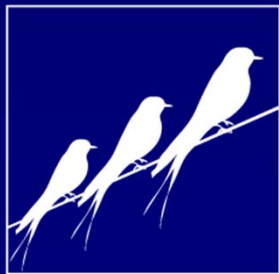# The Development of an Alcohol Brief Intervention E-Coach for use by Primary Care Clinicians

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» Patricia Akerley

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Context: U.S. Department of Veterans Affairs (VA)

❖ **Alcohol misuse among U.S. Veterans**

❖ **VA/Department of Defense Substance Use Disorder Clinical Practice Guidelines**
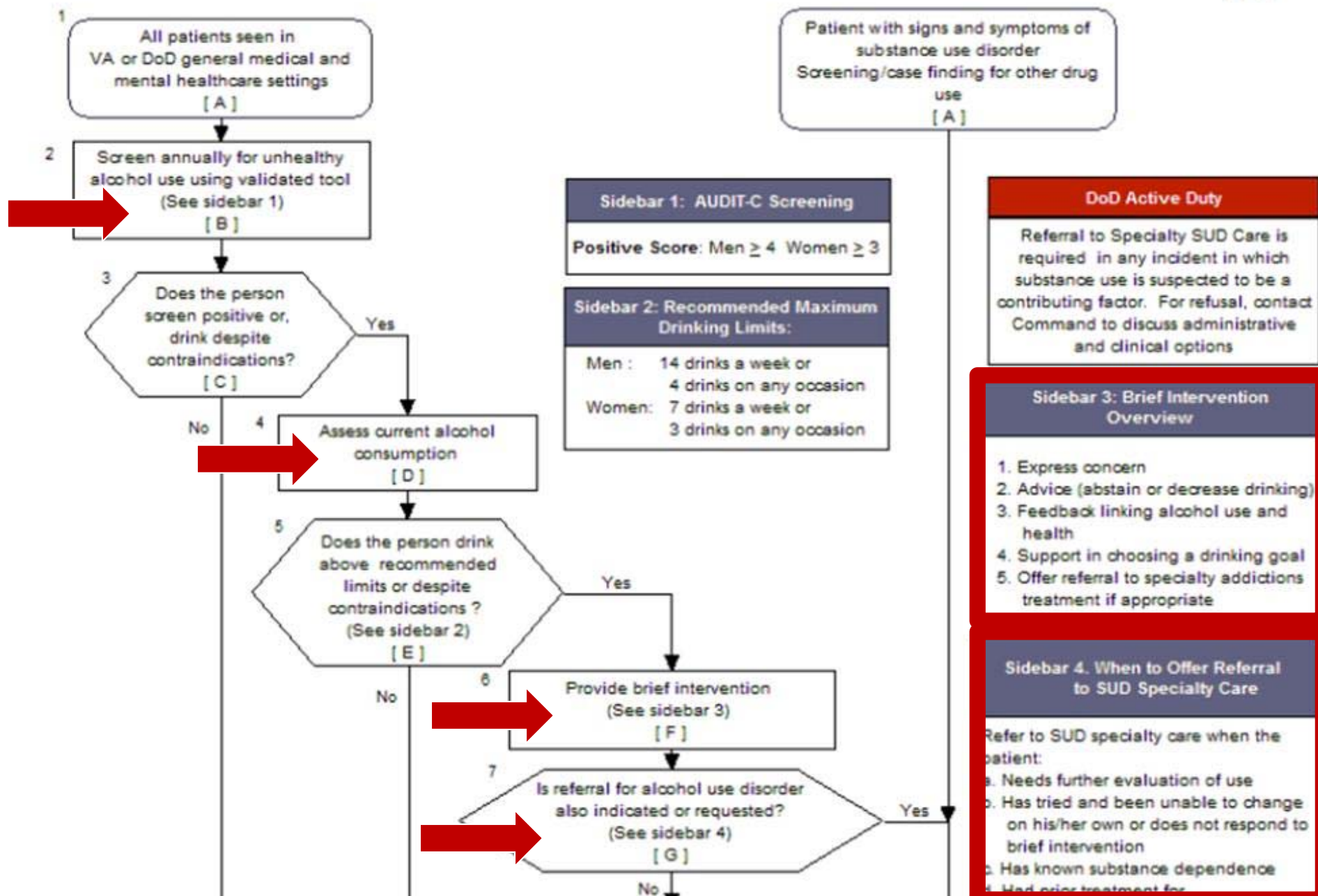
MANAGEMENT OF SUBSTANCE USE DISORDERS (SUD)
Module A: Screening and Initial Assessment for Substance Use

