

Ongoing SBIRT in Primary Care for Individuals after Addiction Treatment: Can it Work?



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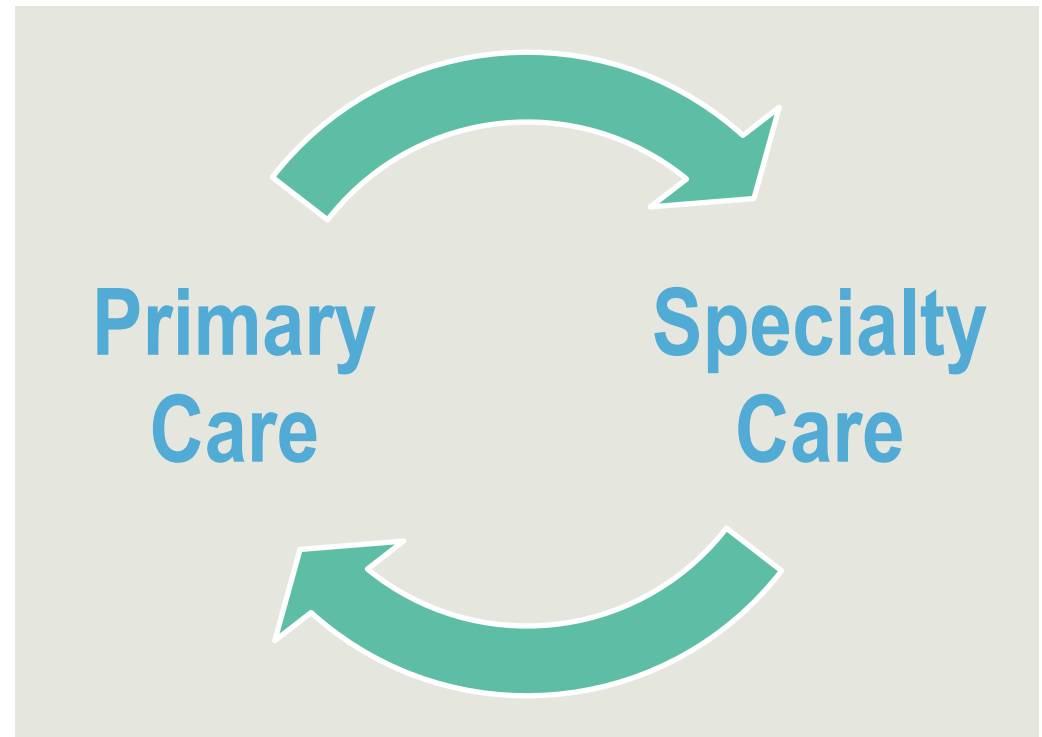
Kaiser Permanente
Research

Integration of Alcohol and Drug Services with Primary Care as the Anchor (Health Home)

Screen and treat in PC
(if moderate problem
continue monitoring)

Specialty care if needed

Back to Primary Care for
monitoring



Bodenheimer T, Wagner EH, Grumbach K. Improving primary care for patients with chronic illness. *JAMA* 2002; 288:1775-9
Chi FW, Parthasarathy S, Mertens JR, Weisner C. (2011) Continuing care and long-term substance use outcomes in managed care: initial evidence for a primary care based model. *Psychiatric Services*. 62(10):1194-200.
Parthasarathy S, Chi FW, Mertens JR, Weisner C. (2012) The role of continuing care on 9-year cost trajectories of patients with intakes into an outpatient alcohol and drug treatment program. *Med Care*. 50(6):540-46.

Overview

- For individuals who go to specialty treatment, what is the role of SBIRT in ongoing PC visits?
- Can the role of patients be strengthened?
- LINKAGE study
 - Patient activation/engagement
 - Use of health technology



Nine-Year Primary Care-Based Continuing Care Outcomes and Costs – People don't Use PC and it's Important

- 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 - need to find ways to link to health care

Chi FW, Parthasarathy S, Mertens JR, Weisner C. (2011). Continuing care and long-term substance use outcomes in managed care: initial evidence for a primary care based model. *Psychiatr Serv* 62(10):1194–1200.

Parthasarathy S, Chi FW, Mertens JR, Weisner C. (2012). The role of continuing care on 9-year cost trajectories of patients with intakes into an outpatient alcohol and drug treatment program. *Medical Care* 50(6):540–546.

How to activate patients to use health care LINKAGE Study



- Patient Activation/Empowerment – focus on the patient, not physician
 - Whole person/wellness focus
 - Address stigma – relationship with physicians
 - Take a proactive role with their primary care physician in their health care
- Used Electronic Health Record (EHR) to help engage in health care

Weisner C, Chi FW, Lu Y, Ross TB, Wood SB, Hinman A, Pating D, Satre D, Sterling SA. Examination of the effects of an intervention aiming to link patients receiving addiction treatment with health care: the Linkage Study clinical trial. *JAMA Psychiatry*. 2016;73(8):804-814.

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Use of Kaiser Permanente Northern California's Patient Portal

- In 2014, members:
 - Sent over 20 million emails to doctors and other care providers
 - Viewed 37 million test results online
 - Refilled 17 million prescriptions online
 - Scheduled 4 million appointments online

Replaced Usual Care Medical Education with Patient-centered Activation Curriculum



- SESSION 1:** Me and my health
- SESSION 2:** Lifestyle and Prevention
- SESSION 3:** Navigating the system
- SESSION 4:** Prepare, Communicate and participate
- SESSION 5:** Collaborate and integrate
- SESSION 6:** Reduce your risk and maximize your health

FACILITATED PHONE-CALL, EMAIL, or IN-PERSON VISIT WITH PHYSICIAN

Examples of using Patient Portal

- Graphing blood pressure/lab tests
- Planning prevention tests
- Preparing for doctor visit/making appointments
- Emailing doctor
- Changing doctors
- Sleep/weight-loss/nutrition/anger management/mindfulness meditation/CBT, etc. programs



Summary: Patient Portal Outcomes

- LINKAGE participants had more days of:
 - Number of log-in days to patient portal
 - Number of log-in days for medical advice
 - Number of log-in days for lab test results
 - Number of log-in days for information on lab
 - Number of encrypted emails from physician
- More LINKAGE participants talked with their physician about AOD problems.
- Similar findings for those with psychiatric conditions

Vignette

He said in class that it has helped him identify the importance of informing his doctor of his substance use, as it directly relates to his high blood pressure and as he has worked with this doctor for over 20 years without mention of substances.

