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CENTER for INTEGRATED
HEALTH SOLUTIONS

Incorporating Key Findings from the Surgeon General's Report on Addiction into your Practice

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SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

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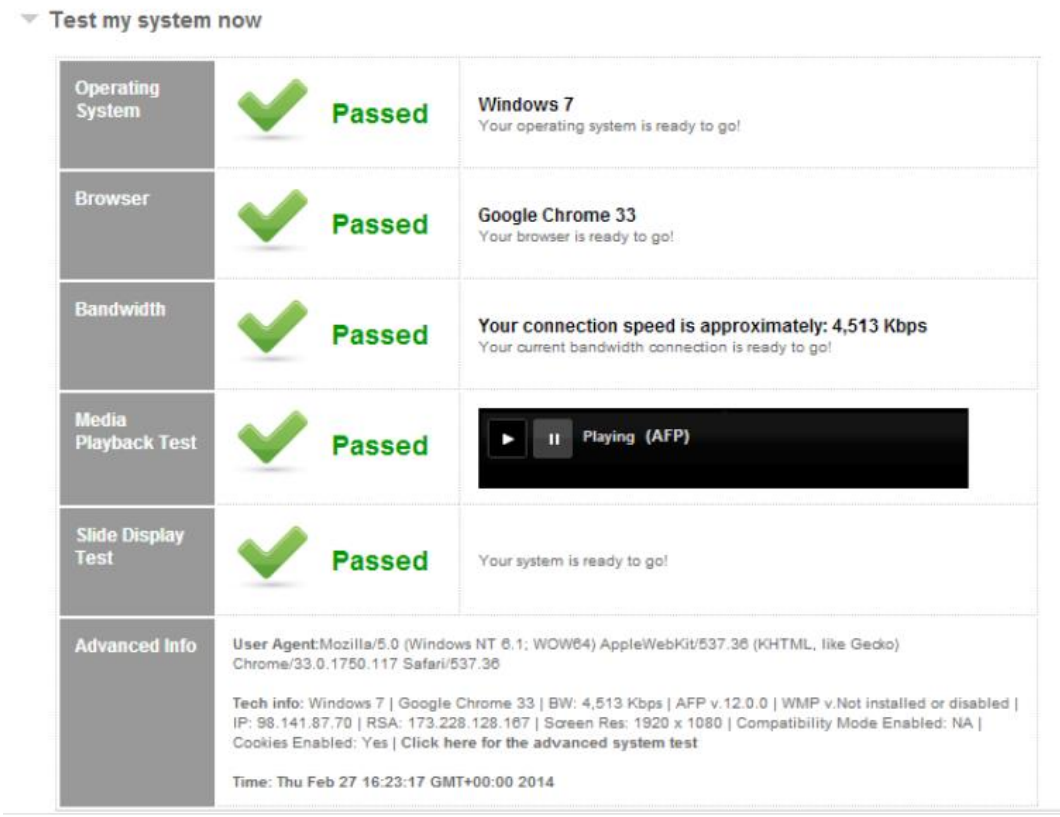

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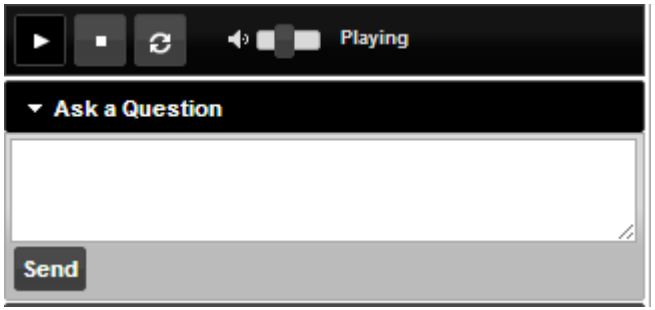
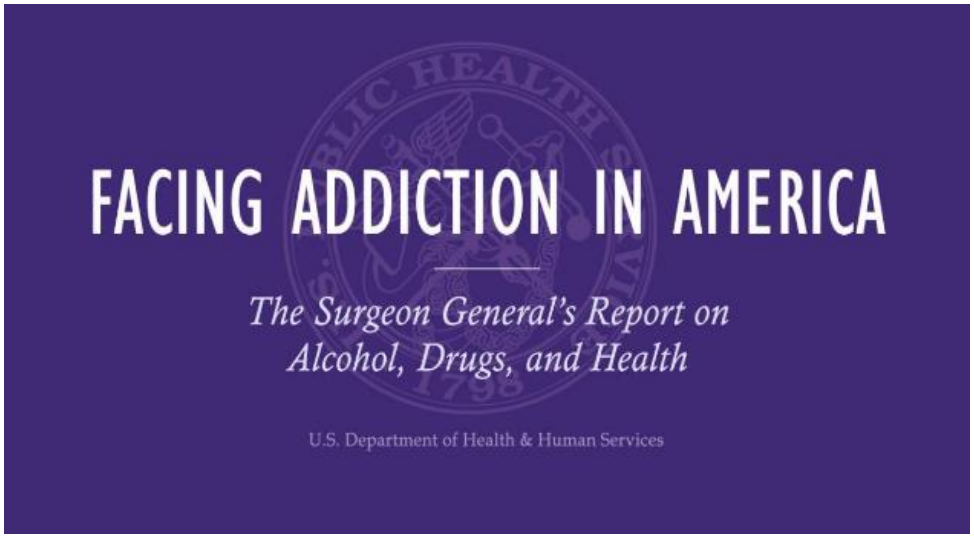


