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# Purpose

The purpose of this clinical practice guideline is to provide a standard process for conducting an alcohol screen. This clinical practice guideline will provide teams with information and tools needed to identify members with alcohol dependence and abuse, and facilitate a referral to primary health care providers.

# Overview

According to a report from the Wisconsin Department of Health Services, Division of Care and Treatment Services and Division of Public Health [DHS-DCTS/DPH] (2016), alcohol is the most frequently consumed substance of use and misuse in Wisconsin with sixty-five percent of all Wisconsin adults (age 18 and over), reporting current alcohol use in 2013.

Additionally, this report also notes that for Wisconsin:

* Studies consistently show that the state’s current alcohol use is found to be the highest or second highest in the nation from year to year.
* Alcohol use is highest among younger adults and males, although women of childbearing age also consume alcohol at a higher rate than adults in the U.S. overall.
* White adults continue to have the highest rate of current alcohol use, followed by Hispanic and Black/African American adults. Asian American adults and American Indian adults have the lowest rates of current alcohol use compared with adults in other race/ethnicity groups.

In 2015, alcohol was a factor in over 2000 deaths and almost 3000 motor vehicle injuries in Wisconsin. Most alcohol related deaths were attributed to deaths from motor vehicle crashes, falls, and poisonings. In addition, just under half of alcohol-related deaths occurred due to chronic conditions such as liver cirrhosis and cancer and alcohol-attributable acute causes of death like homicide, drowning, firearm injury, hypothermia, aspiration, occupational injury, and child maltreatment (DHS-DCTS/DPH, 2016).

In 2013 in Wisconsin, the economic burden resulting from excessive alcohol use totaled $6.8 billion dollars (Black & Paltzer, 2013).

Recognizing the potential impact of alcohol use on Inclusa members, if any member displays behaviors that may indicate signs of alcohol misuse, abuse, or addiction (described below in the Assessment section), the IDT staff will meet with the member to assess these behaviors more fully and follow up as indicated by that assessment.

# Definitions

* **Audit-C:** A validated screening tool that is used to help reliably identify persons who are hazardous drinkers or have active alcohol use issues; located here: [Alcohol Self-Assessment Tool](https://cccw.sharepoint.com/%3Aw%3A/s/intranet/tools-resources/EaIXbVehec1Pg-uqJPGmvSgBiAyRq4TBkup8npz6uyenKg?e=p89U6M)

# Resources

[Alcohol Dependence & Abuse Educational Supplement](https://cccw.sharepoint.com/%3Aw%3A/s/intranet/tools-resources/EY0T_hYo6OlCqJmwjaunsL0Bl6ijMt7foOvtMV11sPyXZA?e=yahqYw)

[Alcohol Self-Assessment Tool](https://cccw.sharepoint.com/%3Aw%3A/s/intranet/tools-resources/EaIXbVehec1Pg-uqJPGmvSgBiAyRq4TBkup8npz6uyenKg?e=p89U6M)

[Member Safety and Risk Policy & Procedure](https://cccw.sharepoint.com/%3Au%3A/s/intranet/tools-resources/EZxPhqkCys1Ck56vIZFcEkQBirJnbc4qKDhlzHhQno8dqg?e=buvHQL)

[Release of Information (ROI) Form](https://cccw-ea81180c62f8f1.sharepoint.com/%3Aw%3A/r/sites/policy/PolicyPortal/_layouts/15/WopiFrame.aspx?sourcedoc=%7B53D84C89-9A16-4DB9-8914-0362FAD0AF36%7D&file=ROI_Release%20of%20Information%20Form.docx&action=default)

[Risk Mitigation Tool](https://cccw-ea81180c62f8f1.sharepoint.com/%3Aw%3A/r/sites/policy/PolicyPortal/_layouts/15/WopiFrame.aspx?sourcedoc=%7B8AE43AE5-24FA-4AF8-83DF-599FDCD85E55%7D&file=Risk%20Mitigation%20Tool.docx&action=default)

# Assessment

*Anticipating, recognizing and responding to assessed needs*

At times members may present with certain behaviors that could indicate signs of alcohol misuse, abuse or addiction. Indications that a member’s alcohol use may need further assessment may include any repeated occurrence or combination of the following incidents over the last 12 months especially if other potential causes have been ruled out or if the member reports an increase in alcohol use:

1. Repeated falls or accidents
2. Social isolation
3. Recurring episodes of memory loss and confusion
4. Failure to complete work, home, or school obligations
5. Risky behavior: drinking and driving, operating machinery, or swimming
6. Having relationship trouble with family and/or friends
7. Arrests, violent behavior, or other legal problems
8. History of skipping meals or medications
9. Difficulty managing household tasks and finances
10. Difficulty maintaining ADL or IADLs
11. Difficulty maintaining living situation

In the event that the member displays any of the above behaviors directly related to their alcohol use, the IDT staff will meet with the member to discuss issues associated with their alcohol use and determine if the Audit C Questionnaire (Alcohol Self-Assessment Tool) is appropriate for the member to take.

