

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!

