

THE DEVELOPMENT OF A CLINICAL DECISION SUPPORT FOR ILLICIT SUBSTANCE USE IN PRIMARY CARE SETTINGS

8th Annual Conference of INEBRIA
September 23, 2011

Acknowledgements

Expert Panel Members

- ⦿ Rowena Dolor
- ⦿ David Fiellin
- ⦿ Jennifer Gierisch
- ⦿ John March
- ⦿ Jennifer McNeely
- ⦿ Andrew Saxon
- ⦿ Christopher Shanahan
- ⦿ Jeanette Tetrault
- ⦿ Roger Weiss

NIDA Staff

Betty Tai
Geetha Subramaniam
Udi Ghitza

EMMES Consultants

Robert Gore-Langton
Robert Lindblad

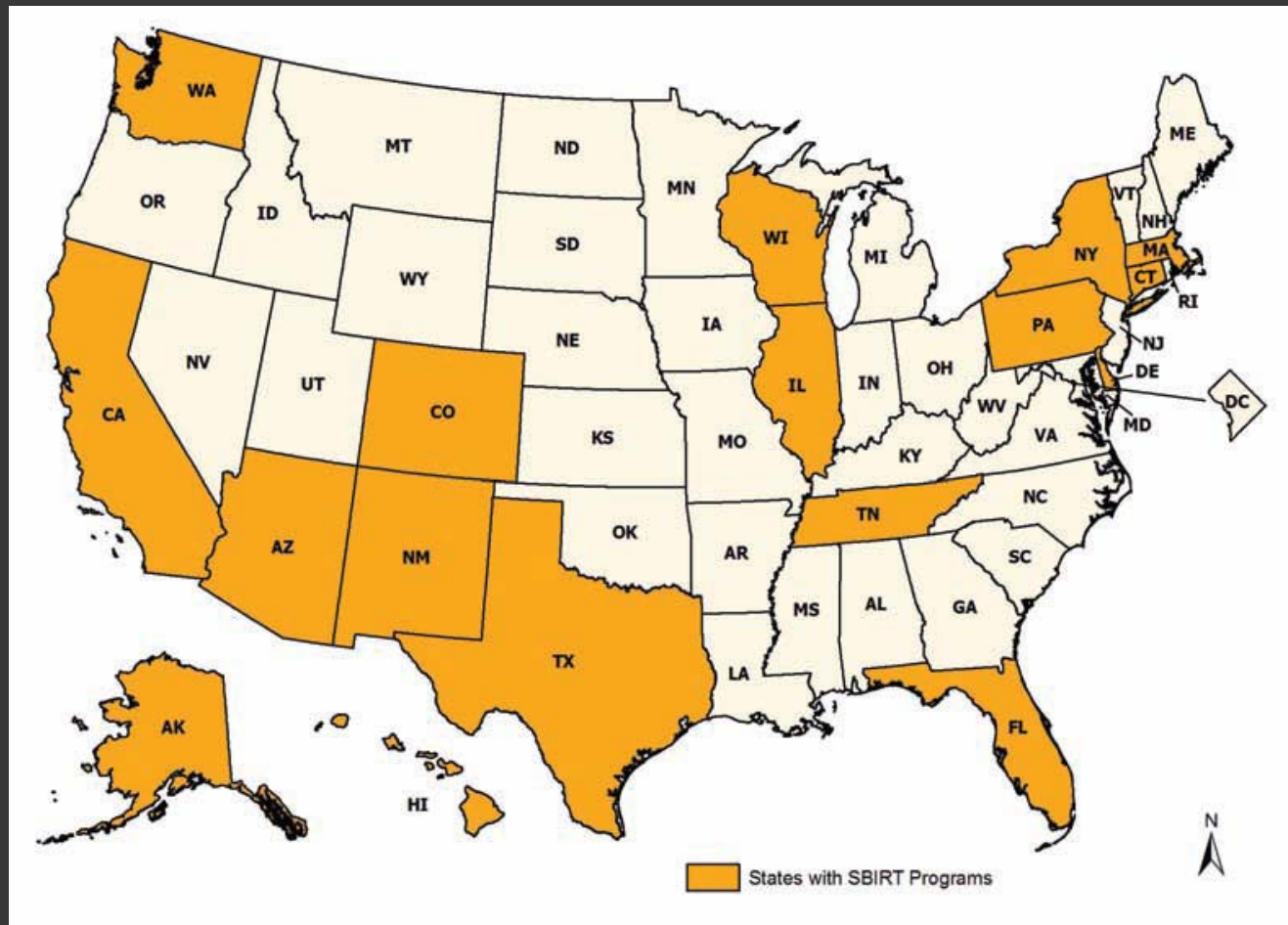
SAMHSA Partners

Reed Forman
Bob Stephenson
Kenneth Salyards
Tony Calice (OBHITA, FEI systems)

Rational for Screening for SUD in Medical Settings

- ⦿ Common point of contact for adults
- ⦿ Opportunity to detect misuse or problem use
- ⦿ Intervene early in low/mild severity (better outcomes)
