

Alcohol Use Disorder

A CBH Network Best Practices Guide



Community Behavioral Health

A DIVISION OF DBHIDS | CBHPHILLY.ORG



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1. ENGAGING MEMBERS WITH AUD IN TREATMENT

CBH is committed to ensuring access to quality substance use treatment for all Philadelphians, but research shows that only a small proportion of those diagnosed with alcohol use disorder (AUD) are engaged in treatment services. The combination of effective behavioral therapy, availability of appropriate medication, and coordination of care represents the standard of care for AUD and other addictive disorders.

COVID-19 impacted the engagement of members seeking treatment for AUD across the CBH provider network. CBH collected and analyzed data for initiation and engagement of AUD.

- ➔ Initiation in treatment is defined as: Assessment of adults and adolescents 13 years of age and older with a new episode of alcohol or other drug (AOD) dependence who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth, or medication-assisted treatment (MAT) within 14 days of diagnosis.
- ➔ Engagement in treatment is defined as: Assessment of adults and adolescents 13 years of age and older with a new episode of AOD dependence who initiated treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth, or MAT who have had two or more additional AOD services or MAT within 34 days of the initiation visit.

The table below demonstrates the baseline year engagement rate from calendar year 2020. In 2021, the engagement rate of members with AUD dropped by 3.52 percentage points. In 2022, a higher percentage of individuals with AUD sought treatment.

<i>Baseline (Calendar Year 2020)</i>	<i>2021</i>	<i>2022</i>	<i>Benchmark Rate</i>
18.15%	14.63%	27.56%	23.16%

While evidence-based treatments exist, including MAT, these treatments are widely underutilized. Research estimates only 8-20% of members with AUD receive any treatment, and far fewer receive evidence-based treatments.¹ Low utilization of MAT for AUD is felt to be related to members’ limited awareness of treatment options and prescribers’ unfamiliarity with medications, perceived low patient demand, and lack of confidence in efficacy of medications.²

Data from the Philadelphia Department of Behavioral Health and Intellectual Disability Services (DBHIDS) indicates that from 2016-2020, of the roughly 17,000 members diagnosed with substance use disorder (SUD) at any given time, 15-20% had a primary diagnosis of AUD and another 4-7% had a secondary diagnosis of

¹ Grant et al 2015, Mark et al 2009, Hasin et al 2007.

² Hagedorn et al 2016.

AUD. Additionally, utilization of evidence-based treatments for AUD, such as the combination of MAT and counseling, is low in Philadelphia, mirroring the findings discussed above.

CBH collected and analyzed data from treatment practices that implement Pennsylvania's performance measures for MAT (counseling and pharmacotherapy). These measures aim to ensure members with diagnoses of AUD receive both counseling and MAT.

Specifications for the MAT-AUD measure include:

- ➔ Age: 16 years +
- ➔ Diagnosis: F10.2XX (excluding F10.21, in remission) – Alcohol Dependence
- ➔ Qualifying Medication: At least one administration, dispensing, or prescribing of an FDA-approved medication for AUD during the measurement period:
 - » Acamprosate
 - » Disulfiram
 - » Naltrexone
 - » Naltrexone, extended release (injectable)
- ➔ Qualifying Behavioral Health Claim: Members must have received at least one behavioral health claim encounter with one of the following procedure codes indicating behavioral health counseling during the measurement period:
 - » Current Procedural Terminology (CPT)
 - ➔ 90832 – Individual psychotherapy (30 minutes)
 - ➔ 90834 – Individual psychotherapy (45 minutes)
 - ➔ 90837 – Individual psychotherapy (60 minutes)
 - ➔ 90839 – Psychotherapy for crisis (60 minutes)
 - ➔ 90845 – Psychoanalysis
 - ➔ 90847 – Family or couples psychotherapy, with the patient present
 - ➔ 90853 – Group psychotherapy
 - ➔ 98968 – Telephone therapy (non-psychiatrist)
 - » Healthcare Common Procedural Coding System (HCPCS)

➔ H0015 – Alcohol and/or drug services; intensive outpatient

The table below demonstrates the baseline year for MAT-AUD from calendar year 2020. There has been a slight increase in the use of both counseling and pharmacotherapy each year.

<i>Baseline (Calendar Year 2020)</i>	<i>2021</i>	<i>2022</i>	<i>Benchmark Rate</i>
6.53%	6.67%	7.28%	7.66%

Providers have identified six common barriers affecting member (and sometimes staff) willingness for discussion of AUD and engagement in comprehensive treatment:

- ➔ Assessed stage of readiness for change
- ➔ Lack of trust in medical care systems and medication
- ➔ Co-occurring psychiatric issues and associated behavior
- ➔ Stigma surrounding substance use, help-seeking, and treatment with medication.
- ➔ Culturally specific barriers
- ➔ Access and care navigation concerns

While there will always be variables that impact member choice, CBH and our network of treatment providers work together to identify factors that promote success in AUD treatment—reducing stigma, improving health, and making recovery possible.

