

NQF Standards of Care Improving the Quality of Addiction Treatment

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Economic Costs of Substance Use Disorders

- Untreated substance abuse costs Oregon \$5.93 billion each year:
 - \$813 million for health care;
 - \$4.15 billion in lost earnings; and
 - \$967 million for:
 - Law enforcement,
 - Criminal justice, and
 - Social welfare.

Data source: EcoNorthwest

Who Needs Addiction Treatment in Oregon?

Age Group	Estimate abuse and/or dependency	People served in public system	Percent of need met
12 to 17	19,956 ^[1]	5,844	29%
18 to 25	81,743 ^[2]	13,088	16%
26+	163,896 ^[3]	38,112	23%

^[1] Estimates are based on the annual National Survey of Drug Use and Health (2007).

^[2] Ibid.

^[3] Ibid.

Health Care Costs for People with SUD

- Health care costs increase for people with SUD.
- \$62 billion in 2008 nationally.
- Costs particularly higher for emergency room visits and hospitalizations.
- Individuals with SUD use about 8 times more health care services.

Data source: Treatment Research Institute, 2009

Health Care Costs for People with SUD

- Among uninsured and Medicaid patients, about 25% of hospital stays are the result of alcohol use disorder.
- Almost 20% of Medicaid hospital costs and nearly \$1 of every \$4 spent on inpatient care by Medicare is associated with SUD.

Some Solutions: Treatment Penetration for SUD

- States have reduced Medicaid costs by over 10% in two years and about 18% within 4 years by increasing treatment penetration rates.
- In one study, treatment led to a decrease in Medicaid costs of about 5% over a five-year period (Luchansky et al. 1997).
- Treatment for Medicaid patients in a comprehensive HMO reduced medical costs by 30% per treatment member in all areas of health care use (Walter et al. 2005).

Some Solutions: Early and Economical Screening and Brief Interventions (SBI)

- Inpatient and ER costs declined by about 39% (Parthasarathy et al. 2001).
- Total medical costs per patient per month declined from \$431 to \$200 (Parthasarathy et al. 2003).

Some Solutions: Use of Medications in SUD Treatment

- Use of medications has led to significant reductions in healthcare costs in Medicaid populations, primarily related to hospitalizations.
- For alcohol dependent patients, use of medications in private sector treatment shows a significant reduction in hospital costs and ER costs while increasing utilization and costs for outpatient psychiatric visits (which may be positive).

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Domain I. Identification of Substance Use Conditions

– Screening and Case Finding

1. During new patient encounters and at least annually, patients in general and mental healthcare settings should be screened for at-risk drinking, alcohol use problems and illnesses and any tobacco use.
2. Healthcare providers should employ a systematic method to identify patients who use drugs that considers epidemiologic and community factors and the potential health consequences of drug use for their specific population.

Screening, Brief Intervention and Referral to Treatment - SBIRT

- SBIRT is a preventative service under the Oregon Health Plan.
- SBIRT codes (99408 and 99409) allow health care professionals to screen, provide brief interventions, and refer to specialty SUD services.
- OHSU SBIRT Primary Care Residency Initiative.