Surgeon's General Report



- Link to download: https://addiction.surgeongeneral.gov/
- Ch.6 Health Care Systems and Substance Use Disorders: https://addiction.surgeongeneral.gov/chapter-6-health-care-systems.pdf
- Key Findings: Health Care Systems and Substance Use Disorders: https://addiction.surgeongeneral.gov/key-findings/health-care-systems

Learning Objectives

- Understand the key findings related to integration of substance use and primary care services detailed within the Surgeon General's report on Alcohol, Drugs and Health.
- Identify concrete ways primary care settings can integrate substance use treatment and early intervention activities into their services.
- Describe why early intervention activities such as SBIRT are important to overall health.
- Develop ideas for using the report to educate staff, board, and clients to facilitate a conversation about addictions.
- Learn about useful resources for setting up and providing substance use services in an integrated health setting.

Today's Speakers

Constance Weisner, DrPH, LCSW
Professor, Department of Psychiatry, University of California, San Francisco

Associate Director, Behavioral Health, Aging, and Infectious Diseases, Division of Research, Kaiser Permanente Northern California

Mark Alexakos, MD., M.P.P.
Chief Behavioral Health Officer, Lynn Community Health Center

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Integration of Health Care Systems and Substance Use Disorders

Constance Weisner, DrPH, LCSW
Department of Psychiatry, UCSF
Division of Research, Kaiser Permanente Northern California

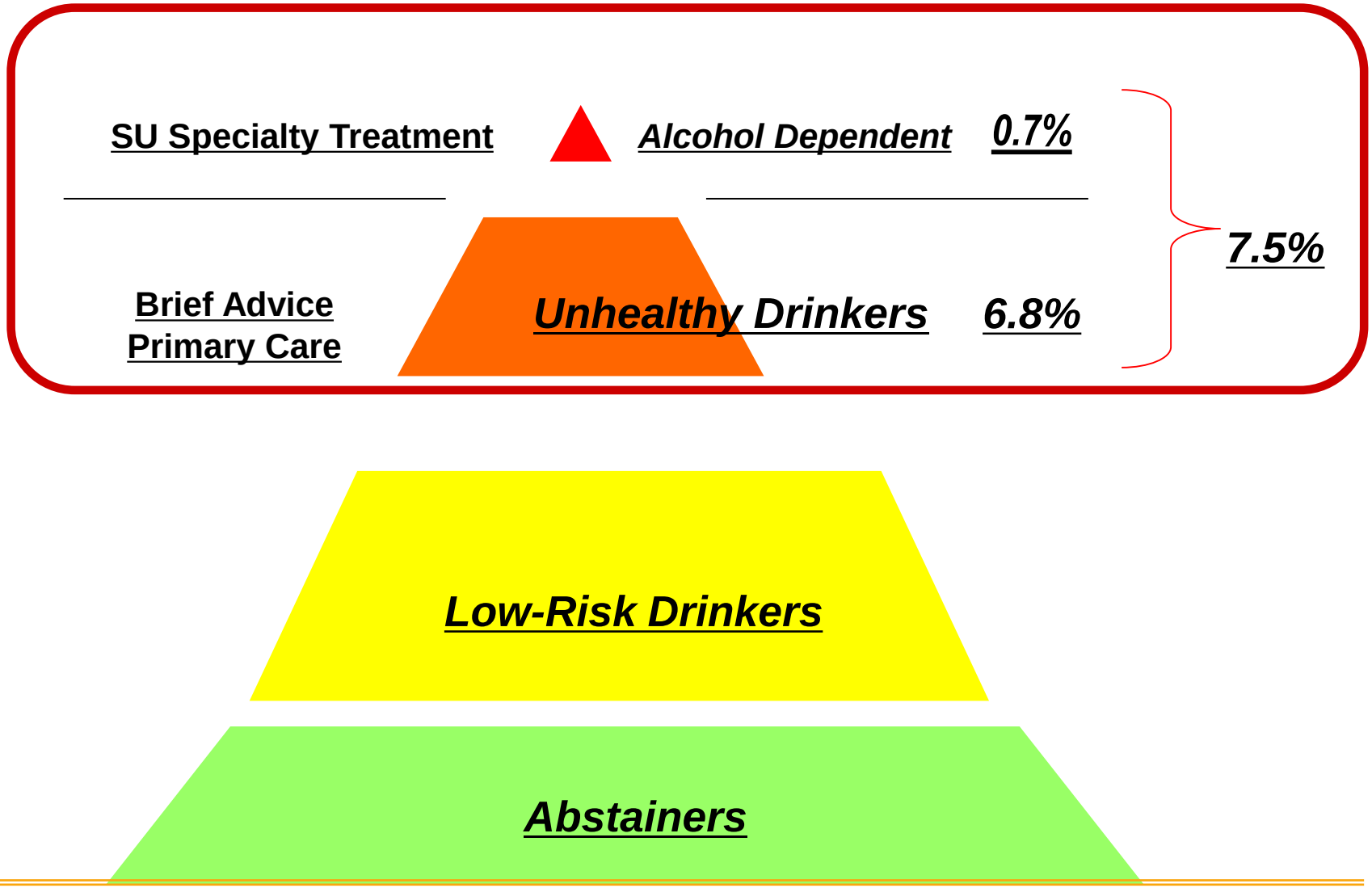
Substance Use Disorder Services: Past and Future