AUD Treatment Champions

CBH used available claims and pharmacy data to understand trends in treatment within the current network of providers and to identify providers who demonstrated the strongest rates of providing both counseling and MAT for AUD. CBH identified five providers as MAT-AUD Treatment Champions to identify and share best practices for successful engagement and treatment through a webinar series on the following topics when treating members diagnosed with AUD:

- ➔ Practical tips for AUD treatment intake and continuation
- ➔ Strategies to support members understanding of the benefits of MAT
- ➔ Whole-person AUD treatment – integrating care coordination practices

Using lessons learned from direct care providers and those members in recovery, CBH and participating MAT-AUD Treatment Champions have also developed this best practices guide to support the provider

network in engaging members with AUD in treatment through both counseling and the use of pharmacotherapy. This guide is not a replacement for the [AUD Clinical Practice Guidelines](#); it should instead be used as a companion guide for providers to implement practical tips to improve treatment operations to increase best practices in the treatment of members with AUD.

CBH providers should continue to reference the AUD Clinical Practice Guidelines (last updated by CBH in December 2022) as they provide a comprehensive reference for screening, assessment, treatment, and discharge planning in accordance with applicable supporting scientific treatment evidence and regulatory requirements.

2. AUD TREATMENT INTAKE AND CONTINUATION

Practical Tip #1: Intake is more than the completion of a form.

Meet members where they are. Listen to their narratives regarding their relationship with alcohol use. Help members to understand the difference between self-medicating and working with a prescriber. Build relationships by:

- ➔ Finding something to like about each member that makes them feel seen and known during the vulnerable process of accepting help
- ➔ Finding out who members trust in their history of care experiences and use those relationships to build a team around them with professionals and family-of-choice supports
- ➔ Openly discussing concerns that make a member less likely to seek treatment
- ➔ Being trustworthy and managing your schedule to make sure you can be present at appointment times

Practical Tip #2: Assess stages of readiness.

- ➔ Listen to what members share about their motivations and hesitations around change.
- ➔ Educate members about the stages of change and help them understand their current motivators to move into the next stage.
- ➔ Provide information that relapse can be part of a successful recovery journey, and plan for how to get back on track when old patterns re-emerge.

3. STRATEGIES TO HELP MEMBERS UNDERSTAND MAT

Whether a medication should be prescribed, and in what amount, are matters to be discussed between a member and their health care provider. FDA-approved medications used to treat AUD do not provide a cure,

but for members who participate in a treatment program to reduce or eliminate the use of alcohol, these medications are most effective when members have achieved initial abstinence.

Practical Tip #1: Use motivational interviewing techniques that intertwine direct listening and giving good advice.

- ➔ Discuss strengths that have worked in the past to help recovery efforts.
- ➔ Discuss the complex nature of having an AUD diagnosis.
- ➔ Screen for all substance use and members' readiness for change.

Practical Tip #2: Share the facts.

- ➔ Cite evidence for efficacy of using MAT and how it helps with AUD.
- ➔ Share the outcome data with members about the benefits of MAT.
- ➔ Provide member-friendly information about the biology of AUD and chronic physical effects.
- ➔ Share handouts about the medications and discuss the FDA approval.
- ➔ Provide culturally tailored education regarding MAT-AUD treatment options for all care providers, members, and families-of-choice.

Practical Tip #3: Involve members in decision-making.

- ➔ Actively engage members in the decision-making process.
- ➔ Identify the goals of members (e.g., reduced drinking, abstinence).
- ➔ Monitor progress and discuss individual data.
- ➔ Revisit discussion of treatment options if initial choices are not effective.

Practical Tip #4: Encourage community involvement.

- ➔ Acknowledge and make full use of the community's role in and potential for providing opportunities to advance member recovery.
- ➔ Encourage participation in group treatment and peer support to foster shared learning opportunities.
- ➔ Established effective partnerships within the community to serve the continuing care and needs of members receiving services.

Please refer to the CBH [AUD Clinical Practice Guidelines](#) for information about specific medications, dosing, and contraindications. Additional resources for prescribers include the Substance Abuse and Mental

Health Services Administration's (SAMHSA) [TIP 49: Incorporating Alcohol Pharmacotherapies Into Medical Practice](#).

4. WHOLE-PERSON AUD TREATMENT – INTEGRATING CARE COORDINATION PRACTICES

CBH acknowledges that there are many reasons why members may not be successful in treatment. To assist members with their treatment goals, it is important to integrate care coordination practices throughout your agency. Care coordination can be the extra step that can help members achieve their treatment goals. Below are some practical tips that CBH has identified that can help members achieve their goals.

