Substance Use Disorders in Primary Care

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Healthfirst

• Behavioral Health fully integrated into our clinical models
  ➢ General medical and behavioral health care managers work as a team in supporting our members

• NYS has transitioned all Medicaid BH services into managed care

• Health And Recovery Program (HARP)
  ➢ Medicaid program for those with high BH and medical needs
  ➢ HF is the largest HARP in NYC with ~17,000 members
  ➢ All HARP members meet criteria for Health Home care management (HHCM) with assessment of the individual, creation of an integrated plan of care (POC) that includes addresses all needs and services- BH (MI and SUD), Medical, social, HCBS (for those eligible)
  ➢ Integrated care management team in HF support HHCM and providers in the implementation of the POC
In 2014 (for those over the age of 12),

- 27.0 million people used an illicit drug in the past 30 days = 1 in 10 Americans
  - (main drivers marijuana and nonmedical use of prescription pain relievers)
- 52.7% of Americans used alcohol in the previous month, 6.2% were heavy alcohol users
- about 21.5 million Americans (8.1%) were classified with a **substance use disorder** in the past year.
  - 2.6 million had problems with both alcohol and drugs,
  - 4.5 million had problems with drugs but not alcohol, and
  - 14.4 million had problems with alcohol only.
- **Substance use disorders** occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.

Impact

• ~20% of individuals in a primary care practice have SUD, same as rate for diabetes and hypertension

• Elevated risk of medical illness in presence of SUD
  • 9 times greater risk of CHF
  • 12 greater risk of cirrhosis
  • 12 greater risk of pneumonia

• Increased rate of SUD in adults diagnosed with a mental illness
Impact of Mental Illness & Substance Use Disorders on Cost and Hospitalization for People with Diabetes

Beneficiaries with Diabetes

Prevention as an Intervention

- Most mental, emotional, and behavioral (MEB) disorders have roots in childhood and youth
- The first symptoms typically precede a disorder by 2 to 4 years
- Alcohol abuse and dependence can be prevented by reducing or eliminating risk factors and enhancing protective factors

Evidence based prevention interventions include programs that target individuals, families, schools and communities.
Prevention as an Intervention

- Prevention
  - Selective
  - Universal
- Indicated
- Case Identification
- Standard Treatment for Known Disorders
- Compliance with Long-term Treatment (Goal: Reduction in Relapse and Recurrence)
- After-care (including Rehabilitation)

Promotion

Recovery
Individual Practitioner Considerations

- Screening
  comfort with broaching this issue with patients
- Scope of practice – treat vs refer to specialist
- Who do you refer to?
- Support treatment that occurs in SUD programs
  - Medications
  - Follow up
  - Coordination
  - Relapse prevention
Interventions - Prevention

- Identify and intervene early
- risk factors
  - mental illness (anxiety, depression, PTSD)
  - acute and chronic pain
  - Family history of SUD
  - socio-economic context
  - life stressors

- Screening
  - Audit C – identifies alcohol use disorders
  - DAST-10 -- screen for drug use (not including alcohol and tobacco)
Interventions - Prevention

- Education
- Treat psychiatric conditions (in primary care setting or referral)
- Judicious prescription of pain meds
- Brief office based intervention
  1. Providing simple, concise feedback on patients’ risk
  2. Advice in a clear, concise, nonjudgmental, and supportive manner. Empathy is particularly important due to shame and guilt in many persons. Talk about these disorders in a matter-of-fact way— as treatable conditions—to put the patient at ease and encourage cooperation.
  3. Establishing a mutually consented plan of action
Interventions

- Approach to individual
  - Non confrontational or judgmental
  - **Motivational interviewing techniques**
  - Be aware of stigma (providers, patients, community)
  - Address risky use—misuse or abuse means continued use in the face of adverse consequences
  - Shared decision making for next steps
  - Commit to following up
Interventions

Treatment considerations

- Brief office based intervention for mild- moderate symptoms
- Develop relationships with SUD providers for referrals and coordination of care (HF can assist)
- Detox- outpatient or inpatient- **detoxification is only the start of treatment for SUD**, needs to be followed and supported by a rehabilitation program
- Relapse prevention
- Educate that SUDs are chronic conditions with recovery as the goal (recovery has many levels based on each person)
- High rate of relapse/recurrence- adjust approach accordingly
Interventions

