

**Submission Id: 5038**

**Title**

*Improving Care for Unhealthy Alcohol Use: Results from the Facilitating Alcohol Screening and Treatment (FAST) Colorado Study*

**Priority 1 (Research Category)**

Screening, prevention, and health promotion

**Presenters**

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**Abstract**

Context: Unhealthy alcohol use (UAU) is associated with preventable morbidity and mortality across the lifespan, accounting for over 140,000 death/year in the U.S. during 2015-19. The US Preventive Services Task Force recommends routine screening for UAU in adults aged 18 years and older, followed by brief counseling for a positive screening and medication-assisted treatment and/or referral for patients with alcohol use disorder (AUD). Primary care is an ideal context for the implementation of screening and treatment processes and may help reduce stigma associated with UAU. Despite the evidence, significant gaps exist in uptake into practice. Objective: Increase screening, brief intervention, medication-assisted treatment (MAT), or referral for treatment (SBI/RT and MAT) in primary care practices for our Agency for Health Care Research and Quality (AHRQ) grant on UAU. Study Design: Cluster randomized trial. Setting or Dataset: Primary care practices in Colorado and Arizona. Population studied: Inclusion criteria: Primary care practices willing to participate in six sessions with practice facilitation focused on UAU and complete project surveys. Exclusion criteria: None. Intervention/Instrument: Practice facilitation to implement a six-session UAU change package to increase SBI/RT + MAT. Practices were randomized to practice facilitation only or practice facilitation + eLearning, where eLearning modules were used to structure the six sessions. Due to COVID, all practice facilitation was done virtually. Practices completed surveys at baseline and 9-months.

Outcome Measures: SBI/RT and MAT Implementation Checklist, completed at baseline and 9-months.

Results: 61 practices were randomized (26 to practice facilitation and 35 to practice facilitation + eLearning); with 43 practices completing the intervention and reporting 9-month data. All practices reported significant overall improvement in their total SBI/RT + MAT scores from baseline ( $p < .0001$ ), and improvement was similar across arms ( $p = .7110$ ). Practices also reported significant improvements on individual components of the SBI/RT + MAT: screening, reviewing UAU results with patients, increasing

positive identification of AUD, providing feedback to patients, and improving AUD care (all  $p < .0001$ ) with similar improvement in both arms (all  $p > .20$ ). Conclusions: Practice facilitation can assist primary care practices in implementing improvements in their screening and management of unhealthy alcohol use.