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What's in your Cup? Increasing Transparency and Confidence in Alcohol Use Screening and Brief Intervention

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What's in your cup? Increasing transparency and confidence in alcohol use screening and brief intervention

Dylan Koundakjian, MS3

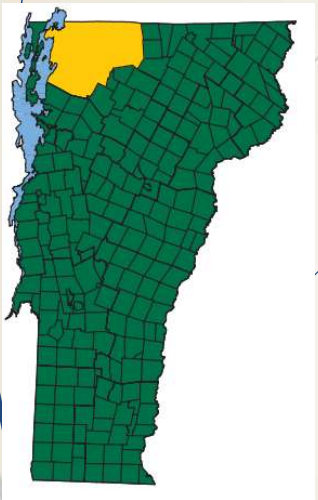
Preceptor: Dr. Max Bayard III

St. Albans Health Center, St. Albans, VT

October - November 2019



Problem Identification - 2

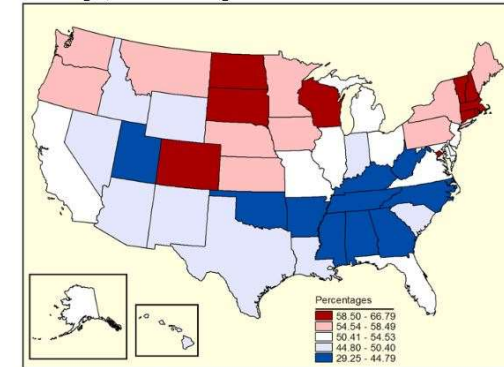


- ▶ Franklin County statistics from 2015 report 20% of adults engage in heavy drinking, compared to the VT state average of 19%, which is among the highest in the country.¹
- ▶ Recent data from the Northwest Medical Center ED shows that since universal screening was implemented in 2015, the USAUDIT identifies roughly 8% of patients as having risky drinking behaviors.²
- ▶ There is a missing portion of the population engaging in risky drinking behavior that does not present to the ED. Primary care visits provide the best opportunity to conduct screening to reach this population.
- ▶ Many providers do not feel comfortable having frank discussions about alcohol consumption due to unfamiliarity with its use and varieties, nuance in screening tools, as well as time constraints.³
- ▶ Further data from the NMC ED shows patients who were effectively screened and received an SBIRT intervention had significantly lower AUDIT scores at 6-month follow-up, indicating a potential for similar benefit in primary care.²

Public Health Cost - 3

- ▶ Nationally, excessive alcohol use leads to 88,000 deaths each year, shortening the life of those who die by about 30 years⁴
- ▶ Alcohol was responsible for the deaths of 342 Vermonters in 2017, a number which has steadily increased over the previous 5 years⁵
 - ▶ This includes both acute (accidents) and chronic (liver disease, etc.) causes
- ▶ 17% of high schoolers and 30% of adults ages 18-24 in Vermont report binge drinking in the past 30 days⁶
- ▶ 23% of adults 65+ in Vermont engage in risky drinking behaviors⁷
- ▶ As of 2017, only 9% of the 37,000 Vermonters with Alcohol Use Disorder have sought treatment⁸
- ▶ The state has spent \$4.6 million to train 1,400 healthcare providers in screening, brief intervention, and referral to treatment (SBIRT)⁸

Figure 13a Alcohol Use in the Past Month among Individuals Aged 12 or Older, by State: Percentages, Annual Averages Based on 2016 and 2017 NSDUHs



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, NSDUH, 2016 and 2017.

Community Perspective - 4A

- ▶ “My research this far has shown that existing screening tools like the AUDIT and CAGE are actually quite good at identifying those at risk. Where we lose people is with their perception of how much they drink is different than the actual amount they drink. Specifically an issue with microbrews (8% alcohol content vs regular 4-5%) and how much volume counts as a drink. Basically, what does “two beers” mean is where identifying risk needs some work.”

Kim Ward, DNP Student at UVM

- ▶ “I definitely think the community can definitely use more real-world, practical information when it comes to people's drinking habits! With alcohol use being socially accepted, praised, and pushed on our society, we need to address the real facts around it. It is still the #1 killer when it comes to substance use disorder.”

Melissa Story, Recovery Vermont

Community Perspective continued - 4B

- ▶ “While we’re lucky to have a dedicated staff member to conduct alcohol/drug use screening and brief intervention here in the ED, primary care offices typically don’t have that resource. It’s something we’re working on getting into the workflow in more primary care settings.”

Tim Greenfield, MPH, SBIRT Data Coordinator at NMC ED

- ▶ “This happened to me today: I was conducting a screen and the patient answered so that his score was negative, but I had a real suspicion he wasn’t being honest. I brought it up to the doctor and she told me the patient actually has a history of alcohol abuse.”

Linda Brunelle, MA, St. Albans Health Center

Intervention and Methodology - 5

- ▶ An informational handout was created with advice for primary care providers on effective alcohol use screening and motivational interviewing, using expert opinions from the CDC and SBIRT VT. Information gathering included shadowing an SBIRT clinician at the NMC ED to observe approaches to interviewing in real-life situations.
 - ▶ Nonjudgmental approach, addressing both positive and negative aspects of drinking
 - ▶ Using CDC recommendations for drinking in moderation as reference points
 - ▶ Overview of health consequences to address areas of patient concern
- ▶ A conversion chart was made to put different types alcoholic beverages consumed in Vermont into Standard Drink Equivalents, to facilitate patient and caregiver conversations surrounding consumption levels.
 - ▶ Emphasis that what may be described as one “drink” may be anywhere from 0.8 standard drinks to 5 standard drinks, depending on the alcohol content and the size of the drink container!



Results/Responses - 6

- ▶ Handouts and charts were distributed to nursing staff at the St. Albans Health Center to aid in conducting effective alcohol use screening.
- ▶ The nursing staff was excited to have clear information that can help facilitate screening conversations and support their clinical judgment.
- ▶ Leaders in the recovery community were encouraged at this attempt to normalize discussions around alcohol use and supported further roll-out to other primary care offices.

What's in a Drink? Standard Drink Equivalents





Evaluation of Effectiveness and Limitations - 7

Effectiveness Evaluation - proposed

- ▶ Can survey screeners in the St. Albans Health Center about their confidence that screen results match their clinical suspicion after providing the informational resources.
- ▶ Can track the number of positive screens over time and conduct follow-up screening on positive patients to track trends in their AUDIT scores after the brief intervention.

Limitations

- ▶ Time constraint to distribute resources and track patient outcomes.
- ▶ Information focuses solely on alcohol use, while many patients have co-morbid substance abuse disorders.
- ▶ Conversion chart cannot accurately address pours of unmeasured liquor-based mixed drinks.

Future Interventions - 8

- ▶ Work with other primary care networks in Vermont to evaluate their alcohol use screening protocols and disseminate the informational handouts
- ▶ Coordinate with the recovery community on further ways to facilitate conversations between primary care providers and patients potentially at-risk for risky drinking behavior
- ▶ Reach out to local school districts to expand outreach to high-schoolers, one of the largest at-risk demographics for binge drinking
- ▶ Use this model to expand approaches to screening/interviewing patients using cannabis or other recreational drugs



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