Identifying Substance Abuse in the Primary Care Setting

Studies indicate that over 20 percent of patients seen by primary care physicians have a problem with alcohol or drugs. These patients are much more likely to develop medical problems than the general population. Regular screening of patients in the primary care setting to identify substance abuse problems is the first step in getting a handle on what has been called the nation’s number one health problem. The National Institute on Alcohol Abuse and Alcoholism estimates that alcohol and drug abuse are associated with 100,000 deaths per year, and the costs to society are tremendous.

With the continued growth of integrated healthcare, the primary care physician’s (PCP’s) role is expanding. It is essential that PCPs be able to identify patients who have substance or alcohol abuse problems since they are responsible for comprehensive care of patients. While practitioners trained in substance abuse addiction and treatment may be utilized after identification, those physicians who are familiar with the medical complications of substance abuse and their relation to other comorbid illnesses will be better equipped to deliver quality care.

Impact of substance abuse on families

The impact of substance abuse ranges far beyond the patient. Problems such as criminal activity, joblessness, domestic violence, and child abuse or neglect may also be present in families of a substance abuser, and the effects of substance abuse frequently extend beyond the nuclear family.

To address these issues, providers need to collaborate with professionals in other fields. When concurrent therapy takes place, communication among all clinicians is vital.

The PCP is in a unique position to involve family members and advise and assist them on how to find appropriate therapy or treatment for the substance abuser and the family.

Substance abuse and medical comorbidities

Substance abuse may both cause and complicate medical illnesses. The most common illnesses associated with substance abuse include diseases of the liver and esophagus, cancer, hepatitis, HIV, and conditions leading to stroke. Knowledge of a patient’s substance abuse problem is an important consideration when determining treatment of medical conditions.
Screen, intervene, refer

Patients with substance abuse issues will present “red flags” during a physical examination or during a consultation for atypical progress of medical problems, including:

- Frequent absences from school or work
- History of frequent trauma or accidental injuries
- Depression or anxiety
- Labile hypertension
- Gastrointestinal symptoms such as epigastric distress, diarrhea, weight changes
- Sexual dysfunction
- Sleep disorders

The presence of even one of these red flags should raise suspicion. A number of physical indications can also suggest alcohol or other substance abuse problems, such as:

- Mild tremor
- Odor of alcohol on breath
- Enlarged, tender liver
- Nasal irritation (suggestive of drug insufflation)
- Conjunctival irritation (suggestive of exposure to marijuana smoke)
- Labile blood pressure, tachycardia (suggestive of alcohol withdrawal)
- “Aftershave/mouthwash” syndrome (to mask the odor of alcohol)
- Odor of marijuana on clothing
- Signs of chronic obstructive pulmonary disease, hepatitis B or C, HIV infection

Even brief intervention in the general healthcare setting can help patients reduce risk. Many studies suggest that brief intervention can help non-alcohol-dependent patients reduce their drinking. For alcohol-dependent patients, one study reported that after brief counseling in an emergency care setting, 65 percent kept a subsequent appointment for specialized treatment, compared with 5 percent of those who did not receive counseling. Providers may refer to HMSA’s Clinical Practice Guideline, Alcohol Screening and Intervention in the Primary Care Setting, for more information on routine screening and intervention.

Consider contacting Behavioral Care Connection (BCC) if you screen for and/or identify additional assessments or treatment needs for a patient that cannot be provided in your office or treatment setting. BCC can also assist you and your patient in finding an available provider, and can answer your questions about different levels of care that are available. Care management is also available.

Levels of care for substance abuse treatment

Many patients are reluctant to admit to substance abuse problems because they believe that treatment would require them to enter a residential (live-in) treatment center. The PCP can encourage the patient by making him or her aware of the wide variety of options available. The PCP should then consult with a

HMSA provides benefits for treatment of drug and alcohol addiction at the same level as coverage for physical illness. There are no lifetime or episode limits when medical appropriateness criteria are met.
professional or refer the patient to a professional who can assist in determining the most appropriate level of care – a match of treatment level with individualized treatment needs that also take the family into consideration. HMSA’s BCC can assist PCPs in making a referral.

Level of care and length of treatment are determined by medical necessity criteria established by the American Society of Addiction Medicine (ASAM). The levels are:

- Residential – 24-hour treatment in a facility
- Partial – day program, generally 20 hours per week, usually three to five days per week
- Intensive Outpatient (IOP) – generally nine hours per week, usually three hours three times per week. Evening hours are available.
- Outpatient

For assistance in referring a member for substance abuse assessment or treatment, call BCC at (808) 952-4400 or toll free from the Neighbor Islands at 1 (888) 225-4122.

Arrange, assist and support a referral

If the PCP has screened for and identified a substance abuse problem, the provider needs to make the connection between drinking and the reason for the visit. This gives the patient the opportunity to name the problem. If there is resistance or lack of awareness of a connection, the provider can help the patient see the connection. Listen carefully for the patient's own concerns; this will aid in making the link. It is important that feedback is given empathetically during this process so that the patient feels neither shame nor blame.

Timing is important. The patient should feel heard and respected before the physician approaches the subject. Conversational style matters – advice should be brief and nonjudgmental.

Use the Readiness Ruler: “How ready are you on a scale of 1 to 10 to change your drinking/substance use if ‘1’ means not ready and ‘10’ means very ready?” Use the ruler to elicit and enhance motivational statements. For example, the provider may ask, “What makes you say ‘5’ instead of ‘2’?”

