EvidenceNOW
MANAGING UNHEALTHY ALCOHOL USE
AN AHRQ INITIATIVE

Colorado

Colorado

Program Name:
Facilitating Alcohol Screening and Treatment (FAST), Colorado

Lead Organization:
University of Colorado, College of Medicine, Department of Family Medicine
Aurora, CO

Partner Organizations:
Colorado Office of Behavioral Health, Peer Assistance Services, Colorado Health Extension System

Principal Investigator:
Perry Dickinson, M.D.

Geographic Region:
State of Colorado

Project Period:
September 2019 – 2022

Project Overview

Colorado Facilitating Alcohol Screening and Treatment (FAST) is a cluster randomized trial examining two approaches to support the implementation of patient-centered outcomes research (PCOR) findings to improve the identification and treatment of unhealthy alcohol use among adults in primary care. FAST aims to recruit 132 practices to participate in the trial implementation; practices will be randomized to receive either virtual or in-person practice facilitation. The intervention will consist of the following components:

- Practice facilitation: Each practice will receive 7 practice facilitation visits. For practices participating virtually, visits 2-6 will involve a practice facilitator engaging practices through virtual group sessions.

- Medication-assisted therapy (MAT) training: MAT training will be offered through in-person academic detailing, online resources, and ongoing support via email or office hours with project staff and experts. Consultation with an addiction medicine specialist will be offered when necessary.

- Online resource hub: The online resource hub will be available throughout project implementation, and e-learning modules will serve as the structural base for virtual practice facilitation sessions, covering topics such as collecting data, developing an intervention plan, conducting quality improvement activities, and developing skills for alcohol screening and treatment.

- Health information technology (HIT) assistance: Project staff will offer support in developing alcohol registries for population management, quality improvement, and data reporting through electronic health records or registries. HIT assistance will be delivered virtually or onsite when necessary.

"Participating in this initiative gives us an opportunity to assist primary care practices across Colorado to improve their care of patients with unhealthy alcohol use. Additionally, participating in this project allows us to continue to build on the relationships we developed with Colorado primary care practices and State agencies through our work on EvidenceNOW Southwest, the Colorado State Innovation Model initiative, and the Transforming Clinical Practice initiative."
— *Perry Dickinson, M.D.*

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Characteristics of the Region

Colorado's population is approximately 5.6 million, with an ethnic makeup of 67.3 percent White, 21.5 percent Hispanic or Latino, 4.5 percent Black or African American, 1.6 percent American Indian or Alaska Native, and 3 percent multiracial. Adults over age 65 make up 13.8 percent of the population and 22.5 percent are under age 18. There are approximately 4,390 primary care physicians spread across 1,300 practice sites.

In 2018, as defined by Federal moderate drinking guidelines, 21 percent of Colorado adults drank excessively, which exceeded the national rate of 18 percent. Denver County tied for the highest rate of excessive alcohol use at 26 percent. At 35 percent, Colorado also has higher than average alcohol-related driving deaths, compared with 29 percent nationally. In 2017, 73 percent of adults were screened for alcohol use, but only 21 percent were offered advice about harmful drinking levels, and 6.7 percent diagnosed with alcohol use disorder (AUD) received treatment.

Notable Features

FAST is unique in its approach to providing training and practice facilitation services to practices through both in-person facilitation and a web-based learning format. In a previous pilot, they found that e-learning modules and virtual practice-facilitation sessions reduced implementation costs while maintaining intervention effectiveness. In this trial, FAST will test the effectiveness of in-person and virtual practice facilitation modalities in their application to the implementation of SBIRT and MAT in primary care.

Specific Aims

1. Conduct a cluster randomized trial to examine the Reach, Effectiveness, Adoption, Implementation, Maintenance (RE-AIM) and relative value of two approaches (virtual vs. in-person practice facilitation) to support primary care physicians in implementing PCOR findings to improve identification and treatment of unhealthy alcohol use among adults.

2. Identify key practice characteristics and other contextual factors that affect the response of practices to the interventions.

3. Compare the adaptability, trialability, and scalability of the two interventions in order to plan dissemination of the findings to key local, regional, and national stakeholders.

Evaluation Overview

FAST's evaluation design consists of a two-arm trial with rolling recruitment and randomization as practices enroll. The evaluation will assess the impact of in-person compared with virtual practice facilitation in primary care practices to support screening, brief intervention, MAT, and referral for additional treatment, if necessary, for AUD. The PRISM (Practical, Robust, Implementation and Sustainability Model) and RE-AIM frameworks will guide the evaluation, which will assess the following domains:

- Primary care practice delivery of Screening, Brief Intervention, and Referral to Treatment (SBIRT) plus MAT.
- Primary care capacity to implement PCOR findings and improve quality.
- Implementation of the planned comprehensive approach.
- External health care context, including concurrent initiatives and supporting strategies (e.g., alternative payment model implementation).
- Internal practice context, including practice organization, staffing, patient population, degree of electronic health record adoption, and the ability of the practice to implement, use, and maintain an effective registry for AUD.

The evaluation will use a parallel mixed-methods approach, concurrently collecting quantitative and qualitative data. The analysis will use an embedded integration strategy, in which the qualitative findings will add contextual information about the intervention.

Data collection methods will include (1) registry SBI/RT and MAT measures, (2) surveys, (3) cost template, (4) implementation tracker, and (5) field notes.