Alcohol and Health

Module 1: Secondary Prevention

Patient-centered screening, assessing risk, and brief alcohol counseling for unhealthy alcohol use

ALTARUM

SOLUTIONS TO ADVANCE HEALTH

KAISER PERMANENTE®

Kaiser Permanente Washington
Health Research Institute

Insert practice facilitator pic and bio here

Objectives for the 2-Part Training

- Module 1 - **Secondary Prevention**: Patient-centered screening, assessing risk, and brief counseling for unhealthy alcohol use
- Module 2- **Alcohol Use Disorder**: Engaging and managing patients with alcohol use disorder (AUD) using shared decision-making

What are the Objectives Today?

Module 1: **Secondary Prevention**

Patient-centered screening, assessing risk, and brief counseling for unhealthy alcohol use

- Understand spectrum of unhealthy alcohol use
- Understand the purpose of brief alcohol counseling: decreasing alcohol-related risks
- Learn a practical way to implement routine alcohol screening and assessment
- Learn how to offer patient-centered advice and feedback: brief alcohol counseling

How Our Understanding Has Changed

Old Stereotypes In the past experts thought…	New Knowledge Now experts know…
People who were not "alcoholic" did not need to watch how much they drank.	Drinking can cause problems for anyone. So we focus on preventing these problems by educating everyone about alcohol use.
Alcoholism was due to a lack of will power. It was not generally treated by doctors.	An alcohol use disorder is a brain condition caused by many factors, including how much a person drinks.
Doctors had to wait until people with alcoholism wanted help.	Asking people about their alcohol use and giving them advice about it is part of high-quality health care for everyone.
There was a "one-size-fits-all" approach to alcohol treatment– and we only offered people group treatment based on the 12 steps of Alcoholics Anonymous (AA).	People with alcohol use disorders can choose from several proven treatment options: • Individual or couples counseling • Group counseling • Medications • Mutual help programs like SMART Recovery or AA

The Old Approach to Alcohol

- Stigma led to silence
  - Primary care providers afraid to compromise trusting relationships (lose patients)
  - Patients don't ask questions; don't want to be judged as one of "those" patients

McCormack JGIM 2007

Video: Alcohol and Health

A ReThink of the Way we Drink
https://youtu.be/tbKbq2lytC4

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Background

- Experts at Kaiser Permanente (KP) Washington demonstrated the success of a patient-centered approach to addressing alcohol use as part of patient-centered primary care across 25 primary care sites
- Altarum, supported by KP Washington, is bringing the proven system to 125 small to medium primary care practices across Michigan

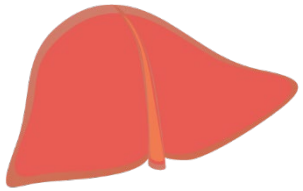
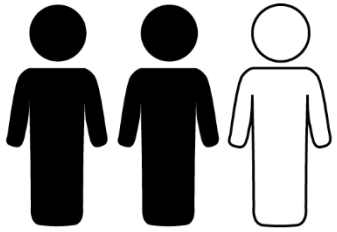
WHAT IS UNHEALTHY ALCOHOL USE?

What is Unhealthy Alcohol Use?

- Drinking above the recommended limits:
  - Average # of drinks per day (or week)
  - Maximum # drinks per day
- Limits reflect epidemiology – levels associated with adverse health outcomes

Saitz NEJM 2005

Why are AVERAGE Limits so Low?

	Outcome	Increases at
	Liver disease	≥ 1-2 drinks/day*
	Breast Cancer	≥ ½ drink/day
	Mortality	≥ 1-2 drinks/day*

*1 drink women, 2 drinks men

Conen 2008; Samokhvalov 2010; Allen 2009; Castelnuevo 2006; Taylor 2009; Lew 2009; Becker 1996; Corrao Prev. Med 2004; Bondy Canadian J Public Health 1999; Holman Med j Aust 1996

Heavy Episodic Drinking

- Heavy episodic drinking: ≥ 4 drinks women; ≥ 5 men in any one day
- Is in the causal pathway to alcohol use disorders (AUD)
- As the frequency increases, the risk of AUD increases

Photo: Jan Steen (17th Century Dutch) Interior of a Tavern with Card Players and a Violin Player 1663-70

Saha DAD 2007; Columbia U Report on Addiction Medicine 2012; Hasin Am J Psychiatry 2013

Recommended Drinking Limits

	MEN 65 and Younger	WOMEN (all ages) & MEN over 65
Average drinks per day (drinks per week)	No more than 2 (No more than 14)	No more than 1 (No more than 7)
Maximum drinks per day	No more than 4	No more than 3

NIAAA Clinicians Guide revised 2008

What are the recommended limits?*

MEN 65 and younger	WOMEN & MEN over 65
Per day: No more than 2 drinks on average, and no more than 4 drinks on any day	**Per day:** No more than 1 drink on average, and no more than 3 drinks on any day
Per week: No more than 14 drinks total	**Per week:** No more than 7 drinks total

1 Drink =

12 OZ. beer

5 OZ. wine

1.5 OZ. liquor (a standard shot)

Drinking above these limits increases your risk of:

- Weight gain
- Insomnia
- Forgetting medications
- Medication interactions
- Surgical complications
- High blood pressure
- Depression and anxiety
- Liver or pancreatic disease
- Bleeding from the stomach
- Stroke
- Dementia
- Seizures
- Breast, prostate, colon and other cancers
- Heart disease, including heart failure
- Death

*Experts recommend no alcohol use for women who are pregnant, people who have liver disease, or people who have had problems due to drinking in the past.

Standard Drink Sizes (U.S.)

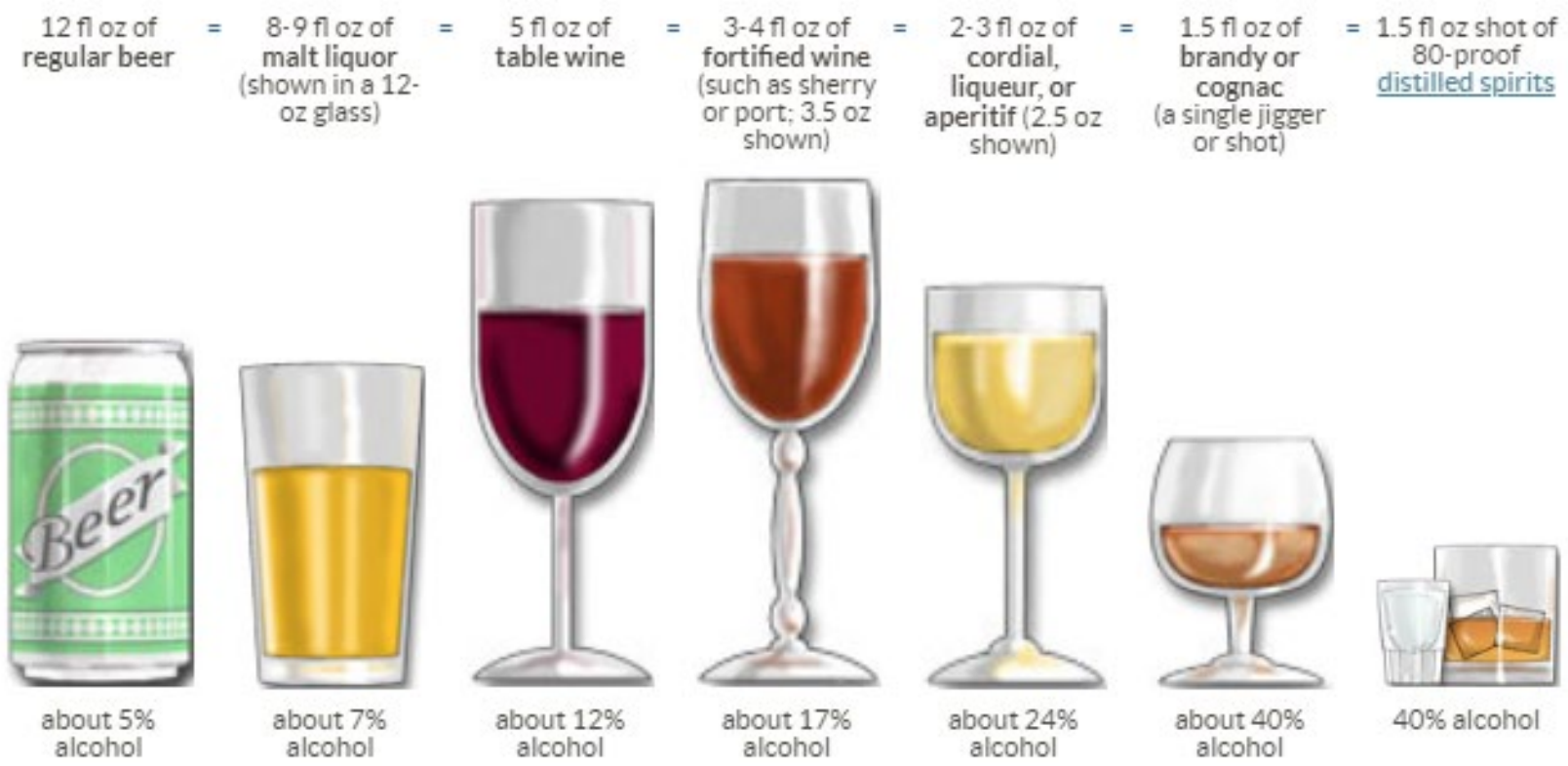


Photo: https://www.rethinkingdrinking.niaaa.nih.gov/How-much-is-too-much/What-counts-as-a-drink/Whats-A-Standard-Drink.aspx

Recommended Limits

Some populations are advised to abstain completely from alcohol use:

