



## Project Overview

MI-SPARC is a grantee program that aims to implement screening and brief intervention (SBI) and treatment of alcohol use disorders with medications in primary care practices across the State of Michigan. To do so, they will first conduct a pilot trial of preventive SBI and treatment of alcohol use disorders (AUDs) with medication with three diverse primary care practices. After the pilot, a trial will be carried out with 122 primary care practices. All practices will implement SBI and treatment of patients with a moderate to severe AUD with medications.

Core clinical care will include screening with the three alcohol consumption questions from the Alcohol Use Disorder Identification Test (AUDIT-C), AUD assessment using the DSM-5 Alcohol Symptom Checklist, brief counseling, and treatment of AUD with medications and/or referral to specialty AUD treatment. Practice facilitators will introduce a patient decision aid in half of practices.

MI-SPARC will use four main implementation strategies:

- Practice facilitation: Each primary care practice will be assigned a practice facilitator, who will conduct a baseline assessment of the practice, offer onsite training to providers, and support quality improvement.
- Clinical decision support: Practice facilitators will help practices identify ways to prompt when patients should be offered screening, assessment, brief counseling, or treatment.
- Performance monitoring with plan-do-check-adjust cycles: With assistance from practice facilitators, practices will monitor at least two performance metrics for SBI and medication treatment initiation for AUDs at baseline, 3 months, and 6 months to identify and strive to overcome gaps in care.
- Expert consultation: Practice facilitators will develop a plan for each practice to receive consultation from experts, either in their local community or from Drs. Bradley and Lin on the MI-SPARC team.

**“We are excited to test whether integrating care for unhealthy alcohol use with other behavioral health care and using patient-centered shared decision making for patients with alcohol use disorders can increase preventive counseling for unhealthy alcohol use and treatment of alcohol use disorders.”**

**– MI-SPARC Project Team**

### Program Name:

Michigan Sustained Patient-centered Alcohol-Related Care (MI-SPARC)

### Lead Organizations:

Altarum Institute  
Ann Arbor, MI

Kaiser Permanente Washington Health Research Institute (KPWHRI)  
Seattle, WA

### Project Director:

Anya Day, M.P.H. (Altarum)

### Principal Investigator:

Dr. Katharine Bradley, M.D., M.P.H. (KPWHRI)

### Geographic Region:

State of Michigan

### Project Period:

September 2019 – 2022



## Characteristics of the Region

The prevalence of unhealthy alcohol use in Michigan is higher than other States, with nearly 20 percent of adults reporting at least one binge drinking episode in the past month in the 2016 Behavioral Risk Factor Surveillance System, compared with 17 percent across the United States. In addition, few efforts to improve care for unhealthy alcohol use are taking place within the State. Therefore, MI-SPARC is targeting primary care practices throughout the entire State of Michigan.

Michigan's population includes 7.2 million adults clustered around four major metropolitan areas (Ann Arbor, Detroit, Grand Rapids, and Lansing), leaving large sections of the State rural and sparsely populated. Michigan has 977 Health Professional Shortage Areas, including 362 in primary care and 275 in mental health. The MI-SPARC program aims to increase treatment access by helping primary care providers offer preventive SBI and diagnose and treat AUDs by implementing evidence-based alcohol-related care in primary care practices.



## Notable Features

MI-SPARC brings experience and innovation to their project by drawing from a recently completed AHRQ-funded SPARC trial at 25 clinics and developing and implementing an [innovative patient decision aid \(DA\)](#).

The KPWHRI-developed DA promotes patient-centered shared decision making about AUDs between patients and their primary care providers. Practice facilitators will implement this DA in a randomly selected 50 percent of MI-SPARC practices so that the study team can test whether it increases SBI and treatment of AUD.

## Specific Aims

1. Test whether the MI-SPARC model increases (a) alcohol SBI in primary care patients and (b) medication-assisted treatment of patients with AUDs, in a stepped-wedge trial with 6 waves.
2. Test whether adding a novel patient decision aid for AUDs to the MI-SPARC model increases (a) alcohol SBI and (b) medication-assisted treatment of patients with AUDs, in a nested two-arm randomized trial.

## Evaluation Overview

MI-SPARC's evaluation approach involves 6 waves with 25 practices per wave, stratified by recruitment period and mode of data collection (electronic or manual). Fifty percent of practices will be randomized to receive the DA. MI-SPARC aims to recruit a total of 150 practices across two periods and expects 125 practices to complete the program, based on about 15 percent attrition.

Performance metrics will include the percentage of patients:

- Screened with a validated brief screen.
- Identified with a positive screen.
- Identified with a positive screen and documented brief intervention.
- Diagnosed with AUD.
- Treated for AUD with medications.
- Referred to specialty alcohol treatment.

Data collection methods will include (1) patient data from electronic health records or manual chart review, (2) practice surveys, and (3) qualitative data from meetings.