

Substance Use Disorder

PALO ALTO, CALIFORNIA

APRIL 2012

Background

Substance use disorders (SUDs) have substantial negative consequences on Veterans' mental and physical health, work performance, housing status, and social functioning. The population of Veterans with SUDs other than nicotine dependence has increased from 270,991 (6.1% of VHA patients) in FY02 to 461,927 (8.3% of VHA patients) in FY10. These figures do not include Veterans who use alcohol or other substances in ways that are risky in terms of acute or chronic effects. In addition, approximately 20% of VHA enrollees are current smokers; however, the rate is considerably higher among Veterans with other SUDs.

The majority of Veterans with SUDs are treated outside of SUD specialty treatment settings. In FY10, 34% of VHA patients with a SUD diagnosis were seen in SUD specialty treatment settings. The remainder had their SUD documented in other settings, such as mental health, primary care or inpatient medical units, which are typically challenged in effectively addressing SUD due to one or more of the following: institutional barriers, time constraints, inadequate resources and lack of knowledge.

Substance Use Disorder Quality Enhancement Research Initiative

The Substance Use Disorder (SUD) QUERI recently undertook an extensive strategic planning process that identified a broad list of potential implementation targets and engaged over 67 operational, clinical, Veteran, and research stakeholders in a process of prioritization. Armed with these data, the SUD QUERI Executive Committee, in close collaboration with its partners, endorsed three overarching goals:

(1) Improve the accessibility, quality, effectiveness, and efficiency of SUD specialty treatment; (2) Improve the accessibility, quality, and efficiency of treatment of hazardous substance use within medical VA settings, especially primary care; and (3) Improve the integrated and/or co-located treatment of SUD and common comorbidities (especially infectious diseases, PTSD, and pain).

Goal One recognizes that great variability exists in the more than 220 VA SUD specialty treatment programs in terms of access, value, Uniform Mental Services Handbook implementation, and the provision of effective treatment practices. Goal Two acknowledges that two-thirds of the roughly 460,000 VA patients with SUD will not have any contact with the SUD specialty treatment system but need to have their SUD assessed and managed in the other settings where they seek care. Goal Three highlights the importance of identifying and implementing evidence-based models of integrated and/or co-located treatment for SUD and these high-prevalence and high-impact co-occurring disorders. While pursuing these overarching goals, SUD QUERI strives to contribute to implementation theory testing and development, as well as better understanding of implementation science principles.

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 may benefit from brief alcohol counseling that

About QUERI

VA/HSR&D's Quality Enhancement Research Initiative (QUERI) currently focuses on ten areas of great importance related to healthcare for Veterans: Chronic Heart Failure, Diabetes, eHealth, HIV/Hepatitis, Ischemic Heart Disease, Mental Health, Polytrauma and Blast-Related Injuries, Spinal Cord Injury, Stroke, and Substance Use Disorder.

Working with health system partners to develop research that speeds improvements in Veterans' healthcare, QUERI utilizes a six-step process to diagnose gaps in performance and identify and implement interventions to address them.

- Identify priority conditions and opportunities for improving the health of Veterans.
- Identify effective practices for improving outcomes for priority conditions.
- Examine variations in existing practices, the sources of variation, and their relation to health outcomes.
- Identify and test interventions to improve the delivery of best practices.
- Evaluate the feasibility, adoption, and impact of coordinated improvement programs to spread best practices.
- Evaluate the effects of improvement programs on Veterans' health outcomes, including quality of life.

can be delivered by non-specialists. SUD-QUERI efforts include the following:

