Doc 2 Doc Dial-in Discussion Series

Session 3:

Universal Screening for Unhealthy Alcohol and Other Drug (AOD) Use

Learning Objectives:

(1) Understand the concept of universal screening

(2) Learn how to effectively engage patients to ensure an accurate screen is accomplished

(3) Learn how to manage a positive screen result

Why Universal Screening?

What is it? Why do it to detect substance use?

- Clinicians simply cannot tell who is "**at-risk**" by just looking at them, casually talking to them, or even using a standard H&P.
- Clinician suspicion of alcohol problems had poor sensitivity (27%) but high specificity (98%) for identifying patients who had a positive screening test for alcohol problems [1]

CORE PRINCIPLE

1 Vinson, D, *Annals of Fam Med.* 2013

Does screening for Substance Use Make Sense?

Principles of screening | WHO Guidelines

Criteria	Substance Use
The condition should be an important health problem.	**Yes**
There should be a treatment for the condition.	**Yes**
Facilities for diagnosis and treatment should be available.	**Yes**
There should be a latent stage of the disease.	**Yes**
There should be a test or examination for the condition.	**Yes**
The test should be acceptable to the population.	**Yes**
The natural history of the disease should be adequately understood.	**Yes**
There should be an agreed policy on whom to treat.	**Yes**
The total cost of finding a case should be economically balanced in relation to medical expenditure as a whole.	**Yes**
Case-finding should be continuous process, not just a "once & for all" project.	**Yes**

Why Screen?

Prevalent:

- Unhealthy substance (~20%) in general 1° care settings.

Underdiagnosed:

- Only 16% of pts ever discussed alcohol with Doctor or NP/PA [1]

Undertreated:

- Only 14% with SUD in Massachusetts get treatment [2]

Spectrum of use that risks health consequences:

- Cardiovascular disease, cancer, trauma, infection, more
- Alcohol is the 3rd leading preventable cause of death in US [3]

Costly:

- Societal costs of $416.5 billion annually [4]

1. CDC Vital Signs Report 2013 http://www.cdc.gov/vitalsigns/, **2**. Brolin, MA Health Policy Forum 2005, **3** http://www.prevent.org/National-Commission-on-Prevention-Priorities/Rankings-of-Preventive-Services-for-the-US-Population.aspx, **4** Bouchery, Am J Prev Med 2011:41;516-524,

Screen → Assess

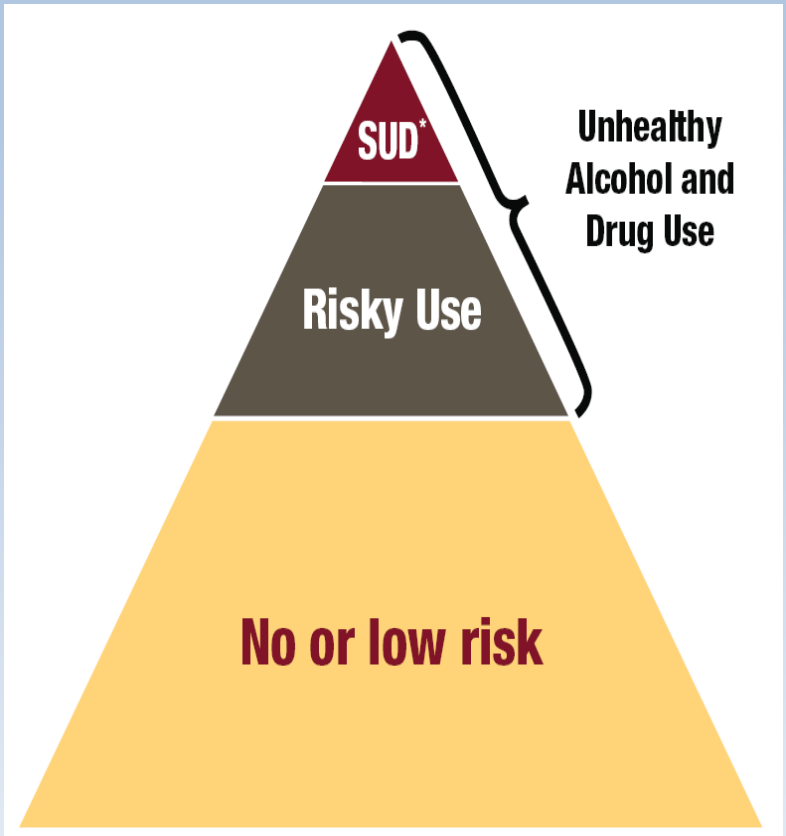
Screen

- To identify those with unhealthy use (i.e., risky use to SUD)

Assess

- To determine consequences of use
- To distinguish those with a disorder

Screening for "Unhealthy Substance Use"



*Substance Abuse Disorders

Alcohol

"Do you sometimes drink beer, wine or other alcoholic beverages?"

