

Welcome

Office for State, Tribal, Local and Territorial Support
presents . . .

CDC Vital Signs

Alcohol Screening and Brief Counseling: An Important Part of Adult Preventative Care

January 14, 2014
2:00–3:00 pm (EST)



Centers for Disease Control and Prevention
Office for State, Tribal, Local and Territorial Support



Agenda

2:00 pm	Welcome & Introductions	Dan Baden, MD Associate Director for External Partner Outreach and Connectivity, Office for State, Tribal, Local and Territorial Support, CDC
2:04 pm	Presentations	Lela McKnight-Eily, PhD Licensed Clinical Psychologist/Epidemiologist, Fetal Alcohol Syndrome Prevention Team, National Center for Birth Defects and Developmental Disabilities, CDC Sheryl Sun, MD Chair, Chiefs of Adult and Family Practice, Chief, Adult and Family Medicine, Santa Clara Medical Center Hillary Kunins, MD, MPH, MS Assistant Commissioner, Bureau of Alcohol and Drug Use – Prevention, Care and Treatment, New York City Department of Health and Mental Hygiene
2:30 pm	Q&A and Discussion	Dan Baden, MD
2:55 pm	Wrap-up	
3:00 pm	End of Call	



Vital^{CDC}**signs™** Teleconference
to support STLT efforts and build
momentum around the monthly
release of CDC *Vital Signs*





***Vital Signs* Town Hall Teleconference**

Communication Between Health Professionals and Their Patients About Alcohol Use

January 14, 2014

Lela McKnight-Eily, PhD

Licensed Clinical Psychologist/Epidemiologist

Fetal Alcohol Syndrome Prevention Team

Public Health Impact of Drinking Too Much

- ❑ Associated with many health and social problems¹
 - Heart disease
 - Breast cancer
 - Fetal alcohol spectrum disorders
 - Sudden infant death syndrome
 - Motor vehicle crashes
 - Violence
- ❑ 88,000 deaths every year²
- ❑ Fourth leading preventable cause of death³
- ❑ Cost \$223.5 billion in economic costs (2006) or ~\$1.90/drink⁴

1. National Institute of Alcohol Abuse and Alcoholism. Tenth special report to the US Congress on alcohol and health. Bethesda, MD: National Institute of Health, 2000.

2. Alcohol-Related Disease Impact (ARDI) available at: www.cdc.gov/alcohol.

3. Mokdad A, et al JAMA 2004; 291(10):1238-45.

4. Bouchery, et al Am J Prev Med 2011;41(5):516-24.

Drinking Too Much—The Problem in Adults



- 1 in 3 adults overall¹
 - Only 4% of US adults alcoholics²
- Binge drinking
 - 1 in 6 adults in the past month³
- High weekly consumption
 - 2%, with daily = 10%⁴
- Pregnant women
 - 7.6% any alcohol use and 1.4% reported binge drinking in the past month⁵

1. Jonas DE, Garbutt JC, Brown JM, Amick HR, Brownley KA, Council CL, et al. Screening, Behavioral Counseling, and Referral in Primary Care to Reduce Alcohol Misuse. Comparative Effectiveness Review No. 64. Rockville, MD: Agency for Healthcare Research and Quality; July 2012. Accessed at <http://www.ncbi.nlm.nih.gov/books/NBK99199/> on 16 April 2013.
2. Hasin DS, Stinson FS, Ogburn E, Grant BF. Prevalence, correlates, disability, and comorbidity of DSM-IV alcohol abuse and dependence in the United States: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. Arch Gen Psychiatry. 2007;64(7):830-42.
3. CDC. Binge drinking—United States, 2011. MMWR 2013;62(Suppl 3):77–80.
4. National Institutes of Health, National Institute on alcohol abuse and alcoholism. Helping patients who drink too much: a clinician's guide, 5th ed. Bethesda, MD: US Department of Health and Human Services; 2005.
5. CDC. Alcohol Use and Binge Drinking Among Women of Childbearing Age—United States, 2006–2010. MMWR 2012;61:534-538.

What is Alcohol Screening and Brief Counseling?

- ❑ Alcohol screening to determine patients who drink too much
- ❑ Brief counseling intervention(s) for patients who screen positive
 - Short sessions with health professional
 - Plan for reducing drinking given health, legal, social concerns if patient wants
 - Patient follow-up
 - Alcoholics referred for specialized treatment
- ❑ Ranked as one of the five most effective clinical preventive services¹
- ❑ Recommended by the USPSTF (2004 and 2013)²
- ❑ Covered without co-pay by the Affordable Care Act, new plans³

1. Maciosek MV, Coffield AB, Edwards NM, Flottemesch TJ, Solberg LI. Prioritizing clinical preventive services: a review and framework with implications for community preventive services. *Annu Rev Public Health* 2009;30:341–55.

