Edwin D. Boudreaux, PhD.
Hi, I'm Ed Boudreaux, I'm a Clinical Psychologist and a Behavioral Health Consultant.

Jon Glover, LCSW
And I'm Jon Glover, I'm a Licensed Clinical Social Worker and a Behavioral Health Project Specialist with the Lake Superior Quality Improvement Network.

Ed Boudreaux
We'd like to welcome you to this enhanced Bite-Size Learning on How to Administer Frontline Alcohol Screener to a Patient in a Primary Care Setting. If you're interested in learning more about how to introduce the screening which of course usually happens before the actual screening you can view our earlier enhanced Bite-Sized Learning entitled "Introducing Alcohol Screening."

For the purposes today we'll assume that the clinician or other office staff has already introduced the subject of alcohol screening and will focus only on the actual screening itself and in discussing the next steps with the patient who is positive on the primary screening.

So let's begin. Much of what we're going to discuss today is based on the CDC's Guide to Implementing Alcohol Screening and Brief Interventions in Primary Care. A review of this guide in provided in an earlier Bite-Size Learning entitled "Alcohol Screening in Primary Care, What's in a Name?"

When screening for alcohol use and misuse three key elements to keep in mind are as follows:

1. Frequency and Amount: The first task of screening is to ascertain the patient's alcohol consumption frequency and amount. This first level of screening is a go-no go decision point. In other words it lets the clinician know whether he or she should continue with additional screening questions related to alcohol problems or if this screening can stop.

2. Validated screener: It is important to use a standardized, validated screener to help ensure the questions are worded in the same way across patients and across clinician types. Since the screening may be done by medical assistants, nurses, physicians or other clinicians, this standardization helps to make sure we're all talking the same language and taking the same approach and that there are clearly defined criteria for defining whether further action is needed.

3. Transitioning to the next step. Patients who screen positive on the initial screening will need some kind of follow-up screening or assessment. We won't go into depth about what the follow-up actions look like in this presentation but the transition to that next level of screening is important and we'll review some approaches for this transition in a way that is non stigmatizing.

In the rest of the presentation we'll be showing two scenarios that reflect common work flows in primary care. The first is focused on verbal administration of the single item screener and the second is focused on how to interpret and handle a paper and pencil screener.

Scenario 1

Verbal alcohol use screening using a single item. So we'll start with our first scenario. I'm playing the role of the clinician. In this case I'll be a medical assistant since the medical assistants are often the type of clinician who first places the patient in the room and can be responsible for screening.

Jon is playing the role of the patient. In this scenario we'll assume that I've already provided an introduction to the actual screening process and we'll jump right in by showing how I administer the single item screening question verbally. This is one of the screeners that can be found in the CDC's guide mentioned earlier.

MA: Okay, Mr. Glover, I'm now going to ask you about your alcohol use in the past year how many times in the past year have you had five or more drinks in a day?

Patient: Hmm, I'm not sure, probably a bunch.

MA: Okay, can you give a ball park estimate?

Patient: I don't know maybe 15 or 20 times. Usually happens when I'm tailgating at football games or at parties around the holidays.

MA: Okay, thank you.

Okay, we're going to pause the role play for a few observations. In this scenario the medical assistant would document the answer to the screening question as 15 to 20. This is a positive screen because on this particular single item screener anything greater than a zero is considered positive. Also, note that if the patient had been a female the screening question would have been the same but the threshold of the number of drinks would have been four or more rather than five or more.

So now we'll imagine that the physician reviews the chart prior to entering the room and sees that Jon as a positive on this screener. I will now play the physician and Jon will continue to play the patient.

Physician: Mr. Glover, I reviewed this screening that the medical assistant performed and I wanted to talk to you briefly about your alcohol use, is that okay?

Patient: Sure, go ahead.

Physician: Okay, great. You said you have had five or more drinks in a given day around 15 or 20 times in the past year. We always ask a few more questions in response to this screener just to make sure we're not missing anything. Can you tell me a bit more about your alcohol use?

And this ends the role play. Here the physician would move into whatever kind of additional screening he or she is comfortable with. It could be a highly structured approach like administrating the U.S. Audit by paper. This is a good approach because it's standardized and rooted in strong research but it is challenging because it could be time consuming and requires the physician to come back to the room after the form has been completed.

The following approach can be a semi-structured approach instead of a highly structured approach like administrating the CAGE which many physicians have been trained to use.

Or the physician can use an unstructured approach that simply probes for a problem which is quite common. We'll go into more detail on these options in a follow-up presentation.

Scenario 2

Paper and Pencil Screening. Another common scenario for screening is embedded alcohol screening in a health form that is administered by paper and pencil. Most commonly this form is given to the patient when they register or perhaps by the medical assistant after rooming the patient. In this scenario I'm assuming that Jon, the patient, has completed the three item U.S. Audit 1, 2, 3 screener while waiting in the waiting room as part of the medical history form and it is on the chart for me, the physician, to review prior to entering the exam room. We'll pretend that I've done my assessment of the presenting complaint and I'm now moving into my general health risk screening with John.

Physician: Okay, I reviewed your medical history form earlier and I noticed that you drink alcohol regularly. You screened just above the level that tells me I should follow-up to make sure we aren't missing anything important to your health. Do you mind if I ask you a few more questions about your alcohol use?

Patient: Sure, I don't mind, go ahead.

Physician: Okay, great.

And this is the end of the role play. So here the doctor would then perform his or her own screening, as mentioned earlier, using his or her standard practice.

In closing let's highlight the key points. In each scenario we used a validated screener to detect frequency and amount of alcohol use and explained that we'd be following up with additional questions. The nature of the follow-up screening process will be dictated by the work flow of the setting and the choice of screeners.

This concludes our enhanced Bite-Sized learning. We will have additional Bite-Sized learnings to address the approaches to the positive screens. I'd like to thank you for watching this enhanced Bite-Sized Learning. If you have any questions or comments my information is on the slide feel free to contact me.