALITY?**

SUD Quality Measures

General Considerations

- Perspective
 - Abstinence vs harm reduction model
 - Patient, clinician, health care organization, payer
 - Physician Quality Reporting System (CMS)
 - Meaningful Use
- Importance
 - Prevalence of problem (use local epidemiology if possible)
 - Baseline quality of care
 - Potential impact
- Feasibility
 - Ease of measure development, implementation, monitoring
 - Consider available technical/human resources, local configuration of substance use services)
- Risk of unintended consequences
- Scientific acceptability of measure
- Usability
 - Potential to improve practice

SUD Quality Measures - Types

- Outcome
 - Patient health
- Process
 - Screening, testing, referral, treatment
- Patient experience
- Access
 - Source + timeliness of care, insurance coverage
- Structural
 - Organizational capacity (size, hours, staffing)

SUD Quality Measures - Examples

- Outcome
 - Self reported substance use
 - Hospital/residential treatment re-admission
 - Physical health – cirrhosis, HIV, hepatitis C, overdose, death
 - Function – work/school, criminal justice system, social function
 - Quality of life
- Process
 - Screening rate
 - Treatment information/referral rate
 - Treatment (medication, counseling) rate
 - Detox follow up

SUD Quality Measures - Screening

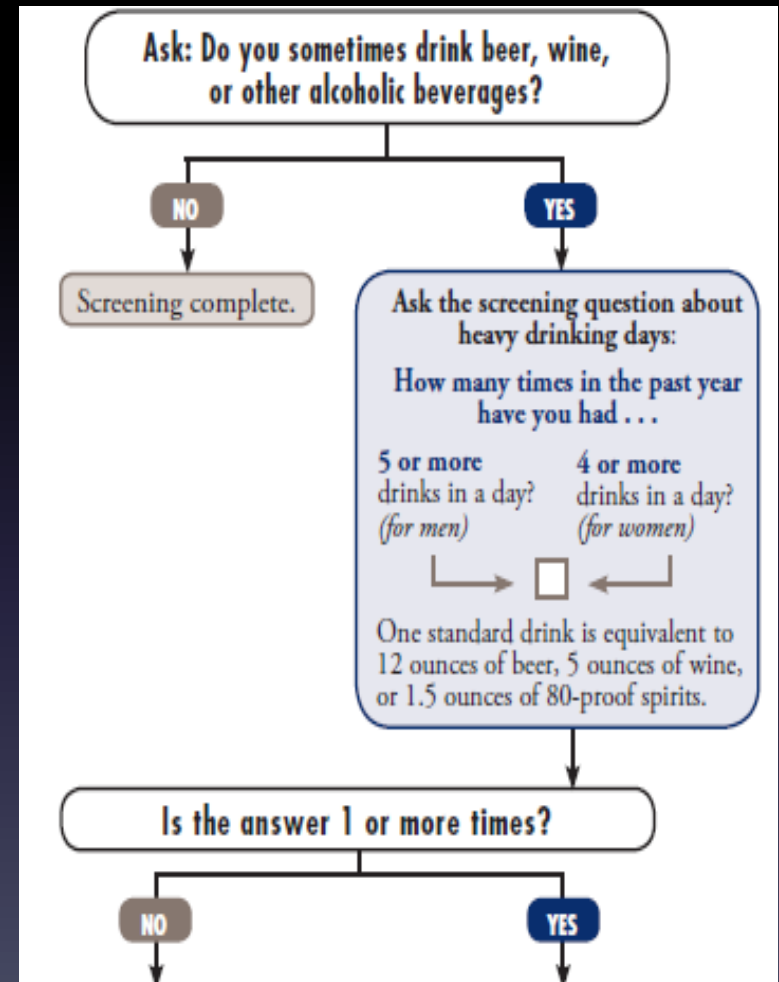
- USPSTF recommendations for screening
 - Alcohol:
 - Screen adults for alcohol misuse
 - Provide those with risky/hazardous drinking with brief counseling
 - Evidence insufficient for adolescents
 - Drugs:
 - Current evidence insufficient to assess benefits/harms of screening adults/adolescents for illicit drug or nonmedical pharmaceutical use
 - National HCH Council recommends screening using SAMHSA recommendations (2006): screen for frequency, amount + duration of use; look for signs of abuse/dependence