- ⦿ Increase awareness and drug-medication interactions
- ⦿ Potentially improve patient adherence
- ⦿ Cost-benefits of SUD treatment
- ⦿ Reductions in high cost inpatient costs/repeat ED visits
- ⦿ Efficacious treatments/interventions are available
- ⦿ SUD treatment is efficacious in reducing morbidity and negative consequences

States with Screening, Brief Intervention, Referral and Treatment (SBIRT) Programs



Definition of CDS

“Providing clinicians or patients with clinical knowledge and patient-related information, intelligently filtered or presented at appropriate times, to enhance patient care”.

- Osheroff JA, Pifer EA, Teich JM, et al. 2005

Model: Stages for Screening CDS

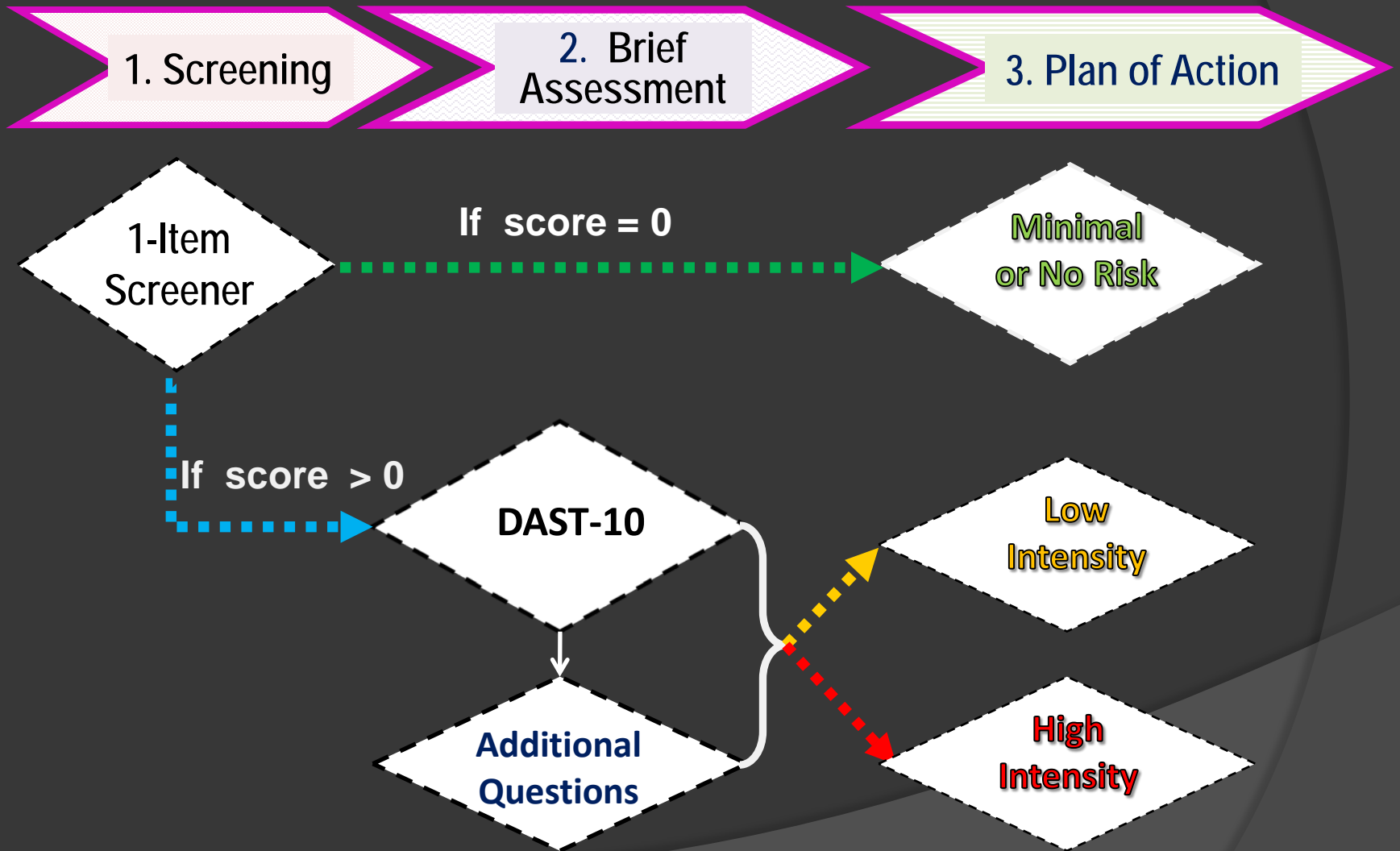
Stage 1: Universal or Targeted Screening

