



Complete Summary

TITLE

Preventive care and screening: percentage of patients who were queried about and screened for problem drinking during the two-year measurement period.

SOURCE(S)

Physician Consortium for Performance Improvement. Clinical performance measures: preventive care and screening. Tools developed by physicians for physicians. Chicago (IL): American Medical Association (AMA); 2003. 13 p.

Brief Abstract

DESCRIPTION

This measure assesses the percentage of patients aged greater than or equal to 18 years who were queried about and screened for problem drinking during the two-year measurement period.

RATIONALE

According to Partnership for Prevention, Substance Abuse and Mental Health Services Administration, and United States Preventive Services Task Force guidelines, routine screening and counseling for problem drinking in adults is recommended.

PRIMARY CLINICAL COMPONENT

Problem drinking; screening

DENOMINATOR DESCRIPTION

All patients aged greater than or equal to 18 years at the beginning of the two-year measurement period

NUMERATOR DESCRIPTION

Patients who were screened for problem drinking

Evidence Supporting the Measure

PRIMARY MEASURE DOMAIN

Process

SECONDARY MEASURE DOMAIN

Not applicable

EVIDENCE SUPPORTING THE MEASURE

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Wide variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Fleming MF, Manwell LB, Barry KL, Johnson K. At-risk drinking in an HMO primary care sample: prevalence and health policy implications. Am J Public Health 1998;88:90-3.

Fleming MF. Strategies to increase alcohol screening in health care settings. Alcohol Health Res World 1997;21:340-7.

Schmidt A, Barry KL, Fleming MF. Detection of problem drinkers: the Alcohol Use Disorders Identification Test (AUDIT). South Med J 1995;88:52-9.

State of Use of the Measure

STATE OF USE

Pilot testing

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
Community Health Care
Managed Care Plans

Physician Group Practices/Clinics
Rural Health Care

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Physician Assistants
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

TARGET POPULATION AGE

Age greater than or equal to 18 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

More than 8 million individuals in the United States meet the diagnostic criteria for alcohol dependence and an additional 5.6 million meet the diagnostic criteria for alcohol abuse.

Despite potential risks and established clinical guidelines, recent data suggest that some individuals are not screened for problem drinking. It has been reported that:

- The rate of alcohol screening in health care settings remains less than 50%.
- In one study only 20% of patients at a general medical clinic reported being screened for alcohol use in the previous six months.

EVIDENCE FOR INCIDENCE/PREVALENCE

Adolescent & school health: alcohol & drug use. [internet]. Atlanta (GA): National Center for Chronic Disease Prevention and Health Promotion; 2003 Mar 1 [cited 2004 Feb 18].

Fleming MF, Manwell LB, Barry KL, Johnson K. At-risk drinking in an HMO primary care sample: prevalence and health policy implications. Am J Public Health 1998;88:90-3.

Fleming MF. Strategies to increase alcohol screening in health care settings. Alcohol Health Res World 1997;21: 340-7.

Grant BF, Harford TC, Dawson DA, et al. Prevalence of DSM-IV alcohol abuse and dependence - United States, 1992. Alcohol Health Res World 1994;18:243-8.

Harwood H. Updating estimates of the economic costs of alcohol abuse in the United States: estimates, update methods and data. [internet]. Falls Church (VA): The Lewin Group for the National Institute on Alcohol Abuse and Alcoholism; 2000 [cited 2003 Mar 01].

Priorities in prevention: alcohol and health: when risky use means only costly problems. [internet]. Washington (DC): Partnership for Prevention; 2002 Jan [cited 2003 Mar 01].

Schmidt A, Barry KL, Fleming MF. Detection of problem drinkers: the Alcohol Use Disorders Identification Test (AUDIT). South Med J 1995;88:52-9.

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Alcohol abuse is a major cause of mortality, leading to 100,000 deaths in the United States annually.

Excessive drinking is linked to an increased risk of liver disease, high blood pressure, stroke, and certain types of cancer.

