FAST PTO Touchbase

Wednesday January 26th, 2022 9:00AM

Call Instructions:

Please

- Mute your phone, microphone, and speakers on your computer/device
- Enter your name, organization, and preferred pronouns in the chat box feature
- We encourage active participation via Chat or audio
  - Submit questions via the chat box feature
    - Questions will be answered as submitted
  - Unmute yourself to ask question and participate in discussions
  - Time to ask questions via audio will be offered for those on the phone
    - *6 - Toggle mute/un-mute
    - *9 - Toggle raise/lower hand

Agenda

+ Check In
+ Operational
+ Education
+ Q&A
+ Upcoming Events/Wrap Up


Check In

Operational

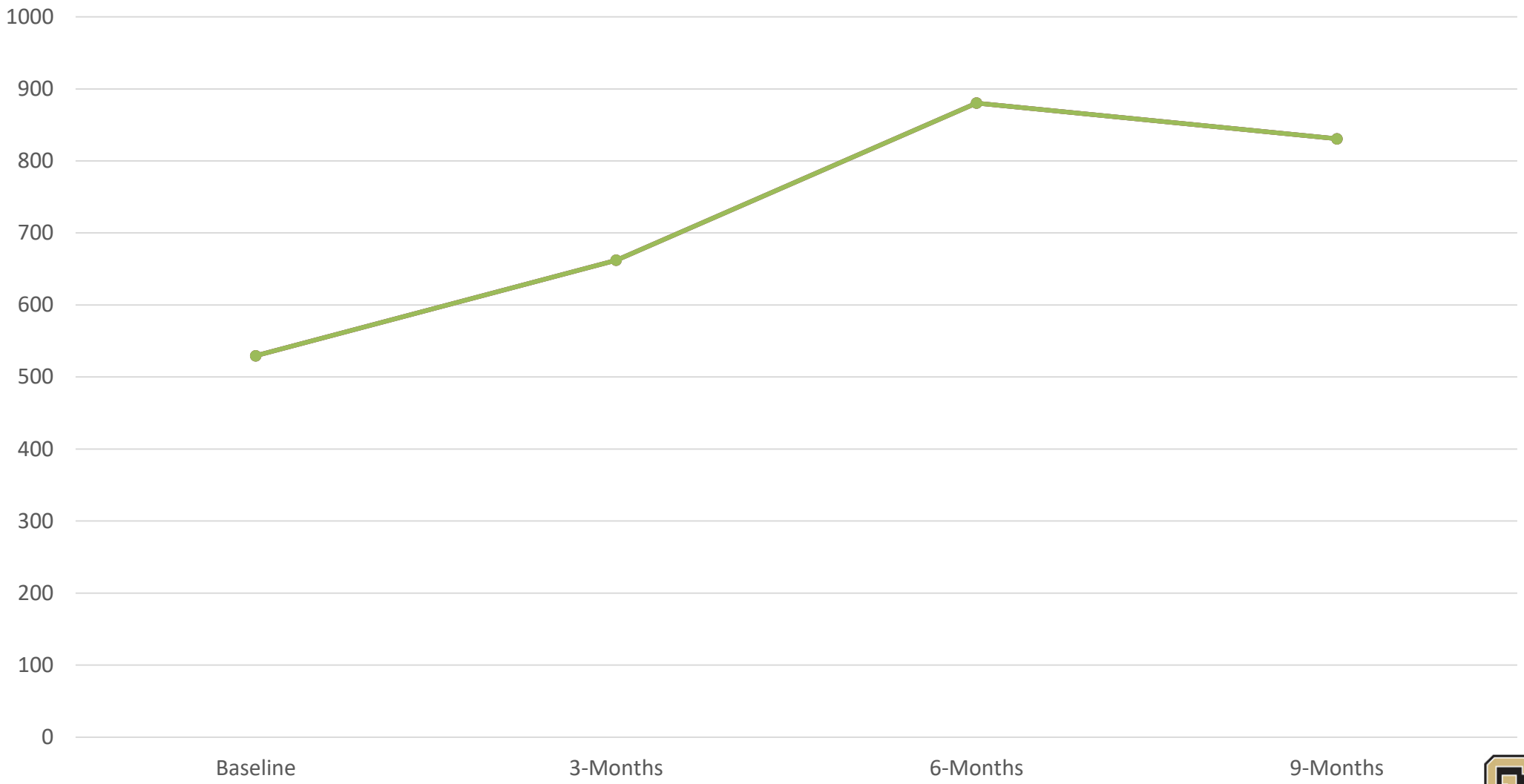
- Reminder:
  - Be sure to record Session 5 with each practice
  - Send any updates, issues, and concerns around recording to:
    - Jennifer Halfacre, Jennifer.Halfacre@cuanschutz.edu

What have we accomplished?

