Large-scale implementation of alcohol SBIRT in adult primary care in Kaiser Permanente Northern California: Lessons from the field

Sterling, Stacy, DrPH, MSW, Thekla Ross, PsyD, Constance Weisner, DrPH, MSW

Massachusetts Health Policy Forum
Reducing Risky Alcohol Use: What Health Systems Can Do
April 27, 2016, Boston, MA

NIAAA R01AA018660

Kaiser Permanente Research
**ADVISE Alcohol SBIRT Trial (Mertens R01AA018660)**

- Cluster-randomized implementation trial
  - 54 Primary Care Clinics
  - 11 Medical Centers
  - 639,613 patients with visits
  - 556 primary care providers

**Alcohol as a Vital Sign (AVS) Alcohol SBIRT Initiative**

- Region-wide implementation of alcohol SBIRT in Kaiser Permanente Northern California adult primary care
  - 21 Medical Centers
  - 4.2 million members
  - ~9,000 active physicians
Workflows of the original ADVISe Trial

**PCP Arm**
- PCP screens using NIAAA screener
- **Negative:** No further action.
- **Positive:** PCP administers screeners for weekly limits and alcohol dependence
  - **Negative for Dependence:** Brief Intervention + follow-up
  - **Positive for Dependence:** PCP Refers to AOD Treatment + follow-up

**NPP & MA Arm**
- MA screens using NIAAA screener
- **Positive:** PCP sees screening results; hands off patient to see NPP
- **Negative:** No further action.
- NPP administers screeners for weekly limits and alcohol dependence
  - **Positive for Dependence:** NPP Refers to AOD Treatment + follow-up
  - **Negative for Dependence:** Brief Intervention + follow-up
## Percentage Screened and Given BI by Study Arm in Year 1 in ADVISe Trial

<table>
<thead>
<tr>
<th></th>
<th>PCP Arm</th>
<th>NPP Arm</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>% Screened</strong></td>
<td>14.7%</td>
<td>64.6%</td>
<td>5.9%</td>
</tr>
<tr>
<td><strong>% Given Brief Intervention/Referral among Positive Screens</strong></td>
<td>44.4%</td>
<td>3.4%</td>
<td>2.7%</td>
</tr>
</tbody>
</table>
Results of multi-variable analyses of effects of alcohol brief interventions (BI) on blood pressure control among hypertensive KPNC members in (n=1,422)

Significant association between receiving a BI from PCP and BP control and declines in BP, at 18 months post-screening:

- Patients with out-of-control BP (SBP≥140/DBP≥90) who received a BI had 17 times higher odds of having BP under control at 18 months than those who did not receive a BI,

- The average drop in Systolic BP among lower-severity risky drinkers (drinking above safe limits 1 – 7 times in past year) was:
  - 37.9 mmHg in those who received a BI compared to 17.2 mmHg among those who did not receive a BI, among those with out-of-control BP, and
  - was 22.1 mmHg compared to 6.2 mmHg among all hypertensive patients.

Hybrid model adopted for region-wide implementation

Non-Physician Arm
- Medical Assistants screen
  - Non-Physician Providers deliver BI/RT

Physician Arm
- Physicians screen
  - Physicians deliver BI/RT

Medical Assistants Screen
  - Physicians deliver BI/RT

Consistent with system workflow for other screening initiatives
Took advantage of Medical Assistant Rooming Tool overhaul
<table>
<thead>
<tr>
<th></th>
<th>PCP Arm</th>
<th>NPP Arm</th>
<th>Control</th>
<th>Regional Targets</th>
<th>Regional Performance To Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Screened</td>
<td>14.7%</td>
<td>64.6%</td>
<td>5.8%</td>
<td>90%</td>
<td>86%</td>
</tr>
<tr>
<td>% Given Brief Interventions among Positive Screens</td>
<td>44.4%</td>
<td>3.4%</td>
<td>2.7%</td>
<td>80%</td>
<td>62%</td>
</tr>
</tbody>
</table>
## Alcohol as a Vital Sign (AVS): June 2013 – March 2016, cumulative #s

