

The development and implementation of an enhanced digital alcohol screening algorithm and training package for primary health care settings

Project overview

FEBRUARY 2023

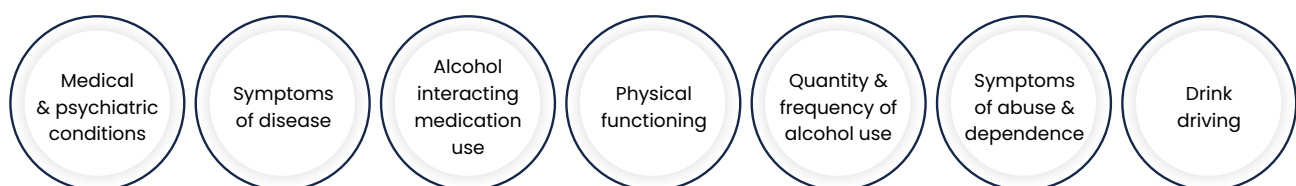
Alcohol use by older adults, particularly hazardous alcohol use, contributes to the burden of disease and injury in Aotearoa New Zealand. There are many changes related to ageing that increase risks to health if an older adult uses alcohol, including risks posed by the combination of alcohol use and chronic health conditions. Additionally, older drinkers are at significant risk of harm due to the potential for interaction between alcohol and medication.

It is well-documented that older adults are likely to use primary health care (PHC) services regularly. Having effective processes to identify hazardous drinking in older adults and then deliver impactful and personalised brief interventions in PHC settings is important.

This project was conducted by health professionals associated with Health Solutions Trust (Whanganui) and researchers from the University of Auckland and Massey University, and funded by Te Hiringa Hauora¹. The aim for this project was to explore whether an alcohol screening tool for older adults could be integrated within PHC settings (refer to Figure 1). This tool aims to enhance health professionals' capacity to identify and manage older adults who may be at risk of alcohol-related harm.

FIGURE 1: THE COMPONENTS OF THE COMORBIDITY ALCOHOL RISK EVALUATION TOOL (CARET)

Seven domains containing 27 items



¹ Te Hiringa Hauora | Health Promotion Agency was a Crown entity established under the New Zealand Public Health and Disability Amendment Act 2000. As at 1 July 2022 it was disestablished as a separate entity and moved into Te Whatu Ora – Health New Zealand.

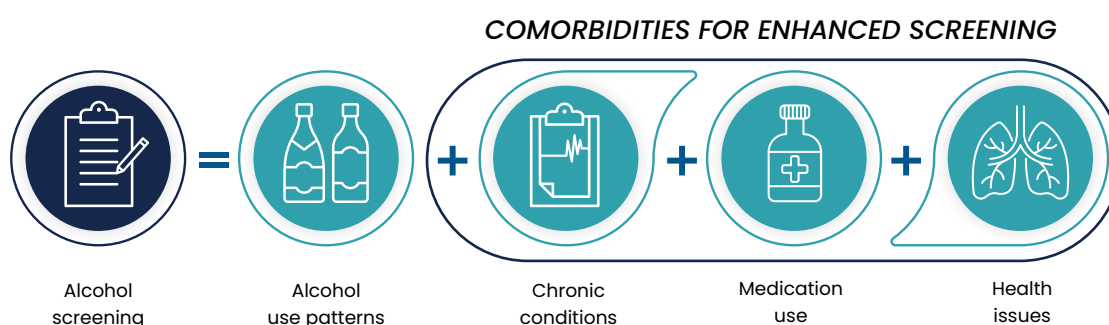
What happened

1. A screening algorithm was developed based on the Comorbidity Alcohol Risk Evaluation Tool (CARET), which is specifically designed to assess alcohol-related risk in older adults (Figure 1).

The CARET assesses the level of alcohol consumption (quantity and frequency of drinking alcohol) and the presence of certain factors that contributes to how alcohol use in older adults can become increasingly hazardous for their health.

The screening algorithm was made up of several factors (Figure 2).

FIGURE 2: THE FACTORS INCLUDED IN AN ENHANCED SCREEN FOR ALCOHOL RISK IN OLDER ADULTS



2. The screening algorithm was implemented at the Whanganui Regional Health Network (WRHN).
3. A training package was then developed and used to train health professionals. The package aimed to increase knowledge and confidence in the assessment and management of alcohol-related risk in older adults.
4. Algorithm use was monitored. Feedback was also gathered from health professionals using the algorithm.

Project outcomes

- The screening algorithm was successfully developed, tested and embedded into the patient management systems (PMS) in PHC settings that made up the WRHN. A meaningful proportion of older patients were newly identified as being at risk if they drank.
- The implementation of the screening algorithm had a substantial impact on screening rates in the initial project phase. However, the onset of the COVID-19 pandemic saw this screening rate drop to zero and after the COVID-19 2020 lockdown period, screening rates returned to baseline levels.
- Health professionals saw value in a screening algorithm that helped them to identify patients at potential risk of alcohol-related harm and then facilitate alcohol discussions. The training package was well-received and attended by some, though time constraints meant that many health practitioners did not (or could not) access this training.

Key recommendations for practices to implement screening algorithms

- Organise local champions to facilitate initial and sustained buy-in.
- Communicate clearly and regularly to staff about what the inclusion of the screening algorithm in the PMS means, and what people will see. Make awareness-raising an ongoing feature.
- Put in place accessible and timely training. This training needs to be repeated regularly. Think about how to enhance attendance as the competition between personal development and time constraints could undermine the training being completed.
- Provide technical support to ensure the screening algorithm functions accurately and is embedded into the PMS in a manner that appropriately alerts practitioners.
- Provide clear, understandable and accessible resources that can be used to explain alcohol-related risk to patients, particularly around the relationship between drinking, comorbid health conditions and alcohol-interactive medicines.
- Make local funding available to support “no-cost to patient” follow-up appointments with at-risk older adults to reduce access disparities based on cost. Practices should consider the use of telemedicine for patient follow-ups, as this reduces the patients’ requirements for travel back to the practice and facilitates faster engagement and management for health professionals.

Regardless of whether the algorithm is incorporated in the PMS, there needs to be a change in the way drinking is perceived and discussed by health professionals, with a clinical/health rather than drinking focus.

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