Facilitating Alcohol Screening and Treatment (FAST)

- Started with practices 6/1/2020
- Currently recruiting until Spring 2022

Number of Unique Patients Screened for UAU Over Past 3-Months Chart



3, 6, and 9 months = p=.005

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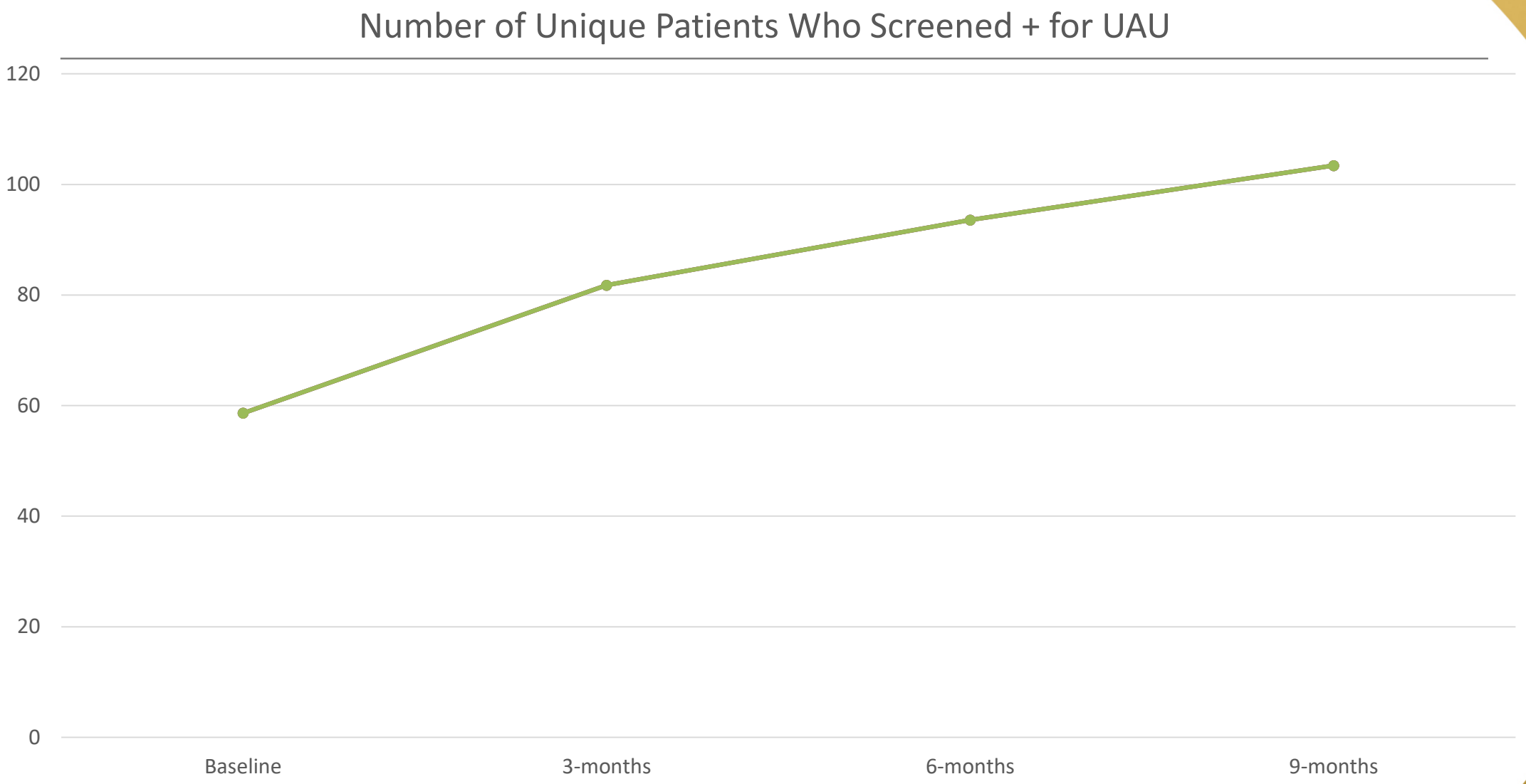

3, 6, and 9 months = p=.02

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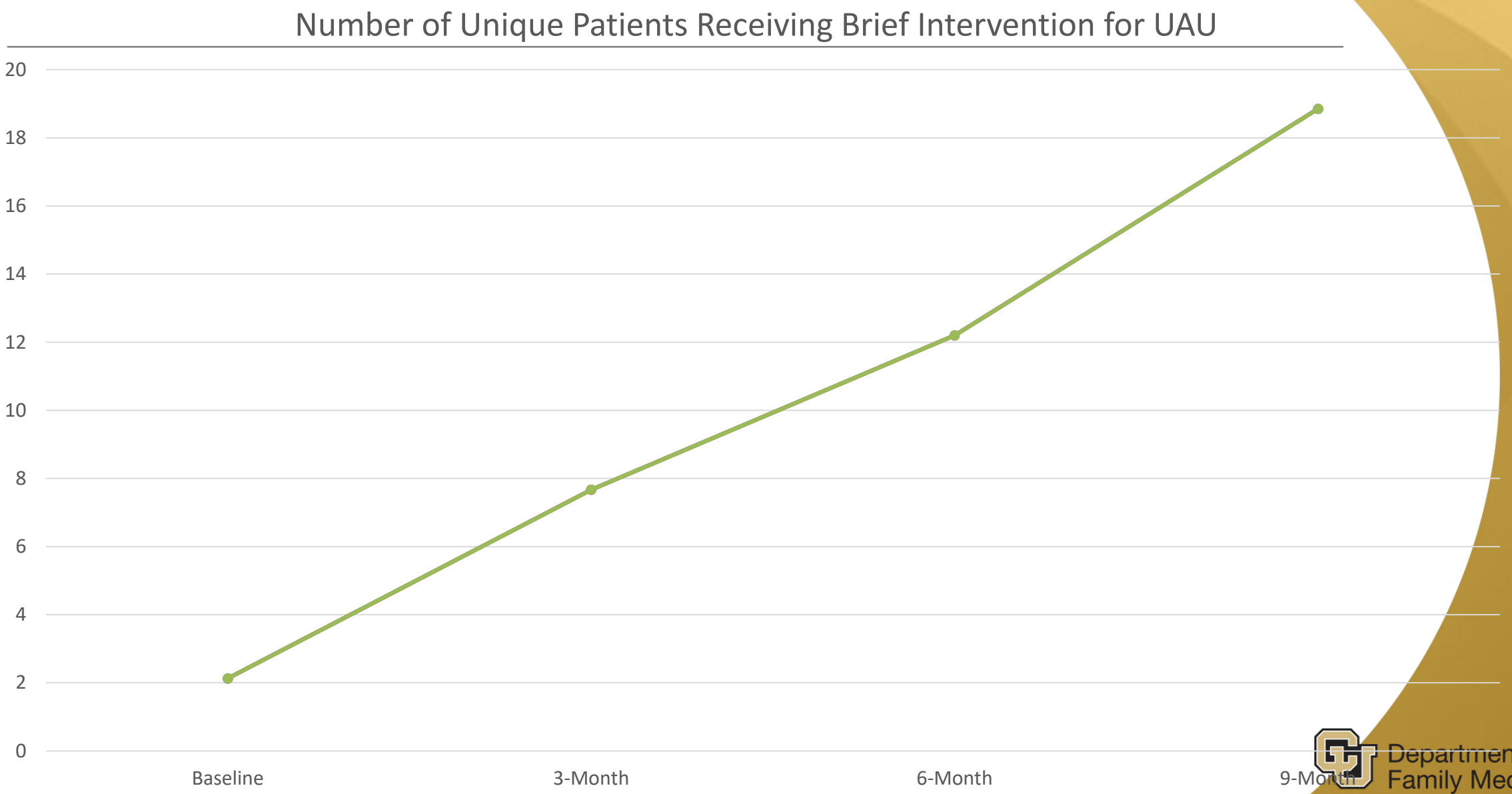

