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

Connie Weisner
Division of Research, Kaiser Permanente
University of California, San Francisco

The 23rd Princeton Conference

Where is the US Health Care System Going: Can We Improve Value?

Council on Health Care Economics and Policy

Princeton University

May 24-26, 2016

The Case for Integration

- Building the case - Outcome and cost
- Implementation

KAISER PERMANENTE®

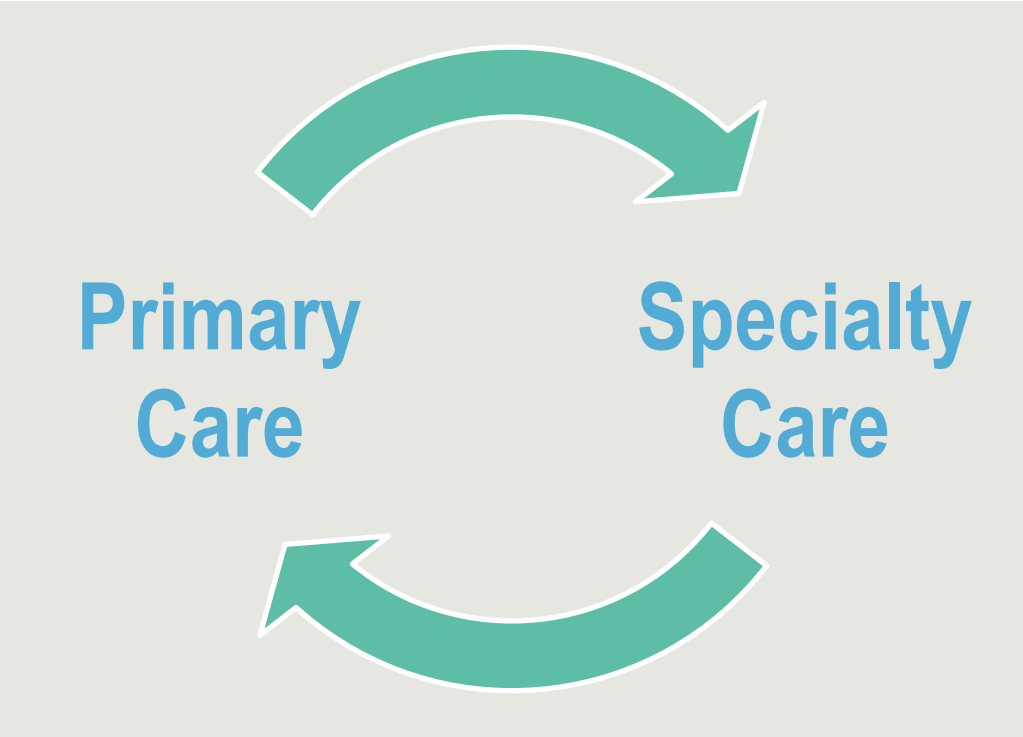
Past	Current
Mainly Ignored in primary care	Screened & monitored in primary care
Focus on dependence	Full spectrum of problems
Paper charts: little contact between specialty AOD & health care	EHR (“meaningful use”) clinical coordination, patient portals, health IT Tx options, meaningful use penalties
Episodic specialty treatment	Ongoing care management
Little focus on health issues	Relationship with medical problems
“Prescribed” Tx programs	Multiple Treatment options
Medications seldom available	Medications available
Little accountability	Performance measurement, outcomes
12-step	12-step + social network innovations

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



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*. 2011;62(10):1194–1200.

