

Addressing Alcohol Use

PRACTICE MANUAL

An Alcohol Screening and Brief Intervention Program



AMERICAN ACADEMY OF
FAMILY PHYSICIANS

Baylor
College of
Medicine

FAMILY &
COMMUNITY
MEDICINE

FASD PIC 

Ensure

every patient

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appropriate brief intervention,

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INTRODUCTION

Risky alcohol use, defined as any level of alcohol consumption which increases the risk of harm to oneself or others, is both a substance use disorder and medical issue.¹ Recognized as one of the leading preventable causes of death, risky alcohol use leads to over 88,000 deaths each year in the United States.² Among adults in the U.S., approximately 58% of men and 46% of women report drinking in the last 30 days.^{3,4} National estimates also indicate that greater than 50% of the alcohol consumed by adults is during binge drinking, the most common pattern of excessive or risky alcohol use.⁵ More specifically, in the U.S., approximately 23% of adult men report binge drinking five times per month, while 11% of adult women report binge drinking three times per month.⁶ Furthermore, research indicates that more than one in two women of childbearing age drink alcohol. Among those that drink alcohol, 18% engage in binge drinking.⁷

Family physicians and other primary care providers are in an ideal position to facilitate the prevention of morbidity and mortality associated with risky alcohol use.⁸ Many professional organizations recognize the importance of screening and behavioral counseling interventions to reduce alcohol misuse, including the American Academy of Family Physicians (AAFP), American College of Obstetricians and Gynecologists (ACOG), and the U.S. Preventive Services Task Force (USPSTF).

Alcohol screening and brief intervention (SBI) is a USPSTF grade B recommendation that includes:

- Screening all adult primary care patients for risky alcohol use, at least yearly, using an evidence-based screening tool.
- Providing a brief behavioral intervention to patients screening positive for risky alcohol use, to help them make healthier choices around their drinking (e.g., to reduce alcohol use or quit drinking).

This practice manual provides a systems-change approach for implementing alcohol SBI into your practice.

“I now wish to emphasize to prospective parents, healthcare practitioners, and all childbearing-aged women, especially those who are pregnant, the importance of not drinking alcohol if a woman is pregnant or considering becoming pregnant.”

- Richard Carmona, former U.S. Surgeon General

PROMOTING ALCOHOL SBI

Primary care practices are transforming from condition- and treatment-centered practices to patient-centered medical homes (PCMHs) and other enhanced quality improvement models. The PCMH model of care delivery for primary care practices holds the promise of higher quality care, improved self-management by patients, and reduced costs. This model offers your practice a prime opportunity to improve alcohol SBI. It is based on a continuous relationship between the patient, the physician, and the health care team, and requires the team to take collective responsibility for the patient's ongoing care. More information about the PCMH model is available at www.aafp.org/pcmh.

There are numerous ways to develop and establish alcohol SBI in your family medicine practice. The most important aspect is to get the entire staff, as well as your patients, thinking and talking about reducing risky drinking. Examples of how to demonstrate an alcohol SBI culture in your practice include the following:

- Making sure magazines in your exam rooms and waiting areas do not have alcohol ads.
- Encouraging staff to assess their own drinking patterns and make healthier choices or seek additional help if needed.
- Placing visual cues, such as posters and brochures, throughout the office to encourage “knowing your limits” and “discussing alcohol use with your physician” (see page 20 for information on available resources).
- Educating all staff on an ongoing basis, by offering training (e.g., lectures, workshops, in-service) on alcohol SBI and providing continuing education (CE) credits and other incentives for participation.

Identify office champion(s)

Select one or more persons in your practice to act as an alcohol SBI office champion(s). Office champion(s) play a critical role in providing overall leadership for alcohol SBI efforts. The champion(s) should be charged with recommending and implementing system changes to integrate alcohol SBI into your practice's daily office routines.

Choose champions who are passionate about helping staff and patients avoid risky drinking so they can live healthier lives. Give your champion(s) the time, power, and resources to institute real change. Foster a collaborative process, allowing all staff and clinicians to provide input into realigning processes. Your practice may want to form a committee to assist the champion(s) in planning and implementing change and measuring success.

EVALUATE CURRENT SYSTEM

This section will help you think about how your practice currently functions so you can identify small changes you can make to integrate alcohol SBI activities.

