OptumHealth℠

EAP Telephonic Alcohol
Screening & Brief Intervention (SBI)

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Presentation Overview

- Alcohol SBI in OptumHealth EAP

- Pilot Design, Process & Outcomes

- Training Model and Content

- GW NHTSA SBI Training Support

OptumHealth & GW Collaboration

- Collaboration with Drs. Goplerud & McPherson
- Reviewed SBI literature & wrote clinical/business case
- Explored alcohol SBI opportunities within OptumHealth
- Organizational changes and stakeholder considerations
- Identified internal Senior Leadership "Champion," Dr. Baker ~2007
- Recruited customer for pilot project ~2008
- Pilot launch 8/4/08
- Successful pilot findings 2009

Alcohol SBI in OptumHealth EAP

In February 2010, it was recommended that the OptumHealth EAP Substance Abuse Policy be modified to include alcohol SBI as a standard of practice across our entire EAP book of business.

- Supported by 2008-09 pilot results from three EAP call centers
- Strengthened by a large body of evidence demonstrating that alcohol SBI is the single most effective method of more than 40 treatment methods studied (Miller & Willbourne, 2000)
- Encouraged by industry stakeholders
- Supported by GW NHTSA Training Grant

OptumHealth-GW Pilot SBI

Our adapted SBI intervention is based on the World Health Organization (WHO) protocol (Babor et al., 2001, 2004).

The intervention includes:

- Alcohol screening using the full AUDIT to identify risk category (1-4)
- Brief interventions informed by motivational interviewing (MI) and tailored to risk category
- Referral to EAP or BH face-to-face counseling or other treatment as appropriate.

Partnerships

A unique public-private partnership was formed to carry out the alcohol SBI pilot. Partners included:

- Medica, a large health plan in the mid-west
- OptumHealth Behavioral Solutions
- UnitedHealth Group Information Technology (IT)
- The George Washington University
    - Center for Integrate Behavioral Health Policy, Ensuring Solutions to Alcohol Problems;
   (http://gwumc.gwu.edu/sphhs/departments/healthpolicy/CIBH/)

Online Alcohol Screening Tool

The **A**lcohol **U**ser **D**isorders **I**dentification **T**est (AUDIT) or alcohol screening tool is available internally to OptumHealth Behavioral Solutions EAP staff via intranet.

User manual developed and distributed.

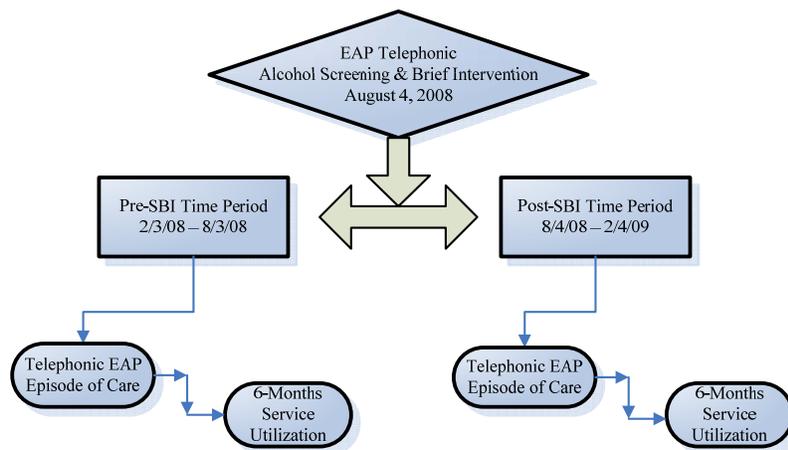Application support provided by the United Support Center (USC).

EAP Alcohol Screening Workflow
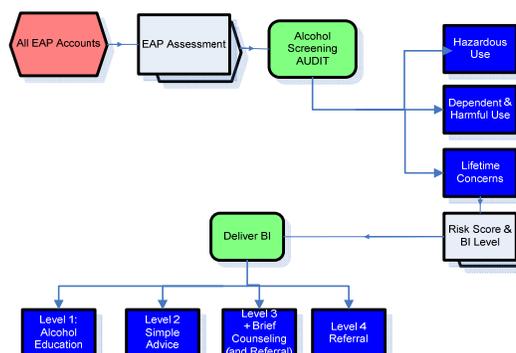
Brief Intervention: FRAAAMES

