Research to Practice...
a providers perspective

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Research to Practice Problems

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

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

☐ 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
Fundamentals of Researcher in Residency Program

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

- 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
Initial Implementation Process

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

- Determine appropriateness
  - Alcohol use primary
  - Patient willing

- R/O contraindications
  - Acute hepatitis
  - Current opioid, methadone, LAAM use
  - Active opioid withdrawal
  - Pregnancy/breast feeding
  - Adolescent
Protocol Continued

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

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

- 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
Implementation Ups and Downs Continued

- Physician arbitrary
  - Spread thin

- Documentation break down
  - No reasons given for non-use
    - Usual explanation “the patient refused”
Action Taken

- 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
Ongoing Activities

- 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
Initial Outcomes

- “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