Addiction Prevention in an Integrated Health Care Delivery System

Cynthia Campbell, PhD, MPH

Kaiser Permanente Division of Research, Oakland, CA
Department of Psychiatry, Weill Institute for Neurosciences, UCSF

ECRI Institute, Washington, DC
Health Systems and Addiction: The Use and Misuse of Legal Substances
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- 3.9 million members; 45% of commercially insured in region
- 21 hospitals, 233 medical office buildings, 7447 active physicians
- Mature electronic health record
- Integrated system (medical, psychiatry, substance use treatment services)
- Harmonized data across 18 other health systems
Quick Tour

• Specific examples

• ACTIVATE Study
• Alcohol as a Vital Sign Initiative
• Opioid Safety Initiative
• Prescription Opioid Registry
Integration of Substance Use with Mainstream Health Care

Screen and treat in Primary Care (if moderate problem, continue monitoring)

Specialty care if needed

Back to Primary Care for monitoring


ACTIVATE Study

**Question:** Do patients on long term opioids who receive a behavioral intervention in primary care have better outcomes than those in usual care?

- Opioid epidemic
- Complex patients for health systems

PCORI 1310-08734
Study Design

• Pragmatic, randomized trial
  • Behavioral intervention vs. usual care
  • Two large primary care clinics
• Intervention:
  • 4, 90-minute group sessions in primary care
  • Patient activation, pain management, self management, health IT, communication with providers
  • Low intensity
• Patient centered outcomes
Prevention Implications

- Primary care
  - Where most opioids prescribed
  - Identifying patients “upstream”
  - Before addiction problems/severity increases
  - Before pain is more severe
  - Bridge for those already severe to other services (psychiatry, pain)
- Patient activation – focus is on the patient
  - “Portable” activation skills that can be brought to other health systems and providers
KPNC Opioid Safety Initiative

- Late 2013
- Reduce high risk prescribing
  - High dose patients
- Opioid agreements
- 4As (analgesia, activities of daily living, adverse effects and aberrant drug-taking behavior)
- Screening for opioid misuse, alcohol and depression
- Check CA prescription drug monitoring program
- Regular urine drug screens
Provider Education

- Trainings, online supports
- Local multidisciplinary team - department champions
- Physician specific reports
- EHR decision support
KPNC Opioid Safety Initiative

![Graph showing medication agreement and urine drug screens for 2014 and 2016.]

- Medication Agreement:
  - 2014: 39%
  - 2016: 71%

- Urine drug screens:
  - 2014: 50%
  - 2016: 71%

MMEs:
- 2012: 44%
- 2016: (No specific percentage provided)
Alcohol SBIRT in Primary Care

“Alcohol as a Vital Sign” (AVS)

*Medical Assistants* Screen

*Physicians* deliver BI/RT

- Informed by a large-scale NIAAA-funded cluster RCT on SBIRT implementation (Mertens et al., 2015)
- Region-wide implementation in June 2013
- Consistent with system workflow for other screening initiatives
- Leverages EHR tools and data
Positive Screen for Unhealthy Drinking

Exceeding **daily** Limits: 1 day 5+ drinks for men 18-65; 4+ for women and men aged 66+ in the past 3 months

or

Exceeding **weekly** limits: 15+ average drinks/week men 18-65; 8+ for women and men aged 66+
### AVS Screening Rate vs. Other Preventive Health Screening

**Rooming Tool Dashboard**
**Medical Center Summary**
**August 2016**

Data as of 9/6/2016

<table>
<thead>
<tr>
<th></th>
<th>Adult Exercise</th>
<th>Tobacco Screening</th>
<th>Alcohol Screening</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># of Visits where Prompt Fired</td>
<td>% of Visits with Approp. Follow up</td>
<td># of Visits where Prompt Fired</td>
</tr>
<tr>
<td>Medical Center</td>
<td>N/A</td>
<td>90%</td>
<td>N/A</td>
</tr>
<tr>
<td>REGION - TOTAL</td>
<td>410,863</td>
<td><strong>85%</strong></td>
<td>352,906</td>
</tr>
</tbody>
</table>

*Note: The highlighted data point indicates the percentage of visits where prompt fired in the Alcohol Screening category is 87%, which is the highest among the three categories.*
Brief Intervention Rates Among Those Screened Positive

August 2016 = 66%
Prescription Opioid Registry

- Funded by NIDA
- Uses electronic health record data
  - Pharmacy (opioid, benzodiazepine), substance use diagnoses, medical and psychiatric comorbidity, overdose, service utilization, mortality, costs
- Over 450k patients with any opioid use

What Predicts:
- Using opioids long term?
- Developing misuse or addiction?
- Overdose?
Predictors of Overdose

- Younger age, male
- Co-existing psychiatric and medical problems
- Alcohol and other drug diagnoses
- Smoking
- Opioid dose, even at low daily doses (1-20, 20-50 mg)
- Benzodiazepine use

- No race/ethnic relationship
Potential Uses by Health System

- Identify high risk patients according to various criteria
  - Tailor outreach (e.g. naloxone, treatment referral)
- Track outcomes of interest over time
- Identify for providers for interventions and for decision support
  - Best practice alerts
- Ongoing disease management
- Use by average clinician
- Collaborating with other health systems, look at differences
Thank You!
cynthia.i.campbell@kp.org