Recruiting Alcohol SBI Primary Care Systems of Care: Tips for Approaching Potential Leaders and Overcoming Barriers/Objections*

Overview:

An empathetic and understanding approach is probably the single-most important skill you must bring to your initial meeting with the key decision maker. Healthcare providers are taught therapeutic communication skills in school, and this crucial skill is one you must demonstrate during this meeting.

Therapeutic communication skills require active listening. This means that you should be able to interpret both verbal and non-verbal communication you receive. Assess the choice of words, changes in voice pitch, hesitancy in talking about certain things and any inconsistencies or contradictions between what is said and what you observe.

Some practical steps for you to take include:

- Look at the person and actively listen to what he/she is saying.
- Listen to the words, but also be attuned to the content or tone.
- Express interest.
- Ask for clarification if needed, and restate what you think you heard.
- Be aware of your own emotions and strong opinions. Express them only after you have listened.
- Maintain good eye contact, and provide non-verbal cues indicating that you're interested and listening.
- Try to understand the person's perspective, work life, and concerns.

Facts, data and evidence are important, but before getting to them, you must "connect" with the individual who will ultimately make the decision about whether to incorporate alcohol SBI into a practice setting. Bear in mind that this is a conversation – the point is not to win an argument but to help this person make his/her own decision about whether to implement alcohol SBI. That may require finding out how the person makes decisions like this, how s/he thinks about patients and the practice, what authorities s/he values, and what examples make sense. This brief document attempts to arm you with the skills and data to make the case for alcohol SBI.

Objection 1: There is no time to do more within the clinic.

Approach:

1. Recognize and acknowledge that primary care clinics ARE busy and hectic. Personalize your observations.

"I noticed how busy your waiting room is. I know how stretched you and the staff must feel every day."

2. Mention that you know primary care practices do what is medically necessary for a patient.

   "Tailoring care to specific patient needs is such an important aspect of quality primary care, and I'm sure that you and your staff do this without actively thinking about it. For example, if you determine that an EKG is warranted, it is done. During flu season, there is always time to administer flu shots."

3. Acknowledge that there are many clinical preventive services that primary care practices perform.

   "I'm sure that you provide many clinical preventive services in your practice. How do you go about determining which ones you will provide?"

4. Alcohol SBI benefits a large percentage of patients and it is cost effective.

   "If you must choose between several clinical preventive services, doesn't it make sense to choose the most cost effective ones?"

5. Provide ranking data from clinical preventive services. Note: See Appendix for this information.

Objection 2: The physician does not have time to add another clinical preventive service.

Approach:

1. Recognize and acknowledge that primary care clinics ARE busy and hectic. Personalize your observations.

   "I noticed how busy your waiting room is. I know how stretched you must feel every day."

2. State that the physician does not always have to do the screening or even provide the brief intervention, and there are good examples of how preventive services can be incorporated into everyday practice.

   "I know that incorporating a new clinical preventive service into practice takes some time and planning. However, you may already have the rudimentary pieces for alcohol SBI within your clinic processes. Alcohol SBI need not take any physician time at all."

3. Provide some examples of how alcohol SBI can be easily incorporated into existing processes.

"There are some relatively easy ways to incorporate alcohol SBI into your practice. For example, screening can be done annually on a preventive health visit, which normally includes a history or some form collecting information about the patient. Having the patient answer one question on a form takes no more provider time than what is currently expended. You may already use a form that asks about alcohol use, but is it the best question? If this doesn't work for your clinic, the nurse or medical assistant could ask one question while performing another procedure, like applying a blood pressure cuff. Recording the patient's response will take only about 3 seconds."

4. Be realistic about how much time will really be required.

   "We know that in primary care a typical rate of positive patients will be about 10 to 15%. This means that the time required for the 85-90% of negative patients will be virtually zero. Time required to intervene effectively with the 10% who screen positive could be anywhere from 3-5 minutes to 10 minutes. To break this down specifically, the patient would be required to complete the AUDIT screening instrument (about 2 minutes), which can be done in an examination room or waiting room. Research shows that any trained medical staff can perform an effective intervention process in 3-5 minutes. The physician need not be involved, although hearing a brief reminder from a trusted physician of the importance of reducing drinking may improve results."

5. Mention that alcohol SBI is reimbursable in most cases.

   "To put things into context, it is well recognized that alcohol SBI does not take much time. Current billing codes specific to SBI require at least 15 minutes for the SBI process, and this includes screening."

6. Appeal to the provider's desire to do what is best for patients.

   "Given what we've discussed, do you think this time is worth spending to achieve reduction in national levels of excessive drinking – and perhaps more importantly to you –the health risks among your own patients?"

Objection 3: Drinking is not a medical issue.