Stage 2: Brief Assessment

Stage 3: Plan of Action

Stage 4: Follow-up

Proposed CDS for SUD



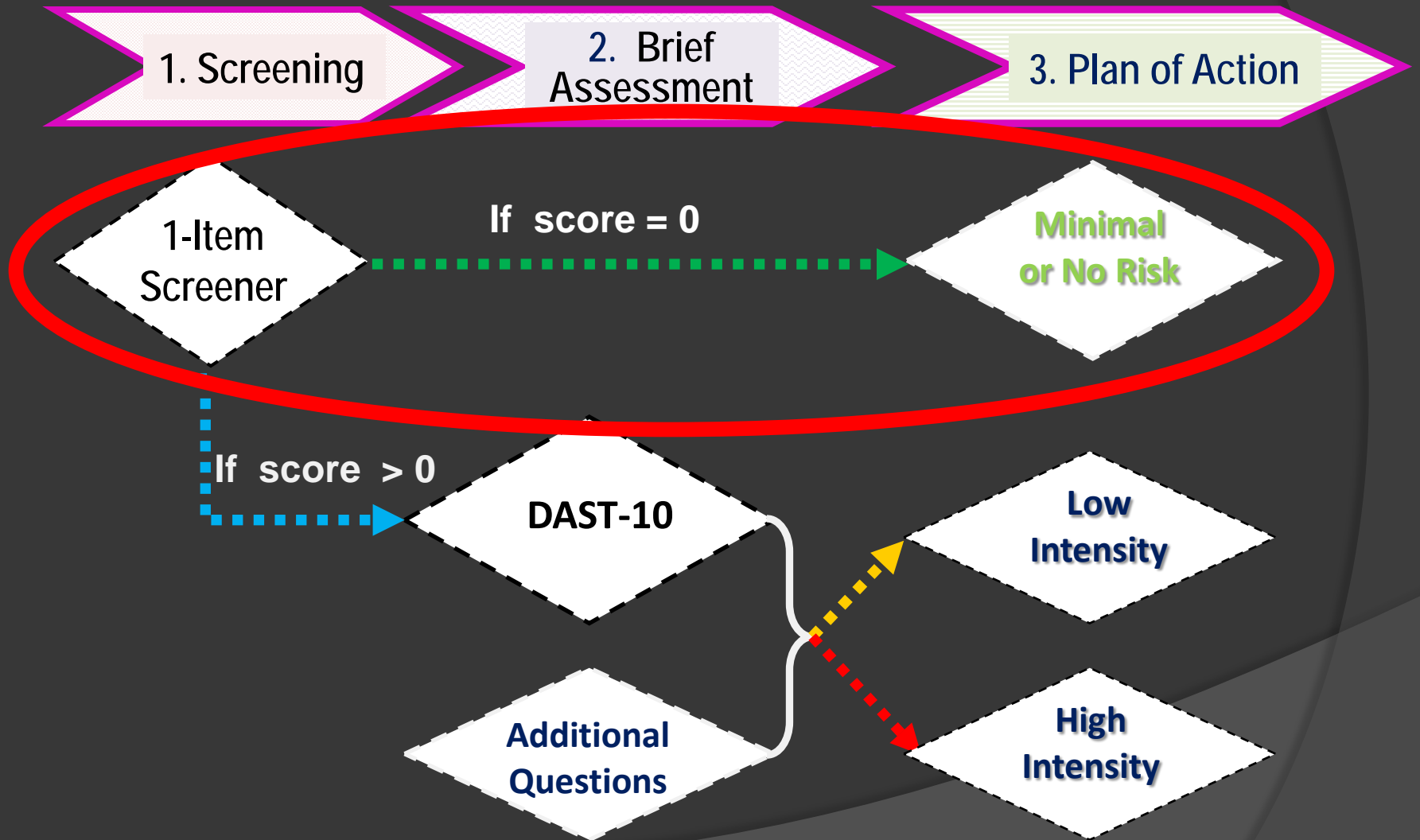
Stage 1: Screening

● Administer the 1-item Screener

“How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?”