Assess your practice environment and systems

1. How does your practice currently identify and document alcohol use by patients?
Whose responsibility is this?
2. How does your practice environment currently communicate to patients the health effects of at-risk drinking and your ability to assist them?
(Select all that apply)
 - Posters in waiting areas
 - Posters in exam rooms
 - Self-help materials in waiting areas
 - Self-help materials in exam rooms
 - Lapel pins
 - Other
3. How does your practice currently help patients who are drinking alcohol at risky levels?
(Select all that apply.)
 - Distribute educational materials
 - Refer patients to self-help groups such as Alcoholics Anonymous
 - Refer patients to outside support groups, counseling or alcohol use disorder treatment options
 - Conduct alcohol brief therapy group visits
 - Counsel patients at visits
 - Provide follow up for patients making a reduce alcohol use or quit attempt
4. What systems do you have in place to make sure alcohol use is addressed at patient visits?
 - Prompts in electronic health record (EHR) system
 - Risky alcohol use status as part of vital signs
 - Registry of patients who use alcohol at risky levels
 - Flags or stickers on paper charts
 - Feedback to clinicians on adherence to guidelines
 - Regular staff training
 - Other
5. Imagine that your practice is successfully doing everything possible to help patients with risky alcohol use to reduce alcohol use or quit. How would that look?
6. What are some of the challenges you face in identifying patients who drink at risky levels to help them reduce alcohol use or quit?
7. What has worked in terms of helping patients reduce alcohol use or quit drinking? What has not worked?
8. Whose responsibility is it to advise patients to reduce alcohol use or quit and to provide counseling and resources?
9. What resources are available in your community that your patients could access for help with their quit attempts?

EVALUATE CURRENT SYSTEM

Evaluate patient flow

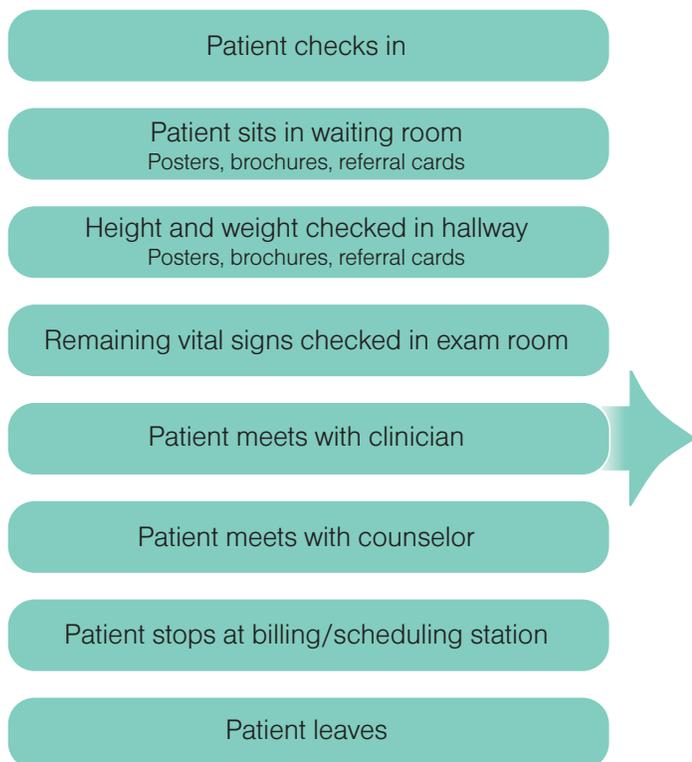
Take a moment to examine how patients flow through your office. This will help you identify opportunities to expose patients to alcohol SBI messages and offer adequate support from staff. Create a simple document that shows how patients advance through your system, from the time they enter until the time they leave.

Think about the following questions, relative to alcohol SBI, as you document your current patient flow.

1. Where do patients go when they enter the office? What do they see and do before they are called back for their visit?
2. Who do patients see before meeting the clinician?
3. What questions are asked when vital signs are measured?
4. What information is exchanged with patients before the patient-clinician encounter?
5. How do clinicians support alcohol SBI during the encounter?
6. How is alcohol SBI counseling documented?
7. What reminder systems and prompts are in place to alert clinicians of opportunities to discuss risky drinking?
8. What path do patients take as they exit the office? Do they make any stops to speak with staff?

Create a new patient flowchart

Based on your observations, create a new flowchart that shows how and where you will communicate with patients about risky drinking.



Sample patient flowchart

Clinician:

- Advise patient to reduce alcohol use or quit.
- Assess willingness to reduce alcohol use or quit.
- Counsel and/or refer (internally or externally) for development of change plan.

Nurse or Medical Assistant:

- Develop change plan and set start date.

EVALUATE CURRENT SYSTEM

Identify barriers

What challenges do you expect to experience as you make system changes to identify and counsel patients who use alcohol at risky levels? This manual provides solutions to those challenges.

A team meeting to identify potential barriers is a great place to begin your system redesign. For many clinicians, common barriers to alcohol SBI include: the need for an alcohol SBI model/system; lack of time; perceived lack of payment for intervention; and lack of engaged staff who may themselves drink at risky levels and don't perceive any problems with their drinking. Staff members who are risky drinkers may be uncomfortable assisting patients with changing their drinking patterns.

