

Integration of Substance Use in Medical Care

Other Services:

Treatment of Offenders
with Substance-Use
Disorders

Financing & Purchasing
Coordinated,
Efficient Care

Performance Contracting:
Design, Implementation
& Evaluation

State Readiness for
Implementation of
Medication-Assisted
Treatment (MAT)

Alcohol and other drug abuse have been shown to compromise even guideline-based care for a variety of chronic health conditions, including non-cancer pain, diabetes, hypertension, various forms of cancer, sleep disorders, and others. Despite this, substance use by individuals receiving medical treatment is generally undetected by physicians and other clinicians, whether the medical treatment is rendered in community health clinics, office-based practices, or federally qualified health centers.

Data from the Healthcare Effectiveness Data and Information System (HEDIS), created by the National Committee for Quality Assurance, has shown consistently that identification of individuals with substance use disorders in health plans is meager at best. Indeed, the 2006 Institute of Medicine report, *Improving the Quality of Health Care for Mental and Substance-Use Disorders*, identified clearly how the failure of primary care clinicians to address the effects of alcohol and drug use/abuse on other medical illnesses constitutes an important barrier to quality health care.

In the past ten years, a number of initiatives in the private and public sectors have attempted to address this problem by increasing identification of substance use in primary care settings, improving knowledge and clinical practices related to substance use, and increasing referrals (as appropriate) to longer-term specialty treatment. For example, Screening, Brief Intervention, and Referral to Treatment (SBIRT), a very successful intervention, was initially funded by the Federal Center for Substance Abuse Treatment (CSAT) to improve identification and early intervention for individuals with substance use/abuse identified by clinicians in healthcare settings, whether it be primary care, emergency rooms, trauma centers, or units of general hospitals.

Another initiative funded by the Robert Wood Johnson Foundation, the Program of Research to Integrate Substance Use Issues into Mainstream Healthcare (PRISM), sponsored literature reviews and other analyses of how alcohol and drug use and abuse can affect the course, management, costs and outcomes

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of common chronic illnesses. The goal of PRISM has been to interest primary care physicians in better ways to manage common, costly chronic illnesses, by screening for and managing patient substance use problems.

Against this backdrop, the concept of “medical homes” has also been developed and promoted by primary care medical societies. The medical home model is not only considered a viable model of care, it may offer an especially suitable environment to address patients’ alcohol and drug use. Implementation of medical homes depends upon having a healthcare provider who is accountable for overall health and wellness. Providers not only deliver the usual diagnostic and treatment services, but coordinate care and link individuals to other providers and community services as part of overall care. Thus, the medical home model is designed to relieve physicians of trying to treat problems such as alcohol or drug use and abuse by structuring and facilitating referrals and coordination of care.

Of central importance is that individuals with identified substance use disorders get access to appropriate treatment either through direct services in the healthcare setting or through referral to treatment in a specialty addiction treatment setting. Achieving this result requires clinical education; structures that support coordinated, collaborative care, and payment for all types of providers and settings.

What TRI Offers:

To foster the growth of integrated services, TRI offers assistance on a number of levels - from consultation to States, medical societies, and insurers; to policy development support for State substance abuse and Medicaid agencies and national insurers. Improved financing and purchasing strategies are critical in the public and private sectors to support integrated services – failure to create the right financing infrastructure can thwart even the best-designed integrative strategy.

A. Policy Academy on Financing the Integration of Primary and Specialty Treatment of Substance Use Disorders

TRI (with funding from CSAT) is establishing a state-based Policy Academy focused on financing and purchasing strategies for management of substance use disorders in medical settings (usually brief interventions) and mechanisms to coordinate this care with specialty treatment settings. As part of this Academy, TRI will offer assistance to states to design, implement, and evaluate strategic initiatives that lead to implementation of innovative and integrated funding, and reimbursement of services.

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B. Office-based Medication-Assisted Treatment

TRI helps states plan for, implement, and evaluate the results of medication-assisted treatment (MAT) for substance use disorders. In the physician's office, in criminal justice settings, and in specialty treatment settings, medications are increasing but still underused as part of comprehensive treatment services. TRI helps states and other purchasers:

- identify financing and evidence-based purchasing barriers;
- specify policy changes to support MAT implementation, and
- rigorously evaluate results from new policies, including the impact of MAT on medical, mental health, and criminal justice costs.

C. Program of Research to Integrate Substance Use Issues into Mainstream Health Care (PRISM)

Under the aegis of the Program of Research to Integrate Substance Use Issues into Mainstream Health Care (PRISM), TRI maintains a repository of systematic reviews examining evidence that use of alcohol has both positive and negative effects on the course of and treatment for such chronic clinical conditions as asthma, diabetes, lung disease, breast cancer, hypertension, and sleep disorders. All reviews are available upon request to TRI.

As a continuation activity related to PRISM, TRI offers consultation to healthcare organizations, insurers, and foundations on developing and using guidelines to help primary care clinicians identify and assess substance use in the medical patients under their care. TRI also consults with organizations interested in creating and evaluating new practice designs that may include "health coaches" in primary care settings who are able to work with patients on the behavioral aspects of treatment of chronic medical conditions, including substance abuse and addiction; and medical management of patients in opioid treatment. TRI is also working to more fully test performance measures for screening and brief interventions in primary care settings to improve the quality of care in the private and public sectors.

The Treatment Research Institute (TRI) is an independent, non-profit research and development organization specializing in science-driven reform of policy and practice in addiction and substance use. TRI was founded in 1992 by A. Thomas McLellan, Ph.D. and colleagues from the University of Pennsylvania's Center for the Studies of Addiction. To learn more, visit the TRI website at www.tresearch.org or contact Bonnie Catone, Director of Communications, at bcatone@tresearch.org.