

# Alcohol Telemedicine Consult Service (ATC): Increasing Access to Treatment, including Pharmacotherapy, in Primary Care

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★ Melanie Jackson-Morris, BS      No disclosures

★ Verena Metz, PhD      No disclosures

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# Learning Objectives

- ☀ Describe 3 barriers to linking primary care patients with appropriate treatment for unhealthy alcohol use
- ☀ Describe 3 elements of the Alcohol Telemedicine Consult service (ATC)
- ☀ Describe preliminary implementation outcomes from the ATC pragmatic RCT

# Overview

- ☀ Setting
- ☀ Clinical Challenge
- ☀ Alcohol Telemedicine Consult service (ATC)
- ☀ Preliminary Pragmatic RCT Implementation Results
- ☀ Next Steps

# Setting: Large, Integrated Health System



## Kaiser Permanente

## Northern California

- 4.3 million members
- Diverse membership
- Mature EHR
- Integrated system
- Capitated payment system
- Embedded research

# ...with robust alcohol SBIRT in primary care

(Alcohol as a Vital Sign, June 2013 to December 2023)

19.7M+ alcohol  
screenings  
conducted  
(>99% conducted  
in primary care)

5M+ adults screened

79% of KPNC adult  
members have been  
screened

968K+ adults (19%)  
screened positive

1.2M+ brief  
interventions  
conducted

522K+ adults  
received a brief  
intervention



# Clinical challenge: Linking primary care patients with appropriate care, including pharmacotherapy

- ☀ Most patients with alcohol problems, including AUD, do not receive treatment<sup>1</sup>
- ☀ Limited evidence that SBIRT increases AUD *treatment*<sup>2, 3</sup>
- ☀ Patient, provider, and system-level barriers<sup>4</sup>

*“Considerable research evidence and consensus among experts support the use of pharmacologic treatments in primary care settings.”<sup>5</sup>*

# Pragmatic Trial Design (18 months)

16 Adult Primary Care Clinics

8 (4 Oakland + 4 SF)  
randomized to Usual Care Arm

- Alcohol SBIRT, including:
  - Systematic screening
  - PCPs trained in brief intervention and referral
  - AUD Medications available as part of formulary

8 (4 Oakland + 4 SF)  
randomized to ATC Arm

- UC Alcohol SBIRT PLUS:
  - **PharmDs provide:**
    - Motivational enhancement
    - Pharmacotherapy
    - Facilitated referral to specialty Tx
    - Consultation to physicians

# Lessons from a Pilot Study (2017-18)

## ORIGINAL RESEARCH

### A Telemedicine Approach to Increase Treatment of Alcohol Use Disorder in Primary Care: A Pilot Feasibility Study

Amy Leibowitz, PsyD, Derek D. Satre, PhD, Wendy Lu, MPH, Constance Weisner, DrPH, MSW, Caroline Corriveau, MD, Elio Gizzi, MD, and Stacy Sterling, DrPH, MSW

**Background and Aims:** Unhealthy drinking is a leading threat to health, yet few people with alcohol use disorder (AUD) receive treatment. This pilot tested the feasibility of addiction medicine video consultations in primary care for improving AUD medication adoption and specialty treatment initiation.

**Methods:** Primary care providers (PCPs) received training and access to on-call addiction medicine consultations. Feasibility mea-

significant modifications to the piloted telemedicine model: robust staffing and simpler, more flexible methods for PCPs to obtain consults.

**Key Words:** alcohol use disorder, naltrexone, pharmacotherapy, primary care integration, telemedicine, telepsychiatry

(*J Addict Med* 2020;xx: xxx-xxx)

**Reduce PCP/exam-room time**

→ Focus on referrals versus warm handoffs

**Improve tech/referral process**

→ Utilize health system's EHR-based referral system

**Increase availability**

→ Dedicated clinical pharmacists (1FTE)

*Leibowitz et al., 2022*

# Aims

**Aim 1:** Compare ATC and Usual Care arms on implementation outcomes: AUD medication Rx order rates – primarily Naltrexone – and treatment referrals over two years (EHR).

**Aim 2:** Compare ATC and UC arms on patient outcomes: AUD Rx fills, specialty addiction Tx initiation, alcohol use (quantity/frequency), and service utilization over two years (EHR).

**Aim 3:** Understand characteristics associated with ATC implementation, and **barriers and facilitators** of AUD medication prescription in primary care (qualitative interviews).

# Overview of Study Activities

With partners in Adult Primary Care, Addiction Medicine and Regional Pharmacy:

- Developed a **prescribing guideline**, obtained approval from Regional Pharmacy & Therapeutics Committee
- Implemented **operational tools** – referral and clinical documentation templates, patient-facing materials
- Intensively **trained clinical pharmacists**
- **Trained primary care providers** about the service and AUD prescribing (1 hour plus “boosters”)
- Intervention phase: 9/10/21 - 5/31/23 (~21 months)

# Regional Practice Guideline for Unhealthy Alcohol Use

## PHARMACY POLICY REFERENCE

Scope	NCAL Clinical Pharmacy Operations	POLICY#	N/A
TITLE	Ambulatory Care Pharmacist Practice Guideline for Unhealthy Alcohol Use	Effective Date	
		Last Revision Date	
Approving Committee/Title of Person Responsible: Chiefs of Adult and Family Medicine, Addiction Medicine and Recovery Services KPNC Pharmacy and Therapeutics Committee			

