2016

Addressing Unhealthy Alcohol Use in Maine: Provider and Practice Attitudes towards Integrating Alcohol Screening and Brief Intervention within Rural Primary Care Practices

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Recommended Citation

Smith, M. L., Pratt, J., Gallo, R., Rosingana, K., Keller, J., & Richards, M. (2016, October 13-15). Addressing Unhealthy Alcohol Use in Maine: Provider and Practice Attitudes Towards Integrating Alcohol Screening and Brief Intervention within Rural Primary Care Practices [Poster]. Addiction Health Services Research, Seattle, WA.

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TIME TO ASK
Education that transforms conversations about alcohol use

BACKGROUND

- Unhealthy alcohol use is a serious and costly public health issue which often remains under diagnosed and addressed.
- Alcohol is the most commonly consumed substance in Maine with highest need for treatment.
- It is estimated that in 2010, excessive alcohol use cost Maine $938.7 billion as a result of healthcare costs, law enforcement and criminal justice expenses as well as reduced workplace productivity (Sacks et al., 2015).
- Despite efforts to implement and expand screening and counseling for alcohol use in a variety of healthcare settings, rates of screening among primary care providers remain low with only 1 in 5 current drinkers reporting having ever discussed their use with a provider (McKnight-Eily et al, 2014).

OBJECTIVES

The current study had the following primary goals:

1. to describe current provider alcohol screening practices and protocols;
2. to assess clinical staff attitudes and perspectives about the integration of screening and brief intervention in primary care; and
3. to examine potential facilitators and barriers to integrating screening and brief intervention in rural primary care practices.

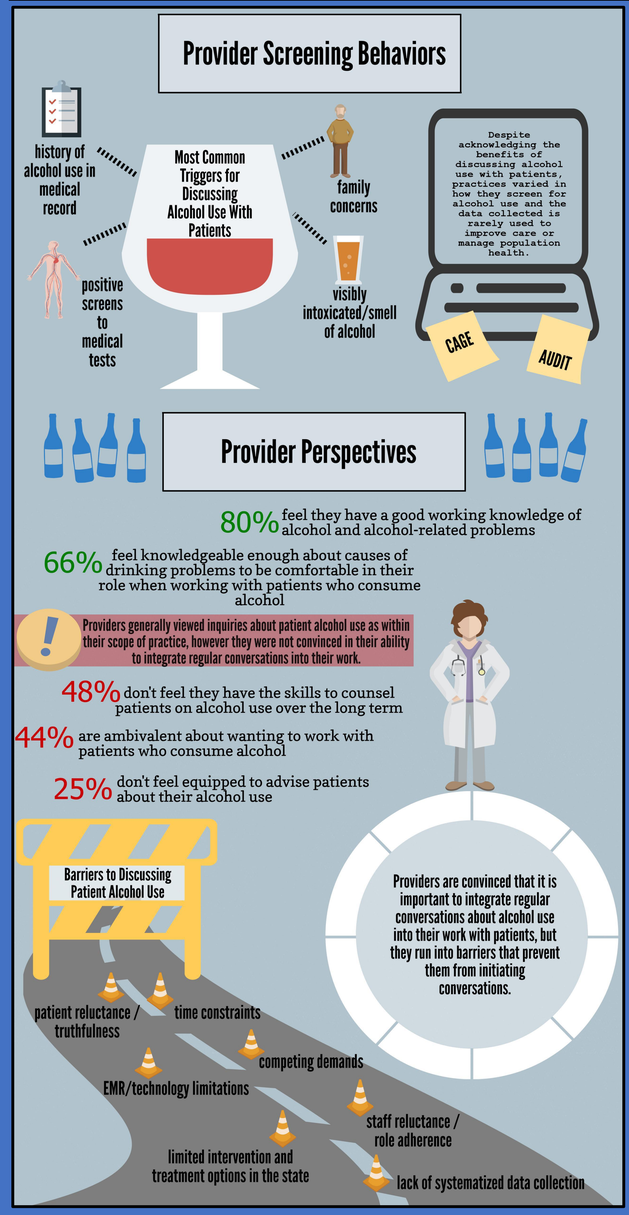
METHODS

- This study used a mixed method design which included practice (n=3) and provider-level surveys (n=57) as well as semi-structured group interviews (n=43) with clinicians.
- All clinical staff at the pilot sites were eligible to participate in the survey and interviews; this included MD, DO, RN, LPN, PA, NP, CMA, MA, social workers and other allied health staff.
- Data collection took place in person at participating pilot sites between June and December of 2015.
- Qualitative and quantitative data analysis techniques were used to analyze and triangulate data collected from practices and providers.

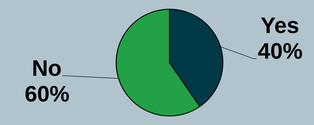
SAMPLE

- The three primary care practices who participated in this study serve rural counties in northern and central Maine (Somerset, Hancock and Aroostook).
- All three practices are recognized as Patient Centered Medical Homes and two of the practices are Federally Qualified Health Centers.
- The majority of survey respondents were female and between the ages of 45 and 64. Survey response (92%) and completion rates were high (95%).
- Our convenience sample of interview participants was fairly representative of the staffing profiles of the pilot sites and represented 69% of potential participants.

RESULTS

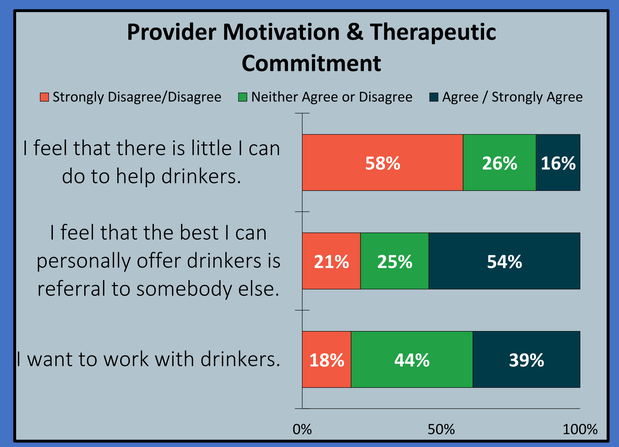


Have any of your personal or professional experiences impacted your willingness to work with drinkers?



ALCOHOL & ALCOHOL PROBLEMS PERCEPTIONS QUESTIONNAIRE (AAPPQ)

	N	Possible Score Range (median)	Mean Score	Standard Deviation	Percent Below Median	Percent Above Median
AAPPQ Overall	54	18-90 (54)	64.2	10.1	13.0%	87.0%
Role Security						
Role Adequacy	55	7-35 (21)	24.2	32.5	21.8%	78.2%
Role Legitimacy	56	4-20 (12)	14.5	11.3	16.1%	83.9%
Role Support	57	3-15 (9)	10.9	7.2	17.5%	82.5%
Therapeutic Commitment						
Motivation	57	4-20 (12)	14.0	3.5	7.0%	93.0%



IMPLICATIONS

- Primary care practices are uniquely situated to identify patients who may be at risk for excessive alcohol use, but our findings indicate that many health care providers still do not have regular conversations with patients about their alcohol use.
- Our results confirm that in order to effectively integrate alcohol screening and brief intervention into PCPs, providers need both clinical training as well as assistance at the practice level in efforts to standardize the collection and application of alcohol use data.

Thank you to the Lunder-Dineen Health Education Alliance of Maine for funding this research.