



2008 Guideline for Alcohol Assessment and Intervention in a Primary Care Setting

Guidelines are designed to assist clinicians by providing a framework for the evaluation and treatment of patients. These guidelines outline the preferred approach for most patients. They are not intended to replace a clinician's judgment or to establish a protocol for all patients. It is understood that some patients will not fit the clinical condition contemplated by a guideline and that a guideline will rarely establish the only appropriate approach to a problem.

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Alcohol Assessment and Intervention in a Primary Care Setting

STANDARDS OF CARE

A UW Health work group, composed of primary care physicians, addiction and drug abuse specialists, pharmacists, quality improvement, health education, and clinic management staff have developed these guidelines in cooperation with Unity Health Insurance and Physicians Plus Insurance staff. These guidelines are written to assist you in identifying and treating patients with alcohol problems.

- Health care providers should assess and document alcohol use status for every patient age 12 and over.
- For patients who use alcohol above recommended limits, clinicians should perform a brief intervention and encourage patients to cut down to low risk levels or to become abstinent.
- Referral to alcohol specialists should be made available to patients who are unable to cut down their alcohol use.

SCREENING OF ALCOHOL USE

Screening of alcohol use status is the first critical step in determining problem drinking.

Screening success is enhanced if:

- Screening guidelines are established as the standard of care at each clinic site
- A system such as an electronic medical record prompt or vital sign stamp is used to indicate alcohol use status, and
- The person taking the routine vital signs administers an alcohol use screening question:

**The UW Health approved One-Question Alcohol Screen:
How often do you drink more than 4 – 5 drinks on a single occasion?**


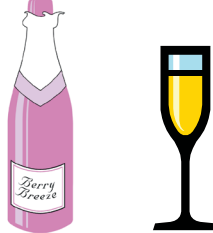
Persons who report excessive alcohol use one or more times in the last month are a positive screen and should receive a brief assessment and possibly a brief intervention.

To define a “standard” drink, please refer to the Standard Drink Chart on the next page, from the National Institute on Alcohol Abuse and Alcoholism, “Health Practitioner’s Guide for Helping Patients Who Drink Too Much.”

BRIEF ASSESSMENT

A positive patient response to the single screening question determines the need for further assessment. The following questions are included for physicians and primary care providers to further assess a potential alcohol problem.

STANDARD DRINK

<p>A mug of ordinary beer, ale or malt liquor 12 oz.</p> 	<p>A single shot—whiskey, gin, vodka, etc. 1.5 oz. (by itself or with a mixer)</p> 	<p>A glass of wine 5 oz.</p> 	<p>A wine cooler 12 oz.</p> 
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Assessment

1. “Do you think you drink too much?”
2. “Have you ever missed an important family event due to your drinking? i.e. one of your children’s birthdays, a sporting event or a school activity?”
3. “Have you ever tried to cut down on your drinking for a while?”
4. “Has anyone asked you cut down or stop your drinking?”
5. “Have you ever driven a car while drunk?”
6. “Has drinking affected your work environment?”

Or, providers can use the CAGE assessment tool, the T-ACE questionnaire for women of childbearing age, or the RAFFT questionnaire for adolescents.

CAGE Questionnaire for Alcohol Assessment

1. Have you ever felt you ought to **C**ut down on your drinking?
2. Have people **A**nnoyed you by criticizing your drinking?
3. Have you ever felt bad or **G**uilty about your drinking?
4. Have you ever had a drink first thing in the morning (**E**ye opener) to steady your nerves or get rid of a hangover?

Two or more affirmative answers may indicate alcohol abuse or alcohol dependence.
Any single affirmative answer deserves further evaluation.

T-ACE Questionnaire for Women of Childbearing Age

For women of children bearing age providers may use the **T-ACE** questionnaire.

- Does it take more than it used to for you to get high? (**T**olerance)(Yes = 2 points)
- Have you become **A**ngry or **A**nnoyed when others express concern about your use? (Yes = 1 point)
- Have you tried to **C**ut down or quit? (Yes = 1 point)
- Have you had an **E**ye opener? (Yes = 1 point)

Two points or more indicates high-risk alcohol use.

RAFFT Questionnaire for Adolescents

For adolescents providers may use the **RAFFT** questionnaire.

- **R**: Do you drink to **R**elax, feel better about yourself or fit in?
- **A**: Do you ever drink/drug while you are by yourself, **A**lone?
- **F**: Do any of your closest **F**riends drink/drug?
- **F**: Does a close **F**amily member have a problem with alcohol/drugs?
- **T**: Have you ever gotten into **T**rouble from drinking/drugging?

