

Successful Strategies for Implementing Alcohol SBIRT into Adult Primary Care

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National Academy of Science, Engineering and Medicine (NASEM)

Caring for People with Mental Health and Substance Use Disorders in Primary Care Settings

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1. Medical Assistants screen for unhealthy alcohol use as part of primary care “rooming” process , long with BP, Tobacco, exercise



2. Primary Care Clinicians deliver Brief Advice/Intervention and Referral to specialty treatment, as needed

July 2013 – May 2020

Total number of screenings conducted = **12,415,348**

Unique patients screened in PC = **4,244,436**

Total number of brief interventions conducted = **772,337**

Alcohol SBIRT Implementation Framework

- Leadership support
- **Multi-disciplinary Stakeholder Involvement:** Primary Care, Specialty Alcohol and Drug Treatment, Mental Health, Research - Regular meetings
- **Implementation Facilitator role & Technical Assistance:** troubleshooting and consultation, in-person, by phone and email
- **AVS Team – Alcohol Education Champions:** (Primary Care) & **CD Liaisons** (Alcohol and Drug Treatment) at each medical facility – Regular collaborative calls
- **Electronic Health Record**

Emails introducing Alcohol Champions and Chemical Dependency Liaisons



Quarterly Collaborative
calls to share successes
and challenges

Dr. Elson, please meet your CD Liaison to Medicine Dr. Gonzalez and Dr. Ghadiali. They are your contact people in your local Chemical Dependency department. Dr. Gonzalez and Dr. Ghadiali, please meet your Alcohol Education Champion from Oakland Medicine Dr. Elson. We hope you can carve out some time to meet in person and talk over issues regarding your work together on this project. (See contact information below)

The **CD Liaison's role** is to have regular contact with the **Alcohol Education Champion** in the Department of Medicine for the purposes of facilitating referrals to CD programs. The Alcohol Education Champion's role is to provide leadership, advocacy and consultation regarding the Alcohol as a Vital Sign initiative in his or her department. Together you will both enhance the quality of care for our members. We have provided you with a link to the Alcohol as a Vital Sign Ideabook Page for this program. (See below)



Alcohol Education Champion	CD Liaison with Medicine	CD Liaison with Medicine
Joseph Elson, MD	Sofia Gonzalez, PsyD	Murtuza Ghadiali, MD
4th Floor	1201 Fillmore Street	1201 Fillmore Street
2238 Geary Blvd	San Francisco, CA 94115	San Francisco, CA 94115

Econs

Age Sex PCP

45 Y F

Allergies

Vancomycin, Amino Acid Supplement, Fr*

Alert Spec Feat kp.org

Prtd Inactive

SnapShot

7/26/2010 visit with / MD

PHQ-9

Click to set

Chart Review

Images Questionnaires Admin Benefits Inquiry References SmartSets Summary Open Orders Print AVS

To PCP: FYI

To PCP: Act

Results Review

RTF AVS

Fast VOT

Allergies

Allergies: Vancomycin, Amino Acid Supplement, Formaldehyde, Tetanus Antitoxin, Hepatitis A Virus Vaccine

Last Vitals: BP: P: T: T Src: Resp: W: H:

SpO2: PF: BMI: BSA: OB/GYN Status: OB EDD: Tobacco: Not Asked

Medications

Flowsheets

Problem List

History

Letters

Demographics

Scan

CIPS

Prev Health Prompt

Patient Report

eConsult

Order Entry

Imm/Injections

Doc Flowsheet

Work/Activity Status

Charting

Chief Complaint

Vitals

BestPractice

Visit Notes

Progress Notes

HP Notes

Relevant Results

SmartSets

Diagnoses

Orders

Pt. Instructions

LOS

Follow-up

Close Encounter

Chief Complaint

None

Vitals

+ New Set of Vitals

No readings taken.

Other Vitals

OB/GYN Status: OB

Tobacco

Status: Not Asked

Verified: Never verified

BestPractice Alerts

Please complete the Alcohol Screening for this patient.

