

# “Raising Achievement: What we Know vs. What we Do for Alcohol Use Disorders”

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## ABSTRACT

**TITLE:**  
Raising Achievement: What we Know vs. What we Do for Alcohol Use Disorders

**BACKGROUND:**  
The prevention of morbidity and mortality related to alcohol use disorders is an important strategy for a primary care physician. Patients with hypertension, sleep disorders, and depression frequently have alcohol use disorder. There is a quality gap in the ability of practices to screen, detect, and counsel patients for alcohol use disorders in patients with hypertension, sleep disorders, and depression.

**OBJECTIVE:**  
1) To develop an alcohol assessment tool kit that will be of value for primary care physicians. 2) To use a pre- and post-intervention design survey to examine physicians' attitudes, knowledge, and behavior related to screening and counseling their patients for alcohol use disorders.

**Setting:**  
Internal Medicine clinical practices nationwide.

**Participants:**  
We recruited 13 physicians into the study thus far.

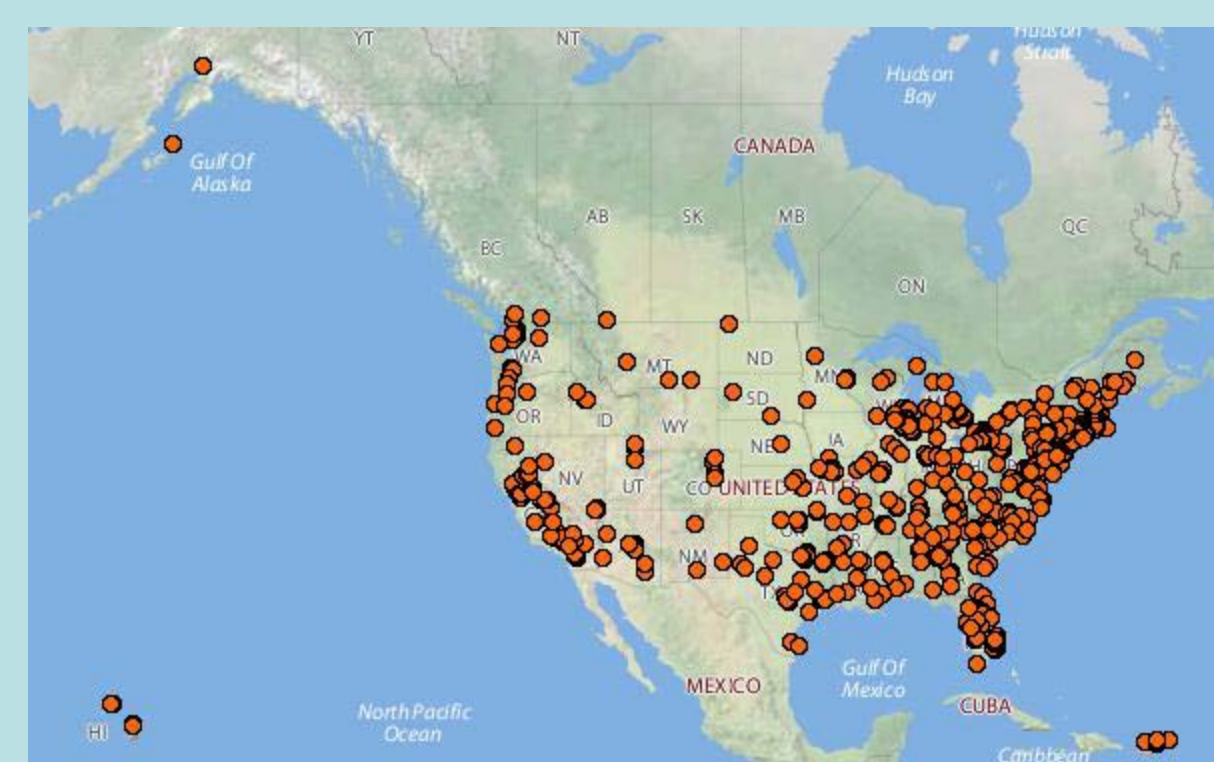
**Intervention/Essential Feature of Study:**  
The educational intervention is a web-based module that will cover Quality Improvement (QI) techniques and methods for practice improvement related to alcohol use disorders, especially in patients with associated chronic diseases such as hypertension, sleep disorders, and depression.

**Outcome Measures/Design:**  
This study will have a pre-post design, and data will be collected twice during the study period through administration of the physician survey; the baseline measurement will be done at the start of the study, and the second measurement will be taken after completion of the educational intervention, approximately six months post-baseline measurement. Confidential feedback will be provided to the physicians with information on their counseling and screening practices for patients with alcohol use disorders in patients with hypertension, sleep disorders, and depression. We will compare the overall domain scores of attitudes, beliefs, and behaviors pre and post intervention.

## ACPNet SM

Core Principles:

- 1) To teach physicians how to implement clinical quality improvement tools and techniques;
- 2) To study physicians' attitudes/knowledge/beliefs about various clinical conditions;
- 3) To educate office-based physicians on evidence-based "best practices";
- 4) To help clinicians analyze their practice patterns through feedback reports and conference calls; and
- 5) To effectively improve clinical practice, thereby improving patient management.



## OBJECTIVE

- 1) To develop an alcohol assessment tool kit that will be of value for primary care physicians. 2) To use a pre- and post-intervention design survey to examine physicians' attitudes, knowledge, and behavior related to screening and counseling their patients for alcohol use disorders.

