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Evaluation of the Time to Ask Program at St. Croix Regional Family Health Center

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Evaluation of Time to Ask at St. Croix Regional Family Health Center

August 2022



Presentation Overview

01. Introduction

Overview of TTA program at SCRFHC

02. Module Engagement and Feedback

Summary of learner satisfaction with content and delivery of the TTA training

03. Focus Group Results

Feedback from key stakeholders and physician champions on program implementation

04. Post-Survey Results

Results of the Alcohol and Alcohol Perceptions Questionnaire (AAPQ) and open responses

05. Clinical Data

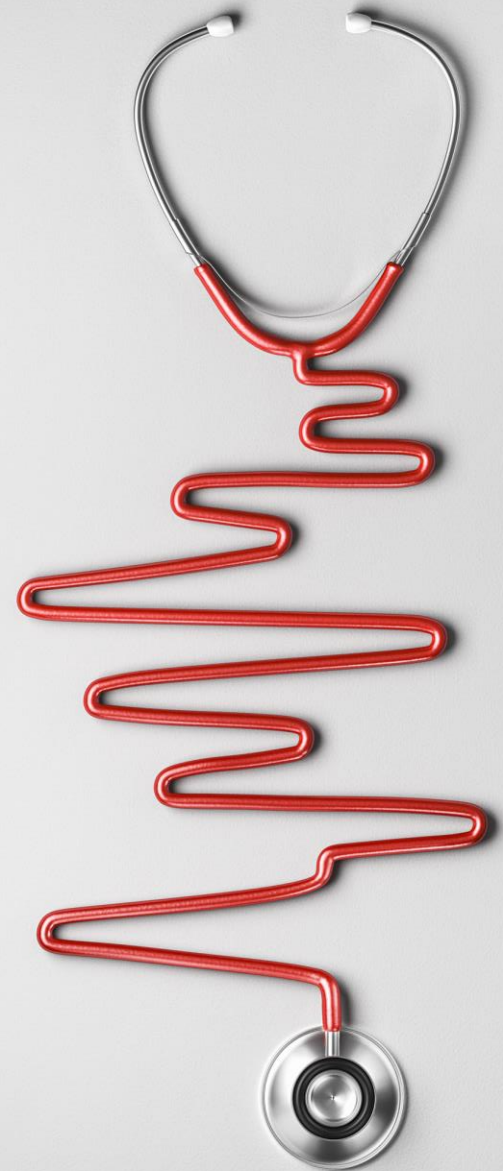
Summary of relevant alcohol screening, referral and treatment data

06. Conclusion

Discussion of key findings

Introduction

- The Time to Ask (TTA) program was developed by the Lunder Dineen Health Education to expand regular screening and monitoring of unhealthy alcohol use in Maine by advancing the skills and increasing capacity of the interprofessional care team in discussing alcohol use with their patients.
- The TTA program was implemented at St. Croix Regional Family Health Center in November 2021.
- The program is multi-pronged and included practice facilitation, provider and staff education as well as expert consultation.

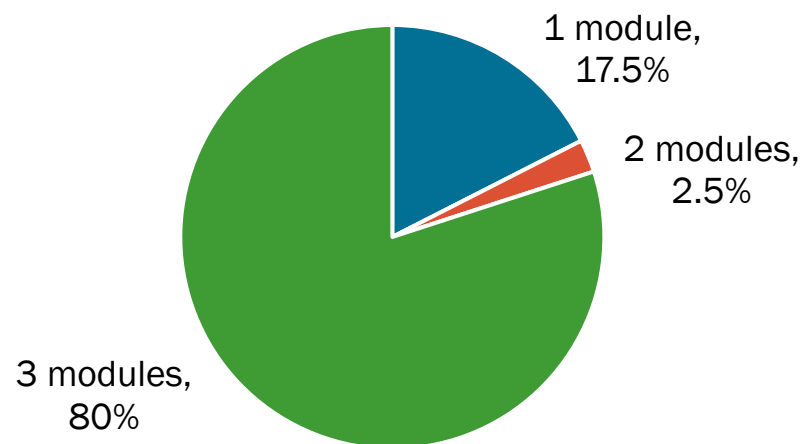


TTA Module Engagement and Feedback

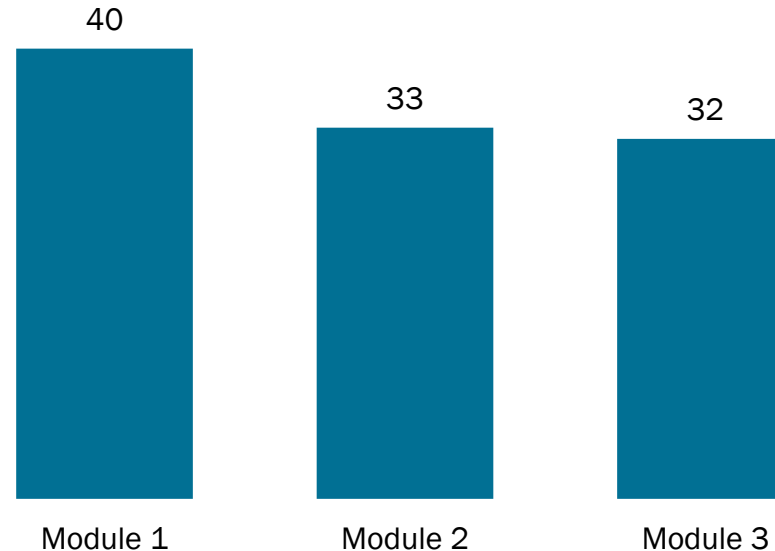
Participation Overview

40 SCRFHC staff took at least one TTA learning module
47.5% of participants had non-clinical roles
52.5% of participants had clinical roles

Number of Modules Completed by Staff
(n=40)



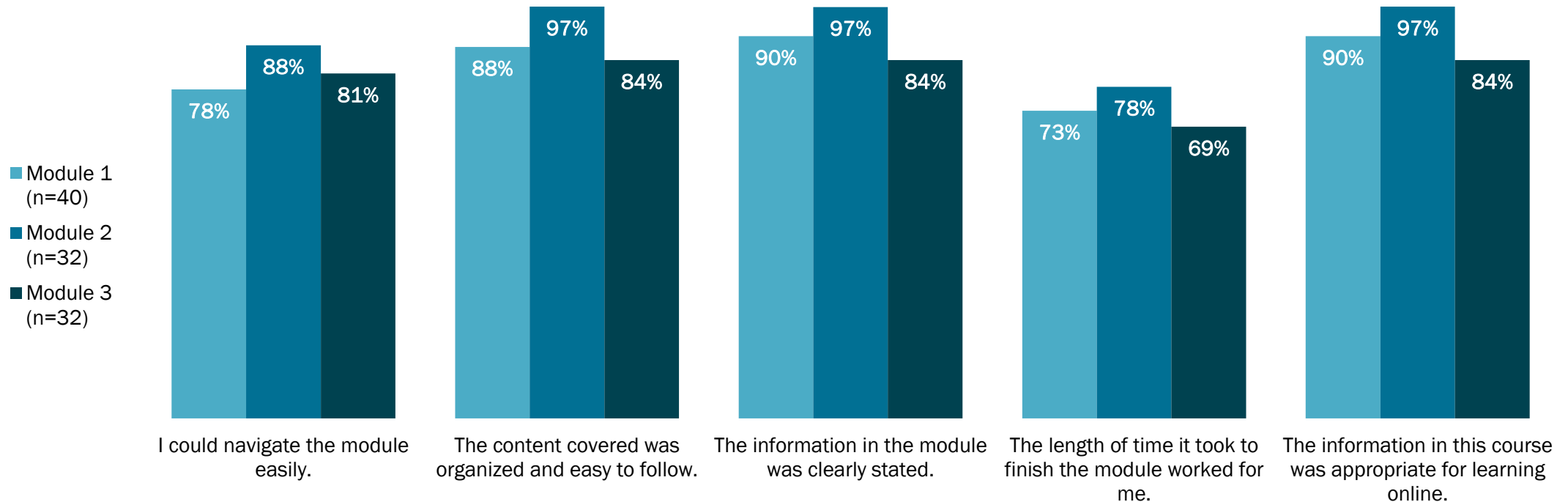
Number of Staff who Completed Each Module



Presentation and Delivery

Respondents consistently agreed that the modules were well-organized, clear, appropriate for online learning, and adhered to a length of time that was feasible for staff members.