### Unique patients
- Unique patients screened (with at least 1 office visit)  | 2,778,081
- Unique patients screening positive                  | 385,884  (14%)
- Unique patients receiving BI                        | 194,273  (52%)

### Total patients, including repeats
- Total # of screenings                               | 4,502,309
- Total patients screening positive                   | 497,604  (11%)
- Total # of BIs                                      | 248,311  (50%)
Brief Intervention Rates Among Those Screened Positive, over time

Alcohol as a Vital Sign Regional Brief Intervention Rates
October 2013 to March 2016

March 2016 = 62%
Alcohol as a Vital Sign rates surpassing other preventive health screening

<table>
<thead>
<tr>
<th>Rooming Tool Dashboard</th>
<th>Medical Center Summary</th>
<th>March 2016</th>
<th>Data as of 4/5/2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adult Exercise</strong></td>
<td><strong>KP.Org Promotion</strong></td>
<td><strong>Tobacco Screening</strong></td>
<td><strong>Alcohol Screening</strong></td>
</tr>
<tr>
<td># of Visits where Prompt Fired</td>
<td>% of Visits with Approp. Follow up</td>
<td># of Visits where Prompt Fired</td>
<td>% of Visits with Approp. Follow up</td>
</tr>
<tr>
<td>Medical Center</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>REGION - TOTAL</td>
<td>416,557</td>
<td>115,427</td>
<td>368,093</td>
</tr>
</tbody>
</table>

*Targets*
Key Factors in AVS Implementation

Leadership support

**AVS Strategy Team:** Research, Primary Care, Chemical Dependency, Reg. Mental Health - Bi-weekly calls

Implementation Facilitator role

**Technical Assistance:** in-person visits, by phone and email

**AVS Team - Alcohol Education Champions:** (Primary Care) & **CD Liaisons** (Alcohol and Drug Treatment) at each medical facility - Quarterly Collaborative calls

Electronic Health Record
Key Factors in AVS Implementation

**Training:** Adapted from the “Alcohol Clinical Training” for SBIRT from ADVISE (Saitz, Alford)

- Included skills-based role-play, case study video
- Local Trainers → 2-hours for PCPs, 1-hour for MAs
- Onboarding new docs, MAs, new Champions

**Performance Feedback:** unblinded, to Medicine Chiefs, Leaders, by facility and provider

**Access to data**

**Marketing & Communications:** Wiki, Training materials, Patient-facing materials
Leadership Support
Alcohol Education Champions & CD Liaisons
“Matchmaking” emails introducing Alcohol Champions and CD Liaisons

Dr. Elson, please meet your CD Liaison to Medicine Dr. Gonzalez and Dr. Ghadiali. They are your contact people in your local Chemical Dependency department. Dr. Gonzalez and Dr. Ghadiali, please meet your Alcohol Education Champion from Oakland Medicine Dr. Elson. We hope you can carve out some time to meet in person and talk over issues regarding your work together on this project. (See contact information below)

The CD Liaison’s role is to have regular contact with the Alcohol Education Champion in the Department of Medicine for the purposes of facilitating referrals to CD programs. The Alcohol Education Champion’s role is to provide leadership, advocacy and consultation regarding the Alcohol as a Vital Sign initiative in his or her department. Together you will both enhance the quality of care for our members. We have provided you with a link to the Alcohol as a Vital Sign Ideabook Page for this program. (See below)

<table>
<thead>
<tr>
<th>Alcohol Education Champion</th>
<th>CD Liaison with Medicine</th>
<th>CD Liaison with Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joseph Elson, MD</td>
<td>Sofia Gonzalez, PsyD</td>
<td>Murtuza Ghadiali, MD</td>
</tr>
<tr>
<td>4th Floor</td>
<td>1201 Fillmore Street</td>
<td>1201 Fillmore Street</td>
</tr>
<tr>
<td>2238 Geary Blvd</td>
<td>San Francisco, CA 94115</td>
<td>San Francisco, CA 94115</td>
</tr>
</tbody>
</table>
Electronic Health Record
7/26/2010 visit with A X CEMD MD

Allergies: Vancomycin, Amino Acid Supplement, Formaldehyde, Tetanus Antitoxin, Hepatitis A Virus Vaccine


Chief Complaint
None

Vitals
No readings taken.

