EvidenceNOW

MANAGING UNHEALTHY ALCOHOL USE

AN AHRQ INITIATIVE

Virginia

Program Name:

Practice Facilitation to Promote Evidence-based Screening and Management of Unhealthy Alcohol Use in Primary Care

Lead Organization:

Virginia Commonwealth University (VCU)
Richmond, VA

Partner Organizations:

VCU Alcohol Research Center, Virginia Ambulatory Care Outcomes Research Network (ACORN), VCU Family Medicine and Virginia Tech Carilion Family Medicine residency programs

Principal Investigator:

Alex Krist, M.D., M.P.H.

Geographic Region:

State of Virginia

Project Period:

September 2019 – 2022

Project Overview

VCU is a grantee organization that aims to improve screening, counseling, and treatment for risky drinking and alcohol use disorder (AUD) by offering practice facilitation to guide practices in implementing standardized protocols. To further support practices, VCU is partnering with a variety of organizations with expertise in practice transformation, clinical education, primary healthcare delivery, and addiction medicine services that will contribute to the range of project activities.

VCU will engage 125 small and medium practices centered around five family medicine residency training hubs to participate in the intervention. As part of the intervention, practices will form quality improvement teams, assess their capacity and needs, attend education sessions, commit to screening, counseling, and treatment, and measure performance. VCU will support practices with these activities through a practice facilitation program that will include the following elements:

- Practice facilitator: Each enrolled practice will be assigned a practice facilitator who will guide the practice through the change process.
- Education and training: Practices will be offered several educational and training sessions and expert consultations throughout implementation.
- Financial and business support: VCU will offer strategies and tools for coding and billing.
- Coordination of shared learning and best practices: Practice facilitators will coordinate and lead a learning collaborative for practices to share plans, experiences, and resources.
- Online support center: The online support center will offer resources for practices as well as practice facilitators.
- Change package: VCU will create toolkits for screening, counseling, and treatment that will be accessible to practices via the online support center.
- Assessment and feedback: VCU will analyze metrics collected and share results with each practice.
- Additional supports: Practice facilitators will tailor support activities to match practice needs throughout the project.

"The VCU team is excited to start working with Virginia clinicians and patients to impact unhealthy alcohol use in our State, the third leading preventable cause of death. We know that clinicians are able to truly make a difference with brief counseling and partnering with community programs. We hope that our initiative will motivate change in our communities and improve the health of Virginia."

– VCU Project Team

Agency for Healthcare Research and Quality

Virginia

Characteristics of the Region

Virginia's population consists of over 8 million people, spread across 134 cities. There are approximately 3,390 adult primary care physicians, with an estimated 1,836 independent primary care practices and 140 federally qualified health center sites in the State. While Virginians generally report good access to care, only 42.9 percent of adults in Virginia treated for substance use complete their treatment. Among adults, 17.8 percent report drinking more than recommended and 15.8 percent report binge drinking. Binge drinking rates are higher among males, younger adults, more educated people, and higher income populations.

Notable Features

VCU is taking a unique approach to data collection by incorporating a patient survey, targeting over 20,000 Virginians, to learn about their experiences during the study period, allowing them to report on patient-level health outcomes. In addition, their innovative approach to training includes residency programs as well as more experienced physicians. VCU will also create a change package, complete with two toolkits: one for screening and one for counseling and treatment. Each toolkit will be complete with tools and resources to assist practices in implementing care for unhealthy alcohol use. These toolkits will continue to be constructed as practice needs are identified to offer maximally tailored support.

Specific Aims

1. To evaluate whether practice facilitation increases screening rates for unhealthy alcohol use in primary care.
2. To evaluate whether practice facilitation increases treatment for unhealthy alcohol use in primary care, specifically:
   a) Whether there is a greater increase in counseling patients with risky drinking at 3 and 6 months for intervention versus wait list control practices;
   b) Whether there is a greater increase in MAT for patients with moderate to severe AUD at 3 and 6 months for intervention versus wait list control practices;
   c) Whether patients who report risky drinking reduce the amount they drink at 6 months.
3. To understand the practice implementation strategies and practice support factors that influence the effectiveness of the intervention in promoting routine screening for unhealthy alcohol use:
   a) What practice implementation strategies most benefit a practice's ability to implement screening, counseling, and treatment protocols to address unhealthy alcohol use;
   b) What practice facilitation factors influence implementation success;
   c) How community, organization, and practice-level factors affect implementation efforts; and
   d) How practices adapt implementation strategies to reflect local needs and challenges.

Evaluation Overview

VCU will use a cluster randomized, wait list control evaluation design to determine whether practice facilitation increases screening and treatment for unhealthy alcohol use as well as the strategies that influence intervention effectiveness. Of the 125 participating practices, 50 percent will be randomized to receive practice facilitation at startup while the other 50 percent will receive practice facilitation starting after a 6-month delay. Data will be collected at baseline, 3-month, and 6-month followup for intervention and control practices to assess effectiveness and maintenance. The following outcomes will be assessed: (1) practice support, practice interventions, and clinician engagement, (2) screening rate, (3) treatment rate, (4) prevalence of risky drinking, and (5) reduced drinking at 6 months.

Data will be collected from the following sources: (1) chart review, (2) patient survey, (3) clinician survey, (4) practice team survey, (5) practice facilitator field notes, and (6) semistructured interviews with practice facilitators and key stakeholders.