Proposed CDS for SUD



If 1-item Screener score = 0,

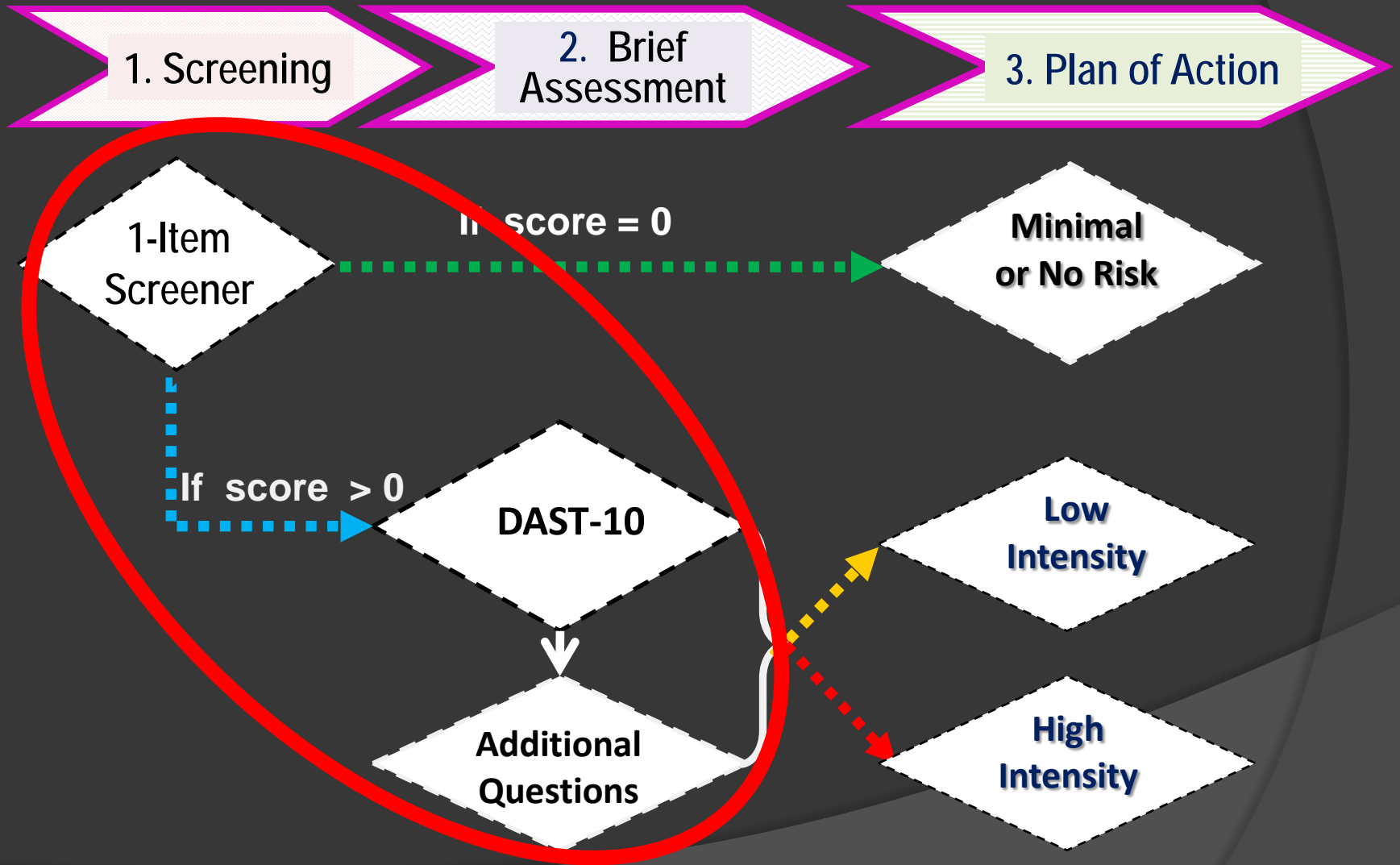
Plan of Action for Minimal or No Risk

- Provide brief **positive feedback**
- Schedule appt to **re-screen** at **annual visit**

