

Limitations to Implementing Alcohol Screening with an Electronic Clinical Reminder in the Veterans Affairs Healthcare System: A Qualitative Study



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“Implementing Alcohol Counseling with Clinical Reminders: Barriers & Facilitators”

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Background

- The U.S. Veterans Affairs (VA) healthcare system implemented annual screening for the spectrum of unhealthy alcohol use in 2004
 - Screening required with the 3-item Alcohol Use Disorders Identification Test Consumption (AUDIT-C) Questionnaire

Maciosek, *Am J Prev Med*, 2006

Bradley et al, *Am J Managed Care*, 2006.

Bradley & Williams. *Principals of Addiction Medicine*. 2009.

Screening Electronic Clinical Reminder

AUDC

Please read each item carefully and select the correct answer for you.

How often did you have a drink containing alcohol in the past year?

Never

Monthly or less

Two to four times a month

Two to three times per week

Four or more times a week

How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?

1 or 2

3 or 4

5 or 6

7 to 9

10 or more

How often did you have six or more drinks on one occasion in the past year?

Never

Less than monthly

Monthly

Weekly

Daily or almost daily

Clear OK Cancel

Bradley et al, *Am J Managed Care*, 2006

Bradley & Williams. *Principals of Addiction Medicine*. 2009.

High Rates of Alcohol Screening

- The AUDIT-C clinical reminder was used 1.5 million times in its first year
- >90% of all outpatients have documented screening

Quality Issues with Screening

- Research has suggested problems with and variability in the quality of screening across facilities
 - 61% of patients who screened positive on surveys screened negative during clinical screening
- Unknown whether use of clinical reminders is resulting in high quality screening

Study: Objective

We sought to observe interactions between clinical staff and clinical reminders during alcohol screening in order to describe barriers and facilitators to using clinical reminders to implement evidence-based screening for unhealthy alcohol use.

Study: Setting

- 9 geographically dispersed and independently managed locations of a single VA healthcare system, including:
 - 2 large general internal medicine clinics
 - 2 women's clinics
 - 2 community-based outpatient clinics operated by VA
 - 3 community-based outpatient clinics, contract operated

Study: Subjects

- Study subjects included VA clinical staff
 - Nurses (RNs and LPNs)
 - Health Techs

Study: Methods

- Ethnographic Observations
 - Four study staff observers
 - Participants provided verbal consent
 - Observers took handwritten notes

- Qualitative analyses
 - Two independent coders
 - Data were summarized for themes & lessons learned
 - Quotes presented are those documented by observers

Results

- We observed 58 clinical staff caring for 166 patients
 - We observed alcohol screening 74 times

Themes



Substantial Variability in Screening Practices

- Verbal, in-person screening facilitated by the AUDIT-C clinical reminder
- Paper-based screening
 - Mailed prior to appointment
 - Self-administered in waiting room
- Laminated screening

Themes Identified When Verbal Screening Was Conducted. . .

Lack of Ownership

- Clinicians preceded alcohol screening with introductory statements, often “disowning” the questions
 - “VA has some questions. . .”
 - “This is the reminder question we have to ask.”
 - “First, they want to know about your alcohol use.”

Non-Verbatim Screening

- Some staff preceded verbal screening with a made-up single-item screen
 - “do you drink?” or “how much do you drink?”
- Some staff omitted the 3rd question of the AUDIT-C regarding binge drinking
- Response options not provided
 - “We all ask the questions in a different way, we have never been taught how to do it.”

Inferences & Assumptions Made

- Inputting responses that were not reported
- Interpreting general patient responses to fit into specific response options
- Suggesting answers
 - “[Nurse] asks pt, ‘how often in last year did you drink any kind of alcohol?’ Pt says maybe 3 times per month. [Nurse asks] ‘about 1 or 2 drinks at a time?’ Pt says yes. [Nurse] does not ask pt third question and answers 0. Clicks next.”

Discomfort

- Explicit acknowledgments of discomfort:
 - “We don’t do verbatim screening b/c it feels too direct. We each have our own style as that feels kinder and gentler. . . We like to ‘file down the rough edges.’”
 - “I am a stranger to them, feels awkward to ask.”

Back to General Themes. . .



Dichotomous, Stigmatized Condition

- Patient, after responding to alcohol screening questions:
 - “Fortunately, I don’t have an alcohol problem.”
- Nurse, after screening a patient:
 - “the VA is very tough on alcohol. . .if you don’t drink much, they say you drink too much.”
- Nurse, during screening:
 - “Did you have any alcohol in the past year?” [Patient responded] “Nope.” [Nurse responded] “I didn’t think you were a drinker.”

Persistence of Paper to Indicate Follow-up

- Most clinics used paper encounter forms or sticky notes to indicate positive screening and need for follow-up

Limitations

- This study was conducted at 9 primary care clinics within a single VA healthcare system (of which there are ~150 nationally)
- Observers did not audio- or video-record clinical interactions
- Observers were not always able to see documentation in the computer

Lessons Learned

- VA's clinical reminder has important limitations as a method of facilitating valid alcohol screening
- Importance of training
 - How to conduct valid screening
 - Risks associated with spectrum of unhealthy drinking
- Importance of ownership/role clarity
 - Need for training in medical risks and efficacy of brief intervention

Implications

- Lessons learned seem to reflect limitations of the clinical reminder itself, alcohol-related stigma, and the ways in which the alcohol screening clinical reminder was implemented and used.
 - One facilitator of comfortable and valid screening appeared to be use of paper- or laminate-based screens

Next Steps

- Future research should address whether results are similar in:
 - Other VA healthcare systems, and
 - Other healthcare systems with electronic decision support capacity
- Research is also needed to understand how screening (and BI) are implemented at the clinic level.
- Further implementation efforts may benefit from addressing lessons learned

Questions?

Thank you!