- Plan to drive or operate machinery, or participate in activities that require skill, coordination, and alertness
- Take certain over-the-counter or prescription medications
- Have certain medical conditions
- Are recovering from alcohol use disorder or are unable to control the amount that they drink
- Are younger than age 21
- Are pregnant or trying to become pregnant

https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking

PREVALENCE OF UNHEALTHY ALCOHOL USE IN MICHIGAN

In Michigan

- High rates of heavy episodic drinking (past month):
  - Overall 21% in MI (17% nationally)
  - Ranges 16-25% of MI adults
- 6th highest rate of substance use-related hospitalizations (alcohol most common) in US:
  - 677 alcohol-related stays per 100,000 residents in MI in 2013-2015 (national average 588)
  - Marked variation across counties (highest 1,390)

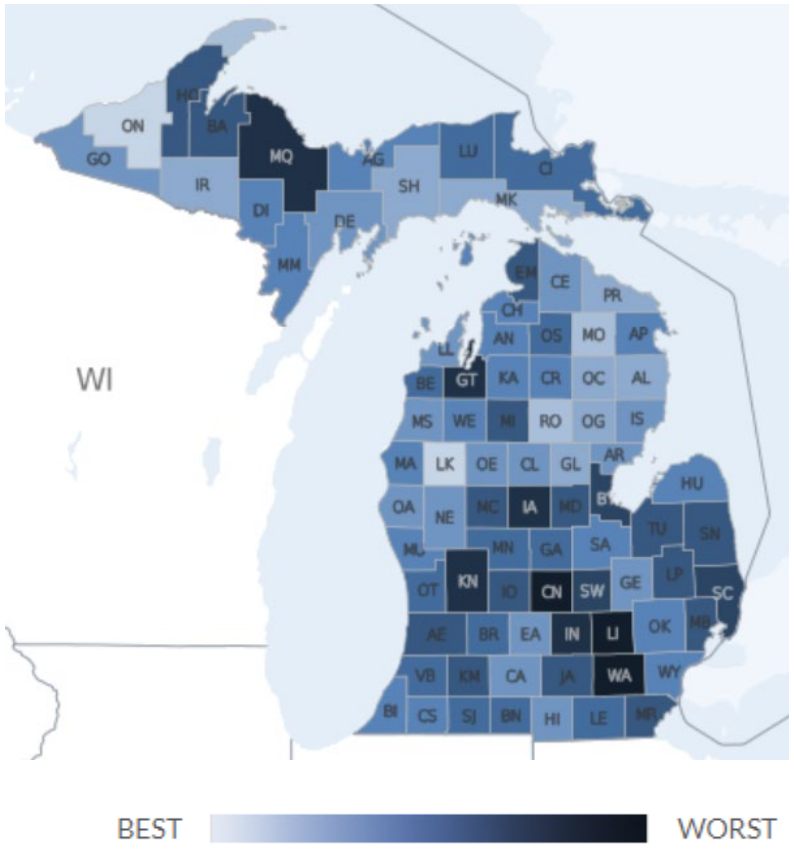


Photo: https://www.countyhealthrankings.org/app/michigan/2018/measure/factors/49/map

WHY AND HOW DO YOU SCREEN FOR UNHEALTHY ALCOHOL USE?

Why Screen for Unhealthy Alcohol Use?

- Multiple rigorous trials in primary care settings show that brief patient-centered alcohol counseling decreases drinking compared to alcohol screening alone
- USPSTF therefore recommends alcohol screening and counseling all adults (class B recommendation)
- The National Commission on Prevention Priorities ranked screening and counseling as the 4th highest prevention priority, above breast and cervical cancer screening

USPSTF JAMA 2018; O'Connor JAMA 2018; Maciosek 2017

How Do You Screen for Unhealthy Alcohol Use?

Ideally…

- As part of whole-person care
- Annually, all patients (80% target)
- By self-report: on paper (or tablet/online)
- Rooming staff enter results in medical record before provider visit
- Alcohol screening can be efficiently combined with other USPSTF screening recommendations (e.g. depression and other drug use)

https://www.uspreventiveservicestaskforce.org/uspstf/
Williams JGIM 2015; Williams JSAT 2016; Williams JGIM 2018; Bradley JGIM 2011

Recommend: 7-item Screen to Streamline Workflow

Depression (PHQ-2)

Alcohol use (AUDIT-C)

Cannabis and other drug use

An alternate strategy might be to add the AUDIT-C to your social history (with tobacco assessment).

Over the past 2 weeks, how often have you been bothered by any of the following problems:

1. Little interest or pleasure in doing things?	Not at all 0	Several days 1	More than half the days 2	Nearly every day 3
2. Feeling down, depressed, or hopeless?	Not at all 0	Several days 1	More than half the days 2	Nearly every day 3

In the past year…

3. How often did you have a drink containing alcohol in the past year?	Never 0	Monthly or less 1	2 to 4 times a month 2	2 to 3 times a week 3	4 or more times a week 4	
4. How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?	None 0	1 or 2 drinks 0	3 or 4 drinks 1	5 or 6 drinks 2	7 to 9 drinks 3	10 or more drinks 4
5. How often did you have 5 or more drinks on one occasion in the past year?	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4	
6. How often in the past year have you used marijuana?	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4	
7. How often in the past year have you used an illegal drug (not marijuana) or used a prescription medication for non-medical reasons?	Never 0	Less than monthly 1	Monthly 2	Weekly 3	Daily or almost daily 4	

AUDIT-C

In the past year…

1. How often did you have a drink containing alcohol?
2. How many drinks containing alcohol did you have on a typical day when you were drinking?
3. How often did you have 5 or more drinks on one occasion?

Bush Arch Intern Med 1998; Bradley Arch Intern Med 2003
Johnson Alcohol Clin Exper Res 2013; Dawson DAD 2012

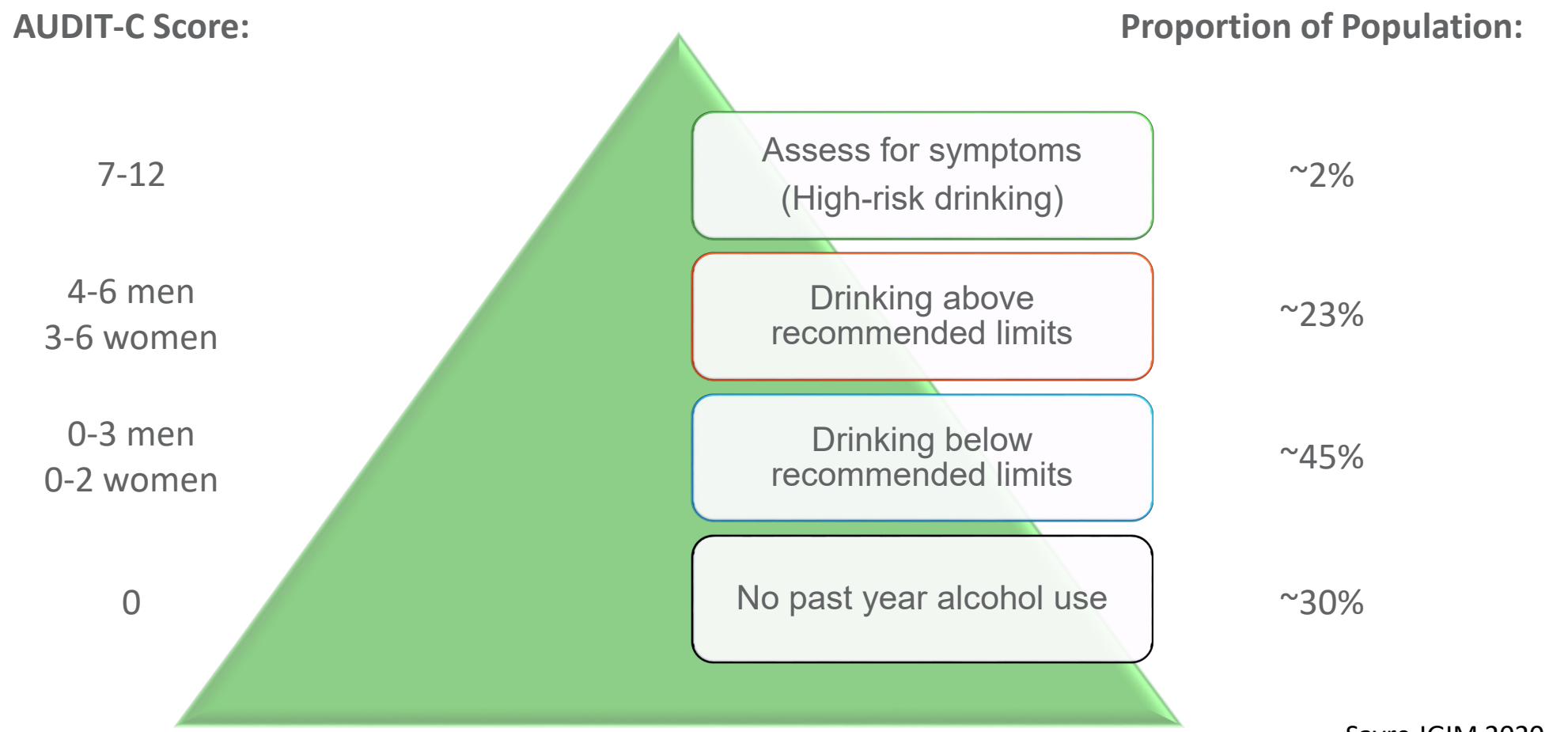
AUDIT-C

- 3 Questions
- 0-4 points each item
- Score (0-12 points) extensively validated
- AUDIT-C scale becomes clinically meaningful over time, although initially abstract like for blood pressure, HA1C, PHQ-9

Bush Arch Intern Med 1998; Bradley Arch Intern Med 2003; Johnson Alcohol Clin Exper Res 2013; Dawson DAD 2012; Rubinsky Alcohol Clin Exper Res 2013; USPSTF JAMA 2018