"How many times in the past year have you had 5 (4 for women) **or more drinks in a day?"**

(+ answer: > 0)

Drugs

"How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?"

(+ answer: > 0)

Smith PC, et al. Gen Intern Med. 2009 Jul;24(7):783-8.
Smith PC, et al. Arch Intern Med. 2010 Jul 12;170(13):1155-60.
Image: SBIRT Clinician's Toolkit www.MASBIRT.org

http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/guide.pdf

Engage patients effectively to ensure accurate screening results

Inform the patient that…

- You screen universally
- It contributes to quality healthcare
- It's part of the medical record & confidential

Remember to ask permission to screen

Use questions that normalize behavior…

Say, "*When you drink,…*"

…not "You don't drink do you?"

Screen → Assess

Screen

- To identify those with unhealthy use (i.e., risky use to SUD)

Assess

- **To determine consequences of use**
- **To distinguish those with a disorder**

Positive screen? Next Step: Assessment

Differentiate "Risky Use" from "Substance Use Disorder" (SUD)

- Use assessment tools to evaluate the ~20% of patients who screen positive for unhealthy substance use

Risky Use only

- About 12-16% of primary care patients
- Should undergo Brief Intervention

SUD only

- Refer remaining (4-8%) of primary care patients for further evaluation & treatment.

If immediate access to behavioral health support is not available to…

1. Complete assessment to distinguish Risky Use from Substance Use Disorder, and …
2. Based-on assessment, perform:
   - BI for Risky Use
   - Referral for Substance Use Disorder.

Then Physicians a/o NPs/PAs can…

- Perform assessment to identify those with risky use who should undergo (BI).
- Provide BI quickly & effectively when necessary.
- Refer patients with SUD to treatment

Assessing Risk

Use a validated assessment tool that fits the clinical practice:

- DSM diagnostic criteria
- AUDIT & DAST-10
- ASSIST
- CAGE-AID
  - may not meet reimbursement criteria in some settings

AUDIT (Alcohol Use Disorders Identification Test)

1. **How often do you have a drink containing alcohol?**
2. **How many drinks containing alcohol do you have on a typical day when you are drinking?**

(0) 1 or 2 *(1) 3 or 4* *(2) 5 or 6* *(3) 7 to 9* *(4) 10 or more*

3. How often do you have five or more drinks on one occasion?

How often during the last year have you…

4. found that you were not able to stop drinking once you had started?
5. failed to do what was normally expected from you because of drinking?
6. needed a first drink in the morning to get yourself going after a heavy drinking session?
7. had a feeling of guilt or remorse after drinking?
8. been unable to remember what happened the night before because you had been drinking?

9. Have you or someone else been injured as a result of your drinking?

(0) No *(2) Yes, but not in the last year* *(4) Yes, during the last year*

10. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?

(0) No *(2) Yes, but not in the last year* *(4) Yes, during the last year*

Responses: (0) never, (1) less than monthly, (2) monthly, (3) weekly, (4) daily or almost daily

AUDIT: Translating Scores into Practice

Physicians & NPs/PAs:

- *Reviews score in exam room*
- *Assesses risk level*
- *Decides how to respond*

✚ Positive AUDIT score	Risk Level	Recommendation
7-15 (♀) 8-15 (♂)	At Risk	• Brief Intervention (BI) • (Simple advice)
16-19	Harmful Use	• BI & Extended Intervention(s) -- or -- • Brief Treatment
20-40	Likely Dependence	• Referral to specialist for assessment & treatment

DAST-10® (Drug Abuse Screening Test)

1. Have you used drugs other than those required for medical reasons?
2. Do you abuse more than one drug at a time?
3. Are you able to stop using drugs when you want to?
4. Have you ever had blackouts or flashbacks as a result of drug use?
5. Do you ever feel bad or guilty about your drug use?
6. Does your spouse (or parents) ever complain about your involvement with drugs?
7. Have you neglected your family because of your use of drugs?
8. Have you engaged in illegal activities in order to obtain drugs?
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding)?