Many family medicine practices lack systems to do the following:

- Track patients to determine who needs preventive services and remind them to get the services
- Prompt clinicians to deliver preventive services when they see patients
- Ensure services are delivered correctly and that appropriate referral and follow up occur
- Confirm that patients understand what they need to do⁹

Another potential barrier is having inappropriate expectations about alcohol SBI. Alcohol SBI works best with patients who drink at risky levels, but who do not have an alcohol use disorder. These patients have been shown to respond to brief behavioral interventions focused on helping them reduce their drinking to less risky levels. For patients identified through alcohol SBI as having an alcohol use disorder, it should be considered a chronic condition, and needs to be treated with the expectation that most patients will be helped, but may experience relapses and remissions, rather than immediately quitting on the first try.¹⁰

DEFINE A NEW SYSTEM

Now that you have evaluated your current system, it is time to take steps to define and implement a system to ensure that alcohol use is systematically assessed and intervened upon at least yearly.

The alcohol SBI program, "Screen and Intervene" encourages family physicians to SCREEN their patients for risky drinking, and then INTERVENE to help them make healthier choices around their alcohol use. This easy-to-remember approach provides the opportunity for every member of a practice team to intervene at least yearly. Interventions can be tailored to a specific patient based on his or her willingness to reduce alcohol use or quit, as well as to the structure of the practice and each team member's knowledge and skill level.

DEFINE A NEW SYSTEM

Screen

The first step in your process redesign should be to make sure that risky alcohol use status is queried and documented for every patient at least yearly.

If you are using paper records, expand the vital signs to include risky alcohol use. Electronic health records (EHRs) allow for integration of the alcohol SBI protocol into the practice workflow, facilitating system-level changes to reduce risky drinking. Prompts on face sheets or summary screens can help you easily identify patients who drink at risky levels, similar to a chart sticker or flag. These prompts can be specific to risky drinking, with status embedded in the social history, or they can be generic chart reminders that your practice customizes. For example, many EHRs have pop-up reminders that could contain a query about risky alcohol use. After the initial identification of the patient as a risky drinker, the EHR should then be programmed to remind the clinician to ask the patient about their drinking at subsequent visits.

Intervene

Once you have screened and found that a patient is drinking at risky levels, it is important to take appropriate action, advising the patient to reduce alcohol use or quit and assisting those who are willing to make a change.

Alcohol brief interventions are just that — brief, not lengthy. Even brief counseling sessions help patients successfully make changes in their drinking. Substance use disorder counseling combined with medication is the most effective treatment for patients with alcohol use disorders (AUDs), so referral to community treatment programs may be needed.

The five A's

Accompanying the 'Screen and Intervene' approach is a framework used to promote reducing or quitting addictive behaviors, such as tobacco use. The five A's framework (ask, advise, assess, assist, and arrange) is adapted for alcohol use in the table below. Along with 'Screen and Intervene,' physicians can use these steps to help promote the reduction of alcohol use or quitting for patients.

ASK	Ask, identify and document the risky alcohol use status of every patient at least yearly.
ADVISE	In a clear, strong, and personalized manner, advise every risky drinker to reduce alcohol use or quit.
ASSESS	For the current risky drinker, assess whether the patient is willing to reduce alcohol use or quit at this time.
ASSIST	For the patient willing to reduce alcohol use or quit, assist them to develop a personalized plan for how and when to do so, provide or refer for counseling or additional behavioral treatment, and prescribe medication to help the patient who has an alcohol use disorder get and maintain sobriety. For patients unwilling to change their drinking at this time, provide interventions designed to increase readiness to change. For the patient who recently reduced alcohol use or quit and for the patient facing challenges to remaining alcohol free, provide relapse prevention, including medication as needed.
ARRANGE	For the patient willing to reduce alcohol use or quit, arrange for follow-up contacts, beginning within the first week after the change date. For the patient unwilling to reduce alcohol use or quit at this time, address risky drinking and willingness to reduce alcohol use or quit at their next clinic visit.

Teachable moments

One way to effectively help patients become interested in reducing alcohol use or quitting is to recognize, create, and capitalize on “teachable moments.” A teachable moment is a point in a patient visit when you are able to reshape the conversation from advice giving into shared decision making. This opportunity often arises when patients are presented with information that requires them to pay attention to or process new information. Capitalize on teachable moments to discuss healthy lifestyle choices.