Implications

- AOD patients can engage in their health care
- Patient portal offered some anonymity and control over their health care - also ways of checking out their health status and trying out apps/health assessments
- **This takes the patient back to primary care, where SBIRT should 're-check' and monitor over time – aftercare always eventually ends, but people will get health care over time**

Linkage with Primary Care Over Two Years (full sample)

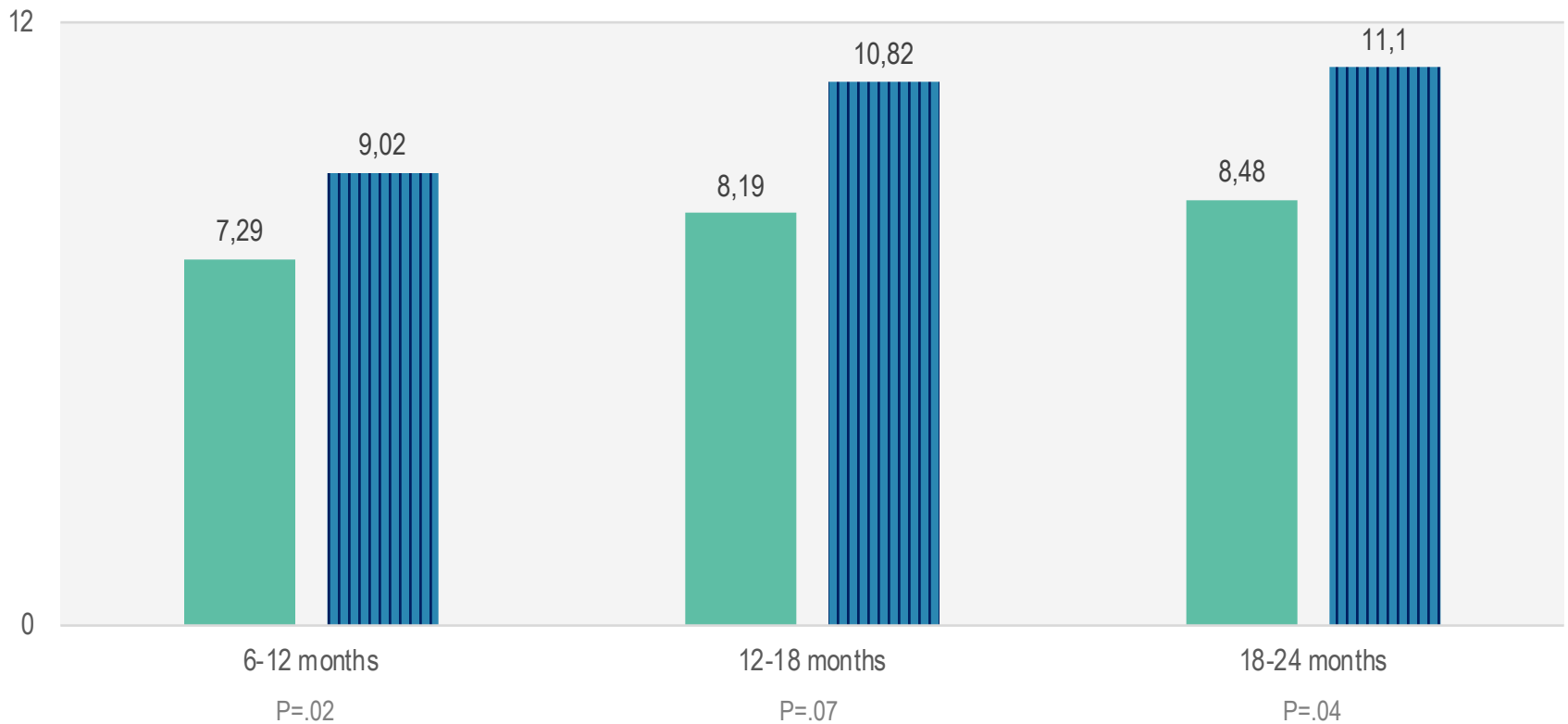
- Ongoing regular screening in primary care
 - 83% had been back to primary care and screened
 - Of them 22% had a positive screen
 - 65% of the positive screens received a brief intervention
 - 47% of them went back to Addiction Medicine treatment
 - Having an SBI predicted admission to Addiction Medicine treatment

Linkage with Primary Care Over Four Years

- Emergency Room: GEE analysis shows downward trend for LINKAGE arm vs. UC, (adjusted for demographics, baseline AOD severity, and med/psych disorders) $P=.02$)
- Inpatient: Fewer inpatient episodes for LINKAGE arm by year 4 (adjusted for demographics and med/psych) $P >.04$
- No difference in primary care visits

Average Login Days to Patient Portal

■ Usual Care ■ LINKAGE



Implementation

- Implementation across 27 clinics in the health system
- Modifications based on “real-life” workflow and clinical issues
- Two models and usual care
- Research examining outcomes when modifications made

Substance Use Research at Division of Research

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Gracias INEBRIA!



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