

Facilitating Alcohol Screening & Treatment (FAST) Talking Points for Recruitment

1. Patients are very unlikely to make an appointment with their primary care provider to discuss their alcohol use. Unless the practice team asks about alcohol, patients who would benefit from cutting back or receiving treatment for AUD may never get the advice and help that could improve their health and well being.

2. If we don't ask, we won't know.

Most patients with unhealthy alcohol use do not have an alcohol use disorder so we must use validated screening questions to identify who would benefit from feedback alcohol and health.

3. One or two brief, validated screening questions identify most unhealthy alcohol use in adults.

These questions are easily included in a routine intake process- like a vital sign. Many (most?) EHRs do not include the most efficient and effective validated questions.

4. Unhealthy alcohol use in adults increased during the pandemic.

There are indications that this trend has been sustained.

5. Patients are more receptive to changing their alcohol use (including exploring treatment options for AUD) when their primary care team a) introduces the issue and, b) initiates and coordinates care

Care may include services provided by an integrated BHP or in a community treatment program and/or mutual support programs including online options.

6. Unhealthy alcohol use is a risk factor for many common health conditions (cancer, CVD, depression, medication interactions, falls, interpersonal violence) and it worsens many chronic conditions (hypertension, diabetes, depression and anxiety, insomnia, digestive complaints, cognitive decline). Addressing unhealthy alcohol use in primary care is very likely to improve prevention and chronic disease care.

7. Addressing unhealthy alcohol use can help prevent ED visits and rehospitalizations.

This could enhance other QI initiatives and decrease health care costs.

8. Women (and girls) are drinking more.

Individuals assigned female at birth experience alcohol-related health consequences at lower levels of alcohol consumption. One indicator of this trend is that more women are being diagnosed with liver disease.

9. Prevention and treatment of alcohol use disorder (AUD) is generally as effective as for other common chronic health conditions [statement from the American Society of Addiction Medicine (ASAM)].

Yet, most patients who would benefit from treatment do not receive any type of treatment. Effective medications and other treatment approaches exist but are highly under-utilized.

10. Recovery from alcohol use disorder (AUD) was recently re-defined and no longer focuses on abstinence.

About FAST: <https://medschool.cuanschutz.edu/practice-innovation-program/current-initiatives/facilitating-alcohol-screening-treatment> Rather, it focuses more generally on functioning and quality of life. This is good news because it means addressing unhealthy alcohol use aligns very well with all other aspects of healthcare that is addressed in primary care settings.

FAST Resources: <https://medschool.cuanschutz.edu/practice-innovation-program/current-initiatives/facilitating-alcohol-screening-treatment/resources>