If appropriate, but the member declines to discuss their alcohol use or take the self-assessment, and clearly has consequences related to their alcohol use, the IDT staff will assist the member to move toward harm reduction or abstinence, and seek further evaluation and interventions. Each of these discussions/attempts will be documented in the case notes.

**Administering Audit C Questionnaire**

If appropriate and the member is agreeable to take the Audit C Questionnaire, the CRC will assist the member in completing the 3 Audit C questions based on their drinking pattern for the last year. An introduction to this might be:

"Now I’d like to ask you some questions about your use of alcohol during the past year. Alcohol use can affect many areas of health, so it is important for us to know how much you usually drink."

**Scoring the Audit C Questionnaire**

* In men, a score of 4 or more is considered positive, optimal for identifying hazardous drinking or active alcohol issues.
* In women, a score of 3 or more is considered positive (same as above).
* However, when the points are all from the answer to Question #1 alone (that is questions #2 and #3 are both zero), it can be assumed that the member is drinking below recommended limits and it is suggested that a review of their alcohol intake over the past few months (vs the last year) is needed to confirm accuracy.
* Utilize the *Alcohol Dependence and Abuse Educational Supplement* to assist in determining actual alcohol use.

**Documentation of Alcohol Use Assessment and Acceptance/Refusal of Audit C Questionnaire:**

| Status/Assessment Tool or Process | MATRIX Users | CareDirector UsersMembers enrolled before 3/1/2018 | CareDirector UsersMembers enrolled on or after 3/1/2018 |
| --- | --- | --- | --- |
| Status: Excluded from Screening | N/A | N/A | N/A |
| Process: Alcohol Use Assessment | CRC will document assessment of alcohol use in:Initial: Comprehensive Social Assessment> Section VII – Health (Mental, Behavioral, and Substance Abuse) Reassessment: Mental Health domain> Reassessment findingsDocument in case notes as indicated | CRC to document initial assessment in the Member Record> CRC Assessment> Substance UseComplete “Substance Use”AND “Community Alcohol and Drug Abuse Screen” questions.Reassessment: Update CRC Assessment> Substance Use | CRC will document assessment of alcohol use in:Initial: Comprehensive Social Assessment> Section VII – Health (Mental, Behavioral, and Substance Abuse) Reassessment: Update to case notes in CareDirector\*Select “Reassessment Note” type in CareDirector |
| Assessment Tool: Audit C (Alcohol Self-Assessment) | CRC will document acceptance/decline of and findings of tool in:Initial: Comprehensive Social Assessment> Section VII – Health (Mental, Behavioral, and Substances Abuse)> Comments SectionReassessment: Mental Health Domain> Reassessment findingsDocumentation wording & follow up:“Member declined Audit C” & mitigate risk per *Member Safety and Risk Policy and Procedure* and as noted in status below: Additional Instructions – Refused Audit COR“Member’s Audit C score is \_\_ which is positive“OR“Member’s Audit C score is \_\_ which is negative”- Document interventions, supports, and plan for evaluation in MCP- Document in case notes as indicated- If member completes Audit C tool, save completed tool in member record | CRC to document within *“Observations or additional information regarding substance use*” text box document member’s Acceptance or Decline of Audit C as below:* “Member Declined Audit C” & CRC follow up as noted in status below: Additional Instructions – Refused Audit C

OR* “Member’s Audit C score is \_\_ which is positive“

OR* “Member’s Audit C score is \_\_ which is negative“.

