

Beyond the 2006 IOM Report: NIH Perspectives on Coordinated Care



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Domains of Interest

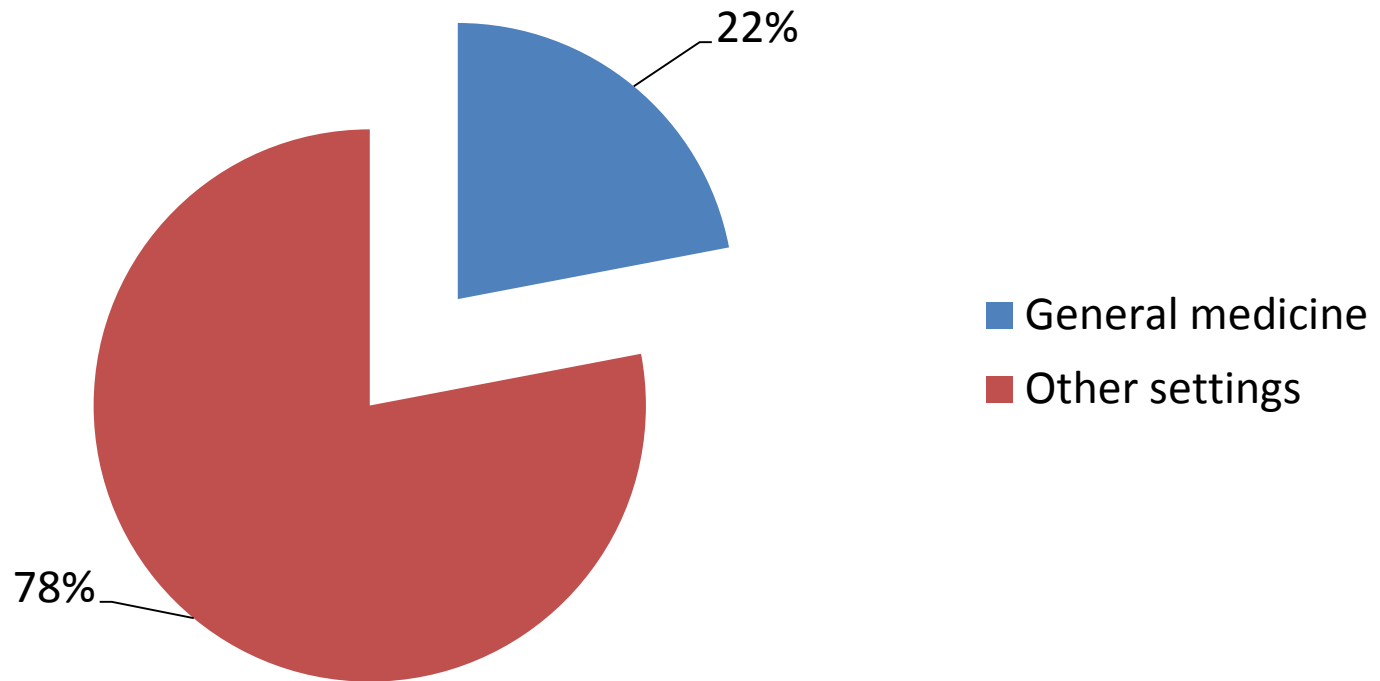
- NIDA/NIAAA research on coordinating SUD and medical care in *general medical settings*
 - Identifying & engaging SUD patients in medical care settings
 - Chronic disease management
 - Patient-centered care
 - Paying for coordinated care

