



Substance use screening tools and their implementation in primary care

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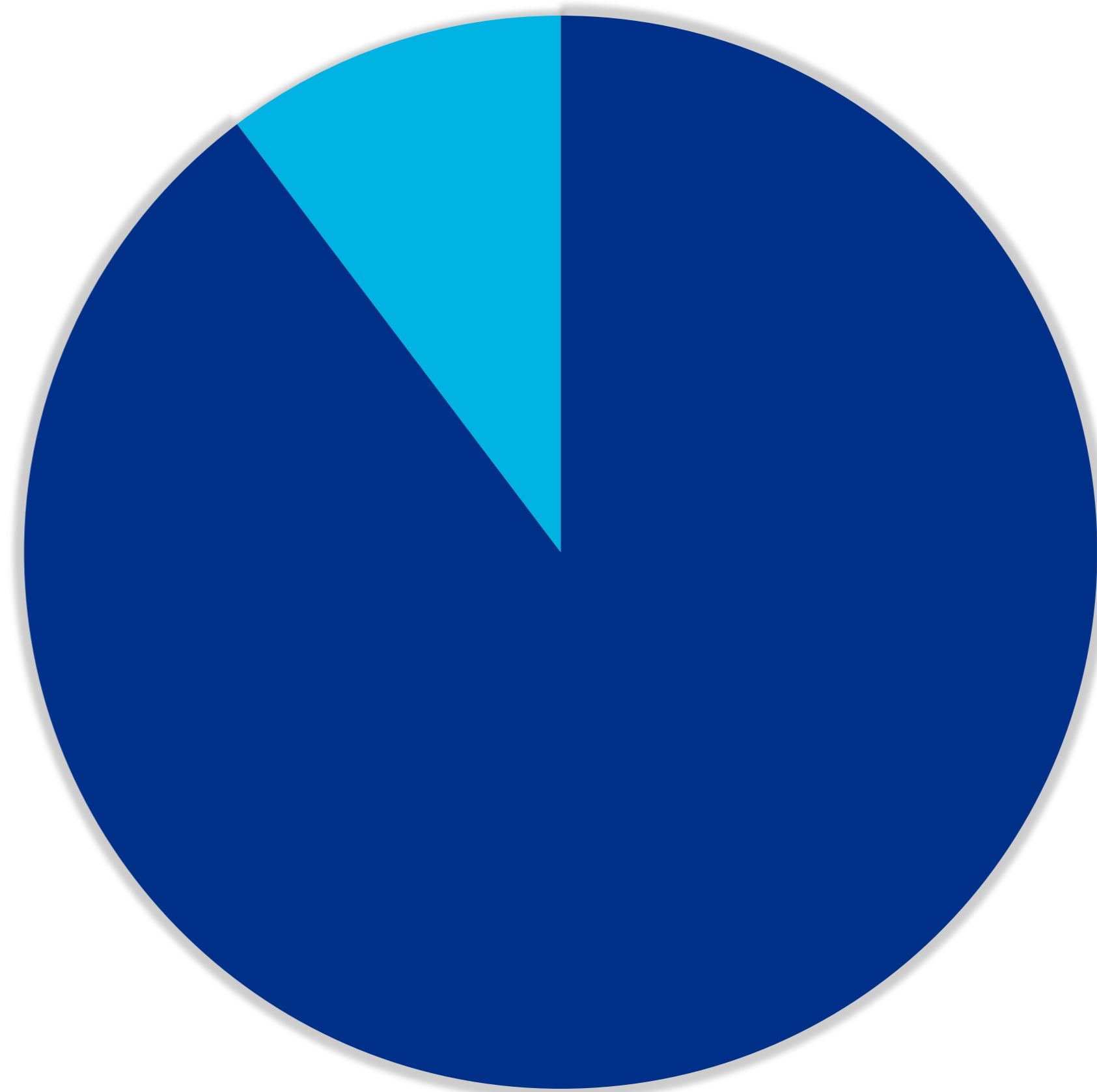
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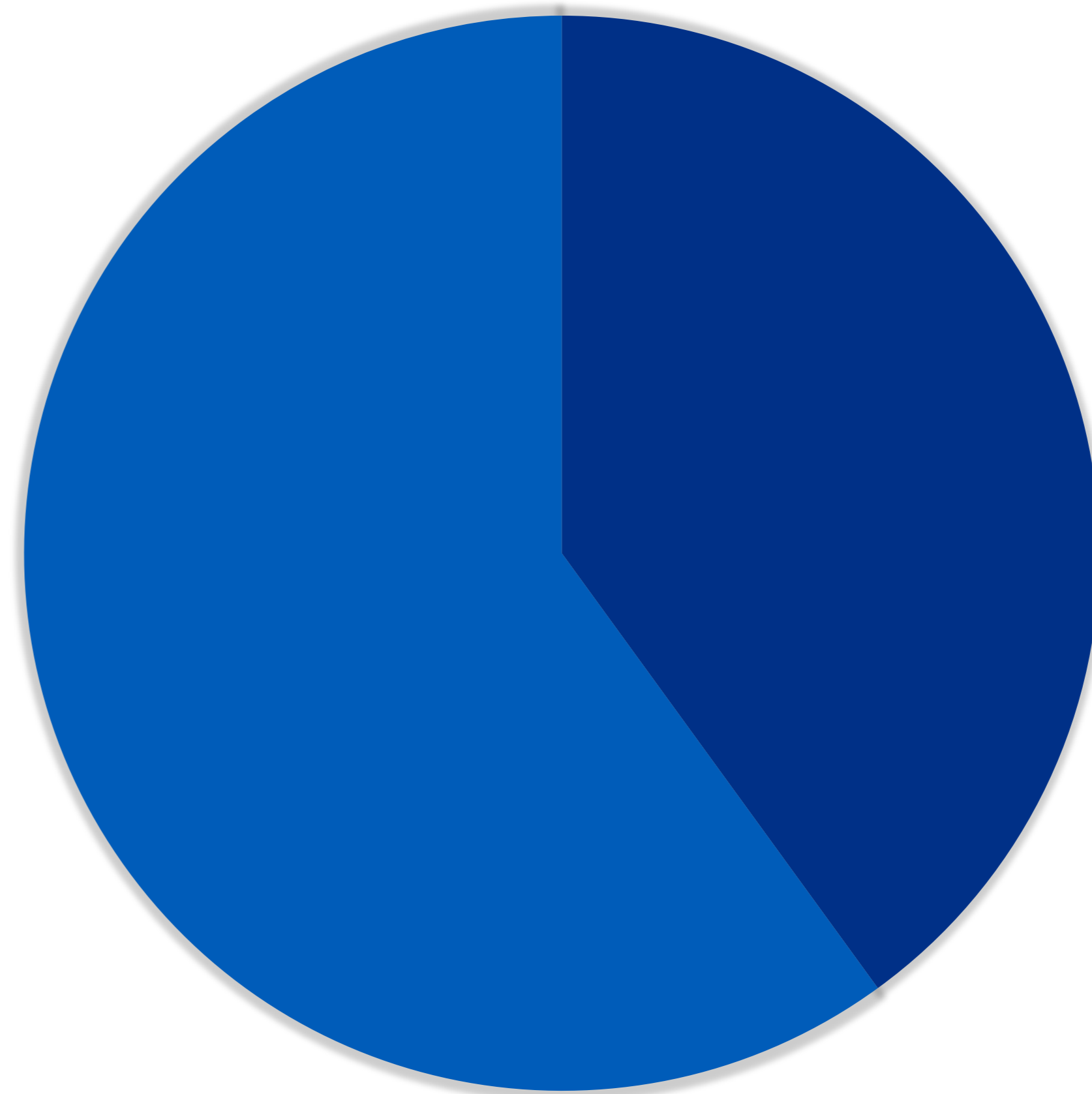
Addressing the treatment gap for people with substance use disorder (SUD)

