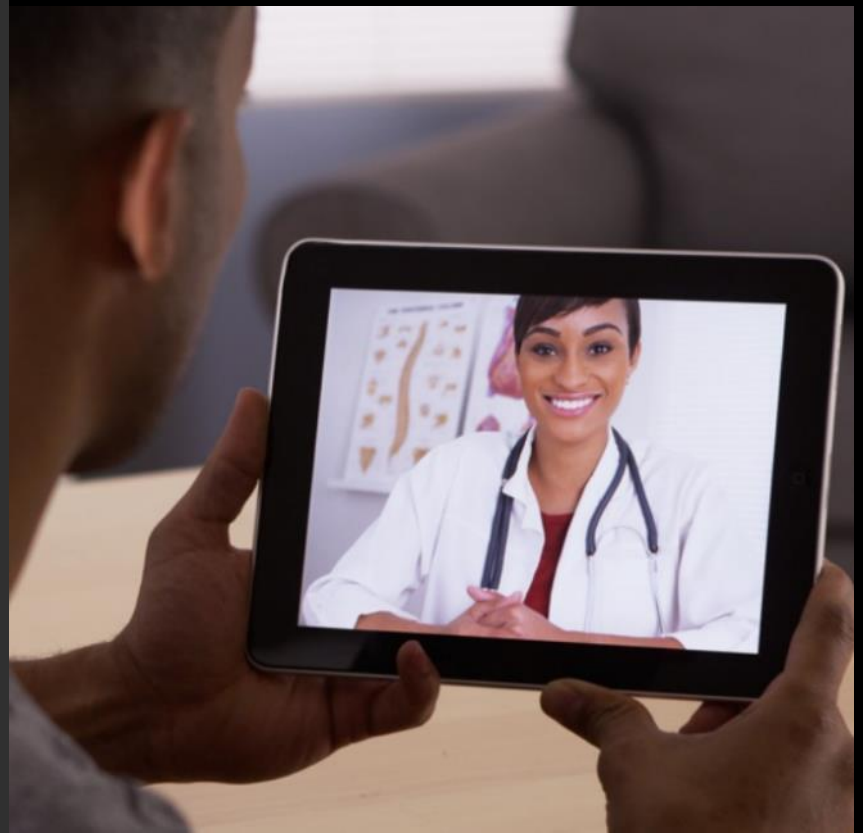
Alcohol Telemedicine Consultation in Primary Care: Increasing Access to Pharmacotherapy and Specialty Treatment for Alcohol Problems



Telehealth and eHealth for Treatment of Alcohol Use Disorder during the COVID-19 Pandemic and Beyond

Friends of NIAAA, American Psychological Association, Congressional Addiction, Treatment and Recovery Caucus

November 3, 2021

Stacy Sterling, DrPH, MSW, Amy Leibowitz, PsyD, Derek Satre, PhD, Jennifer Cocohoba, PharmD, MAS, Sujaya Parthasarathy, PhD, Melanie Jackson-Morris, BS, Verena Metz, PhD, Stephanie O'Malley, Murtuza Ghadiali, MD, Caroline Corriveau, MD

Managing alcohol problems in the context of real-world primary care, in a large healthcare system

Telemedicine feasibility pilot

Alcohol Telemedicine Pragmatic Trial

Setting

Kaiser Permanente Northern California

- 4.3 million members, ~ 1/3 of the region's population
- Diverse membership: race/ethnicity, cultural/linguistic, geographic, SES
- 21 hospitals, 233 medical office buildings
- 67,975 employees, 7,447 active physicians,
- Mature EHR
- Integrated system (medical, psychiatry, specialty addiction medicine treatment programs)
- Capitated payment system
- Embedded research

ADVISe Alcohol SBIRT Trial
(R01AA018660)

- Cluster-randomized implementation trial
- 54 Primary Care Clinics
- 11 Medical Centers
- 639,613 patients with visits
- 556 primary care providers

