



KEY FINDINGS

- Although clinicians acknowledge the benefits and importance of discussing alcohol use with patients, screening practices for alcohol use varied among practices as well as clinicians and the data collected is rarely used to improve care or manage population health.
- Clinicians and practice staff believe that standardizing clinician-patient alcohol discussions are valuable, but agree that in addition to shifting clinician attitudes about screening and brief intervention, time and resources from all levels of the organization are needed to successfully implement this change.
- Efforts to integrate alcohol screening and brief intervention into primary care need to include both clinical training as well as practice level efforts such as: updating workflows; defining staff roles and responsibilities; and assisting with the standardization of data collection to improve care and population health management.

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Clinician and Practice Attitudes towards Integrating Alcohol Screening and Brief Intervention into Primary Care Practices in Maine

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March 2016

WHY ADDRESS ALCOHOL USE IN MAINE?

Unhealthy alcohol use is a serious and costly public health issue that continues to remain under diagnosed and treated. Alcohol misuse contributes to 88,000 deaths in the U.S. each year; among working adults, 1 out of 10 deaths is due to alcohol use. In Maine, alcohol is the most commonly consumed substance with highest need for treatment (Stahre et al., 2014). In 2010, excessive alcohol use cost Maine an estimated \$938.7 million as a result of health care costs, reduced workplace productivity, law enforcement, and criminal justice expenses (Sacks et al., 2015). Despite widespread efforts to implement and expand screening and counseling for alcohol use disorders in a variety of health care settings, rates of screening among primary care clinicians are low. Nationally, only 1 in 5 current consumers of alcohol report having ever discussed their use with a clinician (McKnight-Eily et al, 2014).

HOW CAN ADDRESSING UNHEALTHY ALCOHOL USE BE ACCOMPLISHED?

The primary care setting is seen as an ideal site for early detection and secondary prevention for individuals who may be at high risk for unhealthy alcohol use or are currently using alcohol in an unsafe manner. In particular, screening and brief intervention in primary care has emerged as a cost-effective prevention approach that can be effectively delivered in primary health care settings where clinicians have regular contact with patients and often build long-term relationships (O'Donnell et al., 2014). Unfortunately, many health care professionals have limited education and training around substance use disorders and therefore, know very little about its effects on our body or what constitutes unhealthy alcohol use. Many health care clinicians do not have regular conversations with their patients about alcohol use due to time constraints, competing priorities, and organizational barriers such as the absence of systematic integration into practice work flows.

Brief intervention sessions have been shown to be effective in reducing weekly alcohol consumption, reducing binge drinking, and increasing adherence to recommended drinking limits (Lela et al., 2014). Through the use of alcohol screening tools and the integration of standardized protocols into practice workflows, primary care clinicians and health care professionals can identify patients who may benefit from a brief intervention with personalized feedback about the risks and consequences of unhealthy alcohol consumption. Screening in primary care can also help to expand the identification of patients who may benefit from a referral to more intensive interventions through specialty care.

PROGRAM OVERVIEW: DEVELOPING A PLAN

The Lunder-Dineen Health Education Alliance of Maine is currently leading a pilot project: *Time to Ask*. Working in partnership with interprofessional teams in primary care practices, *Time to Ask* will provide education and training to health care professionals to promote proper identification, assessment, and brief intervention and/or referral as indicated.

With funding from the Lunder-Dineen Health Education Alliance of Maine in collaboration with Massachusetts General Hospital, researchers from the Muskie School at the University of Southern Maine conducted a clinical needs assessment using a mixed method design with three primary goals:

1. to describe current clinician alcohol screening practices and protocols;
2. to assess clinical staff attitudes and perspectives about the integration of screening and brief intervention in primary care; and
3. to examine potential facilitators and barriers to integrating screening and brief intervention in primary care practices.

The information collected as part of this clinical needs assessment is being used to help inform the delivery, design, and dosage of the alcohol education and training program for health care professionals being implemented by the *Time to Ask* project.

DESIGN

This clinical needs assessment used a mixed methods design which included practice (n=3) and provider-level surveys (n=57), as well as semi-structured group interviews with clinicians (n=43) at 3 pilot sites in northern and central Maine. Data collection took place in person at participating pilot sites between June and December of 2015. All clinical staff at the pilot sites were eligible to participate in the survey and interviews; this included MD, DO, RN, LPN, PA, NP, CMA, MA, social workers and other allied health staff.

Survey response (92%) and completion rates were high (95%). The majority of survey respondents were female and between the ages of 45 and 64. Our convenience sample of interview participants was fairly representative of the staffing profiles of the pilot sites and represented 69% of potential participants.

