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Knowledge Advancing Social Justice

Reducing Risky Alcohol Use: What Health Care Systems Can Do

Mary Brolin, PhD

Constance Horgan, ScD

Amity Quinn, PhD

Maureen Stewart, PhD

Brooke Evans, MSW, LCSW, CSAC

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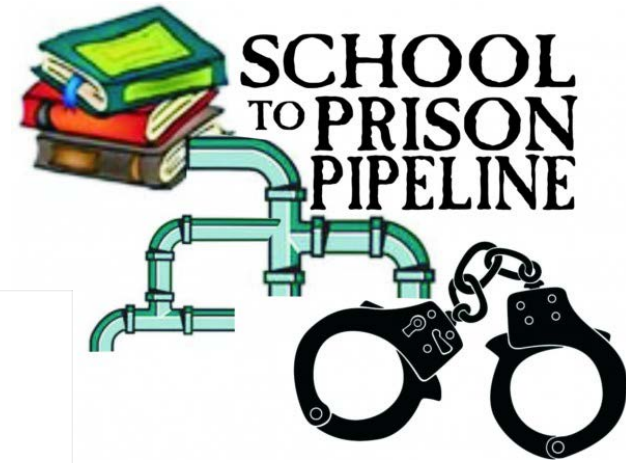
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Our Society Faces Many Problems

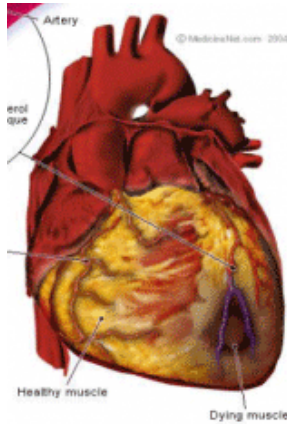


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Doctors Face Similar Challenges with Their Patients



THE WORLD IS GETTING FATTER

250⁺ MILLION PEOPLE (2000) vs 904⁺ MILLION PEOPLE (2008)

ABC TO OBESITY PREVENTION

Adopt New Healthy Habits

- Bike to Work
- Balance Diet
- Swim
- Drive to Work
- Fast Food
- Walk TV

Balance Your Calorie Intake

FOOD: 2000 CALORIES IN vs 3000 CALORIES OUT

Control Your Weight Gain

OBESITY IS KILLING PREVENTABLE THE WORLD

OBESITY KILLS!

7 common diseases due to obesity:

- Arthritis
- Diabetes
- Cancer
- Stroke
- Infertility
- Heart Diseases

source: World Health Organization ©2014 Health.com www.healthbuzz.com



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Where do we focus our efforts, time and resources?

Must Answer Two Key Questions

Is there evidence of a:

Problem



Solution

Risky drinking has both

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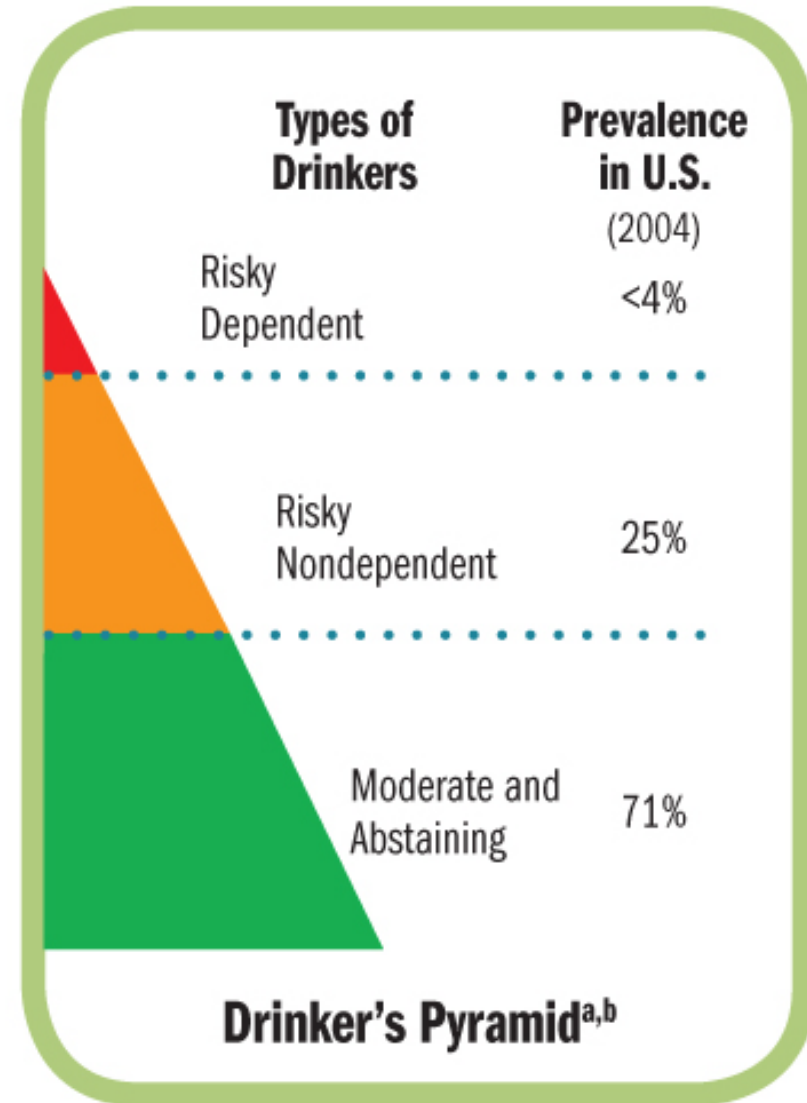
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What is risky drinking and how much of a problem is it?