1
All patients seen in VA or DoD general medical and mental healthcare settings
[A]

Patient with signs and symptoms of substance use disorder Screening/case finding for other drug use
[A]

2
Screen annually for unhealthy alcohol use using validated tool (See sidebar 1)
[B]

3
Does the person screen positive or, drink despite contraindications?
[C] — **Yes**

No

4
Assess current alcohol consumption
[D]

5
Does the person drink above recommended limits or despite contraindications? (See sidebar 2)
[E] — **Yes**

No

6
Provide brief intervention (See sidebar 3)
[F]

7
Is referral for alcohol use disorder also indicated or requested? (See sidebar 4)
[G] — **Yes**

No

Sidebar 1: AUDIT-C Screening

Positive Score: Men ≥ 4 Women ≥ 3

Sidebar 2: Recommended Maximum Drinking Limits:

Men :   14 drinks a week or
        4 drinks on any occasion

Women: 7 drinks a week or
        3 drinks on any occasion

DoD Active Duty

Referral to Specialty SUD Care is required in any incident in which substance use is suspected to be a contributing factor. For refusal, contact Command to discuss administrative and clinical options

Sidebar 3: Brief Intervention Overview

1. Express concern
2. Advice (abstain or decrease drinking)
3. Feedback linking alcohol use and health
4. Support in choosing a drinking goal
5. Offer referral to specialty addictions treatment if appropriate

Sidebar 4. When to Offer Referral to SUD Specialty Care

Refer to SUD specialty care when the patient:

a. Needs further evaluation of use
b. Has tried and been unable to change on his/her own or does not respond to brief intervention
c. Has known substance dependence
d. Had prior treatment for

Context

❖ **BI Implementation**

  » **90% screened**

  » **30% receive BI or BA**

❖ **Computerized Clinical Decision Support Systems (CCDSS)**

❖ **Patient-Aligned Care Teams (PACT)**

❖ **Primary Care-Mental Health Integration (PC-MHI)**

Purpose

❖ To develop and assess user feedback on a computerized BI tool to assist clinicians with alcohol BI delivery and documentation

  » **Objective 1:** To systematically assess PACT clinicians' preferences for a computerized BI tool and related changes in the alcohol screening and BI delivery processes

  » **Objective 2:** Develop and pilot the computerized BI tool's usability, feasibility and acceptability among clinicians

Methods

- ❖ Preliminary review of VA policies and current EMR-based templates with VA Clinical Applications Coordinator (EMR Programmer)
- ❖ 15-item Survey of PACT clinicians
  - » 28 respondents from different disciplines
- ❖ 4 Group Interviews to obtain feedback on computerized BI tool
  - » 7 clinicians (2 physicians , Ph.D. psychologist, registered nurse, LPN, healthcare tech)
  - » Education and feedback session (30 minute overview of BI so they had the context to provide feedback and 30-60 minute feedback)

