

Implementation and workflow strategies for integrating digital therapeutics for alcohol use disorders into primary care: A qualitative study

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Conflict of Interest

- The authors have no conflicts of interest to report.

Background

Research Goal

- To identify implementation needs and strategy design considerations for integrating digital therapeutics for alcohol use disorder (AUD) into primary care.

Research Strategy

- Use qualitative methods to elicit lessons learned from care delivery leaders, clinicians, and implementation staff who were involved in previous digital therapeutic implementation efforts.

Setting: Kaiser Permanente Washington



- Located in Washington State, USA
- Large, integrated health system (i.e., insurance coverage + care delivery)
 - 30 primary care clinics
 - 700,00 members
 - 340,000 patients visit annually
- Team-based primary care
- Integrated mental health specialists

Context: Experience with Study Topics

Substance use disorder (SUD) care

- 90% of patients screened annually for alcohol and drug use
- Treatment options include:
 - Brief interventions
 - Referral to integrated mental health specialists
 - Medication
 - Specialist addiction treatment by referral

Digital interventions

- All clinics had previous experience implementing digital interventions to support mental health
- Two clinics had recently implemented app-based treatments for SUDs as part of a pilot study

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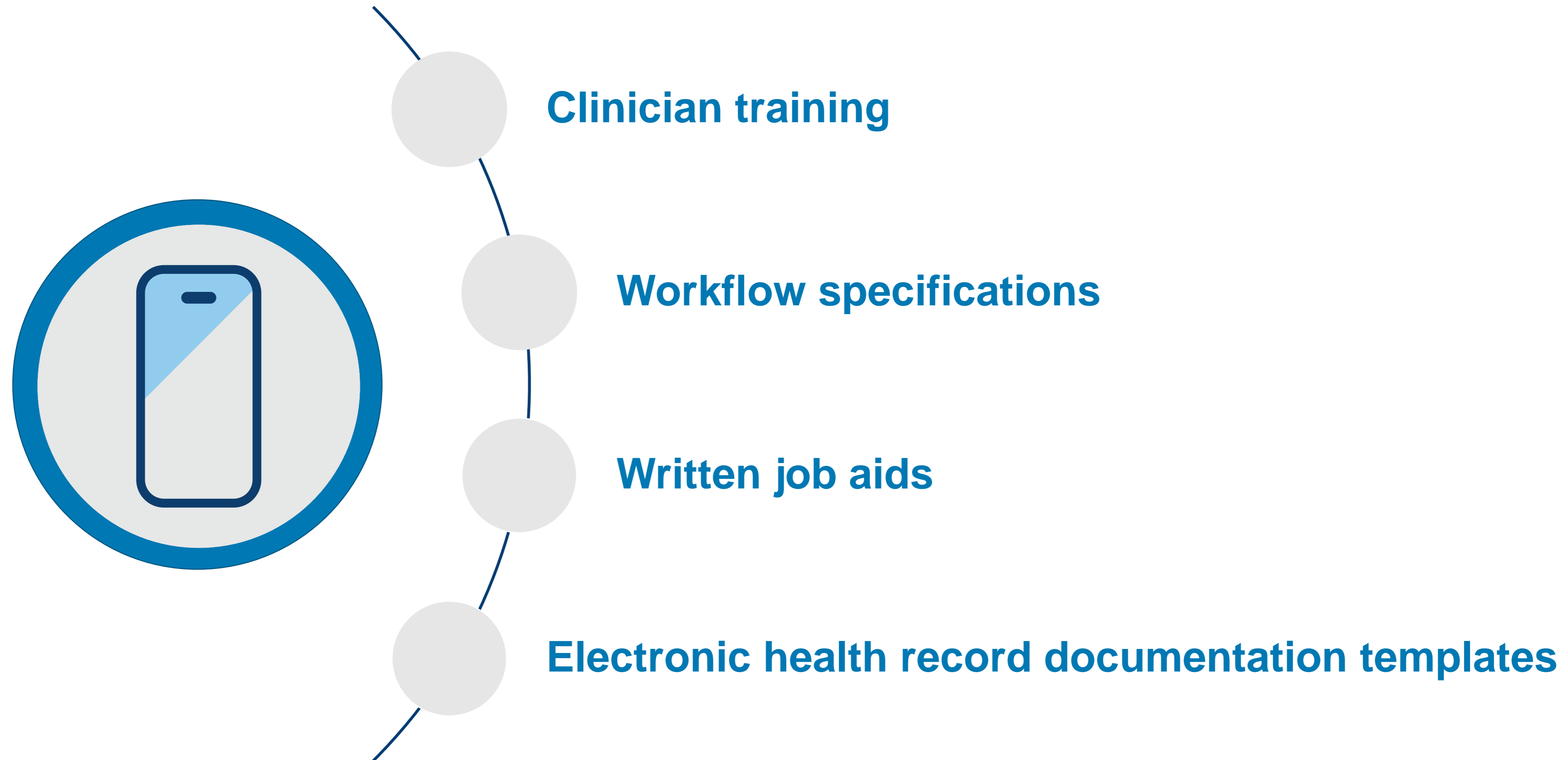
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Solicited learnings from this experience to identify adaptations needed to implement app-based treatment for AUD