- Each year,
 - **10%** of people with SUD receive care in an addiction treatment program



Addressing the treatment gap for people with substance use disorder (SUD)

- Each year,
 - 10% of people with SUD receive care in an addiction treatment program
 - 60% have a primary care visit



Health care contacts are an opportunity to identify substance use and offer help

- These contacts are underutilized
 - Health care providers are often unaware of their patients' substance use
 - Even when it is identified, providers lack knowledge and resources to respond effectively

Cherpitel and Ye, *Drug and Alc Dep* 2008

Roche et al., *Drug and Alc Dep* 2005

Walley AY, et al., *J Addict Med* 2012

D'Amico EJ, et al., *Medical Care* 2005

McKnight-Eily LR et al., *MMWR* 2017

Hallgren KA et al., *JSAT* 2020

McNeely J et al., *Add Sci Clin Pract* 2018

Current Screening Guidelines

- United States Preventive Services Task Force (USPSTF)
 - Alcohol: Recommended (Grade B)

Population	Recommendation
Adults 18 years or older, including pregnant women	The USPSTF recommends screening for unhealthy alcohol use in primary care settings in adults 18 years or older, including pregnant women, and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use.

Adults age 18 years or older	The USPSTF recommends screening by asking questions about unhealthy drug use in adults age 18 years or older. Screening should be implemented when services for accurate diagnosis, effective treatment, and appropriate care can be offered or referred. (Screening refers to asking questions about unhealthy drug use, not testing biological specimens.)
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USPSTF. Screening and behavioral counseling interventions to reduce unhealthy alcohol use. JAMA 2018