3, 6, 9 month = p=.0014

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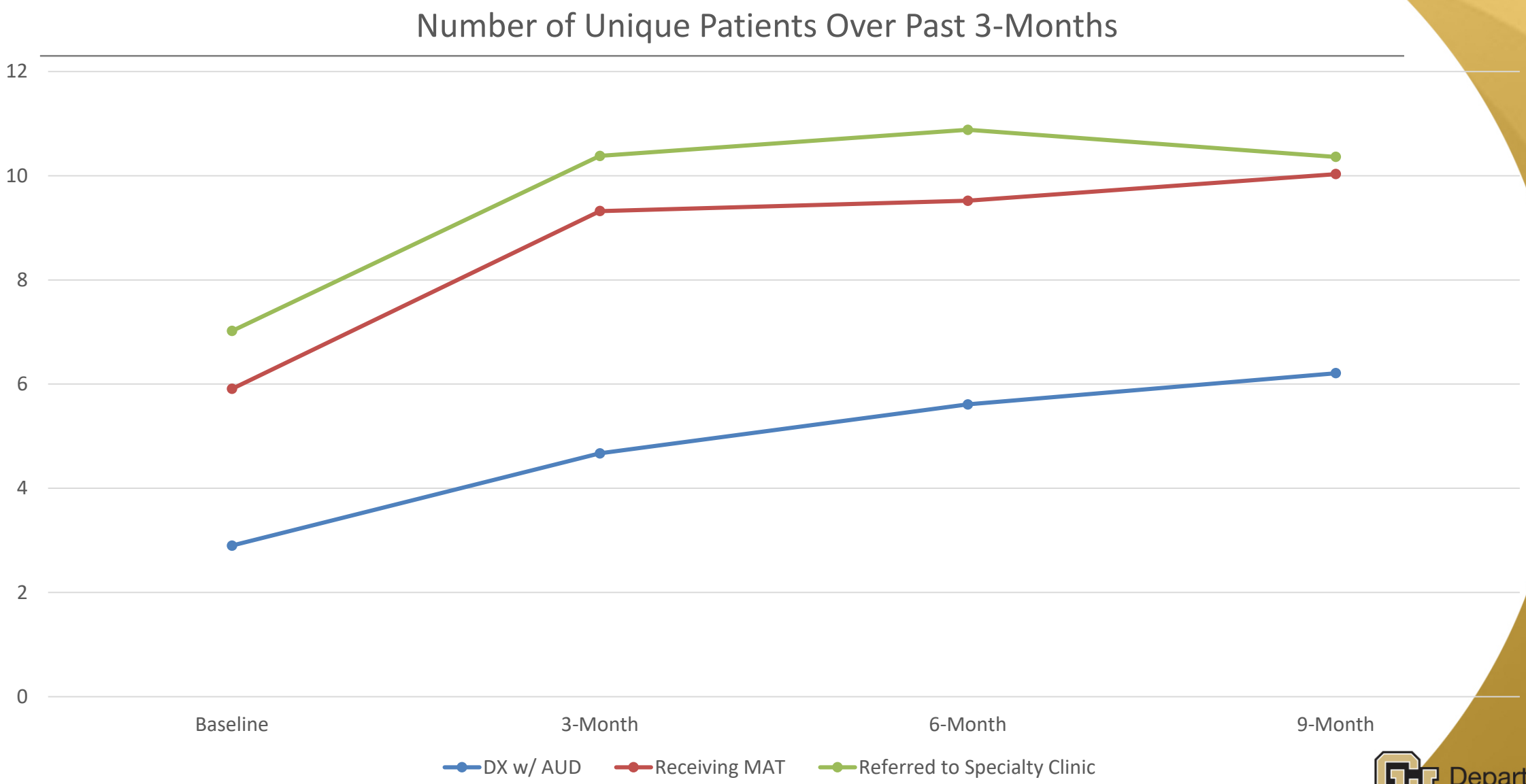