If 1-item Screener score > 0

- Go to Stage 2 – Brief Assessment

Proposed CDS for SUD



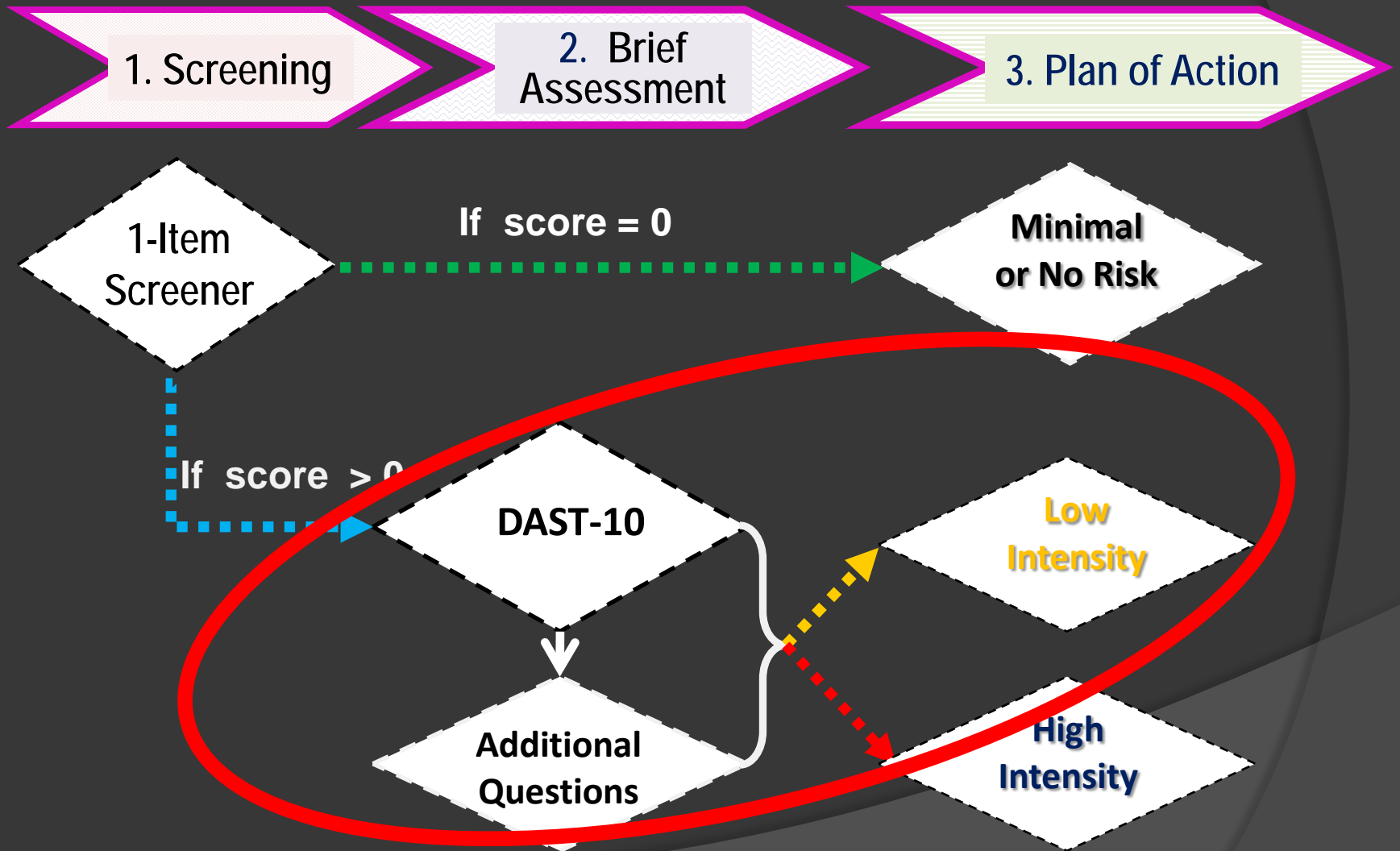
Stage 2: Brief Assessment

- ⦿ Administer **DAST -10** questionnaire

Plus

- ⦿ Ask **Drug Type and Frequency of Use** Questions
- ⦿ Ask about **Injection Drug Use**
- ⦿ Ask about **SUD Treatment Status**

Proposed CDS for SUD



Plan of Action: Low Intensity

Low Intensity Intervention (Level Amber)