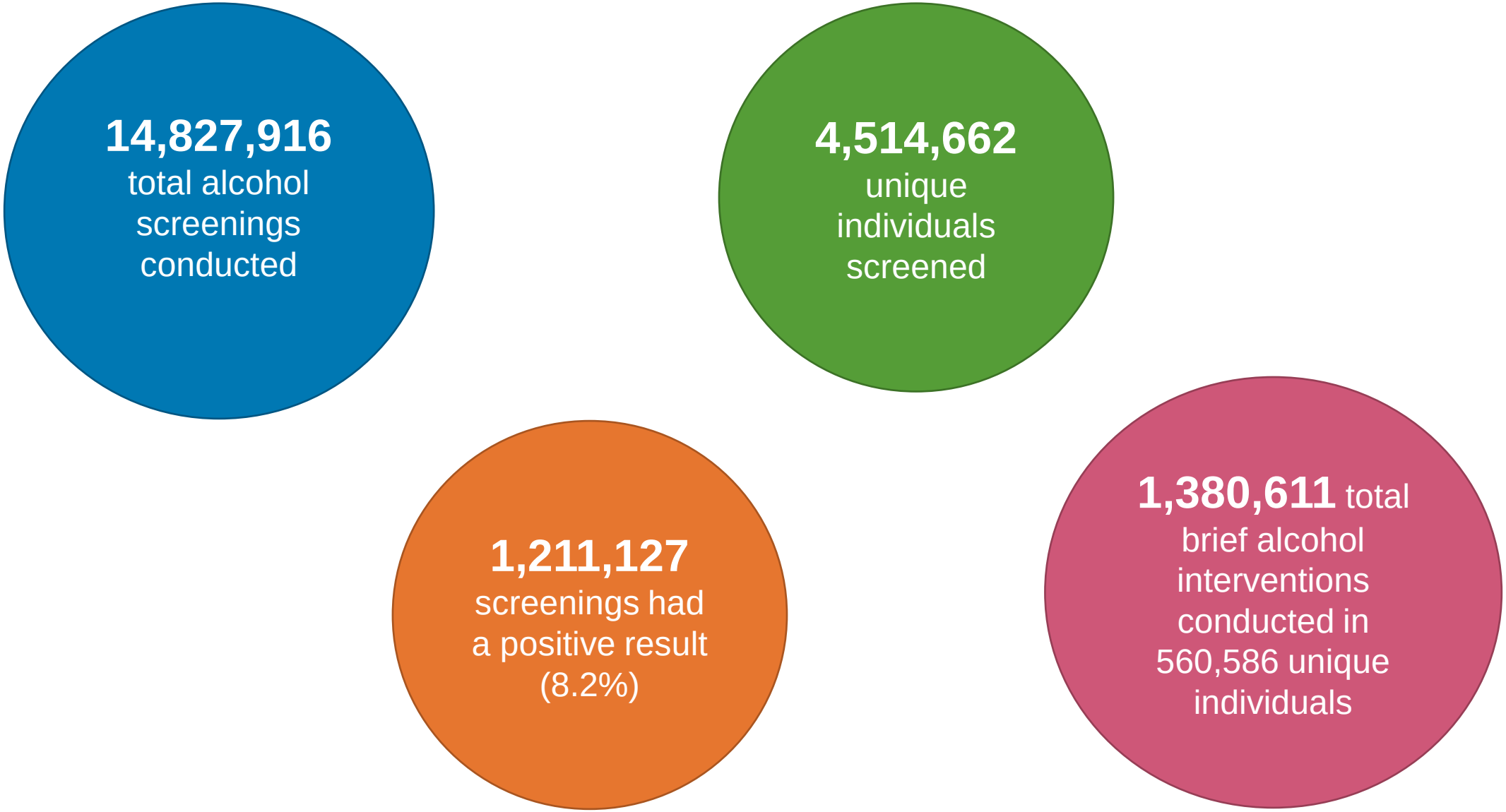
Alcohol as a Vital Sign ("AVS")
Health System-Wide Systematic Alcohol SBIRT Initiative
(R01AA018660, R01AA025902)

- Region-wide implementation of alcohol SBIRT in KPNC adult primary care
- 21 Medical Centers
- ~4 million members
- ~2,500 adult primary care physicians

1. Medical Assistants screen for unhealthy alcohol use, using items based on NIAAA daily and weekly limits, tailored to sex and age, as part of primary care "rooming" process , along with BP, Tobacco, exercise