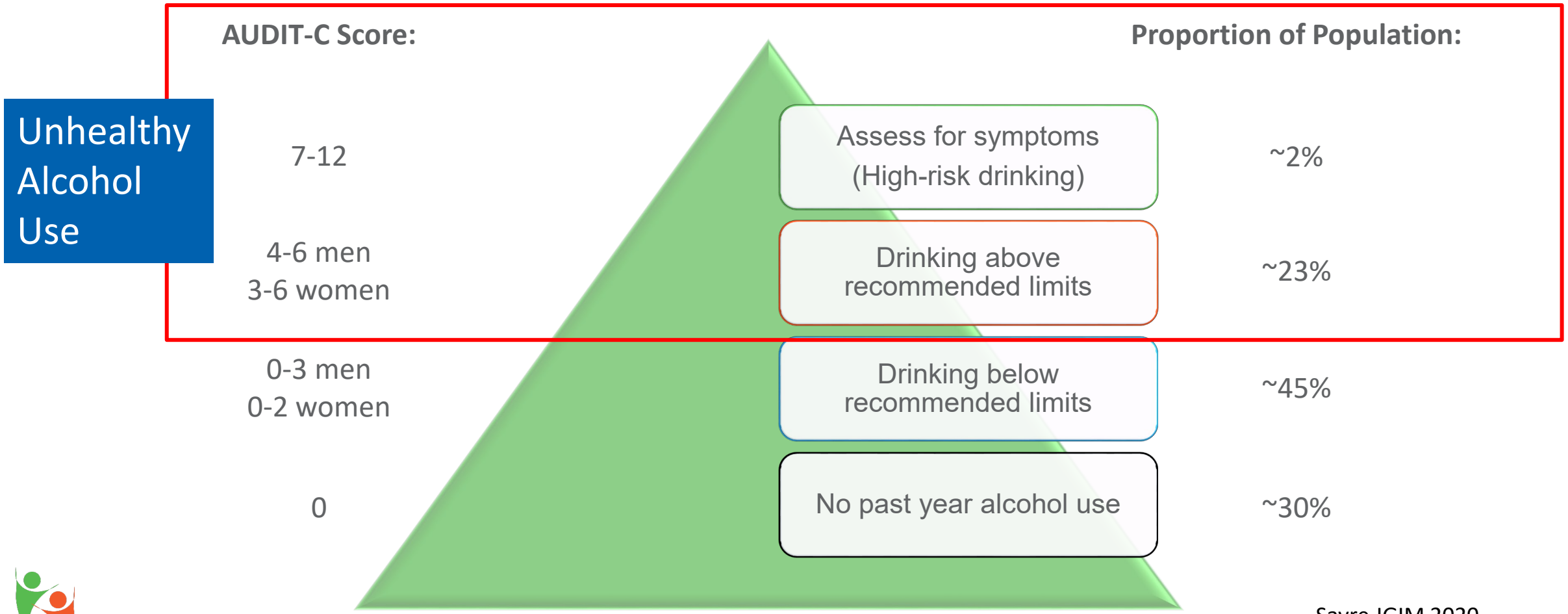
INTERPRETING AUDIT-C SCORES

AUDIT-C & the Spectrum of Unhealthy Alcohol Use



Sayre JGIM 2020

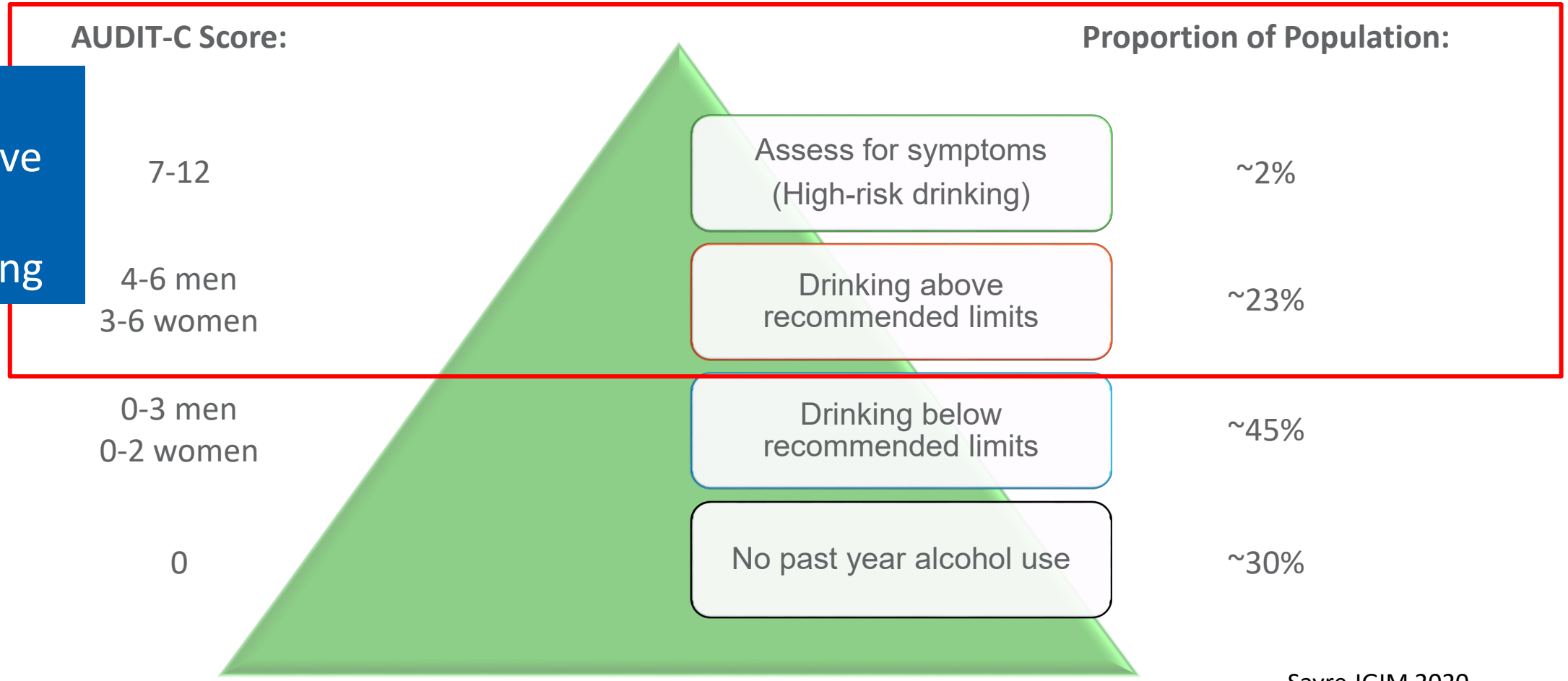
AUDIT-C & the Spectrum of Unhealthy Alcohol Use



Sayre JGIM 2020

AUDIT-C & the Spectrum of Unhealthy Alcohol Use

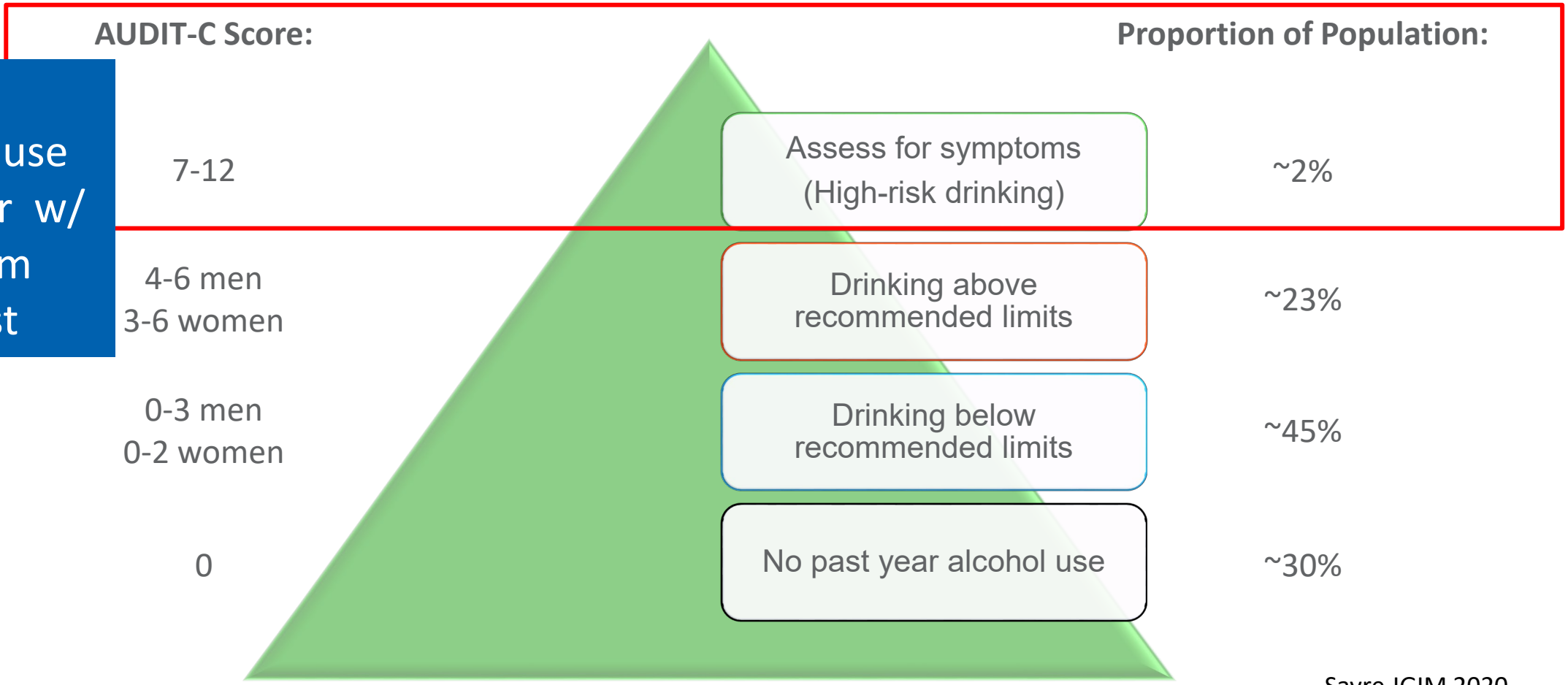
Brief preventive alcohol counseling



Sayre JGIM 2020

AUDIT-C & the Spectrum of Unhealthy Alcohol Use

Assess: alcohol use disorder w/ symptom checklist



Sayre JGIM 2020

Screening Algorithm AUDIT-C

AUDIT-C Scores trigger counseling and assessment

- **Brief preventive alcohol counseling**: prompt with alcohol handout
  - ≥ 3 points women
  - ≥ 4 points men
- **Add assessment** with Alcohol Symptom Checklist
  - ≥ 7 points