Some key “teachable moment” opportunities include:

- New patient visits
- Annual physicals
- Women’s wellness exams or family planning visits
- Prenatal visits
- Problem-oriented office visits for the many diseases caused or affected by risky alcohol use (e.g., gastroesophageal reflux disease, peptic ulcer disease, diabetes, hypertension, liver disease)
- Follow-up visits after hospitalization for an alcohol-related illness
- A recent health scare

A major component of any conversation should be assessment of patients’ attitudes toward and readiness to change. As you capitalize on teachable moments, actively engage patients in conversations to do the following:

- Start a dialogue.
- Motivate a desire for behavior change and eliminate resistance to change.
- Help patients set goals that are specific, measurable, attainable, realistic, and time-based (SMART).
- Improve continuity of care.

DEFINE A NEW SYSTEM

Stages of change

Through patient-centered conversations, you will identify your patients' current readiness to change and help them advance through the stages of change,^{11,12} with the ultimate goal of getting them to take action to reduce alcohol use or quit drinking.

STAGE	DEFINITION	GOALS OF CONVERSATION	STRATEGIES
Precontemplation	Not interested in changing	Increase awareness of need to change without criticizing	Personalize risks, but avoid scare tactics Offer to help when they're ready to change
Contemplation	Considering pros and cons of changing, but not committed to taking action	Motivate and increase confidence	Discuss benefits of change and risks of not changing Explore concerns and fears (i.e., barriers)
Preparation	Making plans to change within the next month	Motivate patient to take action Support desire for change Confirm that changing is possible	Help individualize a plan for changing Set realistic goals Provide and have patient seek social support Set change date Schedule follow up Refer to self-help meetings (e.g., Alcoholics Anonymous) Refer to community treatment programs Provide educational materials Discuss over the counter vitamins (e.g., folic acid and thiamine)
Action	Taking action to change behavior	Reaffirm commitment and arm with strategies for success Reduce risk of relapse	Identify triggers Teach behavioral skills Reinforce benefits Celebrate success Follow up Refer to community treatment programs
Maintenance	Change becomes a way of life Have changed for six months or more	Plan for potential difficulties Use support network	Identify ongoing triggers Reaffirm behavioral skills Resolve problems
Relapse	Resumption of old behaviors	Overcome shame and guilt Use relapse as a learning experience	Reassure that relapse is a normal learning experience Facilitate another change attempt Identify successful strategies and barriers

DEFINE A NEW SYSTEM

Motivational interviewing

Motivational interviewing is goal-directed counseling to motivate behavior change. Motivational interviewing uses the OARS technique to help patients move through the stages of change. OARS is an acronym for:

- Open-ended questions
- Affirmation
- Reflective listening
- Summaries

When using the OARS technique to talk to patients about their alcohol use, do the following:

- Express empathy — When patients think you are listening to them and understand their concerns, they will be less defensive and may be more likely to open up. As they talk, you can assess areas in which they need support.
- Support self-efficacy — Make your patients responsible for identifying the changes they want to make. Focus your attention on helping them believe that they can change.
- Point out previous successes they have had or how other patients have successfully reduced alcohol use or quit.
- Roll with resistance — Don't challenge patients who resist change. Instead, ask them what their solution is for the problem they have identified.
- Develop discrepancy — Help patients see the discrepancy between where they are and where they want to be.¹²

More information about motivational interviewing is available at www.motivationalinterviewing.org.

Develop strategies for change

Patients who are motivated to reduce alcohol use or quit will need help developing strategies for behavioral change. Patients are typically more successful in their change attempts if they receive counseling over multiple visits. Support can be provided by multiple clinicians. Practical counseling, which teaches problem-solving skills, is especially effective.

When a patient leaves your office after setting a specific reduction in alcohol use target or quit date, support the attempt with doctor's orders for the change. This serves as a form of contract and also provides practical tips on what to do before, on, and after the change date.

Next steps

Providing support and follow up to patients motivated to quit is a challenging part of implementing a systematic approach to helping risky drinkers reduce alcohol use or quit. Practices can provide follow-up support to ensure each patient's efforts to reduce alcohol use or quit by reassessing at subsequent clinical visits for other health concerns. A good way to do this is by having a flag or notation in the EHR to remind the clinician to follow up. For patients with an AUD being referred to community treatment resources, a follow-up visit specifically scheduled to address their progress with engaging those resources and to provide primary care support in early recovery is helpful. Some practices will find having a nurse or health educator make follow-up contact with patients checking in on their progress with making and sustaining change at regularly set intervals such as weekly or monthly to be an effective strategy.

DEFINE A NEW SYSTEM

Follow up

After a patient has made a commitment to reduce alcohol use or stop drinking, it is important to monitor progress. Patients often have stressors that can derail their change attempts.

When formulating a follow-up plan, consider the appropriate intervals and the contact method that will work for both clinician and patient.

