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Improving Awareness and Access for Treatment of Alcohol Use Disorder

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Alcohol use disorder (AUD) is a prevalent substance use disorder (SUD) that often goes under-treated, despite its significant health-related impacts.¹⁻⁴ Findings from the 2021 National Survey on Drug Use and Health (NSDUH) showed that 11.3% of Americans (approximately 28.6 million individuals) 18 years and older self-reported signs and symptoms of AUD.⁵ According to panelists who participated in a recent *American Journal of Managed Care*® health system stakeholder roundtable, entitled, “Improving Awareness and Access of Treatment of Alcohol Use Disorder,” there are important considerations for improving management of AUD. **Ryan Haumschild, Pharm.D, MS, MBA**, moderated this roundtable, which featured panelists’ descriptions of effective and less effective policies for managing AUD and their expectations for its future treatment. Topics included improving identification of AUD in the emergency department (ED), hospital inpatient, and primary care settings; having systems for prompt transition to outpatient facilities; and increasing education and awareness in the community about the diagnosis and treatment of AUD.

IMPACT AND PRIORITIZATION OF ALCOHOL USE DISORDER

AUD is defined by any 2 of 11 diagnostic criteria over a 12-month period as published in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*.⁶ In 2021, there were approximately 2.94 million alcohol-related ED visits in the United States.⁷ **Jim Scarpace, MS, LCPC**, stated that in the Ascension Hospital System, alcohol use is involved in more than 80% of issues related to SUD in patients presenting to EDs—and the number of AUD readmissions has increased substantially since the start of the COVID-19 pandemic. According to Scarpace, individuals with AUD may revisit the ED 1 to 6 times within a month.

Alcohol use is associated with substantial health-related effects. Excessive alcohol consumption in the United States was responsible for approximately 140,000 deaths per year between 2015 and 2019, according to the CDC.⁸ Furthermore, alcohol withdrawal symptoms put patients at risk of seizures and delirium tremens.⁹ Scarpace stated that individuals with AUD are often at increased risk of developing other medical conditions (eg, stroke, neuropathy, cardiovascular disease, gastrointestinal disease, liver disease, severe anxiety, severe depression), which further increases the burden

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of AUD on the patient and hospital system. When patients with AUD present to the ED, he noted, their disease tends to be more moderate to severe and associated with other medical conditions. To help prevent relapse, when patients are discharged from either a medical unit or an inpatient psychiatric unit, they must have a holistic and comprehensive approach to treatment, including access to adequate services, medications, and support for AUD.

Maria Raven, MD, MPH, mentioned that in the clinical setting in which she works in San Francisco, California, AUD is underemphasized compared with other SUDs (eg, opioid use disorder). Other roundtable participants also noted that management of AUD has not been prioritized to the same extent as opioid use disorder in the health care space. Panelists shared that this may be, in part, because alcohol use is legal and more socially acceptable, and patients with AUD may be reluctant to seek help.

Unlike controlling intake of other substances, Scarpace highlighted, avoiding alcohol is challenging due to the significant social stigma associated with abstaining. Moving forward, he said, effective methods must be devised to spread awareness that seeking treatment for alcohol-related issues is not only acceptable, but it should occur before patients need to visit the ED.

PATIENT IDENTIFICATION AND SCREENING

The Screening, Brief Intervention, and Referral to Treatment (SBIRT) model represents an integrated health strategy for providing early intervention and treatment both to individuals with SUDs and to those susceptible to their development.¹⁰ Primary care centers, hospital EDs, trauma centers, and various community settings are platforms for initiating early intervention for individuals at risk of developing SUDs and mitigating possible escalation and consequences of these conditions.¹⁰ This approach facilitates the identification of SUDs and provides brief interventions and appropriate referrals for further treatment.¹⁰ According to this model, patients are screened for AUD severity and the level of treatment needed.¹⁰ After screening, a brief intervention is implemented to improve patient understanding about alcohol misuse.¹⁰

Unlike controlling intake of other substances, Scarpace highlighted, avoiding alcohol is challenging due to the significant social stigma associated with abstaining.

