Case Study – Integrating Alcohol, Drug, and Mental Health Services with Mainstream Health Care

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The Case for Integration

- Building the case - Outcome and cost
- Implementation
<table>
<thead>
<tr>
<th>Past</th>
<th>Current</th>
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<tbody>
<tr>
<td>Mainly Ignored in primary care</td>
<td>Screened &amp; monitored in primary care</td>
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<td>Focus on dependence</td>
<td>Full spectrum of problems</td>
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<td>Paper charts: little contact between specialty AOD &amp; health care</td>
<td>EHR (&quot;meaningful use&quot;) clinical coordination, patient portals, health IT</td>
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<td>Episodic specialty treatment</td>
<td>Tx options, meaningful use penalties</td>
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<td>Little focus on health issues</td>
<td>Ongoing care management</td>
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<td>“Prescribed” Tx programs</td>
<td>Relationship with medical problems</td>
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<td>Medications seldom available</td>
<td>Multiple Treatment options</td>
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<tr>
<td>Little accountability</td>
<td>Medications available</td>
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<td>12-step</td>
<td>Performance measurement, outcomes</td>
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<td>12-step + social network innovations</td>
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Integration of Substance Use and Mental Health Care with Mainstream Health Care

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

Specialty care if needed

Back to Primary Care for monitoring


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Outcomes
Children and spouses of individuals with alcohol and drug conditions have higher rates of the 23 most costly medical conditions and higher costs (mostly from ER and Inpatient stays) than matched family members of people without alcohol and drug problems, and also than families of people with other chronic conditions like diabetes and asthma.

Cost
Family members of successfully treated addiction patients had similar costs as matched family members, starting the second year and continuing through 5 years.
Cluster Randomized Trial*
Screening, Brief Intervention, and Referral to Treatment
(Conducted as part of process of care)

54 Adult Primary Care Clinics

1/3 of clinics randomized to PC Physician Arm (PCP)
Physicians trained to conduct SBIRT

1/3 of clinics randomized to Non-Physician Arm (NPP)
Medical Assistants trained to Screen Nurses, Clinical Health Educators, or Behavioral Medicine Specialists, trained to conduct BI & RT

1/3 of clinics randomized to Control Arm
Informational Session on How to Use Screener

*Hybrid implementation/outcome trial of two evidence-based interventions
600,000 + patients, 556 primary care providers

NIIAAA R01 AA018660
Hybrid model adopted for region-wide implementation

Non-Physician Arm
Medical Assistants screen
Non-Physician Providers deliver BI/RT

Physician Arm
Physicians screen
Physicians deliver BI/RT

Medical Assistants Screen
Physicians deliver BI/RT

Consistent with system workflow for other screening initiatives
Alcohol as a Vital Sign (AVS)

Region-wide implementation in adult primary care

- 21 Medical Centers
- 4.2 million members
- ~9,000 active physicians
### Alcohol as a Vital Sign (AVS): June 2013 – March 2016

#### Unique patients
- Unique patients screened (with at least 1 office visit): 2,778,081
- Unique patients screening positive: 385,884 (14%)

#### Total patients, including repeats
- Total number of screenings: 4,502,309
- Total patients screening positive: 497,604 (11%)
Brief Intervention Rates Among Those Screened Positive

March 2016 = 62%

Alcohol as a Vital Sign Regional Brief Intervention Rates
October 2013 to March 2016

Rate [%] Patients who received intervention
0 10 20 30 40 50 60 70 80


Kaiser Permanente
Facilitating Busy Clinicians

- Easy to use clinical guidelines
- Video visits and consults
- Multiple treatment options
- Rapid feedback
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Building the case for ongoing collaborative care:

**OUTCOMES**
Three components:
1) Regular primary care
2) Readmission to SU treatment when needed
3) Psychiatric services when needed

Patients receiving continuing care were more than twice as likely to be remitted over 9 years.

**COST**
Those receiving continuing care were less likely to have ER visits and hospitalizations over 9 years.

Their total costs were reduced due to lower ER and hospitalizations. (ED visits and hospitalizations are proxies for negative alcohol and drug outcomes)
Linking patients in addiction treatment with primary care for ongoing monitoring

- 6 group-based patient activation sessions – based on empowering patients
- Linkage phone call/facilitated e-mail with primary care physician

NIDA PO50 DA009253
Patient Voices

“It was a little awkward at first going in to talk about my addiction and mood problems, but once I did it, I felt so much better. My doctor is totally on my team now. It feels good to monitor my mood and blood levels with both my doctors. I feel really involved in my own care.”
Examples of using Patient Portal

- Graphing blood pressure/lab tests
- Getting medical information
- Planning prevention tests
- Preparing for doctor visit/making appointments
- Emailing doctor
- Changing doctors
- Total Health Assessments
- Multiple programs: e.g., Sleep/weight-loss/nutrition/anger management/mindfulness meditation/CBT, cutting back tips
Integrating alcohol, drug, and mental health problems with health care

...is meaningful to patients

...is associated with improved health for both patients and their family members

...results in positive cost impacts to the health system.

...is possible!
Alcohol, Drug and Mental Research at Division of Research

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Thank you!

Constance.Weisner@KP.org
He related that these classes have helped him identify the importance of informing his doctor of his Substance Use Disorder as well, as it directly relates to his high blood pressure and as he has worked with this doctor for over 20 years without mention of substances.
“I signed up for Balance on Kp.org and a nutrition class in Health Education so I can improve my diet. I also listen to those podcasts on guided imagery, they really help with my insomnia.”
"It was good to see my doctor. I think we got more comfortable with each other after our phone conversation the other day. I showed her how I graphed my lab results on kp.org, she was happy for me that my labs got better. I also showed my mom my improved lab tests when I got home.”
"My primary doctor on the other hand will look at all aspects of my overall health. When I am with him we graph my lab test results on kp.org and we track patterns in my blood levels overtime based on my behavior and my stress."