SUD Quality Measures - Screening

- USPSTF recommendations for screening instruments
 - Alcohol:
 - Single question screener (covering past 12 mos), AUDIT-C, + AUDIT
 - Acceptable sensitivity/specificity + time burden
 - Drugs:
 - ASSIST, CAGE-AID, DAST-20, CRAFFT (adolescents)
 - Acceptable sensitivity/specificity + time burden
 - Positive predictive value unclear in populations with low prevalence

Alcohol Screening Tools

- NIAAA single question screener
 - Identifies misuse



Alcohol Screening Tools

- SF Dept Public Health
 - eClinicalworks
 - NIAAA single question screener
 - Development in progress

Subjective:

Chief Complaint(s):

HPI:

*Screening/ Risk Assessments

Alcohol and Substance Use

1. Do you sometimes drink beer, wine, or other alcoholic beverages? Yes

***ASK MEN <=65: How many times in the past year have you had 5 or more drinks in the past year? **

***ASK WOMEN or MEN >65: How many times in the past year have you had 4 or more drinks in a day?

Days in last year of risky alcohol amount: *1 or more days*

***IF NO DAYS, AFFIRM SAFE LIMITS (MEN 4/d AND 14/wk; WOMEN OR MEN<65 3/d AND 7/wk)

Alcohol Screening Tools

- AUDIT-C
 - Identifies hazardous drinking or active alcohol use disorder

AUDIT-C Questionnaire

Patient Name _____ Date of Visit _____

1. How often do you have a drink containing alcohol?

- a. Never
- b. Monthly or less
- c. 2-4 times a month
- d. 2-3 times a week
- e. 4 or more times a week

2. How many standard drinks containing alcohol do you have on a typical day?

- a. 1 or 2
- b. 3 or 4
- c. 5 or 6
- d. 7 to 9
- e. 10 or more

3. How often do you have six or more drinks on one occasion?

- a. Never
- b. Less than monthly
- c. Monthly
- d. Weekly
- e. Daily or almost daily

Alcohol Screening Tools

The screenshot shows a web-based alcohol screening tool. At the top, there are tabs for 'Tobacco Use', 'Alcohol Use', 'Alcohol SOC', 'Drug Use', 'Drug SOC', and 'OD Hx / Risk Behavior'. The 'Alcohol Use' tab is selected. On the left, a sidebar contains radio buttons for 'Tobacco Use', 'Alcohol Use', 'Alcohol SOC', 'Drug Use', 'Drug SOC', and 'OD Hx / Risk Behavior'. A yellow arrow points to the 'Alcohol Use' radio button. The main content area is titled 'Alcohol Use' and contains the following questions and options:

- Alcohol Use:** current previous never
- Current Alcohol Use** Drink Equivalents
- How often did you have a drink containing alcohol in the past year?
 Never (0) Monthly or less (1) 2 - 4 times/month (2) 2 - 3 times/wk (3) 4 or more times/wk
- How many drinks did you have on a typical day when you were drinking in the past year?
 1 or 2 (0) 3 or 4 (1) 5 or 6 (2) 7 to 9 (3) 10 or more (4)
- How often did you have six or more drinks on one occasion in the past year?
 Never (0) Less than monthly (1) Monthly (2) Weekly (3) Daily or almost daily
- Total Audit C Score:**
** A score of 5 or more in men, and 4 or more in women is considered positive for identifying hazardous drinking or active alcohol use disorders.
- Success/problems with past attempts to quit:
- Add Alcohol Abuse to Problem List**


Yellow arrows point to the 'Alcohol Use' radio button, the 'Current Alcohol Use' section, and the 'Add Alcohol Abuse to Problem List' button.