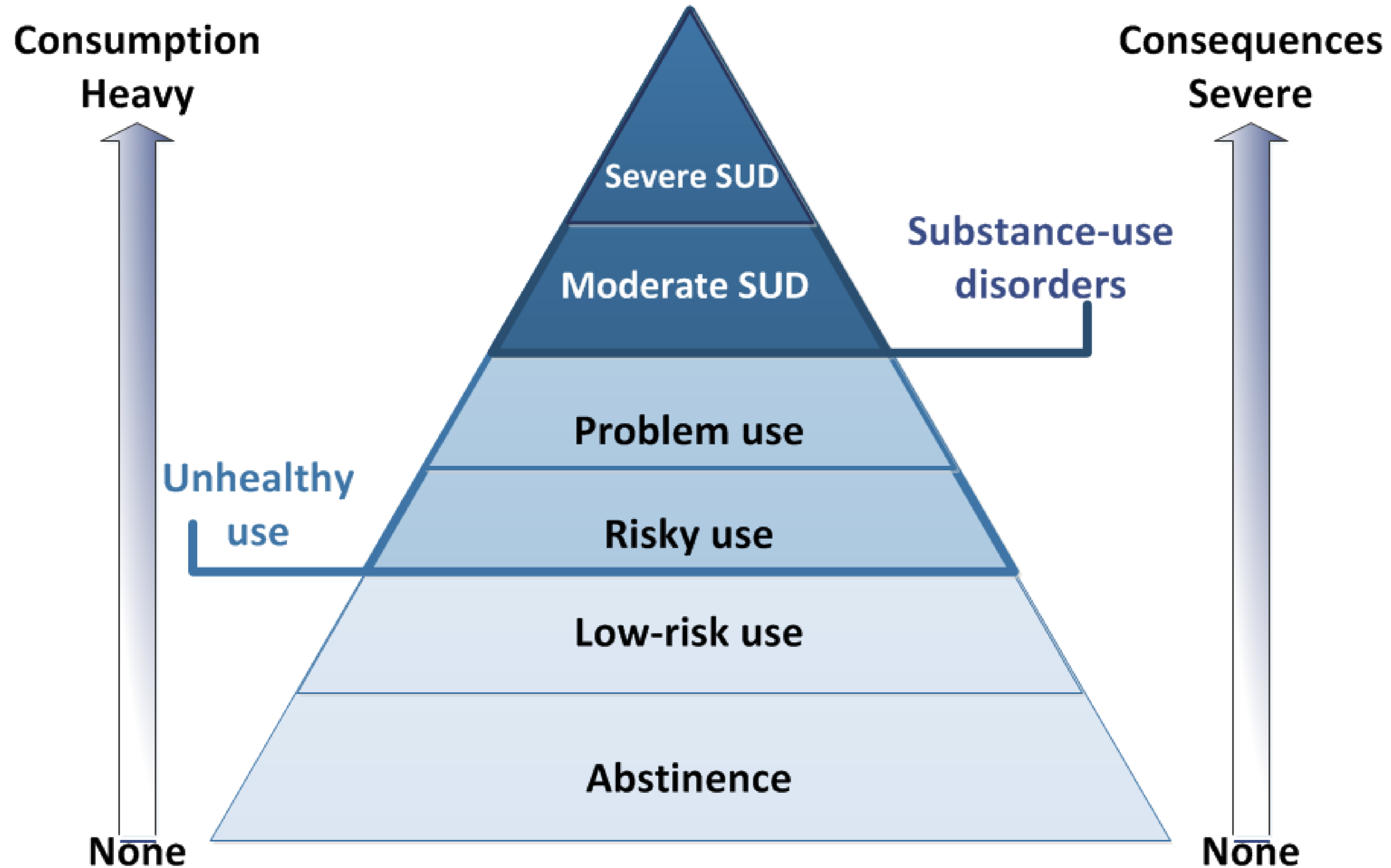
USPSTF. *Screening for Unhealthy Drug Use*. JAMA 2020

CTN studies focused on screening in primary care

- Screening tools: TAPS Tool development and validation (CTN-0059)
- Feasibility of implementing EHR-integrated screening
 - In urban academic clinics (CTN-0062)
 - In rural FQHC clinics (CTN-0062A1)

01 TAPS Tool as a validated brief screening and assessment, developed for adult primary care

Continuum of substance use



Tobacco, alcohol, prescription medication, and other substance (TAPS) Tool

Screening
(TAPS-1)

4-item Screener

- Tobacco
- Alcohol
- Rx drugs
- Illicit drugs



Assessment
(TAPS-2)

Modified ASSIST-Lite

- 7 substance classes
- Current use
- Problems

Self-administered (iPad)
or
Interviewer-administered

Performance of the Tobacco, Alcohol, Prescription Medication, and Other Substance Use (TAPS) Tool for Substance Use Screening in Primary Care Patients

Jennifer McNeely, MD, MS; Li-Tzy Wu, ScD, RN, MA; Geetha Subramaniam, MD; Gaurav Sharma, PhD; Laretta A. Cathers, PhD; Dace Svikis, PhD; Luke Sleiter, MPH; Linnea Russell, BA; Courtney Nordeck, BA; Anjalee Sharma, MSW; Kevin E. O'Grady, PhD; Leah B. Bouk, CCRC; Carol Cushing, BBA, RN; Jacqueline King, MS; Aimee Wahle, MS; and Robert P. Schwartz, MD

- NIDA Clinical Trials Network study
- 2,000 adults, enrolled in 5 primary care clinics
- Completed TAPS Tool, interviewer-administered and iPad-administered versions
- Gold standard measure = modified World Mental Health Composite International Diagnostic Interview (CIDI)
- Measures: problem use, SUD

