

NIAAA Extramural Advisory Board

Recommendations

Alcohol Health Services Research – Progress and
Opportunities
September, 2007

Thanks to Dr. Susan Maier

EAB Review September 2007

- Topic/Theme effort
 - Topic: Alcohol Health Services Research – Progress and Opportunities

- Meeting held at NIAAA site on September 18-19, 2007

- Participants included:
 - EAB members
 - Council members
 - Ad Hoc Experts
 - Institute Staff
 - Institute Management

Topic: Alcohol Health Services Research – Progress and Opportunities

Topic Contributors and Organizers

Division of Treatment and Recovery Research (DTRR)

- **Peter Delany, Ph.D.**, Program Director, Alcohol Health Services Research,
- **Mark Willenbring, M.D.**, Division Director, DTRR
- **Robert Huebner, Ph.D.**, Deputy Division Director, DTRR
- **Joseph Shields, Ph.D.**, Consultant, Health Services Research, DTRR
- **Angela Martinelli, Ph.D., RN**, DTRR

Ad Hoc Experts, September 2007

- **Patrick Flynn, Ph.D. – Texas Christian University**
 - Dissemination and implementation in community-based programs in US and UK, organizational functioning and costs in outpatient treatments, and treatment services in correctional settings.
- **Constance Horgan, Sc.D. – Brandeis University**
 - Studies financing, organization and delivery of substance abuse and mental health services in private and public sectors.
- **Dennis McCarty, Ph.D. – Oregon Health and Science University**
 - Collaborates with state and federal policy makers and community based programs to study organization, financing and delivery of publicly funded substance abuse treatment services.
- **James McKay, Ph.D. – University of Pennsylvania**
 - Development and evaluation of flexible, patient-centered approaches to the management of addiction as a chronic disorder that incorporate patient choice and alternative methods of service delivery.

Ad Hoc Experts, continued

➤ **Andrew Morral, Ph.D. – RAND**

- Effectiveness of court programs, crime epidemiology, probation programs, and adolescent substance abuse programs.

➤ **Laura Schmidt, Ph.D. – University of California, San Francisco**

- Organizational responses to substance abuse problems, access and utilization of care, poverty and health disparities, and the impact of changing health and welfare policies on health care systems and the populations served.

➤ **Gary Zarkin, Ph.D. – Research Triangle Institute**

- The economic analysis of drug treatment, prevention, and studies of workplace substance abuse.