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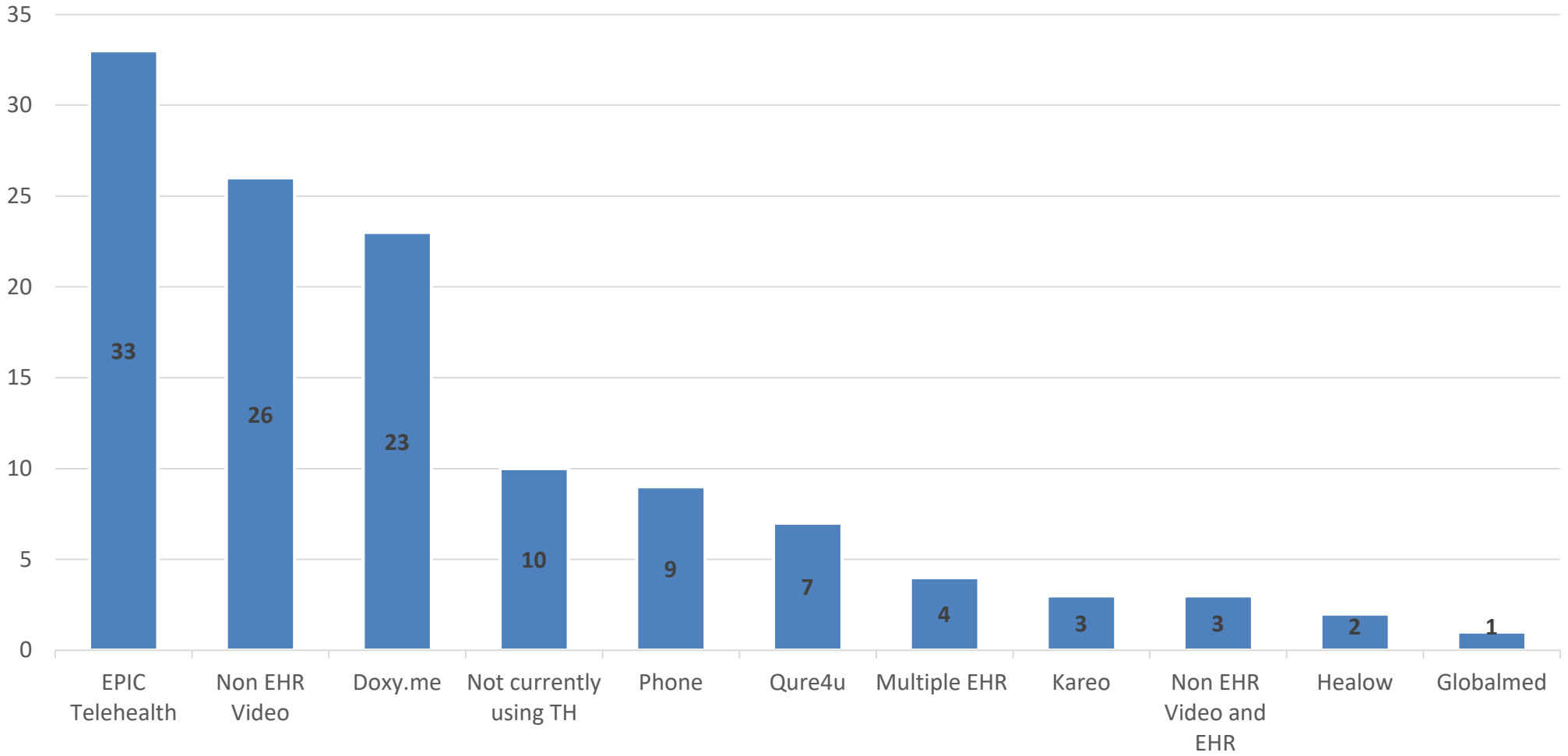
SBIRT Implementation Checklist

	Not Started	Planning	Active	Full
Practice has implemented process for screening				
Baseline	2	8	6	3
Follow-Up	0	0	4	15
Practice has implemented process for reviewing and interpreting ETOH screening results				
Baseline	4	5	8	2
Follow-Up	0	0	5	14
If patient screens + for UAU, practice has implemented process to assess for AUD				
Baseline	5	5	8	1
Follow-Up	0	0	5	14
Practice has implemented process for routinely providing feedback on screen results and provides BI				
Baseline	5	4	7	3
Follow-up	0	0	6	13
Practice has implemented system for initiating Pt. with care after UAU diagnosis				
Baseline	4	5	9	1
Follow-Up	0	0	8	11