Identifying & Engaging SUD Patients In General Medical Settings



Medical settings are a key component of our HSR portfolio

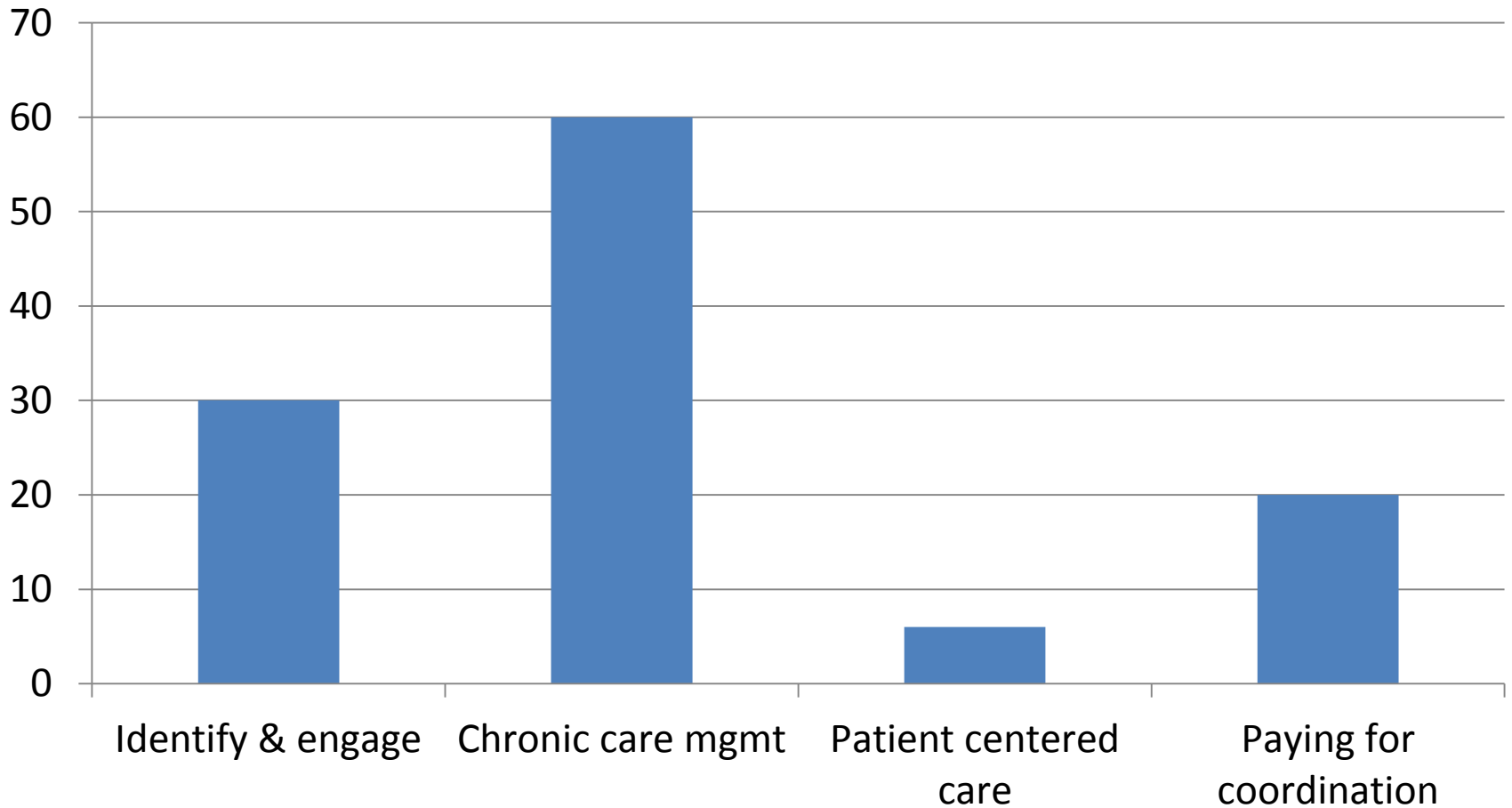
NIDA/NIAAA Health Services Research Grants, 2010-2014



What are “general medical settings”?

- Primary care
 - Hospitals; physician’s offices; pediatricians; OB/GYN; college health centers
 - Private health plans (HMOs, etc.); public health clinics; VA settings
- Emergency care settings
 - Emergency rooms; urgent care; trauma centers; ICU

