

# Research to Practice...

## a providers perspective

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# Research to Practice Problems

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- Access to research
  - Interpretation of findings
  - Relevancy for treatment
  - Concrete implementation strategies
  - Individualized program design
  - Staff resistance to change
  - Time constraints
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# Research to Practice Needs

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- Clearing House
  - Empirical experience
  - Implementation
    - Pragmatic steps that can be modified
    - Staff engagement
    - Staff training
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# Research to Practice Project

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## □ NIAAA, OASAS, and ASAP

### “Researcher in Residency Program”

- Nationally recognized researcher paired with a treatment provider to affect a technology transfer:

Naltrexone Adjunct Therapy for Craving Reduction in Alcoholics - an evidence based treatment approach that has been underutilized

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# Fundamentals of Researcher in Residency Program

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- Planning
  - Reimbursement
  - TIPS manuals
  - 2 Day residency
  - Orientation of Stakeholders
    - physicians, administration, clinical staff
  - Technical Assistance
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# Implementation Site: Inpatient Rehabilitation Unit

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- Abstinent (at least 5 days)
- H & P (within 24 hours)
- Liver function tests
- Side effects
- Compliance
- Patient education

Note 50-70% with co-occurring disorder

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# Initial Implementation Process

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- Protocol developed
  - Monitoring & education tools
    - Side effects monitoring form
    - Craving index form
    - Drinking episodes calendar
    - Medic Alert Cards
    - Information packets
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# Protocol Initiated by Counseling Staff on Admission

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- Determine appropriateness
    - Alcohol use primary
    - Patient willing
  - R/O contraindications
    - Acute hepatitis
    - Current opioid, methadone, LAAM use
    - Active opioid withdrawal
    - Pregnancy/breast feeding
    - Adolescent
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# Protocol Continued

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- Administer craving index
  - Schedule MD appointment
    - Prescribe as appropriate
    - education brochures & medic alert card
  - Activate focused care treatment plan
  - Monitor side effects (1<sup>st</sup> week)
  - Administer craving index weekly
    - Monitor progress/craving reduction
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# Implementation Ups and Downs

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- Momentum high first 6 months
  - 50% on Naltrexone
  - Naltrexone implemented in outpatient
  - Staff satisfied with process
  - Evident success
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# Implementation Ups and Downs continued

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- ❑ Momentum decreased second 6 months
  - ❑ 20% on Naltrexone
  - ❑ Staff blocks emerge:
    - Not integrated as routine
    - Recommended by exception
    - Asked would you vs. we suggest
    - No motivational counseling
    - Viewed as medical
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# Implementation Ups and Downs Continued

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- Physician arbitrary
    - Spread thin
  - Documentation break down
    - No reasons given for non-use
      - Usual explanation “the patient refused”
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# Action Taken

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- ❑ Eliminated craving index form on intake
  - ❑ Assigned screening to RN's
    - In nursing assessment vs. stand alone
  - ❑ Computerized template
  - ❑ Policy & procedure formalized
  - ❑ Maintained focus with staff
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# Ongoing Activities

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- ❑ Several anecdotal success stories reviewed at case conference meetings
  - ❑ Outcome monitors added to quality improvement plan
  - ❑ Involved in statewide and regional research to practice groups
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# Initial Outcomes

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- “Not a magic bullet”
    - research indicates a 12-19% enhanced efficacy
  - Well tolerated with the co-occurring population on psychotropic medications
  - Several reported successes
    - Reduction in drinking episodes or full abstinence
  - Infrequent incidence of side effects
  - Cost covered by N.Y. Medicaid
    - Some commercial insurance
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