2. Moyer VA. US Preventive Services Task Force. Screening and behavioral counseling interventions in primary care to reduce alcohol misuse: US Preventive Services Task Force recommendation statement. *Ann Intern Med* 2013;159:210–8.

3. Available at <http://www.gpo.gov/fdsys/pkg/PLAW-111publ148/html/PLAW-111publ148.htm>.

Methods

- ❑ BRFSS data from August 1 – December 31, 2011
- ❑ Annual state-based, telephone-administered survey of US non-institutionalized adults (≥ 18 years)
- ❑ Single question asked of adults in 44 states and DC¹
“Has a doctor or other health professional ever talked with you about alcohol use?”
- ❑ Analyzed by demographic characteristics, drinking patterns in past month

1. Lead-in question, “The next question is about counseling services related to prevention that you might have received from a doctor, nurse, or other health professional.”

Alcohol Screening and Counseling

An effective but underused health service



38 Million

At least 38 million adults in the US drink too much.

1 in 6



Only 1 in 6 adults talk with their doctor, nurse, or other health professional about their drinking.



25%

Alcohol screening and brief counseling can reduce the amount consumed on an occasion by 25% in those who drink too much.

At least 38 million adults drink too much and most are not alcoholics. Drinking too much includes binge drinking, high weekly use, and any alcohol use by pregnant women or those under age 21. It causes about 88,000 deaths in the US each year, and costs the economy about \$224 billion. Alcohol screening and brief counseling can reduce drinking on an occasion by 25% in people who drink too much, but only 1 in 6 people has ever talked with their doctor or other health professional about alcohol use. Talking with a patient about their drinking is the first step of screening and brief counseling, which involves:

- ◇ Using a set of questions to screen all patients for how much and how often they drink.
- ◇ Counseling patients about the health dangers of drinking too much, including women who are (or could be) pregnant.
- ◇ Referring only those few patients who need specialized treatment for alcohol dependence.

Doctors and other health professionals can use alcohol screening and brief counseling to help people who are drinking too much to drink less. The Affordable Care Act requires new health insurance plans to cover this service without a co-payment.

