

**VA physicians usually do not detect and treat substance use disorders within the primary care setting**

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## **Introduction**

About one half-million veterans who have substance use disorders (SUDs) utilize the VA health care system each year.<sup>1</sup> VA has made efforts to care for such patients primarily through creating a large, national network of specialty substance abuse treatment programs. Since 1996, the number of specialty substance abuse programs and staff has declined substantially in the VA, raising concern as to whether substance dependent veterans are receiving adequate health care.<sup>2</sup> One hope shared by many in the VA is that primary care physicians will assume a greater role in treating addicted veterans, allowing the VA to maintain capacity to treat SUDs despite the decrease in specialty programs. Accordingly, in September of 2003, the Mental Health Strategic Healthcare Group in VA Central Office charged the Program Evaluation and Resource Center with conducting a national survey of VA care providers to determine whether substance abuse treatment is now being regularly provided within the primary care setting.

## **Survey procedure**

A national sample of 102 Primary Care Practitioners (PCPs) was surveyed by telephone between October 17<sup>th</sup> and December 16, 2003. Respondents were selected through a stratified sampling procedure that ensured participation by primary care practitioners from all 21 VISNs, and, from three types of VA facility: community based outpatient clinics (26% of respondents), VA medical centers located in large urban areas (43% of respondents), and VA medical centers located in rural areas (31%). Only providers who were currently following a panel of VA primary care patients completed the survey. Almost all (95%) respondents were physicians; the remainder were three Nurse Practitioners, one Physician's Assistant and one Registered Nurse recruited at CBOCs that did not currently have a physician on staff.

## **Survey Findings**

### **Primary care physicians often do not detect substance use disorders**

Respondents reported treating an average of 215 (SD=135) patients in primary care in the past month, of which they estimated approximately 9% had a current substance use disorder. For a predominantly male population, this is a significant underestimate. National surveys of the veteran population show that 22% report binge drinking in the past month, and 6% report using illegal drugs.<sup>3,4</sup> A

General Accounting Office survey identified an even higher substance abuse problem rate of 29% among those veterans who access VA health care.<sup>5</sup> The 9% prevalence estimate therefore suggests that VA primary care physicians often do not detect substance abuse when it is present in their patients.

### **VA primary care physicians typically handle SUDs by referring the patient elsewhere for care**

Over eighty percent of primary care providers indicated that their clinic has no existing protocol to treat patients who have a Substance Use Disorder (SUD). The majority of primary care providers (59%) indicated their typical approach to managing patients with current alcohol and/or illegal drug abuse problems involves referring them to an outside mental health or clinic program. Seventy-five percent of respondents reported making at least one such referral during the past month. Far fewer respondents (27%) indicated that they usually refer SUD patients to another provider *within* the primary care clinic. Fewer still (15 practitioners or 12% of the sample) indicated that their typical approach is to provide specific substance abuse treatment services (i.e., not just screening and referral) to SUD patients themselves. The typical primary care physicians in this category reported provided such treatment services to 3 patients in the past month, which was less than 2% of their patient caseload.

### **Few primary care physicians provide specific treatment services for patients with SUD**

Almost all (90%) of respondents reported having told at least one patient in the past month how substance abuse affects physical health, but more intensive interventions for managing patients with SUD were rarely provided. For example, 62% of respondents stated they had not monitored substance use in an ongoing fashion (e.g. urinalysis for drug abuse) for even a single patient in the past month. Similarly, primary care physicians were asked whether they had provided ongoing counseling over multiple visits to patients with active alcohol or drug abuse problems by spending time each encounter encouraging them to quit or exploring the barriers to quitting. Thirty-four percent of respondents indicated that they had not provided any such counseling to any patient during the previous month. Among the 66% of respondents who did report providing such ongoing counseling in the past month, the modal number of patients counseled was 2, which was less than 1% of their patient caseload. Those primary care physicians who provided ongoing counseling reported being able to devote only small amounts of time to this activity: 42% spent less than 5 minutes on substance abuse counseling when they did provide it, and only 15% spent 10 minutes on counseling.

The survey also inquired about four medications that can be prescribed for treating patients with substance dependence. Forty percent of respondents indicated that they had never in their entire primary care career prescribed medications to treat withdrawal symptoms or to promote ongoing abstinence. Of providers who wrote a prescription to treat SUD in the past month, 5 prescribed disulfiram, 8 prescribed methadone (for opiate withdrawal), 1 prescribed buprenorphine, and 3 prescribed naltrexone. For all of these medications, the modal number of prescriptions written was 1, or less one half of one percent of patient caseload. These low reported rates of prescribing SUD-focused medication in primary care were validated through analysis of the VA's national pharmacy benefits database. Of the more than 140,000 VA patients diagnosed with SUD in FY03 who did not receive specialty substance abuse or psychiatric care, less than one quarter of one percent received a prescription for any of these medications to treat their SUD in primary care. This indicates that even the low rates of prescribing reported by respondents may have been optimistic relative to the situation in VA as a whole.

#### **Parallels to other VA and non-VA evaluations**

The general finding of this survey that primary care physicians usually do not detect or treat substance use disorders within the primary care setting replicates similar results obtained in VA and non-VA studies. Nationally, less than 20% of patients with a diagnosed alcohol disorder report receiving advice to change their drinking from primary care physicians.<sup>6</sup> Studies conducted outside the VA show that primary care physicians rarely discuss substance use with patients, and when they do so, the discussions tend to be too brief to have any lasting impact.<sup>7,8</sup> Bradley and colleagues survey of 8070 problem drinking veterans found that VA primary care providers did not routinely offer evidence-based care.<sup>9</sup> Indeed, even using the very modest standard of whether physicians had even given any advice to change drinking behavior, 70% of problem drinking veterans still received no substance use related intervention.<sup>10</sup> This is clearly not any particular failing on the part of the VA: Veterans who receive most of their care in the VA are *more* likely to be counseled about heavy drinking than are veterans who receive most of their care in non-VA settings.<sup>11</sup>

The results of the present survey and of similar studies conducted outside the VA are not particularly surprising given the time demands on primary care physicians, and the discomfort many patients and providers have with discussing substance use. It may simply be unrealistic to expect busy

VA primary physicians to provide extensive substance abuse treatment services comparable to what is provided in a specialty treatment program.

### **Conclusion**

This survey replicated other studies showing that primary care physicians often do not detect substance use disorder. When they do detect it, they typically refer patients to specialty programs for treatment rather than attempting to provide treatment themselves. The few physicians who attempt to provide ongoing counseling about substance use disorder in the primary care setting do so for few patients and for minimal periods of time. In addition, almost no veterans diagnosed with SUD receive medications for their addiction in primary care. Along with other results from VA and non-VA evaluations, these results show that very little substance abuse treatment is occurring in primary care practices, which is understandable given the enormous demands on practitioner's time and the wide range of conditions they are asked to manage.

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