- When? – Plan to follow up with patient on their change date a week later, and about a month later.
- Who? – Frequency of contact is a major determinant of success, but the contact need not be limited to direct, in-person visits with a physician. For example, dietitians, nurses, and health educators can maintain frequent contact with patients.
- How? – In addition to in-office follow-up visits, you can arrange for e-visits, telephone visits, or email communication. Follow-up calls and/or visits should include discussions about the following:
 - The benefits of reducing alcohol use or quitting
 - How social support is working
 - Behavioral effects of the change and ways to deal with these
 - Positive achievements, such as creating an alcohol-free outcome and using a designated driver
 - How you and your team can help

Most people change behavior gradually. Patients cycle forward and backward through the following stages: uninterested, unaware, or unwilling to make a change (precontemplation); considering a change (contemplation); deciding and preparing to make a change (preparation); modifying behavior (action); and avoiding a relapse (maintenance).¹¹

Relapses of some sort are almost inevitable. An adequate, individualized plan for support and follow up will help your patient with his or her change efforts.

Relapse

A relapse is generally considered to be a return to drinking that leads to a return to previous levels of alcohol consumption.

Relapse is part of the process of lifelong change. Do not view relapse as failure. Patients may think this way, so you might want to explain that some relapse is to be expected. Most patients try several times before they successfully sustain change.

Patients who relapse should leave your office with a sense that they can successfully reduce alcohol use or quit.

Similarly, try to avoid thinking of patients who relapse as non-compliant or unmotivated. These labels do not account for the complex nature of behavioral change or the physiologic effects of risky drinking. Remember, you are helping your patient overcome a chronic condition.

When counseling a patient who has relapsed, begin by normalizing the situation and focusing on the positive. Explain to the patient that even though a relapse has occurred, he or she has learned something new about the process of changing behavior.

Ask what got in the way. Have the patient identify obstacles. Note that this is not a “why” question. If you assume that relapse is normal and expected, the “why” is already answered.

Acknowledge the difficulty of the behavioral change and provide encouragement. Support patients and help them re-engage in the change process.

Help the patient focus on the details of the obstacles, which will help facilitate problem solving. Some situations are not changeable, so the patient will have to discover strategies to overcome these challenges.

Ask how the patient will deal with the same situation in the future. This conversation will help the patient shift the focus from failure to problem solving. Patients will be more vested in solutions if they come up with them. As part of this discussion, you can have the patient identify what worked previously.

DEFINE A NEW SYSTEM

Acknowledge the difficulty of the behavior change and provide encouragement. Support patients and help them re-engage in the change process.

Have the patient make a new plan or modify the current one. Shorten the interval between repeat visits. Consider using phone calls or e-visits for patients who are having difficulty reaching their goals.

Cultural considerations

It is likely that you see patients from a variety of cultural and ethnic backgrounds. As you encourage these patients to reduce alcohol use or quit, be aware of traditions or ingrained social or cultural customs (for example, ceremonial alcohol use) that might pose barriers to successful change. Help patients see how the benefits of reducing alcohol use or quitting outweigh any social benefits of drinking. Having patient-centered conversations will help ensure that goals and action plans are culturally and linguistically appropriate.

Health literacy

Health literacy can be defined as “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.”¹³ Nearly nine out of 10 adults may not possess the skills they need to assist them in managing their health and preventing disease.¹⁴

Patients with low health literacy may not comprehend drug labeling or medical instructions, with the result that they appear unwilling to follow recommendations. Patients may not understand health publications, may not give an adequate history, may be unable to provide truly informed consent, and may have difficulty completing medical and insurance forms.

You may want to assume that some of your patients have limited health literacy. Consider the following recommendations:

- Create an environment in which patients feel comfortable talking to you.
- Use plain language instead of medical jargon or technical language.
- Sit down to achieve eye-level communication.
- Use visual models to illustrate a procedure or condition.
- Have patients explain back to you the care instructions you gave them or demonstrate procedures you explained.

Behavioral health

Rates of risky drinking and alcohol use disorders are higher among people who have mental health disorders and other substance use disorders than in the general population.¹⁵

All people who drink at or above risky levels and have a mental health disorder, including those who have another substance use disorder, should be offered brief intervention and referral to treatment as needed. Treating alcohol use disorders in individuals who have a mental health disorder is made more complex by the potential for multiple diagnoses and multiple medications.¹⁰

Patients who have a mental health disorder can successfully reduce alcohol use or quit drinking. Counseling is critical to their success. These patients will likely need more and longer counseling sessions, and they may need more time to prepare for their change attempt.

Using motivational interviewing and the Five Rs listed below can also be effective. This system is targeted at patients who are drinking at risky levels, and are not yet ready to quit. It can motivate change by helping them understand the importance of reducing alcohol use or quitting in personal terms.