Distribution of medical setting grants



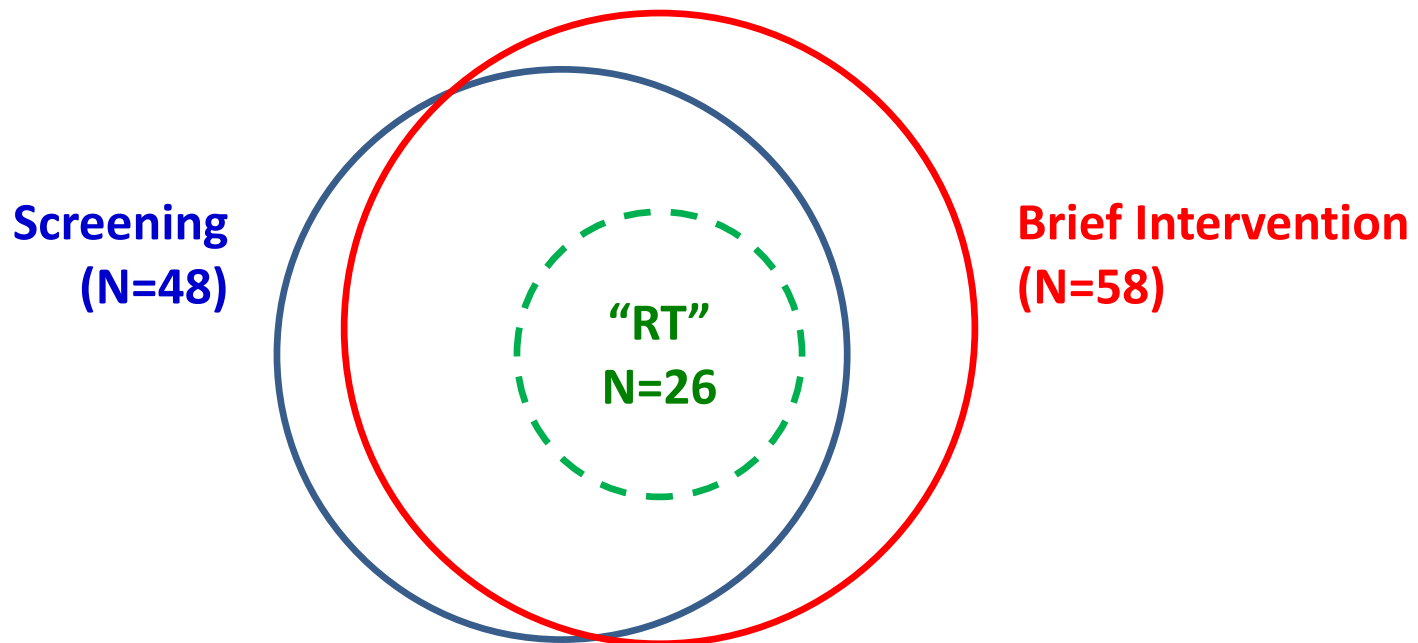
SBIRT: A bundle of activities

Screening	Preliminary procedure to evaluate likelihood of substance use disorder or risk for negative consequences
Brief Intervention	Time-limited efforts for advice/information, motivation to avoid SU, or behavior change skills to reduce use
Referral to Treatment	Facilitates access to care (including brief treatment) for those who have more serious signs of substance dependence and require a level of care beyond brief services

Most funded grants address <3 SBIRT components

NIDA/NIAAA SBIRT Portfolio

- Without limiting to time/mechanism/division, identified 69 relevant grants (23 NIDA; 46 NIAAA).
- Combined, these grants included data on 953,250 patients.











Summary of Alcohol SBIRT Findings for Primary Care



SBIRT for Alcohol in Primary Care

- SBI deemed effective in reducing alcohol use with non-dependent patients
- Systematic reviews (Saitz 2010) found:
 - 12% reduction in risky drinking, SBI vs controls
 - 39 gram per week reduction in consumption
- Lack of evidence for SBI among patients with heavy drinking/alcohol dependence
- Lack of “RT” models linking alcohol dependent patients with more intensive treatment
- ***USPSTF: “B” grade for SBI for adults 18+***