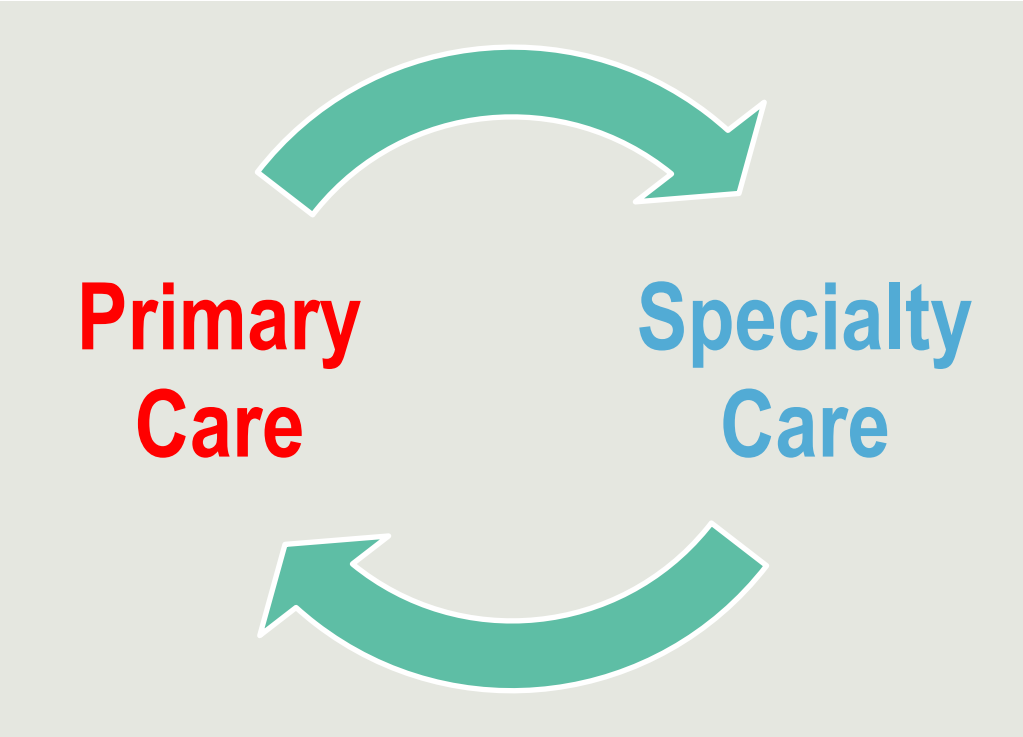
Parthasarathy S, Chi FW, Mertens JR, Weisner C. (2012) The role of continuing care on 9-year cost trajectories of patients with intakes into an outpatient alcohol and drug treatment program. *Med Care*. 2012;50(6):540–546.

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



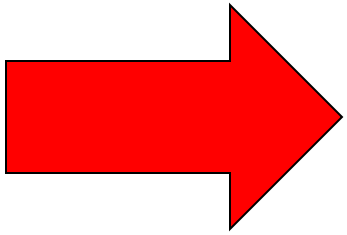
Chi FW, Parthasarathy S, Mertens JR, Weisner C. (2011) Continuing care and long-term substance use outcomes in managed care: initial evidence for a primary care based model. *Psychiatr Serv*. 2011;62(10):1194–1200.

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. *Med Care*. 2012;50(6):540–546.

Building the Case for Screening and Intervention

OUTCOME

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

ADVISe
Alcohol Drinking as a Vital Sign

Cluster Randomized Trial*

Screening, Brief Intervention, and Referral to Treatment (Conducted as part of process of care)