Two or more affirmative answers may indicate problematic substance use..

BRIEF INTERVENTION

Motivating patients to reduce or stop drinking is the essence of a brief intervention. Listed below is a brief intervention protocol for use in a clinic setting. A brief intervention can be as short as five (5) minutes in the primary care clinical setting. Studies suggest that as many as 50% of patients in primary care settings will reduce their alcohol use and alcohol related harm in response to brief intervention treatment. We have included specific statements and messages clinicians may want to utilize with patients who use alcohol above recommended limits.

1. Direct feedback:

"As your primary care clinician I am concerned about how much you drink and how it is affecting your health."

"Less than 10% of men drink as much as you do."

"You are drinking alcohol at a level that puts you at serious risk for a number of alcohol related problems, especially accidents, injuries or a worsening of your health problems."

2. Discuss how their alcohol use is affecting their health

"As your physician I am concerned about how your alcohol use is affecting our ability to treat your _____ (mention additional conditions, e.g. hypertension, diabetes, depression)."

"All of your previous suicide attempts were associated with heavy drinking."

"Your _____ (other stated) medication will work better if you cut down or stop drinking."

3. Negotiate and set goals:

"You need to reduce your drinking."

"I would like to start you on an SSRI, but I can't until you cut down your drinking."

"I would be glad to work with you and your partner but you need to make a commitment to cut down on your drinking before we can proceed with therapy."

"What do you think about cutting down to three drinks 2 to 3 times per week?"

"Can you reduce your alcohol use for the next month?"

4. Behavioral modification strategies:

“There are some situations when people drink and sometimes lose control of their drinking. These situations include going out to dinner with friends, having difficulty sleeping or during times of stress. Let’s talk about ways you can avoid these situations.”

“Can you identify a family member or a friend who can help you?”

“What are the things you like about drinking?”

“What are some of the things you don’t like about your alcohol use?”

“Let’s practice what you will say to your friends or family members when they offer you a drink.”

5. Self-help directed bibliotherapy : (when available)

“I would like you to review this booklet on ways to reduce your alcohol use and bring it with you at your next visit.”

“It would be very helpful if you would complete some of the exercises in this guide.”

This guide can be found through the following link to the Wisconsin Clearinghouse for Prevention Resources, <http://wch.uhs.wisc.edu/03-Resources/03-Free01-SubjList.html>

6. Follow-up and reinforcement

“I would like you to return to see me in one month to see if you have been able to change your drinking.”

“Someone from my office will call you in two weeks to check on your progress.”

“I would like you to keep track of your drinking by using these diary cards, and bring these with you at your follow-up visit.”

“Please make an appointment to see me in 2 weeks.”

As with most kinds of behavioral therapy, Brief Intervention works best when delivered in a non-judgmental, caring, empathetic manner.

REFERRAL

Having known resources to help address alcohol problems is the next step in the process. The following information is directed at helping both patients with health insurance and those without.

If your patient has insurance:

Insurance	Referral or Prior Authorization Required	Provider for AODA Services	Contact Information for AODA Services
Dean Health Insurance	No	Gateway Recovery	608.278.8200
Dean Health Insurance – Medicaid/BadgerCare	No	Gateway Recovery	608.278.8200
Dean Health Insurance – Medicare	Yes, from physician	Gateway Recovery	608.278.8200
Group Health Cooperative	No	Gateway Recovery	608.278.8200
Group Health Cooperative – Medicaid/BadgerCare	No	Gateway Recovery	608.278.8200
Physicians Plus Insurance	Yes from BHCS ¹ BHCS will refer Non Dane County members to the closest treatment agency 608.282.8960	Meriter New Start	OutPatient: 608.271.4144 InPatient: 608.267.5339
Unity Health Insurance – Members with a Dane County PCP	No	Gateway Recovery	608.278.8200
Unity Health Insurance – Members with a Regional (non Dane County) PCP	Yes from BHCS ¹ 608.282.8960	BHCS ¹ will refer member to closest treatment agency	

Unity Medicaid/BadgerCare of Dane County	No	Mental Health Center	Adolescents - AODA 608.280.2520 Adults – AODA 608.280.2410
Medicare with GHC or Unity secondary	Yes, from physician	Gateway Recovery	608.278.8200

¹BHCS = Behavioral Health Consultation System

For patients that have other health insurance or no health insurance, there are different possibilities depending on age and additional concerns. UW Health Patient Resources is the internal department that can help you and the patient determine options.