The intervention includes the steps patients can take to change their behavior and offers them referral to treatment and specialty care, as needed.¹⁰

Scarpace's emphasis on implementing effective screening, assessment, and referral tools in the ED highlights the need for health care staff to prioritize these crucial steps in patient care. He noted that in the past, Ascension Hospital Systems had high rates of readmission through the ED among individuals with AUD, partially because of inadequate initial evaluation, screening, resources, and support plans. To facilitate the SBIRT process, Ascension Health has partnered through a grant with the Gateway Foundation, a not-for-profit organization that uses research-based methods to treat SUD.¹¹ Gateway employs a full-time engagement specialist in the ED who screens patients, explains available treatment options, and provides recommendations for the needed level of care based upon AUD severity. Depending on the willingness of the patient, Gateway can transport patients from the ED or inpatient behavioral health units to an inpatient treatment center or an outpatient program. If patients are not ready for a treatment program, they can be followed by a recovery coach from Gateway, who can offer to connect them to outpatient services if they relapse. Scarpace added that the Gateway team members also screen patients on medical floors to identify potential cases of AUD and offer the same services.



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Trent Larson, PharmD, BCPS, at the Banner Health System, stated that standard screening for alcohol use is performed when a patient presents to the ED or is admitted to the hospital. A positive score using a validated screening tool, such as the Alcohol Use Disorders Identification Test (AUDIT), automatically triggers an alert in the electronic health record (EHR) to refer the patient for a formal consultation with a social worker. All patients entering the ED and receiving directed admission undergo mandatory screening. The hospital enforces a policy dictating that the screening must be conducted within 3 days of admission.

According to Raven, staff at the University of California, San Francisco (UCSF) Medical Center developed a screening method for patients to complete while they are in the ED waiting room. When a substance use navigator is present, patients scan a quick-response code that provides access to a short questionnaire about substance use. In the University of California, Davis, Medical Center, patients are triaged and asked about their alcohol and drug use. A navigator consults with the patient and helps them get the necessary care.

The ED is a common setting in which AUD is identified, but detection of AUD (or other SUDs) in the primary care setting before it progresses to a moderate or severe stage would be ideal, noted Scarpace. To enhance prevention efforts, there needs to be a proactive approach toward screening that encompasses family history and assessments of depression and anxiety to identify and address these factors as early as possible.

AUDIT-C Questionnaire¹²

The AUDIT-Concise (AUDIT-C) is a brief alcohol screening instrument that reliably identifies people who are hazardous drinkers or who have active AUDs, including alcohol abuse or dependence (Table 1).¹² The AUDIT-C is a modified version of the 10-question AUDIT instrument.¹²

Screening Using the EHR

Screening for AUD beyond patients who are receiving care for acute alcohol withdrawal starts with the education of all providers. According to **Jennifer Homan, RN, MSN**, an ideal model would involve using the EHR to identify patients at high risk for AUD or those with positive findings on SBIRT and then refer them to a treatment clinic. However, she noted, many treatment programs are overwhelmed with patients. Furthermore, many patients—and particularly those in small communities (such as rural Indiana)—are often reluctant to attend treatment programs because of the perceived stigma.

Manassa Hany, MD, shared that all patients who present to the Department of Psychiatry at the Addiction Institute at Mount Sinai West in the emergency, inpatient, and outpatient settings are screened for use of alcohol and other drugs. However, he commented, patient denial about excessive alcohol use presents a challenge to identification of patients with AUD. He explained that individuals often fail to recognize that consumption of 5 beers is problematic, because they perceive themselves as still being able to function adequately.

PRACTICE MODELS IN AUD MANAGEMENT

Immediately after diagnosis or admission at the Addiction Institute at Mount Sinai West, stated Hany, patients with AUD are offered 3

Table 1. The AUDIT-Concise Brief Alcohol Screening Instrument^{12,a}

Q1: How often did you have a drink containing alcohol in the past year?	
Answer	Points
Never	0
Monthly or less	1
2-4 times a month	2
2-3 times a week	3
4 or more times a week	4
Q2: How many drinks did you have on a typical day when you were drinking in the past year?	
Answer	Points
None, I do not drink	0
1 or 2	0
3 or 4	1
5 or 6	2
7 to 9	3
10 or more	4
Q3: How often did you have 6 or more drinks on 1 occasion in the past year?	
Answer	Points
Never	0
Less than monthly	1
Monthly	2
Weekly	3
Daily or almost daily	4

AUDIT, Alcohol Use Disorders Identification Test.