Risky Drinking

- Any level of alcohol use that increases risk of harm to a person's health or well-being or that of others
- Most risky drinkers are NOT dependent



1 out of 4 Adults Engage in Risky Drinking

US Adults

- 79.7 million risky drinkers
- 17.4% past month binge drinking
- 5.9% past month heavy alcohol use

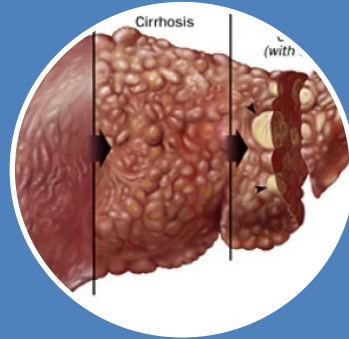
MA Adults

- 1.3 million risky drinkers
- 17.4% past month binge drinking
- 7.0% past month heavy alcohol use

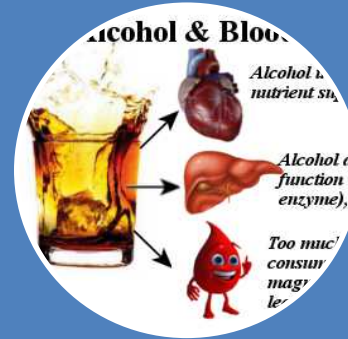
Risky Alcohol Use has Serious Consequences



240 alcohol related deaths per day



Can lead to health problems such as cirrhosis and cancer



Can complicate illnesses such as diabetes, hypertension, and depression



Increased risk of injuries, violence and birth defects

Risky Drinking is Expensive

\$249 billion in the US in 2010

\$5.6 billion in MA

\$861 per capita in MA

Binge drinking leads to $\frac{3}{4}$ costs

Reducing risky drinking can save billions and improve lives

How can we reduce
risky drinking?

Alcohol Screening and Brief Intervention is Effective

Alcohol SBI is effective for adults in primary care outpatient settings (Saitz, 2010, Kaner et al., 2009, Bertholet et al., 2005)



Alcohol SBI reduces:

Alcohol use

Hospitalizations

Injuries

Driving under
the influence

Mortality

Alcohol SBI: a Prevention and Early Intervention Approach

Screening

Asking a valid set of screening questions to identify patients' drinking patterns

AUDIT 1-3 (US)

1. How often do you have a drink containing alcohol?
2. How many drinks containing alcohol do you have on a typical day when you are drinking?
3. How often do you have X or more drinks on one occasion?

Where X is 5 for men, 4 for women



Brief Intervention

A short conversation about the harmful effects of risky drinking with patients who are drinking too much



Alcohol SBI is Cost Effective



Ranks 4th out of 25 preventive services

Saves average of \$218 per patient per year

Could save \$1.17 billion annually in MA if all adults received alcohol SBI

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Despite evidence,
screening and brief
intervention are limited

Why?