FAST Telehealth

Count of clinics using telehealth technology/software



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Education

FAST PF Check-in

Alcohol Use Disorder Medication Treatment

January 26, 2022

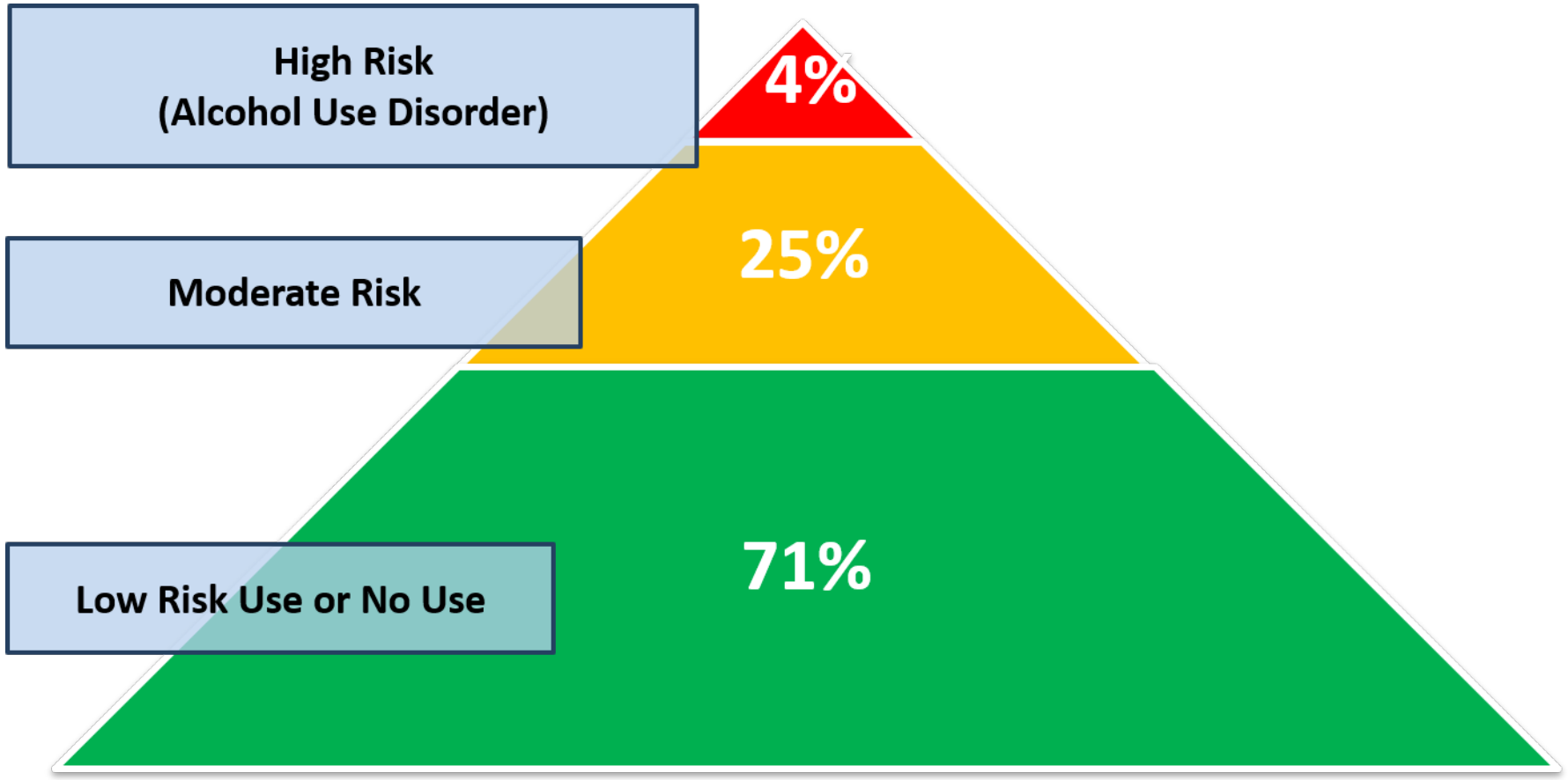
Carolyn Swenson- SBIRT Consultant FAST

Key Points

1. Most people with unhealthy alcohol use do **not** have an alcohol use disorder (AUD).
2. AUD is diagnosed by assessing specific symptoms related to unhealthy alcohol use and AUD severity depends on the number of symptoms that are present (DSM-5).

    Mild – Moderate – Severe
3. Medications are **one** of several evidence-based treatments and indicated for moderate and severe AUD.
4. **Many patients are not interested in taking a medication for AUD**.
5. There are several clinical guidelines for treating AUD with medications.

Alcohol Use Pyramid – Adults - US



AUD criteria: mild, moderate, severe

Alcohol Symptom Checklist			Other Drugs Symptom Checklist		
In the past three months, have you:			In the past three months, have you:		
1. Had times when you ended up drinking more, or for longer than you intended?	Y	N	1. Had times when you ended up using drugs more, or for longer than you intended?	Y	N
2. More than once, wanted to cut down or stop drinking, or tried to, but couldn't?	Y	N	2. More than once, wanted to cut down or stop using drugs, or tried to, but couldn't?	Y	N
3. Spent a lot of time drinking, being sick after drinking, or getting over the after-effects?	Y	N	3. Spent a lot of time using drugs, being sick after use, or getting over the after-effects?	Y	N
4. Experienced craving – a strong need, or urge, to drink?	Y	N	4. Experienced craving – a strong need, or urge, to use drugs?	Y	N
5. Found that drinking – or being sick from drinking – often interfered with taking care of your home or family, caused job troubles or school problems?	Y	N	5. Found that using drugs – or being sick from using drugs – often interfered with taking care of your home or family, caused job troubles or school problems?	Y	N
6. Continued to drink even though it was causing trouble with your family or friends?	Y	N	6. Continued to use drugs even though it was causing trouble with your family or friends?	Y	N
7. Given up or cut back on activities that were important or interesting to you, or gave you pleasure, in order to drink?	Y	N	7. Given up or cut back on activities that were important or interesting to you, or gave you pleasure, in order to use drugs?	Y	N
8. More than once, gotten into situations while or after drinking that increased your chances of getting hurt (such as driving, swimming, using machinery, walking in a dangerous area or having unsafe sex)?	Y	N	8. More than once, gotten into situations while or after using drugs that increased your chances of getting hurt (such as driving, swimming, using machinery, walking in a dangerous area or having unsafe sex)?	Y	N
9. Continued to drink even though it was making you feel depressed or anxious or adding to another health problem, or after having had a memory blackout?	Y	N	9. Continued to use drugs even though it was making you feel depressed or anxious or adding to another health problem, or after having had a memory blackout?	Y	N
10. Had to drink much more than you once did to get the effect you want, or found that your usual number of drinks had much less effect than before?	Y	N	10. Had to use drugs much more than you once did to get the effect you want, or found that your usual number of drinks had much less effect than before?	Y	N
11. Found that when the effects of alcohol were wearing off, you had withdrawal symptoms, such as trouble sleeping, shakiness, irritability, anxiety, depression, restlessness, nausea or sweating, or sensed things that were not there?	Y	N	11. Found that when the effects of drugs were wearing off, you had withdrawal symptoms, such as trouble sleeping, shakiness, irritability, anxiety, depression, restlessness, nausea or sweating, or sensed things that were not there?	Y	N
TOTAL:			TOTAL:		

