



Substance Abuse/Dependence Clinical Practice Guidelines 2008 Key Points

Provided by:

Highmark Behavioral Health Clinical Quality Improvement Committee

Introduction

The Highmark Behavioral Health Clinical Quality Improvement Committee has reviewed, evaluated and adopted the **National Institute on Drug Abuse (NIDA) "Principles of Drug Addiction: A Research Based Guide" Clinical Practice Guideline**. This particular guideline is geared toward the practitioner treating substance abuse/dependence in the primary care setting. The committee also reviewed, evaluated and adopted the **American Psychiatric Association (APA) Clinical Practice Guideline for the Treatment of Patients with Substance Use Disorders**. This practice guideline is geared toward the psychiatrist treating substance abuse/dependence in the behavioral health setting.

Selected Clinical Guidelines

The full guidelines are available on the following World Wide Web sites:

- <http://www.nida.nih.gov/PODAT/PODATIndex.html>
- http://www.psych.org/psych_pract/treatg/pg/SUD2ePG_04-28-06.pdf

Additional Practitioner and Member References and Resources

- Reference behavioral health benefits, levels of care available to members, or care or case management services at 1-800-485-2889 (Option 1).
- Access components of the Behavioral Health Toolkit via Navinet. Select: Resource Center/Clinical Reference Materials/Quality Management Resource Binder or fax your toolkit Order Form to Behavioral Health Toolkit Contact @ 412-544-2619.
- Reference "A Pocket Guide for Alcohol Screening and Brief Intervention" at http://pubs.niaaa.nih.gov/publications/Practitioner/PocketGuide/pocket_guide.htm
- Recovery is often more successful when patients and their families/significant others are active participants in treatment efforts. Educating patients and their significant others about substance abuse disorders, treatment options, and available resources can greatly aid in the recovery process. Excellent patient/family educational materials can be found at:
 - <http://www.niaaa.nih.gov/Publications/PamphletsBrochuresPosters/English/>
 - http://www.samhsa.gov/Treatment/treatment_public_i.aspx
- Refer your Highmark patients to the Behavioral Health Unit at 1-800-596-9443 (Option 1) for continued support in the management of your patients with a substance abuse diagnosis.

As with any insurance, members are eligible for services only as long as they are active members of the plan and the services are covered benefits of their group or direct pay contract.

SUBSTANCE ABUSE MANAGEMENT KEY POINTS

	<h2 style="text-align: center;">SUBSTANCE ABUSE MANAGEMENT KEY POINTS</h2>
<p>Evaluate</p>	<p>Routinely screen patients for substance abuse disorders.</p> <p>Reference the following screening tools: AUDIT-C alone or in combination with the CAGE to screen for alcohol use DAST to screen for drug use TWEAK to screen pregnant women for alcohol use</p> <p>These screening tools can be found at: http://www.projectcork.org/clinical_tools/index.html http://www.oqp.med.va.gov/cpg/SUD/SUD_base.htm</p>
<p>Assess</p>	<ul style="list-style-type: none"> • Obtain a physical examination. • Obtain a medical and medication history (including pregnancy status and OTC medication). • Order relevant laboratory tests. • Conduct a Mental Status Exam
<p>Educate</p>	<p>Educate your patient by providing feedback on your findings.</p> <ul style="list-style-type: none"> • Educate patient and family about substance abuse, associated problems, treatment resources, and relapse prevention. • Intervene by providing feedback at every patient contact about the screening results and information about safe consumption limits and advice about change. • Support patient by stressing the importance of building and maintaining a support system, which will promote reduction of use or abstinence. Offer to involve family or significant others in the treatment process as early as possible. Consider obtaining the patient's consent and referring the family/significant others for preventive interventions conducted by a substance abuse specialist. For substance abuse specialists, go to the Highmark website and click on Provider Resource Center.
<p>Treat</p>	<p>Determine Plan of Action.</p> <ul style="list-style-type: none"> • Decide if Immediate Care or ER is needed: If yes, provide appropriate medical care to stabilize or obtain a consult, such as in cases of acute trauma, MI, stroke, DTs, and imminent risk of harm to self or others. Any patient who has required detoxification should be referred to a specialist upon discharge and the appointment should be scheduled and take place as soon as possible, but no later than 14 days. Please call 1-800-596-9443, "Option 1" for assistance in making behavioral health referrals for Highmark members. • Medically Stabilize: Initiate concurrent physiological stabilization, if required. Address any medical sequela related to substance use. • Discuss a Specialty Consult or Referral with the Patient: A specialty referral is indicated if condition does not respond or is not amenable to office intervention. Severe and high risk cases, such as patients with co-existing psychiatric disorders, should be strongly encouraged to see a specialist. Assess and document whether patient agrees to a referral. • Follow Referral Process: If patient agrees, refer to specialty care. Ready access to care is critical. Attempt to schedule an intake interview with the specialist as soon as possible, assuring the appointment is within 14 days. Provide patient a list of AA meetings in their area by searching the Alcoholics Anonymous website at http://www.alcoholics-anonymous.org/en_find_meeting.cfm • Treat: Negotiate goals and strategies for change, and make arrangements for follow-up visits. Strongly encourage participation in self-help groups. Arrange at least 2 more additional visits within 30 days of making the initial diagnosis of substance abuse or dependence. Keep encouraging reluctant patients to accept treatment of some kind. Try to engage and keep the patient in treatment at least 3 months. Monitor changes at follow-up visits by asking about their specific use, health effects, and barriers to change.

Some flexibility in specific cases will require deviations from guideline recommendations. All providers are responsible for individualizing recommendations to the specific clinical characteristics of each patient.

Physicians are encouraged to reference the Highmark Drug Formulary when selecting prescription drug therapy for eligible members, which may be found at <http://highmark.formularies.com/>. Members with a Select (formerly the Highmark Closed Formulary) benefit do not have coverage for nonformulary drugs. When selecting prescription drug therapy for eligible Medicare Advantage members, please consider referencing the Highmark Medicare-Approved Formulary which may be found at <http://highmark.medicare-approvedformularies.com>.

If appropriate, consider prescribing medications included in the formulary to avoid noncovered expenses for your patient. Physicians may request to have a nonformulary drug covered for an individual patient. Evidence to support the ineffectiveness of formulary alternatives for the particular patient's condition or a reasonable expectation of adverse reactions from the use of formulary products must be submitted for a request to be considered.

Instructions and the request form for this process are located on the Provider Resource Center under "Provider Forms".