Survey Results

What % of respondents consider each item a barrier <u>AT ALL?</u>

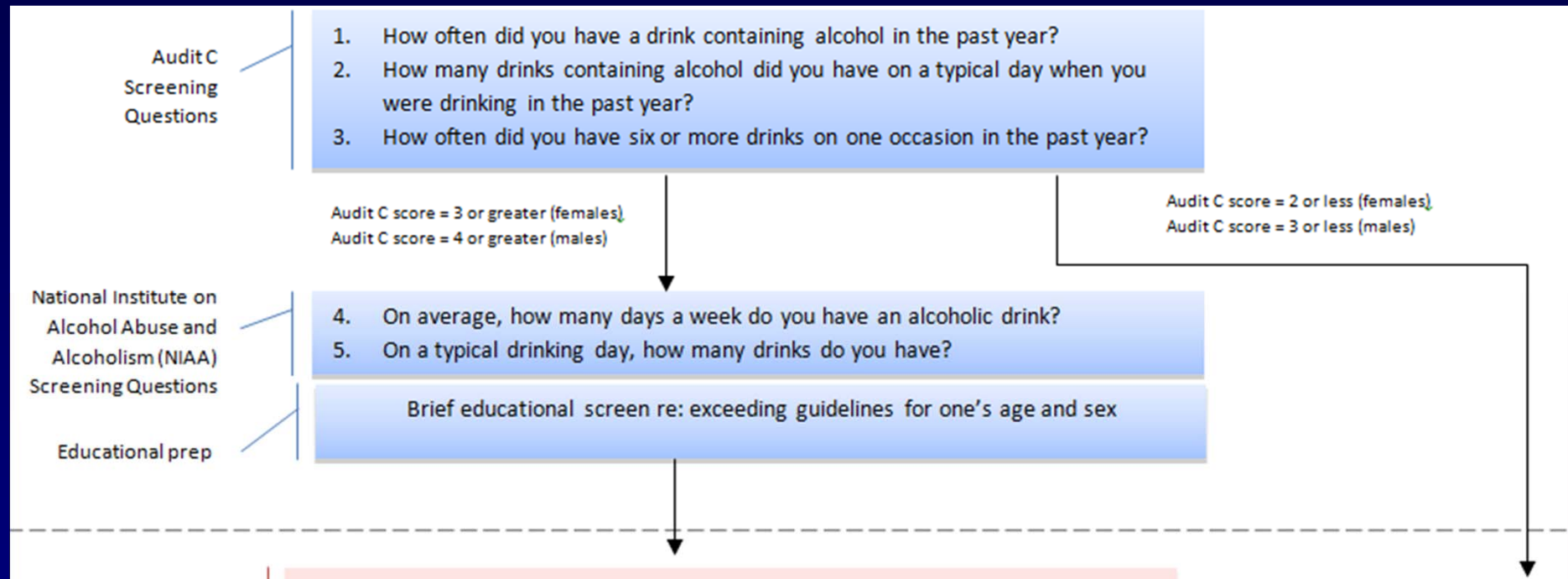| Barrier	Percentage Selecting
Lack of patient motivation to change	85.7
The total number of competing priorities to address	70.4
Poor coordination and communication with addiction providers	66.7
Burden involved in referral to alcohol-related services	60.7
Lack of information about available resources for alcohol-related treatment	59.3
The total number of clinical reminders to address	57.7
Lack of alcohol-related clinical tools to use during patient care	57.1

CONCEPT MAP

Step 1: Screening
Patient via paper, kiosk, or tablet
-or-
LPN via phone

Audit C
Screening
Questions

1. How often did you have a drink containing alcohol in the past year?
2. How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?
3. How often did you have six or more drinks on one occasion in the past year?

Audit C score = 3 or greater (females)
Audit C score = 4 or greater (males)

Audit C score = 2 or less (females)
Audit C score = 3 or less (males)

National Institute on
Alcohol Abuse and
Alcoholism (NIAA)
Screening Questions

4. On average, how many days a week do you have an alcoholic drink?
5. On a typical drinking day, how many drinks do you have?

Educational prep

Brief educational screen re: exceeding guidelines for one's age and sex

Step 2: Screening
LPN during visit

BAI Screening Questions

LPN reviews quantity, and restate exceeding recommended limits. Then says, "People have mixed feelings about changing their drinking..."

- For you, what are the good and the not so good things about your use of alcohol?
- For you, what are some of the possible benefits to changing your drinking?
- On a scale of 1-10 (10 = very ready – 1 = not ready at all): How ready do you feel to make some type of change in your drinking right now?

Positively reinforce patient's alcohol behavior

"Good job, you are within recommended limits"

Step 3: Brief Alcohol Intervention (BAI)
PCP during visit
-or-
RNCM over phone

Step 3: Brief Alcohol Intervention (BAI) PCP during visit - or -

Health and Limits Statements

1. Educate the patient on the link between their alcohol use and health issues
2. Educate the patient on the alcohol guidelines for their gender and age

BAI Conversation (customized based on readiness score)

Readiness Score = 0 – 3
- Express concerns
- Ask for questions
- Offer booklet

Readiness Score = 4 – 7
- Explore pros/cons
- Ask about pt's own concerns
- Offer booklet

Readiness Score = 8 – 10
- Help pt identify options
- Assess past successes
- Create plan of mini-action steps

If original AUDIT-C score was 3 (women) or 4 (men) up to 7, stop here and re-assess next visit.

If original AUDIT-C score was 8 or higher, consider referral to VA specialty alcohol treatment, substance abuse consultation service, or social work, and reassess at next visit.

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Group Interview Results Themes

❖ LPN/HCT ability, willingness, and enthusiasm for assuming SBI role

❖ General lack of enthusiasm for patient-administered screening

❖ LPNs/HCTs/RNs are not familiar with others' roles in the alcohol SBI process

❖ Behavioral Health Provider (BHP) as back-up option for BI delivery

❖ Limited MD interest in assuming/expanding BI role

Discussion

❖ Unique context of the VA may provide or support unique SBI implementation opportunities

» Closed integrated system

» National EMR system

❖ Move beyond considering BI only a physician's responsibility

» SBI models still tend to be Physician based

» Focus on training medical students

» 7-10 minute intervention with only 15 min in total-realistic?

❖ Computerized vs. human element?