Alcohol Health Services Research – Progress and Opportunities

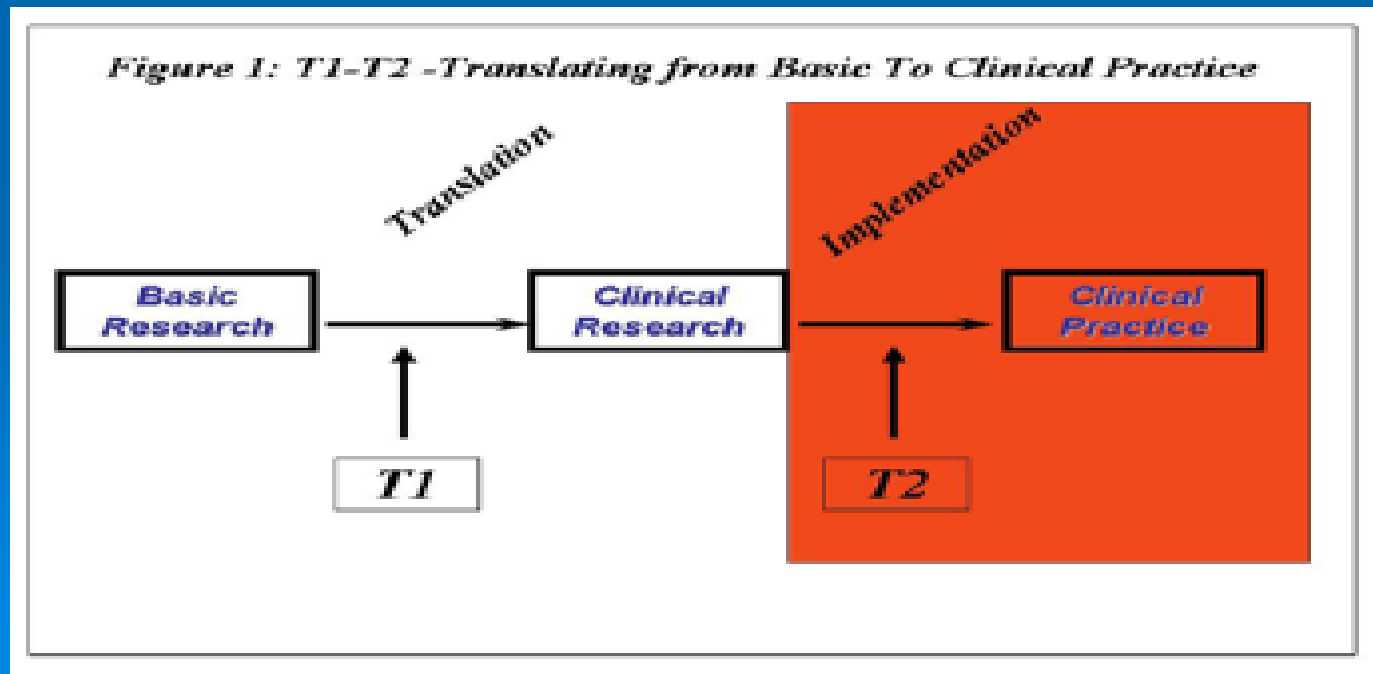
- National Advisory Council Members attending
 - Cheryl Cherpitel, Cindy Ehlers, Peter Monti, Kenneth Sher, Alan Swann
- Extramural Advisory Board Members
 - John Crabbe, Fulton Crews (Chair), Howard Edenberg, Cindy Ehlers, Thomas Greenfield, Peter Monti, Kenneth Sher, Linda Spear

Background

- Health services research was given particular emphasis in 1992 when Congress mandated that the Institute obligate at least 15 percent of its budget to health services research as part of the ADAMHA Reorganization Act of 1992 (P.L. 101-132).
- By 1995, alcohol health services research had evolved as an area of science that was primarily concerned with understanding factors that affect access to and the quality of care delivered to individuals who are “at risk” for or who have an alcohol use disorder.
- In 1997, NIAAA released its National plan, *Improving the Delivery of Alcohol Treatment and Prevention Services* as a blueprint.

Defining Alcohol Health Services Research

Alcohol health services research is a multidisciplinary field of applied research that seeks to improve the effectiveness and efficiency of services and access to equitable care that is designed to reduce the public health burden of alcohol use and related disorders across the lifespan. It does this by examining how social factors, financing systems, service environments, organizational structures and processes, health technologies, and personal beliefs and behaviors affect access to and utilization of services, the quality and cost of those services, and in the end health and the well-being of individuals, families, and communities.



NIAAA's Health Services Program

A review of the health services research portfolio for the years 1997 to the present showed that NIAAA funded 153 health services research projects totaling \$159 million.

The majority were categorized as outcome/effectiveness studies (32%), economic and financing studies (15%) and technology studies (14%).