DEFINE A NEW SYSTEM

The five Rs

Relevance. Why is reducing alcohol use or quitting relevant to this patient? For example, maybe he or she has had a personal health scare, such as a recent heart attack, or upper gastrointestinal bleed.

Risk. Ask the patient to list negative effects of their alcohol use. These may include short-term risks, long-term risks, and damage to their health and relationships.

Rewards. Ask the patient to list benefits of reducing alcohol use or quitting. These may include being healthier, saving money, setting a good example, or having better self-esteem.

Roadblocks. Ask the patient to identify barriers to reducing alcohol use or quitting. Then talk about ways to address these barriers. For example, if a patient is worried about withdrawal symptoms or cravings, ease his or her fears by describing medication options that can help and refer to community treatment providers who can manage those symptoms.

Repetition. The health care team should repeatedly follow up with the patient, keeping in mind that it may take repeated attempts to reduce alcohol use or quit, especially for patients with a behavioral health disorder.¹⁰

To reduce alcohol use or quit, patients may need to rely on more than one method at a time. In addition to counseling, methods may include step-by-step manuals, phone support, self-help meetings, and/or prescription medications. It is important for those who drink alcohol and live with a mental health disorder to work with a health care professional to determine the most effective strategies.

Patients who have co-occurring behavioral health disorders may need medication to manage withdrawal symptoms, which can be more severe than those in the general population. It is very important to customize pharmacotherapy for these patients in a specialty care setting. Take into account a patient's current medications, previous quit attempts, access to affordable medication, and personal preferences.

In particular, physicians need to carefully monitor the dosage and effects of psychiatric medications during reduce alcohol use and quit attempts by patients who have a behavioral health disorder. Because ongoing use of alcohol may modulate psychiatric symptoms and medication side effects, changes in a patient's drinking status require close follow up.

STANDARDIZE

Now that you have a broad understanding of effective alcohol SBI, it's time to standardize your office systems to ensure that every patient who uses alcohol at risky levels is identified, advised to reduce alcohol use or quit, and offered referral to evidence-based community treatment programs when necessary.

Electronic health records (EHRs)

EHRs allow for integration of the alcohol SBI into the practice workflow, facilitating system-level changes to reduce risky drinking.

Beyond identifying risky drinking status, the EHR should include automatic prompts that remind clinicians to provide risky drinkers a brief intervention, and connect patients and families to appropriate community treatment program resources when needed.

Risky drinking registries

A risky drinking registry is a list of all your patients who drink alcohol at risky levels. The entire care team can use this list to keep track of which patients need services and to get a population-based view of how well your practice is meeting care guidelines. Registries make it easier for your practice to reach out to patients who do not seek the care they need.

Ideally, you will want your registry to encompass your entire patient population, but you can start small and add data over time.

There are dozens of ways to create a registry. You can create a simple spreadsheet or use a standard database program. There are several registry applications you can download or use online for free. There are also robust applications you can buy. Newer EHR systems often have registry functionality built into the system.

While creation of a registry does not require the hiring of additional staff, you and your practice team will need to create a process for using the registry to prepare for and conduct patient visits, as well as to follow up with patients. It is important to clearly define who is responsible for each step in the process.

Registries give you the opportunity to monitor the performance of each member of the health care team and the team as a whole. Peer comparisons can be a great incentive for improved care.

A registry creates an opportunity to capture, organize, and analyze information about your patients who drink alcohol at risky levels.

E-visits

Electronic medical appointments, or e-visits, take place online through a secure email system or patient portal. E-visits are generally initiated by a patient, who enters information about his or her medical condition. After the patient sends a request, it is triaged to a physician or a nurse practitioner who communicates treatment recommendations. The patient then receives an email notification to log back into the system to view the recommendations. E-visits are an efficient way to provide follow-up care to patients during their alcohol use reduction or quit attempts.

Make assignments/team approach

As you implement your practice's process of change, bring together your health care team. Led by your office champion(s), discuss how best to adapt alcohol SBI into your practice setting. The team must do the following:

- Select resources to be used in the office and determine how they will be stored, distributed, and accessed.
- Choose who will discuss alcohol-related issues with the patient, how and when this will happen, and where the responses should be documented on the chart. Remember that the patient's success increases in proportion to the number of staff involved in the process.
- Decide who will help the patient develop an alcohol use reduction or quit plan. Physicians have a slightly higher success rate engaging patients in brief encounters, but interventions by non-physician clinicians are nearly as successful.
- Discuss how the team will provide any needed referrals and follow-up care for patients in the alcohol use reduction or quit process and create mechanisms to ensure that this care is provided.