TAPS Tool: Validity for problem use

Self-administered

N=2,000

Substance	TAPS Score ≥ 1 n (%)	Sensitivity (95% CI)	Specificity (95% CI)
Tobacco	766 (38%)	0.92 (0.89, 0.94)	0.87 (0.85, 0.89)
Alcohol	713 (36%)	0.77 (0.73, 0.81)	0.77 (0.75, 0.79)
Marijuana	312 (16%)	0.79 (0.73, 0.84)	0.93 (0.91, 0.94)
Cocaine, Meth	112 (6%)	0.73 (0.64, 0.80)	0.99 (0.98, 0.99)
Heroin	59 (3%)	0.77 (0.65, 0.86)	1.00 (0.99, 1.00)
Rx Opioids	82 (4%)	0.61 (0.47, 0.73)	0.98 (0.97, 0.98)
Sedatives	80 (4%)	0.66 (0.49, 0.80)	0.97 (0.96, 0.98)

Feasibility and acceptability of electronic self-administered screening (myTAPS)

Adam et al. *Addict Sci Clin Pract* (2019) 14:39
<https://doi.org/10.1186/s13722-019-0167-z>

Addiction Science &
Clinical Practice

RESEARCH

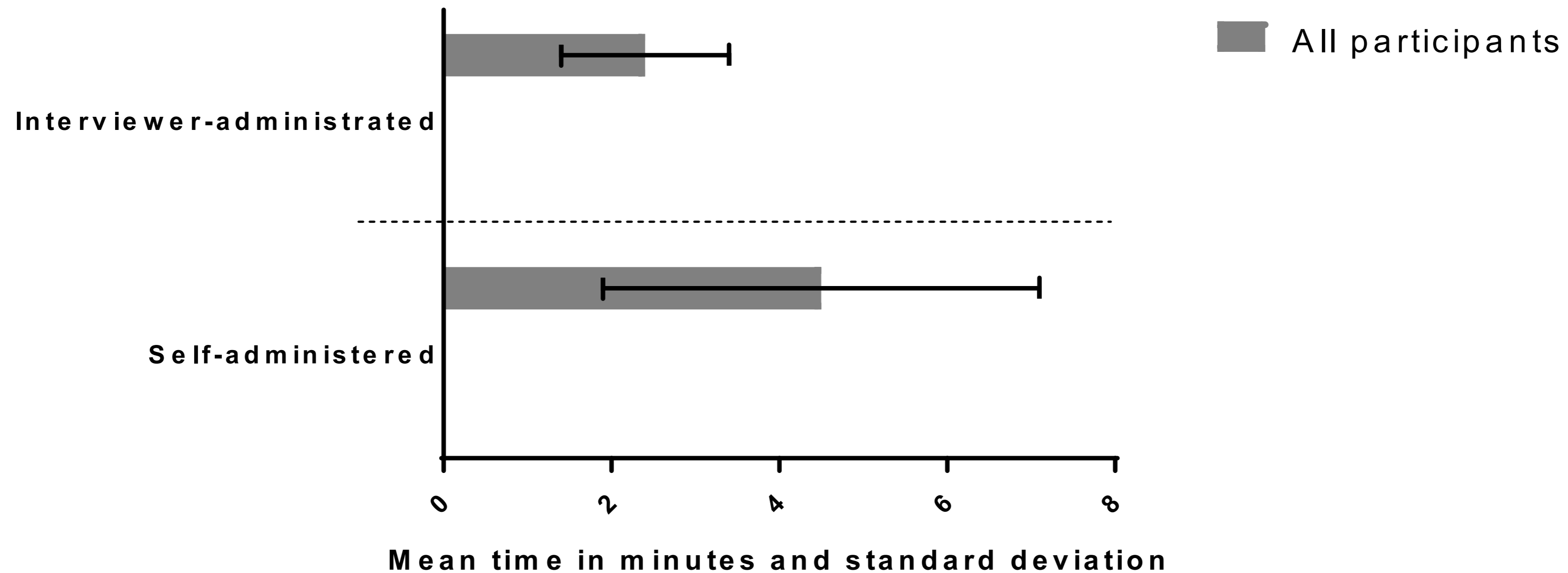
Open Access



Electronic self-administered screening for substance use in adult primary care patients: feasibility and acceptability of the tobacco, alcohol, prescription medication, and other substance use (myTAPS) screening tool

Angéline Adam^{1*} , Robert P. Schwartz², Li-Tzy Wu³, Geetha Subramaniam⁴, Eugene Laska⁵, Gaurav Sharma⁶, Saima Mili¹ and Jennifer McNeely¹

Time required to complete TAPS Tool



Interviewer format: 90% completed the TAPS tool in ≤ 3 min.
Self-administered format: 90% completed in ≤ 7 min.

NIDA TAPS Tool Website

- <https://www.drugabuse.gov/taps/#/>

<https://www.drugabuse.gov/taps/#/>

TAPS

Tobacco, Alcohol, Prescription medication, and other Substance use Tool

The Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS) Tool consists of a combined screening component (TAPS-1) followed by a brief assessment (TAPS-2) for those who screen positive.