- Boston HCH
EMR
- AUDIT-C
- Prompts clinician
to enter ICD-9
code

EMR=electronic medical record

Drug Screening Tools

- NIDA Quick Screen
 - If yes to use of prescription drugs for non-medical reasons or illegal drugs, question further (NIDA-modified ASSIST)



Quick Screen Question:	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
<u>In the past year</u> , how often have you used the following?					
Alcohol <ul style="list-style-type: none">• For men, 5 or more drinks a day• For women, 4 or more drinks a day					
Tobacco Products					
Prescription Drugs for Non-Medical Reasons					
Illegal Drugs					

Drug Screening Tools

- NIDA-modified ASSIST

Q1. In your <u>LIFETIME</u> , which of the following substances have you ever used?	Yes	No
a. Cannabis (marijuana, pot, grass, hash, etc.)		
b. Cocaine (coke, crack, etc.)		
c. Prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)		
d. Methamphetamine (speed, crystal meth, ice, etc.)		
e. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)		
f. Sedatives or sleeping pills (Valium, Serepax, Ativan, Xanax, Librium, Rohypnol, GHB, etc.)		
g. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)		
h. Street opioids (heroin, opium, etc.)		
i. Prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.) <ul style="list-style-type: none"> Please record nonmedical use only: <i>Non-medical use refers to using a substance either not prescribed to the patient or used in ways or amounts not prescribed by their doctor.</i> 		
j. Other – specify:		

Ask the following questions for each drug mentioned in Question 1:	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
Q2. <u>In the past 3 months</u> , how often have you used (insert name of drug)?	0	2	3	4	6
If the answer to Question 2 is "never", skip to Question 6. Otherwise, continue with Questions 3					
Q3. <u>In the past 3 months</u> , how often have you had a strong desire or urge to use (insert name of drug)?	0	3	4	5	6
Q4. <u>In the past 3 months</u> , how often has your use of (insert name of drug) led to health, social, legal or financial problems?	0	4	5	6	7
Q5. <u>In the past 3 months</u> , how often have you failed to do what was normally expected of you because of your use of (insert name of drug)?	0	5	6	7	8
Ask Questions 6 & 7 for all substances <u>ever used</u> (i.e., those mentioned in Question 1) :	NO	YES, but not in the last 3 months	YES, in the past three months		
Q6. Has a friend or relative or anyone else ever expressed concern about your use of (insert name of drug)?	0	3	6		
Q7. Have you ever tried and failed to control, cut down, or stop using (insert name of drug)?	0	3	6		
Instructions: Ask Question 8 if patient mentions ANY drug that might be injected, including those that might be listed in the 'Other' category (e.g., steroids). <u>Circle appropriate response.</u>					
Q8. Have you ever used any drug (including steroids) by injection?	No, never	Yes, but not in the last 3 months	Yes, in the past 3 months		
<ul style="list-style-type: none"> Indicate you are referring to non-medical use only. 					

Tobacco Use | Alcohol Use | Alcohol SOC | **Drug Use** | Drug SOC | OD Hx / Risk Behavior

Tobacco Use
 Alcohol Use
 Alcohol SOC
 Drug Use
 Drug SOC
 OD Hx/High Risk Beh

Drug Use

Drug Use: current previous never

How many times in the past year have you used an illegal drug or used a prescription med for non-medical reasons? never 1 or more times

Current Drug Use

SUBSTANCE	FREQUENCY	AMOUNT	DURATION OF USE	ROUTE	LAST USED
<input type="checkbox"/> Marijuana					
<input type="checkbox"/> Heroin					
<input type="checkbox"/> Cocaine					
<input type="checkbox"/> Crack					
<input type="checkbox"/> Benzos					
<input type="checkbox"/> Opioids					
<input type="checkbox"/> Amphetamines					
<input type="checkbox"/> <input type="text"/>					

In the past month, what is the most number of days in a row that you went without using drugs or alcohol?

How many hours do you spend in recovery-oriented activities/week? (e.g., support groups, individual counseling, NA/AA, or outpatient programs)

Substance Abuse History (including age started, drug(s) of choice)

Substance Abuse Treatment Hx:
(including success and challenges, longest period sober, use of medication-assisted therapies like suboxone or methadone)

Add Drug Abuse to Problem List **OD Rescue Kit and Education**

- Boston HCH Program EMR
 - NIDA Quick Screen (drugs, prescription meds)
 - Current drug use
 - Prompts clinician to enter ICD9 code

Drug Screening Tools

- CAGE-AID
 - 1 or more
 - “yes” is positive

CAGE-AID Questionnaire

Patient Name _____ Date of Visit _____

When thinking about drug use, include illegal drug use and the use of prescription drug use other than prescribed.