- Document interventions, supports, and plan for evaluation in the MCP- Confirm appropriate ROIs were obtained prior to communication with medical professionals and submitted to OSS for inclusion to member record. | CRC will document acceptance/decline of and findings of tool in:Initial: Comprehensive Social Assessment> Section VII – Health (Mental, Behavioral, and Substances Abuse)> Comments SectionReassessment: Update to case notes in CareDirectorSelect “Reassessment Note” type in CareDirectorDocumentation wording & follow up:“Member declined Audit C” andmitigate risk per Member Safety and Risk Policy and Procedure and as noted in status below: Additional Instructions - Refused Audit COR“Member’s Audit C score is \_\_ which is positive“OR“Member’s Audit C score is \_\_ which is negative”- Document interventions, supports, and plan for evaluation in the MCP- Confirm appropriate ROIs were obtained prior to communication with medical professionals and submitted to OSS for inclusion to member record. |
| Status: Additional Instructions - Refused Audit C | If alcohol use significantly impacts the member’s health and safety and daily functioning and the member declines further assessment or interventions, the IDT staff will complete a Risk Assessment, and Risk Mitigation Tool (per *Member Safety and Risk Policy and Procedure*) with the member. Document risk mitigation interventions in Mental/Behavioral Health Domain of the MCP and case notesIf Risk Mitigation Tool is created, save in member file. | When signs and symptoms are exhibited, and member declines interventions, document this in the Risk Entity. If Risk Mitigation Tool is created (per *Member Safety and Risk Policy and Procedure*), attach it to the Person Record.  | When signs and symptoms are exhibited, and member declines interventions, document this in the Risk Entity. If Risk Mitigation Tool is created (per *Member Safety and Risk Policy and Procedure*), attach it to the Person Record.  |

# Plan

*Best Practice standards for prevention and management*

The role of IDT staff is to assist the member in developing a plan to highlight member strengths and support outcomes while minimizing risk. Each member’s plan for prevention and intervention related to this assessment will be specific to their identified needs and outcomes. The plan may also include the increased coordination between IDT staff and the member’s physician resulting in appropriate diagnosis, treatment, and support.

If the member scores positive, the IDT staff will review potential next steps with the member; including a referral to their primary care provider, psychiatrist, or an AODA counselor/therapist for further professional evaluation.

* IDT staff will ensure a current release of information is on record prior to making that referral.
* A copy of the self-assessment tool should be sent to the provider performing the additional assessment, and the original questionnaire will be filed in the member file.

**Documentation**: IDT staff to document planning in MCP and/or in case notes.

# Intervention

*Guideline/process for IDT to use regarding negotiating incorporation of prevention and management plan with member into the MCP*

If the member scores positive, the IDT staff will review potential next steps with the member; including a referral to their primary care provider, psychiatrist, or an AODA counselor/therapist for further professional evaluation. IDT staff will ensure a current release of information is on record prior to making that referral. A copy of the self-assessment tool should be sent to the provider performing the additional assessment, and the original questionnaire will be filed in the member file.

If the member scores positive, the IDT staff will encourage the member to participate in other interventions such as a self-help support group or other natural or community supports.

If the member scores positive, the IDT staff will review educational material on alcohol use and leave it with the member for future reference. IDT staff will document in the case notes that the member scored positive on the self-evaluation and education material was reviewed.

If alcohol use significantly impacts the member’s health and safety and daily functioning; and the member declines further assessment or interventions, the IDT staff will complete a Risk Assessment, Risk Mitigation Tool (per *Member Safety and Risk Policy and Procedure*) with the member.

Follow-up with the provider should occur after any appointments for additional alcohol assessment. IDT staff will discuss with member, any provider recommendations or new diagnosis, and review RAD process as per the *Service Authorization Policy* when determining appropriate services or supports to put in place. Any new diagnosis related to their alcohol use will be added to the MCP.

**Documentation:** All interventions and supports related to abstaining from alcohol use or harm reduction should be documented.

* **MATRIX**: Document in the MCP under steps and/or risk area of the mental health domain. Follow the *Member Safety and Risk Policy and Procedure*
* **CareDirector**: Within an action step of the MCP. Follow *Member Safety and Risk Policy & Procedure*

# Evaluation

*Plan for quality assurance monitoring of guideline effectiveness.*

UM will ensure this guideline is followed by reviewing case notes and MCP for documentation of alcohol use education, offers to be screened using the Audit C questions, interventions in place or offered, and/or Risk Assessment/Agreements when appropriate.

Quality Improvement will monitor that the guideline is being utilized as identified in this document through periodic file review process and for effectiveness.

# Reference List

Black, P.D. & Paltzer, J.T. (2013). *The burden of excessive alcohol use in Wisconsin*. Retrieved from <https://uwphi.pophealth.wisc.edu/publications/other/burden-of-excessive-alcohol-use-in-wi.pdf>

Wisconsin Department of Health Services, Division of Care and Treatment Services and Division of Public Health [DHS-DCTS/DPH] (2016). Wisconsin Epidemiological Profile on Alcohol and Other Drugs, 2016. Retrieved from <https://www.dhs.wisconsin.gov/publications/p4/p45718-16.pdf>

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