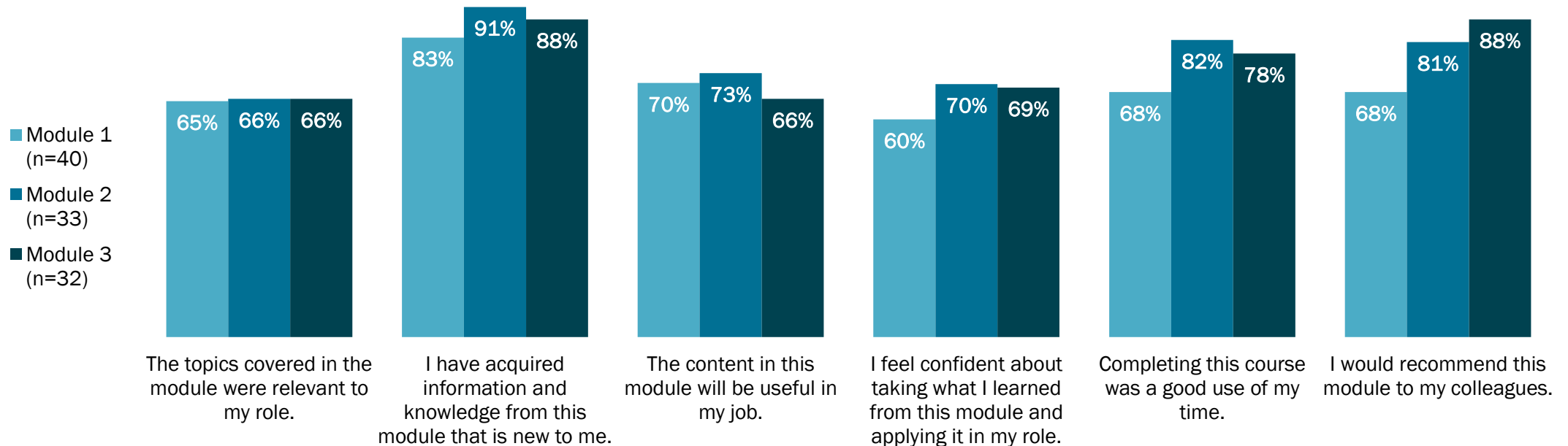
Percent of participants that agreed/strongly agreed with statements about module presentation and delivery



Content

Overall, participants agreed that the **information presented in the module was new** and that the information presented was **worth taking the time to learn**. Participants typically had the most favorable response to Module 2.

Percent of participants that agreed/strongly agreed with statements about module content

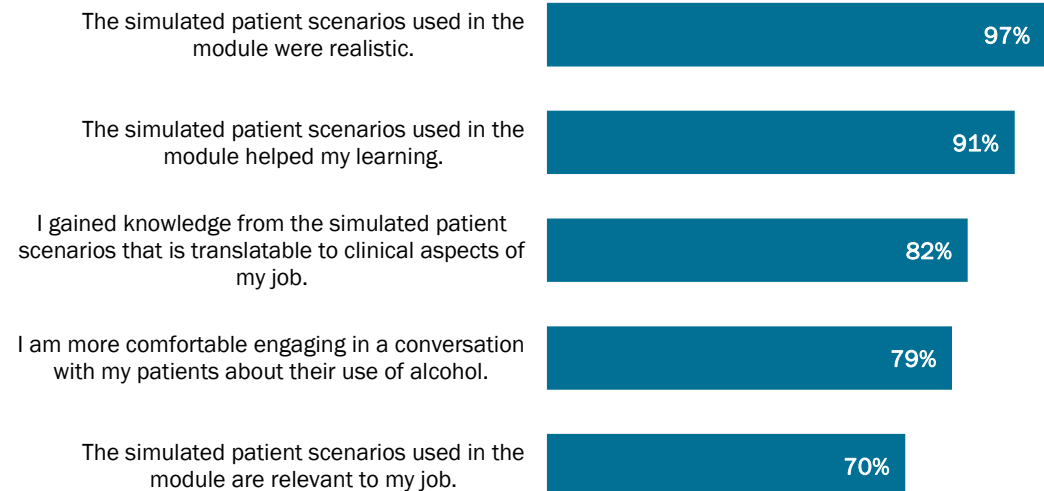


Simulated Patient Scenarios (Module 2)

Module 2 included simulated patient scenarios to prepare staff to engage patients in discussion about alcohol use. As a part of the post-module feedback questions, participants were asked about this aspect of the content.

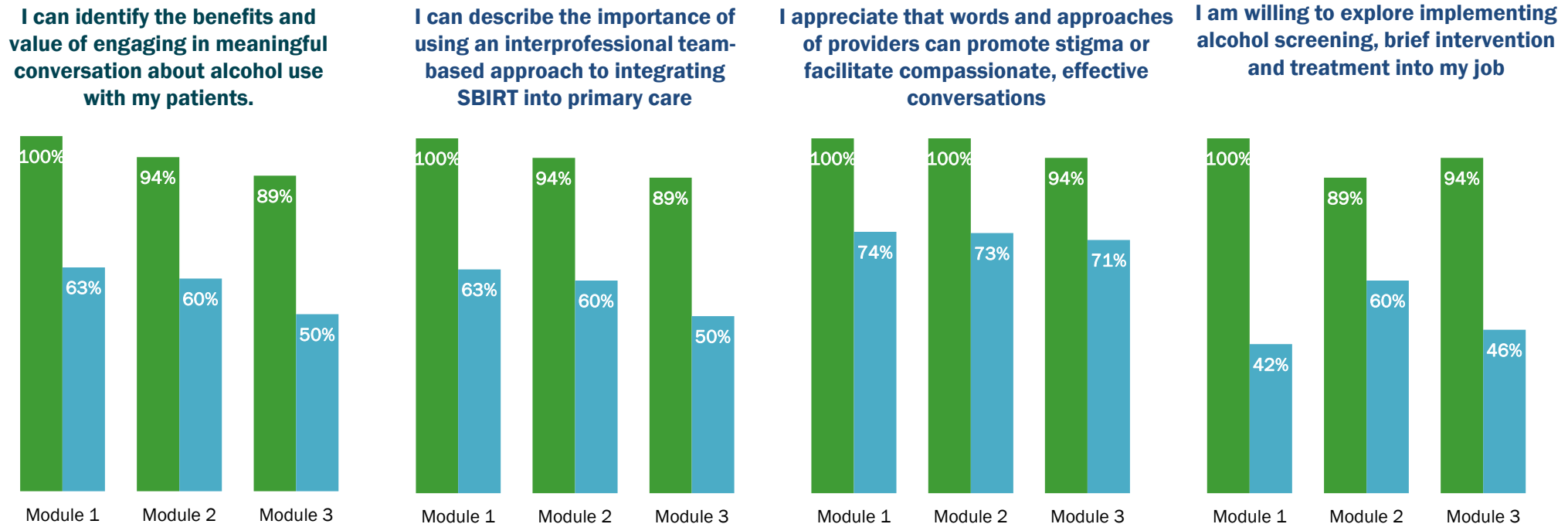
- **91%** participants agreed that the patient scenarios helped their learning
- **82%** of participants agreed that the patient scenarios gave them knowledge that is translatable to clinical aspects of their job

Percent of participants who agreed/strongly agreed with statements about the simulated patient scenarios (n=33)



Impact on Skills and Knowledge

There were high ratings of agreement with appreciation of non-stigmatizing language, identification of value in team-based care and conversations about alcohol use, especially among clinical participants.



Percent of **clinical** and **non-clinical** participants who agreed/strongly agreed with statements about the modules' impact on skills and knowledge

Impact on Skills and Knowledge

What was most useful about the modules, according to participants?