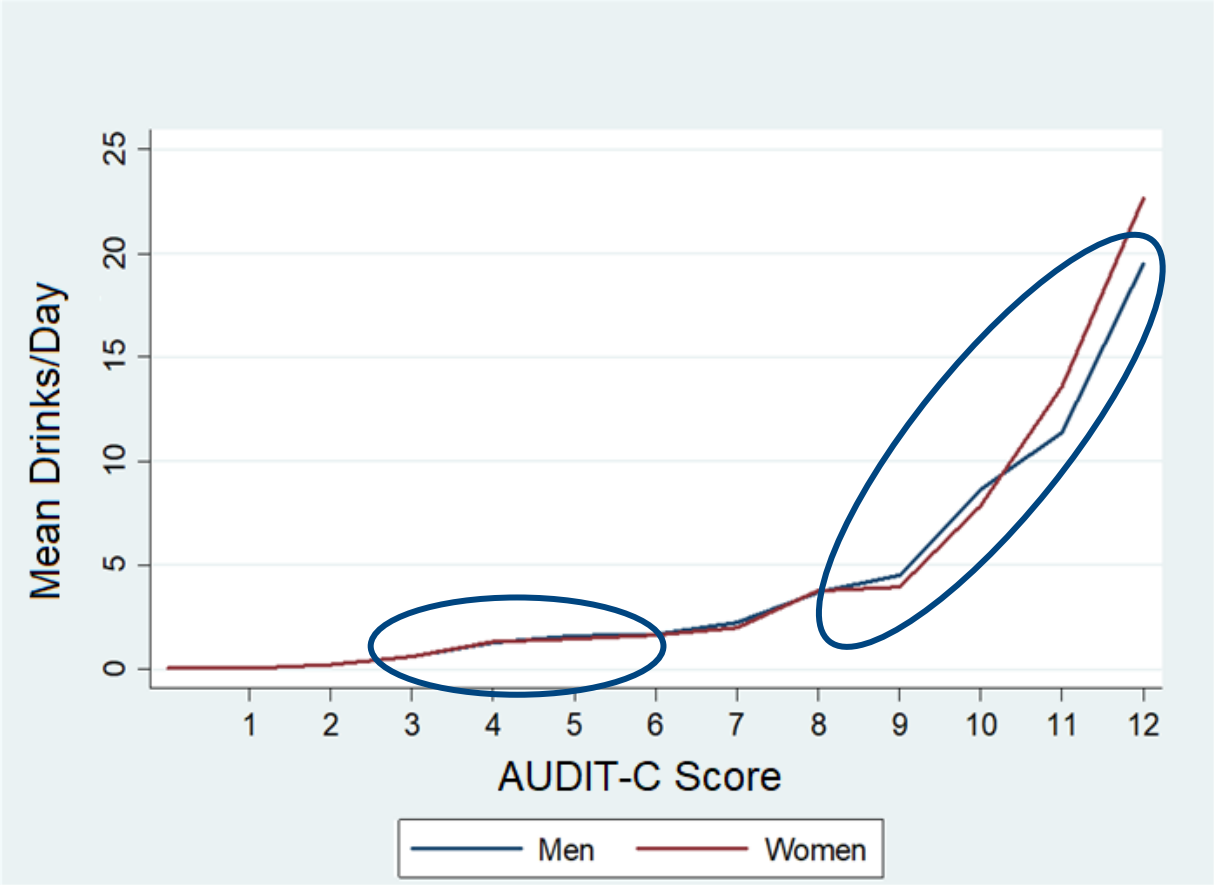
Bush Arch Intern Med 1998; Bradley Arch Intern Med 2003; Frank JGIM 2008; Johnson Alcohol Clin Exper Res 2013; Dawson DAD 2012; Rubinsky Alcohol Clin Exper Res 2013; USPSTF JAMA 2018

Why We Use AUDIT-C

- AUDIT-C scores reflect severity
  - Average drinks/day
  - Probability of active alcohol use disorders
- Supports assessing risks
- Tells us a lot about medical risks: for use with feedback
- Useful for measuring change over time

