

# Addressing Substance Use Disorders in the Patient Centered Medical Home

[NormWetterau@aol.com](mailto:NormWetterau@aol.com)

Some questions to ask:

1. What do you currently do? Do you already screen for tobacco and alcohol? How do you handle positive screens? What resources do you have? How might you improve? What type of follow-up do you have?
2. Do you have the support of the EMR?
3. Do you have any champions: faculty, residents and support staff? If not, are there any potential champions?
4. How will you get your support staff on board?
5. How will you provide feedback to the staff?
6. What can you do with people who need more advanced help: detox, buprenorphine, specialized counseling, serious mental illness?
7. Can you view substance use disorders as a chronic disease?

What substance use services should a primary care physician provide in their office or medical home? The following list was produced by the NYSAFP and approved by their board. We are looking for input from others. References were added since the NYSAFP board approval.

## A. Tobacco Use

Screen for use

Ask about interest in quitting and previous quit attempts

Provide brief counseling or refer to another onsite person, website or telephone quit line

Prescribe medications to assist in quitting

Follow-up on next visit

Care for medical complications of smoking

Be able to access other reasons for failure including other SA or psychiatric disorders

### **CONSIDER: [quitnet.org](http://quitnet.org)**

**Have patient sign up in the office or at home with telephone follow-up. The site has many interactive features plus a large chat room. Those trying to quit can get advice plus help 24 hours a day in the chatroom**

**[WWW.asam.org](http://WWW.asam.org) has an online course to help physicians help patients stop smoking.**

## B. Excessive alcohol use

Screen for excessive alcohol use, abuse and dependence

In cases of at risk use: inform the patient and

a. Provide some counseling

b. Refer to someone else to do this, or to a website or phone service

c. Follow up when they return

In cases of significant abuse or dependence:

Evaluate for medical complication

Offer detox

Refer for further treatment unless the physician wishes to do more

Treatment could be onsite, 12 step programs or other off side programs

Be able to prescribe medications to reduce cravings

Be able to assess for co-occurring psychiatric diseases

**NIAAA.NIH.gov and find **Helping patients who drink too much.** There is a booklet and video. This teaches people how to screen and do brief interventions.**

[www.alcoholscreening.org](http://www.alcoholscreening.org) will screen your patients plus give them some motivational enhancement and advice. If you do your own screening but need some help with brief interventions in those who have some interest in cutting down refer to [www.rethinkingdrinking.niaaa.nih.gov](http://www.rethinkingdrinking.niaaa.nih.gov)

### C. Drug Use

Screen for use

In cases of minimal use: provide some onsite motivational counseling

In cases of abuse and dependence: be able to motivate the patient to receive help, including detox, and refer for such

Be able to use urine drug testing to screen and follow patients

Be able to access for co-occurring psychiatric disorders

Some physicians might want to go further in this area, such as prescribing buprenorphine. For more help with drug issues go to [www.nida.nih.gov](http://www.nida.nih.gov) and click on for health professionals. One page one is NIDAMED, which is a screening program.

<http://www1.drugabuse.gov/nmassist/> has an online screening patients can do, however this site is new and so the patient may need some personal help and follow-up.

### D. USE OF OPIOIDS IN CHRONIC PAIN

Be able to screen patients as to their risk of addiction

Be able to follow patients including the use of urine drug screens.

Be able to recognize addiction

E. Understand psychiatric and other conditions where substance abuse might exist and make things worse. In these situations it is even more important to screen for underlying substance use and abuse, including alcohol abuse and dependence.

Other assistance:

For doctors who want to prescribe buprenorphine or methadone for pain but feel they need some help, there is the SAMHSA financed mentoring system. [www.PCSSmentor.org](http://www.PCSSmentor.org) for more information.

## **Materials and Programs to Help Physicians and other Health Care Providers Integrate Addiction Medicine into their Medical Home.**

Substance Use Disorders and the Person-Centered Medical Home  
An excellent 52-page document with many references and resources  
Released April, 2010

National Council for Community Behavioral  
Healthcare. <http://www.thenationalcouncil.org/>

For now the link is on their home page. Later: Scroll down on  
business and practice areas: Primary Care behavioral health  
resource center

What types of addictive medicine services should be part of the  
medical home?

Basic services could include: prevention, screening, and following  
substance abuse problems like any other chronic disease.  
Providers in medical homes also need to prescribe controlled  
substances in a manner that minimize the risk of addiction. Some  
medical homes might want to provide various levels of treatment  
in their facility. Motivational enhancement by physicians and  
other staff is a natural part of much medical care and can be very  
effective in helping people with addiction problems. Practices  
might have one or more physicians who prescribe buprenorphine  
for patients with opioid problems. Medical groups with  
behavioral health personal or substance abuse counselors on site  
could provide other levels of treatment. Materials for educational  
and other cognitive approaches are being developed to be used  
in primary care. Some studies show that these brief programs  
can be as effective as more extensive treatment programs in  
certain individuals. Finally, web based programs are being  
developed that can help busy medical homes deliver some of these  
services. Listed below are some resources that can help practices  
doing some of these things. Additional resources will be added as they  
become available.

