

THE NATIONAL QUALITY FORUM

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Press Inquiries: Jerry Mullins
202.974.8305

National Quality Forum Endorses New Consensus Standards on Evidence-Based Practices to Treat Substance Use Conditions

Washington, DC – The National Quality Forum (NQF) today announced endorsement of national voluntary consensus standards on evidence-based practices to treat substance use conditions.

Substance use conditions represent a significant problem in the United States, with a substantial impact on health, societal costs, and often devastating personal consequences. Data from the 2005 National Survey on Drug Use and Health reveal that an estimated 22.2 million persons aged 12 or older met diagnostic criteria for substance dependence or abuse with alcohol or illicit drugs in the past year. In addition, more than one fifth of persons aged 12 or older participated in binge drinking at least once in the 30 days prior to the survey, and an estimated 71.5 million used a tobacco product within the previous month¹. During the past 15 years, scientific knowledge of effective, evidence-based therapies to treat people with substance use conditions has increased substantially.

The endorsement of these practices represents the formal consensus of over 350 healthcare providers, consumer groups, professional associations, purchasers, federal agencies, and research and quality improvement organizations. These standards were vetted through NQF's formal Consensus Development Process, with multiple stakeholder input, to achieve special legal standing as voluntary consensus standards.

The eleven newly endorsed practices are organized into four domains and subdomains as follows:

Domain: Identification of Substance Use Conditions

Subdomain: Screening and Case Finding

- Patients in general and mental healthcare settings should be screened for at-risk drinking, alcohol use problems and illnesses, and any tobacco use on new patient encounters and at least annually.
- Healthcare providers should employ a systematic method to identify patients who use drugs, which considers epidemiologic and community factors and potential health consequences of drug use for their specific population.

¹Substance Abuse and Mental Health Services Administration. Office of Applied Studies. State Estimates of Substance Use from the 2003-2004 National Surveys on Drug Use and Health. Available at: <http://oas.samhsa.gov/2k4State/toc.htm#TopOfPage> Accessed August, 2006

Subdomain: Diagnosis and Assessment

- Patients who have a positive screen for, or an indication of, a substance use problem or illness should receive further assessment to confirm whether a problem exists and determine a diagnosis. Patients diagnosed with a substance use illness should receive a multidimensional, biopsychosocial assessment to guide patient-centered treatment planning for substance use illness and any coexisting conditions.

Domain: Initiation and Engagement in Treatment

Subdomain: Brief Intervention

- All patients identified with alcohol use in excess of NIAAA guidelines and/or any tobacco use should receive a brief motivational counseling intervention by a healthcare worker trained in this technique.

Subdomain: Promoting Engagement in Treatment for Substance Use Illness

- Healthcare providers should systematically promote patient initiation of care and engagement in ongoing treatment for substance use illness. Patients with substance use illness should receive supportive services to facilitate participation in ongoing treatment.

Subdomain: Withdrawal Management

- Supportive pharmacotherapy should be available and provided to manage symptoms and adverse consequences of withdrawal, based on a systematic assessment of symptoms and risk of serious adverse consequences related to the withdrawal process. Withdrawal management alone does not constitute treatment for dependence and should be linked with ongoing treatment for substance use illness.

Subdomain: Psychosocial Interventions

- Empirically validated psychosocial treatment interventions should be initiated for all patients with substance use illnesses.

Subdomain: Pharmacotherapy

- Pharmacotherapy should be recommended and available to all adult patients diagnosed with opioid dependence and without medical contraindications. Pharmacotherapy, if prescribed, should be provided in addition to, and directly linked with psychosocial treatment/support.
- Pharmacotherapy should be offered and available to all adult patients diagnosed with alcohol dependence and without medical contraindications. Pharmacotherapy, if prescribed, should be provided in addition to, and directly linked with psychosocial treatment/support.
- Pharmacotherapy should be recommended and available for all adult patients diagnosed with nicotine dependence (including those with other substance use conditions) and without medical contraindications. Pharmacotherapy, if prescribed, should be provided in addition to, and directly linked with brief motivational counseling.

Domain: Continuing Care Management of Substance Use Illness

- Patients with substance use illness should be offered long-term, coordinated management of their care for substance use illness and any coexisting conditions, which is adapted based on ongoing monitoring of their progress.

Seven new recommendations to accompany the practice set were likewise endorsed. The recommendations pertain to the following areas:

- Improving the NQF-endorsed Practices
- Additional Research
- Measure Development
- Implementation
- Finance
- Legal and Regulatory
- Management in Primary Care

NQF is a voluntary consensus standard-setting organization. Any party may request reconsideration of the recommendations, in whole or in part, by notifying NQF in writing no later than 6:00 p.m. EDT, June 11, 2007 (601 13th Street, NW, Suite 500 North, Washington, DC, 20005; fax 202-783-3434). For an appeal to be considered, the notification letter must include information clearly demonstrating that the appellant has interests that are directly and materially affected by the NQF-endorsed recommendations and that the NQF decision has had (or will have) an adverse effect on those interests.

Support for this project was provided by the Robert Wood Johnson Foundation.

NQF's mission is to dramatically improve quality of care. Its portfolio includes the endorsement of performance measurement consensus standards, educational programs for healthcare leaders on key environmental trends, and award recognition programs. NQF, a non-profit organization (www.qualityforum.org) with diverse stakeholders across the public and private health sectors, was established in 1999 and is based in Washington, DC.