→ See page 4

Want to learn more? Visit

www

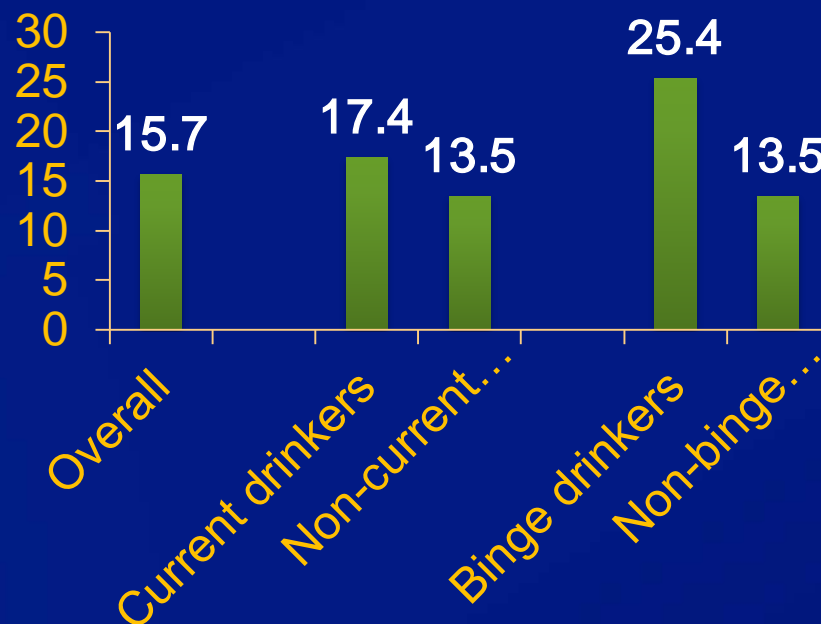
www.cdc.gov/vitalsigns



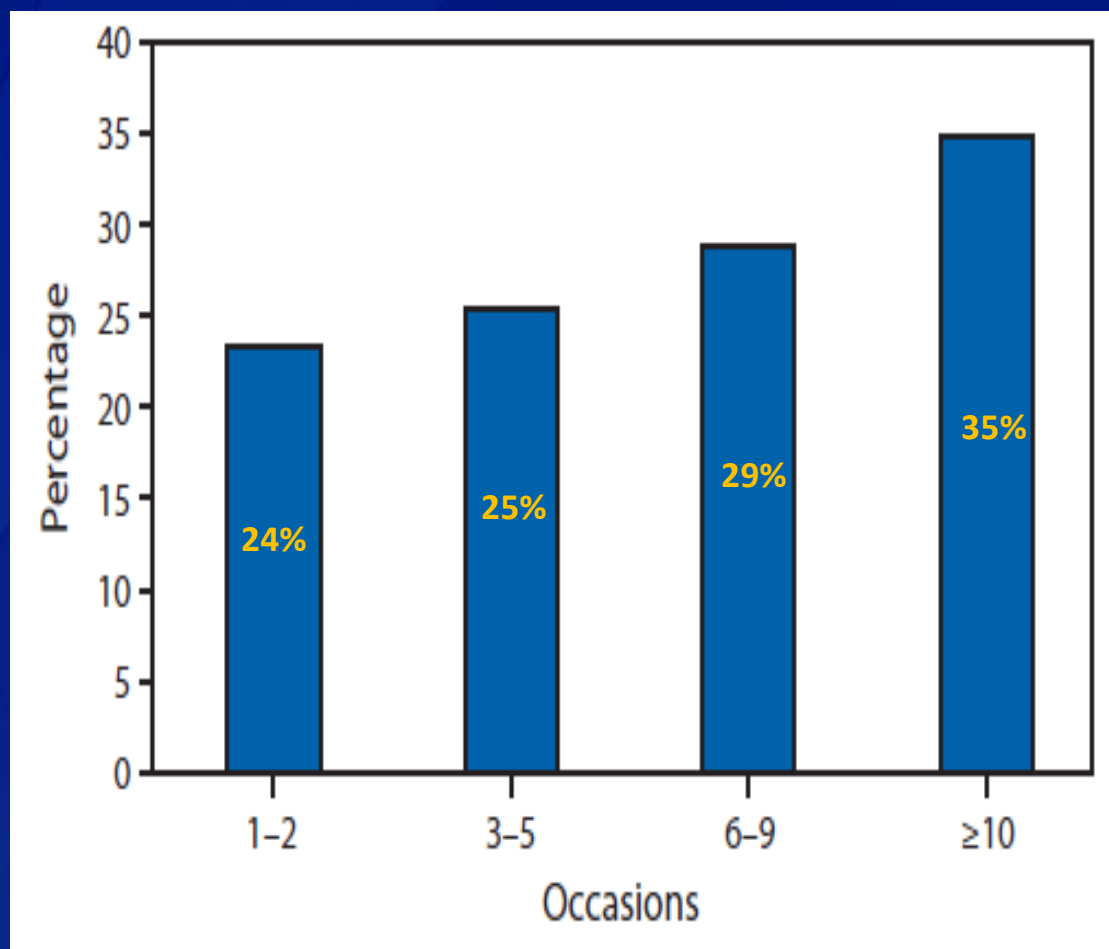
Vital Signs: Communication Between Health Professionals and Their Patients About Alcohol Use — 44 States and the District of Columbia, 2011

Key Findings

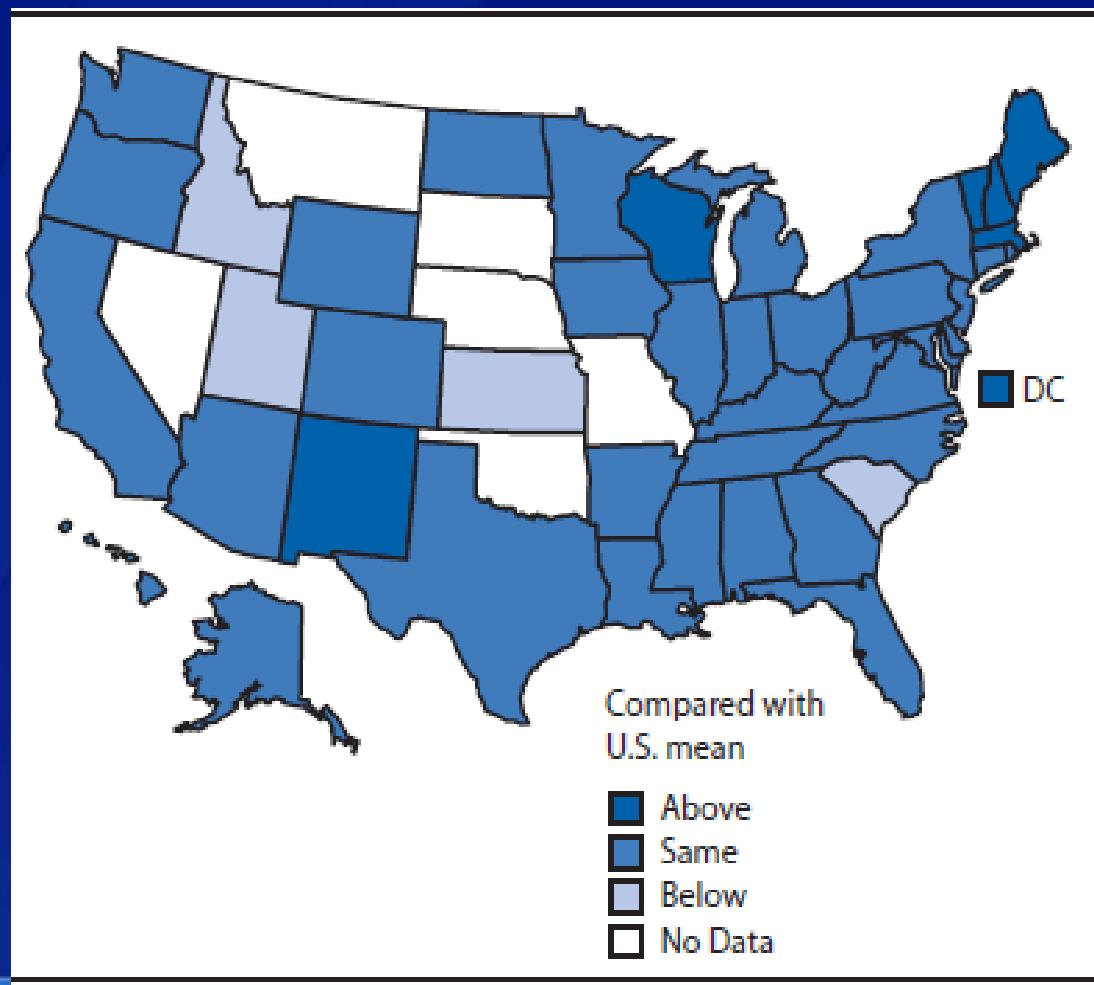
Prevalence of ever being talked with about alcohol use by a health professional:



Weighted Prevalence of Ever Discussing Alcohol Use with a Doctor or Other Health Professional Among US Adult Binge Drinkers, by Binge Drinking Frequency in the Past Month—BRFSS, 44 States and DC, 2011



Age-adjusted Prevalence of Ever Discussing Alcohol Use with a Doctor or Other Health Professional Among US Adults, in Comparison with Overall Mean Estimate—BRFSS, 44 States and DC, August 1–December 31, 2011





Healthcare Systems-Level Changes Needed to Increase Implementation of Alcohol Screening and Counseling

- Inclusion in health insurance plans as standard of care
- All patients screened for drinking too much as part of usual services
- Teaching variety of providers how to do and how to bill
- Increasing knowledge of health providers of importance
- Addressing perceived barriers to implementation
- Adaptation of guidelines
- Consideration of inclusion in electronic health records
- Continued monitoring of implementation

Contact Information

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Thank you!

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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.



Alcohol as a *Vital Sign*

Kaiser Permanente Northern California

Sheryl Sun, MD

Chair, Chiefs of Adult and Family Practice
Chief, Adult and Family Medicine, Santa Clara Medical Center

California Division

North (by county)





Why Should *Medical Practices* Screen for Unhealthy Alcohol Use?

It exacerbates

- Hypertension
- Diabetes
- Depression
- Anxiety
- Panic disorders
- Sleep apnea
- Insomnia
- Atrial fibrillation
- Gastrointestinal bleeding
- Acid reflux/GERD

It increases risk for

- Back & neck injuries
- Motor vehicle crashes
- Pedestrian injuries
- Cancer: breast, colon, head & neck
- Sexually transmitted infections