^aA score ≥ 4 points for men or ≥ 3 points for women is positive for hazardous drinking or active alcohol use disorder [eg, alcohol use or dependence].

A higher score generally suggests that a person's safety may be affected by alcohol consumption.

components of treatment—group therapy, individual counseling, and medication-assisted treatment (MAT). The group therapy component offers services that range from 1 session per week to an intensive outpatient program that involves several hours of group sessions each day. Individual counseling consists of meeting with a counselor once or twice per week, and the MAT component involves meeting with an addiction specialist for treatment. Patients also meet with a psychiatrist and psychotherapist, if needed, to screen for mental health issues.

Alberto Augsten, PharmD, MS, BCPP, DABAT, stated that at Memorial Healthcare System, having a transition clinic that includes staff from the departments of pharmacy, nursing, social work, and peer services who implement MAT and identify the optimal level of individualized care has helped to reduce the loss to follow-up that occurs after initial patient engagement. Although he estimated that 40% of patients identified in the transition clinic do not follow up with the recommended

care, Augsten explained that within 30 days of discharge, members of the peer engagement and social work services help to reengage 25% to 50% of those lost to follow-up.

TREATMENT AND TRANSITIONS OF CARE

Raven noted that the onset of the COVID-19 pandemic caused resources to be diverted from county-run programs and periodically led to temporary closures of treatment centers. On a positive note, Hany added, the increased availability of telehealth appointments for new and existing patients at the Addiction Institute at Mount Sinai West improved patient access to MAT. Expedited hospital visits for any patient who could benefit from addiction treatment and who was already screened by a specialist in another section of the hospital (eg, the ED, surgery, obstetrics/gynecology) also contributed to improved access to treatment.

According to Scarpace, MAT for patients with AUD if indicated by a primary care provider involves referral for weekly visits with a counselor. Treatment in this setting focuses on high-risk situations, triggers related to relapse, and problems that arise because of the AUD. Patients with moderate to severe AUD may require more specialized and intensive treatment than available in a primary care setting.

Tommie Trevino, CADC-CAS, shared that patients should be set up with an outpatient program before leaving the hospital to reduce the likelihood of readmission. Trevino emphasized the importance of promptly referring individuals to a rehabilitation facility while they are still in the ED. To ensure continuity of care, 5- and 30-day follow-ups are completed at the University of California, Davis. If patients leave the ED without receiving rehabilitation measures, they have a significantly lower likelihood of taking proactive steps toward recovery, added Trevino.

Raven and Hany said that their respective institutions use the EHR to order medications commonly used for detoxification or withdrawal protocols. However, shared Larson, adequate insurance coverage is a key consideration when transitioning patients from the hospital to an outpatient setting. Case managers and the Banner Health retail pharmacists are instrumental in initiating this prior authorization process before the patient is transitioned and in ensuring that patients with AUD have access to MAT and the needed care facilities. Augsten said that his clinic can enable access to MAT via a prescription benefit model or a medical benefit model.

Augsten further remarked that his clinic's care model is designed to accommodate individuals regardless of their insurance coverage, including those who are uninsured. Within this, the prioritization of care supersedes concerns about cost. He emphasized the importance of eliminating any physician uncertainties about starting the program at a facility, since having confidence in the program's effectiveness will greatly benefit the health care system.

CHALLENGES AND OPPORTUNITIES

Regardless of the effectiveness of treatment programs, the panelists agreed, the stigma surrounding a diagnosis of AUD is a major challenge that prevents patients from pursuing treatment. **Edwin Salsitz, MD**,

Salsitz also proposed promotion of public service announcements that shift the societal perception of alcohol consumption from glamorization and the notion of “drinking being fun” to a more service-oriented perspective, similar to what occurred with tobacco use in the past.

highlighted the importance of formulating strategies that effectively target social determinants underlying vulnerability and substance use. The objective is to mitigate the impact of these factors by implementing appropriate interventions. Salsitz also proposed promotion of public service announcements that shift the societal perception of alcohol consumption from glamorization and the notion of “drinking being fun” to a more service-oriented perspective, similar to what occurred with tobacco use in the past. Furthermore, Scarpace added, the physiologic effects of AUD and alcohol withdrawal (eg, the effects on brain neurotransmitters, the process of neurologic healing after alcohol abstinence) should be discussed with patients, although they are often not part of any conversation.