Approach:

1. Mention that medicine and knowledge about it is ever-changing.

   "Smoking was not viewed as a medical issue in 1960, either. As medicine evolves, new ways and innovative approaches to improve health are discovered and implemented. We do know that

excessive drinking can cause or complicate many medical conditions. Having knowledge about a patient's alcohol consumption is important in your diagnostic, treatment and prescribing decisions. For example, we know that alcohol interacts with many medications, so it is critical to be aware of a patient's alcohol use before prescribing a medication that may interact with it."

2. Provide some examples of how alcohol use is related to many medical conditions.

   "Acute and chronic use of alcohol lead to a wide range of medical conditions, including cancer, liver disease, fetal alcohol spectrum disorders, injuries, hypertension, gastritis, cardiovascular disease, pancreatitis, cirrhosis, and so on. The whole idea behind alcohol SBI is to identify people who are drinking at excessive levels and intervene as early as possible, thereby preventing complications from excessive and occasional or sustained alcohol use."

3. Delineate the differences between alcohol dependence and risky consumption.

   "In our society, we currently define alcohol use as either being dependent (alcoholic) or not. This does not accurately capture the problem. Only about 4% of the population is alcohol dependent. Another 25% who are NOT dependent consume alcohol at risky levels. You probably already know (or suspect) that there are a few alcohol dependent patients in your practice. However, it is primarily the risky drinkers—those who you might never otherwise suspect of being at risk--who alcohol SBI is designed to identify. If we can identify them early, our intervention may actually help prevent them from moving from risky consumption to dependence. We may also reduce the odds of their being injured while intoxicated or from aggravating their hypertension or gastritis by excessive drinking."

Objection 4: Doctors are not trained to provide this service.

Approach:

1. Acknowledge that this is true, but it is similar to other conversations that the provider has with patients.

   "You're right. Most physicians have not had specific training on how to do this. However, that is probably the case with some other clinical preventive services. For example, when providers first started talking with patients about smoking cessation, there was a "learning curve" for that, too. Today you probably wouldn't think twice about having that conversation with your patients."

2. State that the physician does not need to provide this service him/herself.

   "Though we clearly recognize that patients rely upon counseling and advice provided by doctors, alcohol SBI is an activity that does not require a physician to implement it. Any clinical staff in a primary care practice can do it effectively given the proper training."

3. Point out that there is knowledge that the physician must have about alcohol misuse.

   "Even though you don't need to be an expert on alcohol SBI, there is some basic information you must have to ensure that it is implemented properly in your practice. Specifically, you must learn enough about alcohol misuse to initiate and supervise this service in your practice. There are many ways to learn this information – through CME programs, journal articles and instructional videos. This is no different than any other new practice approach you adopt or incorporate into your patient interactions. And we can help you and your staff learn what is needed."

Objection 5: Practices are not paid (or paid adequately) to do this.

Approach:

1. Admit that medical practices often have to balance issues of cost versus good for patients.

   "I know that it must be frustrating to feel as though you must balance what is best for your patients with fiscal realities. I'm sure that there are a number of things you do for your patients that are either not reimbursable or are reimbursed at an inadequate level."

2. Mention that alcohol SBI is frequently reimbursable.

   "Most private insurance and HMOs now cover alcohol SBI. Medicare also provides reimbursement for alcohol SBI. In Medicaid there is state-by-state variability as to whether codes for SBI are activated. So the biggest issue seems to be that many providers don't know that they can bill for this service."

3. Reinforce the importance of SBI and encourage the provider to be a leader in adopting and pushing it.

   "From our conversation, it seems as though you recognize the potential value of alcohol SBI and might be poised to implement it in your practice. Clearly, I think it is important too. We are looking for a core group of motivated providers who will help us move this clinical preventive service into standard medical practice. You seem as though you may be one of those leaders."

Objection 6: Patients don't like to be asked about drinking.

Approach:

1. State that this is a common misperception.

   "You know, many people believe this to be the case. However, research shows this to be false. Many times, a patient may recognize that s/he is drinking too much and a simple inquiry into this behavior may be all a patient needs to change his/her consumption."

2. Mention that patients expect to be asked about behaviors that affect their health.

   "Patients are accustomed to, and in fact expect, to be asked about their health behaviors. This includes diet, exercise, smoking and so on. Alcohol consumption is simply another one of these behaviors." NOTE: See Appendix for accompanying slides.

3. Introduce the concept of asking about alcohol consumption in the context of prescribing medications.

   "Aside from obvious health reasons, yet another important reason to ask patients about their alcohol consumption involves the interaction of alcohol with many medications. Before prescribing medications, you want to have a clear understanding of any contraindications that may exist, and this includes alcohol. Thus, asking a patient about alcohol consumption moves beyond a clinical preventive service – it becomes a patient safety issue."

Objection 7: There is a risk of confidential information being leaked.

Approach:

1. State that it is laudable that the provider is concerned about this, but many kinds of sensitive patient information is contained in medical records.

   "I recognize your concern about this. As you know, many kinds of sensitive information may exist in a patient's medical record. Information about a patient's drinking may go into the medical record, but there are protections for this kind of information. There are risks relating to all medical records, but that is not an excuse to exclude important information from a medical record. And our system of alcohol SBI is very clear that no diagnosis is made, so no special level of confidentiality is required."