Statistics and facts about prevalence of unhealthy alcohol use and interactions with chronic diseases



Discussion about compassionate language and approaches to reduce stigma



Knowledge about specific populations affected by unhealthy alcohol use



Influence of social determinants of health and applying this information to care planning



Application of motivational interviewing principles to discussions about alcohol with patients

“How to slow down and really get the patient to reflect on their alcohol use”



Content was realistic and practical to the role of the provider

Impact on Skills and Knowledge

How **non-clinical** staff plan to apply knowledge from the modules:

- Communicating with patients who might have an substance use disorder more compassionately
- Supporting staff members in their personal lives and their professional roles

“Recognizing that staff members need to be able to talk openly about their alcohol use without being judged”

How **clinical** staff plan to apply knowledge from the modules:

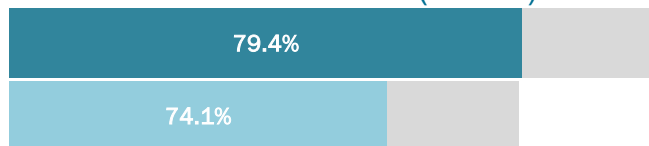
- Paying greater attention to social determinants of health in the context of alcohol use
- Screening for unhealthy alcohol more frequently
- Engaging patients in conversations about alcohol use, listening compassionately, and applying principles of motivational interviewing in those discussions

“How I communicate with my client may help my client to begin to understand that alcohol does have an impact on mental health as well as physical health”

Impact on Skills and Knowledge

Module 1

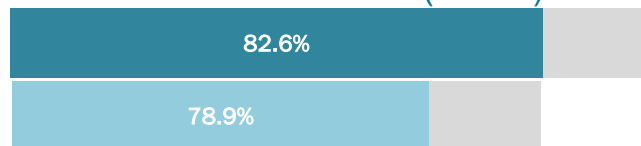
79.4% Of participants said they would apply the knowledge from module 1 in their roles (n=34)



74.1% of those participants reported they would apply that knowledge within 1 month (n=27)

Module 2

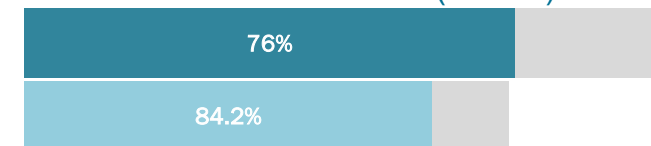
82.6% of participants that reported they would apply knowledge from module 2 in their roles (n=23)



78.9% of those participants reported they would apply that knowledge within 1 month (n=19)

Module 3

76% of participants that reported they would apply knowledge from module 3 in their roles (n=25)



82.4% of those participants reported they would apply that knowledge within 1 month (n=19)



“

I think communication is key. Patients do respect opinions of healthcare workers. When they trust your opinions and how the subject is presented, they feel more comfortable speaking about the topic.

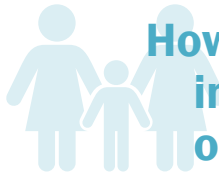
- Module 1 Participant

Recommendations for TTA Modules

Participants wanted to learn more about:



Types of interventions for AUD co-occurring with other SUDs



How to counsel family and friends impacted by the unhealthy alcohol use of a loved one



More information about the relationship between AUD and cancer

Participants felt the modules could be improved by:



Adding more text information to the slides and subtitles to the module videos



Increasing clarity of correct responses to questions after learning quiz completion

Practice Champion Feedback

Focus Group Overview

- The evaluation team conducted a virtual debrief discussion with key stakeholders, including physician champions, in August of 2022
- 5 St. Croix staff members participated in the focus group

TTA Implementation Successes

Enhanced Screening Processes

- Incorporating the AUDIT-C screening into a smart form in the EMR
- Alcohol screening is now required annually for all patients and on an as needed basis for those at risk or with AUD
- Relevant clinical data on AUD is shared at quality meetings with leadership and providers to monitor population health

Improved Mechanisms for Chronic Disease Management

- The TTA Program's focus on skills for chronic disease management is useful for working with patients on managing overall health as well as AUD and other chronic conditions
- Referrals and warm handoffs to the in-house LDAC have increased because there is more practice awareness and increased screening for AUD

Expand Tools & Training

- Pocket guides are in all of the exam rooms, including the behavioral health and in waiting rooms waiting,
- Pocket guides are user friendly for both providers and patients; they are useful and frequently distributed
- TTA Training will be available through SCRFHC learning system so all new staff will take the training

Participant Post Training Survey

Post-Survey Overview

The post-survey was deployed to SCRFHC staff after implementation of the TTA program.

The survey was deployed to 37 staff members. There were 22 complete responses. (59% response rate)

The Post-Survey Included

The alcohol and alcohol perceptions questionnaire (AAPPQ), a standardized tool to assess beliefs and knowledge of alcohol use

Additional multiple choice and open responses to understand staff perceptions of TTA curriculum, and facilitators and barriers to regular screening and discussion of unhealthy alcohol use with patients

*Baseline data about beliefs related to alcohol use and people who drink alcohol is also shown for comparison where appropriate.

*Baseline Beliefs

Training participants were asked before engaging with Module 1 about their confidence and comfortability with behaviors related to discussing and screening for unhealthy alcohol use.

Mean ratings on a scale of 1-10

Convinced it is important to integrate regular conversations about alcohol use into clinical work

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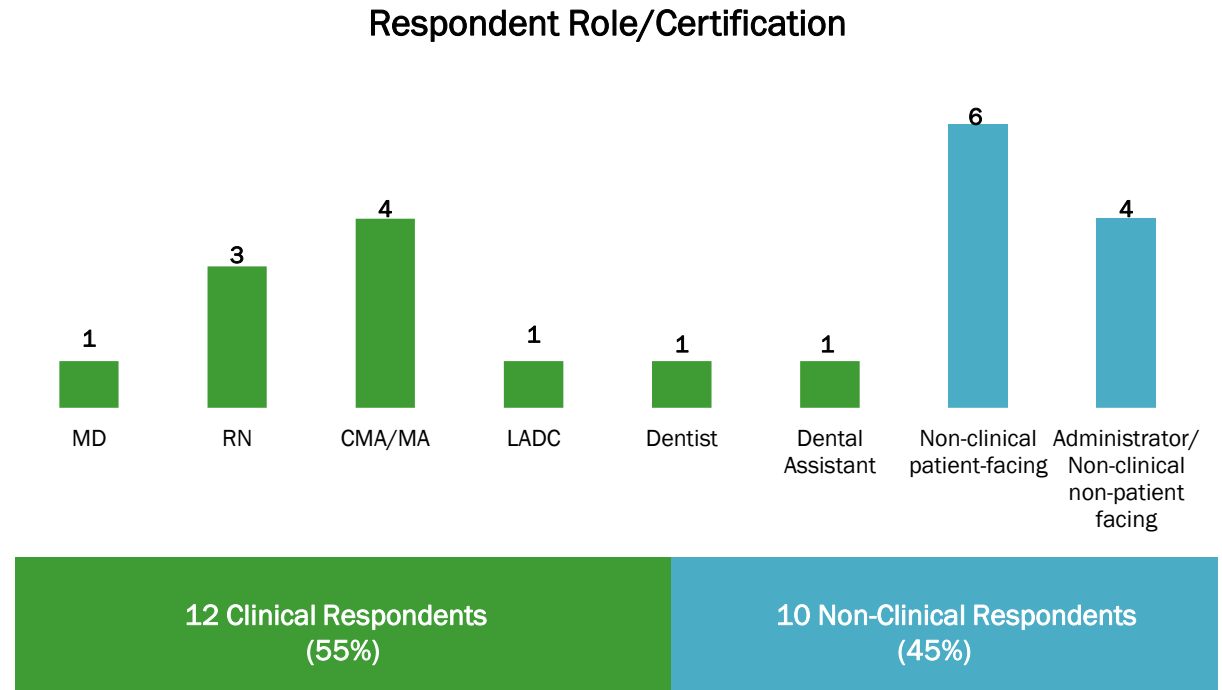
Confident they can integrate regular conversations about alcohol use into clinical work