Screening Criteria

DAST-10 Score 0-2

and

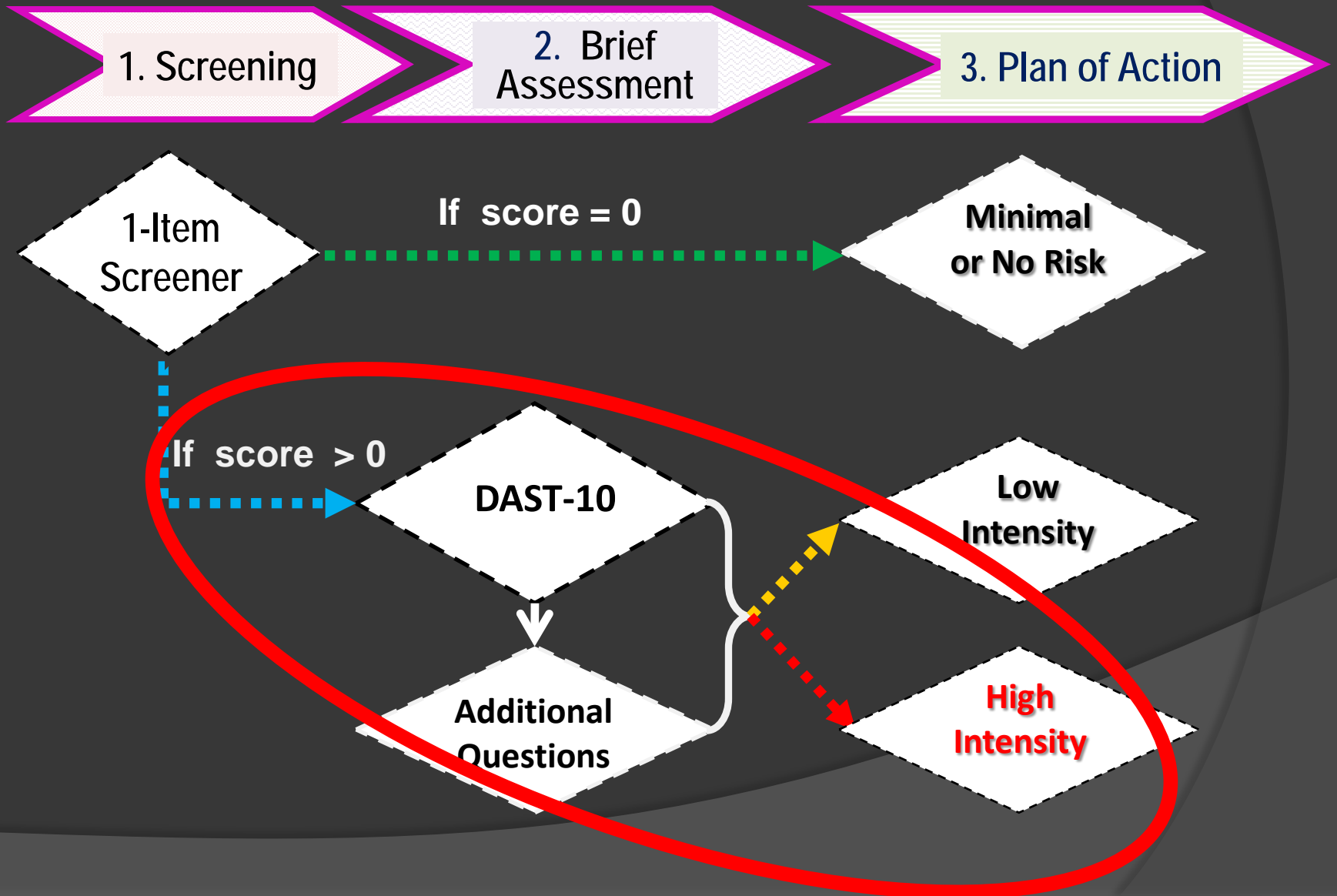
Additional Criteria

- No daily use of any substance
- No weekly use of opioids, cocaine, or methamphetamine
- No injection drug use in the past three months
- Not currently in Drug Abuse Treatment

Actions to Consider

- Offer **advice on benefits** / importance achieving or remaining drug abstinent
- **Monitor/reassess at next visit** (e.g. follow-up within 6 months)
- **Provide educational materials**

Proposed CDS for SUD



Determination of High Intensity

High Intensity Determination (Level Red)

Screening Criteria	DAST-10 Score	scores ≥ 3
	Or	
	DAST-10 Score	0-2
	and	<ul style="list-style-type: none">• Daily use of any substance• Weekly use of opioids, cocaine, or stimulants
	Additional Criteria	<ul style="list-style-type: none">• Injection drug use in the past three months• Currently in Drug Abuse Treatment

Plan of Action: High Intensity (Level Red)

Actions to Consider

- **Recommend cessation**
- Assess **readiness to change**
- Facilitate **referral** to an addiction specialist/program
- Encourage **self-help group meeting** attendance
- **Additional issues** to consider:
 - Review current medications
 - Obtain drug abuse treatment history
 - Order urine drug screen

Plan of Action: High Intensity (Level Red continued)

Actions to Consider

Obtain tobacco and alcohol use history
Screen for common mental health conditions
Provide preventive health screening
Refer for immediate **crisis intervention**, if needed
Schedule **1-month follow-up visit**

*** For patients With Opioid Dependence:**

- Initiate on-site/integrated **medication-assisted treatment** for opioid dependence
- or
- **Refer** to an outside provider/organization

The Open Behavioral Health Information Technology Architecture

Five year, \$16M program seeking to:

- Simplify and standardize healthcare standards for the behavioral health community
- Make Health Information Technology (HIT) accessible to Behavioral Health & Primary Care
- Implement a Reference Electronic Health Record Model (REM)

One-time Screener

How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?