THE IMPORTANCE OF PLANNING FOR CHANGE

In a constantly evolving health care environment, practices can become overwhelmed with continually evolving policies, programs, and reporting requirements. Given these competing demands, how can busy primary care practices allocate the time and resources necessary to implement new workflows and clinical practices to improve population health? The key to success is cultivating **organizational readiness for change**. Effective and sustainable change can be fostered through a shared commitment and mutually agreed upon vision, appropriate resource availability, and clearly communicated attainable goals. In order to implement a new program or policy within a practice, an organization must have a dynamic, responsive, and accountable organizational culture where both leadership and staff are ready to implement change. Change is best implemented when training mechanisms and streamlined workflows are in place to support the transformation process.

3 Key Components of Organizational Readiness for Change

- **Change Commitment:** leadership and staff are committed
- **Resource Readiness:** financial investments and time commitments
- **Change Efficacy:** shared vision and goals

Even when an organization has effectively prepared to implement new policies or practices change can still be difficult. For example, our clinical needs assessment findings indicate that the participating pilot practices possess many of the organizational attributes essential for change. However, clinicians agreed that it can be hard to make changes within their practice for a number of reasons, especially being too busy seeing patients (45%).

In order to effectively address some of the barriers to

According to clinician interviews, there is a need for organizational support to help facilitate the transformation necessary for staff and clinicians to routinely engage patients in conversations about their alcohol use.

implementing change in clinical policies and practices, both practices and clinicians need to be equipped with clear guidance as well as the necessary education and training to carry out new roles and/or responsibilities.

ACCOMPLISHING CHANGE

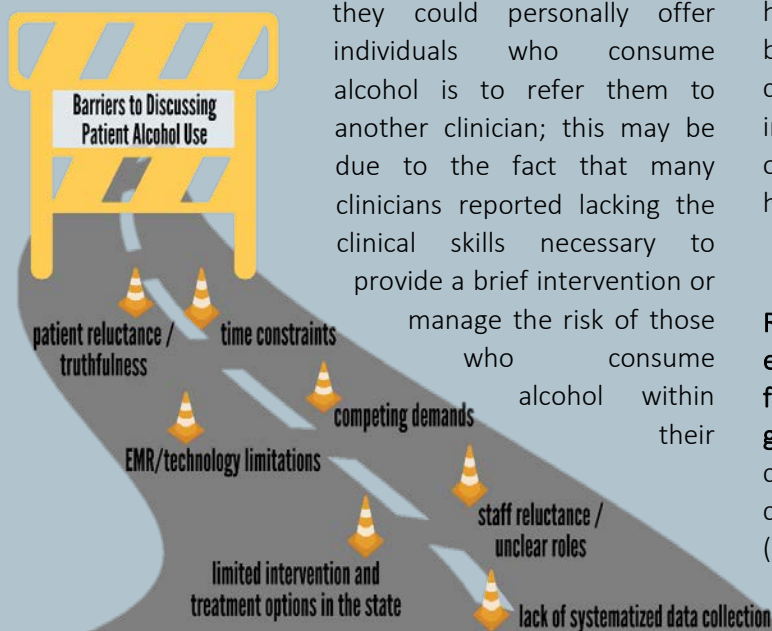
Training and education are key components of preparing any organization for change, especially when new concepts or workflows will be introduced. **The results of our clinical needs assessment indicate that clinicians possess a level of comfort engaging patients around alcohol use; however they are not fully confident in their ability to integrate regular conversations about alcohol use into their clinical practices.** Our findings indicate that providing an educational program tailored to clinicians' schedules, learning styles, and concerns about talking with patients about alcohol may help in overcoming this barrier. Implementing a new clinical intervention requires training practice staff. When developing a curriculum, a combination of training methods should be used as our clinical needs assessment indicated learning styles vary by profession. A blended learning curriculum design is recommended, as a combination of methods is likely to be most effective, convenient, easily disseminated, efficient, and well received by clinicians.

Many clinicians interviewed agreed on the importance of learning opportunities that:

- ✓ address clinical skill development;
- ✓ offer opportunities to work through practice transformation with colleagues at their practices and;
- ✓ provide team-based learning opportunities such as reviewing cases to learn from evidence and peers.

When asked about a clinical and training program regarding patient alcohol use, both practices and clinicians ranked promoting high quality care and the integration of primary care and behavioral health as their principal motivations for participating in an alcohol education training program. Many clinicians in the clinical needs assessment felt the best

they could personally offer individuals who consume alcohol is to refer them to another clinician; this may be due to the fact that many clinicians reported lacking the clinical skills necessary to provide a brief intervention or manage the risk of those who consume alcohol within their



practice. **However, primary care practices are uniquely situated to identify patients who may be at risk for unhealthy drinking. By empowering clinicians with the necessary skills, they can confidently engage and address unhealthy alcohol use with their patients.**

Specifically, the clinicians we talked to were interested in clinical skills development such as:

- ✓ developing the skills needed to elicit honest and accurate information on alcohol use from patients;
- ✓ learning how to assess and motivate change;
- ✓ understanding how to conduct and integrate “motivational interviewing” into their clinical practice.

