



**Alcohol and Other Drug Screening and Brief Intervention Measure Development
(Conceptualization & Specification)
May 2007**

Proposed Measure	Target Substances	Population	Setting	Strengths	Weaknesses
Screening for unhealthy use (risky amounts through dependence)	Alcohol	Adults	General Health Care Settings	<ul style="list-style-type: none"> • Evidence base is strong (including a number of RCT's) • Consensus & evidence-based national practice guidelines exist (USPSTF) • Relatively simple to specify & implement • Validated single item screening tools exist • Avoids challenge of developing specifications & measurement approach for appropriate occurrence of brief intervention (i.e., in cases of non-dependent 	<ul style="list-style-type: none"> • Measures only one component (i.e., screening) of full clinical practice (screening, brief intervention, referral) • Addresses only single population (adults) • Addresses only 1 target substance (alcohol)

				unhealthy use) • High likelihood of adoption	
Screening for unhealthy use (risky amounts through dependence)	Alcohol	Adults & Adolescents	General Health Care Settings	<ul style="list-style-type: none"> Valid screening tools exist Addresses early onset of problems Addresses perceived clinical need in adolescent population 	<ul style="list-style-type: none"> No evidence-based guidelines include adolescent population (1 guideline specifically excludes adolescents) Few validated tools to identify the spectrum of use in adolescents
Screening for unhealthy use (risky amounts through dependence)	Alcohol & Drugs (including illegal & Rx)	Adults	General Health Care Settings	<ul style="list-style-type: none"> Addresses full range of abused substances (alcohol & drugs) Developing evidence base for efficacy 	<ul style="list-style-type: none"> Evidence base for efficacy of drug screening still small No well validated brief screening tool Likely variability across drug classes & types
Screening for unhealthy use	Alcohol &	Adults &	General Health	<ul style="list-style-type: none"> Addresses full range of abused substances (alcohol & 	<ul style="list-style-type: none"> See 2 & 3 above

(risky amounts through dependence)	Drugs (including illegal & Rx)	Adolescents	Care Settings	drugs) • Developing evidence base	
Intervention (brief or referral) in Screen Positive Cases	Alcohol	Adults	General Health Care Settings	<ul style="list-style-type: none"> • Completes measurement of full spectrum of clinical activity that should occur in general health settings 	<ul style="list-style-type: none"> • Difficult to specify in the absence of procedure codes for brief intervention & referral • Difficult to determine clinical appropriateness of follow-through without specific screen scores • Applies to small sub-population (although the one at most clinical risk) • Little evidence base for appropriate follow-through with positive drug screen • No evidence base for efficacy of brief intervention in adolescent population

NOTES:

Purpose:

Quality and accountability within a system at all levels of aggregation (e.g. primary care, emergency care, individual, state, and local levels, purchasers and payers).

Population/Level of aggregation:

Specific enrolled (health system or practicing setting) populations. The level of aggregation is the health plan/system or practice level/provider group, facility, and less likely at the individual clinician level.

Setting:

Primary care and/or general health care settings including emergency departments, hospitals, and ambulatory settings. This does not include specialty addiction treatment settings.

The Activity:

Screening and brief intervention, separately measured. The separate measures were chosen because these activities can happen at different times and places, and an intervention is not necessary when an individual is screened negative. This mirrors a recent proposal for new CPT codes.

- Screening: Must be with a validated tool (questionnaire, laboratory test)(stand alone or embedded). Test should be able to discriminate need vs. no need for intervention. Materials accompanying a measure should specify examples of validated tools.
- Brief Intervention: A specific evidence-based practice taking about 10-15 minutes; Includes feedback, goal setting and advice, done empathically and non-judgmentally. Goal can be current or future change in use, or referral for more help. Not education or informal advice alone. Materials accompanying a measure should outline and specify examples.

Frequency:

At least once but other options include: every contact, annually, biennially, all patients at a particular point in time (e.g. during an intake assessment for enrollment into a new health plan or practice). Evidence suggests that low proportions of adults without unhealthy alcohol use will progress to screen positive in short periods of time. More frequent screening may lead to low post-test probability. On the other hand, people who have false negative screening tests might have their substance problem identified if they are subjected to more frequent screening. Frequent screening might also identify people who change caregivers and care sites frequently and therefore may not stay in one place long enough to lead

to screening. Frequent screening also addresses limitations in record sharing across systems. Likely best recommendation balancing all of these concerns is a frequency less than every contact, and at least once.

Conceptualization/Specification of Data Sources:

Potential sources of data for the performance measures: 1) claims, or 2) surveys of providers and/or patients.

Likely users:

Accreditation agencies such as NCQA, and large health systems (e.g. VA).

Special issues, pitfalls/barriers:

Not yet addressed

SMOKING

The Washington Circle endorses NCQA/HEDIS smoking measures. These are:

Advising Smokers to Quit: The percentage of current smokers 18 and older who received advice to quit smoking from their practitioner within the past year.

Discussing Smoking Cessation Medications: The percentage of current smokers 18 and older whose practitioner discussed or recommended smoking cessation medications with them over the past year.

Discussing Smoking Cessation Strategies: The percentage of current smokers 18 and older whose practitioner discussed or recommended smoking cessation methods or strategies with them over the past year.