



Methods for Increasing Alcohol SBI in Family Medicine Residency Programs

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Georgia-Texas Improving Brief Intervention Project

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- ❖ Supported by US National Institute for Alcohol Abuse and Alcoholism (Grant R25 AA014915-01A1)
- ❖ Website: <http://medicine.mercer.edu/sbi>



Aims

- ❖ Equip 8 Family Medicine residency programs to perform SBI
- ❖ Utilize team learning (TL) for booster training
- ❖ Conduct post-training discussion groups with faculty at training sites
- ❖ With faculty, establish training methods & protocols for use after project completion



Methods for this SBI project

- ❖ Components of the program
- ❖ Initial training
- ❖ Booster sessions using team learning
- ❖ Program evaluation



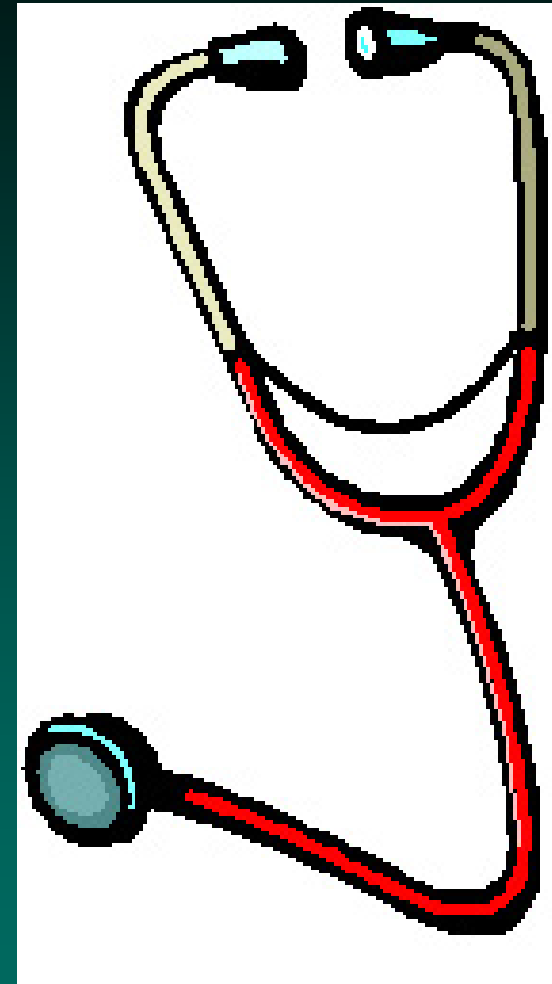
4 Components of this project's SBI system

- ❖ **Pre-screening** (single question screen)
- ❖ **Screening** (Alcohol Use Disorders Identification Test or AUDIT)
- ❖ **Clinician Interventions** for all screen-positive patients (brochure-based)
- ❖ **Follow-up** assessment/reinforcement at future visits (brochure-based)



Pre-screening

- *Pre-screen is routine part of the vital signs*
- *Performed by nursing staff*
- *Tool: Single alcohol screening question (NIAAA)*





NIAAA Single Question:

- ❖ “How many times in the past year have you had X or more drinks in a day?”
 - ◆ X = 5 for men age 65 and under
 - ◆ X = 4 for men over 65 and all women
- ❖ Positive screen = one or more times in the past year

NIAAA. Helping patients who drink too much: A clinician's guide, 2005



Screening using the AUDIT

- ❖ AUDIT is given to patient by the nurse if patient is positive on the single question pre-screen
- ❖ Nurse asks patient to complete the AUDIT and give it to the clinician
- ❖ Clinician scores the AUDIT and conducts the intervention



*Methods: Brief interventions by clinicians for different levels of drinking using these brochures**

At-risk



Possibly dependent
Major consequences



Follow-up



* <http://medicine.mercer.edu/sbi>



Methods: SBI Training components for nurses, residents, faculty - Initial



Initial training 1-3 hours

1. Importance, definition of and evidence for SBI
2. Description, demonstration, and practice of SBI components
 - ◆ For at-risk and dependent patients
 - ◆ Follow-up visits for all

▼ *Methods: SBI Training components
for nurses, residents, faculty -
Boosters*



3 Team Learning (TL)
Booster Sessions

- 1 hour each
- Every 4 months for 1 year



SBI Training components for nurses, residents, faculty – Booster sessions

- ❖ Content & Activities in TL sessions
 - Compared their sites' results to other sites based on patient exit interviews
 - Divided into teams to discuss questions and cases
 - Awarded prizes for best team answers to questions
 - Covered alcohol clinical or SBI topic in form of Mini-lecture