6.46

Post- Survey Respondent Characteristics

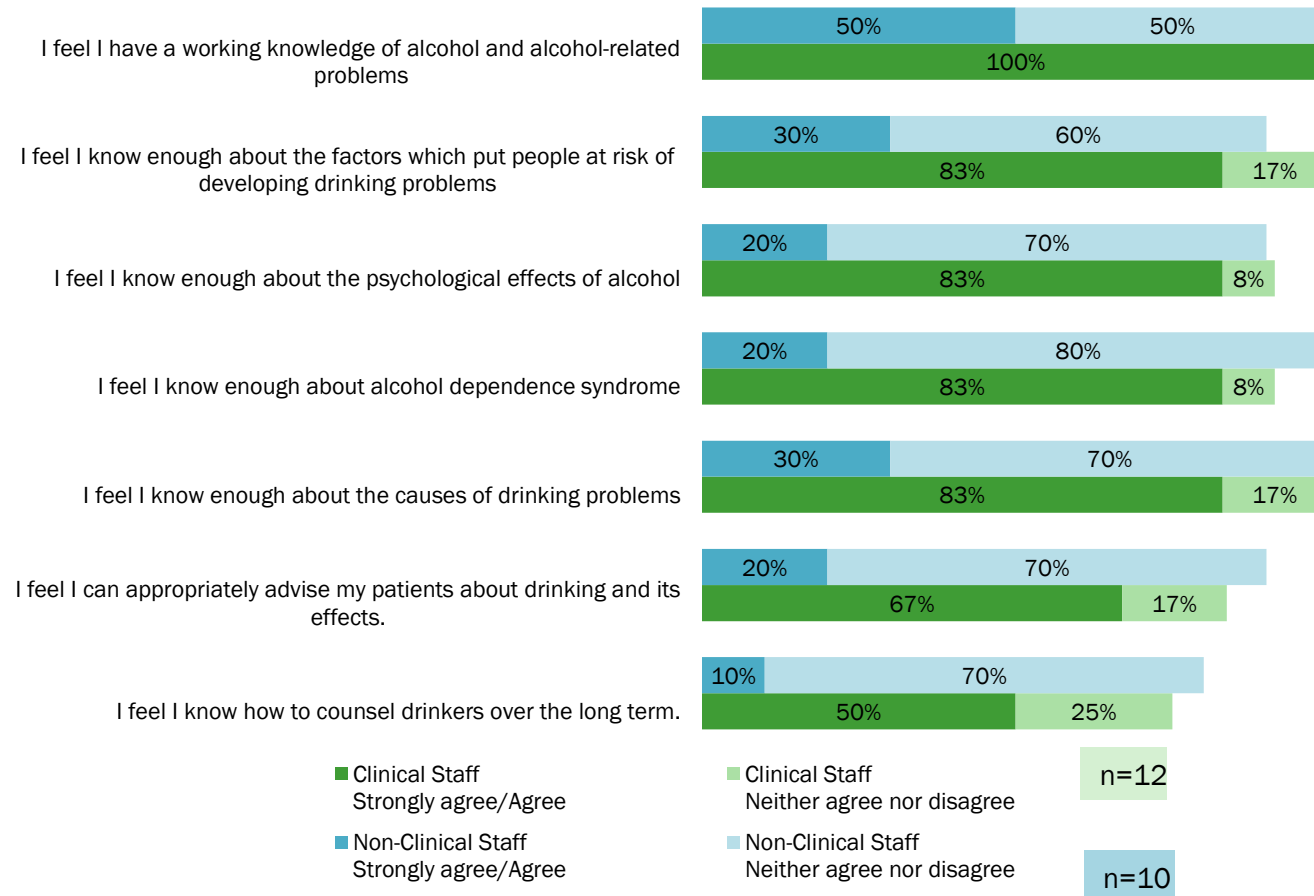
Among the 22 respondents who completed the survey,

- 95% were women
- 36% were between 25 – 44, and 64% were between 45 – 64 years old
- 55% had clinical roles at SCRFHC, while 27% had patient-facing non-clinical roles



Adequate Knowledge

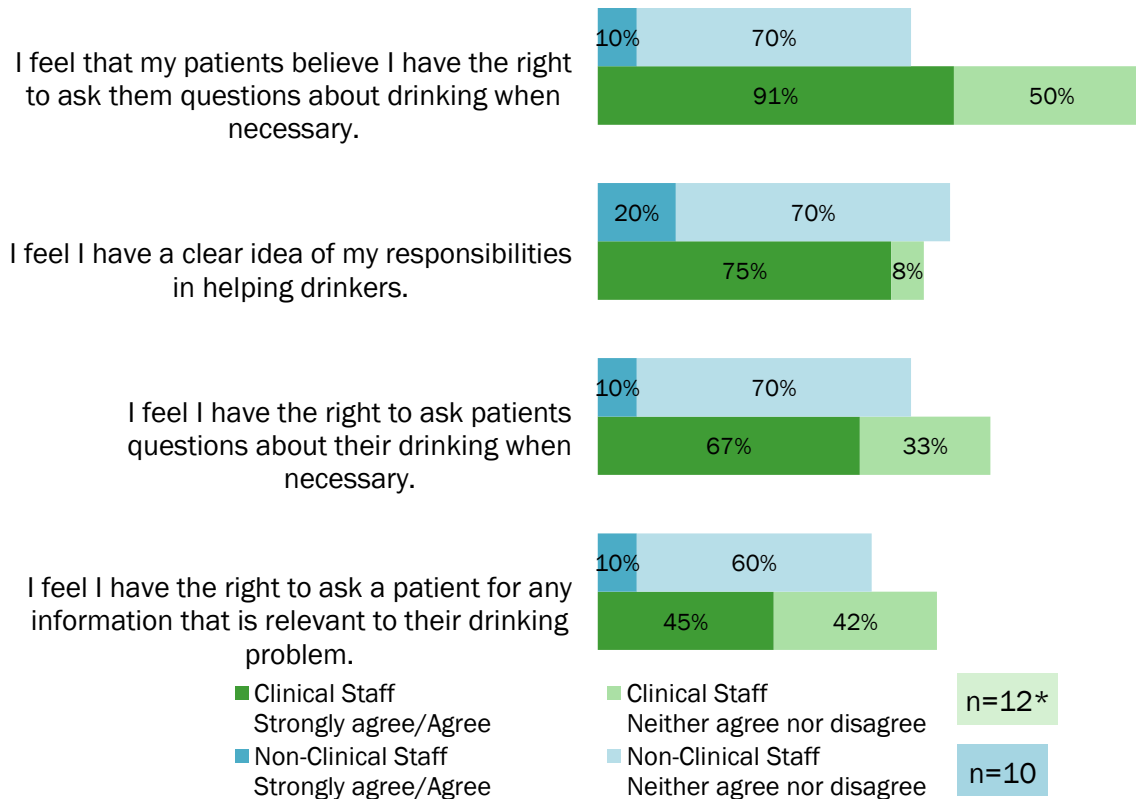
Respondents agreement with items about having adequate knowledge to work with drinkers



100% of clinical staff believed they had a working knowledge of alcohol and alcohol related problems, but only **50%** felt they knew how to counsel drinkers over the long term

Role Legitimacy

Respondents agreement with items about legitimacy of their role in helping drinkers