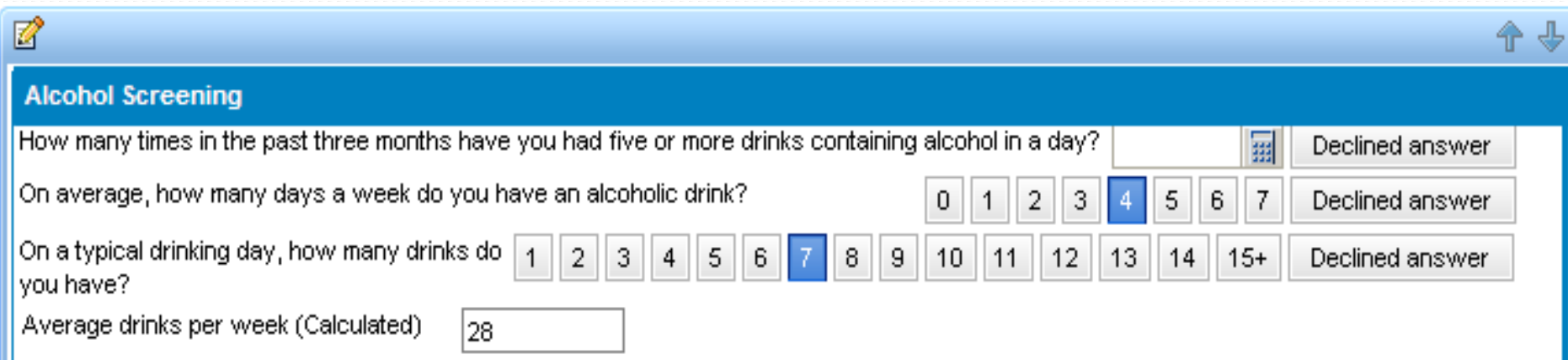
[Jump to Alcohol Screening](#)

Refresh

Visit Notes

None

Alcohol as a Vital Sign Questions in KPHC “Medical Assistant Rooming Tool”



The screenshot shows a web-based "Alcohol Screening" tool. It features three questions with corresponding input fields and buttons. The first question asks about the frequency of heavy drinking (5+ drinks) in the past three months, with a numeric input field and a "Declined answer" button. The second question asks about the average number of alcoholic drinks per week, with a numeric keypad (0-7) and a "Declined answer" button. The third question asks about the number of drinks on a typical drinking day, with a numeric keypad (1-15+) and a "Declined answer" button. Below these questions, a calculated field shows "Average drinks per week (Calculated)" with the value "28".

Alcohol Screening

How many times in the past three months have you had five or more drinks containing alcohol in a day? Declined answer

On average, how many days a week do you have an alcoholic drink? 0 1 2 3 4 5 6 7 Declined answer

On a typical drinking day, how many drinks do you have? 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15+ Declined answer

Average drinks per week (Calculated)

**NIAAA Single-item screening item (*modified time frame*)
(4+/5+ drinks per day, tailored to age and gender)**

+ daily and weekly frequency and calculated quantity

Best Practice Alert

Screening results

Patient had 4+ drinks/day 7 time in past 3 months, which exceeds the daily low-risk limit: no more than 3 drinks on any one day (women/older adults or men aged 18-65).

Patient typically has 20 drinks a week which exceeds weekly low-risk limits: no more than 7 per week.

Decision support

Patient has screened positive for Unhealthy Alcohol Use. Provide Brief Advice to "Cut Back." and code "Counseling, Alcohol prevention".

Ask questions to screen for Alcohol Dependence (see more info below).

>>If positive to either question, refer to CD services if patient agrees and code "Monitoring, Alcohol Use and Abuse"; document if referral refused.

[Note: Alcohol Dependence screening indicates possible dependence but does not confer a diagnosis.]

Assessment tools

Alcohol Dependence Screening Questions:

1. In the past year, have you sometimes been under the influence of alcohol in situations where you could have caused an accident or gotten hurt?
2. Have there often been times when you had a lot more to drink than you intended to have?

Alcohol SBIRT Implementation Framework

- **Training on evidence-based intervention:** Adapted from the “Alcohol Clinical Training” from ADVISE (*Saitz, Alford*) - skills-based role-play, case study videos
- “Train the Trainers”: Local Trainers → 2-hours for PCPs, 1-hour for MAs
- Onboarding: new physicians, medical assistants, champions
- **Normalization of conversations about alcohol use**
- **Marketing & Communications:** Wiki, Training materials for PCPs and MAs, Patient-facing materials
- **Performance Feedback:** regularly, unblinded, to Medicine Chiefs, MA Managers, Health System Leaders
- **Timely access to data:** Partnership with operational analytics department

PCP Training

Brief Advice: State Concern, Link to health, Recommend “Cut back.”

