

A Step-by-Step Guide for Implementing Alcohol Screening & Brief Intervention in Primary Care: Pilot & Evaluation in Three U.S. Settings

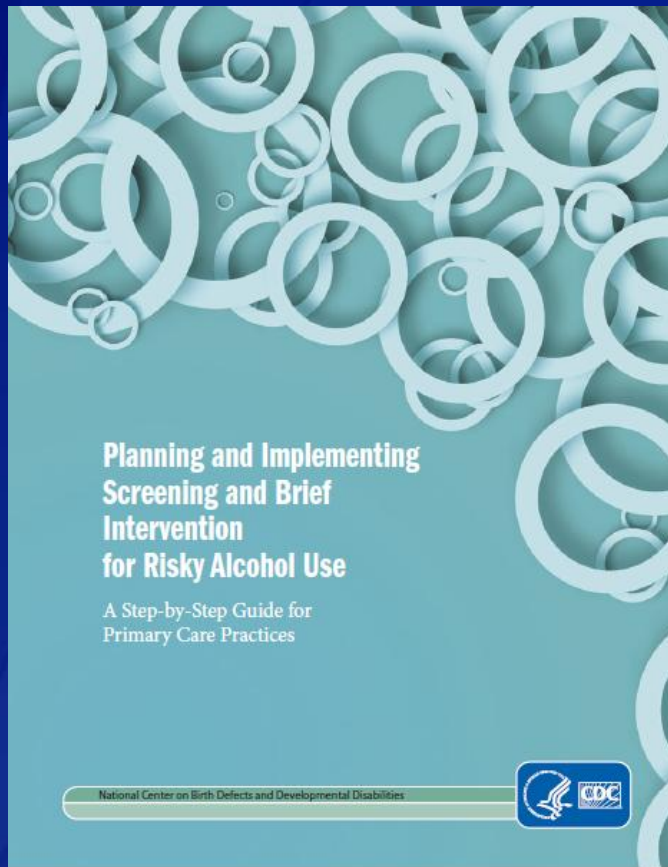
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Planning and Implementing Screening and Brief Intervention for Risky Alcohol Use: A Step-by-Step Guide for Primary Care Practices



The Guide

- Provides detailed steps and resources to help staff in any primary care practice implement alcohol SBI
- Includes information on risky alcohol use, its effects on health, and how risky alcohol use can be addressed through alcohol SBI
- Consists of 10 steps arranged in four major sections



Why did we develop an implementation guide?

- ❑ **Risky alcohol use** → **negative health and social consequences**
- ❑ **Alcohol use during pregnancy** → **miscarriage, stillbirth, prematurity, sudden infant death syndrome, fetal alcohol spectrum disorders**
- ❑ **Alcohol screening and brief intervention (SBI) works**
 - But....it is not widely integrated into clinical settings
- ❑ **How can we help facilitate implementation?**



Evaluation of draft implementation guide

❑ **Wanted to know:**

- How has the Guide been effective in supporting alcohol SBI implementation in primary care settings?

❑ **Draft of Guide tested with three CDC-funded centers implementing alcohol SBI**

- 10 primary care clinics
- Alaska, Nevada, Tennessee

❑ **End goal:**

- Use results to improve the Guide prior to release



Colleen McNulty, Nurse
Consultant, State of Alaska

Methods

- ❑ **Qualitative methods**
- ❑ **Multiple sources**
 - Site visit interviews
 - Grantee and clinic staff
- ❑ **56 interview respondents**
- ❑ **Analyzed using NVivo**



Results

□ Guide most useful for...

- Planning
- Engaging with primary care settings
- Developing trainings and materials
- Improving understanding of risky alcohol use

"...could we have done it [without the Guide]? Yes, but...[with the Guide] I don't have to go to a literature search and use my knowledge...it would have taken probably triple the time. More meetings, more looking, more planning as opposed to just following the steps..." (core program staff)

"[The Guide] gave us a direction to go in...beyond whether you drink or don't drink, if you drink how much do you drink, and interventions of what we're going to do." (clinic coordinator)

Results

❑ Perceived challenges with the guide...

