

# Improving Management of Alcohol Misuse

Substance Use Disorder QUERI

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## Alcohol Screening and Counseling

Alcohol screening and brief intervention is ranked as the third highest prevention priority for US adults based on preventable disease burden and cost-effectiveness. About 9% of VA primary care patients screen positive for alcohol misuse. Randomized controlled trials have shown that brief alcohol counseling from healthcare providers decreases alcohol consumption, can improve health outcomes and can decrease healthcare use. However, despite the strong evidence base, no large healthcare system has been successful at implementing these practices into routine care, and little is known about how healthcare systems can engage and assist the important minority of patients with the most severe alcohol misuse, since many of these patients meet criteria for alcohol dependence but are not willing to enter specialty addictions care.

Screening, Brief Intervention, and Referral to Treatment (SBIRT) is a set of three clinical strategies recommended for improving the identification and management of alcohol misuse. Alcohol misuse is defined as the spectrum of alcohol consumption ranging from risky alcohol use to alcohol use disorders (e.g., alcohol abuse and alcohol dependence diagnoses). Risky alcohol use is above recommended consumption amounts (defined as >14 standard drinks/week or >4/occasion for men, and >7 standard drinks/week or >3/occasion for women and healthy individuals over age 65).

## Improving Management of Alcohol Misuse in Medical Settings

The Substance Use Disorder Quality Enhancement Research Initiative (SUD-QUERI) is working with clinical partners in VA to implement evidence-based management of alcohol misuse nationwide. Recently, the SUD-QUERI established a Primary Care Work Group (PCWG) with a primary aim to improve the access, quality of care, and patient-, provider-, and system-level outcomes of the treatment for hazardous substance use within VA primary care environments, and, secondarily, within other VA medical outpatient and inpatient settings. To

achieve this aim, the PCWG seeks to: 1) enhance access and quality of SBIRT, 2) enhance integration of addiction treatment into VA Patient Aligned Care Teams (PACTs), and 3) increase implementation of addiction pharmacotherapy into non-addiction specialty care clinical environments.

Specific initiatives that are ongoing include:

- *Improving alcohol screening:* Worked with the Office of Quality and Performance (OQP) to implement evidence-based screening for the entire spectrum of alcohol misuse using the AUDIT-C, a validated three-item alcohol consumption questionnaire. Given current documented AUDIT-C screening for

more than 95% of eligible patients, current work focuses on evaluating and improving the quality of alcohol screening.

- *Implementing evidence-based brief alcohol counseling:* the SUD-QUERI developed, pilot-tested, and adapted a CPRS clinical reminder for brief alcohol counseling that was disseminated nationally to all medical centers in January 2008—and collaborated with OQP and VA's Office of Patient Care Services to develop a performance measure for brief alcohol counseling that was implemented in FY08. These efforts were associated with significant increases in the documentation of brief alcohol counseling. Ongoing research is focused on the quality of brief alcohol counseling, and on barriers and facilitators to the use of clinical reminders for brief alcohol counseling.
- *Provider tools for normative feedback on AUDIT-C results:* In cooperation with OQP, SUD-QUERI developed tables of age- and gender-based normative data on alcohol misuse screening for use in provider training by the National Center for Prevention and the Public Health Strategic Health Care Groups.
- *Ongoing work developing and testing an anonymous web-based alcohol screening and intervention program:* SUD-QUERI adapted an efficacious Australian electronic alcohol screening and brief intervention program (eSBI) for Veteran outpatients, and conducted pre-testing with OEF/OIF Veteran

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outpatients to identify barriers and facilitators to its use. Future research will identify optimal approaches to engaging recently returned Veterans in use of the eSBI.

- *Monitoring outcomes after screening and brief alcohol counseling:* SUD-QUERI has identified a number of health outcomes associated with screening positive for alcohol misuse on the AUDIT-C. SUD-QUERI evaluated the association of alcohol screening questionnaires with post-operative surgical complications, showing that about twice as many patients with alcohol misuse are identified by screening with the AUDIT-C compared to direct assessment of

typical drinking, and the rate of 30-day complications increases as AUDIT-C scores increase.

- *Monitoring and encouraging pharmacotherapy for alcohol use disorders for Veteran patients:* Seeking to enhance implementation of the Uniform Mental Health Services Benefits Package and directed by the recently updated VA/DoD SUD Guidelines, the PCWG has been working to expand pharmacotherapy for alcohol use disorders (e.g., naltrexone, acamprosate, and disulfiram). Ongoing projects seek to enhance implementation of pharmacotherapy into general medical and specialty care, and to highlight sites that have been successful with implementation.

## How Do I Learn More?

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## Web Resources

The SUD-QUERI offers educational and implementation tools at the following website:

[www.queri.research.va.gov/sud/wwd/alcohol/default.cfm](http://www.queri.research.va.gov/sud/wwd/alcohol/default.cfm).

For more information about the QUERI program in general, and to link to all of the individual QUERI Centers, please go to

[www.queri.research.va.gov](http://www.queri.research.va.gov)

## The SUD-QUERI Executive Committee

Each QUERI Executive Committee is co-chaired by a research expert and a clinician. The research expert and Director for SUD-QUERI is **Alex Sox-Harris, Ph.D.** The Clinical Coordinator is **Elizabeth Gifford, Ph.D.**, and the Implementation Research Coordinator is **Hildi Hagedorn, Ph.D.** The Executive Committee includes other experts in the field of substance use disorders: Paul Barnett, Ph.D.; Thomas Berger, Ph.D.; Katharine Bradley, M.D.; Geoff Curran, Ph.D.; John Finney, Ph.D. (Research Coordinator Emeritus); Adam Gordon, M.D.; Kim Hamlett-Berry, Ph.D.; Daniel Kivlahan, Ph.D.; Thomas Kosten, M.D.; Lisa Najavits, Ph.D.; Dave Oslin, M.D.; Robert Rosenheck, M.D.; Mary Schohn, Ph.D.; Mark Shelhorse, M.D.; and Ken Weingardt, Ph.D.