



Substance Use Disorders

The economic cost of substance misuse involving alcohol and drugs in the United States is estimated to be more than \$150 billion per year, in addition to more than \$50 billion from tobacco use. Substance use disorders (SUDs) also are prevalent and extremely costly among VA patients. In FY01, 21% of all VA inpatients and 39% of all VA extended care patients had substance abuse or dependence diagnoses. Patients with substance use disorders received 1.17 million days of inpatient care and 1.99 million days of extended care during FY01. A total of 43% of inpatients with SUDs also had one or more psychiatric disorders. In addition, more than 400,000 VA outpatients treated in FY01 had SUD diagnoses. The high prevalence and cost of substance use disorders, coupled with the increasing complexity of veteran patients' disorders, point to the need for improved quality of care in this area.

The Quality Enhancement Research Initiative's Substance Use Disorders (QSUD) module employs the QUERI process (see back page) to improve the quality of care and health outcomes of veterans with substance use disorders.

Since its inception in 1998, QSUD's agenda has included a cost and outcomes analysis of two pharmacologic treatments for opioid dependence; a review of best practices for patients who are diagnosed with both substance use and post-traumatic stress disorders (PTSD); and a project to characterize mental health service episodes and link these to patient outcomes. This agenda broadened in QSUD's second year to include research

projects on screening and brief intervention practices for substance use disorders in primary care; and on-site versus referral models of primary care for patients with these disorders. More recently funded projects focus on continuity in SUD care (best practices, outcomes, and costs); clinical practices and outcomes in VA methadone maintenance programs; and a system for monitoring SUD patients' outcomes and care.

QSUD Projects and Recent Findings

Opioid Agonist Therapy Effectiveness (OpiATE) Initiative

QSUD works to enhance access to, and quality of opioid agonist therapy (OAT) within VA. With three new clinics opening in 2002, following the expansion of four existing clinics, the number of VA opioid-dependent patients receiving OAT has increased 20% since 1999. QSUD also is working with nine VA OAT clinics in refining the OpiATE Monitoring System (OMS) - a toolkit for implementing best practices for methadone dosing, counseling, maintenance (vs. detoxification) orientation, and contingency management (CM). The OMS includes an efficient method for case managers to track practice variables

(e.g., dose, number of counseling visits). These data allow clinic staff to monitor their performance compared to best-practice recommendations. Additional quality improvement tools are also included in the OMS (e.g., expert panel dosing algorithm and consensus statement). Clinics have progressed toward QI goals by increasing the percentage of patients on guideline concordant doses and revising clinic policies to be more consistent with a maintenance orientation and contingency management principles. The OMS is expected to be available for dissemination this year.

Recycling Smokers Through Effective Treatment (RESET)

Tobacco consumption is the single most preventable risk factor for disease. Another QSUD project is assessing the effectiveness of a strategy to identify and link smokers who are interested in quitting with appropriate treatments. A previous survey by the investigators determined that most smokers who had made an unsuccessful quit attempt using pharmacological therapy were ready to try to quit again within a year and, thus, are ideal candidates for repeat smoking cessation treatment. The RESET Project uses the VA Pharmacy Benefits Management (PBM) database to identify

The QUERI-SUD Executive Committee

Each QUERI Executive Committee is co-chaired by a research expert and a clinician. The Research Coordinator is **John Finney, PhD**, and the Co-Clinical Coordinators are **Daniel Kivlahan, PhD** and **Katharine Bradley, MD**. QSUD's Executive Committee includes other experts in the field of substance abuse: Paul Barnett, PhD; Brenda Booth, PhD; **Hildi Hagedorn, PhD** (Implementation Research Coordinator); Keith Humphreys, PhD; Anne Marie Joseph, MD; Michael Kilfoyle, MD; Thomas Kosten, MD; Rudolf Moos, PhD; Jon Morgenstern, PhD; Dennis Raisch, RPh, PhD; Kathleen Schutte, PhD; Richard Suchinsky, MD; and George Woody, MD.

all veterans at participating facilities who received pharmacological treatment for smoking cessation in the past year. Veterans receive either a phone call with a tailored provider prompt, or “usual care.” In the intervention condition, a Progress Note on each patient is delivered via CPRS to the primary care provider and one additional signer (e.g., the smoking cessation clinic facilitator). The Progress Note contains information from the phone interview on the patient’s smoking status, treatment preferences, perceived barriers to abstinence, and experience with last quit attempt. If this intervention is found to be effective in increasing repeat treatment among relapsed smokers, the long-term goal is to deploy it broadly in VA primary care.

Additional QSUD research:

- *GAF ratings are poor predictors of substance abuse patients’ outcome:* The Global Assessment of Functioning Scale (GAF) is a standard part of the American Psychiatric Association’s diagnostic system. VA policy requires the GAF to be used to help assess mental health patients’ level of functioning. However, QSUD research shows that SUD patients’ clinical diagnoses and psychiatric symptoms are stronger predictors of GAF ratings than their current levels of social and occupational functioning. QSUD works to identify and implement a better standard measure.

- *Provider Survey:* In a nationwide survey, leaders of VA SUD treatment programs expressed general agreement with practice guideline benefits. However, lack of time, knowledge, and skills were seen as major barriers to guideline implementation. Non-supervisory staff were perceived as neutral or opposed to guidelines, but conflict with program philosophy was not rated as a significant barrier. Modalities seen as efficacious but not well implemented, such as behavioral marital therapy and smoking cessation interventions, are fertile areas for future quality improvement.
- *Best continuity of care practices for patients with substance use disorders and PTSD:* QSUD analyses indicate that greater duration of continuing care, more so than intensity of continuing care, is related to better substance use, legal, and employment outcomes.

Quality Enhancement Research Initiative

QUERI currently focuses on nine conditions that are prevalent and high-risk among veteran patients: Chronic Heart Failure, Colorectal Cancer, Diabetes, HIV/AIDS, Ischemic Heart Disease, Mental Health, Spinal Cord Injury, Stroke, and Substance Use Disorders.

The QUERI Process

The QUERI process includes six steps:

- 1) identify high-risk/high volume diseases or problems;
- 2) identify best practices;
- 3) define existing practice patterns and outcomes across VA and current variation from best practices;
- 4) identify and implement interventions to promote best practices;
- 5) document that best practices improve outcomes; and
- 6) document that outcomes are associated with improved health-related quality of life.

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