Past	Future
Substance use mainly ignored in primary care	Substance use screened & monitored in primary care
Focus on the most severe	Full spectrum of problems addressed
Paper charts: little contact between specialty substance use disorders & health care	Electronic Health Records (EHRs) for clinical coordination
Limited use of health information technology	Leveraging technologies including patient portals, technology delivered treatments
Little focus on physical health issues	Medical problems addressed with focus on whole person wellness
Medications seldom available	Medications readily available
Separate oversight structures and reporting	Performance and outcomes measurement, ongoing quality improvement
12-step programs	12-step and other recovery support services, social network innovations

Why integration?

- Health care is the one place everyone will go throughout life.
- Prevalence of co-occurring health and mental health problems is high – even in those whose problems are not severe.
- Substance use disorders are a chronic neurological disorder and need to be treated as other chronic conditions are in health care.
- Integration can help address health disparities, reduce costs for patients and family members and improve health outcomes.

The Continuum of Substance Use and Problems



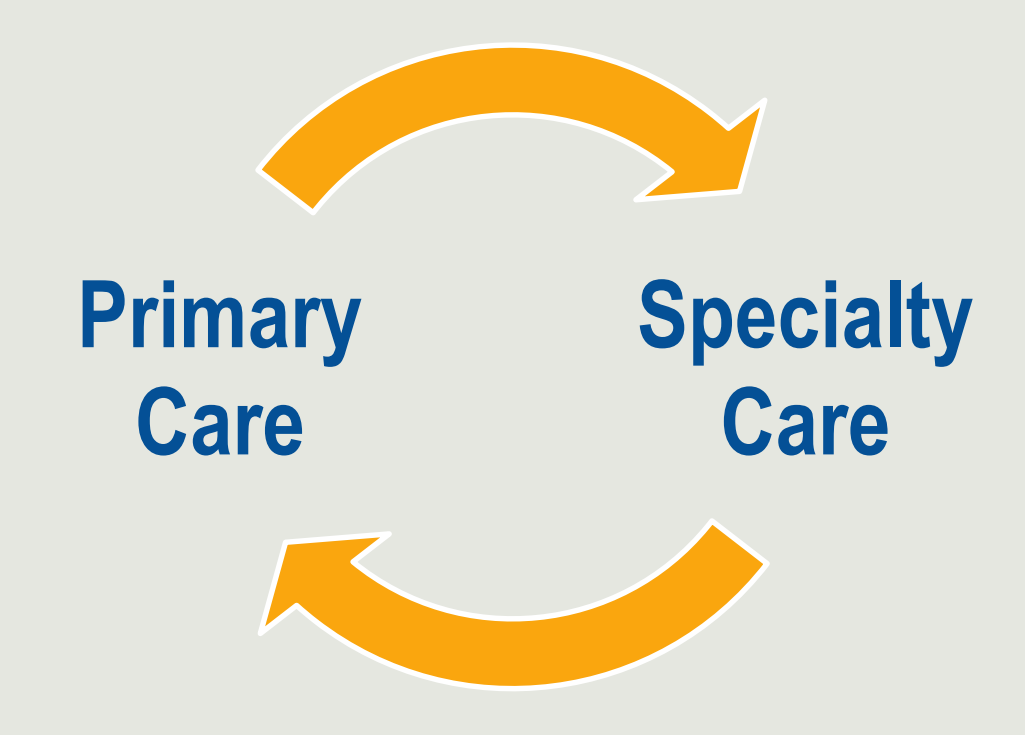
Institute of Medicine. 1990, Mertens 2005

What does integration look like?

Screen and treat in PC (if moderate problem, continue monitoring)

Specialty care if needed

Back to Primary Care for monitoring



Why should health care systems screen for substance use?