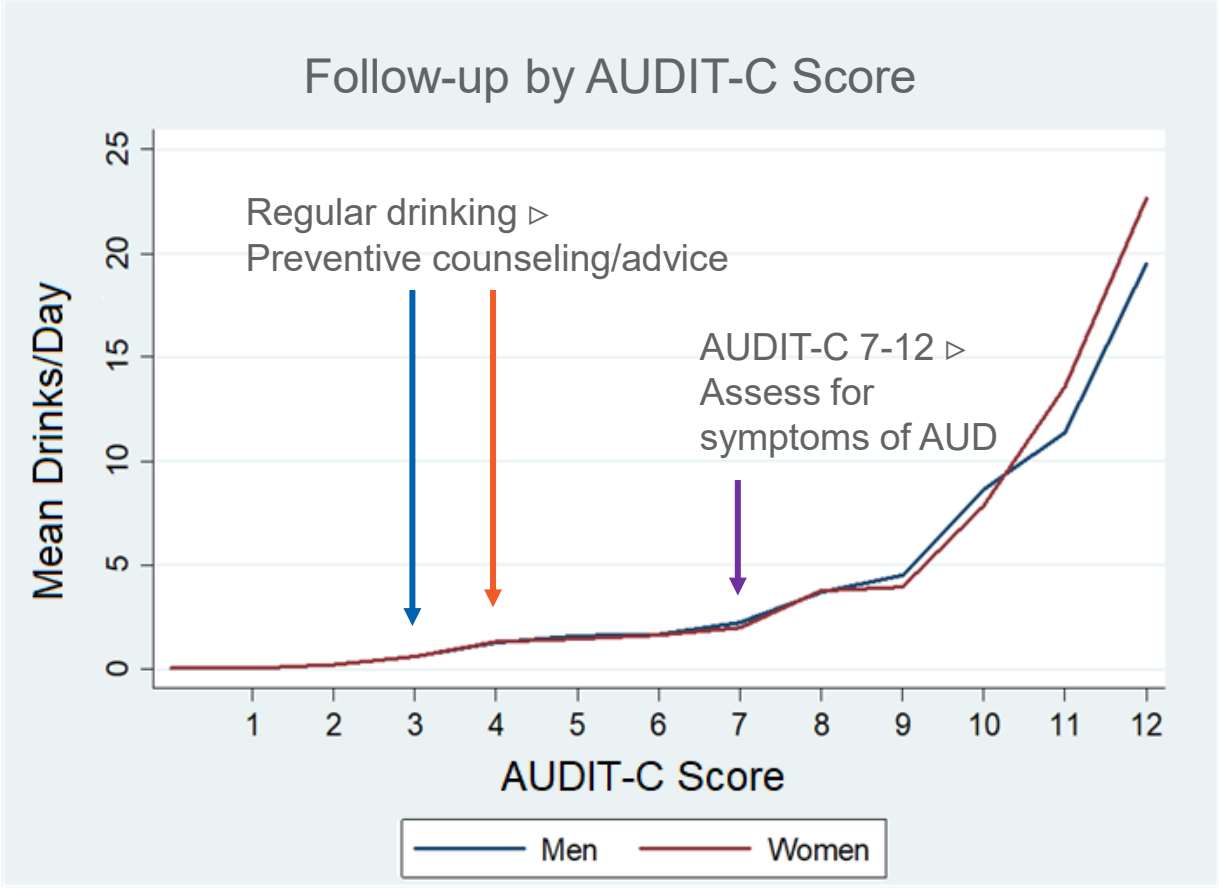
Bradley Addiction 2016

AUDIT-C: Benefits of Scaled Screen

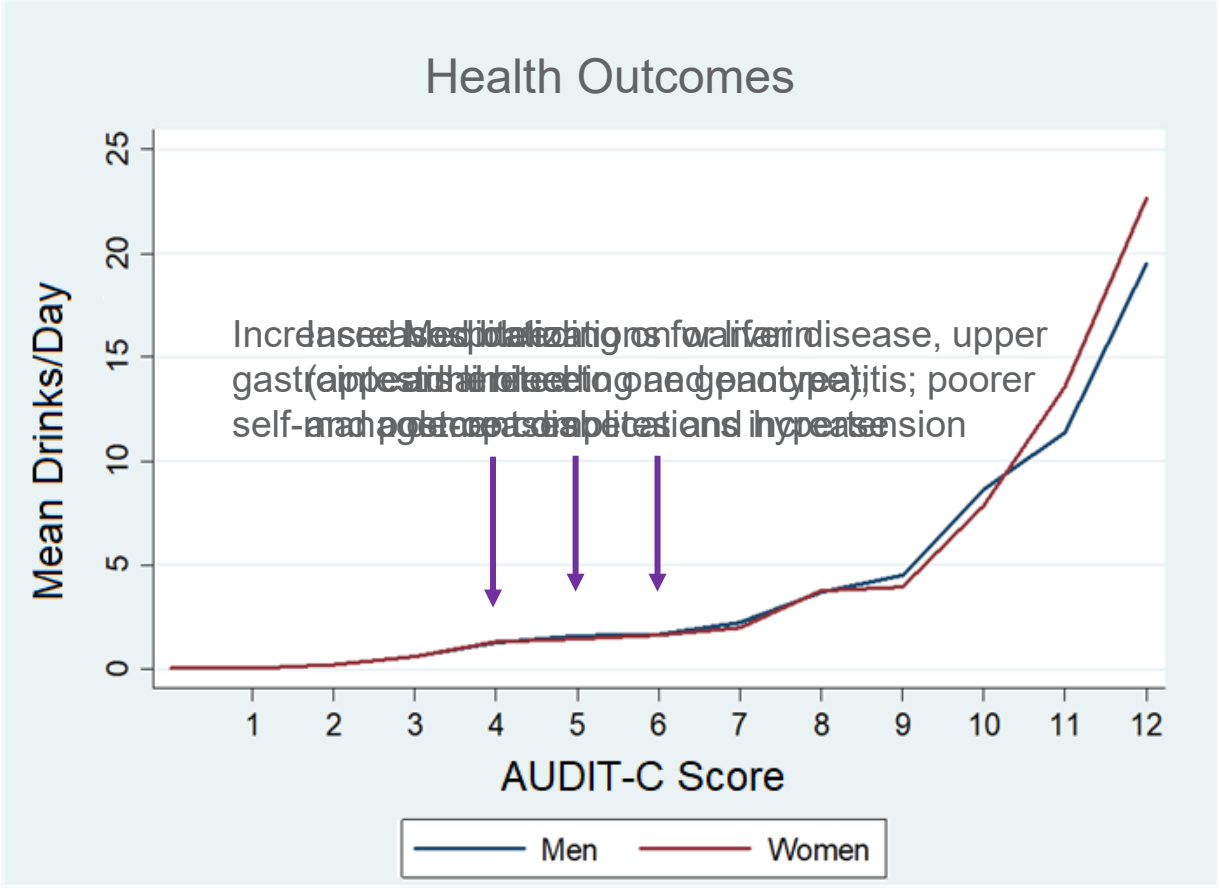


Rubinsky Alcohol Clin Exper Res 2013

AUDIT-C

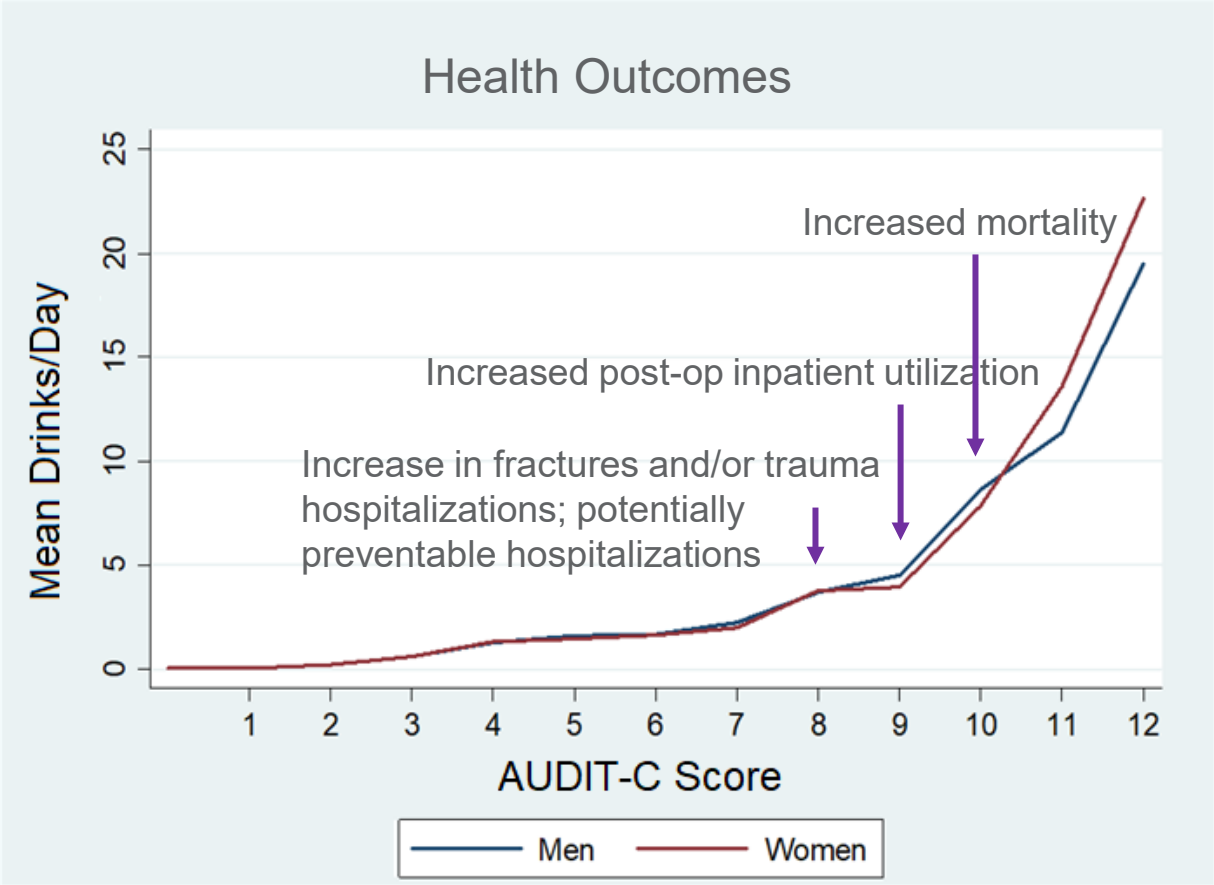

Follow-up by AUDIT-C Score
Regular drinking ▹
Preventive counseling/advice
AUDIT-C 7-12 ▹
Assess for
symptoms of AUD
Mean Drinks/Day
0
5
10
15
20
25
1
2
3
4
5
6
7
8
9
10
11
12
AUDIT-C Score
Men
Women

AUDIT-C



Bryson Ann Intern Med 2008

AUDIT-C



Harris SUM 2007; Williams AJDAA 2011; Harris ASCP 2012; Rubinsky Am J Coll Surg 2012

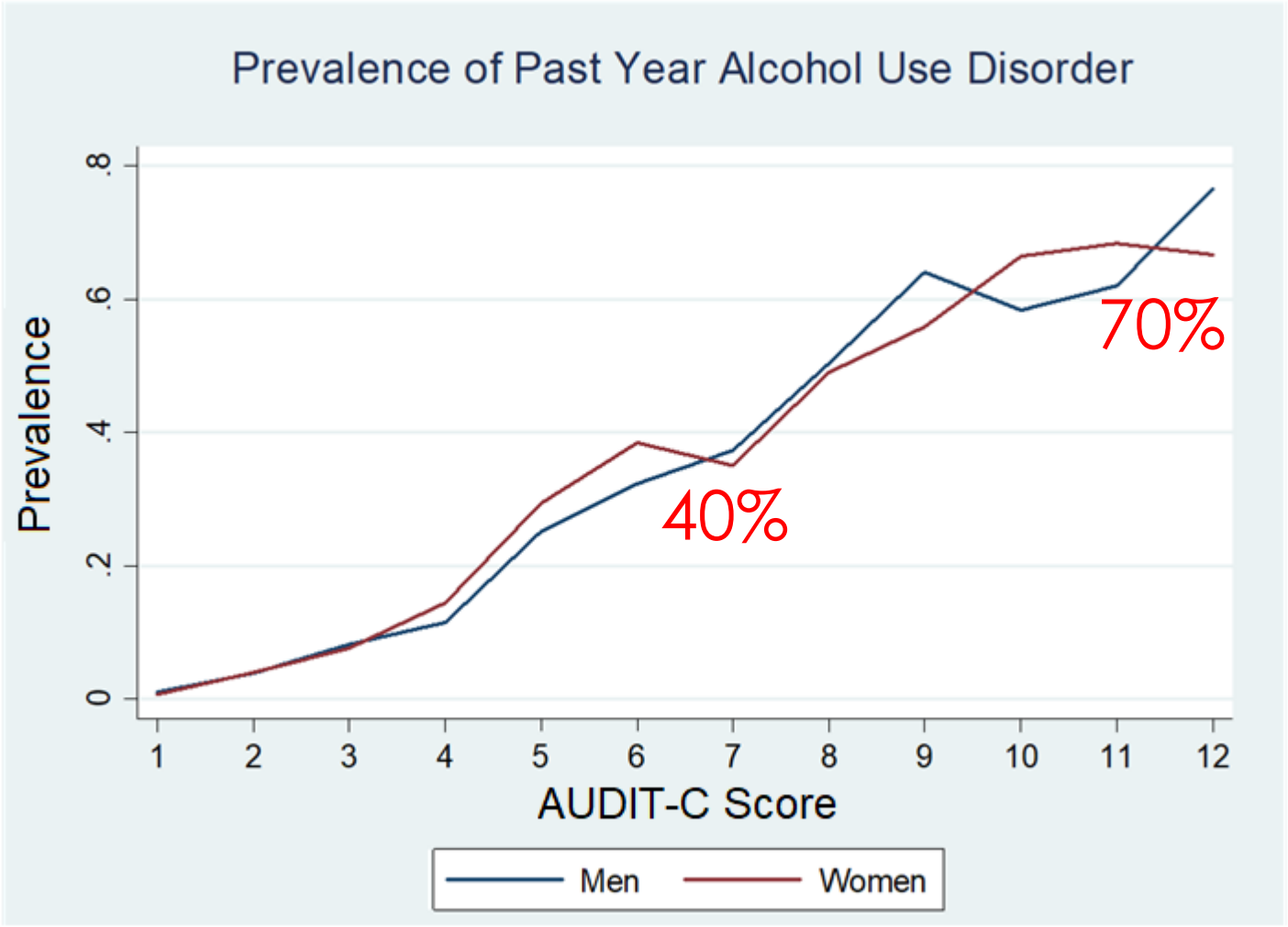
Use the AUDIT-C Score

- The AUDIT-C score is validated
- AUDIT-C questions #1-2 under-estimate drinking
- So patients with AUDIT-C scores 3-4 can *report* drinking below limits
- But validation studies show they often drink above limits due to
  - Drink sizes > than standard size drinks
  - Alcohol content > than standard alcohol beverage per volume
  - Under-estimation