Methods: Program Evaluation


- ❖ Patient exit interviews used to measure screening & intervention rates
 - From pre-training through 3 post-training phases
- ❖ Team learning evaluations
- ❖ Faculty group discussions at the conclusion of 1 year of training



Results: Percentages of patients reporting receiving SBI (from patient exit interviews)

	Pre-training	Phase 1 (Months 1-4)	Phase 2 (Months 5-8)	Phase 3 (Months 9-12)
n	473	336	292	259
Nurse asked about alcohol use	21.7% (8-37%)	58.0% (25-81%)	44.5% (35-90%)	42.9%* (25-100%)
Physician talked with you about alcohol use	29.4% (5-50%)	36.0% (17-62%)	35.1% (14-45%)	33.8% (4-53%)
Physician ever suggested you cut down or stop alc use	8.4% (0-16%)	9.3% (0-17%)	7.8% (0-16%)	7.5% (0-12%)
If yes, when? TODAY	2.3% (0-7%)	0.9% (0-4%)	2.0% (0-9%)	1.9% (0-9%)

* P<.001

 *Results: Odds of clinician intervention with patients who screen positive on SASQ (from patient exit interviews)**

	Pre-training N=397	Phases 1-3 N=856
Physician ever suggested you cut down or stop alcohol use	4.26 (C.I. 2.11 – 8.60)	7.83 (C.I. 4.71-13.04)
	N=407	N=879
[If yes, when?] TODAY	15.75 (C.I. 3.34 – 74.23)	19.89 (CI 6.67 – 59.25)

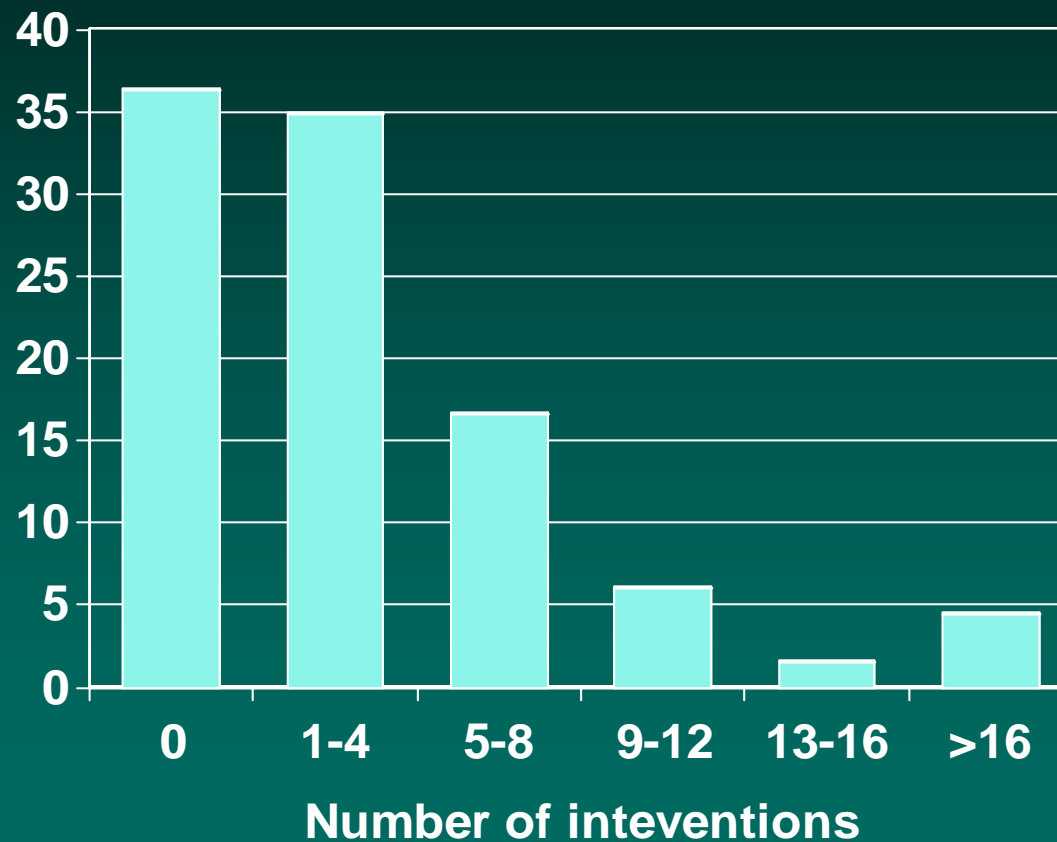
*Odds ratios from bivariate logistic regressions