Questions:	YES	NO
1. Have you ever felt that you ought to cut down on your drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have people annoyed you by criticizing your drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever felt bad or guilty about your drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover?	<input type="checkbox"/>	<input type="checkbox"/>

Tobacco Use	Alcohol Use	Alcohol SOC	Drug Use	Drug SOC	OD Hx / Risk Behavior
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Tobacco Use

Alcohol Use

Alcohol SOC

Drug Use

Drug SOC

OD Hx/High Risk Beh

[Overdose History](#)

History of OD

Date of last overdose:

Circumstances surrounding overdose:

[Other High Risk Behaviors](#)

These questions are not intended as screening questions for the patient, but are used by clinical staff to inform clinical decision-making. Please note any of the following, if present:

Credible report of diversion of abusable medications

Forged prescriptions

Prescriptions for abusable medications or potentiators from multiple prescribers

Opioids previously denied by any BHCHP prescriber

[OD Prevention](#)

Naloxone Rescue Kit Naloxone Rescue Kit not found on patient's active med list.

Naloxone rescue kit offered and refused.

Education No OD Prevention Education on record.

Pt educated about overdose prevention - risks of OD, signs of OD, and response to OD (including use of nasal naloxone rescue kit, if prescribed).

- Boston HCH EMR
 - Opioid history/risk behavior screening
 - Overdose prevention with naloxone

ASAM Performance Measures for SUD

2015

- % patients prescribed medication for alcohol use disorder
- % patients prescribed medication for opioid use disorder
- 7 day follow up after withdrawal management
 - Initiation: % patients who initiate treatment at next level of care within 7 days
 - Continuity: % patients with 2 or more claims within 90 days
- All cause inpatient/residential re-admission within 90 days of SUD admission
- Substance use disorder diagnosis documentation

- Focus is addiction medicine specialists
- Total of 9 measures (above are measures most appropriate for PC)

SUD Quality Measures (NCQA, AMA, APA)

- Counseling
 - % adults with alcohol dependence/opioid addiction counseled re psychosocial/pharmacologic treatment options in measurement yr
- Treatment Initiation
 - % adolescents/adults with new alcohol/other drug dependence who initiated treatment within 14 days
- Treatment Engagement
 - % adolescents/adults who initiated treatment who have 2 or more services within 30 days of initiation

NCQA=National Committee for Quality Assurance

AMA=American Medical Association

APA=American Psychological Association

SAMHSA National Outcomes Measures for SUD

- Employment/education
 - stable/increased # employed/in school
- Crime/criminal justice
 - stable/reduction in # arrests in past 30 days
- Stability in housing
 - stable/increase # in stable housing
- Social connectedness
 - stable/increase # in social/recovery support activities
- “Embody meaningful, real life outcomes for people who are striving to attain + sustain recovery; build resilience; + work, learn, live, + participate fully in their communities”
- All SAMHSA grantees required to collect/report performance data using above + other approved measurement tools

SUD Outcomes Measures

- SAMHSA CSAT Client Outcome Measures

Job/School

Are you currently enrolled in school or a job training program?

Are you currently employed?

Crime/Criminal Justice

In the past 30 days, how many times have you been arrested?

In the past 30 days, how many times have you been arrested for drug-related offenses?

In the past 30 days, how many nights have you spent in jail/prison?

In the past 30 days, how many times have you committed a crime?

Are you currently awaiting charges, trial, or sentencing?

Are you currently on parole or probation?

SUD Outcomes Measures

- SAMHSA CSAT Client Outcome Measures

Social Connectedness

In the past 30 days, did you attend any voluntary self-help groups for recovery that were not affiliated with a religious or faith-based organization? In other words, did you participate in a non-professional, peer-operated organization that is devoted to helping individuals who have addiction-related problems such as: Alcoholics Anonymous, Narcotics Anonymous, Oxford House, Secular Organization for Sobriety, or Women for Sobriety, etc.?

In the past 30 days, did you attend any religious/faith-affiliated recovery self-help groups?

In the past 30 days, did you attend meetings of organizations that support recovery other than the organizations described above?