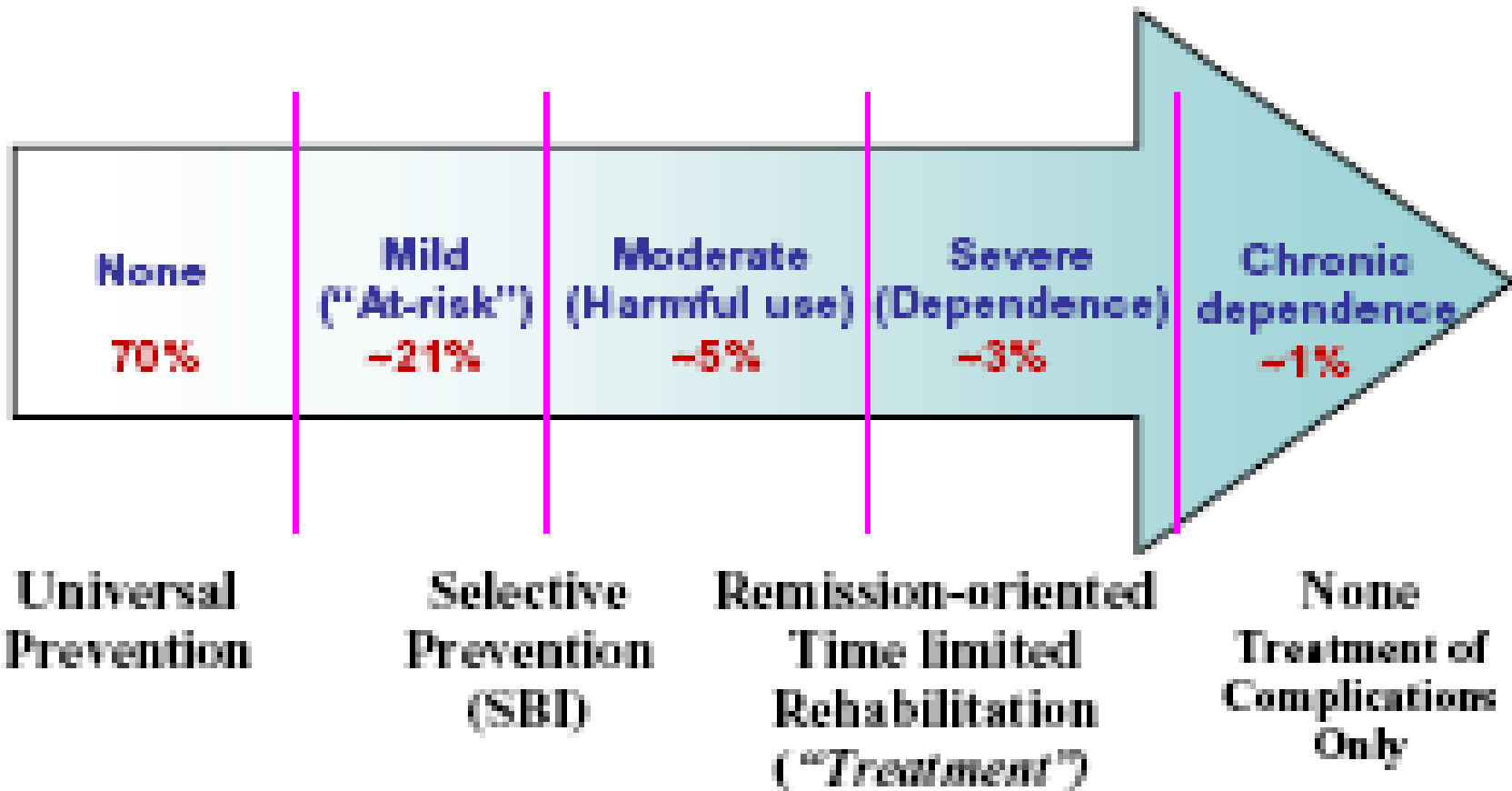
Past 10 years

- NIAAA and a cadre of substance abuse and mental health researchers have focused efforts on developing evidence to support the very real clinical and economic benefits of providing prevention and treatment services.
- Three safe and effective medications (disulfiram, naltrexone, and acromposate) for the treatment of alcohol addiction (Litten, Fertig, Mattson & Egli, 2005).
- Established the effectiveness of several behavioral interventions to address alcohol use disorders including Cognitive-Behavioral Therapy, Motivational Enhancement Therapy, and Twelve-Step Facilitation Therapy (see Allen, Mattson, Miller, et al., 1997; Mattson, 1993).
- Growing body of evidence on the role of genes in alcohol use disorders (Heath & Nelson, 2002; Li, 2000) .
- Studies showing an enduring impact that chronic alcohol use has on the brain and other organs (see *Alcohol Research & Health*, NIAAA, 2003; Volkow & Li, 2005).