STANDARDIZE

Roles of multidisciplinary team members

Systematizing processes requires very clear guidelines on roles and responsibilities. Assignments may vary based on practice size and structure. As you define who will assume various roles in your practice's alcohol SBI process, consider the following options:

Physicians

- Deliver strong personalized advice to reduce or stop drinking
- Assess readiness to reduce or quit drinking
- Deliver brief interventions to patients who are ready to reduce or quit drinking
- Refer patients with AUDs to community treatment providers
- Refer patients to other team members for supplemental counseling
- Perform follow-up counseling during alcohol use reduction and quit attempts
- Keep current on research and medical knowledge

Nurses, physician assistants, and/or health educators

- Assess risky drinking status of patients and their readiness to reduce alcohol use or quit
- Provide counseling, with a focus on identifying strategies to avoid triggers, cope with cravings, and get social support
- Perform follow-up counseling during alcohol use reduction and quit attempts

Receptionists/medical assistants

- Distribute health questionnaire and specific alcohol screening tools to identify risky drinking status of patients and/or collect information about drinking history and readiness to reduce alcohol use or quit
- Ensure general information and self-help materials are in waiting areas and exam rooms
- Schedule follow-up appointments for alcohol cessation visits
- Make follow-up calls to patients during alcohol use reduction or quit attempts
- Assist patients in connecting with community treatment providers when referred by their clinician

Administrators

- Ensure adequate human resource support for staff engaging patients with alcohol SBI (e.g., the office champion's duties)
- Support integration of alcohol SBI tools into the EHR
- Arrange for alcohol SBI training opportunities for staff
- Implement quality audits and monitor quality of key implementation activities
- Ensure data are tracked for program evaluation
- Communicate outcomes to other members of the health care team

Be sure to communicate to each staff member about his or her responsibilities in the delivery of alcohol SBI. Incorporate a discussion of these staff responsibilities into training of new staff.

STANDARDIZE

Create feedback mechanism

As with any quality improvement process, data are necessary and feedback is essential to system improvement. Several elements can be measured and reported, such as the following:

- The number and/or percentage of risky drinkers in the patient population
- The number and/or percentage of patients advised to reduce alcohol use
- The number and/or percentage of patients who reduce alcohol use
- Success rates at 1, 6, and 12 months, etc.

Provide feedback to clinicians and staff about their performance, drawing on data from chart audits, electronic medical records, and computerized patient databases. Evaluate the degree to which your practice is identifying, documenting, intervening with, and referring patients who are drinking at risky levels.

Physicians will be interested in data on the outcomes of patients with AUDs referred to community treatment providers. It may also be helpful to note the number of patients who reduce alcohol use or quit spontaneously without much assistance.

Set benchmarks or target goals. Use a few minutes in regular staff meetings to share information about the alcohol SBI process. Include unblinded data in internal practice communications. Reinforcing the importance of alcohol SBI efforts and continuously creating ways to improve the system are crucial to success.

Formal, regular communication about how the alcohol SBI process is working should be integrated into the system.

Payment

As you adjust your systems, be sure to involve those who do your medical billing. Patient visit forms and electronic claims systems may need to be modified to include alcohol SBI codes. Clinicians will also need to

be educated on appropriately documenting treatment to ensure payment for services.

Self-pay and uninsured patients

The following resources are for patients who do not have insurance, or who have limited insurance coverage:

- Self-help groups (e.g. Alcoholics Anonymous)
- Flexible spending accounts, if alcohol cessation is an allowable expense
- Employee assistance programs (EAPs), in some cases
- Community resources and support groups
- Out-of-pocket spending
- Online resources

Medicaid

Many states offer some payment for alcohol screening as a preventive service for Medicaid patients. Such screening typically must be performed by a physician or other licensed practitioner. Brief intervention counseling may also be covered, and each state establishes its own provider qualifications for payment of such services. You are encouraged to contact your state Medicaid office for coverage information in your state.

Private/commercial insurance carriers

Private insurers are required under most plans to provide evidence-based alcohol screening and counseling to all adults, pregnant women, and children beginning at age 11 as a preventive service. This is provided without a copayment or coinsurance to the patient. However, there may still be a facility fee or other chargeable service involved in providing the screening, so you should check with individual insurance plans to determine what specific interventions are included and the extent to which these interventions are covered.

STANDARDIZE

Coding for alcohol SBI

In 2014, the Patient Protection and Affordable Care Act (ACA) began requiring insurance plans to cover many clinical preventive services. Two of the covered preventive services include:

- Alcohol screening for adults
- Alcohol screening and brief intervention

Use the following codes for patients receiving a screening only.

CPT CODE	PAYER	DESCRIPTION
96160	Commercial Insurance	Administration and interpretation of health risk assessment instrument
G0442	Medicare	Screening for alcohol misuse in adults including pregnant women once a year; 15 min.

Use the following codes for patients with a positive screen result and receiving brief intervention counseling.

