NIDA Strategic Planning – Complex Patients Workgroup

Co-Chairs: Meyer Glantz and David Liu
SPB Coordinator: Emily Einstein

Workgroup Webinar
Monday, April 27, 2015
4:00 p.m.

Attendees
Maureen Boyle, Jenae Neiderhiser, John Rotrosen, Emily Einstein, Meyer Glantz, David Liu, Karran Phillips, Michele Rankin, Will Aklin, Kathleen Brady, Joseph Guydish, Susan Volman, Tanya Ramey, Constance Weisner

Welcome and Overview
Dr. David Liu opened the meeting with a recap of the 4/9 discussion and a brief overview of the Strategic Plan process for those participants who were unable to join the first meeting. Dr. Liu and Dr. Maureen Boyle explained that the intent of the workgroup gatherings was to develop a set of action-based recommendations that would inform NIDA's overall Strategic Plan.

Complex Patients
Dr. Meyer Glantz described the contemporary approach to managing complex patients, which involves a focus on the substance use behavior and defining interventions based on criteria for SUD alone. However, evidence shows that SUD patients often suffer from a variety of social and environmental stresses and impairments that also need to be addressed. He suggested that it is crucial to consider a broader spectrum of issues facing complex patients along the developmental trajectory to provide more adequate treatment.

Dr. Glantz and Dr. Boyle further explained that the workgroup would need to discuss the ramifications involved with managing complex patients in a way that relates to the NIDA research portfolio. Areas to address include basic and translational research to study common and underlying issues related to co-occurring SUD, psychiatric, and psychosocial factors; as well as treatment implementation challenges, such as the need for a paradigm shift in our health care delivery system, capacity, and training.

Discussion
Dr. John Rotrosen and Dr. Glantz discussed the similarities of the workgroup's goals to that of precision medicine and the challenge of designing a research agenda that can be responsive to the needed level of complexity. Tapping into data from NESARC might help broaden the research base, but we will need to discuss the implications of that.

Dr. Joseph Guydish acknowledged the difficulties involved but suggested the group try to reach above the individual co-occurring disorders to draw a broader framework that incorporates multiple issues. He also pointed out the ACA mandate for managing the complex patient population in primary care settings.

Dr. Kathleen Brady agreed with the need for a broader framework, adding that the workgroup recommendations should include an examination of neuroscience data on SUD and translational research that can help manage complex patients at the clinical level.

Dr. Glantz and Dr. Boyle talked about the need to decide on the scope of issues related to complex patients to address in our recommendations. While the range of complexities covers a large base, we should concentrate on only a manageable set of recommendations that can be acted on over the next 5 years. Dr. Jenae Neiderhiser stressed the need to address developmental trajectories and the factors that influence them.

Dr. Constance Weisner agreed with the developmental approach, adding a suggestion to include patients who may not have severe substance use issues, but who may be suffering from other complexities. Screening these patients at the lower level of drug use can be beneficial and may be easier to "sell" to health care systems. Dr. Glantz and Dr. Liu agreed that while NIDA's focus is on drug use as a primary disorder, including patients on the lower DU continuum is likely to have a greater impact on recovery and should be considered in the group's recommendations.

Dr. Rotrosen and Dr. Glantz talked about approaches for capturing data from mainstream health care settings, such as primary care, emergency departments, dentists, and jail systems. Comprehensive systems will have EHRs, but there may be little data available for patients without severe SUD.

NIDA is currently trying to incorporate common data elements into EHRs to help primary care docs begin to record data on non-serious drug use and develop referral mechanisms. Dr. Weisner serves on the advisory committee for the CDE study; she informed the group that drug-screening questions are increasingly being added to EHRs, particularly for alcohol, so she sees a positive trend in that area over the next 5 years. Kaiser presently has a drug use question for teens, and Group Health is also implementing a drug screener.

Dr. Liu suggested we could propose something similar to the CDE study to help level the playing field for more comprehensive data capture. Dr. Glantz seconded the idea. He said one research priority for NIDA might include examining this issue, identifying obstacles, and developing instruments for facilitating successful outcomes in data collection.

Dr. Tanya Ramey brought up the issue of psychopathological factors as part of the phenotype for patients with violent tendencies, and related considerations, such as their encounters with the legal system.

Dr. Susan Volman and Dr. Glantz discussed different levels of research to consider—basic, epidemiologic, clinical, and posed this question to the group: "How can we improve upon what is already being done?"

Dr. Rotrosen offered stress as one example that serves as a good precedent for informing the translational process. He said there is a wealth of information at a variety of levels (molecular, societal studies) showing an increased vulnerability to substance abuse and relapse related to physiological and social stressors. We could propose research on the alignment of depression,

development, and different vulnerabilities contributing to SA, thereby improving on some of the work that has already been done in this area.

Dr. Guydish agreed with studying stress in relation to SUD but asked if there were good animal models for the study of complex patients. Dr. Rotrosen replied that there are many good animal models for SUD/stress and SUD/smoking, but not many for SUD and mental health (depression and schizophrenia). He also pointed out that NIDA would not likely invest in developing animal models for mental health. Dr. Volman and Dr. Glantz both spoke to the possibility of an animal model that looked at presumed underlying characteristics, such as reward sensitivity or varying forms of impulse regulation.

Dr. Guydish suggested a focus on early-stage screening in community-based systems because they likely handle a good portion of the complex patient population. Dr. Volman spoke to the issue of implementation, saying we need to study the best ways of reaching the front-line providers. Dr. Liu and Dr. Weisner suggested it might be helpful to demonstrate that screening has benefit to the patient and/or health system and the SUD field in general.

Dr. Glantz stated that we could incorporate these thoughts into one of the recommendations that encourages research on how to make screening better. We also need to concentrate on services and systems because they are an important part of reaching complex patients.

Dr. Volman, Dr. Guydish, and Dr. Glantz talked briefly about phenotyping. The group decided last week that phenotyping should not be characterized primarily by the SU behavior and the related physical addictive characteristics; it requires a larger perspective. One approach would be to start with epidemiologic data (e.g., NESARC) and look at things that are changing over time but that are built on a relatively enduring substrate.

Dr. Rotrosen pointed out the possibilities of the ABCD study, which will be collecting data on SU and MH prospectively among a population that very well might become part of the complex patient population over time.

Dr. Glantz thanked everyone for their input and added that he thought the group was being extremely productive in developing a concept for the final recommendations product. He ended the discussion by providing a few examples on how the workgroup could think about building on its progress at the next meeting:

1. Addressing chronic nature of disorders vs. "simple infection" that can be cleared quickly
2. Patients who become complex vs. those who do not; how to identify;
3. Consider training workforce or improving services available to chronic patients.

Public Comment Period

No comments were submitted to the group.

Next Meeting

The next webinar is scheduled for Monday, May 11, at 4 p.m.