2. Primary Care Clinicians deliver Brief Intervention and Referral to specialty treatment, as needed

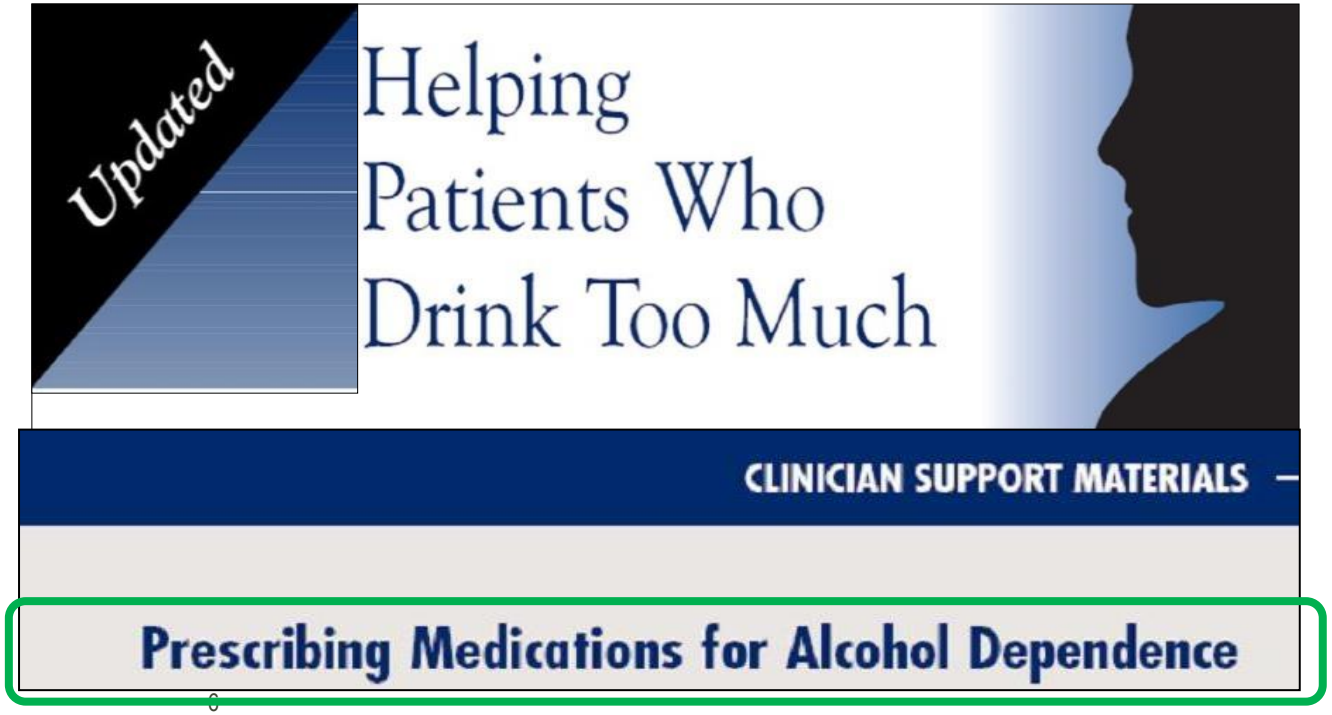
Alcohol as a Vital Sign, Numbers at a Glance (June 1, 2013 – September 23, 2021)



Missing links: Specialty Care Initiation and Pharmacotherapy

- **Limited/no evidence that SBIRT increases AUD *treatment* (***Glass et al. (2015), Jonas et al. (2012), Saitz (2010))***
- **Patient, provider, and system-level barriers** (*Cucciare et al. (2015))*

Pressing clinical need: How to link primary care patients with appropriate levels of care, including pharmacotherapy?



"Medications are underused in the treatment of alcohol use disorder."

"Considerable research evidence and consensus among experts support the use of pharmacologic treatments in primary care settings."

SAMHSA & NIAAA, 2015

Feasibility Pilot

Focus: Patients who…

- *Experience significant alcohol problems*
- *Need more than brief intervention*
- *Not receiving pharmacotherapy or connecting to specialty treatment – e.g. MD doesn't refer, patient refuses, specialty outreach fails, patient no-shows*

Specialty Video Consults in Primary Care

Pilot Goal: Identify barriers/facilitators to implementing a system-wide resource

Timeline: 15 months (Jan. 2017 through March 2018)

Setting: Large adult primary care population: 114,162 patients age 18+ seen in 2015, 128 primary care clinicians

Specialty consultants:

- 5 addiction medicine physicians
- 3 nurse practitioners

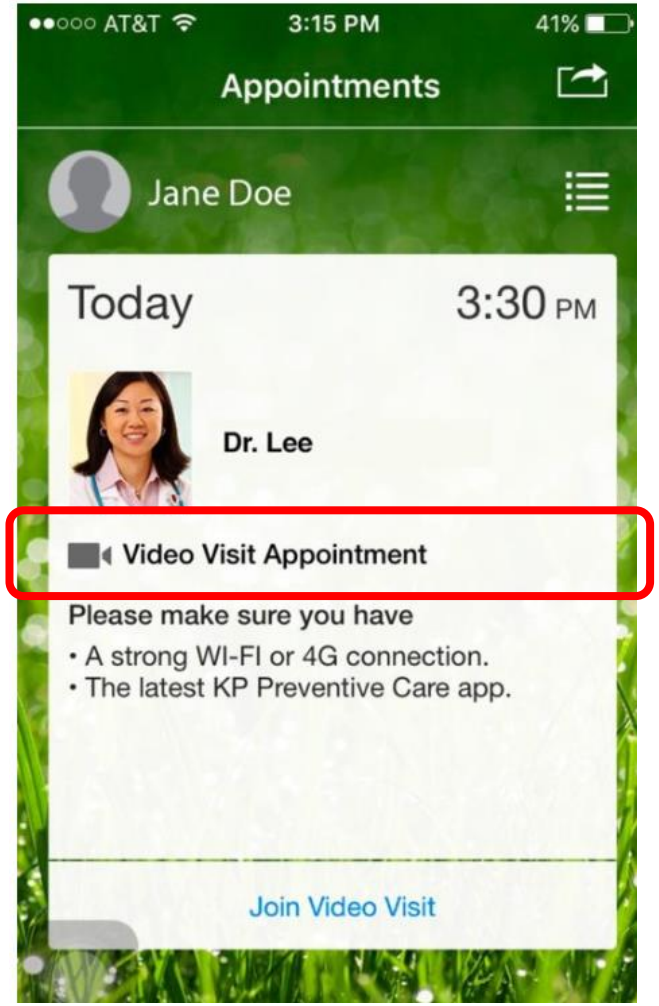
Measures:

- Training attendance, evaluations
- Consult service utilization
- Physician experience survey
- Electronic health record – Prescriptions, Specialty TX Initiation

Concept: Leverage KP video technology to…

Lower barriers to treatment

- *Provide a live, face-to-face link to specialty care via 2-way video in the primary care exam room*
- *Expand treatment options*



Implementation Activities

Collaborated with stakeholders to….

- ✓ Develop clinician workflows
- ✓ Train and support on-call specialists
- ✓ Train and support primary care physicians (1.5-hour lunchtime CME training for each clinic)
- ✓ Deploy 1 iPad per clinic
- ✓ Provide technical assistance throughout

ORIGINAL RESEARCH

A Telemedicine Approach to Increase Treatment of Alcohol Use Disorder in Primary Care: A Pilot Feasibility Study

Amy Leibowitz, PsyD, Derek D. Satre, PhD, Wendy Lu, MPH, Constance Weisner, DrPH, MSW, Caroline Corriveau, MD, Elio Gizzi, MD, and Stacy Sterling, DrPH, MSW

Background and Aims: Unhealthy drinking is a leading threat to health, yet few people with alcohol use disorder (AUD) receive treatment. This pilot tested the feasibility of addiction medicine video consultations in primary care for improving AUD medication adoption and specialty treatment initiation.
Methods: Primary care providers (PCPs) received training and access to on-call addiction medicine consultations. Feasibility mea- significant modifications to the piloted telemedicine model: robust staffing and simpler, more flexible methods for PCPs to obtain consults.

Key Words: alcohol use disorder, naltrexone, pharmacotherapy, primary care integration, telemedicine, telepsychiatry

(*J Addict Med* 2020;xx: xxx–xxx)

Evidence for PCP adoption/acceptance – 98% felt it would be useful to their practice

Increased use of Naltrexone and specialty TX initiation

~Ability to **act on someone's motivation** in the moment

~Bridging a gap in Tx options: “Offering care to patients who could not or would not directly engage with addiction treatment”

~Continuity of care: “follow-up plan created between patient and Addiction Medicine specialist”

~“**Med** recommendations”

Challenges:

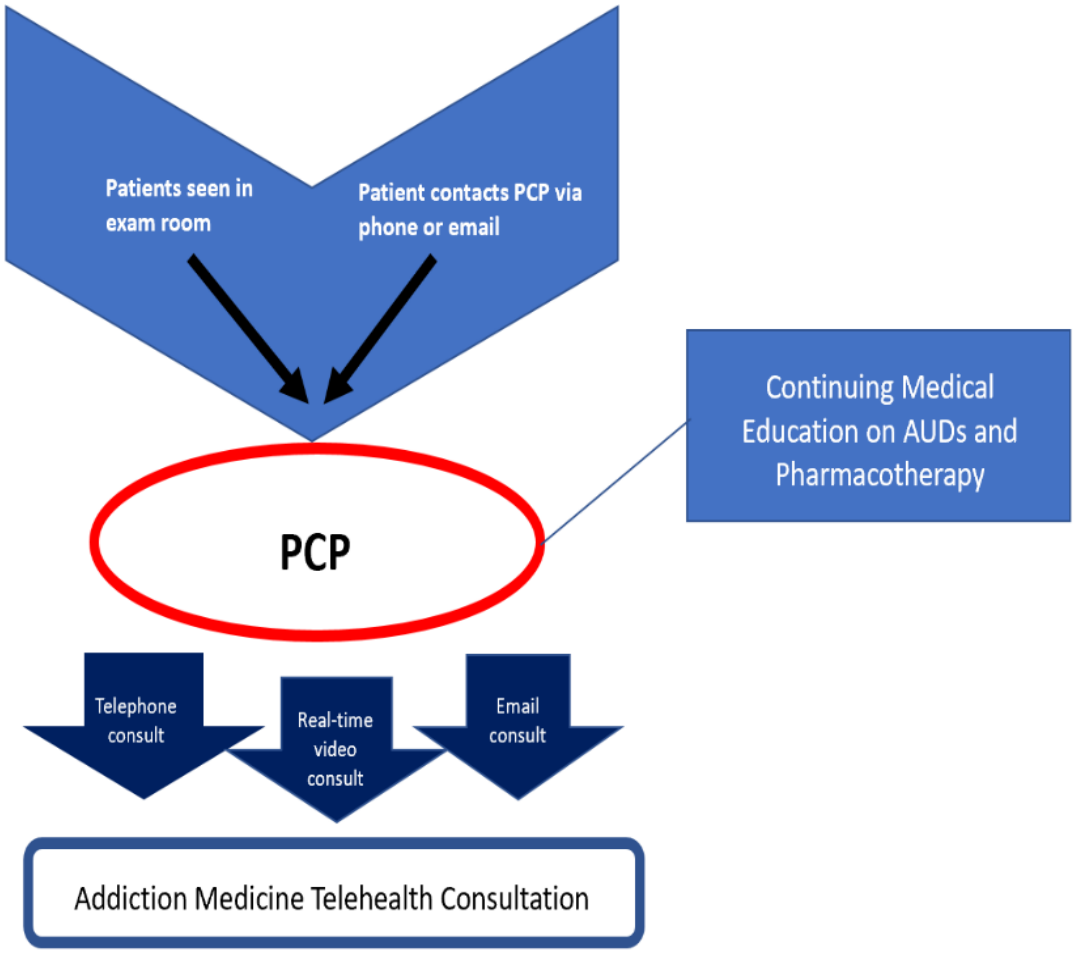
Consultant **availability**

Technology (57% of consults - e.g., audio/video lag, freezing)

Time (average consult: 24 minutes, range: 9-50)

Suggestions for improvement: reduce PCP time required, less cumbersome technology, consistent availability, flexibility – more ways to engage service

Implications and Next Step: RCT



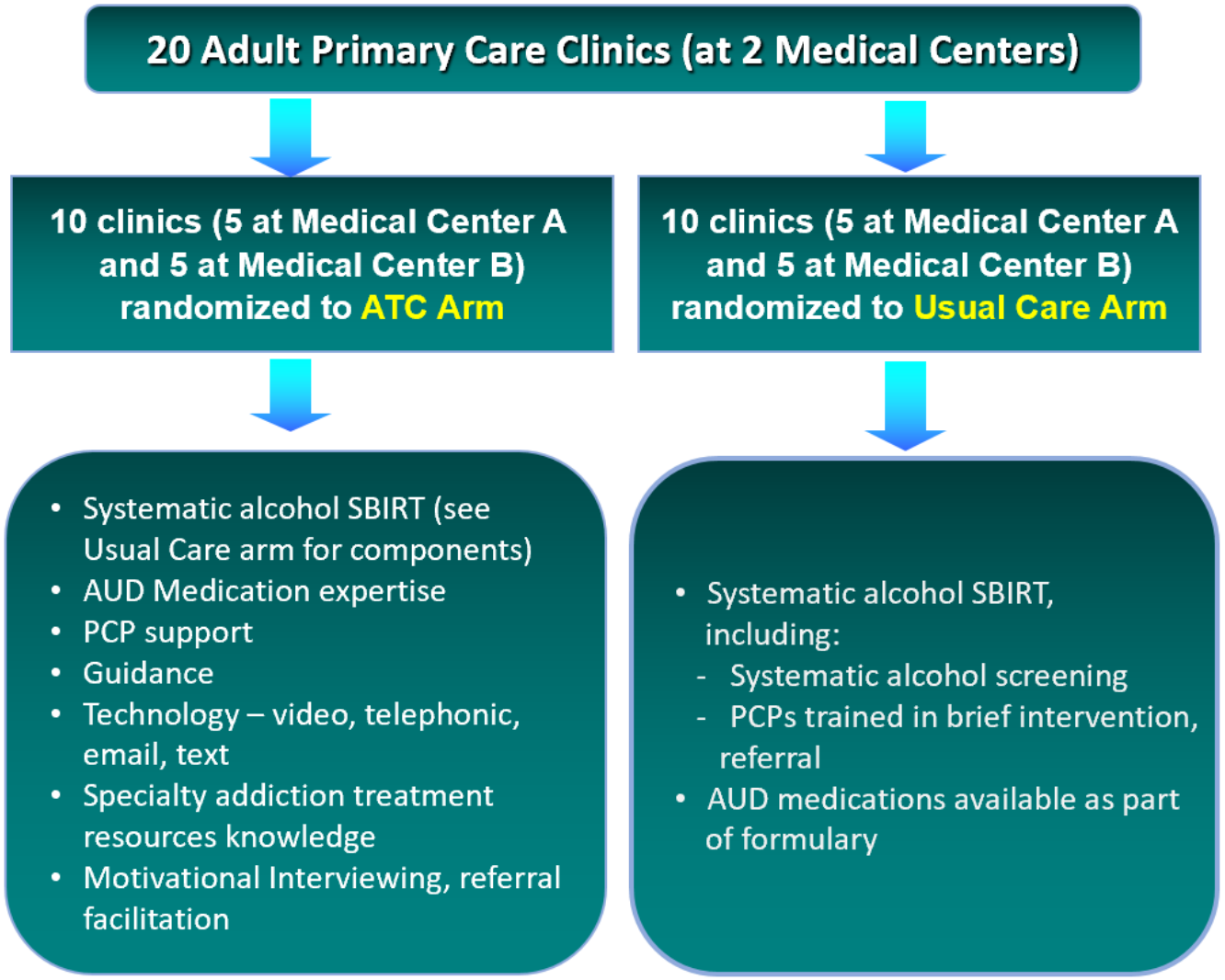
Clinical pharmacists provide:

- **Direct patient contact** via video or phone at request of PCP (assessment, psychoeducation, motivational interventions);
- Pharmacotherapy **prescribing, under protocol**;
- Motivational Interviewing-informed **facilitation of patient engagement in specialty Addiction treatment** (follow-up contact via phone, video, or secure email for treatment planning; personalized introduction to specialty treatment intake provider);
- **Advice to PCPs** (real-time or asynchronous) regarding patient-specific treatment options, including pharmacotherapy, specialty treatment, and combined treatments;
- **Ongoing support to PCPs regarding Rx management** and other primary care–based AUD interventions;

Initial CME sessions on AUDs and AUD pharmacotherapy, and **ongoing technical assistance**, as needed, for PCPs.

Alcohol Telemedicine Consultation Pragmatic Clinical Trial Design

(R01 AA028211)



Trial Aims

Aim 1: *To compare the ATC and Usual Care arms on* ***implementation outcomes****: AUD medication prescription order rates and specialty addiction treatment referrals over two years.*

Aim 2: *To compare the ATC and UC arms on* ***patient outcomes****: AUD medication fills, addiction treatment initiation, alcohol use (quantity/frequency), and services utilization over two years.*

Aim 3: *To understand characteristics associated with ATC implementation, and* ***barriers and facilitators*** *of AUD medication prescription in primary care.*

Data Sources

EHR. Identification of study cohort and to extract implementation outcomes (AUD prescription (Naltrexone, Acamprosate, Disulfiram) prescription and fill rates, and treatment referral rates), patient-reported alcohol use, patient demographic and clinical characteristics. Office visits (including ED) and hospitalizations will be extracted from the EHR and administrative databases.

Qualitative Interviews. Interviews with PCPs from intervention arms, Chief Physicians, and Medical Assistants (n~40), to explore ATC barriers and facilitators, as well as the needs of primary care patients with AUDs. Interviews topics include feasibility and logistical challenges, and perceived need for and benefits from the intervention, opinions about AUD treatment in primary care.

ATC Care Data. Clinical documentation, including process measures such as modality (video, telephone, email), duration of encounter, challenges (e.g., technological), patient motivation and confidence, other clinical characteristics.

Activities

- **Engagement with Health System's operational Pharmacy leadership**
- **Prescribing guideline development and approval**
  - Adult Primary Care and Addiction Medicine Chairs of Chiefs
  - Pharmacy & Therapeutics Committee

Approved Pharmacy & Therapeutics Guideline

Physician Resources

NCAL Region Unhealthy Alcohol Use Practice Guideline

PHARMACY POLICY REFERENCE

Scope	NCAL Clinical Pharmacy Operations	POLICY#	N/A
TITLE	Ambulatory Care Pharmacist Practice Guideline for Unhealthy Alcohol Use	Effective Date	
		Last Revision Date	

Approving Committee/Title of Person Responsible:
Chiefs of Adult and Family Medicine, Addiction Medicine and Recovery Services
KPNC Pharmacy and Therapeutics Committee