Physician Challenges



Limited time with patient



Lack of training



Discomfort with subject



Limited of billing options

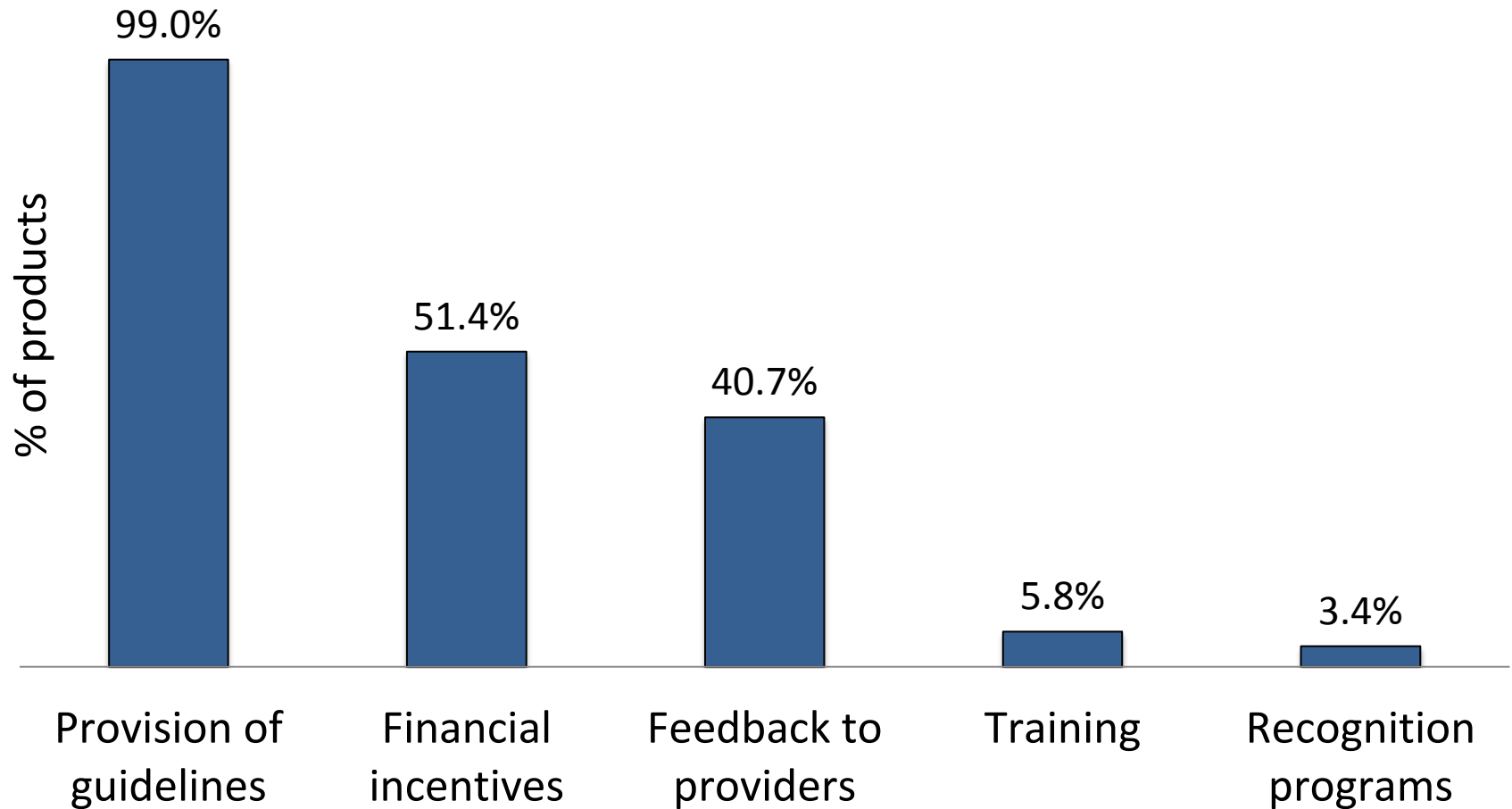
Health System Reforms Offer Opportunities

Patient-
centered
medical homes

Accountable
Care
Organizations

Integrated care

Health plan policies encouraging the use of SBI for alcohol problems in primary care, 2010



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Horgan et al., 2014

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Health Plans Can Implement Specific Supportive Strategies