Scoring: 1 point for each Q answered, "YES", except Q (3) where a "NO"=1 point & "YES"= 0 point.

DAST-10 ®: Translating Scores into Practice

Physicians & NPs/PAs

- *Reviews score in exam room*
- *Assesses risk level*
- *Decides how to respond*

+ Positive AUDIT score	Assessed Risk Level	Recommendation
< 3	Suggests risky use only	Brief Intervention (BI)
≥ 3	Suggests SUD	BI by Physicians a/o NPs/PAs & Refers to LICSW a/o other supports

Brief intervention is the key to SBIRT

….a *brief*, non-judgmental, non-confrontational, directive conversation, using Motivational Interviewing (**MI**) principles & techniques to enhance a patients' motivation to change their use of alcohol and other drugs.

…its a dialogue, not a lecture…

A Few MI Principles

- Ambivalence is normal to the change process
- Asking permission can lead to a patient to be more forthcoming
- Patient is the active decision-maker
- Advocating for change from a patient will evoke resistance to change
- Reflective listening can help a patient "take in" your advice

Brief Intervention

***Feedback*:**

- **Provide personalized feedback** based on screening results
- State concern regarding medical risks/consequences of use

Advice:

- Ask permission; then, make explicit recommendations for behavior change
- **Discuss the patient's reaction**

Goal Setting:

- Elicit ideas & negotiate plan with patient
- Schedule follow-up

Seal the Deal:

- Enhance motivation for behavior change

NIAAA, *Helping Patients Who Drink Too Much: A Clinician's Guide, 2007*

Giving Feedback & Advice

Determine patient's perception of his/her need to change & perceived ability to change

- *"How do you see your drug use?"*

Gauge patient's reaction to this information

- *"What do you think about this information?"*

Assess the patient's stage of readiness to change behavior

- *"On a scale from 0 to 10, how important is it for you to change?… Why not a lower number?"*

Samet, JH, *Arch Intern Med* 1996

Establishing a Goal

- Patients are more likely to change their substance use/behavior when they are involved in goal setting
- The goal may be presented in writing as a prescription from the doctor or as a contract signed by the patient
- Less is often more

Treatment

Internal

- Diagnose abuse/dependence with DSM criteria
- Offer medication management
- Follow-up, repeat brief advice
- Refer to behavioral health

External

- Referral to specialty substance abuse treatment

SBIRT is Effective…The Evidence

SBIRT has been found to:

- Help patients reduce alcohol use [1,2]
- Increase proportion with SUD who get treatment [3]
- Reduce healthcare costs [4,5]
  - Alcohol SBI in primary care reduces ED visits and inpatient days & saves nearly ***$6*** for every healthcare dollar spent. [6]

Most effective: *Lower severity Alcohol use in 1° care* [7,8]

- Ongoing research: Drugs, other settings & severities, teens

USPSTF recommends: Alcohol SBI (grade B) [9]

1 Babor, T *Sub Abuse* 2007, **2** Mertens, *J Alc Clin Exp Res* 2005, **3** Krupski, A *Drug Alc Dep* 2010, **4** Solberg, L, *Am J Prev Med,* 2008, **5** Estee, S *Medical Care* 2010, **6** Fleming, M, *Medical Care.* 2000, **7** Kaner, E *Drug Alc Review* 2009, **8** Saitz, R *Ann Intern Med* 2007, **9** USPSTF=US Preventive Services Task Force

Rankings of 25 Preventive Services Recommended by USPSTF

#	Service	Public Benefit	ROI
1	Childhood immunizations	5	5
1	Smoking cessation	5	5
1	Aspirin in high risk patients to prevent heart attack & stroke	5	5
2	**Alcohol screening & intervention**	**4**	**5**

1 = lowest; 5 = highest

Ranked higher than:

- Screening for high BP or cholesterol
- Screening for breast, cervical, or colon cancer
- Adult flu, pneumonia, or tetanus immunization

Maciosek, Am J Prev Med, 2006; Solberg, Am J Prev Med 2008; http://www.prevent.org/content/view/43/71