Introduction

- Alcohol misuse is under-recognized and undertreated in primary care despite being in the top five prevention priorities in the United States based on disease prevention and cost effectiveness.1
- Adults misusing alcohol can endanger and burden themselves and communities.
- Alcohol misuse costs communities more than $249 billion annually due to health expenses, lost work productivity, and crime.2

Purpose

- Purpose: To implement Screening, Brief Intervention, and Referral to Treatment (SBIRT) in Mercy Care Center Point Clinic to manage alcohol screening and intervention over current practices for adults 18 years and older
- Objectives:
  - Increase staff awareness of alcohol misuse and interventions
  - Increase use of alcohol prescreen for adults seen for annual physicals
  - Increase assessment of patients scoring 8+ on the Alcohol Use Disorders Identification Test (AUDIT) and use of brief intervention and/or referral to treatment based on AUDIT scores

Methods

- This quality improvement project was deemed not human subjects research.
- Setting: Mercy Care Center Point Family Practice Clinic
- Population: Adults 18 years and older seen for annual physical
- Clinic Staff:
  - 1 Physician
  - 3 Nursing Staff
  - 1 Scheduler
  - 1 Clinic Manager

Outcomes

- Increased Awareness of Alcohol Use and SBIRT Implementation

Evaluation

- Training on alcohol misuse and SBIRT increased awareness for all staff that attended the PowerPoint presentation.
- After 1 month of implementation, 83% of the 48 patients seen for an annual physical received universal alcohol screening.
- Of the 40 individuals prescreened, 17.5% screened positive. SBIRT implementation reduced the number of alcohol prescreen answers from twenty to two.
- There was no routine model for brief intervention or referral to treatment prior to implementation. SBIRT implementation provided a 100% increase in appropriate alcohol intervention based on AUDIT scoring.

Conclusions

- This project changed the way alcohol use is screened, and introduced feasible interventions for the busy family practice workflow incorporating primary care provider and nursing staff roles.
- This project supports the use of SBIRT in primary care settings.
- The SBIRT algorithm eliminates the guesswork in alcohol risk assessment to assure best possible early interventions.
- Universal alcohol screening and appropriate education and intervention identified in this project have the potential to reduce alcohol-related risks.
- SBIRT continues to be utilized for universal alcohol screening and intervention by the clinic five months later.
- I will use SBIRT to assess alcohol-related risk and intervention in my future practice.

References


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