1. **“I’m concerned that you are drinking more than safe low-risk limits.”**
2. **“This could affect your health [*hypertension, depression, sleep, weight gain, diabetes, acid-related peptic disorder, erectile dysfunction, injury*]**
3. **“I recommend you “cut back” to no more than 4 (3) drinks per day and no more than 14 (7) drinks per week”.**

For Men <66:
No More than
4 drinks/day or
14 drinks/week



For Women &
>65:
No More than
3 drinks/day or
7 drinks/week



WHAT IF... patients get defensive and rationalize their behavior?

"I drink wine with my meals at night and there is nothing wrong with that"

THE PATIENT GETS ANGRY?



Response

"All patients are now being asked these questions as a routine part of primary care. You can choose not to answer."

WHAT IF THEY REFUSE TO ANSWER?



If patient is still reluctant

"You don't need to answer if you'd prefer not to"

Practice asking screening questions:

Incorrect:

“In the past 3 months, have you had 5 or more drinks?”

Or...



Correct:

“How many times in the past 3 months have you had 5 or more drinks in a day?”



Notice how it's different?

“WE ASK EVERYONE” fliers

- Normalizes asking patients about drinking

and

- Educates patients about Low-risk limits

Pin on Every Exam Room Wall!

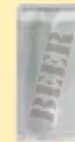
WE ASK EVERYONE

Low-Risk Drinking Limits

For men ages 18-65, no more than 14 drinks per week AND no more than 4 drinks on any one day.
For women age 18 and older, and men age 66 and older, no more than 7 drinks per week AND no more than 3 drinks on any one day.

What is A Standard Drink?

12 oz. of
beer or
cooler



8–9 oz. of malt
liquor

8.5 oz. shown
in a 12 oz. glass
that if full would
hold about 1.5
standard drinks
of malt liquor



5 oz. of
table
wine



3–4 oz. of
fortified
wine
(such as sherry
or port)
3.5 oz. shown



1.5 oz.
of brandy
(a single jigger)



1.5 oz. of spirits
(single jigger of 80-proof
gin, vodka, whiskey, etc.)
Shown straight and in a
highball glass
with ice to
show level
before adding
mixer



Adapted from the National Institutes of Health, NIAAA

For beer: 12 oz. = 1 drink, 16 oz. = 1.3 drinks, 22 oz. = 2 drinks, 40 oz. = 3.3 drinks

For malt liquor: 12 oz. = 1.5 drinks, 16 oz. = 2 drinks, 22 oz. = 2.5 drinks, 40 oz. = 4.5 drinks

For table wine: 1 - 750 ml bottle (25 oz.) = 5 drinks

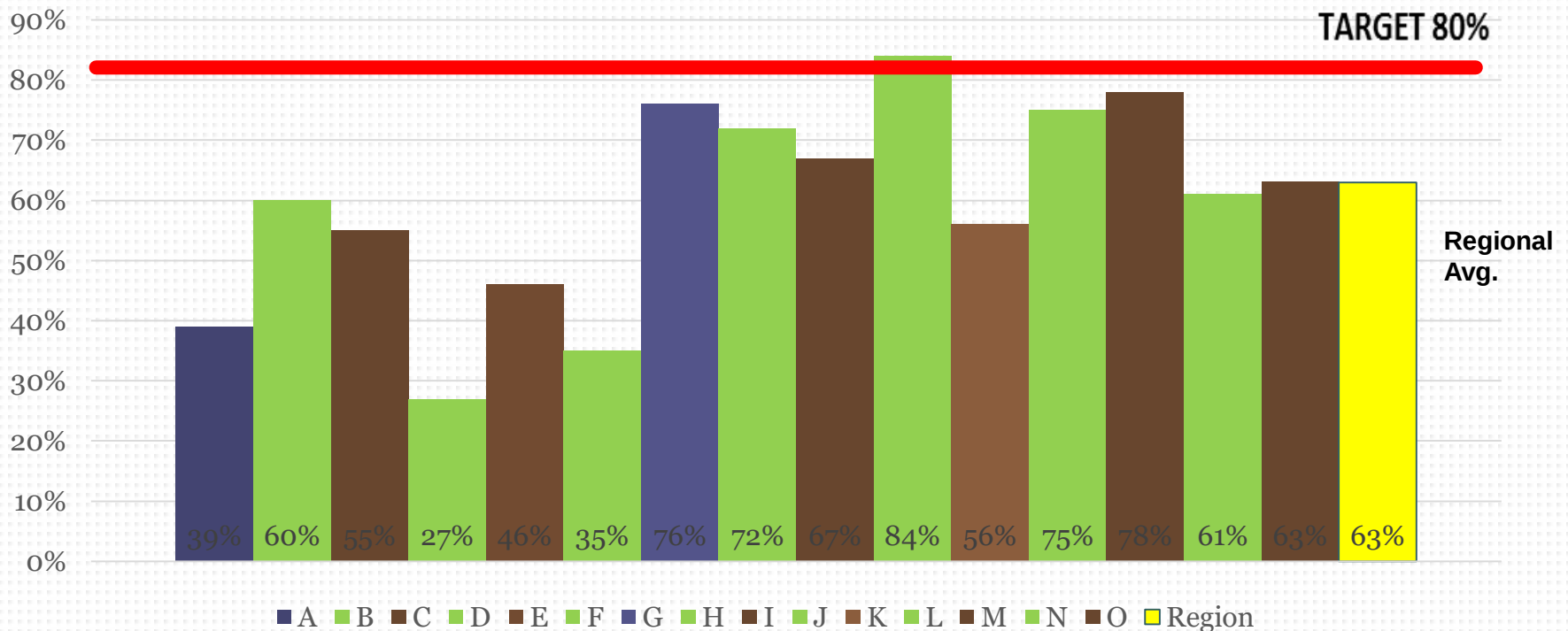
For 80-proof hard liquor: 1 pint (16 oz.) = 11 drinks, a fifth (25 oz.) = 17 drinks,
1.75 L (59 oz.) = 39 drinks