- People with substance use disorders often access the health care system for reasons other than their substance use disorder.
- Problems aren't usually obvious and people do not always self-disclose.
- Opportunity to catch problems when not severe
- Opportunity to address them and refer to specialty treatment when needed and monitor after specialty treatment

Most Useful Preventive Services (out of 25)

National Commission on Prevention Priorities, 2008

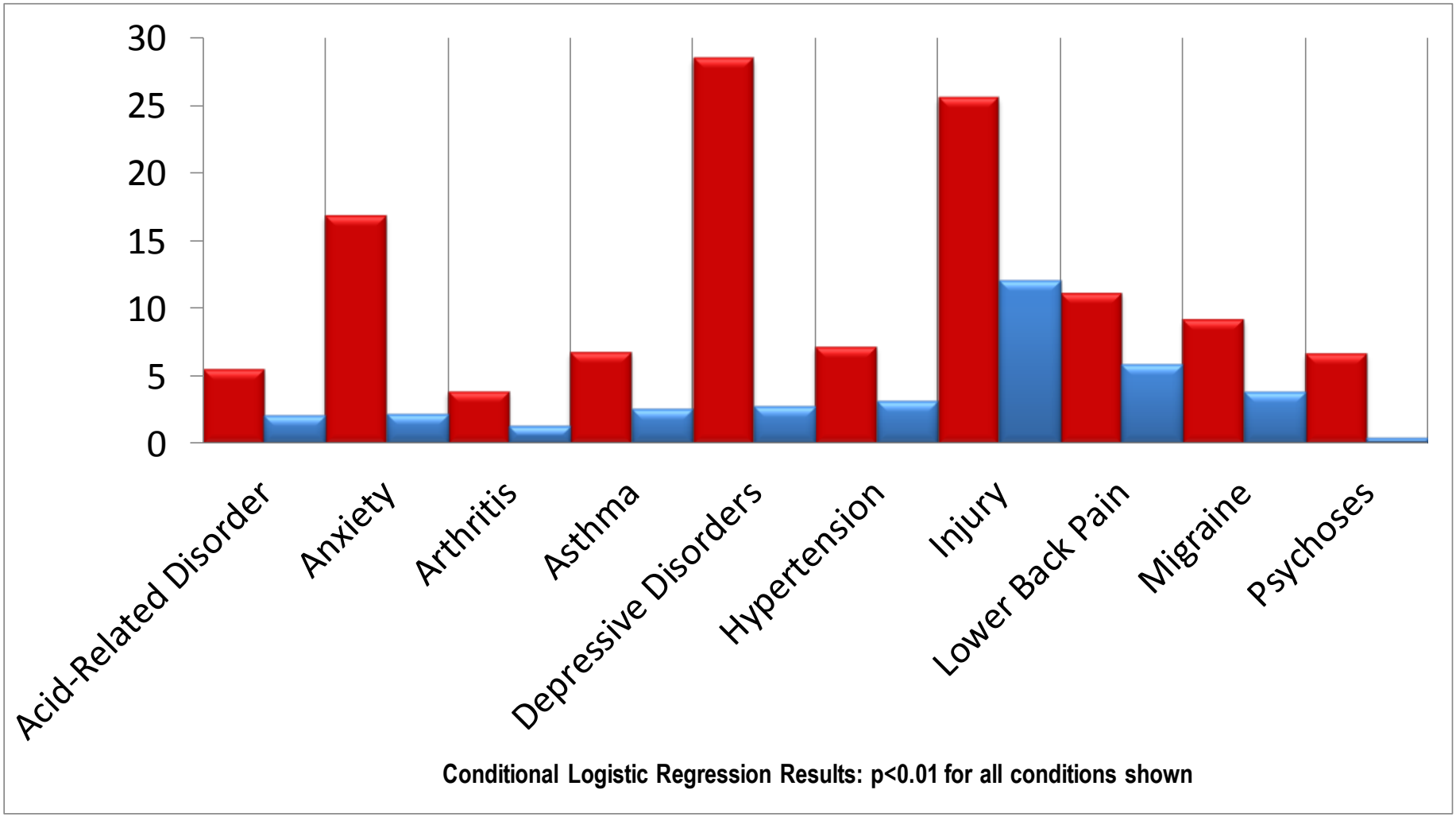
Ranking	Service
1	Aspirin (Men 40+; Women 50+)
2	Childhood immunizations
3	Smoking cessation
4	Alcohol Screening & intervention
5	Colorectal cancer screening & treatment
6	Hypertension screening & treatment
7	Influenza Vaccination
9	Cervical cancer screening
10	Cholesterol screening (men 35+: women 45+)
12	Breast cancer screening
18	Depression screening
21	Osteoporosis screening
23	Diabetes screening - adults

Maciosek MV et al. Am J Prev Med. 2006;31(1):52-61.
Solberg LI et al., Am J Prev Med. 2008;34(2):143-152

For rankings: 1=highest

Why Integrate Specialty Treatment with Health Care?