- Lack of info on
 - How to select screening instrument
 - Brief intervention examples
 - Billing and reimbursement
 - Materials for patients and providers
- Length

"...the brief intervention part is the hardest for providers. It takes a lot of practice...providers have the most questions [about brief intervention] and feel the least confident in their skills...the guide doesn't have a whole lot of resources...I really had to do some of my own digging and putting together some materials on my own." (core program staff)

"We'd like little cheating cards...to key us on if they answered a certain question how we should approach it." (clinic screening & intervention staff)

Suggestions for Improvement

- ❑ **Shorter version of the Guide for clinic-level staff and providers**
- ❑ **More detail on**
 - screening instruments
 - brief intervention
 - billing / reimbursement



Final Guide

❑ Released July 2014

❑ Now includes

- Info on various screeners, incl. settings, populations, time to administer, and more
- Additional info on brief intervention guidance and training to deliver brief intervention
- Additional info and links to resources for billing

Brief Intervention Training Notes

Orient the Patient

Identify yourself and explain your role on the trauma team.

Get permission, explicit or implicit, from the patient to talk together for a few minutes.

Explain the purpose of this discussion is to

- 1) give them information about health risks that may be related to their drinking,
- 2) get their opinions about their drinking, and
- 3) discuss what, if anything, they want to change about their drinking.

Feedback

Range: The number of drinks people have on a single occasion varies a great deal, from nothing to more than 10 drinks.

And we know that having too many drinks at one time can alter judgment and reaction times.

Normal: Most drinkers in the United States have fewer than 2 (♂) or 3 (♀) drinks on a single occasion.

Give Binge Questions results. "You drank more than that ___ times last month, increasing your risk for health problems."

Elicit the patient's reaction. "What do you make of that?"

Using Binge Question

Range: AUDIT scores can range from 0 (non-drinkers) to 40 (probably physically dependent on alcohol).

AUDIT has been given to thousands of patients in medical settings, so you can compare your score with theirs.

Normal AUDIT scores are 0-7, which represent low-risk drinking. About half of the U.S. population doesn't drink.

Give patients their AUDIT score. "Your score of ___ means you are (at risk or high risk), putting you in danger of health problems."

Elicit the patient's reaction. "What do you make of that?"

Using AUDIT

Can I get reimbursed for alcohol screening and intervention from insurance?

Some health plans will now pay for alcohol and substance use screening and brief intervention. These patient encounters must include both screening with a validated instrument, such as the AUDIT or any instruments mentioned in this guide, and counseling by a physician or other qualified health care professional of at least 15 minutes.

CPT codes are as follows:

- Screening and brief intervention 15 to 30 minutes duration—99408
- Screening and brief intervention over 30 minutes—99409

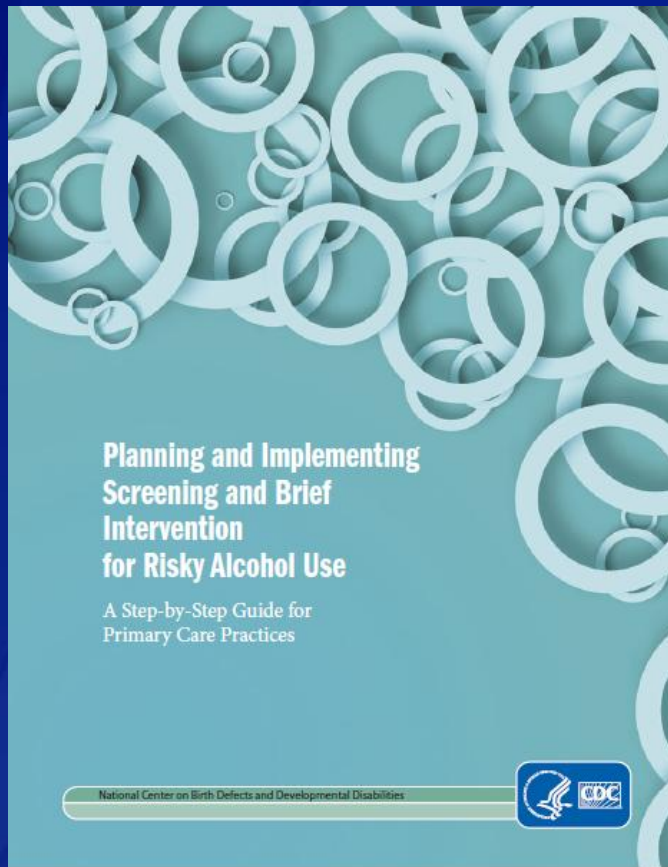
Medicare G codes:

- Screening and brief intervention 15 to 30 minutes duration—G0396
- Screening and brief intervention over 30 minutes—G0397

Medicaid H codes:

- Screening and brief intervention 15 to 30 minutes duration—H0049
- Screening and brief intervention over 30 minutes—H0050

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Promotion of Guide

- ❑ Shared widely with partners
- ❑ Social media
- ❑ QuantiaMD presentation
- ❑ Continued promotion

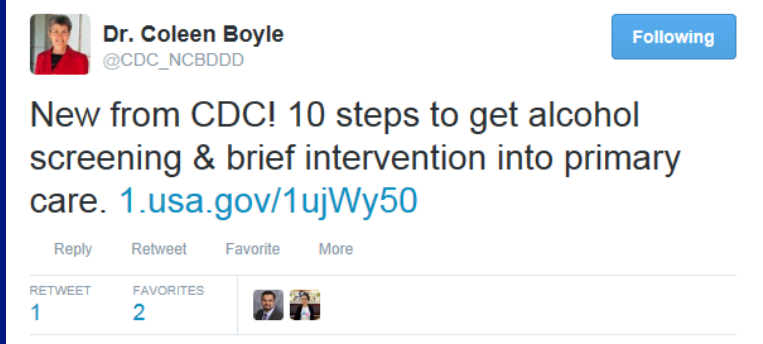
Expert Presentation

Communicating with Your Patients About Alcohol Use



Lela R. McKnight-Eily, PhD
Licensed Clinical Psychologist/Health Scientist, Fetal Alcohol Syndrome Prevention Team, Centers for Disease Control & Prevention (CDC)



Dr. Coleen Boyle
@CDC_NCBDDD Following

New from CDC! 10 steps to get alcohol screening & brief intervention into primary care. 1.usa.gov/1ujWy50

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 CDC
July 29

Want to help patients reduce risky alcohol use? Alcohol screening & brief intervention is effective in primary care. CDC has a new guide to help plan and implement this preventive service in 10 steps. Check it out!
<http://1.usa.gov/1ujWy50>

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What You Can Do

- ❑ **Download the Guide from www.cdc.gov/fasd**
- ❑ **Help us get the Guide into medical practices, encourage practices to use it, and encourage patients, health plans, and employers to demand SBI by...**
 - Sharing the Guide with your colleagues and partners
 - Raising awareness about the Guide
 - Encouraging primary care and ob-gyn practices and system administrators to support alcohol SBI implementation
 - Spreading the word about the need for alcohol SBI in primary care systems
 - Give us your feedback

Acknowledgments

FASD Regional Training Centers

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Southeast

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College

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**Questions?
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**More about CDC's alcohol SBI efforts:
www.cdc.gov/ncbddd/fasd/alcohol-screening.html**

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30329-4027

Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348

Visit: www.cdc.gov | Contact CDC at: 1-800-CDC-INFO or www.cdc.gov/info

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

*National Center on Birth Defects and Developmental Disabilities
Fetal Alcohol Syndrome Prevention Team*