54 Adult Primary Care Clinics

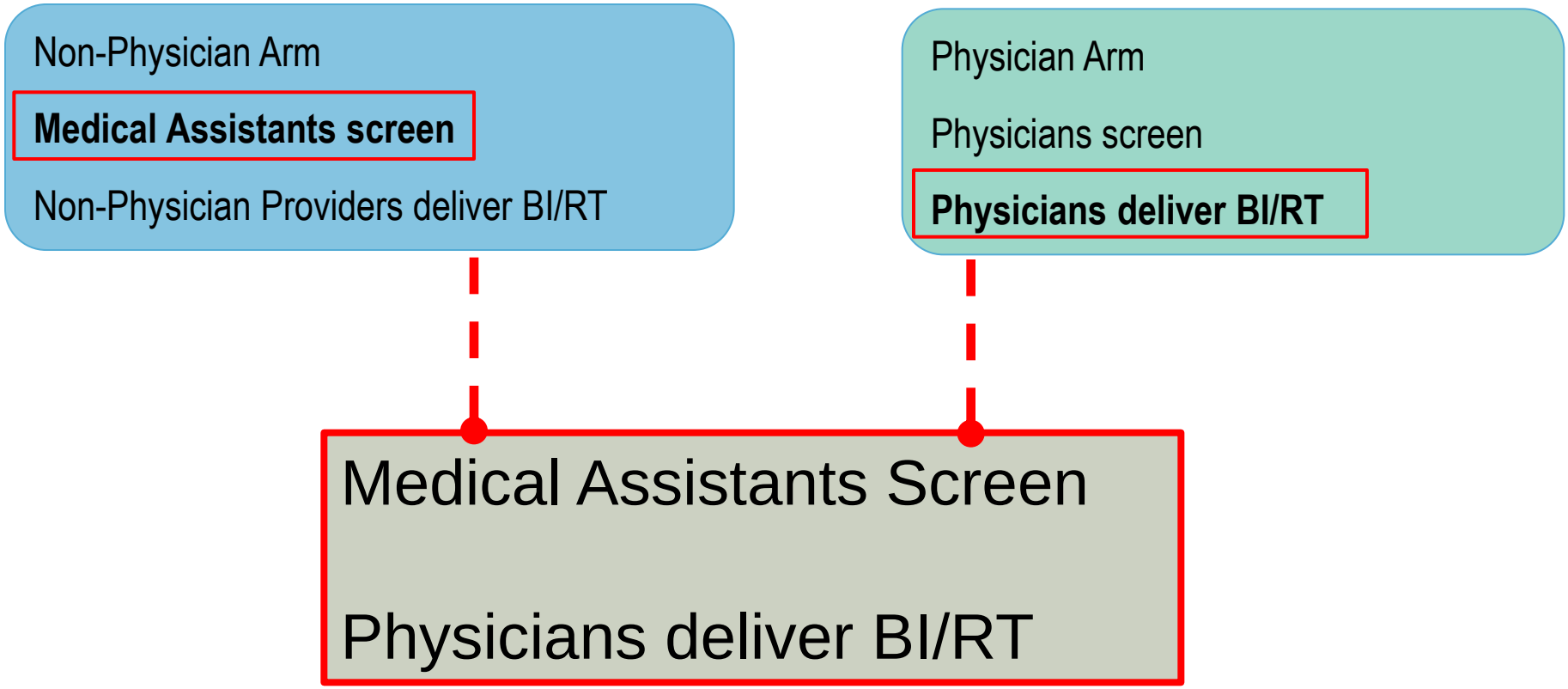
1/3 of clinics randomized to PC Physician Arm (PCP)	1/3 of clinics randomized to Non-Physician Arm (NPP)	1/3 of clinics randomized to Control Arm
Physicians trained to conduct SBIRT	Medical Assistants trained to Screen Nurses, Clinical Health Educators, or Behavioral Medicine Specialists, trained to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