- *Alcohol screening:* Worked with the Office of Quality and Performance (OQP) to implement evidence-based alcohol screening using the Alcohol Use Disorders Identification Test Consumption (AUDIT-C). Current work focuses on evaluating and improving the quality of screening.
 - *Monitoring health outcomes with the AUDIT-C:* Since identifying several health outcomes associated with a positive alcohol misuse screen, a new study will evaluate whether resolution of alcohol misuse after repeat screening is associated with improved health outcomes.
 - *Screening and intervention programs for special populations:* Evaluation of pre-operative alcohol screening indicated more patients with alcohol misuse are identified by the AUDIT-C than direct assessment of typical drinking, and that the rate of 30-day post-operative complications increases with increasing AUDIT-C scores. Future research will test an evidence-based approach to the delivery of efficacious treatments for alcohol use disorders in primary care.
 - *Brief alcohol counseling:* Developed a national clinical reminder and, in collaboration with OQP, a performance measure for brief alcohol counseling, both of which were associated with significant increases in documented brief alcohol counseling. Ongoing research is focused on the quality of brief alcohol counseling.
- *Gaps in care for patients with multiple episodes of specialty care:* SUD-QUERI investigators found that approximately two of every five patients from a large single-site cohort returned to specialty-care addiction treatment within their VISN over 24 months.
 - *Implementation of pharmacotherapy for alcohol dependence:* Analyses showed low overall rates of medication use for alcohol dependence continued through FY08, even in specialty care. An ongoing study is collecting survey data and key informant interviews at high- and low-outlier sites to learn more about how barriers to implementation can be overcome.
 - *Partner involvement in SUD specialty care treatment:* SUD-QUERI investigators are examining implementation barriers and facilitators for SUD-focused behavioral couples' counseling in order to identify factors that promote the implementation of evidence-based couples' therapy in SUD specialty care outpatient programs.
 - *Initiated a multi-site screening program for opioid dependence:* SUD-QUERI investigators are using VA data, such as pharmacy records and laboratory results, to identify Veterans with opioid dependence. Once identified, Veterans are offered a two-part treatment intervention that includes psychological pain management and pharmacotherapy for the transition from short-acting opiates to buprenorphine.

Promoting Evidence-Based Specialty Care for Patients with SUD

SUD-QUERI continues its efforts to promote engagement and retention in specialty care as a final common pathway to promote evidence-based practices for the treatment of substance use disorder. To do so, SUD-QUERI implements evidence-based practices that improve continuity of specialty care and clinical outcomes, and facilitates access to and appropriate use of opioid agonist therapies for the treatment of opioid-dependence. Findings and ongoing projects include:

of SUD patients throughout the VA. In addition, in collaboration with the Mental Illness Research Education and Clinical Centers (MIRECC) from VISN 21 and VISN 4, as well as the National Center for PTSD, a SUD-QUERI Workgroup is seeking to implement evidence-based psychotherapy; develop and evaluate web-based training interventions for PTSD and SUD; and develop automated telephone screening for PTSD and SUD. Furthermore, a newly formed SUD-QUERI Pain Workgroup plans to address pain and pain medication misuse in SUD specialty care.

Contact information for SUD-QUERI:

Janet Ekstrom
Administrative Coordinator
Tel: (650) 493-5000 x27965 (Menlo Park)
E-mail: janet.ekstrom@va.gov

Contact for general QUERI information:

Linda Mclvor, M.H.S., M.S.
QUERI Program Manager
Tel: (202) 443-5740
E-mail: Linda.Mclvor@va.gov

Veterans with SUD and Comorbid 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), as well as Veterans with the psychiatric disorder PTSD, which commonly co-occur among Veterans with SUD. Thus, SUD-QUERI is collaborating with other QUERI Centers to address the problems of Veterans with comorbid conditions. For example, HIV/Hepatitis and SUD-QUERIs are collaborating on the implementation of rapid HIV testing in two VA SUD clinics as a pilot for the development of an implementation intervention to increase HIV testing rates

The SUD-QUERI Executive Committee

Each QUERI Executive Committee is co-chaired by a research expert and a clinician. The research expert and Director for SUD-QUERI is **Alex Sox-Harris, PhD**, and the clinical coordinator is **Elizabeth Gifford, Ph.D.** The Implementation Research Coordinator is **Hildi Hagedorn, PhD**. The Executive Committee includes other experts in the field of substance use disorders: Paul Barnett, PhD; Thomas Berger, Ph.D.; Katharine Bradley, M.D.; Geoff Curran, Ph.D.; John Finney, Ph.D. (Research Coordinator Emeritus); Adam Gordon, M.D.; Kim Hamlett-Berry, Ph.D.; Daniel Kivlahan, Ph.D.; Thomas Kosten, M.D.; Lisa Najavits, Ph.D.; Dave Oslin, M.D.; Robert Rosenheck, M.D.; Mary Schohn, Ph.D.; Mark Shelhorse, M.D.; and Ken Weingardt, Ph.D.

QUERI web link:
www.hsrd.research.va.gov/queri