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Title

Screening for Unhealthy Alcohol Use among Virginia Primary Care Patients with Multiple Chronic Conditions

Priority 1 (Research Category)

Behavioral, psychosocial, and mental illness

Presenters

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Abstract

Context: The prevalence of multiple chronic conditions (MCC) – defined as having two or more chronic medical conditions - is increasing in the U.S. In spite of a greater typical number of primary care encounters, patients living with MCCs have been found less likely to receive up-to-date preventive healthcare services. The screening rate for unhealthy alcohol use among patients with MCCs is not well-established.

Objective: To assess the rate of screening for unhealthy alcohol use in primary care patients with MCC.

Study Design and Analysis: We performed a cross-sectional analysis of chart review data collected at baseline of a statewide initiative to improve screening for unhealthy alcohol use in primary care.

Outcome Measures: We examined patients' problem list diagnoses (ICD-10 codes); history of alcohol screening during the previous 24 months; if screening occurred, tool used (USPSTF-validated or not); and screening outcome. We tabulated total number of diagnoses and calculated Charlson Comorbidity Index (CCI) for each patient. A CCI of >2 was considered indicative of MCC. The National Institute for Alcohol Use and Alcoholism definition of risky alcohol use served as criteria for a positive alcohol screening. Chi-square tests were used to evaluate differences in screening incidence and outcome based on number of problem list diagnoses and CCI.

Results: Of 3211 patients (51.7 + 15.5 years, 63.5% female) in this cohort, 2201 (69%) were screened for unhealthy alcohol use, 296 (9%) with a validated screening tool. The mean number of problem list diagnoses was 8.6 + 4.7, with 690 patients (21.5%) having 15 or more. A total of 641 (20.0%) were living with MCCs based on CCI >2. There was no difference in the likelihood of being screened for unhealthy alcohol use or on being screened with a validated screening tool based on number of problem list diagnoses or on CCI. Patients with 11-15 problem list diagnoses were significantly more likely to

experience a positive screening for unhealthy alcohol use compared with those having 1-5 or 6-10 diagnoses, $X2 = 9.03$, $p= .031$).

Conclusions: Although we observed inadequate alcohol screening, particularly using a validated tool, across our cohort, patients living with MCCs did not appear to be screened at a different rate from patients without MCCs. They did, however, demonstrate a greater incidence of unhealthy alcohol use, emphasizing the importance of improving alcohol screening rates for primary care patients.