Adult addiction medicine patients have more medical and mental health conditions than matched controls



Conditional Logistic Regression Results: p<0.01 for all conditions shown

Mertens JR, Lu Y, Parthasarathy S, Moore C, Weisner CM. Medical and psychiatric conditions of alcohol and drug treatment patients in an HMO: Comparison to matched controls. *Arch Intern Med.* Nov 10 2003;163:2511-2517.

Adolescent addiction treatment patients have more medical conditions than matched controls

Higher prevalence* of the 20 highest cost and prevalent medical conditions, including:

- Asthma
- Injury
- Sleep disorders
- Pain conditions (abdominal pain, muscle pain, and headaches)
- STDs
- Benign conditions of the uterus
- Dermatology conditions
- Gastroenteritis

*p<.01

Sterling S, Kohn C, Lu Y, Weisner C. (2004). Pathways to substance abuse treatment for adolescents in an HMO. Journal of Psychoactive Drugs 36(4):439-453.

Adolescent addiction treatment patients have more mental health conditions than matched controls

	Adolescent Tx	Matched Controls	p-value
Depression	36.3	4.2	<.0001
Anxiety Disorder	16.3	2.3	<.0001
Eating Disorders	1.2	0.4	.067
ADHD	17.2	3.0	<.0001
Conduct Disorder	19.3	1.2	<.0001
Conduct Disorder (w/ODD)	27.3	2.3	<.0001
Any Psychiatric DX	55.5	9.0	<.0001

Sterling S, Kohn C, Lu Y, Weisner C. (2004). Pathways to substance abuse treatment for adolescents in an HMO. Journal of Psychoactive Drugs 36(4):439-453.

How does substance use affect health care?

In health care, substance misuse associated with:

- Misdiagnoses
- Poor adherence to care
- Interference with prescribed medications
- More physician time
- Unnecessary medical testing
- Poor outcomes
- Increased costs

What are the elements of integrated, continuing care?

Three components:

1) Regular primary care as anchor
2) Addiction treatment when needed
3) Psychiatric services when needed

Nine-Year Integrated, Continuing Care: Outcomes and Costs

Patients receiving continuing care*

- were more than twice as likely to be remitted over 9 years ($p<.0001$).
- were less likely to have ER visits and hospitalizations ($p<.05$).

Mixed-effects logistic regression model controlling for time/follow-up wave; demographic characteristics; AOD, medical & psychiatric severity; and completion of index AOD treatment

Chi FW, Parthasarathy S, Mertens JR, Weisner C. (2011). Continuing care and long-term substance use outcomes in managed care: initial evidence for a primary care based model. *Psychiatr Serv* 62(10):1194–1200.
Parthasarathy S, Chi FW, Mertens JR, Weisner C. (2012). The role of continuing care on 9-year cost trajectories of patients with intakes into an outpatient alcohol and drug treatment program. Medical Care 50(6):540–546.

New Opportunities

- Medical and health homes
- Evidence-based psychosocial treatments and medications (Medication Assisted Treatments)
- Behavioral Medicine Specialists in primary care, wellness coaches
- Health IT – increases the reach and type of services

Health IT

- Can address access (e.g., rural context, people with young children) (video visits, on-line interventions)
- Can address disparities (avatars, language)
- Anonymous stand-alone interventions
- Freeing up time so service providers can care for more clients
- Providing alternative care options for individuals hesitant to seek in-person treatment
- Increasing the chances that interventions are delivered as they were designed and intended
- Clinician/Physician guidelines available in EHR – help with diagnosing, prescribing, and intervening

EHR Innovations in Linking Patients with Care

Patient portal options including health assessments, apps for sleep, anger management, depression

LINKAGE Study - Focus on patient activation and empowerment, made use of Health IT

- LINKAGE participants had higher health care involvement: through patient portal: log-in days, and use of each type of activity (e.g., physician emails, viewing lab tests, looking up medical information)
- Higher proportions of LINKAGE participants reported talking to their physician about alcohol and drug problems
- Results consistent for those with co-occurring psychiatric conditions

Weisner C, Chi FW, Lu Y, Ross TB, Wood SB, Hinman A, Pating D, Satre DD, Sterling S. (2016). The LINKAGE Pragmatic Trial: linking alcohol and drug patients to a primary care-based medical home. *JAMA Psychiatry*. 2016;73(8):804-14.

A Continuum of Collaboration between Health Care and Specialty Services

Coordinated Key Element: Communication		Co-located Key Element: Physical Proximity		Integrated Key Element: Practice Change	
LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5	LEVEL 6
Minimal Collaboration	Basic Collaboration at a Distance	Basic Collaboration Onsite	Close Collaboration Onsite with Some System Integration	Close Collaboration Approaching at Integrated Practice	Full Collaboration in a Transformed/ Merged Integrated Practice
Behavioral health, primary care, and other health care professionals work:					
In separate facilities	In separate Facilities	In same facility not necessarily same offices	In same space within the same facility	In same space within the same facility (some shared space)	In same space within the same facility, sharing all practice space
Source: Heath, et al., 2013.					

