



## Healthcare System

Healthcare systems have the capacity to screen large numbers of patients for problematic alcohol use, conduct brief interventions for persons at risk for excessive alcohol use, and refer persons with alcohol use disorder to treatment. Multiple disciplines of healthcare providers can be effectively trained in Screening, Brief Intervention and Referral to Treatment (SBIRT), as previously demonstrated (Sherwood, Kramlich, Rodriquez & Graybeal, 2019). Healthcare providers of all disciplines should also implement opportunities to screen and intervene to reduce excessive alcohol use and work to identify and prevent those at risk for developing alcohol use disorders.

Screenings and Brief Interventions for problem drinking or at-risk drinking are recommended for adults and adolescents by the United States Preventive Service Task Force, the American College of Surgeons Committee on Trauma, the American Academy of Pediatrics, and the American College of Emergency Physicians. These recommendations span the spectrum of patient care including ambulatory, emergency department, and inpatient settings.

### **Recommendation 1: Require medical providers to conduct SBIRT screens.**

*Purpose: Engage in preventive health care*

Screening, Brief Intervention and Referral to Treatment (SBIRT) is an effective approach to identifying individuals with alcohol use disorders and those at risk of developing a disorder. Research suggests SBIRT and training to conduct SBIRT can be effective by video link. As a widely adopted and covered practice we recommend that both forms of SBIRT be the required standard of care in every group health insurance plan offered in Wisconsin.

We further recommend:

- ❖ SBIRT should be incorporated into the treatment of all patients with alcohol-related injuries or illness, including those seen in the ambulatory, emergency department and hospital setting.
- ❖ Patients, age 12 and older, should be screened for alcohol use annually using SBIRT when visiting their primary care health professional.
- ❖ Remote administration of SBIRT by trained medical professionals should be expanded to reach underserved communities throughout the state.
- ❖ Emergency departments should incorporate SBIRT into treatment for patients with alcohol-related injuries or illness.
- ❖ Level 3, and 4 Trauma Centers should be encouraged (as Level 1 and 2 Trauma Centers are required) to screen all injured patients with a validated tool such as the AUDIT or CRAFFT for alcohol abuse. The anonymized data can be used as a further evidence or confirmation of public health surveillance surveys such as the NSDUH and BRFSS.
- ❖ The Wisconsin Department of Health Services, in collaboration with the Wisconsin Society of Addiction Medicine, should initiate a campaign to educate medical professionals on how to administer SBIRT, where it is effective and the available resources to support it.
- ❖ The Wisconsin Department of Health Services in collaboration with health care professionals should study and report on the efficacy of low cost SBIRT training for underserved areas.

*\*Cross-listed in: State Government and State Agencies (Recommendation 10)*



### ***Healthcare System (continued)***

#### **Recommendation 2: Alcohol screenings for adolescents.**

*Purpose: Engage in preventative health care*

All children aged 12 and older should be screened for alcohol use outside the presence of parents or guardians in all health care settings.

#### **Recommendation 3: Permit pharmacists to conduct screenings for substance use.**

*Purpose: Engage in preventative health care*

A small-scale study suggests pharmacists may be able to effectively conduct brief screening for substance abuse within the store. If confirmed by additional research, appropriate reimbursement for pharmacy-based screenings for substance abuse should be established and covered as part of the standard of care in Wisconsin.

*\*Cross-listed in: State Government and State Agencies (Recommendation 11)*