



# Addressing Unhealthy Alcohol Use in Oregon

**ANTECEDENT:** pArtNerships To Enhance alCohol scrEening, treatment, anD intErveNTion is a 3-year study, funded by the Agency for Healthcare Research and Quality (AHRQ) and implemented by the Oregon Rural Practice-based Research Network (ORPRN), to address unhealthy alcohol use in primary care. The goal of this initiative is to ensure that clinics have the evidence and tools they need to help patients with moderate to severe Alcohol Use Disorder (AUD) through the use of Screening and Brief Intervention (SBI) and Medication Assisted Treatment (MAT). The initiative provides foundational supports including workflow assessments and toolkit implementation and many supplemental supports like practice facilitation, health information technology (HIT) assistance, and academic detailing. ORPRN is one of six grantees nation-wide selected by AHRQ's Patient-Centered Outcomes Research (PCOR) initiative, which focuses on research findings that could significantly improve patient outcomes.

## Project Name:

pArtNerships To Enhance alCohol scrEening, treatment, anD intervention

## Principal Investigators:

Melinda M. Davis, PhD.,  
Associate Director, Research  
Initiatives, ORPRN

John Muench, MD, MPH, Professor  
of Family Medicine, School  
of Medicine, OHSU; Creator, SBIRT  
Oregon

## Study Partners:

Oregon Rural Practice-based  
Research Network (ORPRN) at  
Oregon Health & Science University

SBIRT Oregon

Oregon Health Authority  
Transformation Center

## Target Specialty:

Oregon Primary Care Clinics

## Project Period:

2019 — 2022

## Comment from Co-Principal Investigator

*"Alcohol contributes to 88,000 deaths annually in the United States, the third leading preventable cause of death after tobacco and physical inactivity. Primary care clinics have an important opportunity to make a difference in the lives of their patients and communities by implementing SBI and MAT processes."*

- John Muench, MD, MPH

## Region and Population

Oregon has a mix of densely populated urban areas and sparsely populated rural communities. The cost of unhealthy alcohol use penetrates all communities and populations. Oregon ranks eighth nationally in per capita costs of alcohol misuse, totaling \$3.52 billion per year. Coordinated Care Organizations (CCO) have reintroduced an electronic health record (EHR) incentive metric focused on screening for unhealthy alcohol and drug use. This combination of need and incentive place Oregon in an ideal position to leverage regional health care reform and test strategies that support implementation, optimization, and sustainability of evidence-based interventions to address unhealthy alcohol use.

## Specific Aims

1. Engage, recruit, and conduct intake consultations with 150 primary care clinics and regional CCOs across the state.
2. Implement and demonstrate how practice facilitators (PFs) support clinics using mixed methods and systems science.
3. Evaluate the impact of implementation support on SBI, MAT, and quality improvement capacity.

## Reach

- Goal for Number of Primary Care Clinics Recruited: 125—150
- Goal for Number of Primary Care Professional Reached: 500
- Goal for Number of Patients Reached: 1.35 Million

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## Comment from Co-Principal Investigator

*“ANTECEDENT provides an exciting opportunity to align implementation support with state-level health system transformation in Oregon. Our intervention will feel like quality improvement at the practice level while providing research data to advance the science of primary care practice change.”*

**- Melinda Davis, PhD.**

## Approach and Methods

### Aim 1: Recruitment and Enrollment

ORPRN has partnered with the OHA Transformation Center and Oregon’s CCOs to optimize clinic recruitment. The project will prioritize recruitment of rural and unaffiliated clinics with less than 10 providers by:

- Developing a flier about the study opportunities and alignment with CCO metrics.
- Advertising the program on partner websites and email listservs reaching nearly all clinics in Oregon.
- Contacting eligible primary care clinics, health systems, and Oregon’s CCOs.
- Evaluating the impact of clinic recruitment on clinic enrollment and SBIRT improvement.

### Aim 2: Support Strategy

ORPRN will provide foundational and supplemental support designed to help clinics implement SBI and MAT and to build change capacity.

#### Foundational Support

All clinics receive foundational support, including:

- Initial and final SBI and MAT data queries.
- 4 — 6 hour baseline assessment to gain a basic understanding of clinic culture, capacity, and needs.
- Implementation toolkit and e-screening SBIRT tools provided by SBIRT Oregon.

#### Supplemental Support

Supplemental support will be provided as needed. It will focus on creating a tailored action plan. Clinics can receive:

- Up to 12 practice facilitation visits to help build clinic capacity and translate toolkits into clinic improvement.
- Up to 10 hours of HIT support to help develop data entry and reporting capacity for SBI and MAT metrics.

- Peer-to-peer learning through webinars.
- Academic detailing with ORPRN and/or SBIRT Oregon.

### Aim 3: Evaluation

ORPRN will use a multi-method evaluation designed to understand how programs work best in clinics. Goals include:

- Minimizing clinic burden by collecting data that are pragmatic and feasible.
- Describing how PFs tailor support and develop expertise over time
- Participating in cross-project external evaluation

## ANTECEDENT Partners

**Oregon Rural Practice-based Research Network** is based at Oregon Health & Science University (OHSU). It conducts research and technical assistance projects to improve health and health care delivery in rural and underserved populations.

**SBIRT Oregon** is a resource focused on the dissemination of an SBIRT training curriculum in primary care. In 2013, the project expanded to include implementation of SBIRT in primary care settings which emphasized behavioral health integration.

**Oregon Health Authority Transformation Center** is the innovation hub for Oregon's health system transformation efforts to achieve better health, better care, and lower costs for all. The Transformation Center collects and analyzes CCO Transformation Plans and progress reports.

## Notable Project Features

- Collaboration between established programs (ORPRN, SBIRT Oregon, and OHA).
- Alignment with CCO quality incentive metrics.
- Blend of improvement science, implementation science, and participatory methods.
- Explore how practice facilitation expertise develops and is applied over time.
- Utilize systems science to describe the interactions between implementation support, intervention adaptations, and context over time.

For more information contact [ANTECEDENT@ohsu.edu](mailto:ANTECEDENT@ohsu.edu)