Implementing performance measures

Reimbursing or using alternative payment models, including pay for performance

Providing incentives for clinical practice

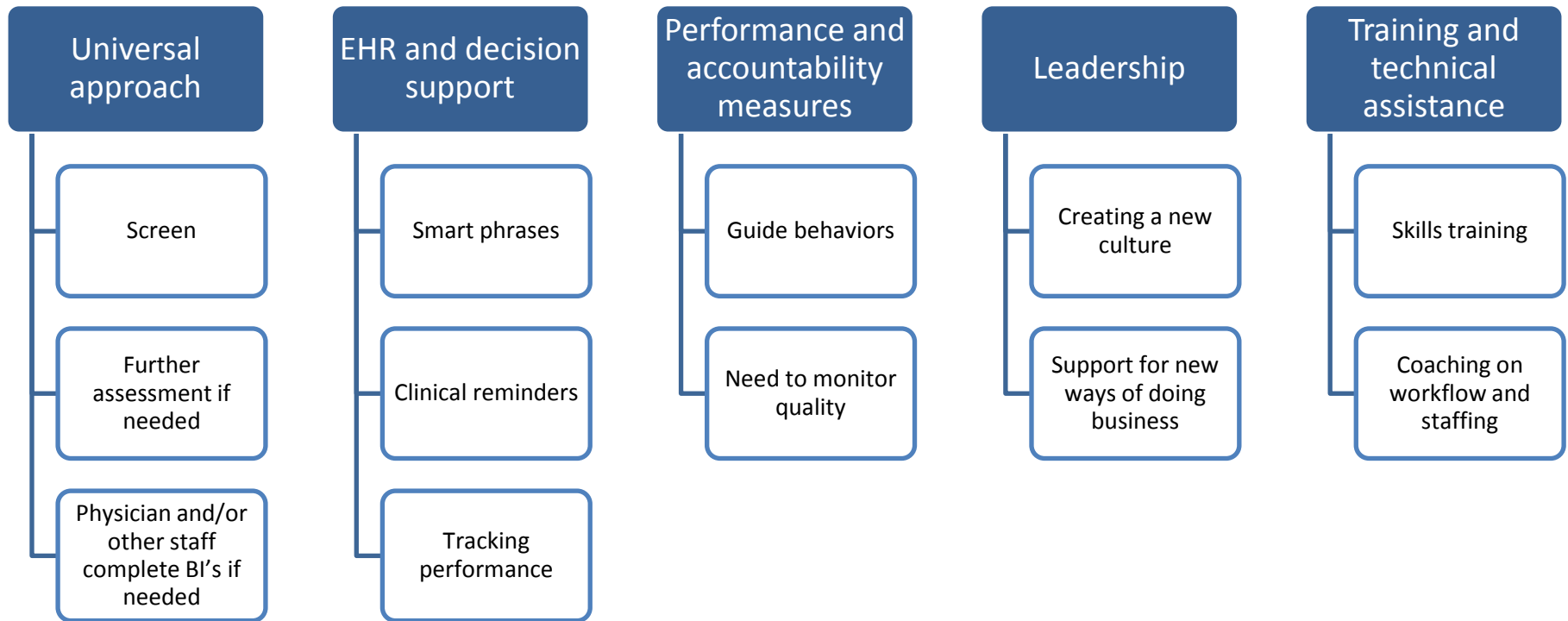
Implementing SBI directly in the health plan

Supporting EHRs and decision-support software

Providing training and coaching

Local and National Providers Offer Key Lessons

SSTAR, CHA, MGH, VHA, Kaiser, HealthPartners

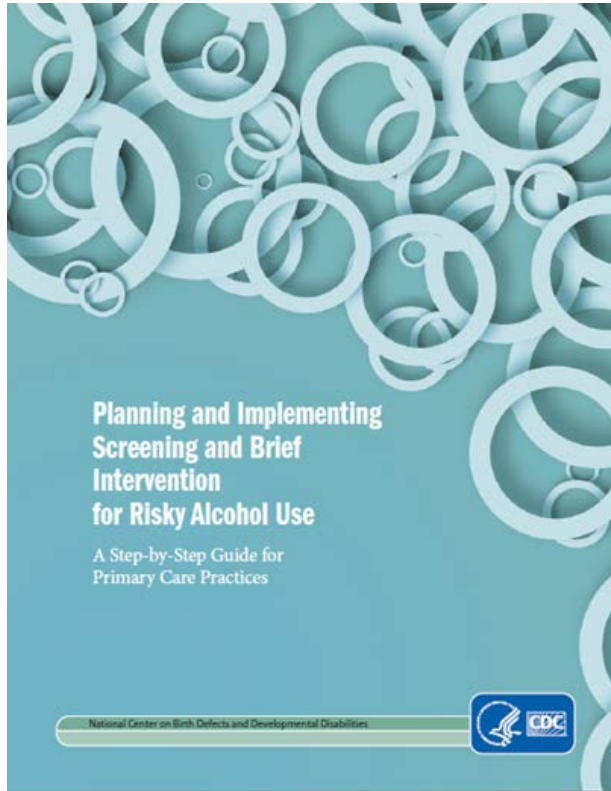


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Resources are Available



SAMHSA-HRSA Center for Integrated Health Solutions



National Screening, Brief Intervention & Referral to Treatment

ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

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Our Goal: Screen 50% of MA adults annually for risky alcohol use by 2020 and 75% by 2025