BestPractice Alerts
Please complete the Alcohol Screening for this patient.

Visit Notes
None
Alcohol as a Vital Sign Questions in EHR

Evidence-based, NIAAA Single-item Binge drinking (tailored to age and gender) + daily/weekly quantity/frequency
Best Practice Alert

Patient had 4+ drinks/day 7 time in past 3 months, which exceeds the daily low-risk limit: no more than 3 drinks on any one day (women/older adults or men aged 18-65).

Patient typically has 20 drinks a week which exceeds weekly low-risk limits: no more than 7 per week.

Patient has screened positive for Unhealthy Alcohol Use. Provide Brief Advice to "Cut Back." and code "Counseling, Alcohol prevention".

Ask questions to screen for Alcohol Dependence (see more info below).

>> If positive to either question, refer to CD services if patient agrees and code “Monitoring, Alcohol Use and Abuse”; document if referral refused.

[Note: Alcohol Dependence screening indicates possible dependence but does not confer a diagnosis.]

Alcohol Dependence Screening Questions:

1. In the past year, have you sometimes been under the influence of alcohol in situations where you could have caused an accident or gotten hurt?

2. Have there often been times when you had a lot more to drink than you intended to have?
### VITALS NCAL [966]

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<thead>
<tr>
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<td># TIMES DRANK 4/5+</td>
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<tr>
<td># DRINKS/WEEK</td>
<td></td>
<td></td>
<td>16</td>
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</table>
Performance Feedback
Screening Performance, by Facility, sent to Chiefs, MA Managers each month

<table>
<thead>
<tr>
<th>Medical Center</th>
<th># of Visits where Prompt Fired</th>
<th>% of Visits where Screening Reviewed</th>
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<tbody>
<tr>
<td></td>
<td>N/A</td>
<td>90%</td>
</tr>
<tr>
<td>1</td>
<td>9,218</td>
<td>83%</td>
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<tr>
<td>2</td>
<td>15,447</td>
<td>92%</td>
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<tr>
<td>3</td>
<td>12,563</td>
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<tr>
<td>4</td>
<td>4,529</td>
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<tr>
<td>5</td>
<td>9,938</td>
<td>87%</td>
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<tr>
<td>6</td>
<td>10,263</td>
<td>81%</td>
</tr>
<tr>
<td>7</td>
<td>19,452</td>
<td>90%</td>
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<tr>
<td>8</td>
<td>4,780</td>
<td>85%</td>
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<tr>
<td>9</td>
<td>9,626</td>
<td>59%</td>
</tr>
<tr>
<td>10</td>
<td>7,605</td>
<td>90%</td>
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<tr>
<td>11</td>
<td>5,192</td>
<td>74%</td>
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<tr>
<td>12</td>
<td>12,958</td>
<td>88%</td>
</tr>
<tr>
<td>13</td>
<td>6,161</td>
<td>91%</td>
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<tr>
<td>14</td>
<td>7,360</td>
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<tr>
<td>15</td>
<td>5,111</td>
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<td>REGION - TOTAL</td>
<td>140,203</td>
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### Medical Assistant Report Cards

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<th>QUALITY GOALS</th>
<th>Target</th>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>APR</th>
<th>MAY</th>
<th>JUN</th>
<th>JUL</th>
<th>AUG</th>
<th>SEP</th>
<th>OCT</th>
<th>NOV</th>
<th>DEC</th>
<th>Yr End</th>
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<tbody>
<tr>
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<td>Statin: filled RX</td>
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<td>Colorectal Cancer Screening</td>
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<td>Breast Cancer Screening</td>
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<td>Depression Screening</td>
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<th>MEDICARE</th>
<th>Target</th>
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<td>ROOMING TOOL</td>
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<td>Alcohol Screen</td>
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<td>Tobacco Screen</td>
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</table>
Monthly Reports with Brief Intervention rates sent to all Adult Medicine Chiefs, Chair of Chiefs, Leadership