UW Health Patient Resources

555 Zor Shrine Place
Madison, WI 53719
608.821.4819

There are many resources available for patients with other forms of insurance, the ability to self-pay or without insurance. Listed below are some of the sources and options available. Regardless of the payor type, it is up to the patient to determine if they have any insurance coverage for the programs listed below.

Community Resource	Focus of Program	Contact Information
ADAIP Adolescent Alcohol & Drug Abuse Intervention Program	Provides adolescent assessment for alcohol and drug problems, referral services for treatment	122 East Olin Avenue, Suite 275, Madison, WI 53713 608.262.1111
ARC House	Provides services for women with AODA problems	ARC Community Services, Inc. 202 N. Paterson Street, Madison, WI 53703 608.283.6430 info@arccommserve.com
Addictive Disorders Treatment Program	Veterans honorably discharged w/ AODA issues; if born after 1980, need 2 years of active duty	Memorial Veteran's Hospital 2500 Overlook Terrace, Madison, WI 53705 608.280.7073
Alcoholics Anonymous	Alcohol counseling and support	6033 Monona Dr. #204, Monona, WI 53716 608.222.8989 www.alcoholic-anonymous.org
Connections Counseling Shelly Dutch	Alcohol problem counseling; focuses on adolescents but also serves adults	1334 Applegate Rd., Madison, WI 53713 608.221.1500 www.connections-counseling.com
Hope Haven, Inc.	Residential treatment program for men and women	425 West Johnson Street, Madison, WI 53703 608.251.8881
Hope Haven Rebo Chris Farley House	Halfway house for men	810 West Olin Avenue, Madison, WI 53715 608.255.5922
Hope Haven North Bay Lodge	A long-term residential program for chemically dependent men and women ages 55 and older (located on Mendota's grounds)	3602 Memorial Drive, Madison, WI 53704 608.249.2600
Lutheran Social Services	AODA services and Counseling	Madison, Sun Prairie, Stoughton 608.277.0610

Mental Health Center of Dane County	Serves Medicaid and uninsured population. Friday is crisis clinic for new patients.	625 West Washington, Madison, WI 53703 608.280.2700 www.mhcdc.org
Midwest Center for Human Services	Adults Intensive Outpatient Program (IOP)	2828 Marshall Court, Madison 608.231.3300
Pauquette Addiction Research and Recovery Center	Outpatient treatment and evaluation services for adults, adolescents and children with AODA issues	2901 Hunters Trail, Portage, WI 53901 608.742.5518 1002 Lincoln Avenue, Baraboo, WI 53913 608.356.9055 110 Commercial Dr., Suite A, Columbus, WI 53925 920.623.5578
St. Clare Center	AODA services – inpatient, detox, and outpatient	707 14th Street, Baraboo, WI 53913 608.356.1400
Tellurian UCAN, Inc.	Provides detox and treatment for adolescents and adults	200 Femrite Drive, Monona 608.222.7311 Crisis #: 608.223.3311 General #: 608.222.7311

PREGNANCY AND DRINKING

Alcohol use in pregnancy is contraindicated. There is no safe limit of use. Most human studies suggest women who drink 5 or more drinks in early pregnancy have a 7-10% of giving birth to a child with Fetal Alcohol Syndrome. Experimental research in humans and primates suggests measurable neuro toxicity with 1-2 drinks per day in the first trimester. Women who are trying to become pregnant are also encouraged to become abstinent.

PHARMACOTHERAPY

There are a few select medications that can be used in alcohol treatment. Information on these medications is listed below.

Pharmacotherapy Products	Contraindications	Averse effects	Dosage	Availability/Formulary Coverage
disulfiram (Antabuse)	Myocardial disease Alcohol-containing preparations (e.g., cough syrup) Category C risk in pregnancy	Nausea, flushing response if used with alcohol, elevation in LFT's, metallic taste	250-500mg per day	Unity - Tier 2 PPlus - Tier 2 Dean - Tier 2 GHC - Tier 2 Navitus - Tier 2
naltrexone	Concurrent use of opioids Category C risk in pregnancy Acute hepatitis or liver failure	Nausea, bloating, elevated LFT's	25-50mg per day	Unity - Tier 1 PPlus – Tier 1 Dean – Tier 1 GHC – Tier 2 Navitus – Tier 3
acamprosate (Campral)	Category C risk in pregnancy	Nausea, diarrhea Severe renal impairment (CrCl<30mL/min)	666mg three times per day	Unity - Tier 2 PPlus – Tier 2 Dean – Tier 2 GHC – Not covered Navitus – Tier 2

AREA HEALTH INSURANCE BENEFITS

Alcohol counseling and treatment benefits are typically covered under mental health services. The following chart lists mental health services coverage for area health insurers. Patients should be advised to check directly with their insurance company to verify their specific benefits.