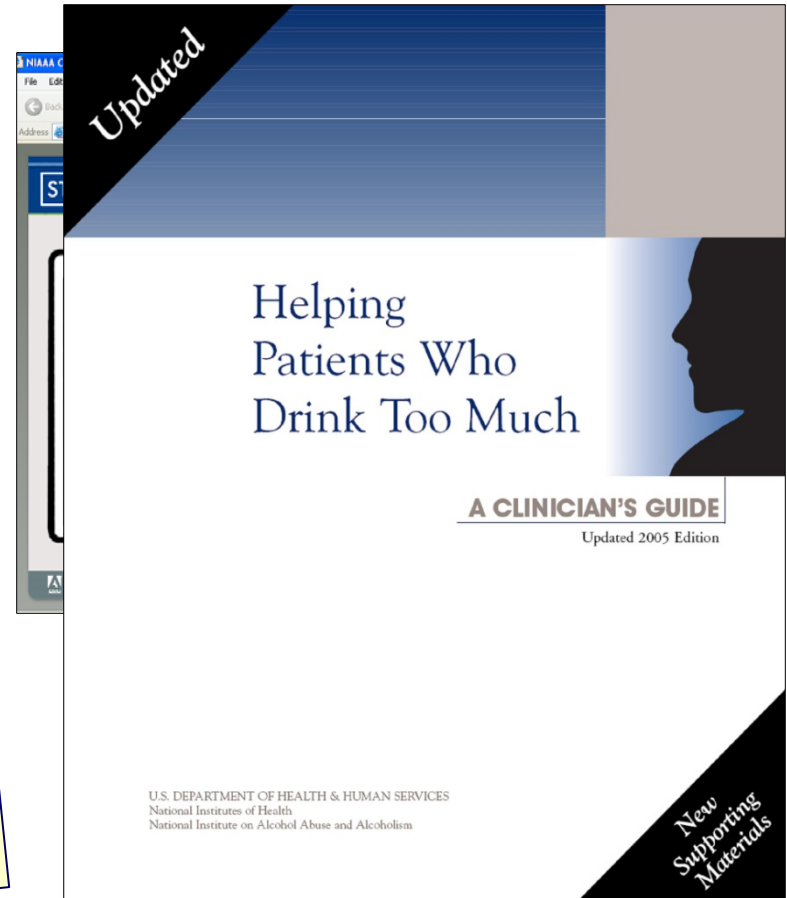
Using the NIAAA *Clinician's Guide*

A note to Instructors:

This slide show is a companion to
the NIAAA

NIAAA introduces a new free
online training resource:
Video Cases based on the *Clinician's
Guide*

- Free CME/CE credits offered by
Medscape.com
- For details and links, visit
www.niaaa.nih.gov/guide



More Useful Information from NIAAA

- <http://www.niaaa.nih.gov/Publications/EducationTrainingMaterials/>

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– Diagnosis and Assessment

3. Patients who have a positive screen for – or an indication of – a substance use problem or illness should receive further assessment to confirm that a problem exists and determine a diagnosis.

Patients diagnosed with a substance use illness should receive a multidimensional, biopsychosocial assessment to guide patient-centered treatment planning for substance use illness and any coexisting conditions.

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Domain II. Initiation and Engagement in Treatment

– Brief Intervention

4. All patients identified with alcohol use in excess of National Institute on Alcohol Abuse and Alcoholism guidelines and/or any tobacco use should receive a brief motivational counseling intervention by a healthcare worker trained in this technique.

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- Promoting Engagement in Treatment for Substance Use Illness
 5. Healthcare providers should systematically promote patient initiation of care and engagement in ongoing treatment for substance use illness. Patients with substance use illness should receive supportive services to facilitate their participation in ongoing treatment.

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– Withdrawal management

6. Supportive pharmacotherapy should be available and provided to manage the symptoms and adverse consequences of withdrawal, based on a systematic assessment of the symptoms and risk of serious adverse consequences related to the withdrawal process. Withdrawal management alone does not constitute treatment for dependence and should be linked with ongoing treatment for substance use illness.

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Domain III. Therapeutic Interventions to Treat Substance Use Illness

- Psychosocial Interventions
 7. Empirically validated psychosocial treatment interventions should be initiated for all patients with substance use illness.

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- Pharmacotherapy

8. Pharmacotherapy should be recommended and available to all adult patients diagnosed with **opioid** dependence and without medical contraindications.

Pharmacotherapy, if prescribed, should be provided in addition to and directly linked with psychosocial treatment/support.

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9. Pharmacotherapy should be recommended and available to all adult patients diagnosed with **alcohol** dependence and without medical contraindications.

Pharmacotherapy, if prescribed, should be provided in addition to and directly linked with psychosocial treatment/support.

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10. Pharmacotherapy should be recommended and available to all adult patients diagnosed with **nicotine** dependence (including those with other substance use conditions) and without medical contraindications.
Pharmacotherapy, if prescribed, should be provided in addition to and directly linked with brief motivational counseling.

Medication Assisted Addiction Treatment

Four main medications for SUD:

- Buprenorphine
- Vivitrol – injectable Naltrexone
- Acamprosate
- Methadone

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Domain IV. Continuing Care Management

11. Patients with substance use illness should be offered long-term, coordinated management of their care to manage this illness and any coexisting conditions, and this care management should be adapted based on ongoing monitoring of their progress.

Questions / Comments?
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