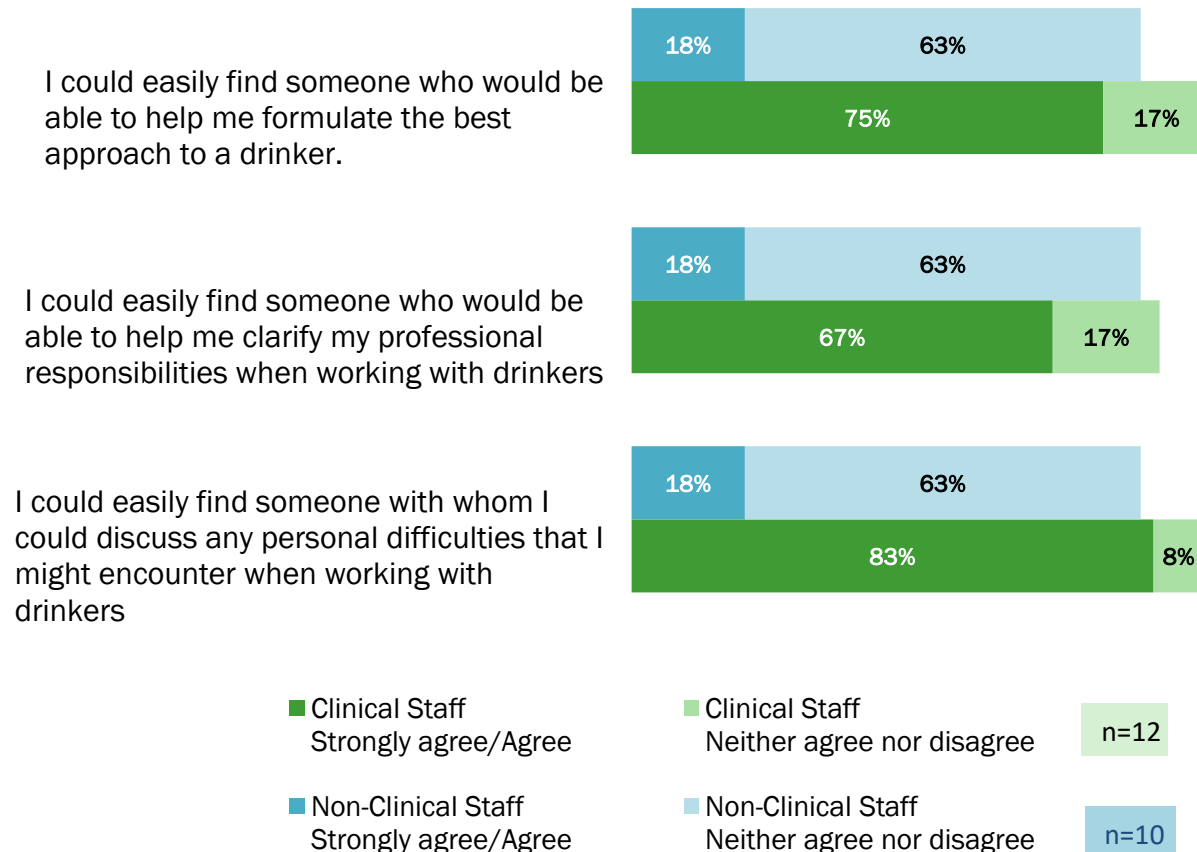
91% of clinical respondents agreed or strongly agreed that they thought their patients believed they had a right to ask about their drinking

Only **45%** felt that they had the right to ask a patient for information relevant to their drinking problem

Role Support

While **clinical respondents** felt strongly that they had adequate role support, respondents in **non-clinical roles were less likely** to report they knew how to find support when working with drinkers.

Respondent agreement with statements about role support

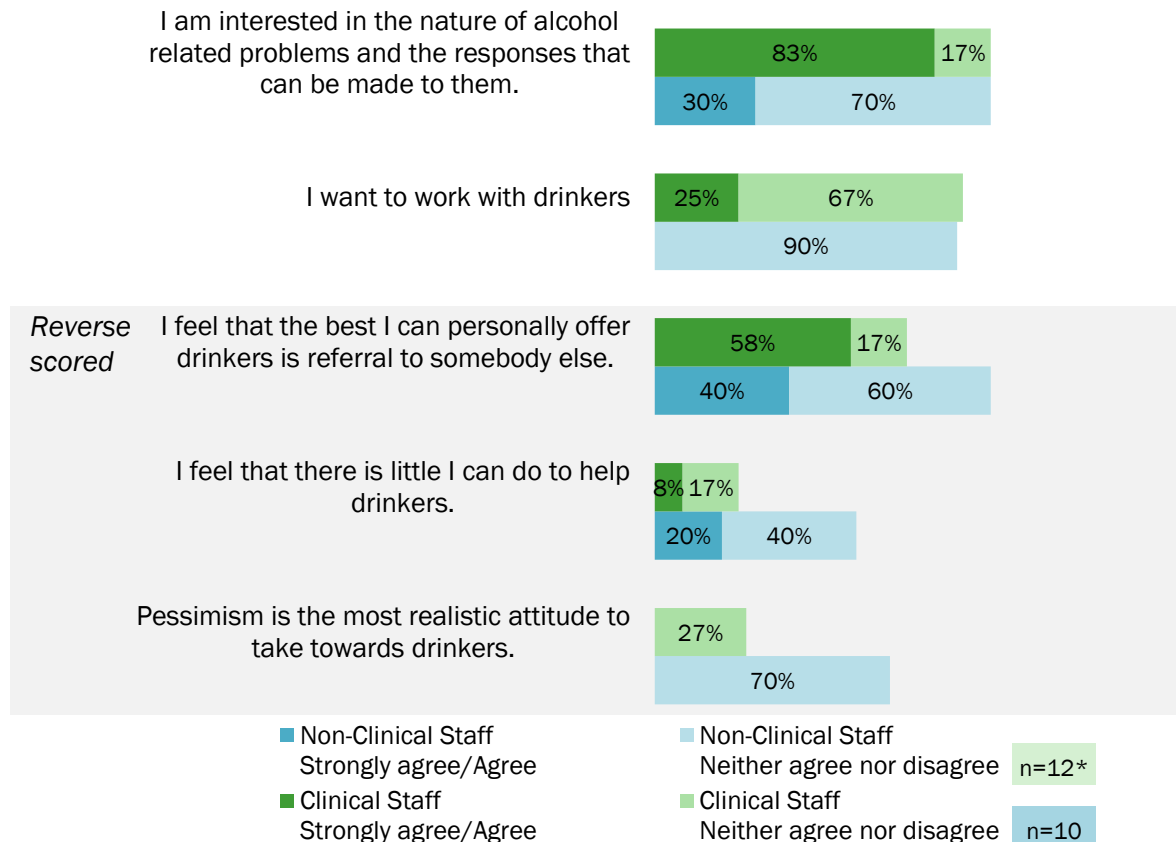


Motivation

No respondents agreed that pessimism was the most realistic attitude to take towards drinkers, although **50%** believed that the best they could offer drinkers was a referral to someone else.

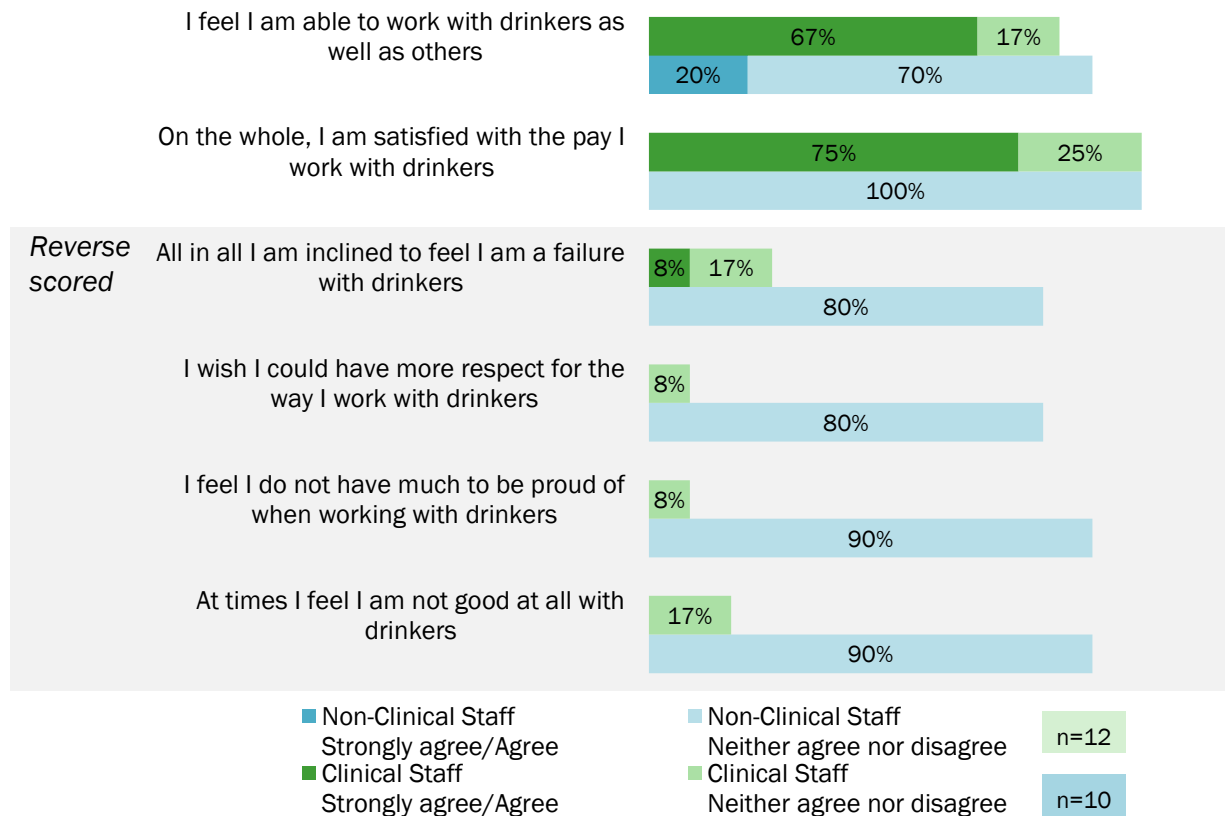
59% of respondents agreed that they were interested in the nature of alcohol problems and their solutions.