		Alcohol Education (Zone 1: Low Risk)	Simple Advice (Zone 2: Hazardous)	Advice + Brief Counseling (Zone 3: Harmful)	Referral (Zone 4: Abuse or Dependence)
F	Feedback	X	X	X	X
R	Responsibility	X	X	X	X
A	Advise	X	X	X	X
A	Assess			X	X
A	Assist			X	X
M	Menu (Options)	X	X	X	X
E	Empathy	X	X	X	X
S	Strengths	X	X	X	X

OptumHealth-GW Pilot Study

EAP Telephonic
Alcohol Screening & Brief Intervention
August 4, 2008

Pre-SBI Time Period
2/3/08 – 8/3/08

Post-SBI Time Period
8/4/08 – 2/4/09

Telephonic EAP
Episode of Care

6-Months
Service
Utilization

Telephonic EAP
Episode of Care

6-Months
Service
Utilization

5

Results: Alcohol Screening

Number of completed screens: 361/383 (94%)

- 245 (64%) females; 138 (36%) males

Of the 383 total (partial & complete) screens:

- Risk 1 (no or low-risk drinking): 306 (80.0%)
- Risk 2 (hazardous drinking): 39 (10.2%)
- Risk 3 (harmful drinking): 09 (2.4%)
- Risk 4 (abuse/dependence drinking): 29 (07.6%)

Positive screen for at-risk or higher drinking ($\geq$ Risk 2): 77/383 (20.1%)

All together, 35 (09.1%) were referred to substance use behavioral health services, and 246 (64.2%) to follow up EAP

Results: Pre-Post SBI Evaluation

Risky alcohol use identification rates were significantly higher for the Post-SBI Time Period compared to the Pre-SBI Time Period (7.5% vs. 20.1%, $p < 0.0001$).

The Post-SBI Time Period also had higher rates of delivering EAP telephonic care geared toward alcohol education/risk reduction (9.8% vs. 13.3, $p < 0.05$).

OptumHealth: Train-the-Trainer Model

Training	Overview	MI-Informed	Alcohol Screening	Brief Intervention
#1	Online			
#2		Online		
#3			In-person	
#4			In-person	
#5				In-person
#6				In-person

Online Training Objectives

•Describe the spectrum of alcohol use

•Describe the costs of alcohol misuse

•Identify the links between problem drinking and common EAP concerns

•Describe typical components of alcohol SBI

•Describe basic principles of MI

•Review basic engaging communication strategies

•Identify how to use rulers to elicit change talk

In-Person Alcohol Screening Training

•Review background and rationale for alcohol SBI

•Describe alcohol screening using the full AUDIT

•Identify the conditions for successful screening

•Describe new EAP SA Policy integrating alcohol SBI workflow

•Review the new AUDIT (ETOH) online tool

•Practice using the new online tool + case example

•Identify documentation follow-up in EAP information system

In-Person Brief Intervention Training

•Describe qualities of successful brief intervention (BI)

•Identify the components of BI: "FRAAAMES"

•Describe BI for each Risk Zone:
- 1: Alcohol education
- 2: Simple advice
- 3: Simple advice + brief counseling & referral
- 4: Referral

•Practice delivering BI case example

•Identify documentation follow-up in EAP information system

GWU NHTSA Training Support

- TA provided by GW SBI expert, Denise Ernst
- Assisted in design and delivery of training rollout
- SBI supervision & coaching calls with EAP Supervisors
- Developed role play scripts for EAP Supervisors to use with teams
- Developed SBI call auditing tool for EAP teams
- Developed SBI exercises and homework for EAP team meetings
- Identified adjunctive online/video resources and supports

Supplemental Slides

Brief Intervention Overview

Brief intervention is an evidence-based procedure aimed at treating risky, problem, or hazardous alcohol use, including binge drinking & other forms of heavy drinking, and referring more severe cases to proper treatments

Brief interventions should be flexible and take account of the patient's level of risk, specific problems, and readiness to change as well as the time available

Brief intervention can range from about 5 to 10 minutes (for brief health education and simple advice), or in some cases it can last longer as needed

Sources Used to Develop Brief Intervention

Babor, T, Higgins-Biddle, J, Saunders, J, and Monteiro, M. (2001). AUDIT The Alcohol Use Disorders Identification Test: Guidelines for use in primary health care. WHO/MSD/MSB01.6a, World Health Organization, Geneva, 2001.

Babor, T, Higgins-Biddle. (2001). Brief Intervention For Hazardous and Harmful Drinking: A Manual for Use in Primary Care. WHO/MSD/MSB01.6b, World Health Organization, Geneva, 2001.