Bradley Alcohol Clin Exper Res 1998; Bush Arch Intern Med 1998; Bradley Arch Intern Med 2003; Frank JGIM 2008; Johnson Alcohol Clin Exper Res 2013; Dawson DAD 2012; Rubinsky Alcohol Clin Exper Res 2013; USPSTF JAMA 2018

ALCOHOL USE DISORDER

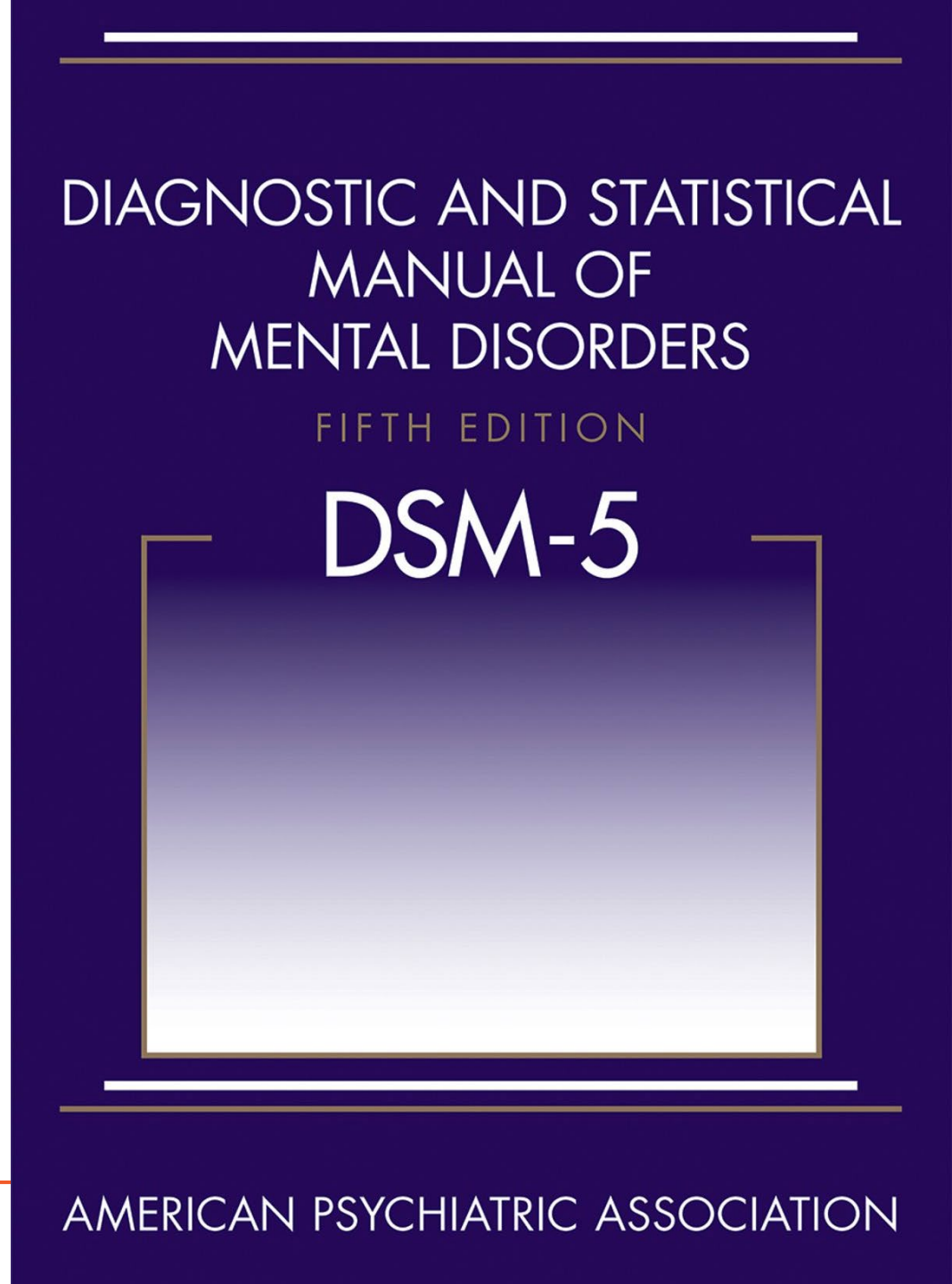
AUDIT-C Score and Probability of AUD



Rubinsky Alcohol Clin Exper Res 2013

Definition of Alcohol Use Disorder (DSM-5)

- Have had 2 or more recurrent symptoms:
  - Drinking larger amounts or longer than intended
  - Loss of control
  - Use when hazardous
  - Social/interpersonal problems
  - Withdrawal
  - Physical/psychological problems
  - Craving; strong desire or urge to use
  - Large amount of time spent drinking
  - Tolerance
  - Neglect or fail responsibilities
  - Give up activities to use



How to Practically Assess AUD?

Alcohol Symptom Checklist
(when AUDIT-C scores ≥ 7)

Provider assesses if
symptoms recurrent

- Mild: 2-3 AUD symptoms
- Moderate: 4-5 AUD symptoms
- Severe: ≥ 6 AUD symptoms

In the past 12 months…

1. Did you find that drinking the same amount of alcohol has less effect than it used to or did you have to drink more alcohol to get intoxicated?	No	Yes
2. When you cut down or stop drinking did you get sweaty, nervous, have upset stomach or shaky hands? Did you drink alcohol or take other substances to avoid these symptoms?	No	Yes
3. When you drank, did you drink more or for longer than you planned to?	No	Yes
4. Have you wanted to or tried to cut back or stop drinking alcohol, but been unable to do so?	No	Yes
5. Did you spend a lot of time obtaining alcohol, drinking alcohol, or recovering from drinking?	No	Yes
6. Have you continued to drink even though you knew or suspected it creates or worsens mental or physical problems?	No	Yes
7. Has drinking interfered with your responsibilities at work, school, or home?	No	Yes
8. Have you been intoxicated more than once in situations where it was dangerous, such as driving a car or operating machinery?	No	Yes
9. Did you drink alcohol even though you knew or suspected it causes problems with your family or other people?	No	Yes
10. Did you experience strong desires or craving to drink alcohol?	No	Yes
11. Did you spend less time working, enjoying hobbies, or being with others because of your drinking?	No	Yes

OFFERING PREVENTIVE COUNSELING FOR AT-RISK DRINKING

Brief Alcohol Counseling: General Approach

- Non-judgmental empathy: critical to supporting any behavioral change
  - Reflect on something you love and how it would feel to be asked to change it
- Patients need to drive change for successful behavior change
  - The choice to make a change is totally up to the patient
  - The patients' values and preferences need to guide their decision and goals
  - Asking about how alcohol use fits into patients' lives can help engage
  - Asking the good things about drinking for them; The not so good things
- Support self-efficacy: elicit prior successful behavior change

Brief Alcohol Counseling: Key Elements

Use Alcohol Handout to support brief counseling

- **Ask permission** to discuss what we now know about alcohol use
- **Advise about recommended limits** (on handout)
- **Personalized feedback:** link alcohol use to health (handout)
- **Support goal setting** if appropriate: keep a record; decrease to limits, etc.
- **Plan follow-up** including next visit
- **Elicit patient input after each step**

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Duration of counseling does not appear important

HOW TO OFFER BRIEF PREVENTIVE ALCOHOL COUNSELING FOR UNHEALTHY ALCOHOL USE

Brief Alcohol Counseling for At-Risk Drinking

33 year old woman:

Seen for hypertension, depression, insomnia

4 points on AUDIT-C

- 2-3 days week (3 points)
- 1-2 drinks/day (0 points)
- 5 or more drinks < monthly (1 point)
- She tells you “it’s just 1 drink a day”

How do you respond?

Patient Example – Brief Alcohol Counseling

- Ask permission:
  - “We now offer preventive advice to everyone who drinks regularly. Would it be OK if we talk about your drinking for a moment?”
- Elicit: how does alcohol use fit into the patient's life?
  - “Can you tell me about your drinking? What do you like to drink, when and where?" (pause)

Adapted from Ockene, Arch Intern Med, 1999

Patient Example – Brief Alcohol Counseling

Advise: recommended limits

"Recommended limits for women to minimize health risks are:

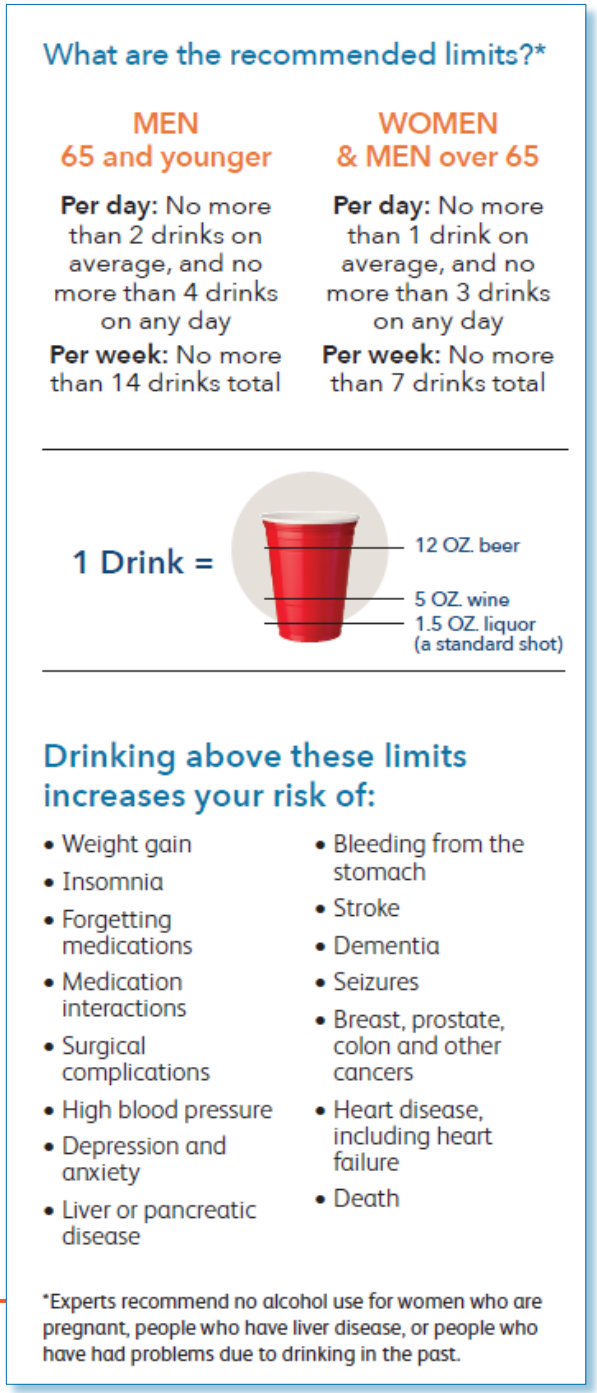
- No more than 7 standard drinks a week (1/day on average)
- Never more than 3 standard drinks in a day"