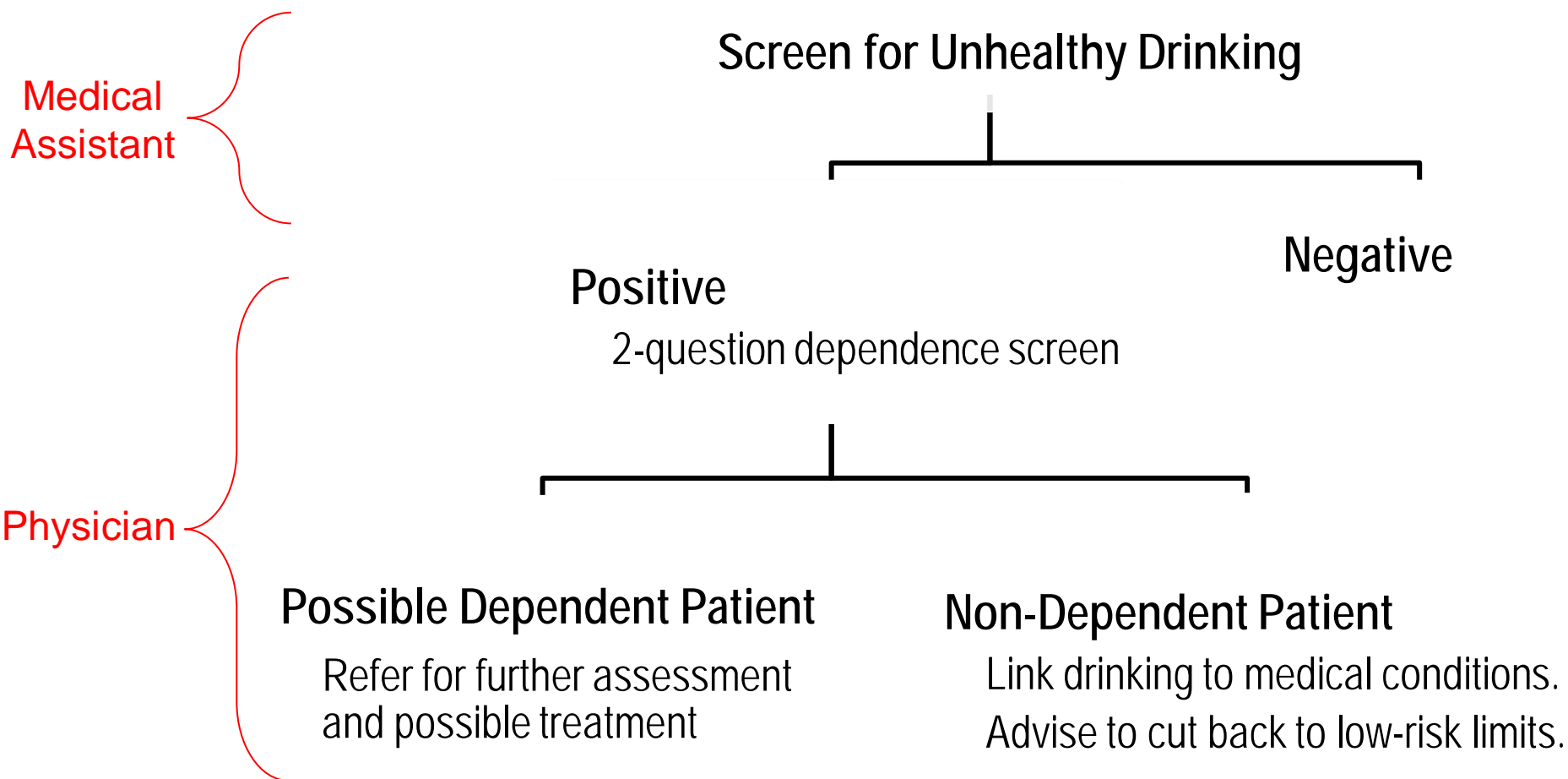
It reduces adherence to medications

- Statin
- Anti-hypertensive
- Diabetic
- Antidepressant

Key Findings from Pilot Study

1. User-friendly EMR Tools prompting screening and intervention
2. Medical Assistants screen very effectively
3. A simple workflow led to higher rates of intervention in the physician delivery model
4. It was important to “normalize” alcohol screening and brief interventions as part of routine primary care

Alcohol SBIRT Workflow





Alcohol Screening Questions

1. How many times in the past three months have you had 5 or more drinks containing alcohol in a day?

5		Declined answer
---	---	-----------------

2. On average, how many days a week do you have an alcoholic drink?

0	1	2	3	4	5	6	7	Declined answer
---	---	---	---	---	---	---	---	-----------------

3. On a typical drinking day, how many drinks do you have?

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15+	Declined answer
---	---	---	---	---	---	---	---	---	----	----	----	----	----	-----	-----------------

Average drinks per week (Calculated)

28



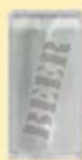
WE ASK EVERYONE

Low-Risk Drinking Limits

For men ages 18-65, no more than 14 drinks per week AND no more than 4 drinks on any one day.
For women age 18 and older, and men age 66 and older, no more than 7 drinks per week AND no more than 3 drinks on any one day.

What is A Standard Drink?

12 oz. of
beer or
cooler



8-9 oz. of malt
liquor

8.5 oz. shown
in a 12 oz. glass
that if full would
hold about 1.5
standard drinks
of malt liquor



5 oz. of
table
wine



3-4 oz. of
fortified
wine
(such as sherry
or port)
3.5 oz. shown



1.5 oz.
of brandy
(a single jigger)



1.5 oz. of spirits
(single jigger of 80-proof
gin, vodka, whiskey, etc.)
Shown straight and in a
highball glass
with ice to
show level
before adding
mixer



Adapted from the National Institutes of Health, NIAAA

For beer: 12 oz. = 1 drink, 16 oz. = 1.3 drinks, 22 oz. = 2 drinks, 40 oz. = 3.3 drinks

For malt liquor: 12 oz. = 1.5 drinks, 16 oz. = 2 drinks, 22 oz. = 2.5 drinks, 40 oz. = 4.5 drinks

For table wine: 1 - 750 ml bottle (25 oz.) = 5 drinks


For 80-proof hard liquor: 1 pint (16 oz.) = 11 drinks, a fifth (25 oz.) = 17 drinks,
1.75 L (59 oz.) = 39 drinks

Health Effects of Drinking Above Low-Risk Limits

- **Injuries:** Alcohol slows down your reaction time and blurs your vision. It is involved in up to 30% of adult hospital admissions and is a factor in a high percentage of traffic fatalities.
- **Health Problems:** Heart damage, liver disease, cancer, weight gain, brain function impairment, sleep disorders, depression, stroke, erectile dysfunction, and sexually transmitted diseases from unsafe sex.
- **Birth Defects:** drinking alcohol during a pregnancy can cause serious problems, including brain damage, in the baby. Do not drink alcohol during pregnancy.

