Alcohol Use Disorder Screening and Management
Mikel Matto, MD; Ryan Rampersaud, MD, PhD; Aaron Besterman, MD; Mark Elliott, MD; Tua Mulligan, MD; Mayumi Pierce, MD; Scott Wilke, MD, PhD
Faculty Advisors: Serina Deen, MD; Weston Fisher, MD
Department of Psychiatry, UCSF

The Problem
Patients who present to UCSF with psychiatric issues often have an alcohol use disorder that is not their presenting complaint. Without a deliberate strategy, residents can treat a patient’s primary ailments and miss an opportunity to address co-morbid substance use that can be managed longitudinally. A needs assessment discovered that positive screening produced appropriate recommendation for treatment in only 15% of inpatient admissions and 50% of outpatient intakes. The UCSF residency program proposed highlighting the importance of screening for alcohol abuse/dependence and making appropriate referrals to treatment for all new psychiatric patients seen at UCSF.

Project Plan
- Project kick-off announcement at Resident Association meeting (07/2014)
- Delivery of updated Progress Note templates to streamline documentation for addressing co-morbid alcohol use (07/2014)
- Emailed project results to residents (quarterly)
- In-person peer-to-peer coaching with teams (each mid-quarter)
- Individual mentoring (PRN)

Results / Progress to Date
% of Patients that Received Proper Treatment Recommendations for Alcohol Use Disorder

<table>
<thead>
<tr>
<th></th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
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<tbody>
<tr>
<td>Inpatient</td>
<td>55</td>
<td>62</td>
<td>83</td>
<td>91</td>
</tr>
<tr>
<td>Outpatient</td>
<td>58</td>
<td>68</td>
<td>67</td>
<td>81</td>
</tr>
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Discussion
- Project kick-off/teaching resulted in immediate Q1 improvement from baseline, most dramatically in inpatient unit (15% to 55%)
- Emailed results and peer-to-peer teaching after mid-quarter results in Q2 produced largest sustained gains in outpatient clinic (62 to 83%)
- Targeted individual mentoring of lower performing residents produced positive effects in Q2/Q3 in both environments

Lessons Learned
- Digital communication, while helpful, was not a replacement for in-person mentoring/coaching
- Lack of alcohol use disorder screening on inpatient admissions was an unknown problem addressed through this project (reduced from 18% to 6%)

Moving Forward
The Psychiatry department will be moving to APEX for the 2015-2016 academic year. With increased ease of access to metrics and quantitative data, the department plans on initiating new QI projects such as this one to improve resident training, patient satisfaction, and healthcare outcomes.