CPT CODE	PAYER	DESCRIPTION
99408	Commercial Insurance, Medicaid	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 min.
99409	Commercial Insurance, Medicaid	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 min.
G0396	Medicare	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 min.
G0397	Medicare	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 min.
G0443	Medicare	Up to four, 15 min. brief face-to-face behavioral counseling interventions per year for individuals, including pregnant women, who screen positive for alcohol misuse
H0049	Medicaid	Alcohol and/or drug screening (not widely used)
H0050	Medicaid	Alcohol and/or drug service, brief intervention, per 15 min. (not widely used)

ICD-10 CM	DESCRIPTION
Z13.89	Encounter for screening for other disorder
Z13.9	Encounter for screening, unspecified
Z71.41 F10.10	Alcohol abuse counseling and surveillance of alcohol
Z71.42	Counseling for family member of a person with an AUD

RESISTANCE TO CHANGE

In any organization or group, including a medical office, change can be threatening, even if new ideas or processes lead to improvement. No matter how well changes are communicated prior to their implementation, some people will resist.

It is very important for the alcohol SBI office champion(s) to anticipate resistance and plan strategies for dealing with it. This applies not only when the change is introduced, but also over the long term. Clear communication is imperative. For example, the office champion(s) should spell out how changes will affect the office, how patient care will be improved, and how roles and responsibilities are defined.

Office leadership needs to present changes in a united, positive way, creating opportunities for communication, staff input, feedback and improvement in the new system, and shared goals for both operations and improved patient care outcomes.

Your office clinicians and staff will be more willing to accept change if they:

- Like the way the change is communicated and feel included in the process
- Like and respect the source of the change
- Understand the motivation and goals for the change
- Feel a sense of challenge and satisfaction
- Are allowed to help put the new plan into place, as opposed to having it forced on them

YOUR IMPLEMENTATION PLAN

Put your new ideas into action. Use this worksheet to develop a plan for systems change. This is intended to provide a basic checklist and should not limit the development of a system for your office.

TASK	PERSON RESPONSIBLE	DATE TO BE COMPLETED	CHECK WHEN COMPLETE
Conduct initial meeting with staff			
Create alcohol SBI supportive atmosphere Hang posters in waiting area Hang posters in exam rooms Display self-help materials in waiting areas/exam rooms Check magazines for alcohol ads Other			
Flow chart the patient experience and highlight opportunities for alcohol interventions			
Update vital signs (if needed)			
Create EHR or paper flags, prompts, and templates			
Formalize alcohol SBI protocol (Identification of risky drinkers, counseling, medication, referral, follow up)			
Provide staff training			
Update billing process to ensure payment			
Create list of community resources, including evidence-based treatment programs			
Create patient registry			
Plan for group visit			
Create and implement system to track and communicate success			
Make staff assignments. What is the role of: Physicians(s) Nurse(s) Health educator(s) Medical assistant(s) Administrator(s) Receptionist(s)			

TRAINING

This manual provides a broad overview of alcohol screening and brief intervention. If you or members of your practice team are looking for additional training, check out the following resources:

The Arc of the United States: In addition to the toolkit referenced below, the Arc offers webinars on reducing risky drinking and prevention of fetal alcohol spectrum disorders (FASDs):

<http://www.thearc.org/FASD-Prevention-Project/training/webinar-archive>

University of Missouri Alcohol and Drug Education for Prevention and Treatment: Online continuing medical education (CME) training entitled “Addressing Alcohol and Drug Problems with your Patients: Doing it Skillfully, Effectively, and Comfortably” is available at:

<https://adept.missouri.edu/Training/TrainingOverview.aspx>

The Substance Abuse and Mental Health Services Administration (SAMHSA) offers a variety of resources on FASD, including a course for addiction professionals, on their website at:

<https://www.samhsa.gov/fetal-alcohol-spectrum-disorders-fasd-center>

RESOURCES

The Arc FASD Prevention Project Toolkit: A conversation guide, resource guide, FASD reminder stickers, and posters to enable consistent messaging about the risks of drinking while pregnant:

<http://www.thearc.org/FASD-Prevention-Project/resources/toolkit>

Centers for Disease Control and Prevention (CDC):

<https://www.cdc.gov/alcohol>

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

<https://www.cdc.gov/ncbddd/fasd/documents/alcoholsbiimplementationguide.pdf>

The Institute for Research, Education & Training in Addictions’ (IRETA) Screening, Brief Intervention, and Referral to Treatment (SBIRT) Reimbursement Map: Information on billing and coding for SBI services.

<http://my.ireta.org/sbirt-reimbursement-map>

Baylor College of Medicine – FASD Practice & Implementation Center:

<https://www.bcm.edu/fasd-pic>

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