Results: Percentages of clinicians performing brief interventions (from clinician self-report)

Booster 1	Booster 2	Booster 3
% reporting performing BI in past 30 days N=107 50.5%	% reporting performing BI in past 30 days N=105 54.8%	% reporting performing BI since training N=66 63.6%
Mean # of interventions performed by those conducting any BI N=54 4.71	Mean # of interventions performed by those conducting any BI N=57 4.61	Mean # of interventions performed by those conducting any BI N=42 6.0

Results: Number of interventions performed since program inception (from clinician self-report)





Results: Percentage of Screen-positives and AUDIT scores (from patient exit interviews)

Project Phase	Pre-training	Phase 1	Phase 2	Phase 3
Positive on single question screen	20.4% (5-32%)	18.1% (6-27%)	19.5% (0-30%)	25.3% (9-34%)
AUDIT score of 16 or higher	3.6% (0-8%)	0.6% (0-2%)	0% (0%)	1.9% (0-7%)



Results: Appraisal of Team Learning Method (from clinician evaluations)

- ❖ 62.3% (197/316) of team learning booster session participants rated these sessions as excellent
- ❖ 74.2% (207/279) preferred this format over didactic lectures



Results: Faculty group discussions at conclusion of training

- ❖ Faculty reported that initial training & TL sessions were useful methods for training faculty, residents, nursing staff
- ❖ Faculty want to expand the training to other sites
- ❖ Faculty reported that screening and prompting protocols ensured that most residents conducted interventions



Results: Faculty group discussions re screening

- ❖ Identification facilitates early prevention
- ❖ Nurse involvement is crucial
- ❖ Best frequency for screening is unknown
- ❖ Concern that screening may put patients on the defensive, even frighten them



Results: Faculty group discussions re brief intervention

❖ Concerns

- BI takes time
- No reimbursement for physician time
- Physician may waste time with patients who believe they know the information

❖ Suggestions

- Consider models that involve return visits or less physician time



Results: Faculty group discussions re sustaining SBI training & practice

- ❖ 100% (8 of 8 programs) committed to train new PG1 residents in alcohol SBI (2-3 hours) during 2007, usually during orientation
- ❖ 75% (6 of 8 programs) who completed 12 months of SBI committed to continue routine SBI
- ❖ Alcohol screening interval at 3 of 7 sites was decreased to every 6-12 months, rather than every visit



Conclusions



Conclusions: Training

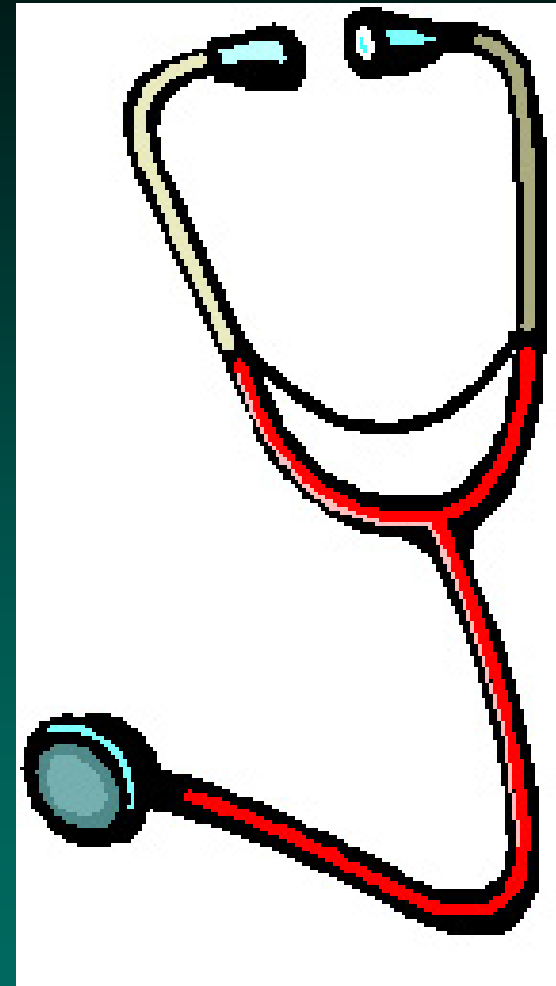
- ❖ Nurse/clinician training combined with systems intervention results in:
 - Significant increases in screening rates
 - ◆ From patient exit interviews