Medicaid Innovations

- Substance use disorders are the first focus of CMS's Medicaid Innovation Accelerator Program.
- States may offer a wide range of recovery-oriented services under Medicaid's rehabilitative services option (therapy, counseling, training in communication and independent living skills, recovery support and relapse prevention training, skills training to return to employment, and relationship skills)

Challenges

- Still some uninsured
- Privacy issues (42CFR- Part 2)
- EHR interoperability between systems (health care and specialty treatment)
- Gap in implementing Medically Assisted Treatment
- Workforce shortages and training (in both health systems and in addiction treatment)
- Barriers in referrals from primary care to specialty treatment

Recommendations for Health Systems

- Address substance-related health issues with the same sensitivity and care as any other health condition
- Promote use of evidence-based treatments
- Promote effective integration of prevention and treatment services
- Develop strong ties with substance use specialty treatment
- Work with payers to develop and implement comprehensive billing models
- Implement health information technologies for clinicians and patients to promote efficiency and high quality care

Summary

There are **effective** strategies and services, ranging from self-change to specialty treatment for the full spectrum of problems:

- **to screen,**
- **to intervene early,**
- **to treat (both medications and behavioral)**
- **to manage**

Many of these can be accomplished within health care – all can be done when integrating health care and specialty care

Questions ?

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Treating Addictions within an Integrated Primary Care Clinic at the Lynn Community Health Center

Mark Alexakos M.D., M.P.P.
Chief Behavioral Health Officer

Lynn Community Health Center

We are an FQHC that serves a diverse population in Lynn. We have over 45,000 patients that receive primary care and behavioral health services. Health center has over 600 employees and almost an equal number or primary care and behavioral health providers.

SUD Services Available
no wrong door

Integrated Complex Addiction Service Specialized Medical Home for SUD

- Integrated Service Model
- Evolved from OBOT model
- Suboxone and Vivitrol
- Serves around 500 Patients
- Manages Co-occurring Disorders
- In Planning: Outpatient Detox, SOAP

SUD Services Available
no wrong door

Integrated Primary Care Family Teams

- 4 Teams with 3 FTE Therapists/4 Psychopharmacology
- Can both assess and treat addictions on team
- 2 teams have team based MAT
- Plan to spread to all teams and Urgent Care

Integrated OB/Pediatric Teams

- Capacity for assessment, some treatment

SUD Services Available
no wrong door

Integrated Specialty Mental Health Team

- Capacity to manage co-occurring disorders

Central Behavioral Health Services

- Divided into teams linked to Primary Care Teams
- Capacity to manage SUD and co-occurring disorders, no MAT

Strategic Plan 2012

- Developmental Process
- Integration Incorporated
- Senior Management Training

Team Development

- Champions/Leaders Identified
- Team Based Meeting Times
- Team Based Champions Meeting
- Cross Team Learning Environment