PREPARING FOR CHANGE

In a rapidly evolving health care environment, practices routinely need to change how they do business and how they approach patient care. Given the necessity for change, how can practices overcome barriers that serve as obstacles or prevent sustainable change? Foremost, clinicians in Maine need to emphasize teamwork, coordination, and group affiliation; all of which lead to a strong **organizational culture**.

What are the pilot practices currently doing to foster constructive organizational cultures?

- Emphasizing teamwork
- Communicating constantly and openly
- Treating each other with respect
- Holding regular meetings to discuss clinical issues & monthly meetings to deal with administrative issues

Organizational culture is a term used to describe the common behavioral norms, beliefs, attitudes, and values held by the members of an organization that shape its behavior. Current research suggests that organizational culture is key to the successful implementation of major implementation strategies and plays an integral role in an organization's ability to adapt to the constantly evolving health care environment.

IMPLEMENTING CHANGE

Research indicates that efforts to improve the delivery of evidence-based care are more successful when there is a focus on not only clinicians, but also the organization or greater health care system. The majority of clinicians in our clinical needs assessment agreed that improvement work is consistent with the norms and values of their organization (53%) and does not conflict with their daily work tasks (41%). Yet, over a third of survey respondents (35%) feel

that the guidance available for improvement work is insufficient.

Research has shown that screening and brief intervention in primary care settings can reduce unhealthy alcohol use and primary care is seen as an ideal setting for prevention and early detection of alcohol-related problems. Understanding clinician screening behaviors and perspectives provides key insights into what should be addressed in an alcohol Screening and Brief Intervention training (SBI) curriculum.

Despite agreement among clinicians on the critical role they can play in minimizing the harm associated with alcohol use among their patients however, in practice alcohol is often not discussed with patients due a number of barriers.

Studies indicate that the likelihood of screening rates among practitioners significantly increase when practitioners:

- feel good about their training and continuing education (attitude);
- believe the desired intervention is within their scope of practice (social norm) and;
- believe they have control over the establishment of office protocols (control).

Our clinical needs assessment found that the majority of clinicians feel that they have the right to address alcohol use with their patients and feel that they have a good working knowledge of alcohol and alcohol-related problems (80%). Many clinicians (66%) feel knowledgeable enough about causes of drinking problems to be comfortable in their role when working with patients who consume alcohol. Yet, 48% did not feel they had the clinical skills necessary to counsel patients over the long term, 44% were ambivalent about wanting to work with patients who consume alcohol, and a quarter of respondents did not feel equipped to advise patients on their alcohol use.

Conflicting clinician views point to the need to educate clinicians about the key role they can play in the prevention of unhealthy drinking and emphasize a need for strategies that help motivate primary care clinicians to work with patients who use alcohol. One clinician stated, *"I feel that if we had clearer questions to ask that would be very beneficial"*. In addition to training opportunities for all clinical staff, the integration of standardized screening process into clinician workflows as well as clearly defining staff roles around SBI will help address a number of known barriers.

Given the many barriers identified by clinicians in our

clinical needs assessment, it is clear that practices need to focus on establishing practice environments where standardized alcohol screening and brief intervention can be implemented. Primary care practices can invest time in evidenced based strategies to help facilitate this process such as:

- Conducting an environmental scan to identify potential barriers unique to that practice
- Utilizing a facilitator who can assist with overcoming barriers and implementing strategies
- Fostering an organizational culture of learning by establishing mechanisms for the acquisition, distribution, and interpretation of knowledge
- Ensuring the entire leadership team supports and champions for incorporating SBI into workflows

A successful alcohol screening and brief intervention (SBI) training curriculum for clinicians will:

- Build clinical skills so clinicians feel comfortable integrating SBI into their practice
- Address alcohol use as a behavioral risk factor
- Promote a chronic disease model of care for alcohol use among primary care clinicians
- Standardize SBI protocols and delineate clear roles and responsibilities for clinical staff around SBI

NEXT STEPS

Current best practices suggest that an initiative to promote regular conversations about alcohol use in primary care should include:

- both education and training for clinicians;
- practice facilitation and;
- expert consultation to primary care practice.

The *Time to Ask* initiative will provide: education and training for clinicians; consultation to practices to align work flows and processes to support alcohol screening, treatment and referral; and expert consultation to guide the care of patients including ways to measure the value of this practice change.

The *Time to Ask* initiative is currently developing an education and training program for clinicians to help health care professionals working in primary care practices in Maine properly identify, assess, and recommend treatment for patients who may be affected by unhealthy alcohol use. To learn more about Lunder-Dineen's initiative, *Time to Ask*, please visit: www.lunderdineen.org.