


 A white silhouette map of North Carolina is centered on a light gray background. The text "North Carolina" is printed in blue across the middle of the map.
 

North Carolina

## Project Overview

STUN is a grantee program that aims to accelerate the dissemination and implementation of patient-centered outcomes research (PCOR) findings to improve screening, counseling, and medication-assisted therapy (MAT) for unhealthy alcohol use in North Carolina. STUN will recruit 135 small primary care practices with 10 or fewer providers to participate in their intervention.

The dissemination strategy is based in adult learning theory and social cognitive theory and involves:

- **Practice facilitation:** Practice facilitation services will involve promoting use of decision support tools, optimizing electronic health records (EHR), developing patient registries, enhancing understanding of available counseling, and implementing protocols for telehealth services.
- **Expert consultation:** Practices can attend webinars, in-person workshops, and onsite practice consultations, as well as ask questions of the project team via email or phone. In addition, physician faculty will be available face-to-face bimonthly.
- **Didactic learning sessions:** Learning sessions will provide training for the intervention team and intervention practices' providers.
- **YouTube training video modules:** STUN will use three or four brief training module videos for the implementation team and practices.
- **Telehealth services:** After the first 6 months of implementing the intervention, 25 percent of practices will receive telehealth services to mitigate common challenges to conducting screening and brief intervention (SBI).

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**“STUN Alcohol Use Now is an intervention designed to rapidly spread primary care practice support structures that help small- to medium-size primary care practices identify and provide appropriate services for people with unhealthy alcohol use. We are excited to help over 100 practices across the State of North Carolina as they work to help patients reduce unhealthy alcohol use and its adverse health consequences.”**

**– Dan Jonas M.D., MPH**

### Program Name:

The STUN (STop UNhealthy) Alcohol Use Now Trial

### Lead Organization:

University of North Carolina (UNC)  
Chapel Hill, NC

### Partner Organizations:

North Carolina Area Health Education Centers (NC AHEC); UNC Cecil G. Sheps Center for Health Services Research (Sheps Center); UNC Alcohol and Substance Abuse Program (ASAP)

### Principal Investigator:

Dan Jonas, M.D., M.P.H.

### Geographic Region:

State of North Carolina

### Project Period:

September 2019 – 2022



## Characteristics of the Region

North Carolina has a population of over 10 million people and is the 10th largest State in the United States. Among adults ages 20-64, 1 in 11 deaths are attributable to alcohol. There are approximately 2,200 primary care practices across the State, with 7,400 physicians. The practices recruited for this study will be skewed toward rural areas and have patient populations with higher proportional representations of Black and Hispanic patients.

## Notable Features

STUN brings innovation to their project by using YouTube training videos and incorporating telehealth services in an effort to meet unique patient and practice needs. The STUN team brings experience with using videos to efficiently train implementation and provider teams, while offering telehealth services can circumvent challenges many practices face by bringing trained providers directly in contact with patients. The project team will examine these innovative project features for their potential to accelerate the dissemination and implementation of SBI and MAT for unhealthy alcohol use.

## Specific Aims

1. Evaluate the effect of primary care practice facilitation on uptake of evidence-based SBI for unhealthy alcohol use.
2. Evaluate the effect of primary care practice facilitation on uptake of evidence-based counseling and MAT for alcohol use disorder (AUD).
3. For practices with slower uptake, evaluate the effect of providing embedded telehealth services on use of evidence-based (a) SBI for unhealthy alcohol use and (b) counseling and MAT for AUD.
4. Evaluate the effect of practice facilitation on the implementation of clinical practice and office system changes to improve evidence-based SBI and MAT.

## Evaluation Overview

The main objectives of the evaluation are to determine if primary care practice facilitation can achieve rapid dissemination and implementation of PCOR findings to improve screening, counseling, and MAT for unhealthy alcohol use and to determine if embedded telehealth services accelerate the dissemination and implementation of screening, counseling, and MAT. The evaluation study design is an adaptive randomized controlled trial. All enrolled practices will receive the practice facilitation intervention, and after 6 months of receiving the intervention, 50 percent of practices will be randomized to continued practice facilitation or practice facilitation with embedded telehealth services. STUN will recruit 135 practices with the goal of 115-125 completing participation in the study.

The following constructs and measures will be captured:

- Implementation support: frequency, duration, mode, and purpose of practice contacts.
- Practice capacity for quality improvement, organizational readiness, and implementation climate.
- Implementation policies and practices, type and quantity of strategies implemented.
- Implementation effectiveness: number and percentage of patients in target population who were screened, received brief counseling, received MAT, or were referred for AUD.
- Contextual factors: practice characteristics, patient population, EHR capabilities.
- Telehealth acceptability.

Data collection will include (1) practice facilitator contact logs, (2) provider/staff practice survey, and (3) EHR data or web-based data forms.