Integrating Patients to the Continuum of Health Care

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Data weighted for design effects, non-response, and to a common fieldwork duration so that each agency system sample is shown to its size.
Why Address in Health Care?
Adult Addiction Medicine Patients have More Medical Conditions than Matched Controls

Conditional Logistic Regression Results: p<0.01 for all conditions shown

Why Address in Pediatrics? Adolescent Addiction Treatment
Patients have more Medical Conditions than Matched Controls,*
including:

- Asthma
- Injury
- Sleep disorders
- Pain conditions (abdominal pain, muscle pain, and headaches)
- STDs
- Benign conditions of the uterus
- Dermatology conditions
- Gastroenteritis

*p<.01

Adolescent Addiction Treatment Patients have more Mental Health Conditions than Matched Controls

<table>
<thead>
<tr>
<th>Condition</th>
<th>Adolescent Tx</th>
<th>Matched Controls</th>
<th>p-value</th>
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</thead>
<tbody>
<tr>
<td>Depression</td>
<td>36.3</td>
<td>4.2</td>
<td>&lt;.0001</td>
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<tr>
<td>Anxiety Disorder</td>
<td>16.3</td>
<td>2.3</td>
<td>&lt;.0001</td>
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<td>Eating Disorders</td>
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<td>0.4</td>
<td>.067</td>
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<tr>
<td>ADHD</td>
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<td>3.0</td>
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<tr>
<td>Conduct Disorder</td>
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<td>1.2</td>
<td>&lt;.0001</td>
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<td>Conduct Disorder (w/ODD)</td>
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<td>2.3</td>
<td>&lt;.0001</td>
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<tr>
<td>Any Psychiatric DX</td>
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<td>9.0</td>
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</tbody>
</table>

Integration of Substance Use Treatment with Mainstream Health Care

- Screen and treat in PC (if moderate problem, continue monitoring)
- Specialty care if needed
- Back to Primary Care for monitoring
What are the Elements of a Continuum of Care?

Three components:
1) Regular primary care as anchor
2) Addiction treatment when needed
3) Psychiatric services when needed
Nine-Year Primary Care-Based Continuing Care Outcomes and Costs

- Patients receiving continuing care
  - were more than twice as likely to be remitted over 9 years ($p<.0001$).
  - were less likely to have ER visits and hospitalizations ($p<.05$).

Mixed-effects logistic regression model controlling for time/follow-up wave, demographic characteristics, severity, and completion of index AOD treatment

People used far fewer services than their access provided


LINKAGE Findings

- Focus on patient activation and empowerment to engage in health care – used group sessions and Health IT

- Post intervention outcomes:
  - LINKAGE participants had higher health care involvement, including through patient portal: log-in days, and many activities (e.g., physician emails, viewing lab tests, looking up medical information)
  - More LINKAGE participants reported talking to their physician about alcohol and drug problems
  - Results consistent for those with co-occurring psychiatric conditions

New Opportunities

- **Access**
  - Essential Benefit in ACA – offers more coverage

- **Health IT**
  - Can help to address access (e.g., rural context, people with young children) (video visits, on-line interventions)
  - Can address disparities (avatars, language)
  - Anonymous stand-alone interventions
  - Innovations in linking patients with treatment (patient portal options including health assessments; apps for sleep, anger management, depression, etc.)
  - Clinician/Physician guidelines available in EHR – help with diagnosing, prescribing, and intervening

- Evidence-based psychosocial treatments and medications

- Behavioral Medicine Specialists in PC, Health Educators, Wellness coaches

- Medical Homes
Challenges

- Still some uninsured
- Privacy issues (42CFR- Part 2)
- EHR interoperability (health care and specialty treatment)
- Gap in implementing Medically Assisted Treatment
- Workforce shortages and training (in health systems and in addiction treatment)
- Barriers in referrals from primary care to specialty treatment
Thank you!

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