- Increased recognition that alcohol use disorders are chronic conditions that require sustained care strategies, i.e. chronic disease model (Compton, Glantz & Delany, 2003; McLellan, O'Brien, Lewis & Kleber, 2000),
- The health care system has been slow to implement many of the intervention tools and care models generated through NIAAA funded research.

General Themes Discussed

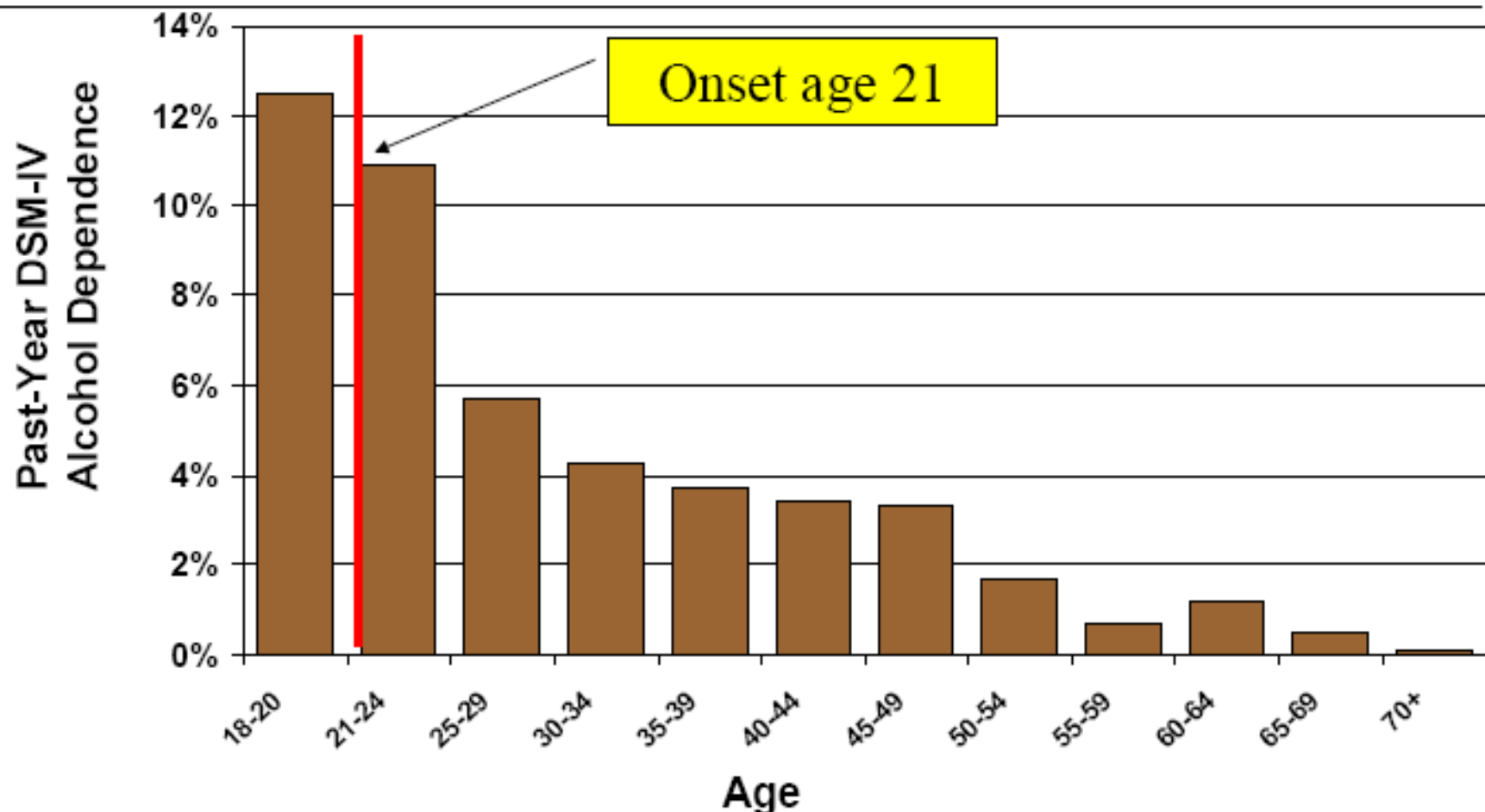
- Outcome
 - Economics & Financing
 - Organization
 - Access and Utilization
 - Methodology
 - Technology
 - Dissemination
 - Research Infrastructure
- 
- The background of the slide is a solid blue color. In the lower right quadrant, there are several decorative elements consisting of concentric circles, resembling ripples in water. These circles are light blue and vary in size and opacity, creating a subtle pattern.