KAISER PERMANENTE

Hybrid model adopted for region-wide implementation



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**

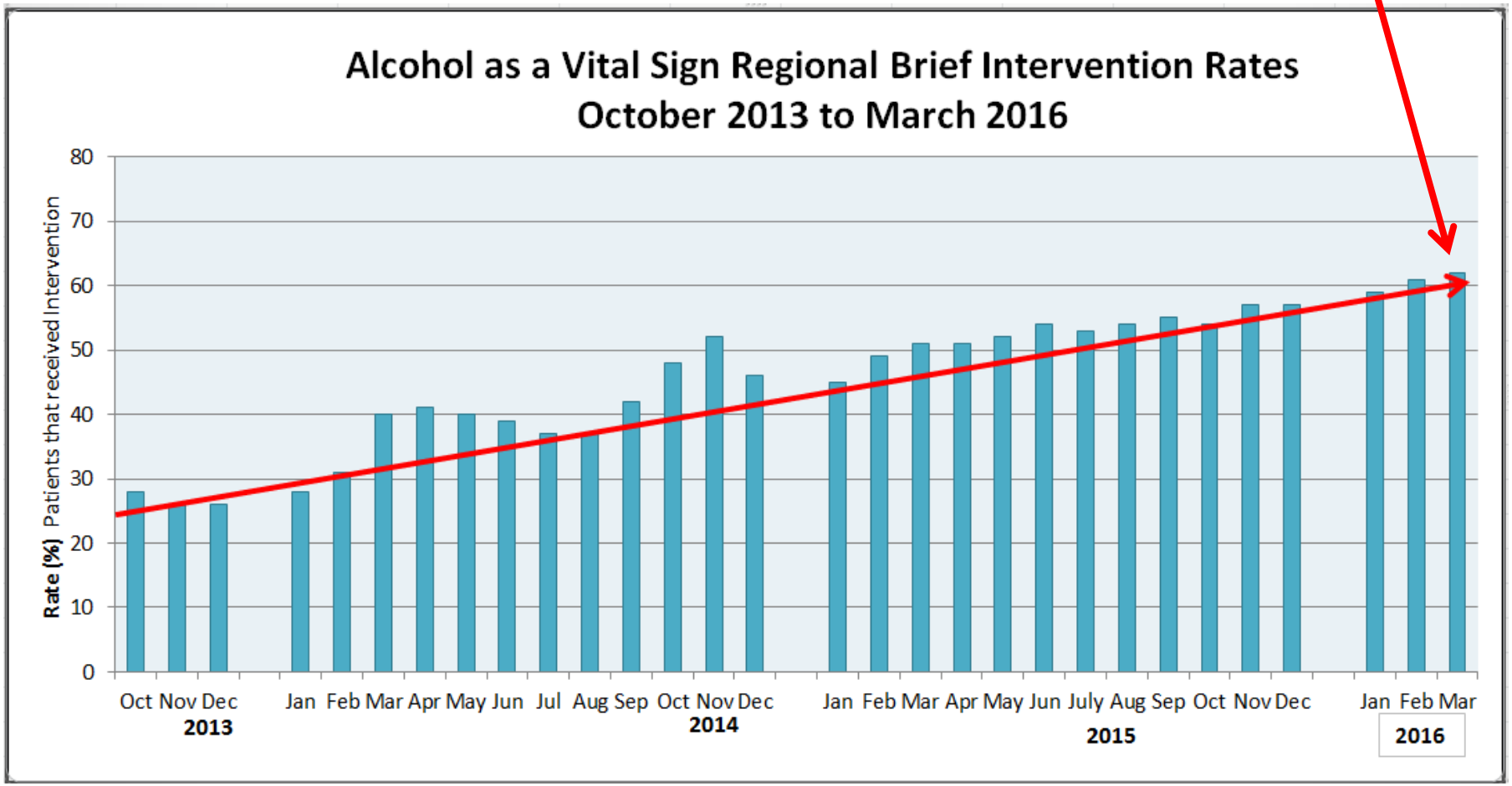
KAISER PERMANENTE®

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%



KAISER PERMANENTE®

Facilitating Busy Clinicians

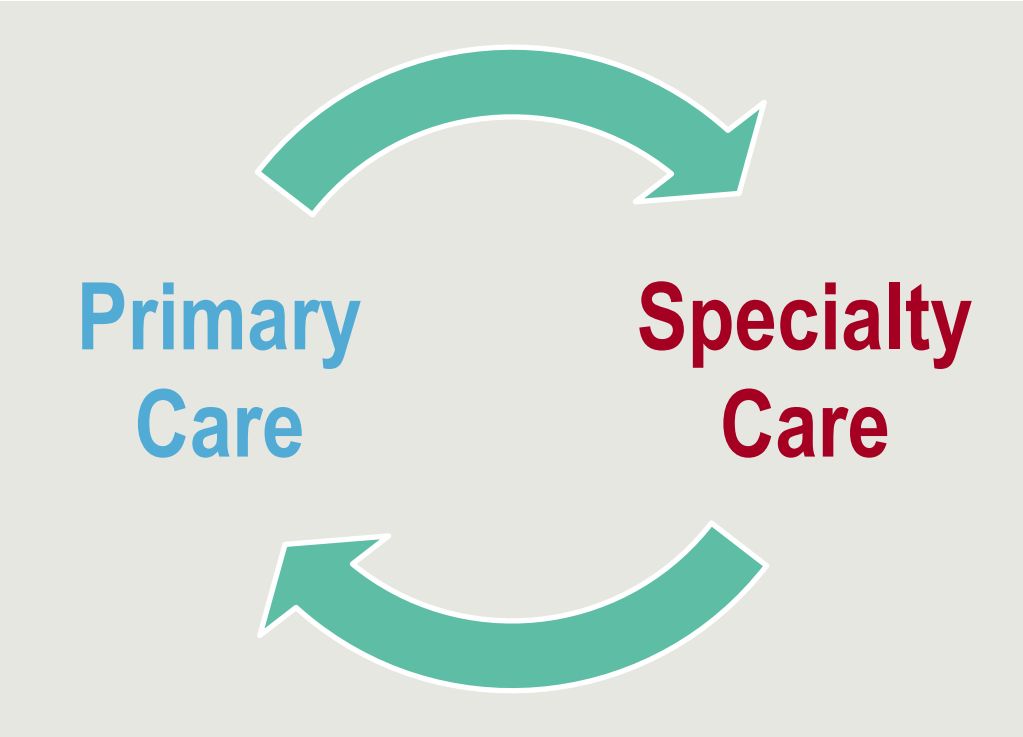
- Easy to use clinical guidelines
- Video visits and consults
- Multiple treatment options
- Rapid feedback