Health Effects of Drinking Above Low-Risk Limits

- **Injuries:** Alcohol slows down your reaction time and blurs your vision. It is involved in up to 30% of adult hospital admissions and is a factor in a high percentage of traffic fatalities.
- **Health Problems:** Heart damage, liver disease, cancer, weight gain, brain function impairment, sleep disorders, depression, stroke, erectile dysfunction, and sexually transmitted diseases from unsafe sex.
- **Birth Defects:** drinking alcohol during a pregnancy can cause serious problems, including brain damage, in the baby. Do not drink alcohol during pregnancy.

If you are concerned about your drinking, talk to your health care provider about ways to get help.

Monthly Reports with Brief Intervention rates, by Medical Center, sent to all Adult Medicine Chiefs, Chair of Chiefs, Leadership



Provider-level Brief Intervention performance reports sent to Facility Medicine Chief each month

Alcohol As A Vital Sign Dashboard Individual-Level Report		Intervention Metric			Prevalence of Positive Screens for the Medical Center
Data through end of Y15M07		# of Patients identified with Unhealthy Alcohol Use	# of Patients that received Brief Intervention* during a Primary Care DOV	Rate (%) (Patients that received Intervention / Patients identified with Unhealthy Alcohol Use)	% of Patients that screened positive for Unhealthy Use out of all patients screened via the MA Rooming Tool*. *If no screening via the MA Rooming Tool, but "Brief Intervention" was coded, then patient is counted as having Screened Positive.
Dept	Internal Medicine				
Data	CurMth << click again for Trend				
Print Options					
MEETS TARGET BELOW TARGET					
DataFor				80%	
15M07		1	0	0%	15%
15M07		15	12	80%	15%
15M07		16	15	94%	15%
15M07		9	9	100%	15%
15M07		6	2	33%	15%
15M07		2	2	100%	15%
15M07		12	11	92%	15%
15M07		5	5	100%	15%
15M07		10	7	70%	15%
15M07		7	7	100%	15%
15M07		7	4	57%	15%
15M07		16	16	100%	15%
15M07		5	1	20%	15%

Medical Assistant “Report Cards”

QUALITY GOALS	Target	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Yr End
HTN BP <139/89	90													
DM BP <139/89	90													
A1C < 8	87													
Statin: filled RX	73													
Colorectal Cancer Screening	83													
Cervical Cancer Screening	89													
Breast Cancer Screening	90													
Depression Screening	45													
MEDICARE	Target	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Yr End
Refresh Rate	97.5													
Data Mining	95													
ROOMING TOOL	Target	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	YTD
Number of Encounters														
Race	90													
Interpret Services Questionnaire	90													
Diabetic Screen	90													
Alcohol Screen	90													
Tobacco Screen	90													
Exercise Vitals	90													
KP.org	90													