Screen
Shot: 1-
item
Screener




Summary:

Your patient indicated that they:

Have not used an illegal drug nor used a prescription medication for non-medical reasons

Actions to Consider:

Provide brief positive feedback

Re-screen at next annual visit 

[Patient Resources](#)

[Produce Summary for Patient](#)

[Link to billing Procedure Code](#)

Additional Notes

0 characters (3500 max)

Screen
Shot: Visit
Note for
Minimal or
No Risk
Patient

Screen Shot: DAST -10 Questionnaire

Brief Assessment (DAST-10 questionnaire):

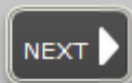
The following questions concern information about your potential involvement with drugs excluding alcohol and tobacco during the past 12 months. Carefully read each question and decide if your answer is "YES" or "NO". Then, check the appropriate box beside the question.

When the words "drug abuse" are used, they mean the use of prescribed or over-the-counter medications used in excess of the directions and any non-medical use of any drugs. Remember that the questions **do not** include alcohol or tobacco.

Please answer every question. If you have difficulty with a question, then choose the response that is mostly right

These questions refer to the past 12 months.	Yes	No
a) Have you used drugs other than those required for medical reasons?	<input type="checkbox"/>	<input type="checkbox"/>
b) Do you abuse more than one drug at a time?	<input type="checkbox"/>	<input type="checkbox"/>
c) Are you always able to stop using drugs when you want to?	<input type="checkbox"/>	<input type="checkbox"/>
d) Have you had "blackouts" or "flashbacks" as a result of drug use?	<input type="checkbox"/>	<input type="checkbox"/>
e) Do you every feel bad or guilty about your drug use?	<input type="checkbox"/>	<input type="checkbox"/>
f) Does your spouse (or parents) ever complain about your involvement with drugs?	<input type="checkbox"/>	<input type="checkbox"/>
g) Have you neglected your family because of your use of drugs?	<input type="checkbox"/>	<input type="checkbox"/>
h) Have you engaged in illegal activities in order to obtain drugs?	<input type="checkbox"/>	<input type="checkbox"/>
i) Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	<input type="checkbox"/>	<input type="checkbox"/>
j) Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>

© Copyright 1982 by Harvey A. Skinner, PhD and the Centre for Addiction and Mental Health, Toronto, Canada. You may reproduce this instrument for non-commercial use (clinical, research, training purposes) as long as you credit the author Dr. Harvey A. Skinner, Dean, Faculty of Health, York University, Toronto, Canada. Email: harvey.skinner@yorku.ca



Screen Shot: Additional Questions

Drug Type and Frequency of Use Questions:

In the past three months, how often have you used any of the following drugs (do not include medications which you took as prescribed to you)?

Drugs:	Daily or Almost Daily	Weekly	Monthly or Less Often	Never
Cannabis ⓘ	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine ⓘ	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opioids ⓘ	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stimulants ⓘ	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sedatives ⓘ	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Ask about injection drug use:

Have you ever used any drug by injection (non-medical use only)?

Yes

No

If yes, when was the last time you injected?

In the past 90 days

In the past year

Over a year ago

Ask about SUD Treatment/Status:

a) Have you ever been in treatment for drug abuse?

Yes

No

b) Are you currently in treatment for drug abuse?

Yes

No

NEXT



Provider Assistance Functions

Provider Education

Produce Report of Selected Items

Produce Summary for Patient

Produce a Referral Letter to Doctor

Produce Billing

Produce Visit Note for Session

COMPLETE



Contact Information

Geetha Subramaniam, M.D.

Medical Officer

Division of Clinical Neuroscience and Behavioral Research

National Institute on Drug Abuse

6001 Executive Boulevard

Room 3173, MSC 9593

Bethesda, Maryland 20892-9593

Email: geetha.subramaniam@nih.gov