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



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*. 2011;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. *Med Care*. 2012;50(6):540–546.

Building the case for ongoing collaborative care:

OUTCOMES

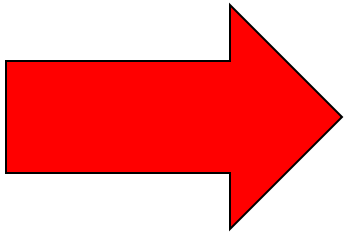
Three components:

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)

KAISER PERMANENTE®

STRATEGIES

KAISER PERMANENTE®

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

KAISER PERMANENTE®

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

KAISER PERMANENTE®

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 Menal Research at Division of Research

Principal Investigators
Cynthia Campbell, PhD
Stacy Sterling, DrPH, MSW
Kelly Young-Wolff, PhD, MPH
Derek Satre, PhD
Lyndsay Avalos. PhD
Connie Weisner, DrPH, LCSW

Health Economist
Sujaya Parthasarathy, PhD

Senior Research Administrator
Alison Truman, MHA

Analysts/Biostaticians
Felicia Chi, MPH
Andrea H Kline Simon, MS
Wendy Lu, MPH
Tom Ray, MBA
Jessica Allison, PhD
Daniella Klebaner, MPH

Research Clinicians
Thekla B Ross, PsyD
Ashley Jones, PsyD
Amy Leibowitz, PsyD
Cate Marino, PsyD
Benjamin Murphy, MFT

Clinical Partners
Monika Koch, MD
Anna Wong, PhD
Charles Wibbelsman, MD
David Pating, MD
Barry Levine, MD
Charles Moore, MD, MBA
Don Mordecai, MD
Murtuza Ghadiali, MD
Mason Turner, MD
Andrea Rubenstein, MD
Dan Lewis, MD
David Vinson, MD

Interview Supervisor
Gina Smith Anderson

Project Coordinators
Monique Does, BA
Sabrina Wood, BA
Luisa Hamilton, BA
Georgina Berrios

Research Associates
Nancy Charvat-Aguilar
Jillrose Julag-Ay
Rahel Negusse
Elinette Nicolas
Chris Miller-Rosales
Virginia Browning
Melanie Jackson
Diane Lott-Garcia
Irene Kane

KPNC Members
KPNC Primary Care
KPNC Chemical Dependency Quality Improvement Committee
KPNC Adolescent Medicine Specialists Committee
KPNC OB/GYN and Early Start Program
KPNC Pediatrics Department
KPNC Regional Mental Health and Chemical Dependency

KAISER PERMANENTE®

Thank you!

Constance.Weisner@KP.org

KAISER PERMANENTE®

Patient Voices

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*.

Patient Voices

"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."

Patient Voices

"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."

KAISER PERMANENTE®

Patient Voices

"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."

KAISER PERMANENTE®