## **Prevention and early adolescent interventions**

The National Institute of Drug Abuse has many free booklets for parents and teens: Go to [www.NIDA.NIH.Gov](http://www.NIDA.NIH.Gov) and click on publications. The booklets are free and can be ordered on line.

Since much substance abuse begins in troubled adolescents, having an adolescent friendly office and staff are helpful. Screening using the AMA Guide for Adolescent Preventive Services guidelines and forms or the newer bright future materials are helpful in identifying troubled teens.

Materials for AMA GAPS program: Go to the AMA website: [www.ama-assn.org](http://www.ama-assn.org) Type in GAPS in their search engine or go public health, healthy behaviors and click on adolescent health. The AMA site has screening forms that can be downloaded in English and Spanish, plus another booklet describing how to use the materials. There are also materials for parents.

For information on Bright Futures go to [WWW.brightfutures.org](http://WWW.brightfutures.org)

For a Power Point on adolescent screening go to:

[WWW.fmdrl.org](http://WWW.fmdrl.org)

Search for adolescent and down load power point: **Office Interventions in Adolescent High-Risk Behaviors, Incorporating them into your practice**

The CRAFFT is a 6 question-screening instrument for adolescent substance abuse only. It helps identify which teens may be having problems with drugs and alcohol and can supplement the larger GAPS screening instrument. For more information go to: Physician Leadership on National Drug Policy Report: Adolescent Substance Abuse: A Public Health Priority. (Download from [www.plndp.org](http://www.plndp.org)) Click on resources and then physician leadership 1997-2004. There is a report and a book of resources for in office use.

## SCREENING ADULTS-Alcohol

Alcohol: The National Preventive Task force recommends screening of adults for at risk, harmful and addictive drinking. The national Institute of Alcoholism and Alcohol Abuse (NIAAA) has developed a screening program based on WHO guidelines. The program is called SBIRT: Screening, Brief Intervention and Referral to Treatment. It is evidence based and has been tested on hundreds of thousands of patients. Studies show significant decreases in alcohol use, in hospitalizations and accidents.

Go to [NIAAA.nih.gov](http://NIAAA.nih.gov) and look for Helping Patients who drink too much. There is also a one-hour video with examples. This booklet includes screening instruments and information on the use of medications for those with alcohol problems.

[www.alcoholscreening.org](http://www.alcoholscreening.org) will screen your patients plus give them some motivational enhancement and advice. If you do your own screening but need some help with brief interventions in those who have some interest in cutting down refer to [www.rethinkingdrinking.niaaa.nih.gov](http://www.rethinkingdrinking.niaaa.nih.gov)

[www.ensuringsolutions.org](http://www.ensuringsolutions.org) provides much information on SBIRT, but the NIAAA site shows you how to do it and provides materials for the office and for patients.

## SCREENING FOR DRUG ABUSE

The national institute of Drug Abuse has a new screening program for tobacco, alcohol and drugs. It can be given to patients to fill out in the office, or they can go on line for the screening. The program is more complicated than the NIAAA screening materials, but it also covers more. Go to [www.nida.nih.org](http://www.nida.nih.org) and then click on for medical and health care professionals on the home page. This takes you to a large section with many resources for medical personnel including the screening program. The program is the first thing on this portion of the website for professionals, which is called NIDAMED.

If you want a patient to access the on line-screening program, send them to <http://ww1.drugabuse.gov/nmassist/> This stands for assist in medical settings. You should first view the material yourself on [www.nida.nih.org](http://www.nida.nih.org)

and click onto for medical parishmenters.

Medical providers need to read the materials explaining how to interpret and use the screening instrument/

## **Educational Materials: a new resource for NIDA** **[www.drugabuse.gov/coe](http://www.drugabuse.gov/coe)**

This section of the NIDA website has materials for medical student and resident education. Current programs include Prescription drug abuse, general drug abuse and methamphetamine abuse.

There are three programs on prescription drug abuse. One is general; one is a program to use with residents and includes many resources. There is also a downloadable packet and guideline for a faculty training workshop on this subject.

**BUPRENORPHINE:** This medication is very effective in the treatment of patients with opioid addiction. An eight-hour course is required before it can be prescribed. Go to the American Society of Addiction Medicine website: **[www.asam.org](http://www.asam.org)** Scroll down CMEs. There is an on line tobacco course and an on line 8 hour buprenorphine course. There is also a mentoring program available for doctors who want to begin prescribing buprenorphine.  
[www.PCSSmentor.org](http://www.PCSSmentor.org)