## STUDY DESIGN

- Pre-post design
- Data collected twice through administration of the physician survey at baseline and 6 months post-intervention

## EDUCATIONAL INTERVENTION

### Goals

- Physicians identify what constitutes at-risk drinking using an appropriate detection instrument
- Physicians regularly evaluate patients diagnosed with either hypertension, sleep disorders, or depression for their alcohol use consumption

### Chapter 1 teaches physicians how to....

- Identify how to differentiate between different drinking levels (i.e. at-risk drinking, hazardous drinking, harmful drinking, alcohol abuse, alcohol dependence)
- Learn about NIAAA recommended medications to treat alcohol use disorders
- Understand the evidence-based link between alcohol use disorders and hypertension, sleep disorders, and depression

### Chapter 2 teaches physicians how to....

- Screen for at-risk drinking in patients diagnosed with hypertension, sleep disorders, or depression (using a validated screening instrument such as AUDIT, CAGE or MAST)
- Use the 5 A's in approaching alcohol use in patients (Ask, Assess, Advise, Arrange, Assure)
- Utilize pre-formatted progress notes to manage/document screening/treatment
- Identify specific populations at high risk for alcohol use disorders
- Incorporate team-based screening into clinical practice

### Chapter 3 teaches physicians how to....

- Reinforce goal setting between the physician and the patient through patient education materials
- Obtain free public resources for patient education materials
- Distribute disease specific (hypertension, sleep disorder, depression, alcohol use disorders) handouts at the point of diagnosis

### Alcohol Use Disorders Identification Test (AUDIT)

Please circle the answer that is correct for you.

1. How often do you have a drink containing alcohol?  
Never, Monthly or less, 2-3 times a week, 4-5 times a week, 6-7 times a week, 8 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?  
1 or 2, 3 or 4, 5 or 6, 7 or 8, 9 or more
3. How often do you have five or more drinks on one occasion?  
Never, Less than monthly, Monthly, 2-3 times a week, 4 or more times a week
4. How often during the last year have you been unable to stop drinking once you had started?  
Never, Less than monthly, Monthly, 2-3 times a week, 4 or more times a week
5. How often during the last year have you had a drink or two because of drinking too much?  
Never, Less than monthly, Monthly, 2-3 times a week, 4 or more times a week
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?  
Never, Less than monthly, Monthly, 2-3 times a week, 4 or more times a week
7. How often during the last year have you had a feeling of guilt or remorse after drinking?  
Never, Less than monthly, Monthly, 2-3 times a week, 4 or more times a week
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?  
Never, Less than monthly, Monthly, 2-3 times a week, 4 or more times a week
9. How often or how many times have you been injured as a result of your drinking?  
Never, Less than monthly, Monthly, 2-3 times a week, 4 or more times a week
10. Has a relative or friend, or a doctor or other health worker, been concerned about your drinking or suggested you cut down?  
No, Yes, Yes during the last year, Yes during the last year



## RESEARCH PARTICIPANTS

- 13 ACPNet SM members (7/13 are Fellows) representing 9 states
- Majority small practices, with 2 large practices (one solo, ten 3-4 phys practice, two 7-9 phys practice)
- Majority private practice, (1 community health practice, 2 multi-specialty clinics)
- Average 100 pts/wk
- Primary specialty: 12/13 are IM, 1 Gastroenterology
- Yrs in Practice: 9 have 20 years plus experience, and 4 have ten or less years experience

## Data: Pre-Intervention Survey

### Main focus of the survey:

- Measure frequency/distribution of alcohol screening practices for pts dx w/hypertension, sleep disorders or depression
- Measure frustration/confidence levels of physicians in screening/treating patients with alcohol use disorders
- Measure knowledge of association between alcohol use disorders and hypertension, sleep disorders, and depression

## SELECT PRELIMINARY RESULTS

Major Themes of Practice Patterns/Knowledge	N value (% of respondents)
Aware of association between at-risk drinking and hypertension, sleep disorders or depression	11/13 (85%)
Routinely ask new patients about at-risk drinking upon diagnosis of hypertension, sleep disorders, or depression	10/13 (77%)
Address at-risk drinking with established patients upon diagnosis of hypertension, sleep disorders, or depression	8/13 (62%)
Use formal screening tool in new patients who drink alcohol	4/13 (31%)
Aware of appropriate definition of "1" drink	11/13 (85%)
Aware that females metabolize alcohol differently than males	10/13 (77%)

Major themes in Attitudes/Beliefs	N value (% of respondents)
Believe that at-risk drinking affects their ability to successfully treat hypertension, sleep disorders, or depression	12/13 (92%)
Feel at-risk drinking affects their confidence in successfully treating hypertension, sleep disorders, or depression	13/13 (100%)
Feel at-risk drinking increases frustration in treating patients with hypertension, sleep disorder, or depression	9/13 (69%)
Feel patients do not tell the truth about their alcohol consumption	6/13 (46%)
Experience barriers in providing care to patients who are at-risk drinkers	11/13 (85%)

## Reported Feedback

- "I feel more confident asking patients about their alcohol related problems, especially since I feel more confident about helping them quit drinking"
- "I have incorporated the information on the module into my EMR and have printed out resources in our exam rooms"
- "I plan on disseminating this information to the other providers in my office at our next meeting"

For additional information please contact:

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