(Handout has limits, drink sizes, health impacts & video link)

Elicit: patient perception

- "What are your thoughts about those limits?" (pause)

Adapted from Ockene, Arch Intern Med, 1999



Patient Example – Brief Alcohol Counseling

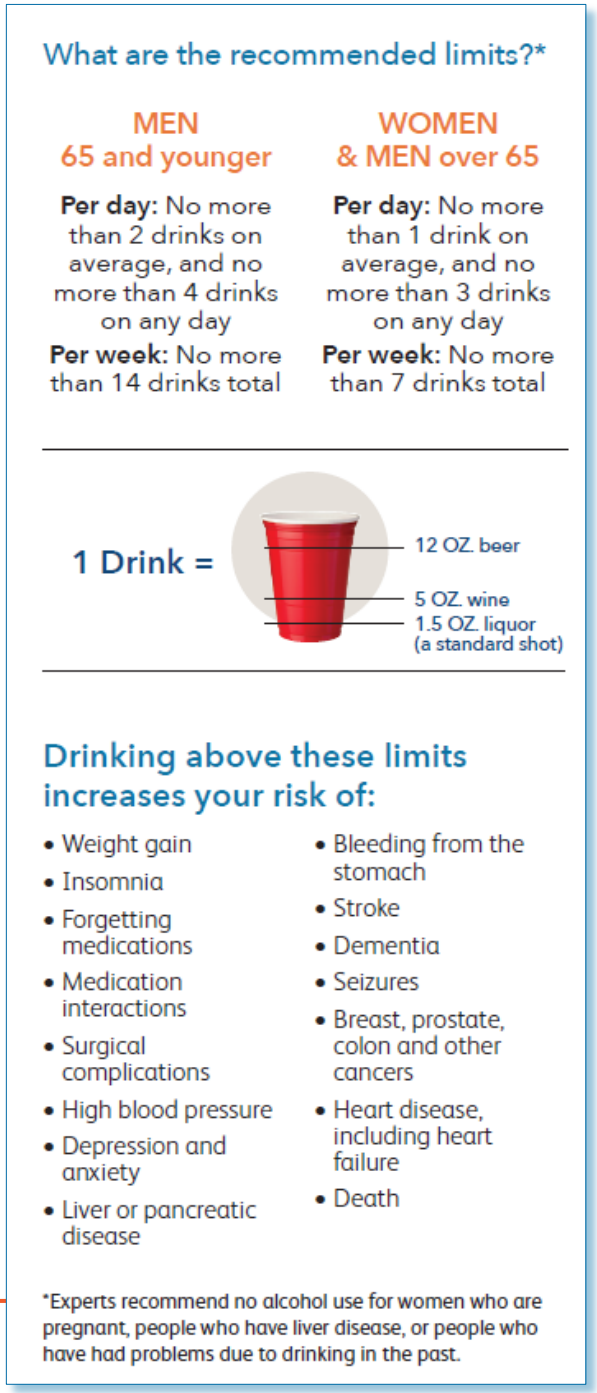
Personalized feedback:

"I'm concerned you are drinking at a level that might impact your health. It could be raising your blood pressure and contributing to your depression and insomnia. And over time it could lead to loss of control over drinking." (Handout has brief list of alcohol-related health issues)

Elicit patient's response and concerns:

"What are your thoughts about that possibility? Would you be open to making any changes?" (pause)

Adapted from Ockene, Arch Intern Med, 1999



Patient Example – Brief Alcohol Counseling

- Goal setting:
  - "It sounds like you want to limit yourself to no more than 3 drinks a day. I have no doubt you can do that given your success quitting smoking last year. Do you want to keep a daily record of your drinks, which is often helpful for others?"
- Elicit patient's response:
  - "What are your thoughts about the best approach for you?" (pause)
- Invite future discussion:
  - "Is it OK if we review how it went next visit?"

Adapted from Ockene, Arch Intern Med, 1999

Brief Alcohol Counseling: Key Elements

Use Alcohol Handout to support brief counseling

- **Ask permission** to discuss what we now know about alcohol use
- **Advise about recommended limits** (on handout)
- **Personalized feedback:** link alcohol use to health (handout)
- **Support goal setting** if appropriate: keep a record; decrease to limits, etc.
- **Plan follow-up** including next visit
- **Elicit patient input after each step**

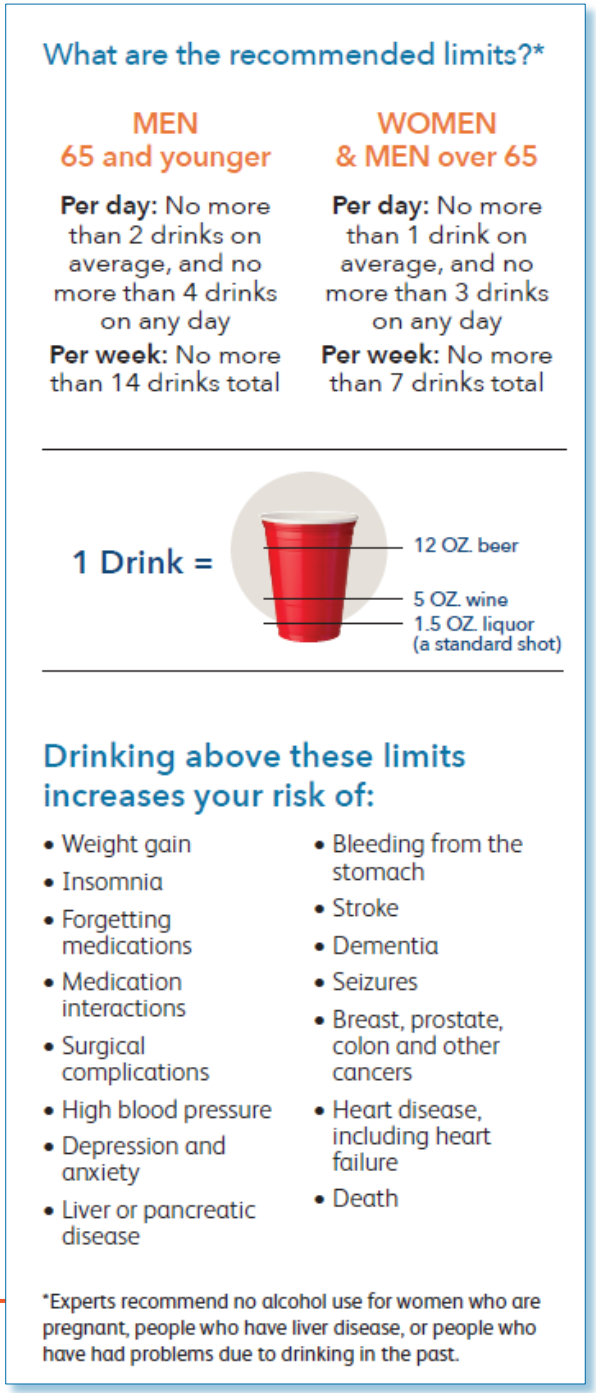
Special Situations – Below Limits Brief Alcohol Counseling

Patient reports drinking < limits

but eligible for counseling based on AUDIT-C score

- Brief advice with handout
- "We now advise everyone who drinks regularly about recommended limits
  - No more than 7 drinks a week (1 drink/day on average) and never more than 3 in a day (for women)
  - Drinking more increases the health risk and over time can lead to loss of control over drinking
- You're below the limits—which is great
- But watch the tendency to increase over time"