Generally, mental health and AODA treatment services are all considered one benefit for health insurance purposes.

Area Health Insurance Benefits for Alcohol Abuse Counseling

Unity Health Plans Insurance Corporation

Coverage includes:

The maximum combined first tier dollar measured benefit for both Psychological Disorder benefits and Chemical Dependency (AODA) services (Inpatient, Transitional and Outpatient) is limited to \$7,000. This is the extent of the Mental Health Services benefit available for Chemical Dependency (AODA). Thereafter, members are entitled to additional day(s) and visits(s) benefits for Inpatient, Outpatient, and Transitional treatment services for Psychological Disorders only, as described below, per member per contract year.

Deductibles do not apply to this benefit

Inpatient Treatment: Limited to the lesser of 100% coverage up to 30 days or an insured benefit of \$6,300 per contract year. Thereafter, for Psychological Disorders, ONLY, this benefit will be limited to 100% of 1 additional day of Inpatient services per member per contract year, but only if the group has 51 or more employees.

Transitional Treatment: 100% coverage up to an insured benefit of \$2,700 per contract year. Thereafter, for Psychological Disorders, ONLY, this benefit will be limited to 100% of 1 additional day of Transitional services per member per contract year, but only if the group has 51 or more employees.

Outpatient Treatment : 100% covered up to an insured benefit of \$1,800 per contract year. Thereafter, for Psychological Disorders, ONLY, this benefit will be limited to 100% of 1 additional day of Outpatient services per member per contract year, but only if the group has 51 or more employees.

Visit Unity's website at <http://www.unityhealth.com>
Or call 1.800.362.3310 for customer assistance.

Physicians Plus Insurance Corporation

Coverage includes:

	BH	AODA
Inpatient Services combined	Up to [12] days	[12] days up to \$[6300]
Transitional Services combined	Up to [18] days	[18] days up to \$[6300]
Outpatient Services	Up to [20] visits	[20] visits up to \$[6300] combined

The maximum AODA benefit is \$6300 combined per member per calendar year. The number of days/visits used for AODA will be applied to any BH day/visit limits.

BH and AODA services require written prior authorization from Physicians Plus Insurance Corporation prior to obtaining services.

Visit PPIC's website at <http://www.pplusic.com> or call 1.608.282.8900 or 1.800.545.5015 for customer assistance and questions on benefit coverage.

All State of Wisconsin Employees

State/WPE - Mental Health/Alcohol/Drug Abuse Services:

Outpatient Services:	\$1800 maximum per Participant per contract year
Transitional Services:	\$2700 maximum per Participant per contract year
Inpatient Services:	30 days or \$6300, whichever is less, per Participant per contract year

The maximum benefit for inpatient, outpatient and transitional services is \$7000 per Participant per contract year.

The maximum is determined using the average amount paid to the providers by the Health Plan and excludes costs associated with diagnostic testing and prescription drugs. The benefit is not subject to Copayment.

Note: Annual dollar maximums for mental health only services are suspended. However, day limit maximums do apply, if applicable.

Annual dollar maximums remain in force for treatment of alcohol and drug abuse. Any benefits paid during the year for mental health services will be applied toward the annual benefit maximum for alcohol and drug abuse treatment when determining whether benefits for alcohol and drug abuse treatment remain available.

Group Health Cooperative

Coverage includes:

Outpatient Services:	20 visits or \$1800 per calendar year
Transitional Services:	15 visits or \$2700 per calendar year
Inpatient Services:	30 days or \$6300

The maximum benefit for outpatient, inpatient and transitional services are a *combined* benefit of \$6300. Transitional and Inpatient benefits must be *Pre-Authorized* through Mental Health Triage at 441-3290.

Contact at <http://www.ghc-hmo.com> or at 1.608.257.9700 x1829

Dean Health Plan

Coverage includes:

Different than mandate as it goes on number of visits, not dollar amount.

Contact at: <http://www.deancare.com> or at 1.800.279.1301.

State of Wisconsin Medical Assistance Program

Coverage includes:

Medically necessary AODA services shall be covered when prescribed by a physician and when provided by participating providers according to WI Administrative Code 107.13.

Medicare

Medicare covers mental health care given by a doctor or a qualified mental health professional. Before getting treatment, patients should ask the doctor, psychologist, social worker, or other health professional if they accept Medicare payment. Patients may be responsible for copayments, deductibles and partial payments depending on their supplemental coverage.

EVIDENCE / REFERENCES

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