In the past 30 days, did you have interaction with family and/or friends that are supportive of your recovery?

To whom do you turn when you are having trouble?

- Boston HCH EMR
 - Days without drug or alcohol use
 - Recovery- oriented activities



In the past month, what is the most number of days in a row that you went without using drugs or alcohol?



How many hours do you spend in recovery-oriented activities/week?

(e.g., support groups, individual counseling, NA/AA, or outpatient programs)

Patient Experience

- CG-CAHPS (Consumer Assessment of Health Care Providers + Systems - Clinician + Group) Survey
 - Areas: access, provider communication, helpful staff, provider rating, test follow up
 - Standardized, rigorous development of measures
 - AHRQ public-private initiative
 - Not specific to SUD
 - <https://cahps.ahrq.gov/>

Patient Experience

- Echo Survey
 - CAHPS survey for behavioral health services
 - Additional areas: perceived improvement, information given about treatment options, amount treatment helped
 - Not specific to SUD, although SUD services listed in types of care
 - <https://cahps.ahrq.gov/surveys-guidance/echo/>

Echo Survey

The next questions are about all the counseling or treatment you got in the last 12 months during office, clinic, and emergency room visits as well as over the phone. Please do the best you can to include all the different people you went to for counseling or treatment in your answers.

21. In the last 12 months, were you given information about different kinds of counseling or treatment that are available?

Yes

No

Patient Experience

- Primary Care Quality – Homeless Instrument
 - Developed by Stefan Kertesz et al, Birmingham VA Medical Ctr
 - Fewer questions than CAHPS
 - Includes homeless-specific issues
 - Several questions specific to SUD
 - <http://www.ncbi.nlm.nih.gov/pubmed/25023918>

Primary Care Quality Survey – Patient Version 1.0

Introduction: We would like to ask you some questions about the person you see for primary medical care here at _____ . This is the person you see for a check-up or for a general medical problem when it is not an emergency. This person could be your regular personal doctor, a nurse practitioner, or a physician assistant. We would also like to ask you about receiving care here at _____ . Please indicate how much you agree or disagree with the following statements about the person who provides your primary medical care. Again, we are asking for you to make your best guess.

Strongly Disagree Disagree Agree Strongly Agree I Don't Know

Q10. I can be honest with my primary care provider if I use drugs or alcohol.

Instructions: The next questions are about the place where you go for primary medical care. This is the place you normally go for a check-up or for general medical problems when it is not an emergency. The place might be a clinic, hospital, or a program. For these questions think about the place and the staff who are there.

Strongly Disagree Disagree Agree Strongly Agree I Don't Know

Q33. Staff at this place treats some patients worse if they think that they have addiction issues.

This survey is the product of the Primary Care Quality and Service Customization Study. It is intended for clients who have been homeless or who are leaving homelessness behind. Clinics or agencies seeking to use it must seek permission from the developer, who can provide scoring information. Contact: Stefan G Kertesz, MD, emailing both skertesz@uabmc.edu and Nancy Johnson, RN, (nancy.johnson8@va.gov) or Phone 205-212-3970.

SUD Quality Measures

- No benchmarks

DISCUSSION

Query: Are your programs tracking any of these metrics yet?

- SBIRT, CRAFFT, psychosocial screening tool for adolescents (HEADSSSSS) (San Fran)
- SBIRT with peer intervention (MA)
- SUS/PC fully integrated; 30 day retention in SUD rx; 90 day readmission measure (San Fran)
- Project Echo (2 hr/mo teleconference to review pt with SUD), breakthrough collaborative, measures: abstinence, retention in rx (NJ)
- Engagement in post secondary education; QOL
- SBIRT; medical gp visits; important to have follow up available when pts screen pos
- Insufficient evidence for SBIRT for drug use
- Major barrier to integrated care is federal regulations around methadone treatment programs; difficult to get injectable naltrexone in PC (RI)
- Template in EMR (eClinical Works), medical assistant driven (ED visits, hospitalizations) (San Fran)
- FQHC centered model, including mobile unit, partnered with residential unit – do suboxone rx, behavioral rx (referral), data collection built (rural area)
- Refer to Behavioral Health and Recovery Services



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THANK YOU!