Treatment considerations

- Medication assisted therapy (key to evidence based approach to SUD care) in conjunction with behavioral modality
  - Buprenorphine – can be done in office practice (detox and maintenance)
  - Methadone – clinic treatment
  - Naltrexone
  - acamprosate
  - Vivitrol – long acting injectable naltrexone
  - Naloxone – in opioid overdose available in NYC from pharmacies without prescription

- Consider the full spectrum of SUD treatment modalities
“A process of change through which individuals improve their health and wellness, live self directed lives, and strive to reach their full potential”

~ 2012 SAMHSA
(Substance Abuse and Mental Health Services Administration)
Spectrum of SUD Treatment Modalities

- Medically managed detox
- Medically supervised detox
- Inpatient rehab
- Residential (stabilization, rehab, reintegration)
- Intensive outpatient
- Day rehab
- Outpatient (individual, group)
Components of Comprehensive Drug Addiction Treatment
Interventions

- motivation
- build skills to resist drug use
- replace drug-using activities with constructive and rewarding nondrug-using activities
- improve problem-solving abilities
- Behavioral therapy facilitates interpersonal relationships and ability to function in the family and community.
- Peer supports an important component (individual peer, 12 step fellowship)
- Person centered
- Relapse prevention
  - Stress, cues linked to the drug experience (such as people, places, things, and moods), and exposure to drugs are the most common triggers for relapse.
Thank You
Appendix
The Drug Abuse Screening Test (DAST-10) is a 10-item brief screening tool that can be administered by a clinician or self-administered. Each question requires a yes or no response, and the tool can be completed in less than 8 minutes. This tool assesses drug use, not including alcohol or tobacco use, in the past 12 months.
# DAST-10 Questionnaire

**These questions refer to the past 12 months.**

<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you used drugs other than those required for medical reasons?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>2. Do you abuse more than one drug at a time?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>3. Are you always able to stop using drugs when you want to? (If never use drugs, answer “Yes.”)</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>4. Have you had &quot;blackouts&quot; or &quot;flashbacks&quot; as a result of drug use?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>5. Do you ever feel bad or guilty about your drug use? If never use drugs, choose “No.”</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>6. Does your spouse (or parents) ever complain about your involvement with drugs?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>7. Have you neglected your family because of your use of drugs?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>8. Have you engaged in illegal activities in order to obtain drugs?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>
## Interpreting the DAST-10

<table>
<thead>
<tr>
<th>DAST-10 Score</th>
<th>Degree of Problems Related to Drug Abuse</th>
<th>Suggested Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No problems reported</td>
<td>None at this time</td>
</tr>
<tr>
<td>1–2</td>
<td>Low level</td>
<td>Monitor, re-assess at a later date</td>
</tr>
<tr>
<td>3–5</td>
<td>Moderate level</td>
<td>Further investigation</td>
</tr>
<tr>
<td>6–8</td>
<td>Substantial level</td>
<td>Intensive assessment</td>
</tr>
<tr>
<td>9–10</td>
<td>Severe level</td>
<td>Intensive assessment</td>
</tr>
</tbody>
</table>

AUDIT-C - Overview

The AUDIT-C is a 3-item alcohol screen that can help identify persons who are hazardous drinkers or have active alcohol use disorders (including alcohol abuse or dependence). The AUDIT-C is a modified version of the 10 question AUDIT instrument.

Clinical Utility
The AUDIT-C is a brief alcohol screen that reliably identifies patients who are hazardous drinkers or have active alcohol use disorders.

Scoring
The AUDIT-C is scored on a scale of 0-12.
Each AUDIT-C question has 5 answer choices. Points allotted are:
a = 0 points, b = 1 point, c = 2 points, d = 3 points, e = 4 points
- In men, a score of 4 or more is considered positive, optimal for identifying hazardous drinking or active alcohol use disorders.
- In women, a score of 3 or more is considered positive (same as above).
However, when the points are all from Question #1 alone (#2 & #3 are zero), it can be assumed that the patient is drinking below recommended limits and it is suggested that the provider review the patient's alcohol intake over the past few months to confirm accuracy.\(^3\)
- Generally, the higher the score, the more likely it is that the patient's drinking is affecting his or her safety.