If you are concerned about your drinking, talk to your health care provider about ways to get help.

EMR Best Practice Alert for Physicians

- 
- Patient had 4+ drinks/day 7 times in past 3 months, which exceeds the daily low-risk limit
 - No more than 3 drinks on any one day (women/older adults or men aged 18-65).
 - Patient typically has 20 drinks a week, which exceeds weekly low-risk limits
 - No more than 7 per week

Patient has screened positive for Unhealthy Alcohol Use. Provide Brief Advice to "Cut Back." and code "Counseling, Alcohol prevention."

Ask questions to screen for Alcohol Dependence (see more info below).

>>If positive to either question, refer to CD services if patient agrees and code "Monitoring, Alcohol Use and Abuse"; document if referral refused.

[Note: Alcohol Dependence screening indicates possible dependence but does not confer a diagnosis.]

Alcohol Dependence Screening Questions:

1. In the past year, have you sometimes been under the influence of alcohol in situations where you could have caused an accident or gotten hurt?
2. Have there often been times when you had a lot more to drink than you intended to have?



Key Facilitators to Adoption

- Strong physician champion
- Simple workflow addresses barriers
- Regional train the trainers approach
- Monthly performance feedback
- Normalize screening



Interventions

- July–November 2013
 - More than 45,000 brief interventions or referrals

Physician Reaction

- Positive impact on health
- Screening...eye opening
- Without screening, missed connections



Contact Information

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Reducing Excessive Drinking: The Screening and Brief Intervention Program at New York City Department of Health and Mental Hygiene

Hillary Kunins, MD, MPH, MS

Assistant Commissioner

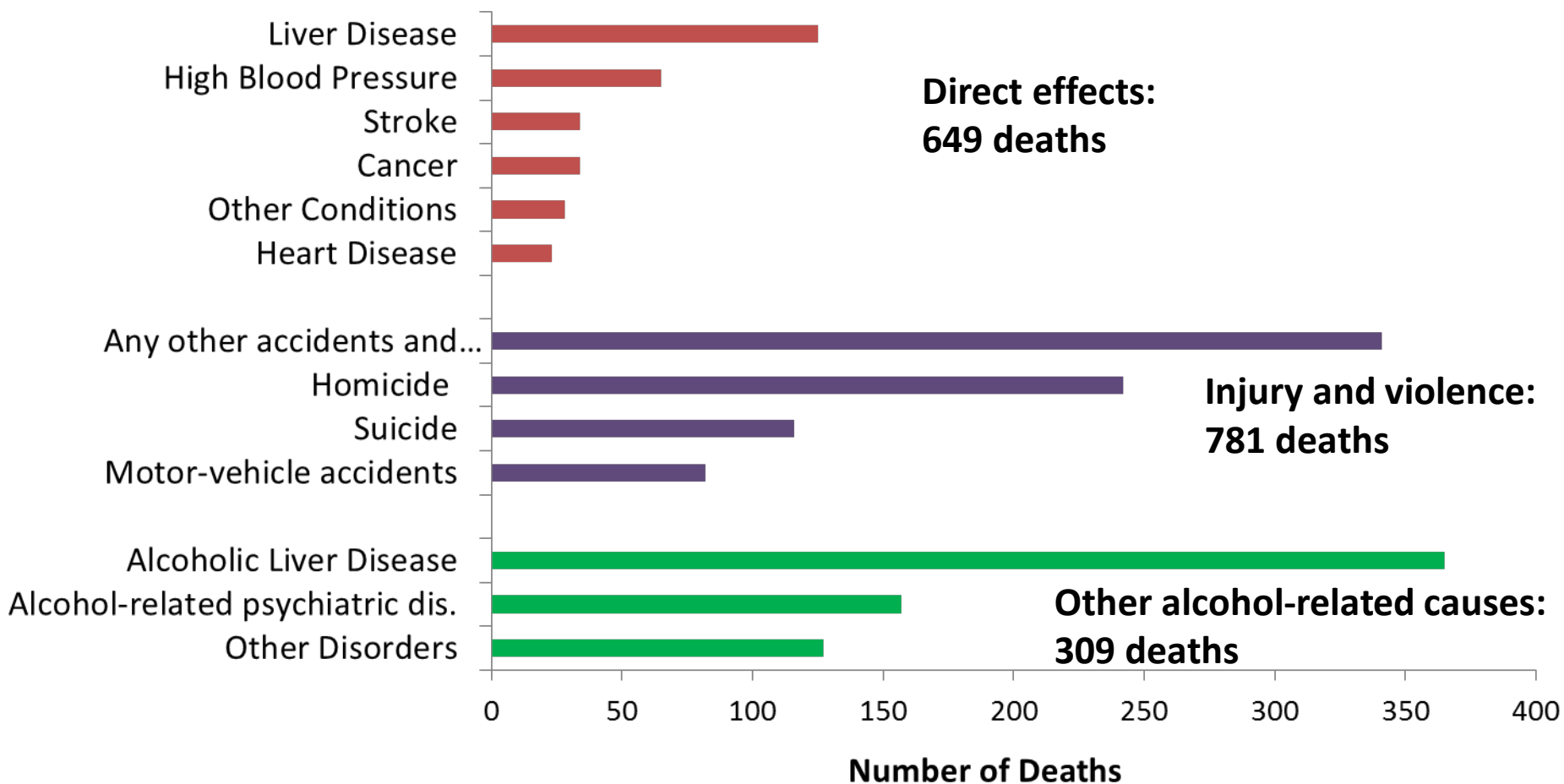
Bureau of Alcohol and Drug Use—Prevention, Care and Treatment
New York City Department of Health and Mental Hygiene