NIDA Funded SBIRT Studies – Primary Care

PI	N= Age	Severity	SBIRT	Primary Substance(s)	Primary Outcome
Gelberg (QUIT)	334 41.7 avg	Medium (Non-dependent)	SBIRT	Highest Scoring Drug	
Merchant	1,023 18-64 y/o	Low	SBI	Alcohol; Tobacco; Illicit; Prescription	
Ries	431 >18 y/o	Low – Severe	SBI	Alcohol; Tobacco Opioid; Marijuana; Stimulant; Sedative	
Saitz	528 >18 y/o	Moderate-Heavy	SBIR	Opioid; Cocaine; Marijuana; Other	
Schwartz	360 >18 y/o	Moderate	BI	Opioid; Cocaine Marijuana; Stimulant	
Svikis	713 18-70 y/o	Heavy/Problem Use	SBI	Illicit and Prescription	
Werch	1,314 18-25 y/o	Low - High (High Risk)	SBIRT	Alcohol; Tobacco; Prescription; Illicit	
Wu (CTN)	400 >18 y/o	Low - High Type 2 Diabetes	SBIRT	Alcohol; Tobacco; Prescription; Illicit	

NIDA-Funded SBIRT Studies – Emergency and Internet-based

PI	N= Age	Severity	SBIRT	Primary Substance(s)	Primary Outcome
Blow	700 18 to 60 y/o	Low	SBI	Alcohol; Opioids; Prescription; Illicit	?
Bogenschutz (CTN)	1,285 24-48 y/o	Low to High	SBIRT	Cannabis; Opioid; Illicit	→
D’Onofrio	329 >18 y/o	High	SBIRT SBI+ Bup	Opioids	↑
Knowlton	130 >18 y/o	High	SBIRT	Opioids	?
Velasquez	417 >18 y/o	Moderate (mean DAST)	SBI	Alcohol; Cannabis; Opioid; Sedative; Stimulant	?

Tools and Resources for Your Practice

- [NIDA Drug Use Screening Tool](#): Features a one-question Quick Screen as well as the full NIDA-Modified Alcohol, Smoking and Substance Involvement Screening Test.

NM ASSIST

- [Screening, Assessment, and Drug Testing Resources](#)
- [Opioid Prescribing Resources](#)
- [Drug Abuse Information](#)
- [Treatment Information](#)
- [Patient Materials](#)

Continuing Education and Training

- [Opioid and Pain Management CMEs/CEs](#): Featuring videos that model effective communication, courses provide guidance for screening pain patients before prescribing and identifying when patients are abusing their medications. Accreditation through Medscape Education

- [American College of Physicians Practice Advice](#)

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Managing Pain Patients Who Abuse Rx Drugs

The goal of this activity is to describe the symptoms and prevalence of opioid addiction and dependence in patients with chronic pain, and the steps clinicians can take to screen for, prevent, and treat such conditions.