PDF

Unhealthy
cohol Use Guidelir

Choice of Pharmacotherapy

	Advantages	Considerations	Concerns	Formulary
Naltrexone	Robust evidence of efficacy, once-daily dosing, and well-tolerated with favorable side effect profile. NTX-ER: medication adherence.	Can be used for patients who wish to reduce or abstain from alcohol use.[6,7] NTX-ER: Refer to Injection Clinic.	Risk of hepatotoxicity; should not be used in patients with severe liver dysfunction, i.e. LFTs >3x ULN.[1-4,8] Contraindicated within 7 days of opiate use; requires patient education in case of future need for opiate pain medication. Potential for worsening depression and suicidal ideation, although it is uncommonly seen in clinical practice.[6]	*Formulary generic: oral tablet* *Non-Formulary Brand: Vivitrol: Injectable Suspension*: Restricted to prescribing by Addiction Medicine/Chemical Dependency Specialists, Psychiatrists and Hospital Based Specialists with guideline

Activities

- Engagement with Health System's operational Pharmacy leadership
- Prescribing guideline development and approval
  - Adult Primary Care and Addiction Medicine Chairs of Chiefs
  - Pharmacy & Therapeutics Committee
- **Pharmacist trainings & practice**
- **Primary Care Provider trainings**
  - Curriculum Development
  - Scheduling

PharmD Curriculum

1. Alcohol Telemedicine Consultation Background
2. Destigmatizing Substance Use and Providing Trauma-informed Care
3. Introduction to Specialty Addiction Medicine Programs and Services
4. Introduction to talking with primary care patients about drinking (Thekla Ross)
5. Initial Patient Contact (Derek Satre)
6. Efficacy and Safety Profile of FDA-approved and Off-Label Medications (Stephanie O'Malley)
7. Prescribing, Part 1 (Jen Cocohoba)
8. Prescribing, Part 2 (Jen Cocohoba)
9. Case-based practice
10. Motivational Interviewing – Identifying Stage of Change and Listening for Change Talk
11. Motivational Interviewing – Making Reflections
12. Motivational Interviewing – OARS
13. Motivational Interviewing – Planning for Change

Primary care provider trainings

Focus on practical steps for using consult service + pharmacotherapy overview

81 (76%) attendees

Recommend:

- *I'm concerned about how alcohol impacts your [**specific health condition**] and recommend that you talk with one of our clinical pharmacists.*
- *There are new, **effective** options for helping people cut back.*
- ***You'll decide** what, if anything, is right for you.*

Activities

- Engagement with Health System's operational Pharmacy leadership
- Prescribing guideline development and approval
  - Adult Primary Care and Addiction Medicine Chairs of Chiefs
  - Pharmacy & Therapeutics Committee
- Pharmacist trainings & practice
- Primary Care Provider trainings
  - Curriculum Development
  - Scheduling
- **Operational tools – referral templates, notes, documentation, patient-facing materials**