Team Based Quality Improvement

- Integrated Into Teams
- QI Project Manager
- QI Coordinator
- Data Analyst

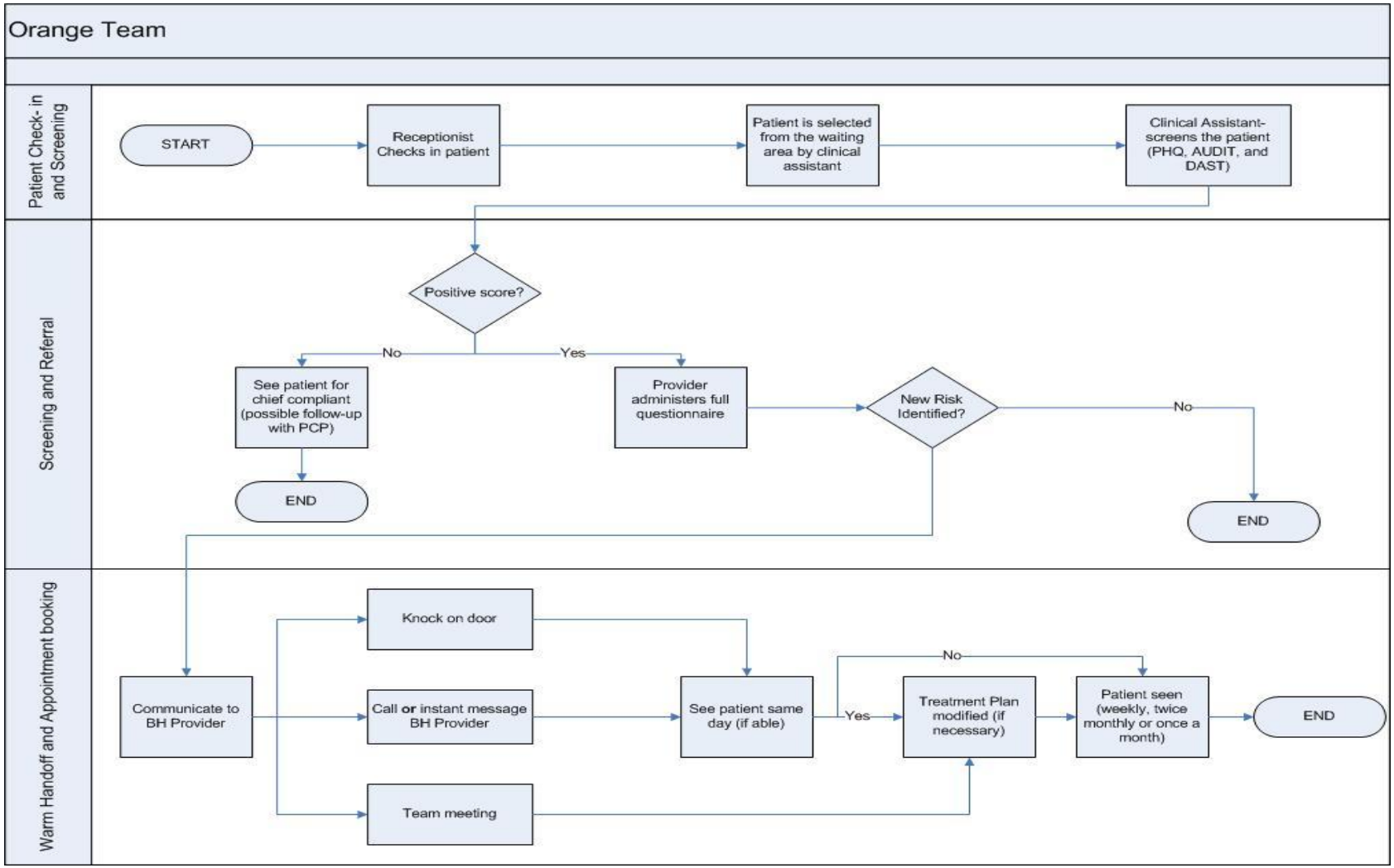
Integrated Team Members

- Primary Care Providers
- Nurses
- Medical Assistants
- Behavioral Health Therapists
- Psychopharmacology