In addition, Scarpace highlighted that certain conversations during treatment that emphasize personal choice—and often entail continued use of the words “*addict*,” “*alcoholic*,” and “*substance abuse*”—can inadvertently deter individuals from seeking help. Scarpace stressed that AUD, like cancer, is not a matter of choice. Rather, the choice lies in following treatment recommendations, gaining an understanding of the disease, and recognizing the necessary steps for improvement.

In addition, Scarpace discussed the importance of educating family members about AUD to foster empathy and support. He pointed out instances in which family members expressed a lack of willingness to get involved, stating that if their loved ones truly cared, they would have stopped their alcohol use. Scarpace highlighted the need for significant efforts from health care personnel to approach AUD as a medical condition. He also stressed the crucial role of framing AUD as a medical condition during discussions with patients to promote understanding and treatment.

After AUD is identified in a patient presenting to the ED, the lack of available facilities is another challenge to enabling warm handoffs to outpatient treatment programs, said Raven. The UCSF Medical Center has a partnership with The Salvation Army Harbor Light Center, where her colleagues can transfer patients who are experiencing homelessness;

however, many outpatient treatment programs cannot accommodate new patients, or they require self-referral. Salsitz stated that in contrast to other SUDs, AUD can be managed with moderate alcohol consumption rather than complete abstinence; this may be considered a reasonable endpoint for new drugs in development. However, Salsitz noted that the long-term outcomes of this approach remain unclear.

At Hany's practice, which is an in-hospital intensive outpatient facility, concerns about MAT (eg, its safety and effectiveness) can be addressed through patient education. However, Hany has noticed that peer support and group therapy offer greater benefits in promoting adherence to MAT. Connecting with trusted community partners who are consistent about following the patient and checking in on mental health concerns is also important to minimize the number of return visits to the ED for AUD, said Trevino.

Larson said that effective education for patients and stakeholders should extend beyond the information provided in outpatient settings. Education should involve individualized attention and resources to ensure that patients know how to access care. Larger health systems are more likely to have specialists in this area, but many midsize or smaller centers may not have physicians with the expertise to know the best management strategies and referral processes for patients with AUD.

Scarpace added that patients with AUD, unlike individuals with other SUDs, may first present to their primary care doctor, who may minimize the problem. Scarpace also pointed out that alcohol is a widely accepted substance in society. If a patient were to inform their primary care doctor about heroin injection, the response would be much more intense than if that same patient expressed discomfort with their alcohol consumption and its resulting adverse effects. Therefore, it is important to educate primary care providers about AUD and its possible effects on certain patient subgroups.

CLOSING REMARKS

According to the roundtable's participants, more progress is needed in identifying and treating AUD. Strategies likely to help include improvement of patient and caregiver education, development of methods to quickly identify patients in need by leveraging EHR data, referral to treatment, and enhancement of communication between the patient and members of the management team.

Larson noted that having champions at the forefront of developing and integrating an EHR screening tool has been a major step forward at Banner Health. According to Homan, the implementation of EHRs

to identify patients needing services is valuable. Further, expanding integration with the EHR system is crucial to effectively identify patients in need of care.

According to Salsitz, addressing social determinants that drive vulnerability to AUD is important in identifying high-risk populations. Recognizing the strong genetic predisposition toward AUD, Scarpace commented, may help with development of preventive screening strategies, such as brain mapping or genetic biomarker tests. Hany shared that a meaningful reduction in the prevalence and persistence of AUD probably will require a shift in culture and the social view of drinking. AUD is a burdensome disease that requires a collaborative care model that encompasses comprehensive screening, identification, education, and appropriate referrals of affected individuals to outpatient treatment. •

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