This tool:

- Combines screening and brief assessment for commonly used substances, eliminating the need for multiple screening and lengthy assessment tools
- Provides a two stage brief assessment adapted from the NIDA quick screen and brief assessment (adapted ASSIST-lite)
- May be either self-administered directly by the patient or as an interview by a health professional
- Uses an electronic format (available here as an online tool)
- Uses a screening component to ask about frequency of substance use in the past year
- Facilitates a brief assessment of past 90-day problem use to the patient

More Information About This Tool ▼

Frequently Asked Questions About Screening ▼

CTN studies focused on screening in primary care

- Screening tools: TAPS Tool development and validation (CTN-0059)
- Feasibility of implementing EHR-integrated screening
 - In urban academic clinics (CTN-0062)
 - In rural FQHC clinics (CTN-0062A1)

02 Considerations for implementing screening in primary care



- Standardized substance use information for incorporation into EHRs
- Validated tools
- Feasible for use in medical settings

<https://cde.drugabuse.gov/>



Original Investigation | Substance Use and Addiction

Comparison of Methods for Alcohol and Drug Screening in Primary Care Clinics

Jennifer McNeely, MD, MS; Angéline Adam, MD; John Rotrosen, MD; Sarah E. Wakeman, MD; Timothy E. Wilens, MD; Joseph Kannry, MD; Richard N. Rosenthal, MD; Aimee Wahle, MS; Seth Pitts, BA; Sarah Farkas, MA; Carmen Rosa, MS; Lauren Peccoralo, MD; Eva Waite, MD; Aida Vega, MD; Jennifer Kent, MD; Catherine K. Craven, PhD; Tamar A. Kaminski, BS; Elizabeth Firmin, BA; Benjamin Isenberg, BA; Melanie Harris, BA; Andre Kushniruk, PhD; Leah Hamilton, PhD

NIDA Clinical Trials Network Study (CTN-0062)

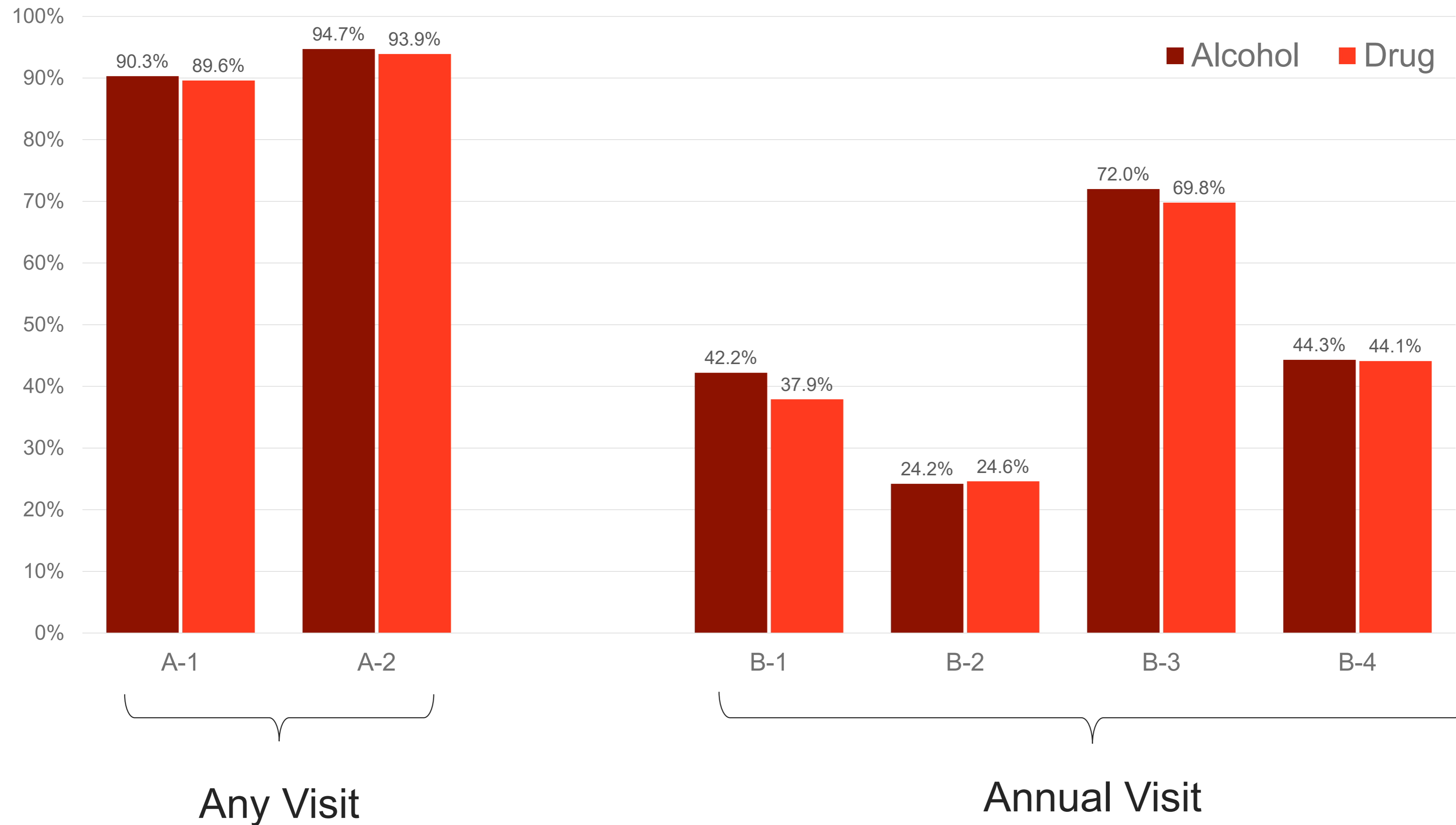
- Objective: Study the feasibility of implementing EHR-integrated screening in primary care
- Study Design: 4-phase implementation study
- Setting: 6 primary care clinics in 2 large academic health systems
- Screening tools: SISQ + AUDIT-C/DAST-10