### Choice of Pharmacotherapy

	Advantages	Considerations	Concerns	Formulary
Naltrexone	Robust evidence of efficacy, once-daily dosing, and well-tolerated with favorable side effect profile.  NTX-ER: medication adherence.	Can be used for patients who wish to reduce or abstain from alcohol use. <sup>6,7</sup>  NTX-ER: Refer to Injection Clinic.	Risk of hepatotoxicity; should not be used in patients with severe liver dysfunction, i.e. LFTs >3x ULN. <sup>1-4,8</sup> 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	<i>Formulary generic:</i> <i>oral tablet</i>  <i>Non-Formulary Brand:</i> <i>Vivitrol: Injectable Suspension:</i> Restricted to prescribing by Addiction Medicine/Chemical Dependency Specialists, Psychiatrists and Hospital Based Specialists with guideline

# Provider- and Patient-facing Materials



KAISER PERMANENTE® eConsult

## SPECIALTY

★ Medicine

## PROBLEM / REASON

★ Alcohol Pharmacy Consult Service

## 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



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## NALTREXONE FOR REDUCING ALCOHOL USE

### 1. What is naltrexone?

*Naltrexone is a medication that is FDA-approved for the treatment of alcohol use disorder (AUD). It can also help people without an AUD diagnosis to decrease or discontinue alcohol use.*

### 2. How does naltrexone help people change their relationship to alcohol?

**Bobb et al.,  
2017**



# Comprehensive PharmD Training, 2x/month for 9 months

1. Destigmatizing substance use and providing trauma-informed care
2. Specialty addiction medicine programs and services
3. Talking with primary care patients about alcohol use
4. Efficacy and safety profile of FDA-approved and off-label medications
5. Prescribing, Parts 1 & 2, including case-based practice
6. Motivational Interviewing skills, Parts 1-4: IDing stage of change, listening for change talk, OARS,



**Arzo Razaq,**  
Pharm.D.,  
BCPS



**Sarah  
Moline,**  
Pharm.D.



# Primary Care Provider Trainings



*Any patient with **unhealthy drinking** who is **not ready, willing, or able** to engage in specialty treatment*

## Medications for Unhealthy Drinking

### **Caroline Corriveau, MD, FASAM**

Co-director, Addiction and Recovery Services KP Oakland  
KP Oakland Psychiatry Residency Addiction Rotation Site Director

### **Murtuza Ghadiali, MD, FASAM**

Chief, Addiction Medicine and Recovery Services KPSF  
Faculty KP Addiction Medicine Fellowship  
Chair, Controlled Substances Safety Committee



## ATC: Easy Access



Starting **THIS Friday, 9/10**

1. Recommend to patient
2. Complete eConsult
3. Direct book appointment



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# Aim 1: Implementation - Preliminary Bivariate Findings

		ATC (N=21,873)			Control (N=19,961)			
			n	%		n	%	p-value
Referrals to Tx (ATC or AM) for alcohol problems			1452	6.6%		999	5.0%	<.001
Naltrexone orders	For any etoh problem		396	1.8%		213	1.1%	<.001
	For AUD		302	1.4%		131	0.7%	<.001

# Preliminary Multivariable\* Models

		Rate Ratio (RR)	95% Wald CI		p-value
		ATC vs Control*	Lower RR	Upper RR	
Referrals	To ATC and/or AM	1.37	1.11	1.70	0.00
	To ATC only	87.20	18.12	419.56	<.0001
	To AM only	1.02	0.82	1.27	0.85
Naltrexone Orders	For any etoh problem	1.69	1.20	2.40	0.003
	For AUD	2.18	1.51	3.14	<.0001

\*Controlling for facility, provider age/sex/race-ethnicity, years at KPNC, and specialty – i.e., internal versus family medicine

# Case Examples

43yo F with **strong fam Hx breast cancer** reports 3 drinks/night. Pt goal: avoid returning to ~6 per night, which caused blackouts. Pt accepted **specialty referral**. At conclusion of 2-month weekly outpatient treatment, specialty provider noted, **“Pt reports she is drinking an average of 7-8 drinks/week, which is a significant reduction.”**

52yo M with fatty liver and prediabetes, drinking 4 beers, 2 cocktails plus “a couple more drinks” daily. Seen within 24 hours of PCP visit and agreed to **naltrexone**. Within 1 week, reported drinking 1-3 beers per sitting. Pharmacist noted: **“Enjoys increased energy, mental alertness, sleeping through the night.”**

# Next Steps

- ☀ Aim 2 analyses – Patient outcomes (Rx fills and specialty Tx initiation) and cost effectiveness
- ☀ Qualitative analyses (semi- structured interviews with primary care providers, n=19, complete)
- ☀ Develop implementation recommendations based on overall findings

# Final Takeaways/Summary

- ☀ Innovative approaches are needed to expand access to treatment for unhealthy alcohol use and address barriers such as stigma, logistics, and insufficient primary care time / resources
- ☀ A pharmacist-delivered, primary care-based service to address unhealthy alcohol use holds promise for increasing naltrexone prescribing and specialty addiction medicine referrals
- ☀ Components of the service included a prescribing guideline, physician and patient-facing materials, a 1-hour training for primary care providers about the service and AUD pharmacotherapy, and extensive pharmacist training

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