NIDA Strategic Planning – Complex Patients Workgroup
Co-Chairs: Meyer Glantz and David Liu
SPB Coordinator: Emily Einstein

Workgroup Webinar
Monday, May 11, 2015
4:00 p.m.

Attendees
Maureen Boyle, John Rotrosen, Emily Einstein, Meyer Glantz, David Liu, Will Aklin, Kathleen Brady, Joseph Guydish, Tanya Ramey, Ned Nunes, Lisa Metsch, Geetha Subramaniam, Susan Volman, Jacques Normand

Discussion Overview*
The workgroup explored several issues surrounding possible research questions for their recommendations document, including the status of health service treatment, education level of the treatment workforce, effectiveness of interventions at different levels of development, gradated outcomes measurement, SUD patients without comorbidities, and a literature review of treatment for co-occurring disorders in SUD patients.

**Technical issues limited the discussion to audio-only and shortened the meeting. No recording was made of the conversations.*

Terminology
Dr. Meyer Glantz addressed potential stigma related to the term "complex patients." The workgroup discussed alternative terms to better describe the issue, which would change the focus from the patients to the disorder. They came to consensus on "the complexity of patients with substance use disorders."

General Discussion
Dr. Glantz opened the discussion by asking the group to consider if there were SUD patients who did *not* suffer with comorbidities and to provide feedback on what the complexity issue entailed.

Complexity Issue

- Dr. Tanya Ramey said that NESARC data pointed to the essential makeup of the issue.
- Dr. Lisa Metsch suggested the issue included the social determinants of health, not just comorbidities. These patients have complex care needs.
- Dr. John Rotrosen remarked how the billing schemes for most healthcare systems involved higher costs for complex (versus basic) diagnoses.

Dr. Glantz stated that other comments would be welcome by email and would be discussed in detail at the next meeting.

Treatment Workforce

Dr. Glantz asked the workgroup to consider which segment of the workforce provided treatment for SUD patients with complexities. He pointed out that medical, psychiatric, and psychological professionals were limited in their training and that the majority of SUD patients were treated by drug and alcohol counselors who had no recognized credentials for diagnosing or treating comorbidities. These counselors often are ex-drug users with limited formal education, and the most common intervention employed by the typical treatment provider was a 12-step or other self-help support model. He asked if these patients should be treated by an appropriately educated group of professionals.

- Dr. Susan Volman and Dr. Maureen Boyle suggested the workgroup recommend research in implementation science and integrated care models and asked how NIDA could pursue such research.
- Dr. Joe Guydish pointed out that if patients present with comorbidities, they are also being treated by medical staff. He wondered how the treatment workforce would change under ACA and if the SUD patient population would begin to be treated by more formally educated professionals.
- Dr. Ned Nunes stated that the value of treatment providers who have come out of recovery should not be discounted. He suggested the workgroup look into the CSAP initiative on dual diagnosis for background on the issue. He added that policy will dictate leadership for who will be in charge of the overall complexities treatment model and that NIDA can develop ways of improving on professional leadership.
- Dr. Boyle asked what level of training would be appropriate for the treatment workforce. Dr. David Liu mirrored Dr. Boyle's concern, suggesting the workgroup consider ways to develop a model for the efficient linkage of patients to appropriate expertise. He also asked how medical training could be augmented to include addressing patients with SUD issues so that it becomes a standard and integral part of each provider's education.
- Dr. Guydish talked about a survey of the workforce aimed at determining limitations and strengths. He suggested a review of the survey results might help provide a status of current drug treatment models used for serving patients with complexities.
- Dr. Glantz recommended another research question might be to study outcomes of individual delivery models.
- Dr. Geetha Subramaniam also recommended potential research questions, including the study of risk stratification *before* addressing training needs. The USPSTF concluded that there is insufficient evidence for screening in primary care settings. Dr. Subramaniam also recommended exploring the layers of complexities related to different levels of substance use (mild use, regular, daily) and researching which interventions work best at each level. Dr. Ramey agreed with these suggestions, pointing to the need to include a combination of psychiatric and medical issues along the disorder trajectory.
- Dr. Guydish voiced concern over pursing what he perceived might be a measurement question.
- Dr. Volman asked if treatment guidelines could be developed for subclinical patients. Dr. Boyle suggested looking at ASAM guidelines, which encompass four levels.
- Dr. Ramey suggested there also might be differences between those who seek out treatment and those who don't.

- Dr. Glantz, Dr. Metsch, and Dr. Guydish addressed the suggested first step of a comprehensive diagnosis and who would be responsible for making it. It would be important for someone who was aware of all the options to make the diagnosis. Dr. Ramey agreed with the suggestion to make diagnosis the first step. She said that the elements of SUD are complex, even before the development of co-occurring conditions. Dr. Guydish agreed. Determining these complexities (through diagnosis) could be used to direct treatment. Another workgroup member spoke to the evidence supporting treatment of underlying conditions as a means of improving outcomes with the SUD.
- Dr. Guydish asked if there was evidence to support better treatment implementation by more educated providers. Dr. Liu and Dr. Rotrosen voiced support for well-trained, experienced, and sophisticated teams. Dr. Glantz pointed out that those who are qualified to diagnose may be different from those who are qualified to treat.
- Dr. Boyle said we need richer treatment programs and that NEDS had data on treating comorbid patients. However, she and Dr. Rotrosen both spoke to the concern that the data might be insufficient for USPSTF endorsement. Dr. Guydish added that while studies have been conducted on the evaluation and treatment of comorbid SUD and psychiatric issues, there is no evidence on treatment of co-occurring medical disorders. A literature review should be conducted.
- Dr. Boyle also suggested the workgroup address the complexities issue from a practical standpoint. She recommended attempting to determine how to efficiently use existing resources to treat patients with complex diagnoses. Dr. Ramey noted the similarity of this approach to personalized medicine.

Action Items

- Workgroup members will correspond with the co-chairs, in lieu of the meeting scheduled for May 25.
- The co-chairs will look into the CSAP approach to dual diagnosis.

Public Comment Period

No comments were submitted to the group.

Next Meeting

The next webinar is scheduled for Monday, June 8, at 4 p.m.