Previous digital therapeutic implementation efforts involved



In addition, the recent pilot implementation of app-based SUD treatments involved



Partnership between care delivery and research.

A novel workflow in which integrated mental health specialists determined patient eligibility and routed the digital therapeutic prescription to a physician for approval.

Additional support in the form of **practice facilitation** and **health coaching**.

Methods

Qualitative Interviews

- Participants were recruited based on their involvement with previous app implementation efforts and AUD treatment expertise.
- Questions were designed to help us understand the **pragmatic strategies** needed to optimize implementation of apps for AUD.
- Participants were asked to reflect on
 - **Barriers and facilitators** to previous digital therapeutic implementation efforts and
 - **Recommended adaptations** for implementing a digital therapeutic for AUD.
- Interviews occurred in virtual meetings and were recorded and then transcribed.

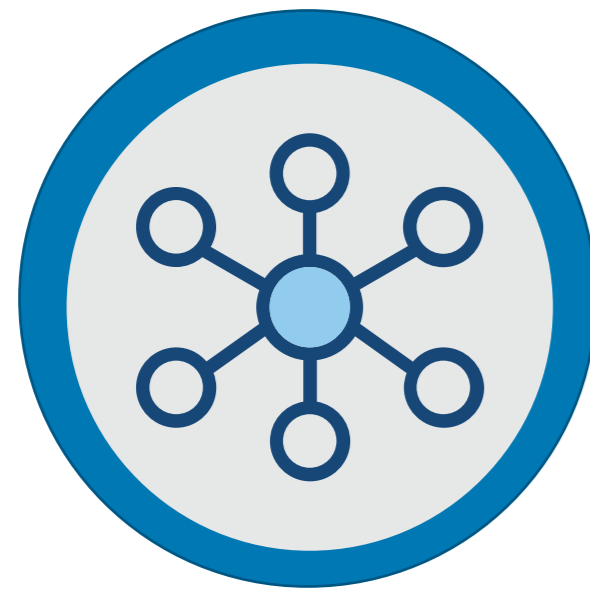


Qualitative Analysis

Transcripts were analyzed using a **rapid group analysis** process which involved:



Identifying themes from individual transcripts



Grouping related themes from all the transcripts using a virtual affinity diagramming process

Results

Interview participants included



5 care delivery
leaders



4 integrated mental
health specialists



4 primary care
providers



3 implementation
team members

Participants were supportive of offering digital therapeutics for SUD generally and for AUD specifically.

“We recognize that we will not be able to meet the demand for services through individual clinicians, and that we need more tools really to scale treatment and that digital tools are a great way to do that.”