Psychometric Properties
For identifying patients with heavy/hazardous drinking and/or Active-DSM alcohol abuse or dependence

<table>
<thead>
<tr>
<th></th>
<th>Sens</th>
<th>Spec</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥3</td>
<td>0.95 / Spec. 0.60</td>
<td></td>
</tr>
<tr>
<td>≥4</td>
<td>0.86 / Spec. 0.72</td>
<td></td>
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</tbody>
</table>

Men\(^1\)

<table>
<thead>
<tr>
<th></th>
<th>Sens</th>
<th>Spec</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥3</td>
<td>0.66 / Spec. 0.94</td>
<td></td>
</tr>
<tr>
<td>≥4</td>
<td>0.48 / Spec. 0.99</td>
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</table>

Women\(^2\)

For identifying patients with active alcohol abuse or dependence

<table>
<thead>
<tr>
<th></th>
<th>Sens</th>
<th>Spec</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ 3</td>
<td>0.90 / Spec. 0.45</td>
<td></td>
</tr>
<tr>
<td>≥ 4</td>
<td>0.79 / Spec. 0.56</td>
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3. Frequently Asked Questions guide to using the AUDIT-C can be found via the website: www.opp.med.va.gov/faq/faq6%20AUDIT-C
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
## Motivational Interviewing Principles for Physicians (a few examples)

<table>
<thead>
<tr>
<th>PRINCIPLE/TECHNIQUE</th>
<th>RATIONALE</th>
<th>LESS EFFECTIVE APPROACH</th>
<th>MORE EFFECTIVE APPROACH</th>
</tr>
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<tbody>
<tr>
<td>Resist the righting reflex</td>
<td>Physicians want patients to change or correct unhealthy behaviors. Telling them to do so is a natural reflex, but it can generate resistance in patients. Instead, help them generate their own argument for healthy changes.</td>
<td>Physician: “You need to stop using cocaine. It's damaging your heart.” Patient: “I don't think it's the cocaine. My friends use cocaine too, and they don't have heart problems.”</td>
<td>Physician: “How does it feel when you hear that cocaine may be causing your chest pain?” Patient: “I don't know what to think about it, but it's got me thinking.”</td>
</tr>
<tr>
<td>Understand the patient's motivations</td>
<td>Patients are more likely to change for reasons that they value highly. By eliciting these reasons, physicians can be more effective.</td>
<td>Physician: “Now that you are pregnant, you need to stop abusing pain pills for your developing baby.” Patient: “I'll do the best I can.”</td>
<td>Physician: “Is there anything about your use of pain pills that you are concerned about?” Patient: “Yes, my husband told me he would leave me if I started taking pain pills again.”</td>
</tr>
</tbody>
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</thead>
<tbody>
<tr>
<td>Empower the patient</td>
<td>Physicians can help patients take an active role in their health care and support self-efficacy.</td>
<td>Patient: “I almost didn't come in to see you. I just can't stop using cocaine.”</td>
<td>Patient: “I almost didn't come in to see you. I just can't stop using cocaine.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Physician: “Did you go to the NA meetings and see a therapist like we discussed?”</td>
<td>Physician: “Quitting cocaine is difficult for most people, and I've been impressed by how hard you have worked to cut back.”</td>
</tr>
<tr>
<td>Decision analysis (“pros and cons”)</td>
<td>Physicians can help patients make changes by articulating the advantages and disadvantages of the changes.</td>
<td>Physician: “Don't you see that your cocaine use is hurting your whole family?”</td>
<td>Physician: “What do you like about using cocaine?”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Patient: “What do you know about my family?”</td>
<td>Patient: “It lets me forget all the things that are bothering me, and it gives me energy to get things done.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Physician: “And what do you not like about cocaine use? What makes you think about stopping?”</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Patient: “I don't want my kids to see me high, and it's definitely starting to get in the way of work. I'll have to stop someday or it will be hard to keep this job.”</td>
</tr>
</tbody>
</table>
References


- C Boyd, et al. Clarifying Multimorbidity Patterns to Improve Targeting and Delivery of Clinical Services for Medicaid Populations. Center for Health Care Strategies, December 2010

- http://turnthetiderx.org/treatment/
- www.samhsa.gov/treatment/substance-use-disorders#opioid
- www.oasas.ny.gov/testportal/AMcourses.cfm

- Preventing Drug Use among Children and Adolescents (In Brief) National Institute on Drug Abuse; National Institutes of Health; U.S. Department of Health and Human Services.

Contact Information

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