EVIDENCE FOR BURDEN OF ILLNESS

Adolescent & school health: alcohol & drug use. [internet]. Atlanta (GA): National Center for Chronic Disease Prevention and Health Promotion; 2003 Mar 1 [cited 2004 Feb 18].

Grant BF, Harford TC, Dawson DA, et al. Prevalence of DSM-IV alcohol abuse and dependence - United States, 1992. Alcohol Health Res World 1994;18:243-8.

Priorities in prevention: alcohol and health: when risky use means only costly problems. [internet]. Washington (DC): Partnership for Prevention; 2002 Jan [cited 2003 Mar 01].

UTILIZATION

Unspecified

COSTS

The total direct and indirect costs of alcohol abuse in the United States are estimated at more than \$185 billion annually.

EVIDENCE FOR COSTS

Harwood H. Updating estimates of the economic costs of alcohol abuse in the United States: estimates, update methods and data. [internet]. Falls Church (VA): The Lewin Group for the National Institute on Alcohol Abuse and Alcoholism; 2000 [cited 2003 Mar 01].

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All patients aged greater than or equal to 18 years at the beginning of the two-year measurement period

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR (INDEX) EVENT

Patient Characteristic

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All patients aged greater than or equal to 18 years at the beginning of the two-year measurement period

Exclusions

None

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions
Patients who were screened for problem drinking

Exclusions
None

DENOMINATOR TIME WINDOW

Time window follows index event

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

None

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Problem drinking.

MEASURE COLLECTION

[The Physician Consortium for Performance Improvement Measurement Sets](#)

MEASURE SET NAME

[Physician Consortium for Performance Improvement: Preventive Care and Screening Core Physician Performance Measurement Set](#)

MEASURE SUBSET NAME

[Physician Consortium for Performance Improvement Clinical Performance Measures: Preventive Care and Screening - Problem Drinking](#)

SUBMITTER

American Medical Association on behalf of the Physician Consortium for Performance Improvement

DEVELOPER

Physician Consortium for Performance Improvement

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2003 Oct

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

Physician Consortium for Performance Improvement. Clinical performance measures: preventive care and screening. Tools developed by physicians for physicians. Chicago (IL): American Medical Association (AMA); 2003. 13 p.

MEASURE AVAILABILITY

The individual measure, "Problem Drinking," is published in the "Clinical Performance Measures: Preventive Care and Screening." This document is available from the American Medical Association (AMA) Division of Clinical Quality Improvement Web site: www.ama-assn.org/go/quality.

For further information, please contact AMA staff by e-mail at cqi@ama-assn.org.

COMPANION DOCUMENTS

The following are available:

- Physician Consortium for Performance Improvement. Introduction to physician performance measurement sets. Tools developed by physicians for physicians. Chicago (IL): American Medical Association (AMA); 2001 Oct. 21 p. This document is available from the American Medical Association (AMA) Clinical Quality Improvement Web site: www.ama-assn.org/go/quality.
- Physician Consortium for Performance Improvement. Principles for performance measurement in health care. A consensus statement. [online]. Chicago (IL): American Medical Association (AMA), Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), National Committee for Quality Assurance (NCQA); [3 p]. This document is available from the AMA Clinical Quality Improvement Web site: www.ama-assn.org/go/quality.
- Physician Consortium for Performance Improvement. Desirable attributes of performance measures. A consensus statement. [online]. American Medical Association (AMA), Joint Commission on Accreditation of Healthcare Organizations (JCAHO), National Committee for Quality Assurance (NCQA); 1999 Apr 19 [cited 2002 Jun 19]. [5 p]. This document is available from the AMA Clinical Quality Improvement Web site: www.ama-assn.org/go/quality.

For further information, please contact AMA staff by e-mail at cqi@ama-assn.org.

NQMC STATUS

This NQMC summary was completed by ECRI on February 26, 2004. The information was verified by the measure developer on September 13, 2004.

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