



Quality Enhancement Research Initiative

# Substance Use Disorders Houston, TX

QUERI Fact Sheet

December 2008

## QUERI currently focuses on nine conditions that are prevalent and high-risk among veterans: Chronic Heart Failure, Diabetes, HIV/Hepatitis, Ischemic Heart Disease, Mental Health, Polytrauma and Blast-Related Injuries, Spinal Cord Injury, Stroke, and Substance Use Disorders.

Substance use disorders (SUDs) are the “nation’s number one health problem,” according to a recent Robert Wood Johnson Foundation report. In addition to their deleterious effects on physical health, as well as psychological, social, and occupational functioning, substance use disorders in the United States are estimated to cost \$414 billion annually. In the Veterans Health Administration (VHA), over 375,000 veterans seen in FY07 had SUD diagnoses other than nicotine dependence. Moreover, an estimated 1.4 million veterans smoke tobacco, and in FY07, nearly 500,000 VHA patients had nicotine dependence.

### Substance Use Disorders Quality Enhancement Research Initiative

The Substance Use Disorders Quality Enhancement Research Initiative (SUD-QUERI) seeks to improve the detection and treatment of VHA patients’ misuse of psychoactive substances by implementing evidence-based practices in four areas: 1) alcohol misuse in primary care, 2) retention of patients in continuing outpatient SUD care, 3) tobacco use/ smoking cessation, and 4) co-occurring infectious diseases and psychiatric disorders among patients with substance use disorders.

### SUD-QUERI Projects and Findings

Following are some examples of current SUD-QUERI projects that focus on health issues of critical importance to veterans with substance use disorders.

#### Alcohol misuse in primary care

Many patients with alcohol misuse engage in risky drinking or have mild problems due to drinking. Such patients may benefit from brief alcohol counseling that can be delivered by non-specialists (i.e., primary care providers), whereas patients with alcohol dependence should be offered specialty SUD care or other care management. The SUD-QUERI Alcohol Misuse Work Group’s accomplishments include the following:

- Worked with the Office of Quality and Performance (OQP) to implement screening for the entire spectrum of alcohol misuse (2004) and to improve the quality of alcohol screening by standardizing screening with a single instrument (AUDIT-C, 2007);
- Collaborated with OQP and the Office of Patient Care Services to develop a transformational performance measure for brief alcohol counseling that will be implemented in FY09;
- Developed and pilot tested a CPRS clinical reminder for brief alcohol

counseling. The clinical reminder was updated to be consistent with the FY09 performance measure for follow-up of patients screening positive for alcohol misuse and disseminated nationally to all medical centers in January 2008;

- Collaborated with Pharmacy Benefits Management to add a black box warning to VA pharmacy software advising patients not to drink alcohol while using the anticoagulant medication warfarin;

Current work is focused on addressing the needs of patients who do not respond to brief alcohol counseling, evaluating methods to identify patients at risk for surgical complications associated with severe alcohol misuse, and adapting an anonymous web-based program that provides feedback and advice on drinking for returning veterans.

#### Retention in continuing SUD care

To enhance patient retention in continuing outpatient SUD care, SUD-QUERI is identifying and implementing effective continuity of care practices, and facilitating the

### The SUD-QUERI Executive Committee

Each QUERI Executive Committee is co-chaired by a research expert and a clinician. The research coordinator for SUD-QUERI is **Thomas Kosten, MD** and the clinical coordinator is **Daniel Kivlahan, PhD**. The Executive Committee includes other experts in the field of substance use disorders: John Allen, PhD; Paul Barnett, PhD; Thomas Berger, PhD; **Katharine Bradley, MD**; (Clinical Co-Coordinator); Mr. Anthony Catapano; Geoff Curran, PhD; **John Finney, PhD** (Research Coordinator Emeritus); **Hildi Hagedorn, PhD** (Implementation Research Coordinator); Kim Hamlett-Berry, PhD; Kathy Henderson, MD; Keith Humphreys, PhD; Joseph Liberto, MD; Rudolf Moos, PhD; Jon Morgenstern, PhD; Lisa Najavits, PhD; Mark Shelhorse, MD; Scott Sherman, MD; and Mark Willenbring, MD.

use of opioid-agonist therapies for opioid-dependent patients. The SUD-QUERI Continuing Care Work Group:

- Reported results of key informant interviews on successful continuity of care with performance improving from 36.6% in FY06 to 47.1% in FY08; and
- Analyzed the complex association of treatment retention with post-treatment outcomes leading to recommendations for monitoring early treatment response as a new supporting indicator of quality care.