Screening rates across all sites

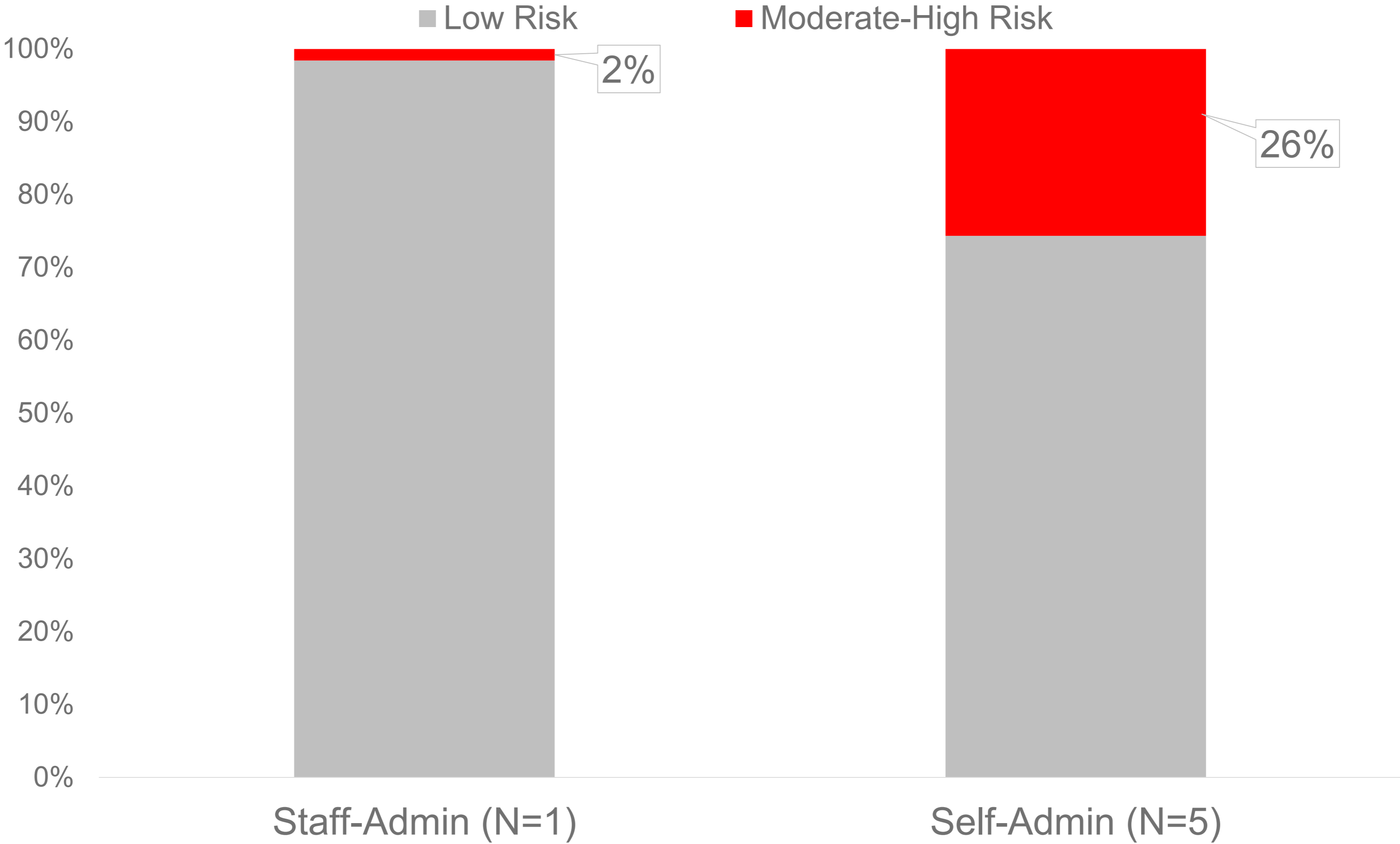
72% of patients were screened, across all sites

	Clinic					
	A-1	A-2	B-1	B-2	B-3	B-4
Alcohol	(15,687/17,373) 90.3%	(24,270/25,632) 94.7%	(3,016/7,139) 42.2%	(2,648/10,932) 24.2%	(18,214/25,311) 72.0%	(2,331/6,207) 37.6%
Drug	(15,558/17,373) 89.6%	(24,064/25,632) 93.9%	(2,708/7,139) 37.9%	(2,689/10,932) 24.6%	(17,670/25,311) 69.8%	(2,324/6,207) 37.4%