Figure 10: Heterogeneity of Alcohol Use: An Ideal Continuum of Care



SBI = Screening and Brief Intervention

Prevalence of Alcohol Dependence Peaks Early

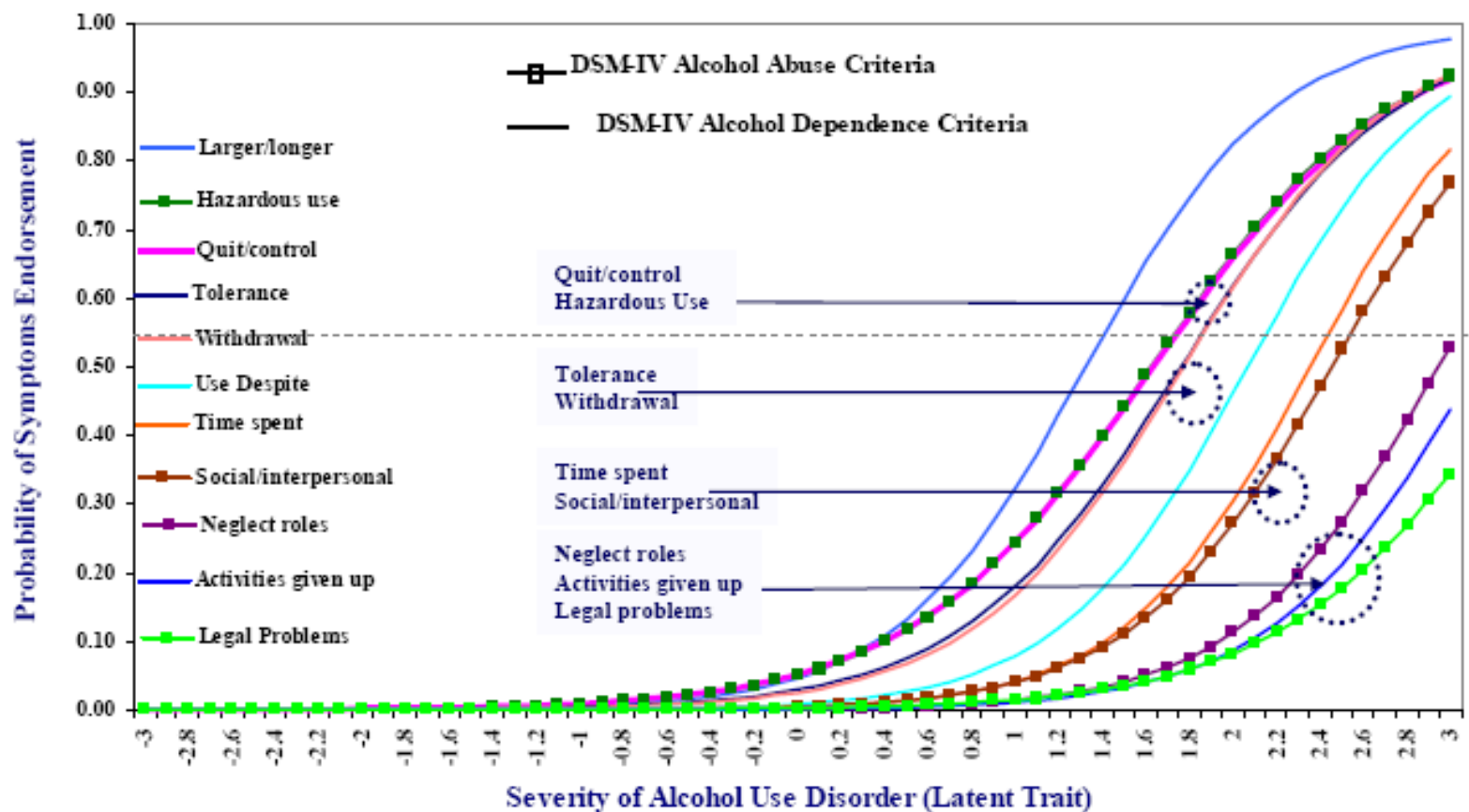


Grant, B.F. et al., *Drug and Alcohol Dependence*, 2004.

Recommendation #1

- **The NIAAA should prioritize research into a range of intervention models that address the full spectrum of services for drinking and Alcohol Disorders (at-risk, harmful, dependent drinkers), and the methods and costs of dissemination and implementation.**
 - These should include addiction specialty services, but should emphasize areas that have received insufficient attention, such as general/mental health services and services outside the medical sector (e.g., in criminal justice, social welfare, workplace and school settings).

An Alcohol Use Disorder Continuum Using Item Response Theory



Saha TD, Chou SP, Grant BF (2006). *Psychological Med.*, 36: 931-941

Background

- Most efficacy and effectiveness studies have been conducted in specialty (addiction) treatment settings. Few addiction treatment clinics are only alcohol. Little is known about the effectiveness of interventions that can be implemented in settings where people with alcohol disorders are likely to be found, such as general medical clinics and hospitals, mental health settings, criminal justice, and social service settings.