 - Modest increases in physician intervention rates
 - ◆ From physician self-reports



Conclusions: SASQ

- ❖ Use of the SASQ as part of nursing vital signs is a time-efficient screening method that detects significant numbers of at-risk drinkers





Conclusion: AUDIT scores

- ❖ Decreases in AUDIT scores over time may reflect more guarded responses to alcohol screening at every visit
- ❖ Clinicians may need to use other indicators to identify patients with alcohol dependence



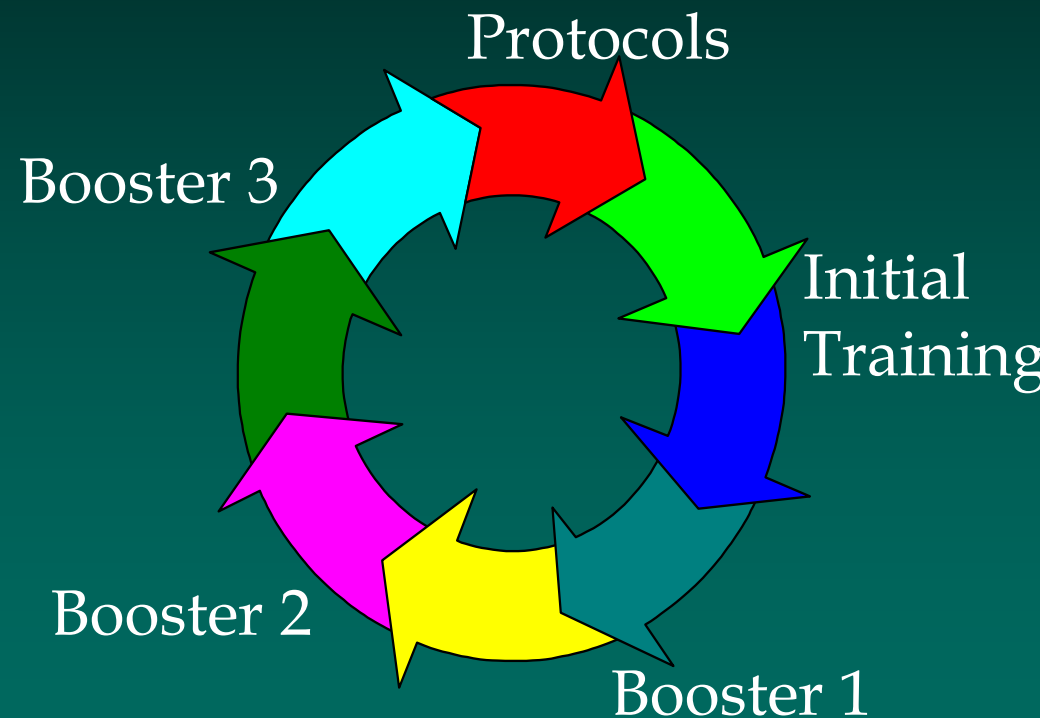
Conclusions: Team learning sessions

- ❖ Spaced seminars every 4 months are a promising method for maintaining clinician awareness of alcohol issues



Conclusions: Faculty feedback from 8 sites

- ❖ Expect that protocols & training mechanisms developed for their particular sites will perpetuate the SBI learning cycle
- ❖ Commit to continue training in first post-project year
- ❖ Even with concerns about time and reimbursement, faculty intend to expand training to other residency sites





From Current to Future Research

- ❖ This project showed
 - Screening rates can be increased by training nurses
 - A small number of physicians conduct a lot of interventions
- ❖ Future research possibilities
 - Train and optimize the utilization of motivated clinicians
 - Explore methods for motivating ambivalent clinicians
 - Develop systems utilizing motivated physicians and non-physicians



*Training materials, brochures, videos
on website*

❖ <http://medicine.mercer.edu/sbi>



Healthy Habits Pre-screen Vital Signs Format

Tobacco Use: (circle one)	Current	Former	Never
More than 6 total alcoholic drinks in the entire past year? (circle answer)	Yes	No	If No, stop here
(If yes) How many times in the past year have you had X or more drinks in one day? (x=5 for men 65 & under, x=4 for men over 65 & all women)	How many times? _____	Never	<i>One or more times is a positive screen. Give full AUDIT (10-questions) to patient.</i>