General

Title
Substance use disorders: percentage of patients aged 18 years and older with a diagnosis of current alcohol dependence who were counseled regarding psychosocial AND pharmacologic treatment options for alcohol dependence within the 12 month reporting period.

Source(s)

Measure Domain

Primary Measure Domain
Clinical Quality Measures: Process

Secondary Measure Domain
Does not apply to this measure

Brief Abstract

Description
This measure is used to assess the percentage of patients aged 18 years and older with a diagnosis of current alcohol dependence who were counseled regarding psychosocial AND pharmacologic treatment options for alcohol dependence within the 12 month reporting period.

Rationale
Research has shown that among patients diagnosed with alcohol dependence, only 4.64% were referred for psychosocial treatment in the form of substance abuse counseling, inpatient rehabilitation programs, outpatient rehabilitation programs, or mutual help groups. While pharmacologic therapy has established efficacy, often in combination with psychosocial therapy, in promoting abstinence and preventing relapse in alcohol-dependent patients, physician rates of prescribing pharmacologic therapy for alcohol dependence are also considerably low. A recent study found that these low rates prevail even among addiction medicine physicians who prescribed naltrexone to only 13% of their alcohol dependent patients. Pharmacotherapy and psychosocial treatment should be routinely considered for all patients with alcohol dependence, and patients should be informed of this option.
The following clinical recommendation statements are quoted verbatim from the referenced clinical guidelines (from the American Psychiatric Association [APA]) and represent the evidence base for the measure:

Psychosocial treatments found effective for some patients with an alcohol use disorder include motivational enhancement therapy (MET), cognitive-behavioral therapy (CBT), behavioral therapies, 12-step facilitation (TSF), marital and family therapies, group therapies, and psychodynamic therapy/interpersonal therapy (IPT). (APA, 2006)

Specific pharmacotherapies for alcohol-dependent patients have well-established efficacy and moderate effectiveness:

- Naltrexone may attenuate some of the reinforcing effects of alcohol, although data on its long-term efficacy are limited. The use of long-acting, injectable naltrexone may promote adherence, but published research is limited and FDA approval is pending. [Note: Extended-release naltrexone for injection has since received FDA approval]
- Acamprosate, a gamma-aminobutyric acid (GABA) analog that may decrease alcohol craving in abstinent individuals, may also be an effective adjunctive medication in motivated patients who are concurrently receiving psychosocial treatment.
- Disulfiram is an effective adjunct to a comprehensive treatment program for reliable, motivated patients whose drinking may be triggered by events that suddenly increase alcohol craving. (APA, 2006)

Empirically validated psychosocial treatment interventions should be initiated for all patients with substance use illnesses. Pharmacotherapy should be offered and available to all adult patients diagnosed with alcohol dependence and without medical contraindications. Pharmacotherapy, if prescribed, should be provided in addition to and directly linked with psychosocial treatment/support. (National Quality Forum [NQF], 2007)

Evidence for Rationale

<table>
<thead>
<tr>
<th>Evidence Supporting the Measure</th>
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Primary Health Components

Alcohol dependence; psychosocial counseling; pharmacologic treatment

Denominator Description

All patients aged 18 years and older with a diagnosis of current alcohol dependence

Numerator Description

Patients who were counseled regarding psychosocial AND pharmacologic treatment options for alcohol dependence within the 12 month reporting period

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure
A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure
Unspecified

Extent of Measure Testing
Unspecified

State of Use of the Measure

State of Use
Current routine use

Current Use
not defined yet

Application of the Measure in its Current Use

Measurement Setting
Ambulatory/Office-based Care
Community Health Care

Professionals Involved in Delivery of Health Services
not defined yet

Least Aggregated Level of Services Delivery Addressed
Individual Clinicians or Public Health Professionals

Statement of Acceptable Minimum Sample Size
Does not apply to this measure

Target Population Age
Age greater than or equal to 18
Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Person- and Family-centered Care
Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Getting Better
Living with Illness

IOM Domain

Effectiveness
Patient-centeredness

Data Collection for the Measure

Case Finding Period

Unspecified

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Clinical Condition
Encounter
Patient/Individual (Consumer) Characteristic
Denominator Time Window
not defined yet

Denominator Inclusions/Exclusions
Inclusions
All patients aged 18 years and older with a diagnosis of current alcohol dependence
Exclusions
None

Exclusions/Exceptions
not defined yet

Numerator Inclusions/Exclusions
Inclusions
Patients who were counseled regarding psychosocial AND pharmacologic treatment options for alcohol dependence within the 12 month reporting period
Exclusions
None

Numerator Search Strategy
Fixed time period or point in time

Data Source
Administrative clinical data
Electronic health/medical record
Paper medical record

Type of Health State
Does not apply to this measure

Instruments Used and/or Associated with the Measure
Unspecified

Computation of the Measure

Measure Specifies Disaggregation
Does not apply to this measure
Scoring
Rate/Proportion

Interpretation of Score
Desired value is a higher score

Allowance for Patient or Population Factors
not defined yet

Standard of Comparison
not defined yet

Identifying Information

Original Title
Measure #1: counseling regarding psychosocial and pharmacologic treatment options for alcohol dependence.

Measure Collection Name
Substance Use Disorders Physician Performance Measurement Set

Submitter
American Psychiatric Association - Medical Specialty Society

Developer
American Psychiatric Association - Medical Specialty Society
National Committee for Quality Assurance - Health Care Accreditation Organization
Physician Consortium for Performance Improvement® - Clinical Specialty Collaboration

Funding Source(s)
Unspecified

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Financial Disclosures/Other Potential Conflicts of Interest

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2008 Jul

Measure Maintenance

Unspecified

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

The measure developer reaffirmed the currency of this measure in December 2015.

Measure Availability

Source not available electronically.

For more information, contact the American Psychiatric Association (APA) at 1000 Wilson Boulevard, Suite 1825, Arlington, VA 22209; Phone: 888-357-7924; E-mail: apa@psych.org; Web site: www.psychiatry.org

NQMC Status

This NQMC summary was completed by ECRI Institute on June 25, 2008. The information was verified by the measure developer on August 13, 2008.

This NQMC summary was retrofitted into the new template on June 13, 2011.