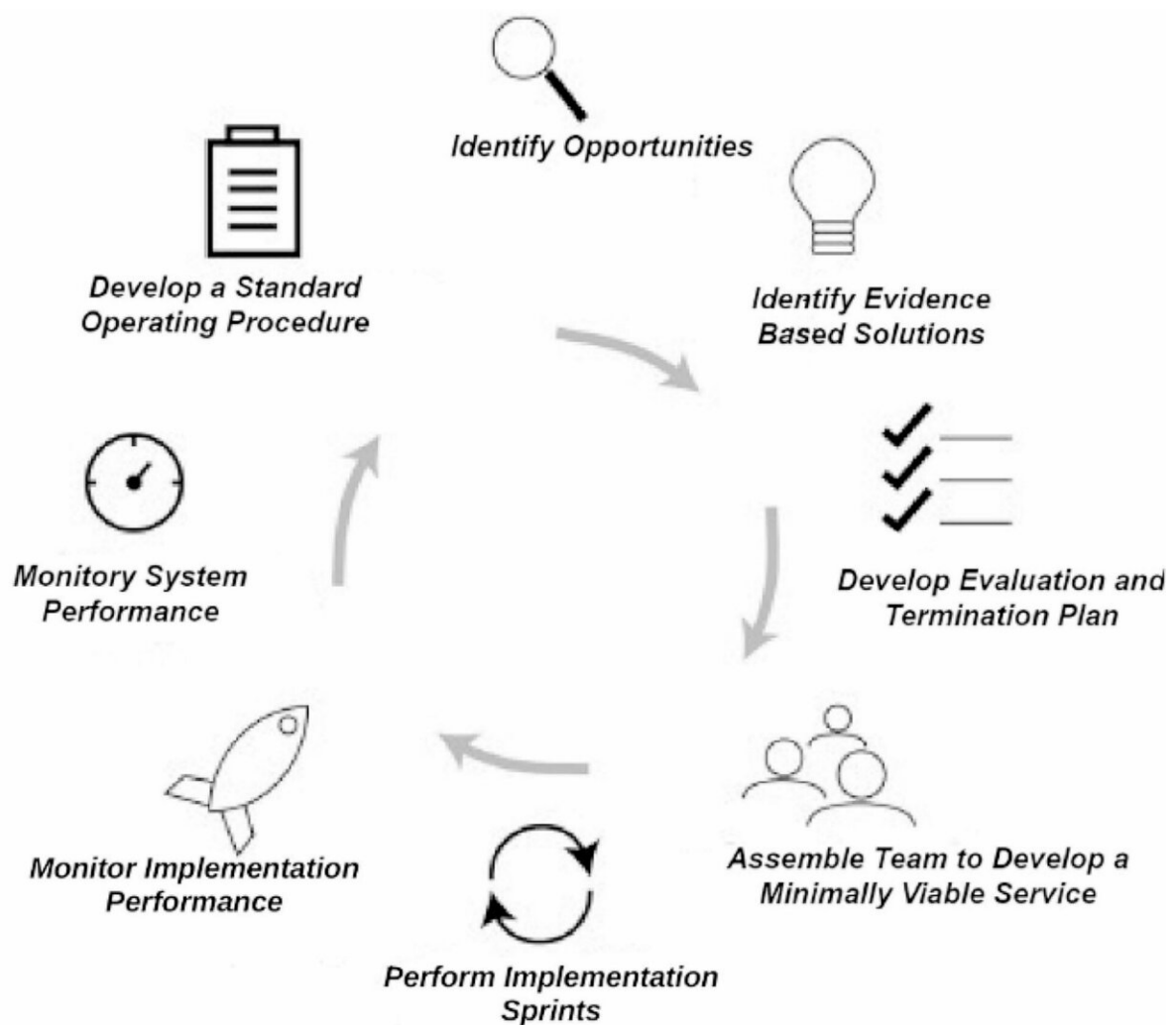


Study demonstrates effective screening and intervention for unhealthy alcohol use in primary care settings

August 14 2024, by Christina Griffiths



Agile implementation process. Credit: *BMC Primary Care* (2024). DOI: 10.1186/s12875-024-02500-7

Between 2015 and 2019, excessive alcohol use resulted in over 140,000 deaths and 3.6 million years of potential life lost annually in the United States, making it the fourth leading cause of preventable death in the country. Despite these staggering numbers, only 4%—approximately 1.4 million people—received treatment for their condition.

A new study, [recently published](#) in *BMC Primary Care*, led by Indiana University School of Medicine family medicine faculty could lead to better alcohol use screenings for patients in a [primary care](#) setting.

"Despite recommendations from the U.S. Preventive Services Task Force, alcohol use screenings occur in only 2.6% of U.S. adult primary care visits," said Diana Summanwar, MD, assistant professor of clinical family medicine at the IU School of Medicine.

"This study emphasizes the widely recognized gap between research evidence and practice, with barriers including knowledge gaps related to drinking limits, brief interventions, local resources and pharmacological treatment."

The quality improvement study was conducted at the IU Health Family Medicine Residence Clinic from October 2021 to July 2022. Unhealthy alcohol use is defined by:

- Binge drinking: More than three drinks for women or more than four drinks for men on a single occasion.
- Heavy drinking: More than 7 drinks per week for women or more than 14 drinks per week for men.
- Alcohol use disorder: A medical condition characterized by the inability to stop or control alcohol use despite negative social, occupational, or health consequences.

The study, involving 67 clinicians and an average of 2,200 adult visits per month, leveraged the agile implementation process developed by the IU Center for Health Innovation and Implementation Science. Initially, the screening rate using a validated tool was at 0%. However, after multiple improvement cycles, the rate increased to over 70%, peaked at 90%, and sustained at 83%—significantly outperforming the baseline rate.

"We wanted to focus on enhancing the identification of adults with unhealthy alcohol use and improve early identification and intervention," said Summanwar. "The process incorporates [behavioral economics](#), complex adaptive systems theory and networks sciences to provide a systemic approach to identifying and addressing local health care challenges."

Other key aspects of the study included:

- Collaboration with the Michigan Sustained Patient Centered Alcohol Related Care to test the effectiveness of practice facilitation and electronic health record support in primary care settings.
- Training providers on recognizing and treating unhealthy alcohol use, and implementing screening, brief preventative counseling, and referral to treatment.
- Formation of a volunteer team comprising physicians, medical assistants, front desk members, and [social workers](#) to lead the implementation effort.
- Use of the Alcohol Use Disorders Identification Test (AUDIT) and AUDIT-C for screening.
- Development of an evaluation and termination plan, setting criteria for screening rates and intervention success.

Summanwar said the findings of this study can serve as a model for

other health care improvements and highlight the need for increased implementation of evidence-based practices to address unhealthy [alcohol](#) use.

More information: Diana Summanwar et al, Agile implementation of alcohol screening in primary care, *BMC Primary Care* (2024). [DOI: 10.1186/s12875-024-02500-7](#)

Provided by Indiana University School of Medicine

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