Helping Patients Who Drink Too Much



A CLINICIAN'S GUIDE

Updated 2005 Edition

ALCOHOL SCREENING AND BRIEF INTERVENTION FOR YOUTH A PRACTITIONER'S GUIDE



1 in 3 children starts drinking by the end of 8th grade

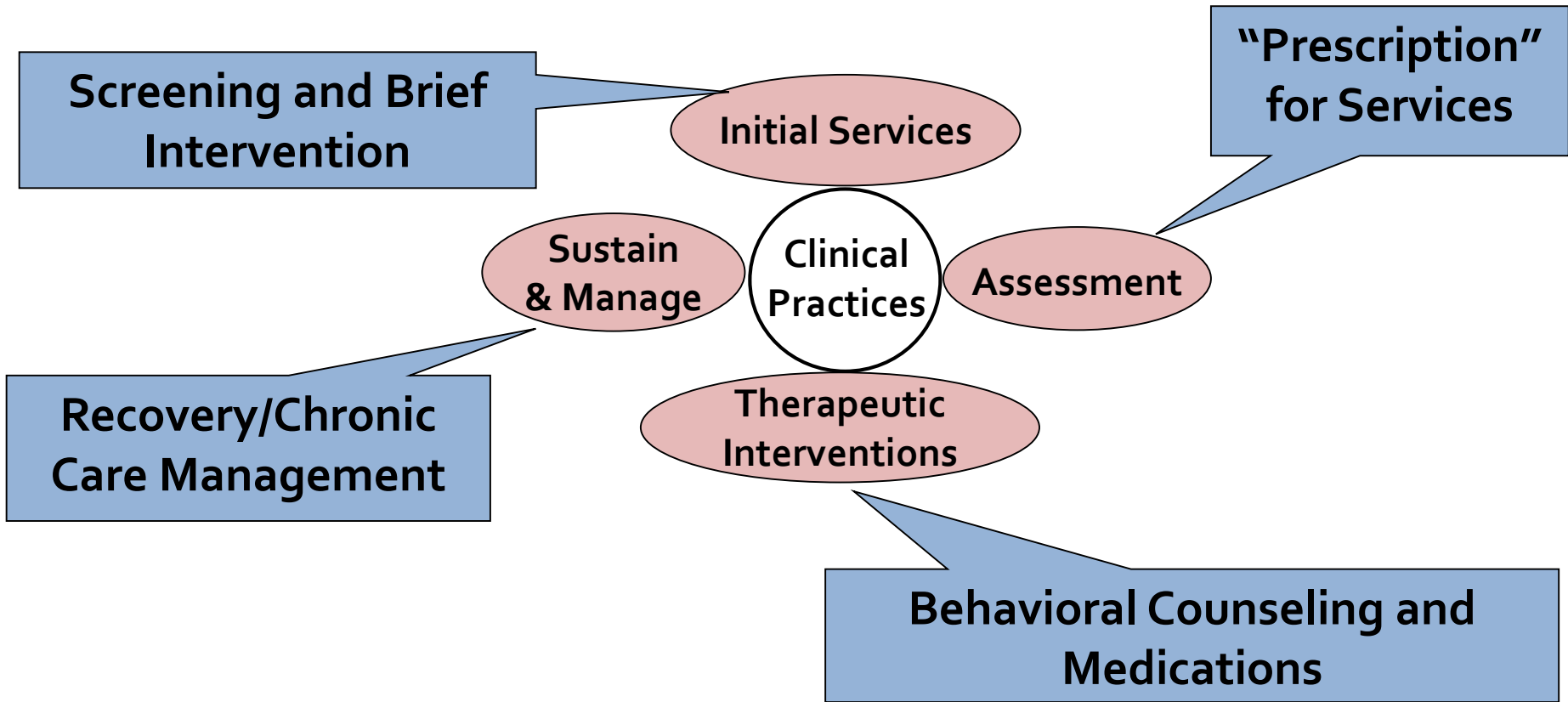
What do we still need to know about SBIRT?

- Better Screening/Assessment:
 - Accurate patient and context specific tools
 - Using EHR to identify unhealthy substance use
 - NIAAA awarded 6 grants to validate 2-item screener for youth age 9-18
- Brief Intervention:
 - Alternative interventions for BI and delivery
 - BI for adolescents (alcohol, mj, tobacco, prescription drugs)
 - Testing SBI in non-medical settings
 - SBI delivered across multiple primary care visits
 - Implementation studies to promote scale-up
- Referral to Treatment:
 - Need strategies to effectively link & engage patients in treatment
 - Warm handoff to drug treatment
 - Role of primary care following episode of intense care
 - Warm handoff back to primary care