Practical Tip #1: Follow up on missed appointments.

- ➔ Follow up on any missed appointments and be specific about the hopes to continue to work with the members.
- ➔ Discuss with members the barriers they face making plans and attending follow-up appointments.

Practical Tip #2: Incorporate linkages and referrals to address adverse social determinants of health (SDOH).

There are many aspects in members' lives that can make receiving MAT difficult. CBH understands that it is important to identify the adverse SDOH factors that may be affecting members. SDOH information should be collected as part of treatment planning. Review the identified needs with members and follow up; understand their plan for addressing needs and priorities within that list and help them determine if additional assistance is needed from a case manager or peer.

SDOH information should be collected at intake, but it is also appropriate to discuss these barriers throughout the process. Encourage members to engage with community resources and peers who are working to achieve the same goal.

It is important to provide whole-person care when treating AUD. Talk to members about their needs and discuss what barriers may be preventing them from initiating or continuing treatment. Have resources ready to assist members with achieving their goals throughout treatment.

When discussing SDOH information with members, CBH recommends asking about:

- ➔ Housing needs
- ➔ Food and nutrition needs
- ➔ Transportation needs
- ➔ Social communities

- ➔ Connections to social services

If members have difficulties addressing the needs above, consider connecting them to resources that may help them meet their needs, such as:

- ➔ Community supports
- ➔ Housing supports
- ➔ Certified peer supports
- ➔ Food services
- ➔ Transportation services

CBH is committed to assisting members with meeting their SDOH needs. As an organization, CBH has created bulletins to help providers assist members with meeting their goals.

- ➔ [CBH Provider Bulletin 18-15: Social Determinants of Health Data Capture](#)
- ➔ [DBHDIS Social Determinants of Health Toolkit Addressing Health Equity](#)
- ➔ [FindHelp.org](#) (can be used to find resources for members)

Practical Tip #3: Connect with the primary care provider.

- ➔ Connect members with their primary care doctors or connect them to primary care teams to help manage any physical health conditions they may have while working through treatment.
- ➔ Establish bi-directional referral agreements with physical health providers; for example, if behavioral health issues are identified resulting from medical appointments, physical health providers will consult with the behavioral health agency and vice versa.

5. RESOURCES FOR PATIENT EDUCATION

CBH acknowledges the importance of providing members with quality, evidence-driven resources to assist them with understanding their care needs and meeting their goals. CBH recommends that providers share the following with members:

- ➔ CBH webpage: [AUD and MAT](#)
- ➔ SAMHSA
 - » [Medication for the Treatment of AUD: A Brief Guide](#)
 - » [TIP 35: Enhancing Motivation for Change in SUD Treatment](#)

- » [MAT and Common Misconceptions](#)
- » SAMHSA webpage: [Medications for Substance Use Disorders](#)
- ➔ National Institute on Alcohol Abuse and Alcoholism's (NIAAA) [Rethinking Drinking](#) website contains many [helpful resources](#).
- ➔ Alcohol Use Support Groups
 - » [Alcoholics Anonymous \(AA\)](#)

AA's primary purpose is to help alcoholics achieve sobriety as a fellowship of people who come together to solve their drinking problem. AA meetings are free and there are no age or education requirements to participate. Membership is open to anyone who wants to do something about their drinking problem; meetings are held in-person and with virtual formats.
 - » [Al-Anon/Alateen](#)

Al-Anon is a free, non-religious, mutual support program for people whose lives have been affected by someone else's drinking. By sharing common experiences and applying the Al-Anon principles, families and friends of alcoholics can bring positive changes to their individual situations, whether or not the alcoholic admits a drinking problem or seeks help. By attending Alateen, teenagers meet others with similar situations.
 - » [SMART Recovery](#)

SMART Recovery is a mental health and educational program focused on changing human behavior. Members can participate in face-to-face meetings worldwide and access digital resources, such as a 24/7 chat room, message board, and daily online meetings. The organization's 4-Point Program empowers you to overcome alcoholism, teaches you how to maintain sobriety, and gives you the tools for a balanced life.
 - » [Secular Organizations for Sobriety \(SOS\)](#)

SOS offers meetings that alcoholics can attend to get and remain sober. There are a variety of SOS meetings that take place in cities across the United States, as well as online groups.
 - » [Women for Sobriety](#)

The Women for Sobriety organization was designed to help women who suffer from alcoholism or substance use. Meeting and support groups follow the Thirteen Statement Program and commit to continued abstinence. Members have access to many self-help tools such as an online forum, conferences, booklets, and DVDs.