Screening rates were higher when done at any visit type



Better detection of alcohol use with self-administered screening

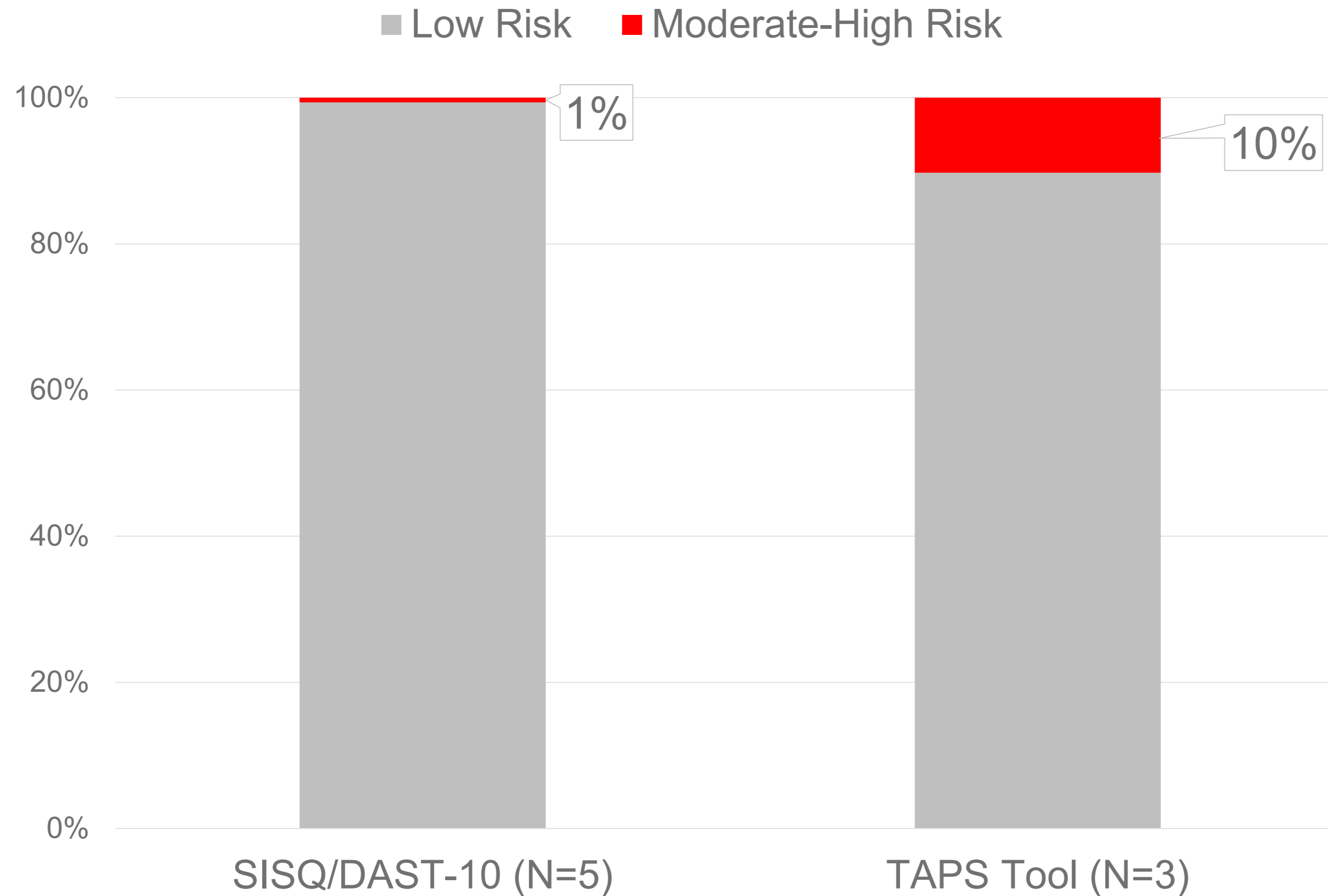


Ancillary study on screening in rural primary care clinics

Study objectives

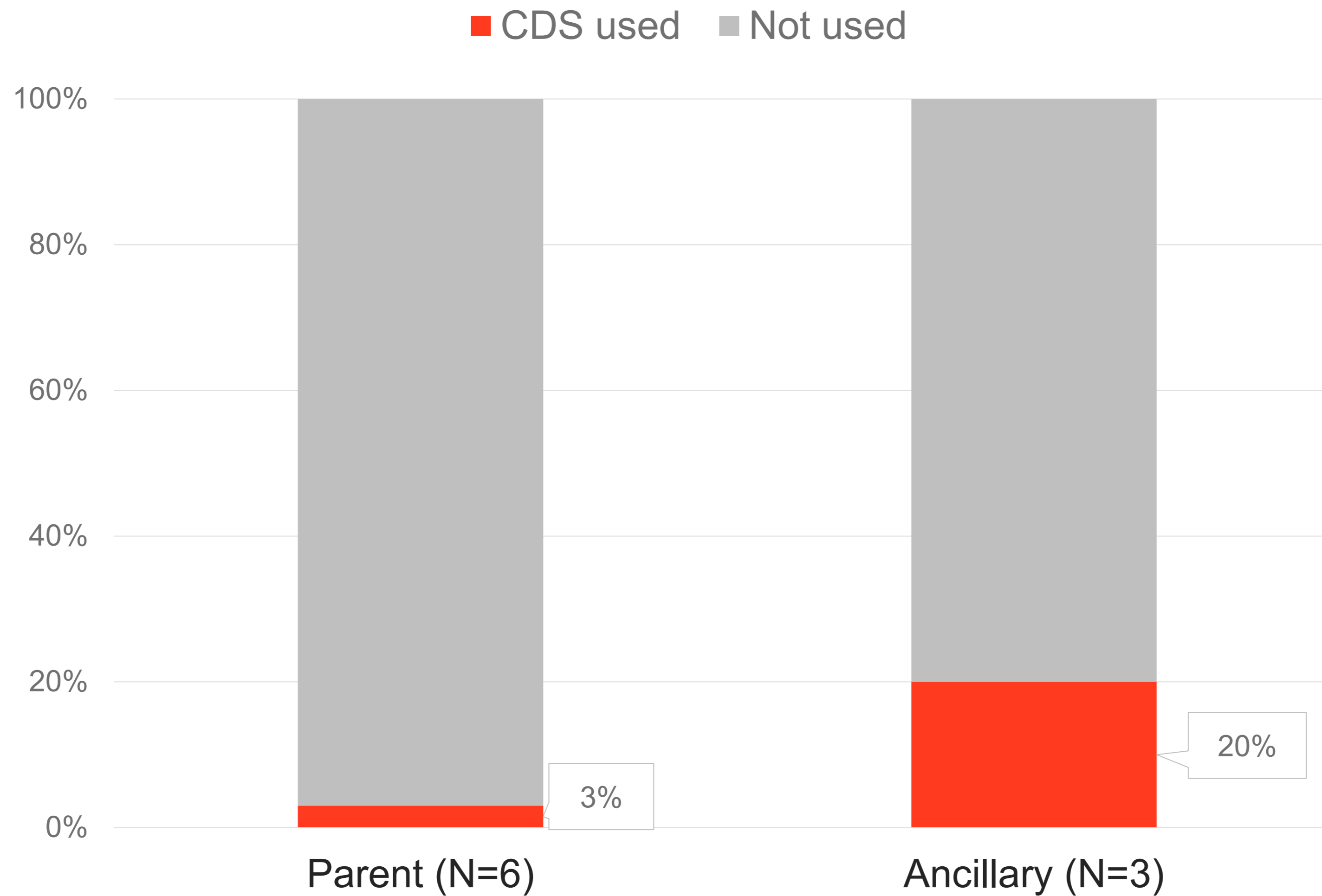
- Understand screening implementation in the context of:
 - Rural setting
 - Federally qualified health center (FQHC)
 - TAPS Tool for screening (electronic self-administered)

Better detection of drug use with TAPS Tool, in ancillary study



All clinics used self-administered screening

Higher utilization of clinical decision support for delivering counseling



Sustainability and dissemination

- All study clinics maintained screening after the study
- Large academic systems (CTN-0062) expanded our screening tools throughout ambulatory care; also some ED and inpatient settings
- Rural FQHC (CTN-0062A1) is screening at 5 additional clinics, and plans to use TAPS Tool system wide

<https://alcoholdrugscreening.simmersion.com>



National Institute on Drug Abuse (NIDA)
Clinical Trials Network (CTN) Dissemination Initiative

Log In

My Screening Plan

In Collaboration with



IMPLEMENTING DRUG AND ALCOHOL SCREENING IN PRIMARY CARE

Alcohol and drug use are among the top ten causes of preventable death in the United States. Screening is the first step in identifying and addressing substance use as part of routine medical care. This website will guide your team through the process of developing a plan for implementing screening in your practice.



Create Your Plan



Create Clinic Plan

Screening is the first step in identifying and addressing substance use as part of routine medical care. This guide includes three sections to help you identify the most effective screening method for your clinic.