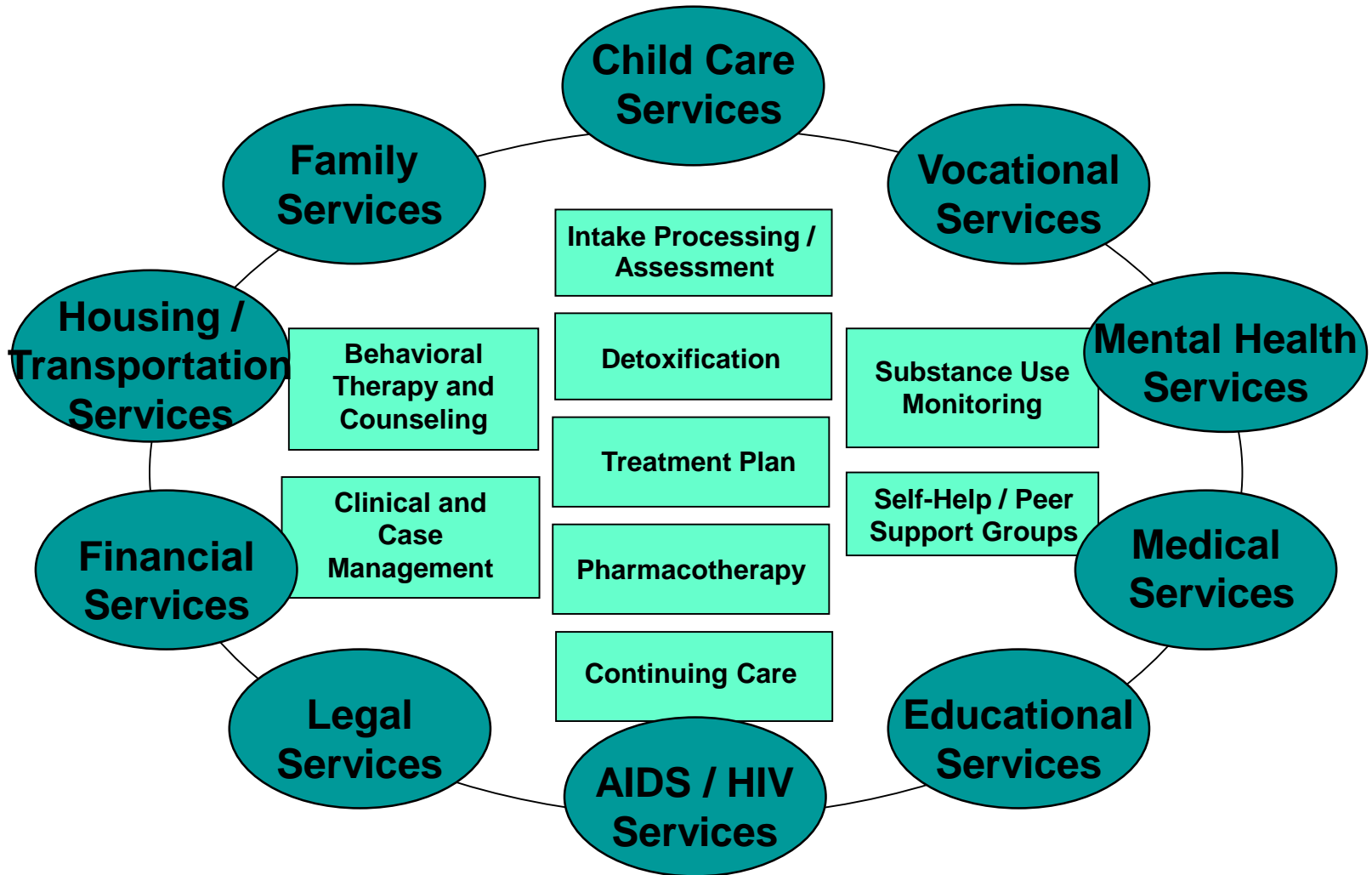
Chronic Disease Management



A Chronic Care Approach to Drug Treatment



How do you support ancillary services?



Research to Address Chronic Disease Management

- Identification & treatment of “high utilizers”
- Integrated management of SUD and co-occurring medical (chronic pain, psychiatric, HIV)
- Models for delivering treatment (beyond BI) in medical settings
- NIDA RFA-DA-12-008, *Integration of Drug Abuse Prevention & Treatment in Primary Care*
 - Funded 6 R01’s testing implementation strategies to promote service integration & care coordination
- NIDA RFA-DA-13-001, *Phased Services Research Studies of Drug Use Prevention, Addiction Treatment, HIV in Era of Health Care Reform*
 - Funded 7 projects: 6 look at coordinated SUD care

Patient-Centered Care



Research to Address Patient-Centered Care:

We need *more* work in this area:

- Technology solutions to deliver more personalized/customized treatment & recovery support
- Pragmatic trials identifying patient preferences
- Qualitative studies to understand patient compliance/retention
- Educate patients/families to be consumers of drug prevention/treatment/recovery support services

Paying for Coordinated Care



Research Addressing the Economic Aspects of Care Coordination

- Identification of economic barriers to service integration
- Estimating costs of integrated care
- Development of quality measures
- Studies capitalizing on “natural experiments”
 - Affordable Care Act
 - Parity Act
 - State-specific legislation (e.g., Medicaid changes; Oregon’s parity act)
- NIDA RFA-DA-13-001, *Phased Services Research Studies of Drug Use Prevention, Addiction Treatment, HIV in Era of Health Care Reform*
 - Funded 7 projects: 4 examine payer/provider strategies

Questions/Discussion