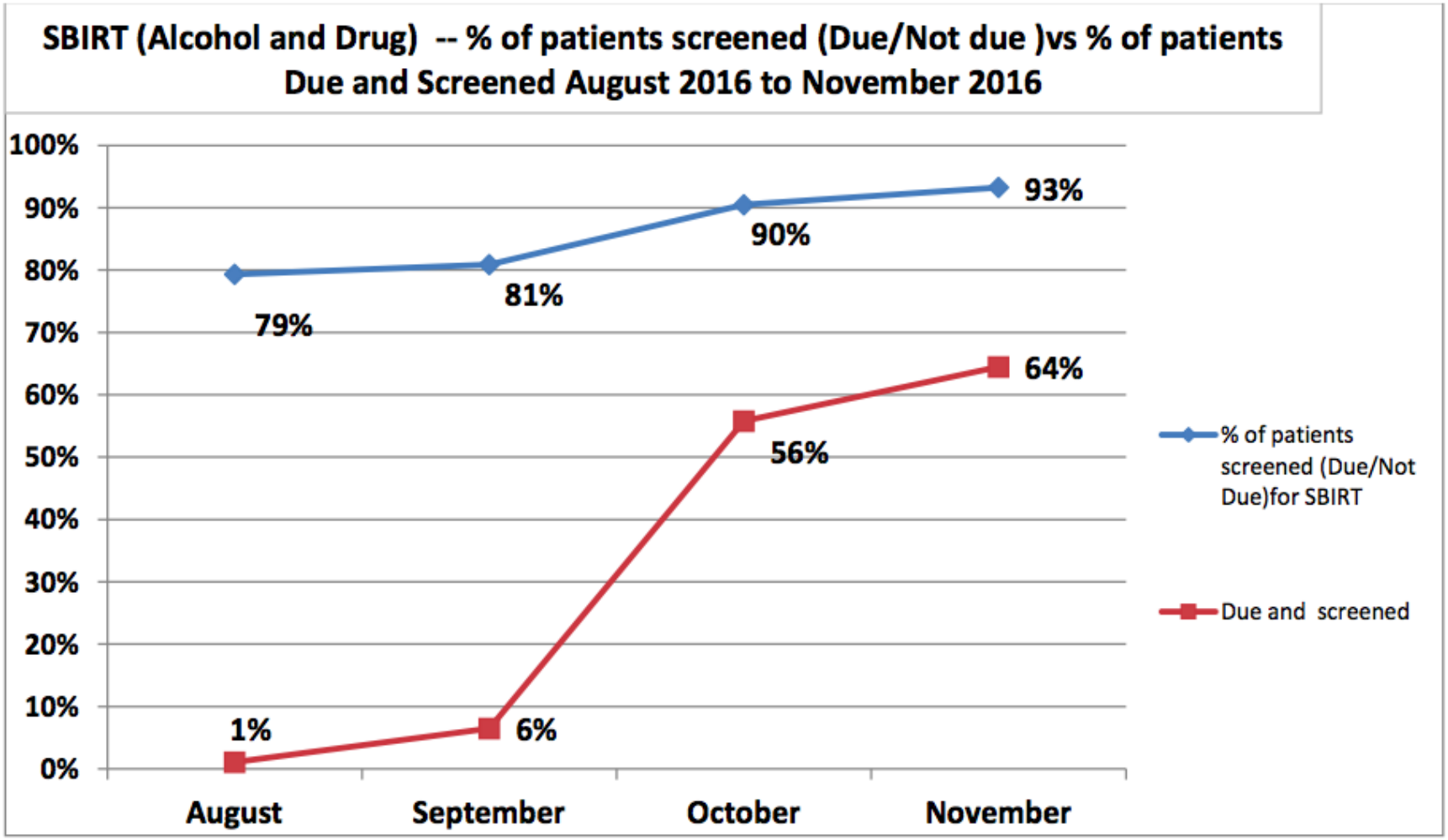
Implementing SBIRT and MAT

- Quality Improvement Tools
  - DMAIC, PDSA, Change Management
- Training All Disciplines
  - MI, Role Playing, Case Review
- Phased Implementation
  - By Team over 3-6 months
- Standard Work

Standard Workflow: SBIRT



SBIRT Results



Key Steps to SBIRT Implementation

Integrated Champions Meetings

- Reviewed work plans and progress
- Reviewed data and troubleshoot problems

Team Meetings

- Champions work with teams during different phases of implementation
- Missed opportunity reports
- Case Review

EHR Tools

Use OCHIN EPIC

- Built in screening flow sheets
- Built in due alert in schedules and health maintenance module
- Had to custom build data and missed opportunity reports
- PDSA on effective EHR use

Guidelines/QA: Suboxone

- Initiation and continuation phases of treatment
- Urine Drug Screen Monitoring
- Diversion Prevention
- Co-prescription of controlled substances
- Treatment Planning
- Case Review
- Role Definition, who is responsible for what

Case Example

- Daria had been seen on team for 12 years
  - Treated for Bipolar
  - Routine Primary Care
  - History of Heroin Use, 5 years ago
- Routine Screening at PCP Visit
  - Revealed Relapse
- Brief Intervention and Hand Off to Therapist
- Immediate Access to Suboxone
- Adjustment of Bipolar Medication

Questions ?

CIHS Resources

- SAMHSA MATx Mobile App: http://store.samhsa.gov/apps/mat/
- Substance Use Trainings: http://www.integration.samhsa.gov/clinical-practice/substance_use/trainings
- SBIRT Resources: http://www.integration.samhsa.gov/clinical-practice/sbirt
- SAMHSA Providers' Clinical Support System for Opioid Therapies http://pcss-o.org/ and MAT Training http://pcssmat.org/samhsa-medication-assisted-treatment-a-standard-of-care/

CIHS Resources

- The National Practice Guideline for the Use of Medications in the Treatment of Addiction Involving Opioid Use (The American Society of Addiction Medicine): http://www.asam.org/quality-practice/guidelines-and-consensus-documents/npg
- Behavioral Health Integration Resources: https://bphc.hrsa.gov/qualityimprovement/clinicalquality/behavioralhealth/index.html
- BPHC Substance Use Warm line: http://nccc.ucsf.edu/clinical-resources/substance-use-resources/
- CDC Guideline for Prescribing Opioids for Chronic Pain: https://www.cdc.gov/drugoverdose/prescribing/guideline.html

CIHS Resources

- Medication Assisted Treatment Implementation Checklist: http://www.integration.samhsa.gov/clinical-practice/mat/MAT_Implementation_Checklist_FINAL.pdf
- Expanding the Use of Medications to treat Individuals with Substance Use Disorders: http://www.integration.samhsa.gov/clinical-practice/mat/FINAL_MAT_white_paper.pdf
- Innovations in Addictions Treatment: Addiction Treatment Providers Working with Integrated Primary Care Services: http://www.integration.samhsa.gov/clinical-practice/13_May_CIHS_Innovations.pdf

Innovation Community

Innovation Communities are designed to engage organizations in acquiring knowledge and skills and applying their learning to implement measureable improvements in a high priority area related to healthcare integration. Lessons learned over the course of the innovation community are compiled and shared with the health care field so other organizations can benefit.

- Implementing MAT services for tobacco cessation in integrated care settings
- Advanced Integration – Behavioral Health Integration for Chronic Disease Management

CIHS Tools and Resources

Visit www.integration.samhsa.gov or e-mail integration@thenationalcouncil.org

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