July 2015 Brief Intervention Rate By Med Center

TARGET 80%
Provider-level Brief Intervention performance reports sent to Facility Chief each month

<table>
<thead>
<tr>
<th>Dept</th>
<th>Data</th>
<th># of Patients identified with Unhealthy Alcohol Use</th>
<th># of Patients that received Brief Intervention during a Primary Care DOV</th>
<th>Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal Medicine</td>
<td>CurMth</td>
<td>MEETS TARGET</td>
<td>(Patients that received Intervention / Patients identified with Unhealthy Alcohol Use)</td>
<td>80%</td>
</tr>
<tr>
<td>Data through end of Y15M07</td>
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</table>

Prevalence of Positive Screens for the Medical Center

% of Patients that screened positive for Unhealthy Use out of all patients screened via the MA Rooming Tool.

*V-code for Counseling, Alcohol Prevention

If no screening via the MA Rooming Tool, but "Brief Intervention" was coded, then patient is counted as having Screened Positive.
Marketing & Communications
# Highest Impact (on Health and Cost Effectiveness) Preventive Services

<table>
<thead>
<tr>
<th>Ranking</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aspirin (Men 40+; Women 50+)</td>
</tr>
<tr>
<td>2</td>
<td>Childhood immunizations</td>
</tr>
<tr>
<td>3</td>
<td>Smoking cessation</td>
</tr>
<tr>
<td>4</td>
<td>Alcohol Screening &amp; Intervention</td>
</tr>
<tr>
<td>5</td>
<td>Colorectal cancer screening &amp; treatment</td>
</tr>
<tr>
<td>6</td>
<td>Hypertension screening &amp; treatment</td>
</tr>
<tr>
<td>7</td>
<td>Influenza Vaccination</td>
</tr>
<tr>
<td>9</td>
<td>Cervical cancer screening</td>
</tr>
<tr>
<td>10</td>
<td>Cholesterol screening (men 35+: women 45+)</td>
</tr>
<tr>
<td>12</td>
<td>Breast cancer screening</td>
</tr>
<tr>
<td>18</td>
<td>Depression screening</td>
</tr>
<tr>
<td>21</td>
<td>Osteoporosis screening</td>
</tr>
<tr>
<td>23</td>
<td>Diabetes screening - adults</td>
</tr>
</tbody>
</table>


For rankings: 1=highest
Alcohol as a Vital Sign

Simplifies Your Work!

You may already ASK about alcohol. You ALL deal with Consequences of unhealthy use.

Alcohol as a Vital Sign...

1. Adds Evidence-Based Alcohol Screening to MA Rooming Tool
2. Eliminates your work for the 93% of patients who screen negative
3. Provides clear, effective, brief workflow for the few (7%) who screen positive
4. Can help reduce your load – Risky drinkers use 50% more primary care visits than other primary care patients
“But... when I ask about alcohol, my patients never change!”

And...

✓ Addicts aren’t my favorite patient.
✓ I don’t have time to manage.
✓ I am unclear about best next steps.
What is Brief Advice?

State Concern, Link to health, Recommend “Cut back.”

1. “I’m concerned that you are drinking more than safe low-risk limits.”

2. “This could affect your health [hypertension, depression, sleep, weight gain, diabetes, acid-related peptic disorder, erectile dysfunction, injury]

3. “I recommend you “cut back” to no more than 4 (3) drinks per day and no more than 14 (7) drinks per week”.

For Men <66:
No More than
4 drinks/day or
14 drinks/week

For Women & >65:
No More than
3 drinks/day or
7 drinks/week
AS PART THE KP TEAM, YOU ARE THE MEMBERS 1st POINT OF CONTACT
WHAT IF... patients get defensive and rationalize their behavior?
“I drink wine with my meals at night and there is nothing wrong with that”

THE PATIENT GETS ANGRY?