While you can explore these topics in any order, for the most comprehensive plan, select Begin Planning and navigate between pages using the Next and Previous buttons.

Clinic Details

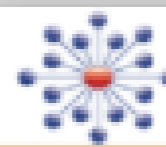


Plan Approach



Monitor Adoption





Plan Screening Approach

What **substances** does the clinic want to screen for?

Both Alcohol and Drugs

What **screening instrument(s)** does the clinic want to use?

TAPS Tool

How should patients **complete** the screening?

Patient self-administered (electronic)

How will screening responses **be entered** into the Electronic Health Record?

Patient-Entered

Where will the screening information appear in the Electronic Health Record?

Intake/Rooming

How **frequently** does the clinic want to screen?

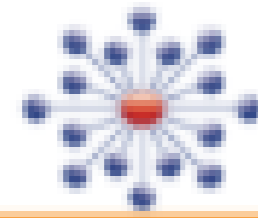
Once per year

During what **types of visits** should the clinic screen?

Routine primary care

Are there resources to **customize** the Electronic Health Records?

Process and Timeline, Design and Development, Testing



Monitor Screening Adoption

Who will be **responsible** for monitoring screening adoption?

Leader of Screening Initiative

What **information** should be monitored?

Screening Rate, Screening Results, Treatment Referrals

What results will be **shared** with providers?

Clinic-Wide Reports

<https://alcoholdrugscreening.simmersion.com>

Thank you!

NYU:

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Jaqueline King
Gaurav Sharma



CTN Nodes

New York Node
(Rotrosen & Nunes)
New England Consortium
(Weiss and D'Onofrio)
- Site PIs Wakeman and Willens
Northeast Node (Marsch)
- Site PIs Nesin & Gardner

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Questions?

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