Objection 8: If we identify patients, there is no place to refer them.

Approach:

1. Clarify who alcohol SBI is attempting to reach.

   "In implementing alcohol SBI, we are attempting to identify those patients drinking at risky levels. This may include those who are alcohol dependent, but that is only about 4% of the population and likely to be less than 1% of your patients. Risky drinkers are about 25% of the population and perhaps 10-15% of your patients, and many will change their behaviors with just one or two brief conversations with someone in your practice. So they don't need to be referred to anyone."

2. Reiterate that implementing alcohol SBI is not primarily about identifying more "alcoholics", but that a good program will also help you help them.

   "Doing alcohol SBI will identify those patients who are likely to be dependent on alcohol, and some may be people you had not suspected. They are not likely to stop drinking because of a short conversation with someone on your staff, but the conversation with them will focus on their making the decision to get help. We will also help you establish relationships with people and organizations that can help those with dependence so you can refer your patients. But everyone needs to understand that even if they are referred, most dependent patients will not accept the help offered. We understand that is hard for caring clinicians to accept. It would be like a patient with cancer saying she didn't want any treatment. We can only hope that having the conversation, taking their condition seriously and in an open fashion, and offering help will speed the day on which someone with dependence will accept help and change."

3. Mention that those who are alcohol dependent now were previously drinking too much.

   "All patients who are now alcohol dependent previously drank at excessive or risky levels. The practice of implementing alcohol SBI can help prevent many of your patients from going down the path of becoming alcohol dependent. If you consider this, you may be helping to prevent a patient from becoming alcohol dependent before that occurs."

4. Offer a plan and assistance about where to refer patients who will require more than a brief intervention.

   "We know that many patients who may benefit from specialized treatment may refuse to accept it. However, you do want to be prepared for the patients who will accept referral and have those referral services available. We will work with you to establish relationships to professionals and organizations in this community that may be able to help those who qualify and want treatment."

Objection 9: Nothing will help patients who drink too much.

Approach:

1. State that this is not truly the case.

   "Some people think that this is the case, and it may be true of some people with dependence. However, research shows that the vast majority of patients who drink too much can change, and many do so far more easily than people quit smoking. Hundreds of clinical trials have shown that SBI is effective in making modest but significant reductions in drinking among primary care patient populations."

2. Say that many people have never been told and do not know how much alcohol is too much.

"Most people are unaware of how much alcohol is too much, and many patients are surprised to find that they are drinking much more than most other drinkers. Generally, they are also unaware that their pattern of drinking is creating risks for their health and perhaps to others, their families, and work."

3. Mention that many people who practice risky behaviors recognize that they are unhealthy and a trusted provider may be just the person who can help them deal with the issue.

   "You know, many people who practice unhealthy or risky behaviors know they are doing so and readily discuss it once the issue is broached by a trusted healthcare provider. Many times, simply mentioning the issue will prompt an honest discussion and lead to positive results."

4. Use of validated screening instruments can help structure a meaningful discussion.

   "Validated screening instruments used for alcohol SBI can be a wonderful way to open up discussion with a patient. These instruments have been tested extensively and used on thousands of patients. If you are uncomfortable broaching the topic of risky alcohol use, they are a great tool. They provide authoritative measures of alcohol risk, so you're not just stating your opinion."

Objection 10: It is too much to train primary care personnel in motivational interviewing.

Approach:

1. Mention that motivational interviewing has been shown to be effective, but it is not too different from therapeutic discussions that providers regularly have with patients.

   "Motivational interviewing is a good technique, and has been shown to be effective. However, it does not diverge significantly in approach from most effective provider-patient interactions."

2. State the motivational interviewing techniques can be quickly learned without full certification as a counselor.

   "Clinical staff does not need extensive training to perform alcohol SBI. Motivational interviewing techniques have been shown to be effective, and they can be easily and quickly learned without extensive training. You don't need a week of training or certification to connect well with patients."

Objection 11: Our clinic is unique; it won't work here.

Approach:

1. Acknowledge that every clinic is unique.

"You're right. Every clinic is unique."

2. State that the key to success is to tailor what will work into an existing clinic setting.

   "Implementing alcohol SBI should not change your clinic significantly. In fact, the goal of our discussion is to explore ways in which it can be incorporated into your routine practice. I would like to help you think through how it can be implemented easily and become part of the fabric of your everyday practice."

3. Mention that not every clinic implements alcohol SBI in the same manner.

   "There is variation among primary care clinics. What works in one setting may not work in another. The challenge in implementing a new clinical preventive service is to figure out how to adapt it to your own setting. If this adaptation does not reflect the clinic's needs, any innovation – no matter how effective – will not succeed. I'm sure you've experienced this with other new processes or procedures, and you can build on your experience with those. We have a system that will assist your staff in designing an alcohol SBI protocol that will work for them and for your patients."

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