Interpreting Symptom Checklist Results

2-3 symptoms indicate mild alcohol and/or other drug use disorder.

4-5 symptoms indicate moderate alcohol and/or other drug use disorder.

6+ symptoms indicate severe alcohol and/or other drug use disorder.

AUD Decision Aid: **New** resource developed by Kaiser Permanente

What to keep in mind as you get started…

- Drinking can cause problems for anyone.
- Some people manage their drinking problems by cutting down. Others decide to stop.
- Many treatments are available—including counseling and newer medications that won't make you sick if you drink.
- Finding the people in your life who won't judge you can help you make changes.

NEW! Kaiser Permanente: Shared Decision-Making Resource Summary

- Part 1: Which choice is best for you?
  - Questions and examples to explore how drinking is affecting your life
- Part 2: What are your options?
  - Specific approaches to cutting back or stopping
    - Counseling
    - Medications
    - Group-based treatment
    - Peer support programs
    - Making changes on your own
- Part 3: What do you want to do?
  - Consider which options appeal to you and why
  - Make a plan

Shared Decision-Making Tool: Medications

Medications to help you cut back or stop

Naltrexone, acamprosate, and topiramate are newer medications that can help you cut back or stop drinking. You might be surprised to learn that these newer medications don't make you sick if you drink.

Naltrexone, acamprosate, and topiramate work by decreasing your desire to drink. They may help with changes in the brain that heavy drinking can cause over time. They are usually used in addition to another treatment to help you make changes in your life. They have not been studied when used alone. Naltrexone and acamprosate are both approved by the Food and Drug Administration (FDA) to treat alcohol problems.

Juan's story

"I've had a hard time sleeping since I got home from being stationed overseas. Drinking at night became a way to help me fall asleep. At first, it didn't seem like a big deal. But I started noticing that I had a lot less energy and motivation. I was even having a hard time keeping up in our daily training drills. I tried to cut back on my own, and then started counseling, but the desire to drink was so strong that I always gave in. My friend told me how medication had helped him stop drinking, so I gave it a try. It really helped take the edge off my cravings. It let me focus on practicing what I was learning in counseling, without being distracted by my cravings. I was able to get back into the habit of falling asleep without alcohol, and I feel like my old self again."

Naltrexone

- Naltrexone is often used first because it is only taken once a day.
- It helps to stop drinking for 4-7 days before starting naltrexone, if you can.
- If you have depression, taking naltrexone and an SSRI antidepressant can be helpful.
- If you have trouble taking pills daily, you can get a naltrexone shot once a month. The shots are more expensive so insurance may require "pre-authorization."

You should <u>not</u> take naltrexone if you:

- Take opioid pain medications (because it blocks the effects of opioids).
- Have severe liver disease.
- Are pregnant.

Side effects and risks of naltrexone:

- 2 out of 3 people don't have any side effects from naltrexone. Side effects are often mild, temporary, or may be reduced with lower doses.
- The most common side effects include headache, nausea, vomiting, dizziness, loss of appetite, tiredness, sleepiness, and anxiety.
- Tell your health care provider if you have depression and/or suicidal thoughts.

Acamprosate

Acamprosate works as well as naltrexone if you want to cut down or stop drinking. Because it has to be taken 3 times a day, it is usually tried if naltrexone doesn't work or if you can't take naltrexone.

You should <u>not</u> take acamprosate if you:

- Have severe kidney disease.
- Are pregnant.

Side effects and risks of acamprosate:

- Like naltrexone, most people don't have side effects.
- The most common side effects are diarrhea, nervousness, and fatigue—and these often decrease over time.
- Tell your health care provider if you have depression and/or suicidal thoughts.

Topiramate

Topiramate also helps you cut down or stop drinking. It is often used as a second option (after naltrexone) because it is taken twice a day. Although topiramate is not FDA-approved for alcohol problems, multiple studies have shown that it works well. It is FDA-approved for other conditions, like seizures and nerve pain.

You should <u>not</u> take topiramate if you:

- Have glaucoma, have gout, have kidney stones, or are taking lithium.
- Are pregnant.
- Have dementia or memory problems.

Side effects and risks of topiramate:

- Topiramate is started at low doses and increased slowly to limit side effects. The most common side effects are upset stomach and difficulty with memory.
- Side effects often go away in the first 2 weeks.
- Tell your health care provider if you have depression and/or suicidal thoughts.

Other medications that won't make you sick if you drink

If you can't take naltrexone, acamprosate, or topiramate—or if they don't work for you—other medications have shown promise for decreasing drinking in early studies. Gabapentin increased the number of people who reduced their heavy drinking or stopped drinking in several studies. Other medications have worked in small studies or certain groups of people: valproic acid, ondansetron, and prazosin.