Benefits to reaching this goal



Health improvements for
Massachusetts residents

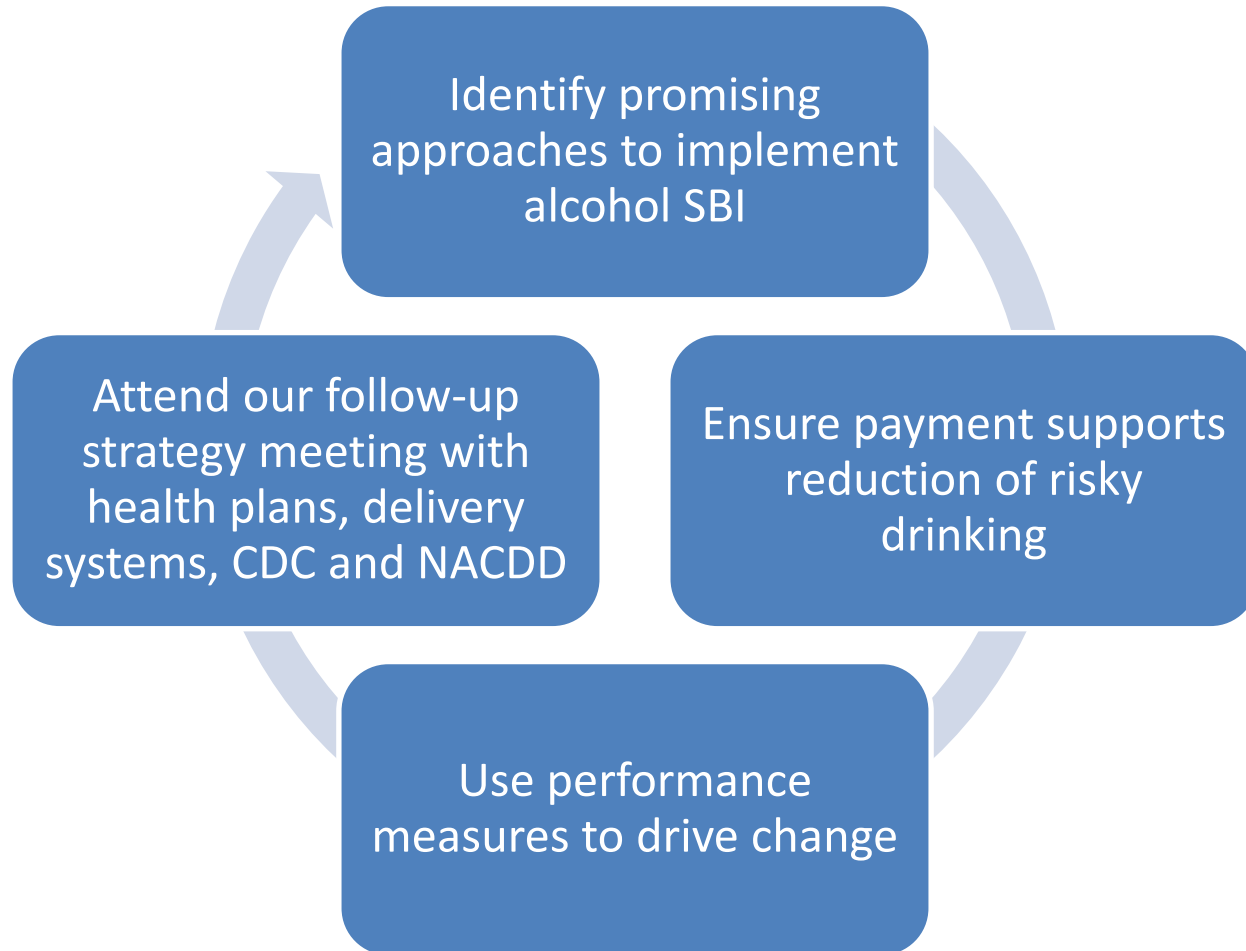
Cost savings of nearly \$1
billion

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To achieve these goals we need to:



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