

Facilitating Alcohol Screening & Treatment in Colorado (FAST)

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Agenda Overview

- FAST Project Overview
- Screening, Brief Intervention, Referral, and Treatment (SBIRT) Training
- Medication Assisted Treatment (MAT) Overview
- Change Package Training
- FAST Data & Quality
- Wrap up/next steps/next meeting

University of Colorado, Department of Family Medicine Project Team



- Key personnel:
 - Perry Dickinson - PI
 - Bonnie Jortberg – Project Manager
 - Miriam Dickinson and Doug Fernald – Evaluation Co-leads
 - Allyson Gottsman – Recruitment, Partner Relationships
 - Dionisia Delacerda – Data Manager
 - Stephanie Kirchner, Andrew Bienstock, Kellyn Pearson, Robyn Wearner, Jennifer Halfacre – Practice Transformation
 - Kyle Knierim, Beka Mullen, Linda Zittleman – Co-investigators



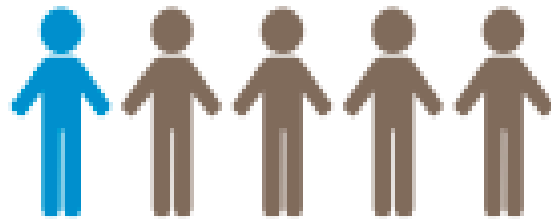
FAST Overview

- Funded by the Agency for Healthcare Research & Quality (AHRQ)
- Overall grant objective is to improve the delivery of approaches to identifying and managing unhealthy alcohol use (UAU) among adults
- AHRQ's focus - to implement screening and brief intervention (SBI) for UAU plus medication-assisted treatment for patients with alcohol use disorder, with referral for treatment (RT) for more complicated or unresponsive patients
- Six statewide cooperatives received 3-year grants - Oregon, Illinois, Michigan, Virginia, North Carolina

Why Focus on Unhealthy Alcohol Use in Primary Care?

- Alcohol use causes an estimated 88,000 deaths yearly and is the 3rd actual cause of death in the U.S.
- Unhealthy alcohol use (UAU) impacts 27% of adults
- Primary care is recognized as the ideal context for implementation of SBIRT and MAT
- Natural follow-up project to the Colorado State Innovation Model initiative

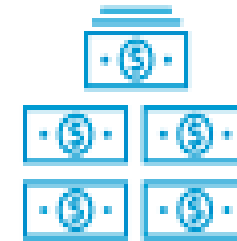
EFFECTS OF EXCESSIVE DRINKING IN COLORADO:



1 IN 5 ADULTS
drink excessively

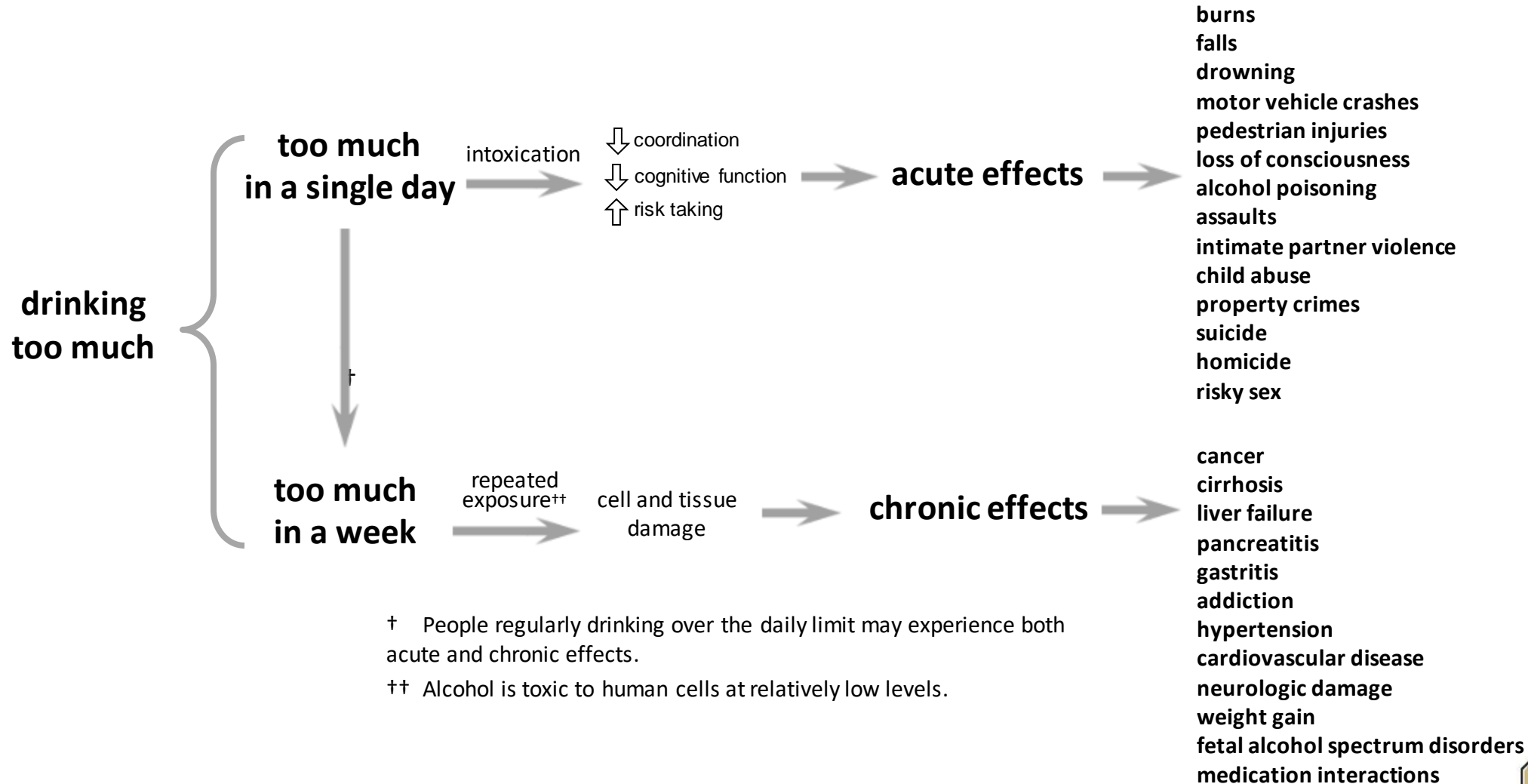


5 DEATHS PER DAY
on average are due
to excessive drinking



\$5 BILLION
in economic cost

Drinking Too Much: Acute and Chronic Health Effects



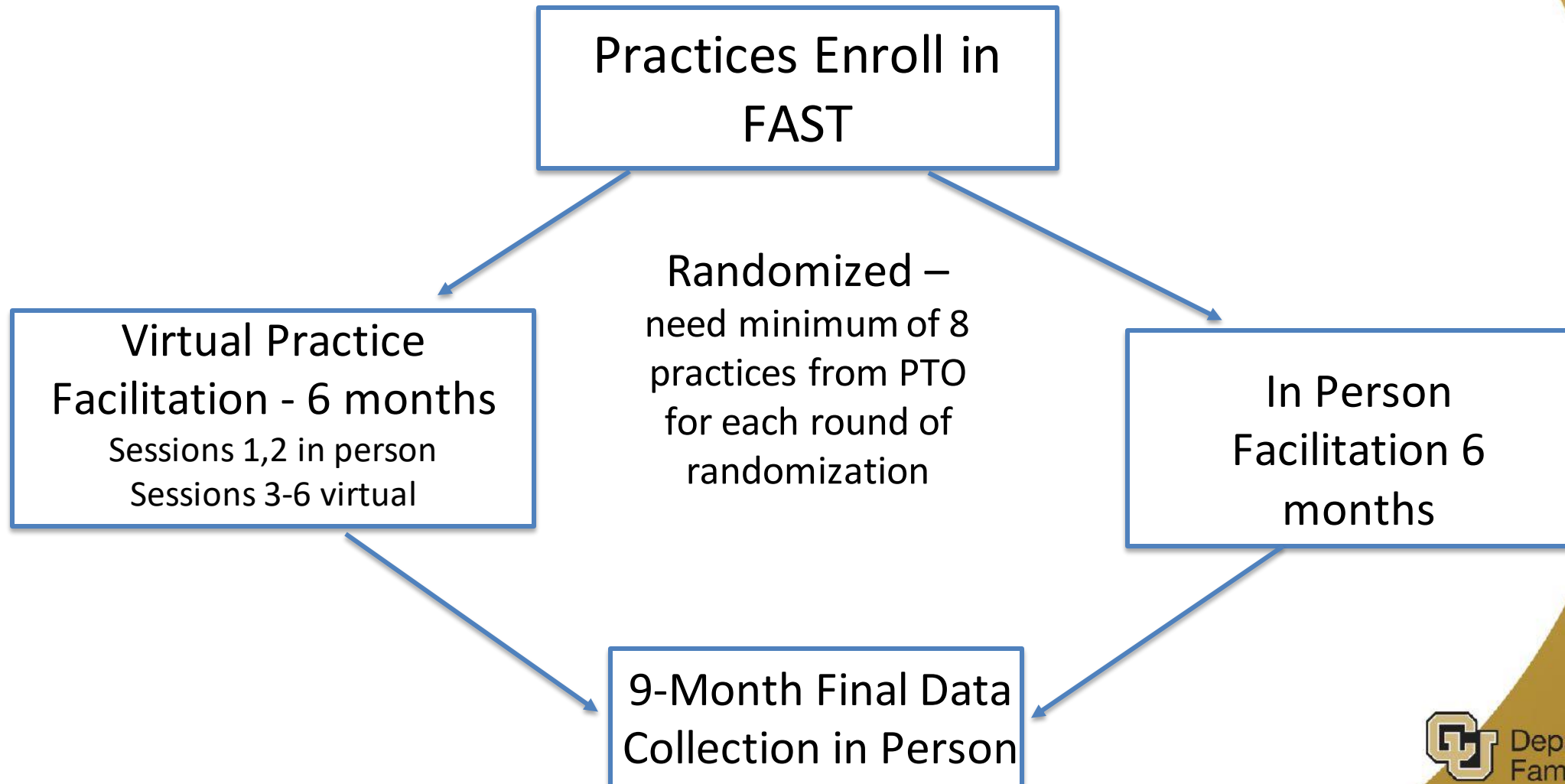
Overall Project Design

- FAST Objective: To compare two practice facilitation approaches (in-person versus mostly virtual) to improve primary care management of UAU
- Non-inferiority study comparing in-person to virtual practice facilitation – same impact for less cost???
- Will randomize ~125 primary care practices serving adult patients
- Practices will participate for 9 months
 - 6 months of active practice facilitation
 - Then 3 months of self-directed work, with a final, follow-up assessment at 9 months

FAST Timeline

- 3 year grant - 10/1/2019 to 9/30/20/22
- First group of practices will start April, 2020
- Then, groups of practices will be randomized in clusters until we hit our target of 125 total – final group to start by Summer or early Fall, 2021

FAST Project



What do the Practices Receive for FAST Participation?

- Practice facilitation for:
 - Evidence-based interventions to help patients with UAU
 - Training for staff, providers, and behavioral health professionals on SBIRT and MAT
- Access to experts in medical & behavioral treatments for UAU
- “Warm line” support for clinicians for MAT
- \$1000 for practice time spent on research-related activities (two \$500 payments)

What's Expected from the Practices?

- Leadership support for FAST practice improvement activities
- QI teams to meet monthly with their PF either in person or virtually
- Report data on # of patients screened, referred, and treated for UAU
- Complete baseline & final assessments
- For a few selected practices, one round of confidential interviews with 2-3 clinicians & staff

FAST Assessments

- Assessments will include:
 - Practice surveys done in group with practice facilitator:
 - Practice Monitor (implementation of the first 6 building blocks for high performing primary care) - baseline and 9 months
 - SBIRT Implementation Checklist - baseline and 9 months
 - Quarterly - track number of patients screened for UAU, provided brief intervention, receiving MAT, and receiving referral

Questions or Comments?

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