- Care delivery leader



General implementation strategy and workflow recommendations

- Engage the proper **stakeholders**.
- **Educate clinicians** about the app. Education should include information about the evidence and who is most likely to benefit.
- **Provide marketing and advertising** for the app **in multiple forms**.
- Give clinicians **dedicated time** to learn about the app and its content.
- **Make information** about the app **easy to find and share** with patients.

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“Providers would need to have some really good training on the use of the app and then how to get people signed up easily, because when people can't sign up easily, they just get frustrated. It needs to be user friendly.”
- Care delivery leader

Implementation needs are determined by app design and target population



Target population



Number of patients who might be offered the app and the **supports** they may need



Ideal implementation strategies

AUD prevalence



Participants expected **a large volume of patients** would be eligible for and interested in app-based treatment for AUD.



One multisite study* estimated
1 in 7
primary care patients in the USA
had past-year AUD.

*Wu LT, McNeely J, Subramaniam GA, Brady KT, Sharma G, VanVeldhuisen P, et al. DSM-5 substance use disorders among adult primary care patients: Results from a multisite study. Drug and Alcohol Dependence. 2017 Oct;179:42–6.

Adaptations to accommodate high patient volume



“No wrong doors”
approach



Centralization



Direct-to-consumer
approach

Adaptations to accommodate high patient volume



“No wrong doors”
approach



Centralization



Direct-to-consumer
approach


“We talk about [patients] having rapport with their PCP... that's not always the case. It may be the nurse or the social worker or the therapist who has far more contact with the [patient]... I believe [the app] is something all clinicians should [know about] so that if they have rapport with their particular [patient], that they feel comfortable discussing and offering it.”

- Care delivery leader

Adaptations to accommodate high patient volume



“No wrong doors” approach



Centralization



Direct-to-consumer approach

“Ideally, we would be able to offer this with a completely remote or virtual implementation... Something like a centralized provider team that is able to offer patients the product, connect to it, and, if it's useful, some ongoing monitoring with them.”
- Care delivery leader

Adaptations to accommodate high patient volume



“No wrong doors”
approach



Centralization



Direct-to-consumer
approach

“Most patients are certainly familiar with being able to go on a smart phone and download an app and figure that piece out...the more that we can make it available to them, very easily accessible and without a lot of hoops to jump through, [the better].”

- Primary care physician

Adaptations to accommodate variation in AUD severity, motivation to change, and treatment goals

- Offer app-based treatments as **one of many treatment options**.
- Decide **who to offer apps to**.
 - Digital therapeutics may be best for patients with mild to moderate AUD severity.
 - Patients at risk of dangerous withdrawal symptoms should not rely on digital therapeutics alone.
- Consider patient **motivation to change**.
 - Individual motivation may determine digital therapeutic effectiveness.
 - Some patients may benefit from additional supports.
- Choose apps which accommodate **goals other than abstinence** to support patients who want to reduce but not stop drinking.

“There's a lot of people who get in touch with their provider, their provider gets in touch with social worker because **they've started to have the conversation around 'maybe I'm drinking a little bit too much, but I'm not drinking so much that I need treatment** or that I need to be connected to a substance use therapist, but maybe I just need a little bit of something to help me get back on track with my goals around a healthy relationship with alcohol.’ And so, **I think those are patients who would be particularly receptive to app-based care.** Because to them it doesn't feel like it's a major problem. **It's like the level of treatment fits the level of problem.”**

- Integrated mental health specialist



Conclusions

Conclusions

- Digital therapeutics could be used to provide effective treatment for AUD within primary care, but **thoughtful implementation is critical**.
- Participants thought **implementation and workflow strategies used for other apps could be effective for apps to treat AUD**.
 - For example, participants mentioned training, electronic health record tools and templates, practice facilitation, health coaching, protected clinician time, and having dedicated clinicians to offer apps as useful strategies.
- Implementation strategies and workflows should **accommodate the anticipated high patient volume while minimizing the workload burden** for busy care teams.
- Digital therapeutics and their delivery should be **tailored to meet the needs of patients with varying AUD severity**.