McPherson, T.L. & Goplerud, E. (2008). *Screening and brief intervention (SBI): Guide and Resource Manual for Workplace Practitioners.* Network of Employers for Traffic Safety (NETS), National Highway Traffic Safety Administration (NHTSA), and Pew Charitable Trusts. Washington, DC

Miller, WR and Rollnick, S. (2002). *Motivational Interviewing: Preparing People to Change Addictive Behavior, 2nd edition.* New York, NY: Guilford Press.

World Health Organization (2003). *Brief Intervention for Substance Use: A Manual for Use in Primary Care* (Draft Version 1.1 for Field Testing). Geneva, Switzerland: Humeniuk, R., Henry-Edwards, S., Ali, R.

Results: Alcohol Screening

A few factors were found to be associated with a positive alcohol screen for hazardous or more severe alcohol use.

- Males were more likely to screen positive (54.6% vs. 31.4%, p<0.001)
- Members aged 20-29 were also more likely to screen positive (38.1% vs. 16.0%, p<0.001).

Results: Exploratory Claims Analyses

We found a reduction in the number of callers diagnosed with a mood disorder 6-months post EAP call (27.6% vs. 19.3%, p <0.05).

We also found that callers during the Post-SBI Time Period were less likely to utilize "other" treatment services such as ancillary, medication services, or professional services combined 6-months post-EAP call (23.9% vs. 13.4$, p < 0.001).

Despite this reduction in "other" treatment service utilization, there was not any difference in paid (by UBH and by member) service costs ($61.29 vs. $61.73, p=0.9730).

There were also no differences in paid service costs between the Pre-SBI and the Post-SBI time periods for any of the other service categories (i.e., alcohol or drug treatment, facility, or outpatient).

Training #1: Overview of Alcohol SBI

- Describe the spectrum of alcohol use
- Identify the links between problem drinking and common EAP concerns
- Describe the costs of alcohol misuse, and its impact in the workplace
- Describe the typical components of an alcohol Screening & Brief Intervention (SBI) program
- Report the main research findings on alcohol SBI in medical settings
- Report the findings from the EAP Medica Alcohol SBI pilot

Training #2: Motivational Interviewing

- Describe principles of Motivational Interviewing (MI)
- Review basic engaging communication strategies
- Describe how to use the rulers (importance, readiness and confidence) to elicit change talk

Training #3: Alcohol Screening Conceptual

- Review the spectrum of alcohol use
- Review the benefits of alcohol SBI in EAP
- Describe alcohol screening using the AUDIT
- Identify the conditions for successful screening
- Describe new EAP alcohol screening workflow

Training #4: Alcohol Screening Practice

- Review SBI and the new EAP SA policy
- Review alcohol screening using the AUDIT
- Review the conditions for successful screening
- Describe new EAP alcohol screening workflow
- Review the new AUDIT (ETOH) online tool
- Describe how to use the new online tool during a call
- Identify how to document screening results in Linx

Training #4: Role Plays

Debbie, 35 yo. employee calling because of problems at work

- Caller is having trouble at work including conflicts with her supervisor and co-workers, lack of motivation, anxiety and worry about job security, anger and frustration

Mark, 44 yo employee calling because stressed out

- Caller is stressed, mounting credit card debt, trouble paying bills, difficulty concentrating, anxious, and increasingly disconnected from his wife, children, family and friends

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Training #5: Brief Intervention Conceptual

- Review SBI and the new EAP SA policy
- Review Motivational Interviewing (MI, Online Training #2)
  - Principles
  - READS
  - Engaging communication strategies
  - Using Rulers to elicit change talk
- Describe qualities of successful brief intervention (BI)
- Identify the components of BI
  - FRAAAMES
  - Feedback; Responsibility; Advise; Assess; Assist; Menu Options; Empathy; Strengths

Training #6: Brief Intervention Practice

- Review alcohol screening & brief intervention (BI) categories
- Review the components of BI
  - FRAAAMES
- Describe BI for each Risk Zone:
  - 1: Alcohol education
  - 2: Simple advice
  - 3: Simple advice + brief counseling & referral
  - 4: Referral
- Practice delivering BI case example
- Identify how to document BI delivery in Linx

Training #6: Role Play

Martha, 40 yo. employee calling because of problems at home.
- Caller is having problems with spouse (bickering, arguments, separate lives, financial stress, conflicts with in-laws, unhappy, depressed, frustrated, etc.).