Medication that makes you sick if you drink

Disulfiram (also known as Antabuse)

Disulfiram is a pill you take once a day to help keep you from drinking. Disulfiram keeps you from drinking because you know that you will get sick and vomit if you drink alcohol. Some things to consider about disulfiram:

- It does not help with changes in the brain caused by heavy drinking over time.
- It's important to have someone you trust to support you in taking it each day.
- Most U.S. experts recommend trying naltrexone, acamprosate, or topiramate first, unless disulfiram worked well for you in the past.

You should <u>not</u> take disulfiram if you:

- Are still drinking, have had a drink recently, or plan to drink.
- Have severe heart disease or psychosis.
- Are taking metronidazole or cough syrups that contain alcohol.
- Are pregnant.
- Might forget whether you took your medicine.
- Might forget to avoid alcohol products that contain alcohol (such as mouthwash).

Common questions about medications

How can I get the medication?

Ask your health care provider to prescribe or to refer you to a specialist who can prescribe addiction medications. Medications are usually used with support from a nurse or counselor, or with support through a group-based alcohol treatment program. Your provider might ask you to choose one of those options along with the medication.

How long do I take them?

If the medication doesn't cause severe side effects, you should take them for at least 6-12 months. Some people take them for longer. Counseling, group-based treatment, or peer support will help you learn strategies to avoid alcohol or limit your drinking if you stop the medications.

Medications for AUD: Clinical Guidelines

- Mayo Clinic Evidence-Based Pharmacotherapies for Alcohol Use Disorder: Clinical Pearls (2020)
- American Psychiatric Association Practice Guideline (2018)
- AAFP Medications for Alcohol Use Disorder- short summary (2016)
- AHRQ Clinical Research Summary (2016 – last reviewed 2021)
  - Also available as an abbreviated very short summary

AHRQ-AUD Medication Treatment Handout (content last reviewed 2021)

Overview of Medications Used in the Treatment of AUD

Mechanism of Action of Medications Used in the Treatment of AUD and Their Adverse Effects

Medication	Adult Dosing	Mechanism of Action	Common Adverse Effects	Contraindications
Acamprosate	Oral: 666 mg (two 333-mg tablets) 3 times per day	Modulates hyperactive glutamatergic N-methyl-D-aspartate receptors	Anxiety Diarrhea Vomiting	Severe renal impairment[a]
Naltrexone	Oral: 50 to 100 mg per day Intramuscular: 380 mg per month	Opioid antagonist that competitively binds to opioid receptors and blocks the effects of endogenous opioids such as β-endorphin Decreases the craving for alcohol	Dizziness Nausea Vomiting	Liver failure Acute hepatitis and precautions for other hepatic disease
Disulfiram	Oral: 250 to 500 mg per day	Expectation or experience of an adverse response to alcohol consumption Inhibits ALDH2, causing accumulation of acetaldehyde during alcohol consumption, which, in turn, produces various adverse effects such as nausea, dizziness, flushing, and changes in heart rate and blood pressure	Drowsiness Metallic or garlic taste in mouth	Severe myocardial diseases Psychoses Liver failure Hypersensitivity to thiuram derivatives
Topiramate[b,c]	Oral: 25 to 400 mg per day	Blocks voltage-dependent sodium channels, augments the activity of the neurotransmitter γ-aminobutyrate, antagonizes certain subtypes of the glutamate receptor, and inhibits the carbonic anhydrase enzyme	Paresthesia Anorexia Dizziness Somnolence Psychomotor slowing Abnormal vision Fever	None

[a] Dose adjustment for moderate renal impairment.

[b] This medication has not been approved by the FDA for the treatment of alcohol dependence, alcohol abuse, or AUD.

[c] The prescribing information sheet for topiramate lists warnings for several serious adverse effects. These include warnings for acute myopia and secondary angle closure glaucoma, suicidal behavior and ideation, and fetal toxicity. Clinicians are advised to refer to the prescribing information sheet for additional information on adverse effects.

ALDH2 = aldehyde dehydrogenase 2

Source: Clinician Summary: Pharmacotherapy for Adults With Alcohol Use Disorder (AUD) in Outpatient Settings. Content last reviewed January 2021. Effective Health Care Program, Agency for Healthcare Research and Quality, Rockville, MD. https://effectivehealthcare.ahrq.gov/products/alcohol-misuse-drug-therapy/clinician

Summary of Findings and Strength of Evidence for the Efficacy of Medications Used To Treat AUD Versus Placebo

(Note: Studies assessed in this review typically included psychosocial cointerventions; effect sizes reflect the added benefits of medications beyond those of psychosocial cointerventions.)