Methadone and buprenorphine are effective in retaining opioid-dependent patients in treatment and improving patient outcomes. These treatments are among the uniform mental health services that must be available to all veterans who need them, but access remains variable across facilities. Since buprenorphine was added to the VHA National Formulary in 2006, the SUD-QUERI Buprenorphine Task Group has:

- Used Pharmacy Benefits Management data to monitor increases in the implementation of buprenorphine treatment;
- Surveyed key informants on buprenorphine implementation to identify barriers (e.g., lack of perceived patient need) and facilitators (e.g., provider interest);
- Conducted a “business case” analysis that found overall treatment costs were no higher for buprenorphine than methadone, and implementation of buprenorphine treatment was not associated with an influx of new opioid dependent patients;
- Provides consultation and an implementation toolkit through a Buprenorphine Helpline.

#### Tobacco use/smoking cessation

Overwhelming evidence supports the cost-effectiveness of smoking cessation treatment. The recently updated VA/DoD Guideline for Management of Tobacco Use recommends that all tobacco users receive counseling and smoking cessation medications in the most intensive setting they are willing to attend. The Tobacco Use/Smoking Cessation (TU/SC) Work Group:

- Promotes increasing the use of cost-effective telephone counseling for TU/SC in VA via several ongoing projects;
- Evaluated new evidence-based OQP performance measures that emphasize offering all tobacco users effective treatments to help them quit; and
- Assesses the impact of national smoking cessation policy efforts.

#### Veterans with SUD and co-occurring conditions

Quality improvement targets for SUD-QUERI and collaborating VA partners include veterans with two infectious diseases (viral hepatitis, especially hepatitis C, and HIV/AIDS) and two psychiatric disorders (depression and post-traumatic stress disorder or PTSD), which commonly co-occur among veterans with SUD. In collaboration with the Minneapolis VHA Hepatitis C Resource Center, SUD-QUERI involved 25 facilities in a preceptorship program to provide hepatitis screening, education, prevention, and referral services in SUD clinics.

The HIV and SUD-QUERIs are collaborating on a key informant survey regarding the perceived value of and potential barriers to implementation of routine rapid HIV testing in SUD clinics.

The SUD and Mental Health QUERIs are collaborating to improve integration of care for patients with both SUD and psychiatric disorders, particularly depression. And in collaboration with VISN 21 and VISN 4, the Mental Illness Research Education and Clinical Centers, as well as the National Center for PTSD, a SUD-QUERI Work Group is seeking to:

- Identify training and program needs related to integrated care for SUD and PTSD via a national key informant survey of 200 clinicians and administrators;
- Compare training as usual vs. external facilitation to implement evidence-based psychotherapy for SUD-PTSD in VISN 16;
- Develop and evaluate web-based training interventions for PTSD and/or SUD;
- Develop automated telephone screening of PTSD and SUD for community

- veterans to encourage their use of VA care, if needed; and
- Adapt an evidence-based model for PTSD and SUD for returning veterans.

## THE QUERI PROCESS

QUERI utilizes a six-step process to diagnose gaps in performance and identify and implement interventions to address them:

- 1) Identify high-risk/high volume diseases or problems;
- 2) Identify best practices;
- 3) Define existing practice patterns and outcomes across VA and current variation from best practices;
- 4) Identify and implement interventions to promote best practices;
- 5) Document that best practices improve outcomes; and
- 6) Document that outcomes are associated with improved health-related quality of life.

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For more information about the QUERI program in general, and to link to all of the individual QUERI Centers, please go to [www.queri.research.va.gov](http://www.queri.research.va.gov)