CDC *Vital Signs* Town Hall Teleconference

January 14, 2013



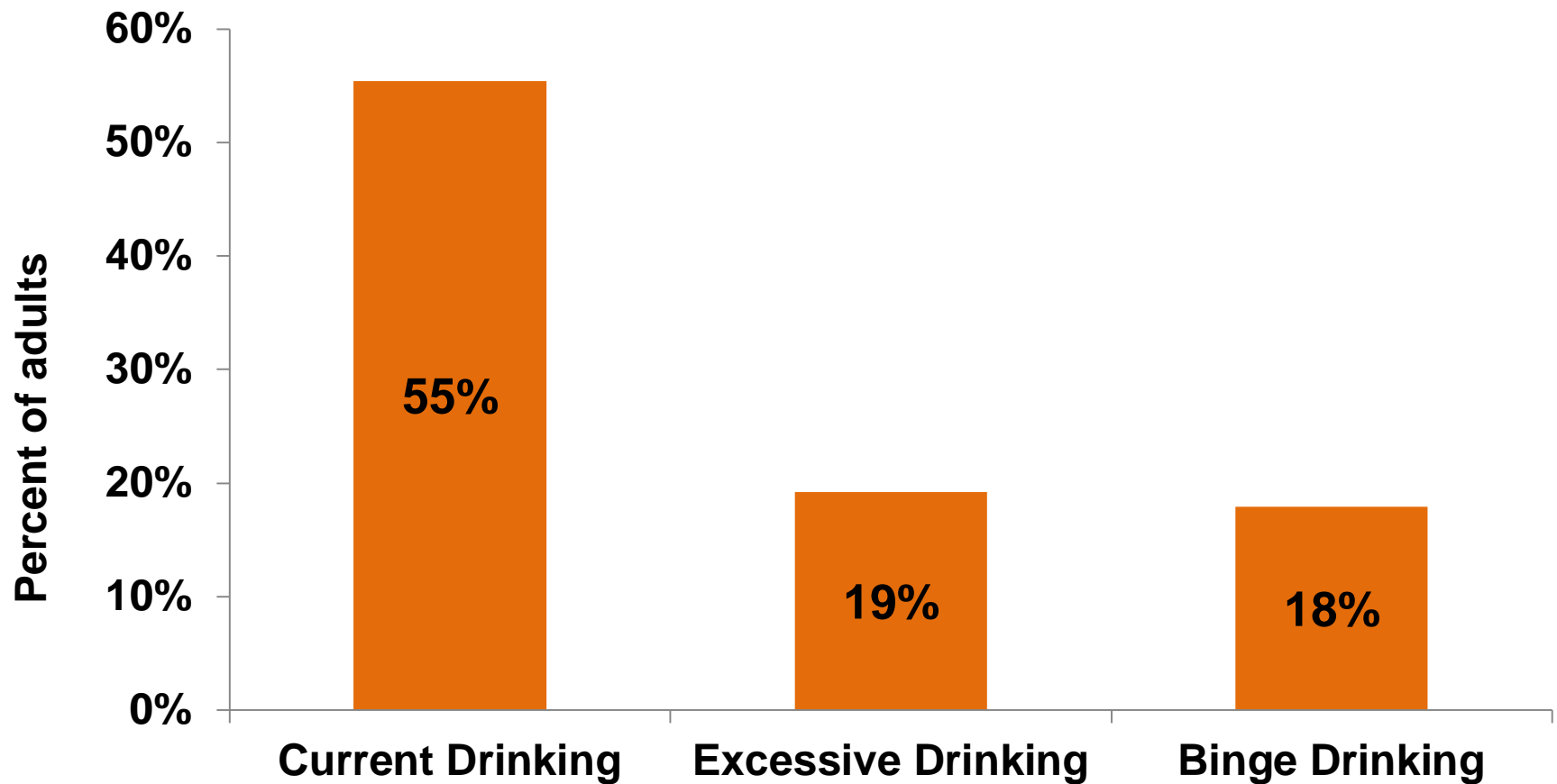
Excessive Drinking Has a Substantial Public Health Impact in New York City