Response
“All patients are now being asked these questions as a routine part of primary care. You can choose not to answer.”

WHAT IF THEY REFUSE TO ANSWER?

If patient is still reluctant
“You don’t need to answer if you’d prefer not to”
Practice asking screening questions:

Incorrect:
“In the past 3 months, have you had 5 or more drinks?”

Or…

Correct:
“How many times in the past 3 months have you had 5 or more drinks in a day?”

Notice how it’s different?
"WE ASK EVERYONE" fliers

• Normalizes asking patients about drinking

and

• Educates patients about Low-risk limits

Pin on Every Exam Room Wall!
**Limites Máximos Potable**

Para hombres 65 y más jóvenes, no más de 4 bebidas por día y no más de 14 bebidas por semana.

Para mujeres, y para los hombres más de 65 años de edad, no más de 3 bebidas por día y no más de 7 bebidas por semana.

<table>
<thead>
<tr>
<th>12 onz. de Cerveza</th>
<th>8-9 onz. Licor de Malta</th>
<th>5 onz. Vino de Mesa</th>
<th>3-4 onz. Vino alcoholizado</th>
<th>2-3 onz. de Cóndal, Licor, Licor Aparitivo</th>
<th>1.5 onz. de Brandy (80-graduación alcohólica) tequila, vodka, whiskey, etc</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 onz.</td>
<td>8.5 onz.</td>
<td>5 onz.</td>
<td>3.5 onz.</td>
<td>2.5 onz.</td>
<td>1.5 onz.</td>
</tr>
</tbody>
</table>

12 onzas de Cerveza: 1 bebida, 16 onzas = 1.3 bebidas, 22 onzas = 2 bebidas, 40 onzas = 3.3 bebidas.
12 onzas de Licor de Malta = 1.5 bebidas, 16 onzas = 2 bebidas, 22 onzas = 2.5 bebidas, 40 onzas = 3.3 bebidas.
750 mL botella de vino (25 onzas) = 5 bebidas.
Licor Fuerte de 80 graduación: (16 onzas.) = 11 bebidas, un quinto (25 onzas) = 17 bebidas, a 1.75.

**Giói hạn tối đa để giữ an toàn khi uống rượu:**

- Đối với dân ông cho đến tuổi 65, không quá 4 ly mỗi ngày và không quá 14 ly mỗi tuần.
- Đối với bà và dân ông trên 65 tuổi, không quá 3 ly mỗi ngày và không quá 7 ly mỗi tuần.

<table>
<thead>
<tr>
<th>12oz. bia hay cooler</th>
<th>8-9oz. rượu mạch nha</th>
<th>5oz. rượu vang</th>
<th>3-4oz. rượu vang nồng độ cồn cao (ví dụ: rượu nho ngọt, rượu hay port)</th>
<th>2-3oz. rượu khá và, rượu hường nức tiếng trong hình chua</th>
<th>1.5oz. rượu brandy (như cognac) (một lượng rượu nho đúng tách 45cc) lít jigger</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 oz.</td>
<td>8.5 oz.</td>
<td>5 oz.</td>
<td>3.5 oz.</td>
<td>2.5 oz.</td>
<td>1.5 oz.</td>
</tr>
</tbody>
</table>

Đối với bia: 12 oz. = 1 ly, 16 oz. = 1.3 ly, 22 oz. = 2 ly, 40 oz. = 3.3 ly
Đối với rượu mạch nha: 12 oz. = 1.5 ly, 16 oz. = 2 ly, 22 oz. = 2.5 ly, 40 oz. = 4.5 ly
Đối với rượu vang: 1 chai 750 ml (25 oz.) = 5 ly
Đối với rượu mạnh 40%: 1 pint (16 oz.) = 11 ly, 1 fifth (25 oz.) = 17 ly, 1.75 l (59 oz.) = 39 ly
'Alcohol as a Vital Sign' is a routine screening during office visits to address unhealthy drinking. Unhealthy drinking is a top Kaiser Permanente prevention priority due to the multitude of negative effects it has, including an increased risk of hypertension, gastrointestinal disorders, sleep problems, diabetes, overweight, injuries, and liver disease. This leads to 50% more primary care visits per year for those who are impacted.