- Cunningham and Blomqvist (2006) found that only a minority of individuals who met the criteria for prior-past-year-use and dependence used treatment services, and many of those individuals used more than one service over that year. Less than one-quarter of the population with prior-to-past-year-onset of alcohol dependence had ever sought help for alcohol problems, including 5.4 percent who had received formal treatment and 17 percent who had received both 12-Step and formal treatment. A very small percentage (3.1%) participated in 12-step only programs (Dawson, Grant, Stinson & Chou, 2006).

Only a small percentage of those with alcohol use disorders seek and receive treatment in the specialty sector.

Table 1: Alcohol Treatment and Help-Seeking Settings Among Respondents with 12-month and Lifetime *DSM-IV* Alcohol Use Disorders*

	12-month %			Lifetime %		
	AUD	AA	AD	AUD	AA	AD
Treatment/Intervention						
12 Step	4.46	2.03	7.44	10.84	5.21	18.87
Family/social services	1.47	0.62	2.51	3.18	1.32	5.82
Detoxification	1.98	0.47	3.82	4.84	1.72	9.30
Outpatient Clinic	1.78	0.64	3.18	4.11	1.35	8.03
Rehabilitation Program	2.34	0.71	4.34	6.58	2.53	12.36
Other inpatient facility	1.35	0.34	2.58	3.45	1.11	6.79
Emergency department	1.35	0.24	2.71	3.77	1.16	7.49
Halfway house	0.29	0.00	0.65	1.21	0.49	2.23
Crisis center	0.16	0.03	0.32	0.53	0.11	1.13
Employee assistance program	0.32	0.04	0.65	1.10	0.44	2.03
Clergy	1.20	0.20	2.42	2.18	1.47	4.61
Physician or other health care professional	3.34	0.56	6.73	5.54	1.62	11.13
Any professional other than AA, EAP or clergy	5.47	1.85	9.99	11.00	4.50	20.07
Other	0.65	0.53	0.80	1.80	0.74	3.31