After discussing the problems, including comorbid medical conditions associated with the patient’s substance abuse, and assessing the patient’s readiness to change, explore options and negotiate a feasible plan, including referral to treatment. BCC can help you guide your patient toward the best individualized treatment opportunity. BCC is in the process of developing a treatment directory for Oahu and the Neighbor Islands that will be distributed to HMSA participating practitioners in the near future.

Importance of accurate billing for substance abuse services

For BCC to ensure that HMSA members receive appropriate follow-up services for a substance use disorder, providers must bill accurately and completely. An alcohol and other drug (AOD) diagnosis, if screened for and detected, should be entered on the claim form even if it is not the primary, secondary or tertiary diagnosis recognized by the practitioner, or was not the problem for which the member was seeking treatment. This pertains to the outpatient, ER or inpatient setting.
Some diagnosis codes most commonly used to identify individuals with an AOD diagnosis fall within the following ranges as listed in the ICD-9-CM Professional Guide for Physicians:

- 291 Alcohol-induced Mental Disorders
- 292 Drug-induced Mental Disorders
- 303 Alcohol Dependence Syndrome
- 304 Drug Dependence
- 305 Alcohol Abuse

**Current status and challenges**

For our members with substance abuse disorders, the goal of HMSA and BCC is to assist our PCPs to screen, assess, identify, treat when appropriate and refer to the appropriate setting, facility or provider.

Data indicates that only three out of every 10 individuals identified with an AOD diagnosis in an outpatient, inpatient or ER setting are initiated into treatment with a follow-up service within 14 days. Data also indicates that only five out of every 100 individuals identified with an AOD diagnosis in any of these settings are engaged in treatment by receiving two or more services within 30 days of the treatment initiation.

**Antidepressant Adherence**

**Depression**

Research has shown that treatment of depression with medication alone is as effective as stand-alone psychotherapeutic services. However, the most effective form of treatment for individuals suffering from a depressive disorder is a combination of psychotherapy and medication. Individuals taking an antidepressant for the treatment of a depressive disorder should stay on the medication for a minimum of six months to effectively treat the disorder and reduce the chance of relapse.

**Pharmacy Call Center**

As of February 1, 2006, members of HMSA’s Health Plan Hawaii plans who fill their antidepressant prescriptions at *Longs Drug Stores* pharmacies will have access to a licensed pharmacist for support services and will be eligible to receive automated refill reminder calls. The central themes of the outbound informational calls made by the licensed pharmacist will be:

- To encourage individuals to speak with their physicians regarding the medication’s efficacy and the potential side effects they may experience
- To answer questions they may have about the medication
- To provide some coping methods for less severe side effects
- To ensure that they speak with their physician prior to making a decision to discontinue the medication
HMSA’s data indicates that approximately two-thirds of depressed members have not continued to use their antidepressants for at least six months. HMSA and Longs hopes that the Call Center will increase antidepressant compliance and success rates for your patients.

Prevention Programs

Ready, Set, Quit! (RSQ!) Smoking Cessation Program. Tobacco use is associated with numerous acute and chronic medical conditions and is recognized as one behavior that, if changed, can have a significant impact on future health and healthcare costs. RSQ! is an 18-month counseling program by phone designed to assist members with tobacco cessation and to provide support to prevent relapse. BCC’s trained smoking cessation counselor works with members using a readiness-to-change model. Components of the intervention include:

- Preparing the patient on how to set a date to quit
- Preparing the patient for the change
- Helping the patient to anticipate challenges and identify triggers
- Problem solving with the patient, focused on how to address challenges and prevent relapse
- Regular support by phone

This program is available to any HMSA member (with the exception of 65C Plus) interested in receiving information about quitting smoking, regardless of their assessed stage of readiness to change. The success rate for those in the program for continuing abstinence at 12 months is 43 percent. HMSA members who enroll in RSQ! are eligible to attend smoking cessation classes in the community at no charge. You can refer a patient to our program by calling BCC. Patients may also call and make a self-referral.

He Hapai Pono (HHP). HHP promotes healthy pregnancies by providing stratified levels of education and RN support by phone to pregnant members based on their individually assessed maternity risks.

During 2005, over 7,800 pregnant HMSA members were sent educational materials and invited to participate in the program. Over 1,800 completed the screening process and received a free book of their choice as well as individualized educational materials. Almost 500 of these women received case management by phone, provided by an RN specializing in maternal/child nursing issues as well as motivational interviewing skills.

Satisfaction surveys from these members were overwhelmingly positive. Provider referrals to the program are usually by fax. Our referral form allows multiple referrals per form. All that is needed is member name, phone number, date of birth and estimated date of delivery. HHP keeps providers informed by fax when a member enrolls and when a member is assessed to be likely to benefit from phone support.

Postpartum depression program. Depression in the postpartum period is common and can be identified in 10 to 15 percent of all mothers after birth. Its effect may significantly interfere with a family’s ability to provide nurturance to the new infant and can lead to significant distress and suffering.

In an attempt to increase the identification of postpartum depression so that early intervention may be effected, all HMSA members who give birth are
mailed an Edinburgh Postnatal Depression Scale. The BCC staff score the surveys that are returned. A licensed clinician contacts those who have a positive score or who indicate that they harbor thoughts of self-harm. The clinician assesses the mother and assists those who may potentially be depressed by providing them with education and referral for any needed treatment or services.

If you have questions about information in this Provider Update, please call BCC at 952-4400 on Oahu or 1 (888) 225-4122 from the Neighbor Islands.