Source: Zimmerman R, et al. Summary of Vital Statistics, 2011: Mortality New York, NY: NYC DOHMH, Office of Vital Statistics; Based on CDC Alcohol-Related Disease Impact (ARDI) Online Application



Excessive Drinking Is Common Among Adults in New York City



Binge drinking: >3 drinks per occasion for women or >4 for men

Excessive drinking: binge drinking or >7 drinks/week for women or >14 drinks/week for men

Source: New York City Department of Health and Mental Hygiene Community Health Survey, 2011.



Most NYC Adults Have Not Discussed Alcohol Use with a Health Professional

- Only 24% of NYC adults and 28% of binge drinkers reported that a doctor, nurse, or other health professional had asked or talked to them about their alcohol use in the past year
- Screening and brief intervention (SBI) for excessive alcohol use is not a routine part of clinical care for adults in NYC



Screening and Brief Intervention Program (SBI)

Components

1. Clinical guidance for primary care practices
2. Direct delivery of services in NYC Department of Health and Mental Hygiene (DOHMH) clinics
3. Training and certification for health professionals
4. Technical assistance/practice coaching

1. SBI Clinical Guidance for Primary Care



City Health Information

January/February 2011

The New York City Department of Health and Mental Hygiene

Vol. 30(1):1-8

BRIEF INTERVENTION FOR EXCESSIVE DRINKING

- Ask every patient about alcohol consumption using the 3-question AUDIT-C screening tool for adults and the CRAFFT tool for adolescents.
- Provide clear advice to moderate- and high-risk patients to reduce alcohol consumption.
- Provide regular follow-up to support efforts to achieve low-risk drinking levels.



2. Direct Delivery of SBI Services in DOHMH Clinics

- SBI services in seven sexually transmitted diseases (STD) and one tuberculosis (TB) clinic
- Brief screening with 3-question validated tool (AUDIT-C)
 - Included on paper intake forms; filled in waiting room by patient
 - All patients are screened at every visit
- Dedicated interventionists
 - Conduct assessment (using AUDIT) for patients with positive screen
 - Provide brief intervention or referral
- > 50,000 patients screened 2013
- 50% AUDIT-C positive
 - 42% received assessments



3. SBI Training and Certification for Health Professionals

- In New York State, providers need SBI certification to bill Medicaid for SBI services
- Training is required for certification
 - Licensed/credentialed providers—4 hours
 - Includes physicians, nurses, social workers, psychologists, CASACs
 - Non-licensed providers—12 hours
 - Includes medical assistants, health educators—12 hours
- Since 2011, when SBI-specific Medicaid codes activated, NYC DOHMH has trained
 - >1,700 licensed and non-licensed professionals from >200 organizations



4. Technical Assistance and Practice Coaching in Clinical Settings

- Consult with clinic staff to design SBI algorithm and plan workflow
 - Choose elements—e.g., validated screening tool
 - Select staff and timing
- Modify electronic health record (EHR) systems to support SBI implementation
 - Integrate screening tools into EHR systems
 - Design EHR templates for intervention, follow-up, and referral
- Modify coding and billing systems to support SBI reimbursement
 - Include codes on paper or electronic record



Technical Assistance and Practice Coaching: Impact on SBI Adoption

- **Full implementation***
 - 5 large practices
 - Includes primary care, homeless healthcare, and federally qualified health center
 - Across 29 clinical facilities
 - 2 emergency departments
 - Over 180,000 patient visits annually
- **Partial implementation****
 - 3 group practices in 33 sites serving about 120,000 patients annually
- **Lessons learned**
 - Reimbursement minimal or nonexistent
 - Electronic health records facilitate adoption

*Full implementation: Universal screening and provision of brief intervention

**Partial implementation: Targeted screening and brief intervention



Next Steps

- SBI
 - Continue technical assistance and practice coaching
 - Expand use of electronic health records for SBI
 - Release e-learning module for SBI training
- Expand public health surveillance on excessive alcohol use and related harms
- Assess impact of enforcement of laws prohibiting alcohol sales to minors



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- Stories about the implementation of Public Health Practice Stories from the Field



www.cdc.gov/stltpublichealth/phpracticestories

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