* Adapted from Hasin et al. 2007

Recommendation #2

- **NIAAA should develop research to determine how specialty care, hospital systems, primary care providers and other systems such as criminal justice best be influenced to improve access to care.**
 - In these efforts, economic and other incentive programs should be considered, along with encouraging systems-level analyses of evidence-based protocols, quality of care indicators, quantitative measures of alcohol risk (biomarkers, quantity-frequency, others), or other system change options including process measures.

Recommendation #3

- **A research priority should be to understand attitudes and decision-making behavior, in terms of views on the nature of drinking and alcohol disorders and their treatment (ranging from studies of professionals in training and in practice, to other providers, purchasers and payers). A key purpose of this research is to inform the development and implementation of evidence based services.**

Recommendation #4

- **Studies should examine how attitudes towards treatment and barriers to care shape willingness to seek and/or accept services across the full spectrum of drinking and alcohol disorders. This should lead to the formulation and testing of strategies to reduce barriers and increase acceptability of services.**

Recommendation #5

- **Studies should seek to develop and evaluate cost-effective disease management approaches and algorithms that are adaptive in nature, individualize care for complex patients, and in particular address adherence and retention.**
 - Such studies should cross-cut the perspectives of a range of stakeholders, including payers, purchasers, providers and consumers of care. Collaboration across other agencies and institutes is encouraged.

Recommendation #6

- **The NIAAA should encourage longer-term outcome measurements in clinical and effectiveness trials. Research should focus on how best to measure outcomes and potential surrogate measures, as well as measures of treatment quality and process from a multi-dimensional perspective.**
 - The use of archival, policy and other secondary data sources and simulation strategies is encouraged. A priority is health economics research focused on cost and cost effectiveness of different approaches to reducing, adverse consequences such as disability and premature morbidity and mortality.

Recommendation #7

- NIAAA should sponsor workshop(s) to further develop specific areas of health services research and to promote new collaborations.

All NIAAA Extramural Advisory Board Meeting Recommendations

- NIAAA website contains recommendations from all EAB meetings:
- <http://www.niaaa.nih.gov/ResearchInformation/ExtramuralResearch/AdvisoryCouncil/>

Extramural Advisory Board Recommendations

‘Alcohol Health Services Research’

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Extramural Advisory Board (EAB)

- Functions to provide critical review of the relevant extramural research portfolio of NIAAA and a list of prioritized recommendations
- Reviews are done by **portfolio topic** (e.g., Alcohol & HIV/AIDs), **Interdisciplinary Team** (e.g., Mechanisms of Alcohol Action and Injury Team), **concept** (e.g., Mechanisms of Behavior Change), and **division** (e.g., Division of Epidemiology and Prevention Research).
- Accomplished though face-to-face meeting held over 2 days:
 - EAB Members (standing committee), National Advisory Council Members, Invited Ad Hoc Experts, Program Staff (contributing to briefing book and making presentations)
 - Meeting preceded by mailing of relevant information contained in a briefing book (consisting of short reviews of specific areas and opportunities) together with abstracts for the portfolio under review.

Extramural Advisory Board

- Meetings held in conjunction with Council meetings (usually)
- 2007 meeting topics:
 - February: Fetal Alcohol Spectrum Disorders Research (Feb 6-7)
 - May: none
 - September: Alcohol Health Services Research (Sept 18-19)