Adapted from Ockene, Arch Intern Med, 1999

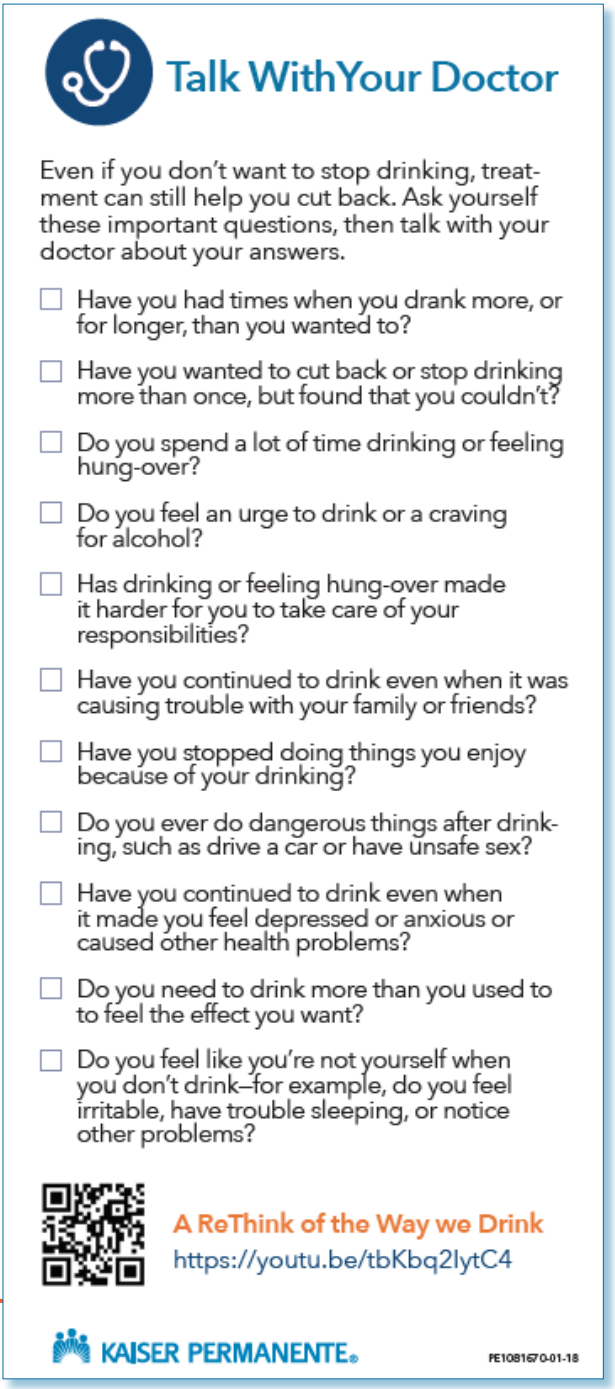


Special Situations – At Risk with no symptoms

Patient reports high-risk drinking but no symptoms of alcohol use disorder (AUD)

- Brief counseling as above but follow-up more important (avoid using AUD ICD codes)
- Ask to watch for symptoms (back of handout)
- Consider adapting shared decision-making to offer approaches from Part 2

Adapted from Ockene, Arch Intern Med, 1999



Talk With Your Doctor

Even if you don't want to stop drinking, treatment can still help you cut back. Ask yourself these important questions, then talk with your doctor about your answers.

- ☐ Have you had times when you drank more, or for longer, than you wanted to?
- ☐ Have you wanted to cut back or stop drinking more than once, but found that you couldn't?
- ☐ Do you spend a lot of time drinking or feeling hung-over?
- ☐ Do you feel an urge to drink or a craving for alcohol?
- ☐ Has drinking or feeling hung-over made it harder for you to take care of your responsibilities?
- ☐ Have you continued to drink even when it was causing trouble with your family or friends?
- ☐ Have you stopped doing things you enjoy because of your drinking?
- ☐ Do you ever do dangerous things after drinking, such as drive a car or have unsafe sex?
- ☐ Have you continued to drink even when it made you feel depressed or anxious or caused other health problems?
- ☐ Do you need to drink more than you used to to feel the effect you want?
- ☐ Do you feel like you're not yourself when you don't drink–for example, do you feel irritable, have trouble sleeping, or notice other problems?

A ReThink of the Way we Drink
https://youtu.be/tbKbq2lytC4

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PE108167-0-01-18

WHAT DO I NEED TO DO?

Steps to Implementing Screening and Assessment

1. Find AUDIT-C in your EHR or decide where to enter results.
2. Decide how screening will be prompted and how often
3. Define roles: give screen, enter in EHR, assess, prompt counseling (with alcohol handout)
4. Stock forms for screening and assessment: color coding helps
    1. Screening tool (AUDIT-C alone or recommended combination screener with PHQ-2)
    2. Alcohol handout
    3. Alcohol Symptoms Checklist
    4. Optional: substance use symptom checklist and suicide risk assessment
5. Test on 1-2 patients, debrief, refine, repeat

Bush Arch Intern med 1998; Bradley Archives intern med 2003; Bradley Archives intern med 2007; Bradley JGIM Quality concerns 201

Summary PCP Roles – Counseling for At-Risk Drinking

Ensure your team:

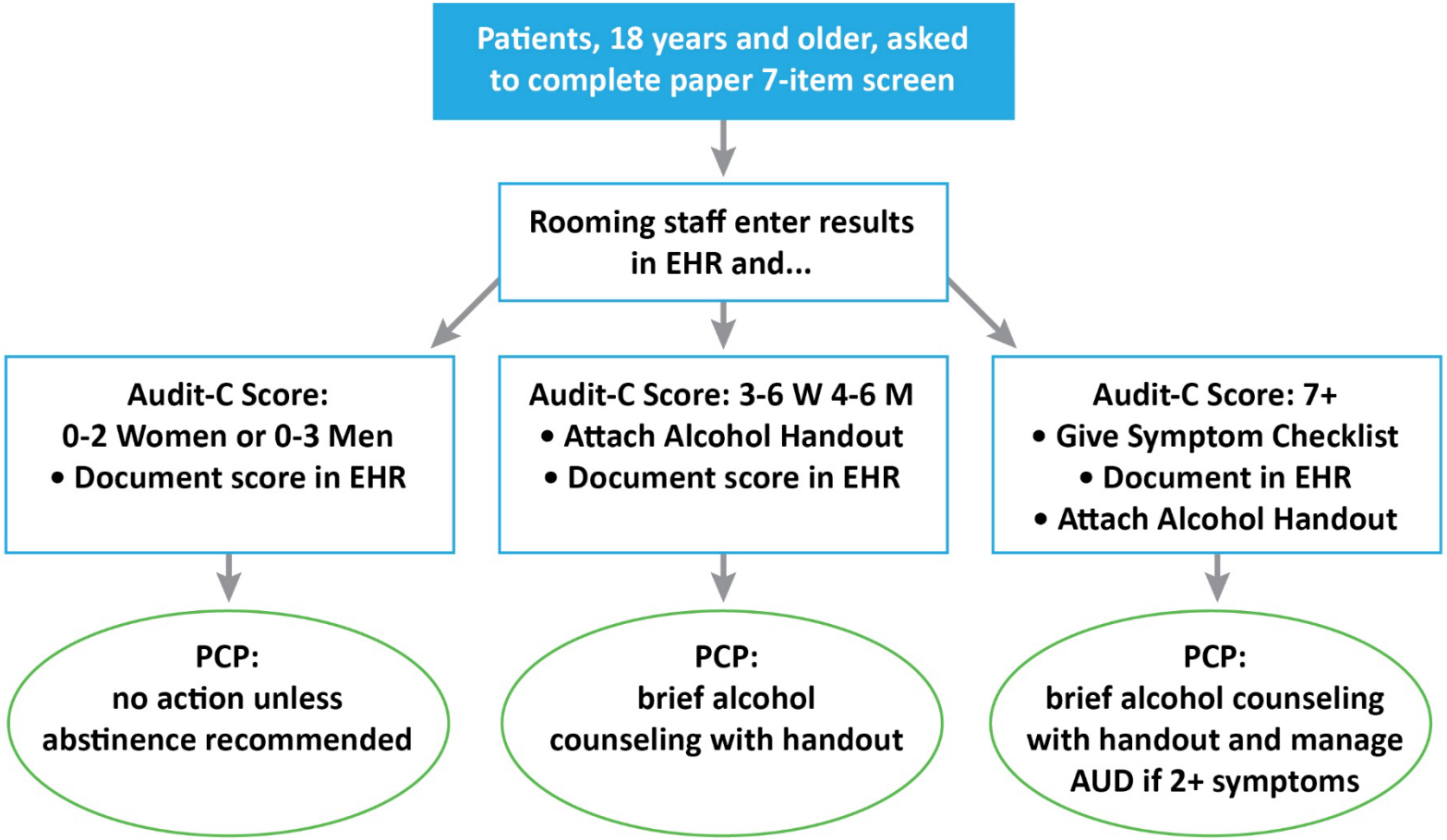
- Screens patients 18 years and older
- Documents AUDIT-C score for all patients screened
- Prompts counseling by clipping alcohol handout to paperwork (≥ 3 W; ≥ 4 M)
- Assesses with Alcohol Symptom Checklist if score ≥ 7 (Note score for Checklist)

PCP offers brief counseling

- Use alcohol handout
- Document counseling
    - Z71.41 Alcohol counseling
    - Other billing codes available (i.e., G9621 Indicates identification of unhealthy alcohol use and receipt of brief counseling
- Manage alcohol use disorders (after next training)

Adapted from Ockene, Arch Intern Med, 1999

Possible Workflow



WHAT ARE THE CME AND MOC DATA REQUIREMENTS?

Project Measurements: Measure 1 (Module 1)

Screening and brief counseling for unhealthy alcohol use:

Aligns with QPP measure #431

A. Patient count: # of unique adults (age 18+) seen at appointment

B. Screening: # (from A) who had an AUDIT-C score documented?

C. Positive: # (from B) who had AUDIT-C score ≥ 3 W or ≥ 4 M

D. Counseled: # (from C) who had brief counseling documented?

For CME/MOC credit we are applying a target of screening at least 50% of eligible patients and counseling at least 10% of those with a positive AUDIT-C score.

Meaningful Participation: Timeline

- **Month 1:** Trainings 1 & 2, office changes, obtain baseline data and begin implementation
- **Month 2 & 3:** Continue implementation
- **Month 4:** Submit midway data, review with practice facilitator and make workflow adjustments as indicated
- **Month 5:** Continue to improve on implementation
- **Month 6:** Continue to improve on implementation
- **Month 7+:** Submit and review final data, reflect and make plans for future improvements and sustainability
- **Attestation!** (Only necessary for those eligible for CME and/or MOC credit)

Facilitated Data Collection Process

1. Determine how documentation and quality data will be tracked within your EHR

2. Determine how the CME and MOC Part IV data will be pulled and discussed

3. Determine who will be in charge of reporting data findings

Next Steps

- Set up touch base with your Practice Facilitator
- Support the Office Champion and build staff engagement.
- Define roles: giving all patients screens, entering results, etc.
- Decide where to document in EHR; stock all forms & handouts.
- Pilot, debrief, then repeat; then screen all patients
- Complete Module 2!

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THANK YOU!

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