Respondent agreement with statements about motivation to work with drinkers



Work Satisfaction

Respondent agreement with items about work satisfaction



100% clinical staff indicated they were satisfied in how they worked with drinkers

55% of clinical staff indicated they are proud of how they work with drinkers

Role-Specific Self-Esteem

No staff respondents disagreed that working with drinkers was rewarding, or that they generally liked drinkers

Only 9% of respondents agreed that they felt uncomfortable working with drinkers

Respondent agreement with statements about self-esteem in working with drinkers



Helpful Aspects of the TTA Program

Respondents believed that knowledge, skills, and resources provided by TTA were valuable in interacting with patients in both clinical and non-clinical roles.

The most helpful aspects of the TTA program included:

Information on the physiological effects of alcohol

Including how men and women are impacted differently, and its effect on chronic disease

How to communicate effectively with patients

Application of knowledge and linguistic skills to initiate conversations about alcohol use

General statistics and knowledge

Appreciation among clinical and non-clinical staff for broad increased understanding

Actionable responses to patients who drink

Knowledge of appropriate medications and tactile supplemental materials to distribute

Suggestions for Program Improvement

Guidance for non-clinical staff

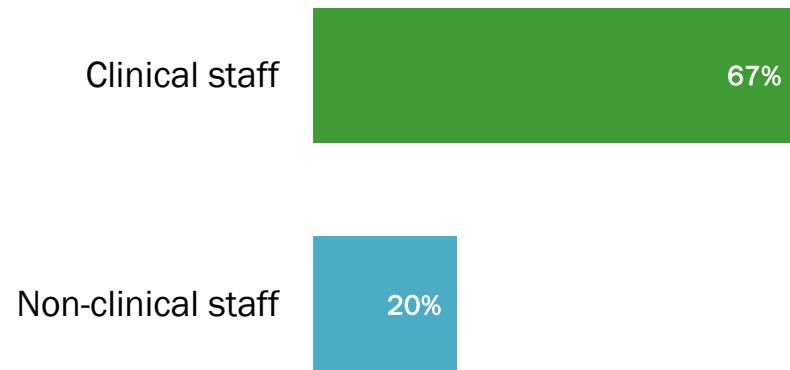
While many non-clinical respondents saw the value of the training, they expressed interest in best practices for administrative or support staff to apply the new knowledge.

Ongoing training

Opportunities to receive further training in specialized topics and best practices, *“would be nice.. For beginners”*

Application of TTA

Percent of respondents who report integrating the knowledge/skills from the program into their practice:



How respondents are using TTA in their roles:

"I find that I talk to patients differently now since I took the motivational interviewing training"

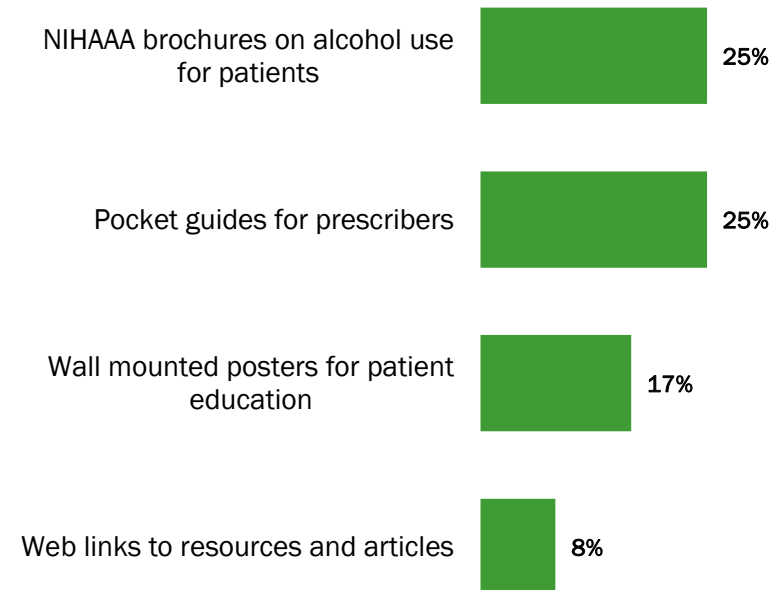
"Being more aware of patients mood, body language"

Supplemental Materials

50% of clinical survey respondents reported they had used at least one of the supplemental materials (n=12).

“When administering the AUDIT-C, I have referred to the brochures”

Percent of clinical respondents who reported using supplemental materials:



Facilitators to Regular Screening

Respondents identified organizational and contextual factors that made screening patients for AUD and discussing alcohol use easier.

Standardized screening is embedded in intake workflow

AUDIT-C integration as a “part of the intake process” makes regular screening more convenient.

Physician champions

“We have several [providers] that are very good at their job in helping and advising patients”

Recognizing community need

“We have a lot of folks in need of help in this community”

New knowledge and skills in interdisciplinary teams

- Increased capacity to identify red flags for unhealthy alcohol use
- medical assistant’s receiving TTA training

Barriers to Screening

64% of clinical staff believed that there were still barriers to regular screening and monitoring of patient alcohol use (n=11).

They mentioned the following as ongoing challenges:

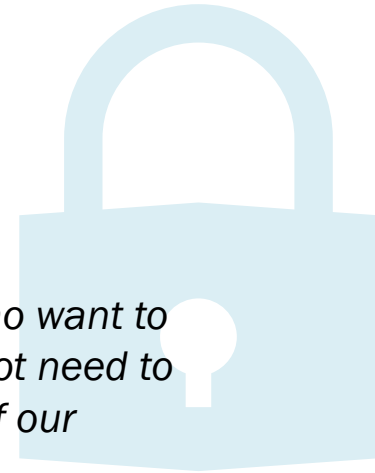


Limited time and competing priorities

“ [There are] additional screenings required for grant funding through HRSA”

Patient discomfort

“Some people still do not want to share or feel they do not need to share, that it is none of our business”



Clinical Data

Overview of Clinical Data

Types of data collected:

- AUD Screening
- AUD Diagnoses
- Prescriptions for medication-assisted treatment (MAT)
- Referrals to specialists for AUD