Please access the resources by clicking on the appropriate category below:

- Playbook
- SBIRT
- Video
- Training
- Cheat Sheets
- For MAs
- Patient Ed
- Alcohol Guided Content Center
Alcohol Use Self-Assessment

This self-assessment can help you determine if you're drinking within recommended low-risk limits, or if you should consider cutting back, or quitting. This tool is designed for adults 21 and older.

Your results will not be shared with any Kaiser Permanente health provider or saved in your medical record.

Please select the option that best describes your gender and age group.
(If transgender, select your gender at birth.)

- Male age 21 to 64
- Male 65 or older
- Female 21 or older

Next

Back to Alcohol Use Care Guide

Credits: Audit C: Alcohol Use Disorders Identification Test. Developed by the World Health Organization, Department of Mental Health and Substance Dependence.
Alcohol Use Self-Assessment

Increased Risk

Your score suggests that you are drinking more than the recommended low-risk limits, which can affect your overall health.

For healthy adult men 64 and younger, that means no more than 14 drinks per week and no more than 4 drinks on any day.

Use our resources to help you drink within low-risk limits.

[Explore Care Options] [Start Over]

You can re-take this self-assessment at any time if your drinking patterns change.
Increased-risk drinking
Northern California

Listen to page

Many adults don't realize they're drinking more than the low-risk limits, which can cause alcohol-related problems now, or over time. Talk with your doctor if you need help cutting back, or quitting.

What are the low-risk limits?

Tips for cutting back.

Drinking is sometimes used to help cope with stress, feelings of depression, sleep problems, or other health issues. You can use our resources to find healthier alternatives.

Health classes and support groups

Our classes and support groups are taught by trained instructors and offer a place to share information and connect with others who have similar health concerns and goals.

Search our directory for classes and groups in your area.

Personalized healthy lifestyle programs

Take one of our free online programs.

- HealthMedia® Overcoming™ Insomnia
- HealthMedia® Relax®
- HealthMedia® Overcoming™ Depression

Employee Assistance Programs

Most large companies have confidential Employee Assistance Programs (EAPs) to help employees and their family members address alcohol use and other health issues. EAPs provide services that usually include:

- evaluation, short-term counseling, and referrals to other services, such as financial advice
- support to help manage personal, life, and work-related challenges
- information about self-help groups and other community support resources

Contact your Human Resource Department (HR) for information.
High-risk drinking
Northern California

If you’re drinking more than the **low-risk limits**, talk with your doctor about potential alcohol-related problems, and for help cutting back, or quitting. You don’t have to drink heavily all of the time, or be dependent on alcohol, to have an alcohol-related problem. You can use our resources for additional support.

Need help now?

If you think you may be dependent on alcohol and decide to stop drinking completely, don’t go it alone. Sudden withdrawal from heavy drinking can be life threatening. We can help you plan a safe recovery.

Call to learn about chemical dependency and other behavioral health services. Trained Kaiser Permanente staff will evaluate your situation and find the right care options for you.

Learn more about chemical dependency services.

### Where to call?

Medication

Medications can be used to decrease alcohol craving or address chemical changes in the brain due to addiction. Talk to your doctor to find out which medications, if any, are right for you.

Medications that may be used to help manage alcohol withdrawal include:

- Benzodiazepines (Diazepam)
- Carbamazepine (Tegretol)
- Valproate (Depakote)
- Phenytoin (Dilantin)

Medications to help you stay sober during recovery include:

- Disulfiram (Antabuse)
- Naltrexone (ReVia, Vivitrol)
- Acamprosate (Campral)

Learn more about these medications.

Online communities
THANK YOU

Stacy.a.Sterling@KP.org