MVP Health Care®, (MVP) as part of its continuing Quality Improvement Program, has adopted the *Helping Patients Who Drink Too Much – A Clinician’s Guide* which was developed by the National Institute on Alcohol Abuse and Alcoholism (NIAAA), a component of the National Institutes of Health (NIH). This guide was developed primarily to assist primary care practitioners in identifying alcohol problems among adults but also contains components that may be useful to mental health specialists.

**Scope of the Problem**
Excessive alcohol use and risky drinking are clearly related to increased morbidity and mortality from a wide range of illnesses, accidents, high-risk behavior, and poor decision-making. About 30 percent of U.S. adults’ alcohol consumption level puts them at risk for adverse physical and mental outcomes and societal implications. Many of these adverse effects are related to the amount and pattern of alcohol use. Evidence suggests that men who drink an average of at least four (4) drinks a day and women who drink an average of at least two (2) drinks a day are at increased risk for alcohol-related problems\(^1\). Detection rates for alcohol use disorders and risky drinking in primary care settings are very low; approximately ten percent of those abusing alcohol actually receive the appropriate screening and follow-up. Studies suggest that individuals in primary care are open to answering questions and receiving advice about alcohol use and that brief intervention for at-risk drinkers may have positive lasting effects in reducing drinking levels.
Summary of the NIAAA Guide

The following guide provides a brief introduction and suggestions for setting up a screening process in practice which may include use of a self-reported instrument such as the AUDIT tool (Alcohol Use Disorders Identification Test). This tool is the most widely studied tool for use in clinical practice to detect alcohol misuse, abuse or dependence and can be used alone or in combination with a broader health interview1. The guide also contains an easy-to-follow four-page algorithm for identifying alcohol problems that contains the following steps:

Ask about alcohol use (# heavy drinking days).

Assess for alcohol use disorders (list of symptoms adapted from the DSM-IV criteria).

Advise and assist (brief intervention – includes assessing readiness to change, setting goals and referral for specialized treatment if appropriate).

At follow-up: Continue support (assesses whether patient was able to sustain goals and whether continued/new treatment necessary).

The remainder of the guide consists of many helpful tools for clinicians including the AUDIT screening tool, information on prescribing medication for alcohol dependence, patient education materials (e.g. what constitutes a “standard” drink; strategies for cutting down), online resources for clinicians and patients and Frequently Asked Questions for clinicians.

http://www.uspreventiveservicestaskforce.org//uspstf/uspdsrin.htm
Where to Refer
If specialized treatment is needed, MVP will assist providers in matching their patients to the appropriate Behavioral Health provider in their area. To locate an appropriate provider please call the MVP Behavioral Health Access Center at (800) 568-0458 (and listen for the Behavioral Health Prompt) between the hours of 8:30 AM and 5:00 PM. Providers in Vermont should call MVP at (800) 684-9286 during these same hours. Referrals for outpatient substance abuse treatment are generated when calling.

This guideline is not intended to replace the role of the physician’s clinical judgment in the management of medical services, it is an educational guideline provided to assist in the delivery of good medical care. All treatment decisions are ultimately based on the physician’s clinical assessment and judgment. Where medication recommendations are made, please refer to each health plan’s formulary for coverage considerations.

MVP updates its clinical guidelines at least every two years. The review process is also initiated when new scientific evidence or national standards are published. Practitioners are alerted via the web site, and by written notices from the plan via fax or newsletter. A hard copy of the clinical guideline can be requested by calling the MVP Quality Improvement Department at 800-777-4793 extension 1-2247.