Time periods

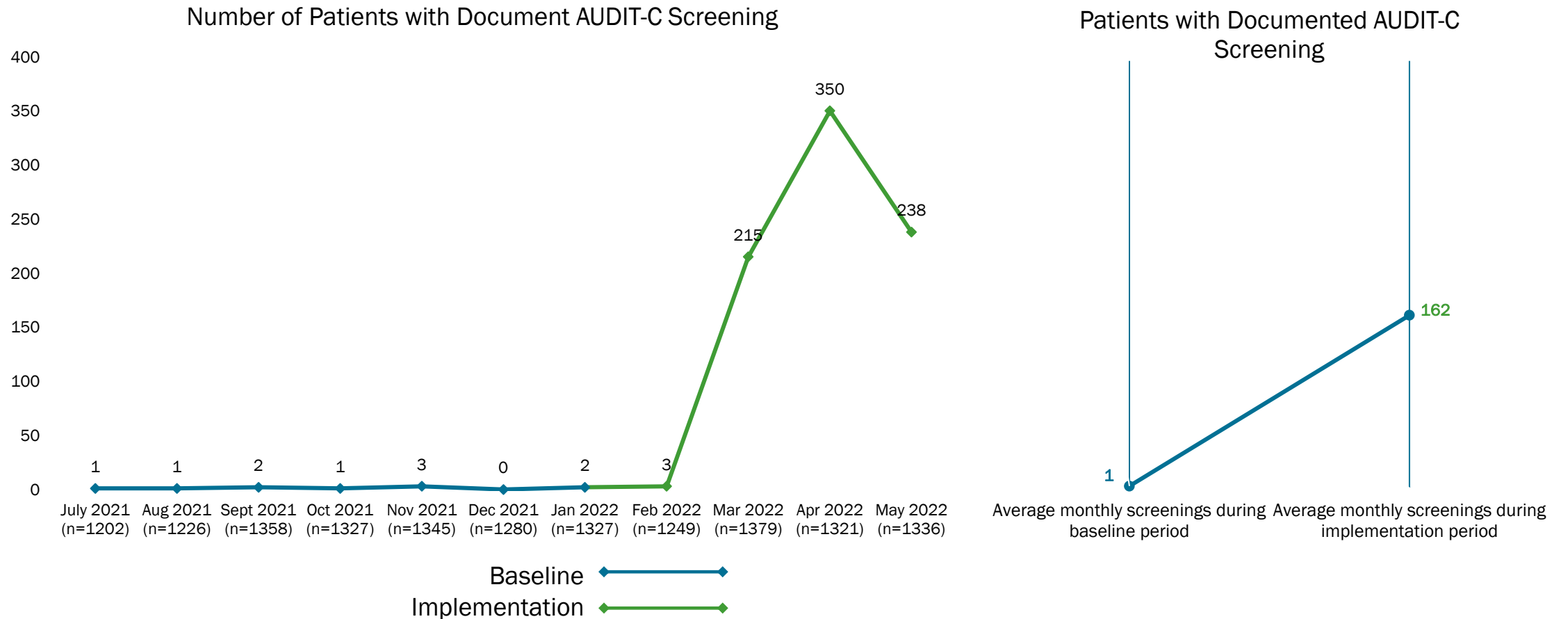
- **“Baseline”** data was collected in the 6 months before staff completed the modules and organizational changes were implemented with the help of TTA practice facilitation.
- **“Implementation”** data was collected in the 5 months after staff completed the modules and organizational changes were implemented with the help of TTA practice facilitation.

Baseline
(July – December 2021)

Implementation
(January – May 2022)

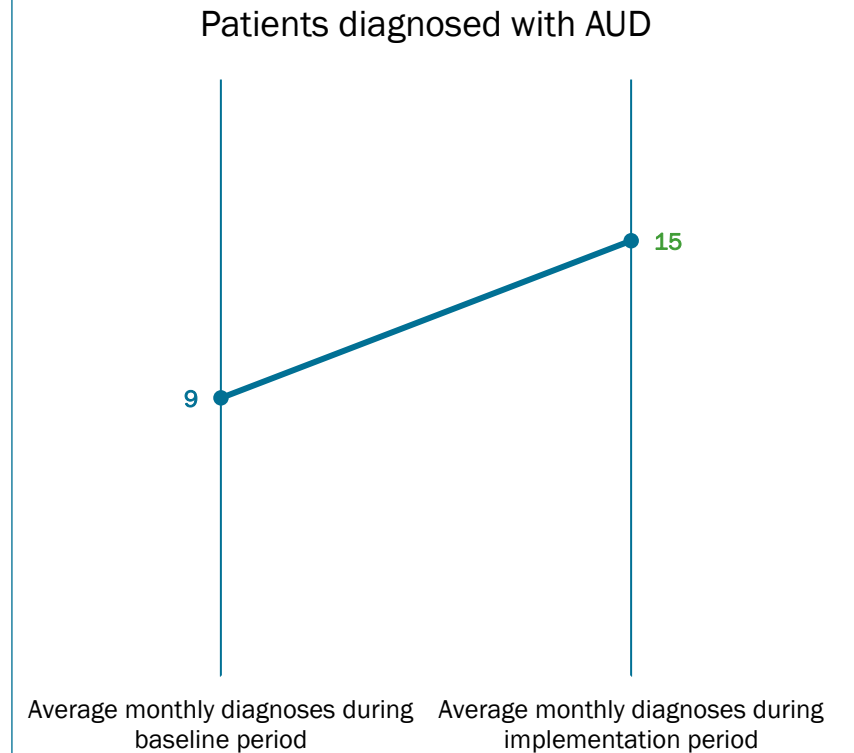
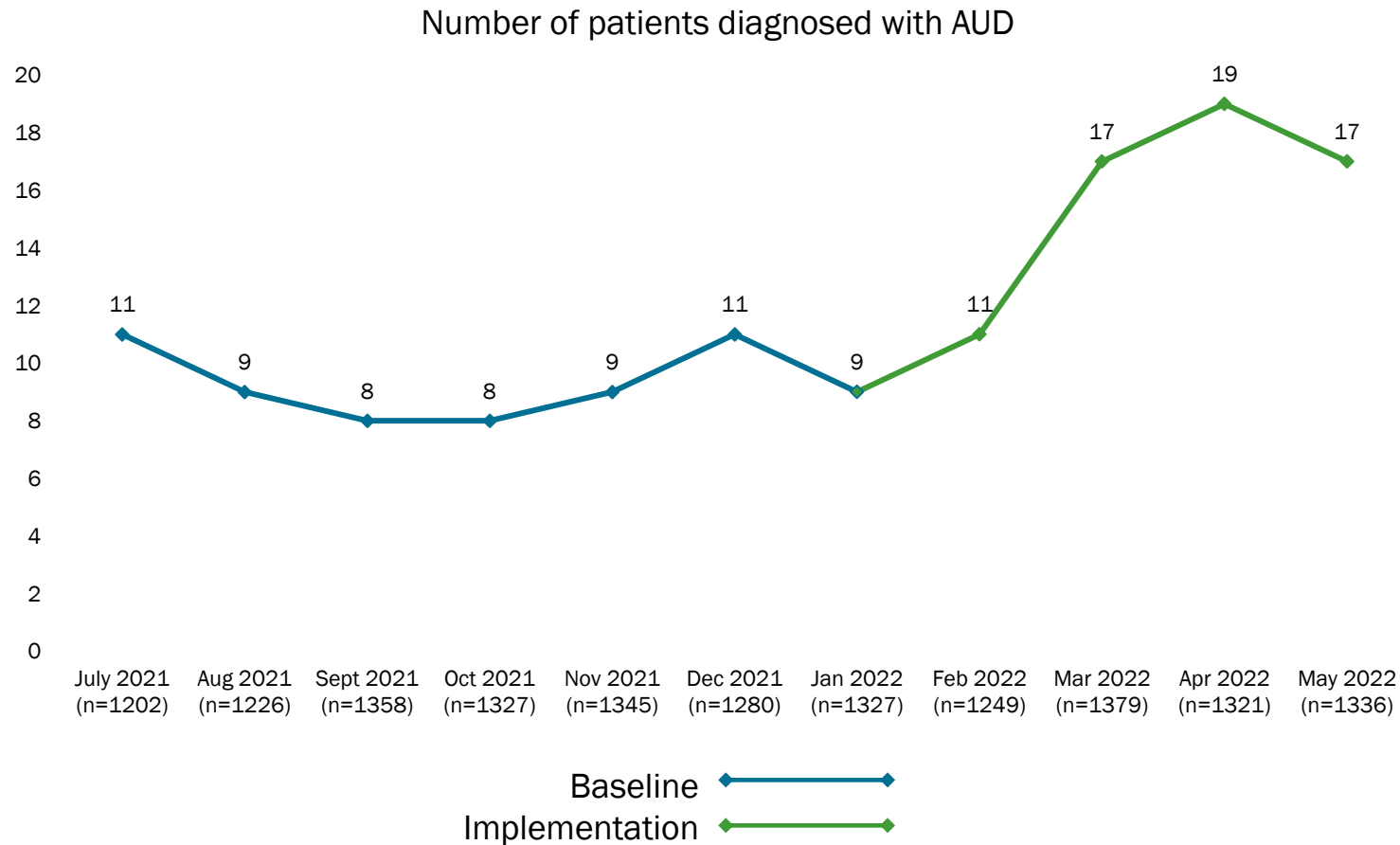
Screenings using AUDIT-C tool

