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

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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
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)

- 14,827,916 total alcohol screenings conducted
- 4,514,662 unique individuals screened
- 1,211,127 screenings had a positive result (8.2%)
- 1,380,611 total brief alcohol interventions conducted in 560,586 unique individuals
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
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
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
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.

**Implications and Next Step: RCT**
Alcohol Telemedicine Consultation Pragmatic Clinical Trial Design (R01 AA028211)

20 Adult Primary Care Clinics (at 2 Medical Centers)

10 clinics (5 at Medical Center A and 5 at Medical Center B) randomized to ATC Arm

10 clinics (5 at Medical Center A and 5 at Medical Center B) randomized to Usual Care Arm

- Systematic alcohol SBIRT (see Usual Care arm for components)
- AUD Medication expertise
- PCP support
- Guidance
- Technology – video, telephonic, email, text
- Specialty addiction treatment resources knowledge
- Motivational Interviewing, referral facilitation

- Systematic alcohol SBIRT, including:
  - Systematic alcohol screening
  - PCPs trained in brief intervention, referral
  - AUD medications available as part of formulary
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

Unhealthy Alcohol Use Guideline

### PHARMACY POLICY REFERENCE

<table>
<thead>
<tr>
<th>Scope</th>
<th>NCAL Clinical Pharmacy Operations</th>
<th>POLICY#</th>
<th>N/A</th>
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<tbody>
<tr>
<td>TITLE</td>
<td>Ambulatory Care Pharmacist Practice Guideline for Unhealthy Alcohol Use</td>
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**Approving Committee/Title of Person Responsible:**
Chiefs of Adult and Family Medicine, Addiction Medicine and Recovery Services
KPNC Pharmacy and Therapeutics Committee

<table>
<thead>
<tr>
<th>Choice of Pharmacotherapy</th>
<th>Considerations</th>
<th>Concerns</th>
<th>Formulary</th>
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<tbody>
<tr>
<td>Naltrexone</td>
<td>Can be used for patients who wish to reduce or abstain from alcohol use.(^{1,7})</td>
<td>Risk of hepatotoxicity; should not be used in patients with severe liver dysfunction, i.e. LFTs &gt;3x ULN.(^{1,8})</td>
<td>Formulary generic: oral tablet</td>
</tr>
<tr>
<td>NTX-ER: Refer to Injection Clinic.</td>
<td>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.(^9)</td>
<td>Non-Formulary Brand: Vivitrol Injectable Suspensions: Restricted to prescribing by Addiction Medicine/Chemical Dependency Specialists, Psychiatrists and Hospital Based Specialists with guideline</td>
<td></td>
</tr>
</tbody>
</table>
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
## Electronic Referral Template

### Referral Questions

1. I authorize the use of established procedures, protocols, and practice recommendations for this program.  
   *(Required)*
   - [ ] Yes

2. Have you placed a lab order for Creatinine and ALT/AST if no results within the past 12 months?  
   *(Required)*
   - [ ] Yes
   - [ ] No

3. Please select your Medicine Module:  
   *(Required)*
   - [ ] OAK-FAB1
   - [ ] OAK-FAB1A
   - [ ] OAK-FAB4B
   - [ ] OAK-BMO84
   - [ ] SFO 2
   - [ ] SFO 3
   - [ ] SFO 6
   - [ ] SFO 8

4. Patient History/Comments
   - [ ] Free text patient-specific notes

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**Free text patient-specific notes**
Alcohol Telemedicine Consultation (ATC) Pharmacy Service

Pharmacist Note

Assessment/Plan

(Focus of session)

Start
Continue
Increase dose of
Reduce dose of
Discontinue
Consider

{MED ACTION} {GENERIC NAME} ***

Patient response: {RESPONSE}

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

Action plan: {ACTION PLAN}. ***
Handouts/links for patients

Patient Resources

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

Old Stereotypes

In the past experts thought...

There was a “one-size-fits-all” approach to alcohol treatment—and we only offered people group treatment based on the 12 steps of Alcoholics Anonymous (AA).

New Knowledge

Now experts know...

People with alcohol use disorders can choose from several proven treatment options:

- Individual or couples counseling
- Group counseling
- Medications
- Mutual help programs like SMART Recovery or AA

Available in Spanish and Chinese
- Went “live” September 10\textsuperscript{th}
- 50 referrals to date
- Pragmatic emphasis + continuing close collaboration with operational partners – bodes well for future implementation
Thank you!

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