EvidenceNOW
MANAGING UNHEALTHY ALCOHOL USE
AN **AHRQ** INITIATIVE

Illinois & Wisconsin

Wisconsin

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Program Name:

Intervention in Small Primary Care Practices to Implement Reduction in Unhealthy Alcohol Use (INSPIRE Program)

Lead Organization:

Northwestern University Center for Health Information Partnerships
Chicago, IL

Principal Investigators:

Abel Kho, M.D.
Theresa Walunas, Ph.D.

Geographic Region:

States of Wisconsin and Illinois

Project Period:

September 2019 – 2022

Project Overview

INSPIRE is a grantee program that brings together a multidisciplinary consortium to support the reduction of unhealthy alcohol use throughout Illinois and Wisconsin through an integrated platform of education, practice facilitation, and embedded electronic health record (EHR) technology. INSPIRE will enroll 160 small primary care practices to participate in the intervention, through which practices will receive support to implement screening and brief intervention (SBI) using the Single Alcohol Screening Question and offer medication-assisted therapy (MAT) to patients with alcohol use disorder (AUD).

INSPIRE uses the Exploration, Preparation, Implementation, and Sustainment framework to guide its implementation and dissemination efforts, which include the following components:

- Practice tailoring: INSPIRE will solicit input from key stakeholders to tailor strategies to be feasible and successful within their selected practices.

- Practice facilitation: For 6 months, practice facilitators will work with practices to support the implementation of the screening, brief intervention, and referral to treatment (SBIRT) and MAT workflows, meeting at least twice per month to provide coaching and assistance. Practice facilitators will receive training, utilize a quality improvement toolkit, and participate in a collaborative community to maximize the support they can offer practices.

- Learning collaborative: INSPIRE's learning collaborative will offer monthly webinars, access to regional experts, site visits, opportunities to exchange ideas, and a repository of tools and resources for both practice facilitators and participating practices.

"Our team is excited about this initiative because it will give us a chance to work with our local primary care community to tackle a significant public health issue for Illinois and Wisconsin. In addition, we will be able to explore how clinician education, practice facilitation, and health information technology tools contribute to improving the success of implementing preventative care and management for people with unhealthy alcohol use."
        –Theresa Walunas, Ph.D.

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Characteristics of the Region

There are approximately 18.6 million people in Wisconsin and Illinois combined. These States have the highest levels of unhealthy alcohol use within the Midwest, with 21 percent and 24 percent of adults in Illinois and Wisconsin reporting excessive drinking, compared with the 18 percent national average. Across both States, there are over 18,000 primary care physicians and 4,900 small primary care practices in both rural and urban settings. There are 788 substance use treatment centers in Illinois and 574 in Wisconsin, as well as treatment help lines in both States.

Notable Features

INSPIRE is leveraging partnerships with regional extension centers (RECs) in Wisconsin and Illinois to assist with practice recruitment and comprehensive health information technology (HIT) support. These organizations have initiated efforts to improve screening and treatment for unhealthy alcohol use and hold relationships with primary care practices. Since the REC partners have significant experience with EHR adoption, INSPIRE will accommodate practices that are installing, upgrading, or transitioning between EHRs and determine the ability of recruited practices without an EHR to adopt and participate in the program. This innovative approach to HIT support will allow INSPIRE to engage more practices and improve program success.

Specific Aims

1. Develop and deploy a robust online and in-person learning collaborative to support the in-clinic implementation of SBIRT and MAT for people with unhealthy alcohol use and identify patients who may benefit from further referral.

2. Conduct and assess implementation of a practice randomized stepped-wedge trial in small primary care practices to determine the adoption and efficacy of an EHR-based workflow to improve screening and treatment for people with unhealthy alcohol use.

3. Evaluate the ability of small practices in the region to participate in practice education programs, implement and sustain standard screening and treatment protocols adapted for documentation in the EHR, and identify factors that facilitated or hindered improvement and sustainability using quantitative and qualitative analysis methods.

Evaluation Overview

To determine the impact of their intervention, INSPIRE will use the RE-AIM (Reach, Effectiveness, Adoption, Implementation, Maintenance) model and a stepped-wedge evaluation design. INSPIRE aims to recruit 160 practices, with the goal of retaining 125 participating through program completion. Practices will be randomized to the time, or the "step," at which they begin implementing the INSPIRE intervention. The evaluation will incorporate both quantitative and qualitative data to examine practice adoption and implementation of SBIRT and MAT activities. The evaluation will seek to identify:

- Effectiveness of education programs, including the effect of hands-on versus distance learning methods and physician peer versus practice facilitator trainers.
- Impact of INSPIRE's educational programs on the implementation of SBIRT and MAT.
- Provider adoption of SBIRT/MAT (i.e., proportion of eligible patients who receive SBIRT/MAT).
- Relation between dosage of practice facilitation, use of specific quality improvement strategies, and the outcomes of provider adoption rate.
- Contextual and subgroup factors related to the overall effects of the implementation.

Data collection will include: (1) patient EHR data, (2) practice intervention tracking data, (3) practice facilitator visit documentation, and (4) interviews with practice facilitators and practice leaders.