The number of patients who received AUDIT-C screens **greatly increased** after program implementation



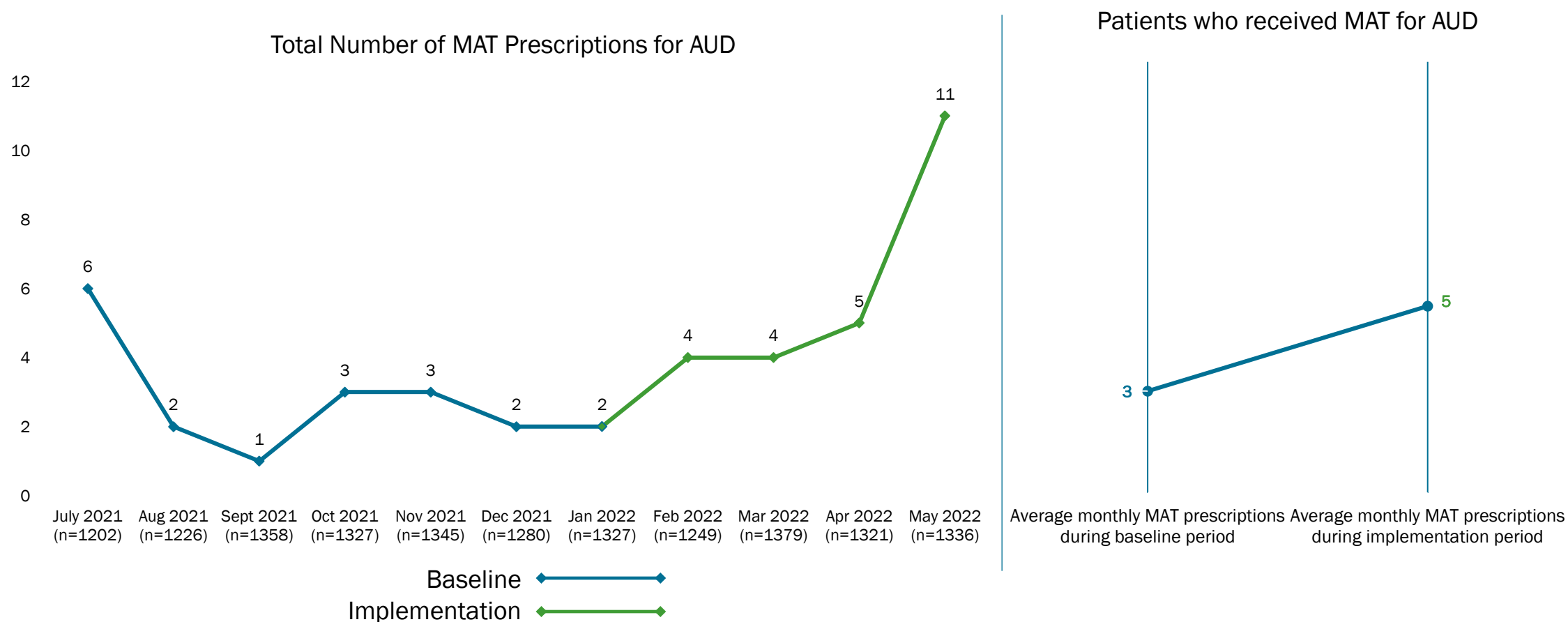
AUD Diagnoses

The number of patients diagnosed with AUD at SCRFHC increased by 55% from July 2021 to May 2022



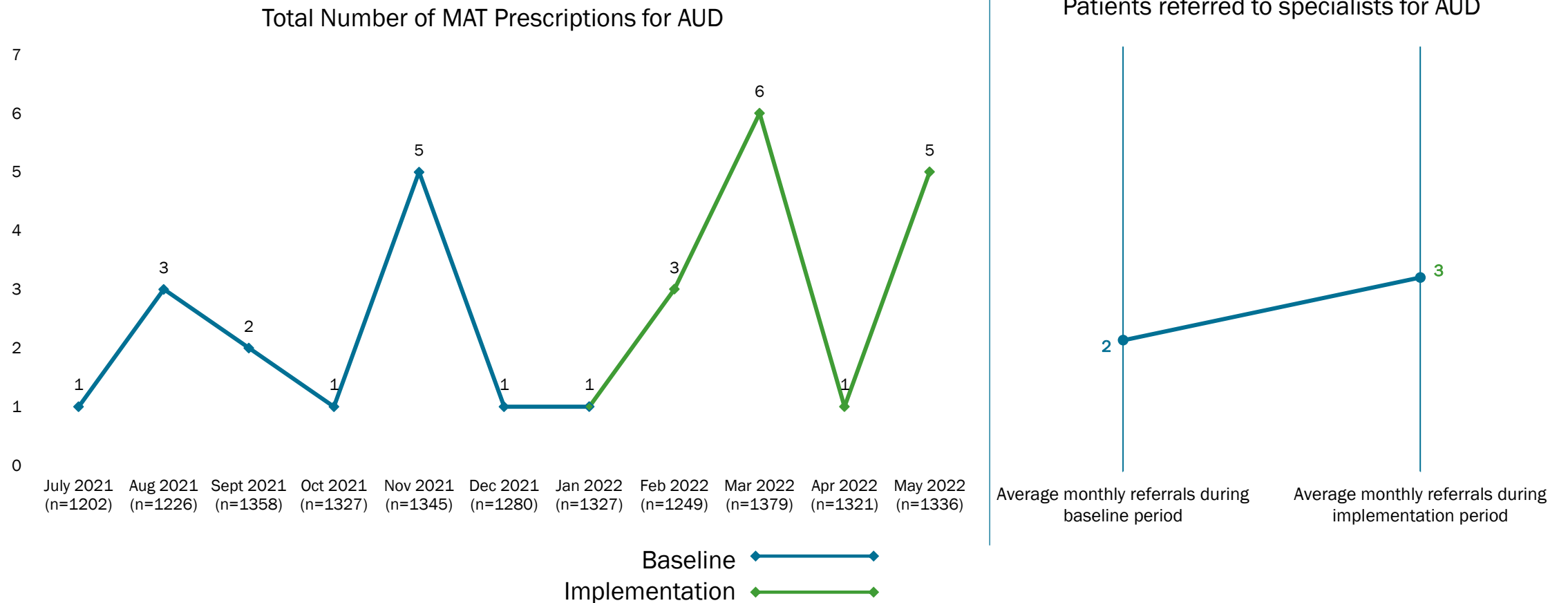
MAT Prescriptions for AUD

MAT prescriptions for patients with AUD increased by 83% from July 2021 to May 2022



Referrals to Specialists for AUD

While referrals to specialists remained low, the average monthly referrals increased slightly during the implementation period



Conclusion

Key Findings

Staff felt that TTA program modules and practice facilitation gave them valuable knowledge and skills

Providers felt more confident in engaging patients in conversation about alcohol and managing AUD over the long-term as a chronic disease

TTA resources, such as pocket guides and posters, are used widely in practice to engage patients

TTA trainings will be used in the onboarding of new staff to standardize knowledge across the organizations

Enhancing practice workflows to include AUDIT-C screening dramatically increased screening rates

While training and practice facilitation improved attitudes towards screening and patient engagement, providers reported that limited time, competing priorities, and patient discomfort are persistent challenges to regular screening and monitoring.



Thank you

Questions?

Dr. Lindsey Smith, Principal Investigator



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