

## Executive Summary

Substance use disorders are prevalent, costly, and at times lethal in the U.S. population, and even more so, among VA patients. The Substance Use Disorders (SUD) QUERI focuses on identifying best practices, disseminating information on best practices, and implementing best practices for preventing, improving the detection of, and treating conditions that arise from VA patients' (mis)use of psychoactive substances. Thus, we address patients' (mis)use of alcohol and illicit drugs (e.g., heroin), whether or not they meet criteria for abuse or dependence, but we also address tobacco use (primarily cigarette smoking) and the misuse of psychoactive prescription medications (e.g., opioid pain medications). Our current foci span patients and staff in both specialized SUD and medical care settings, and include efforts to improve VA opioid agonist therapy (both methadone and buprenorphine) for opioid dependence, contingency management in SUD treatment, smoking cessation, screening and brief interventions for hazardous or problem drinking, screening for and managing the alcohol withdrawal syndrome, and to prevent misuse of opioid medications for chronic, non-cancer pain.

### SUD QUERI Goals and Projects

The SUD QUERI has six goals. **Goal 1** is to improve the current system for monitoring SUD patients' outcomes and care. An ongoing project is testing a practical monitoring system. **Goal 2** is to improve the information and methods needed to implement research-based efforts to enhance the quality of SUD care. That goal is being addressed by ongoing projects to survey VA SUD program staff regarding their knowledge of and attitudes toward SUD evidence-based practices, to develop an automated search strategy to identify tobacco users from electronic medical and administrative data, and, in a major new effort, to develop an automated decision support system to implement aspects of the VA/DoD Guideline for the Management of Opioid Therapy for Chronic Pain.

**Goal 3** is to improve identification and management of patients with SUDs and SUD-related conditions seen in primary care and other medical settings. Our second implementation project to re-engage smokers in smoking cessation treatment completed data collection and a final report; additional publications are anticipated. A tracked project is evaluating two approaches for prescribing opioid pain medication, and a joint project with the Mental Health QUERI is examining factors related to the provision of treatment for depression (MH QUERI) and SUDs in primary care. Other projects are determining the effectiveness of an alcohol-screening intervention in a female VA population and if alerting primary care providers about patients who screen positive for hazardous or problem drinking increases rates of alcohol-related advice and decreases patient drinking. Additional projects are evaluating an intervention

to link VA patients with a smoking cessation helpline and monitoring the roll-out of office-based buprenorphine for treating opioid dependence in the VA.

One planned project under **Goal 3** will study policies associated with successful VA implementation of brief interventions for alcohol problems. Other planned projects directed toward Goal 3 focus on implementing effective office-based buprenorphine for treating opioid dependence, implementing smoking cessation telephone counseling, and implementing clinical reminders for alcohol counseling. Applications have been or will be submitted in 2004 for projects to determine the level of adverse drug reactions as a result of alcohol use, evaluate a web-based and organizational intervention for managing the alcohol withdrawal syndrome, and implement an intervention to prevent the alcohol withdrawal syndrome among medical/surgical patients in VISN 21.

**Goal 4** is to improve specialized SUD treatment practices and is being addressed in several ongoing projects. They include “tracked” projects that are examining (a) retention in VA SUD aftercare programs; (b) the effects of facilitated referral to 12-step self-help groups; treatment preferences of individuals with SUDs who refuse specialized care; and (d) the impact of outpatient SUD treatment on healthcare utilization. Data collection on our first implementation project focusing on increasing access to, and the quality of, opioid agonist treatment for opioid dependence (OPIATE) was completed this year and a final report submitted to HSR&D, but additional publications are pending. Likewise, QUERI funding for projects to examine practices, costs, and outcomes in methadone programs and continuity of care in intensive SUD treatment programs ended in the past year, but additional publications are anticipated.

Other ongoing projects directed at Goal 4 are examining deterioration of some patients during and following SUD treatment, the effects of continuing outpatient SUD care, predictors and effects of participating in SUD self-help groups, VERA (dis)incentives for methadone treatment, the relationship between access (distance) to methadone and mortality, the effects of contingency management interventions in SUD treatment in a meta-analysis, and the effects of pharmacologic treatments for alcohol use disorders in another meta-analysis. Planned projects to address Goal 4 include an effectiveness trial of contingency management in SUD treatment, a study of telephone monitoring of SUD patients, an evaluation of web-based training of SUD counselors, and a secondary analysis to identify hypothesis for matching patients to alcohol treatment.

**Goal 5** is to improve treatment for patients with multiple comorbidities. A tracked project is translating depression guidelines into SUD treatment. Ongoing projects are determining the

relative effectiveness of on-site versus referral care for SUD patients' medical comorbidities, components of effective treatment for patients with substance use and psychiatric disorders, best practices for the treatment of patients with PTSD and SUDs, the effects of guideline-concordant care for patients with substance use and major depressive disorders, and the consequences of aggressive mono-therapy for depression among patients with SUDs and a history of bipolar disorder. The sole planned project under **Goal 5** would develop a comprehensive toolkit to assist SUD clinics in implementing universal testing for hepatitis C infection and for hepatitis A and B infection and immunity, providing patient education on liver health, securing immunization for hepatitis A and B for high-risk patients lacking immunity, and, for hepatitis C positive patients, increasing rates of successful referral to a hepatitis clinic.

Finally, **Goal 6** is to improve treatment for high-risk or underserved SUD patient subgroups. An ongoing project is identifying best practices for treatment older patients with substance use disorders and a planned (already approved) project will examine the impact of SUDs on the treatment of patients in VA nursing homes.

### **Steps in the QUERI Process**

To accomplish its goals, the SUD QUERI Executive Committee, Research Coordinator and Coordinating Center (SUDCC) staff, Clinical Coordinator and his Office's (SUDCCO) staff, and Implementation Research Coordinator, are guided by the QUERI steps. The EC has primary responsibility for Step 1: Select Diseases/Conditions/Patient Populations on which to focus. Step 2, Identify Evidence-based Guidelines/Recommendations, is accomplished by the SUDCC and SUDCCO, in conjunction with the Executive Committee. Step 3, Measure and Diagnose Quality/Performance Gaps, is carried out by the SUDCC and SUDCCO. Step 4, Implement Improvement Programs, is the focus of the SUDCCO and our ongoing and planned implementation projects. Steps 5/6, Evaluate Improvement Programs/Assess Improvement in Health-related Quality of Life, are the foci of multiple SUD QUERI research and implementation projects. Step M, Develop Measures, Methods and Data Resources, is accomplished through SUDCC, SUDCCO, IIR/SDR, and implementation projects. Finally Step C, Develop Clinical Evidence, is accomplished primarily through IIR/SDR projects.

### **Management and Oversight**

The SUD QUERI Executive Committee (EC) is composed of VA-based experts in the pharmacologic and psychosocial treatment of SUDs, treatment evaluation, cost analyses, clinical practice in primary care medicine, pharmacy issues, and the development of practice guidelines (see Table 5). Its members have extensive experience and expertise in delivering and/or studying VA care for SUD patients in both primary/medical and specialized care settings,

in developing SUD practice guidelines, in prescription practices, in research methodology and cost-effectiveness analysis, and in the oversight of SUD care in VA CO. The EC shapes the SUD QUERI's research and implementation agendas by prioritizing research issues and developing an integrated research portfolio, and by evaluating current research support for potential implementation foci. The EC also provides oversight of the SUDCC and SUDCCO. The EC, Research Coordinator, Clinical Coordinator, Implementation Research Coordinator, Administrative Coordinator, and SUDCC and SUDCCO staff work closely and effectively to achieve the SUD QUERI's six goals.