Medication	Outcome	N Studies[a]	N Subjects	Finding	Effect Size (95% CI)	NNT[b]	SOE
Acamprosate vs. placebo	Return to any drinking	16	4,847	Reduced by acamprosate	RD: -0.09 (-0.14 to -0.04)	12	●●○
	Return to heavy drinking	7	2,496	No difference	RD: -0.01 (-0.04 to 0.03)	NA	●●○
	Percentage of drinking days	13	4,485	Reduced by acamprosate	WMD: -8.8 (-12.8 to -4.8)	NA	●●○
Disulfiram vs. placebo	Return to any drinking	2	492	No difference	RD: -0.04 (-0.11 to 0.03)	NA	●○○
Naltrexone 50 mg oral vs. placebo	Return to any drinking	16	2,347	Reduced by naltrexone	RD: -0.05 (-0.10 to -0.00)	20	●●○
	Return to heavy drinking	19	2,875	Reduced by naltrexone	RD: -0.09 (-0.13 to -0.04)	12	●●○
	Percentage of drinking days	15	1,992	Reduced by naltrexone	WMD: -5.4 (-7.5 to -3.2)	NA	●●○
	Percentage of heavy drinking days	6	521	Reduced by naltrexone	WMD: -4.1 (-7.6 to -0.61)	NA	●●○
Naltrexone injection vs. placebo	Return to any drinking	2	939	No difference	RD: -0.04 (-0.10 to 0.03)	NA	●○○
	Return to heavy drinking	2	615	No difference	RD: -0.01 (-0.14 to 0.13)	NA	●○○
	Percentage of heavy drinking days	2	926	Reduced by naltrexone	WMD: -4.6 (-8.5 to -0.56)	NA	●○○
Topiramate[c] vs. placebo	Percentage of drinking days	2	521	Reduced by topiramate	WMD: -8.5 (-15.9 to -1.1)	NA	●●○
	Percentage of heavy drinking days	2	521	Reduced by topiramate	WMD: -11.5 (-18.3to -4.8)	NA	●●○
	Number of drinks per drinking day	2	521	Reduced by topiramate	WMD: -1.1 (-1.7 to -0.4)	NA	●●○
Other drugs[c]	The evidence is insufficient to determine the efficacy of other medications because of inconsistency, imprecision, or lack of sufficient studies in the literature (e.g., amitriptyline, aripiprazole, atomoxetine, baclofen, buspirone, citalopram, desipramine, fluoxetine, fluvoxamine, gabapentin, imipramine, olanzapine, ondansetron, paroxetine, quetiapine, varenicline, viloxazine).						

CI = confidence interval; N = number; NA = not applicable; NNT = number needed to treat; RD = risk difference; SOE = strength of evidence; WMD = weighted mean difference.

[a] This column only includes studies rated as having a low or medium risk of bias that were included in the main analysis; these numbers do not include studies rated as having a high or unclear risk of bias that were included in sensitivity analyses.

[b] In the NNT column, NA indicates that the risk difference (95-percent confidence interval) was not statistically significant and that an NNT was not calculated or that the effect measure was not one that allows direct calculation of an NNT (e.g. weighted mean difference).

[c] Medications that have not been approved by the FDA for the treatment of alcohol dependence, alcohol abuse, or AUD.

Strength of Evidence Scale*

High:	●●●	High confidence that the evidence reflects the true effect. Further research is very unlikely to change our confidence in the estimate of effect.
Moderate	●●○	Moderate confidence that the evidence reflects the true effect. Further research may change our confidence in the estimate of effect and may change the estimate.
Low:	●○○	Low confidence that the evidence reflects the true effect. Further research is likely to change our confidence in the estimate of effect and is likely to change the estimate.
Insufficient:	○○○	Evidence either is unavailable or does not permit a conclusion.

* Owens DK, Lohr KN, Atkins D, et al. AHRQ series paper 5: grading the strength of a body of evidence when comparing medical interventions—Agency for Healthcare Research and Quality and the Effective Health-Care Program. J Clin Epidemiol. May 2010;63(5):513-23. PMID: 19595577.

Source: Clinician Summary. Pharmacotherapy for Adults With Alcohol Use Disorder (AUD) in Outpatient Settings. Content last reviewed January 2021. Effective Health Care Program, Agency for Healthcare Research and Quality, Rockville, MD. https://effectivehealthcare.ahrq.gov/products/alcohol-misuse-drug-therapy/clinician

Medication Assisted Treatment Readiness Checklist

NATIONAL COUNCIL for Mental Wellbeing

Opioid Response Network

MEDICATIONS FOR ADDICTION TREATMENT (MAT) READINESS AND IMPLEMENTATION CHECKLIST

TOOL PURPOSE: This tool is designed to be a helpful guide for leadership at any health care provider considering providing medications for addiction treatment. The questions in this document can assist in determining organizational readiness to implement MAT, though there may be others depending on the design and make up of your organization. The questions are organized into five key sections:

- Organizational readiness
- Economic and regulatory readiness
- Workforce readiness
- Community readiness
- Patient and caregiver readiness

Each section includes a series of questions regarding areas to be considered before implementing a successful and sustainable MAT program. These sections and questions reflect consensus from interviews and discussions with experts (see Acknowledgements) as well as representatives of organizations that have successfully implemented MAT.

TOOL COMPLETION: This tool can be completed by key staff at any agency considering implementing MAT.

DIRECTIONS: Each section includes a series of questions regarding key areas for implementing a successful and sustainable MAT program. Review each question in consideration of the following scale:

- **Not Ready** = You do not have this information and you do not have a plan to obtain it.
- **In Progress** = You do not have this information, but you have a plan to obtain it.
- **Ready** = You have the information needed and/or a plan to address the questions cited.

For each set of questions, place a checkmark in the category that best describes your current status. Count the totals from each category. Questions and sections with high numbers of responses of "Not Ready" or "In Progress" should be prioritized as items to be addressed while moving forward with MAT implementation.

Questions & Answers

Future Events

Resources

- Practice Innovation Program Colorado: http://www.practiceinnovationco.org/
- Events: http://www.practiceinnovationco.org/events/
- Facilitating Alcohol Referral & Treatment (FAST): https://www.practiceinnovationco.org/alcohol/
- e-Learning: https://cuelearning.org/
- AHRQ UAU Initiative: https://integrationacademy.ahrq.gov/about/opioids-substance-use/ahrq-alcohol-initiative

PRACTICE INNOVATION PROGRAM COLORADO

University of Colorado Anschutz Medical Campus

University Practice Innovation Team Contact Information

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+ SPLIT – Help Desk