Alcohol Telemedicine Consult Playbook

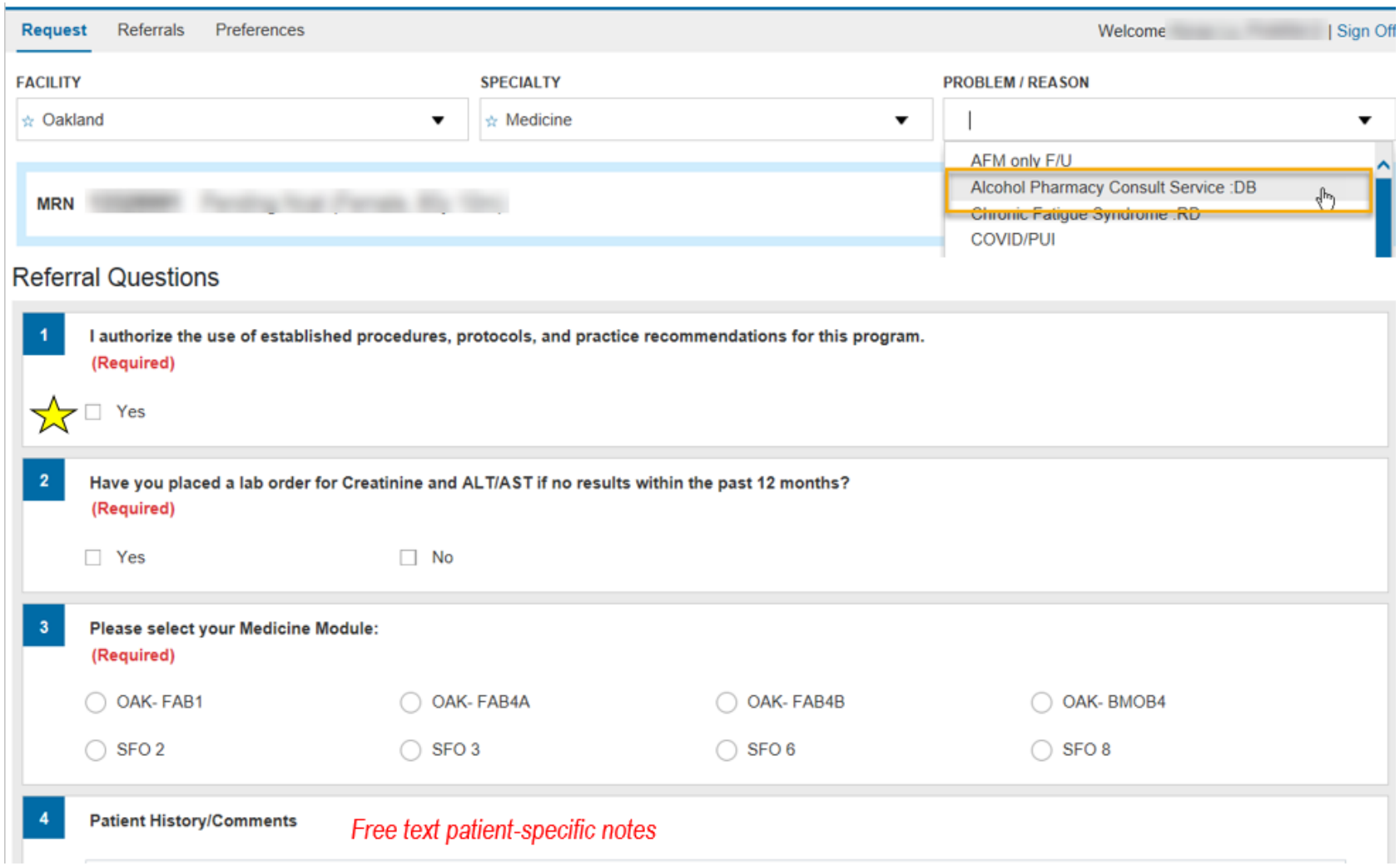
Kaiser Permanente Northern California Region, Clinical Pharmacy Operations

Created August 2021

Contents

Training 4
Reading Materials 5
Workflow 7
Patient Eligibility 8
e-Consult 9
Booking Needed 10
To look up MRN in e-Consult 12
PARRS 12
Appointment Types 12
How to Schedule a Follow-Up Encounter 13
KPHC 15
Log-In Context/ Department 15
Reason for Visit 15
KPHC Virtual ADAPT pools 15
Smartphrases 15
Documentation Overview 16
Progress Note 17
.ATCINTAKENOTE 17
.VIVITROL 20
.ATCDISCHARGE 22
MTM Smart Form 24
AMRS Referral 25
Oakland AMRS Referrals 25
San Francisco AMRS Referrals 26
No Show Workflow 27
Program Completion 29
Language Line/Interpreter services 29
Clinical Resources 29
Addendums 30
Acknowledgements 31

Electronic Referral Template



Free text patient-specific notes

Progress Note

.ATCINTAKENOTE

Alcohol Telemedicine Consultation (ATC) Pharmacy Service

Pharmacist Note

- increased problem awareness
- increased patient motivation
- discussed a plan for change
- sustained positive change

Assessment/Plan

{Focus of session}

- Start
- Continue
- Increase dose of
- Reduce dose of
- Discontinue
- Consider

{MED ACTION} {GENERIC NAME} ***.

- naltrexone
- topiramate
- gabapentin
- acamprosate
- IM naltrexone
- other med: ***

Patient response: {RESPONSE}

- Accepted
- {Declined}
- Unsure

- Patient needs time to think about decision(s).
- Wants to discuss further with PCP/specialists.
- Patient does not want pharmacotherapy at th
- Cost concerns.
- Focus on lifestyle modifications.
- Followed closely by another department/spec
- Acute issues/competing priorities.
- Other decline reason: ***

Medication dosing, side effects, compliance, and therapeutic expectations discussed as appropriate.

Action plan: {ACTION PLAN}. ***

- Medication management.
- AMRS specialty referral: {type}.
- Non-KP specialty treatment (Medi-Cal).
- Labs ordered: {labs}.

- eConsult sent
- called AMRS with patient
- contact information provided for patient to call

Handouts/links for patients

Patient Resources

Available in Spanish and Chinese

- [x] Old Stereotypes, New Knowledge
- [ ] Tips for Cutting Down
- [ ] AMRS Harm Reduction Group
- [ ] Community Harm Reduction Resources

- Went “live” September 10th
- 50 referrals to date
- Pragmatic emphasis + continuing close collaboration with operational partners – bodes well for future implementation

Thank you!

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