

Adequacy of Screening for Substance Use Disorder in the Primary Care Setting

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Objectives

- Measure the prevalence of SUD in an urban private primary care practice using the WHO ASSIST tool
- Compare rates of SUD identified by ASSIST tool versus rates documented in the EMR via current clinical screening methods
- Identify populations for whom the EMR underestimates or overestimates SUD rates

Methods and Materials

- **Design:** Cross sectional study
- **Study period:** 7/2020- 4/2021
- **Study Site:** New Brunswick, NJ, USA
- **Subject inclusion criteria:** adult patients ≥18 years old, had a preventive exam between 7/2020-12/2020



<https://tinyurl.com/WHOAssistToolENGLISH>
<https://tinyurl.com/WHOAssistToolSPANISH>

Conclusions (preliminary)

- Current screening and documentation practices **under** estimate SUD for tobacco and illicit drug use, but **over** estimate for alcohol use.
- Current screening practice does not utilize DSM criteria to risk stratify patients unlike ASSIST tool to determine high risk patients.
- Implementation of WHO ASSIST tool may be better than current practice to effectively identify patients at risk of SUD which will allow providers to intervene earlier and offer treatment sooner to limit morbidities and social consequences.

Background

- Substance use disorder (SUD) is defined by the DSM-V as recurrent use of ≥1 specific substance that leads to significant impairment and distress
- Estimated 164.8 million people were past month substance users.
- Drug abuse and addiction cost the American economy more than \$740 billion annually: lost workplace productivity, healthcare expenses, and crime-related costs.
- Screening for SUD allows providers to identify those who are at risk or currently suffering from SUD and intervene at an appropriate time to offset the detrimental effects of SUD.
- The ASSIST tool was developed by the WHO in 1997, with supporting studies showing significant correlations between substance use and ASSIST scores.

Abbreviations

SUD: substance use disorder
WHO: World Health Organization
ASSIST Tool: alcohol, smoking, and substance involvement screening test) tool
EMR: Electronic medical record
DSM-V: Diagnostic and statistical manual of mental disorders (5th ed.)

Results (preliminary)

Table 1. Demographics

Gender	N=148 (100%)
Male	32 (21.6%)
Female	116 (78.4%)
Age (in years)	52 (mean)
18-25	4 (2.7%)
26-35	17 (11.5%)
36-45	27 (18.2%)
46-55	32 (21.6%)
56-65	39 (26.4%)
>65	29 (19.6%)
Race	
Caucasian	71 (48.0%)
Black/African-American	41 (27.7%)
Asian	13 (8.8%)
Other	23 (15.5%)
Ethnicity	
Not Hispanic	114 (77.1%)
Hispanic	25 (16.9%)
Other	9 (6.1%)
Primary Language	
English	136 (91.9%)
Spanish	7 (4.7%)
Other	5 (3.4%)

Figure 1. Use Disorders Identified by EMR versus ASSIST tool

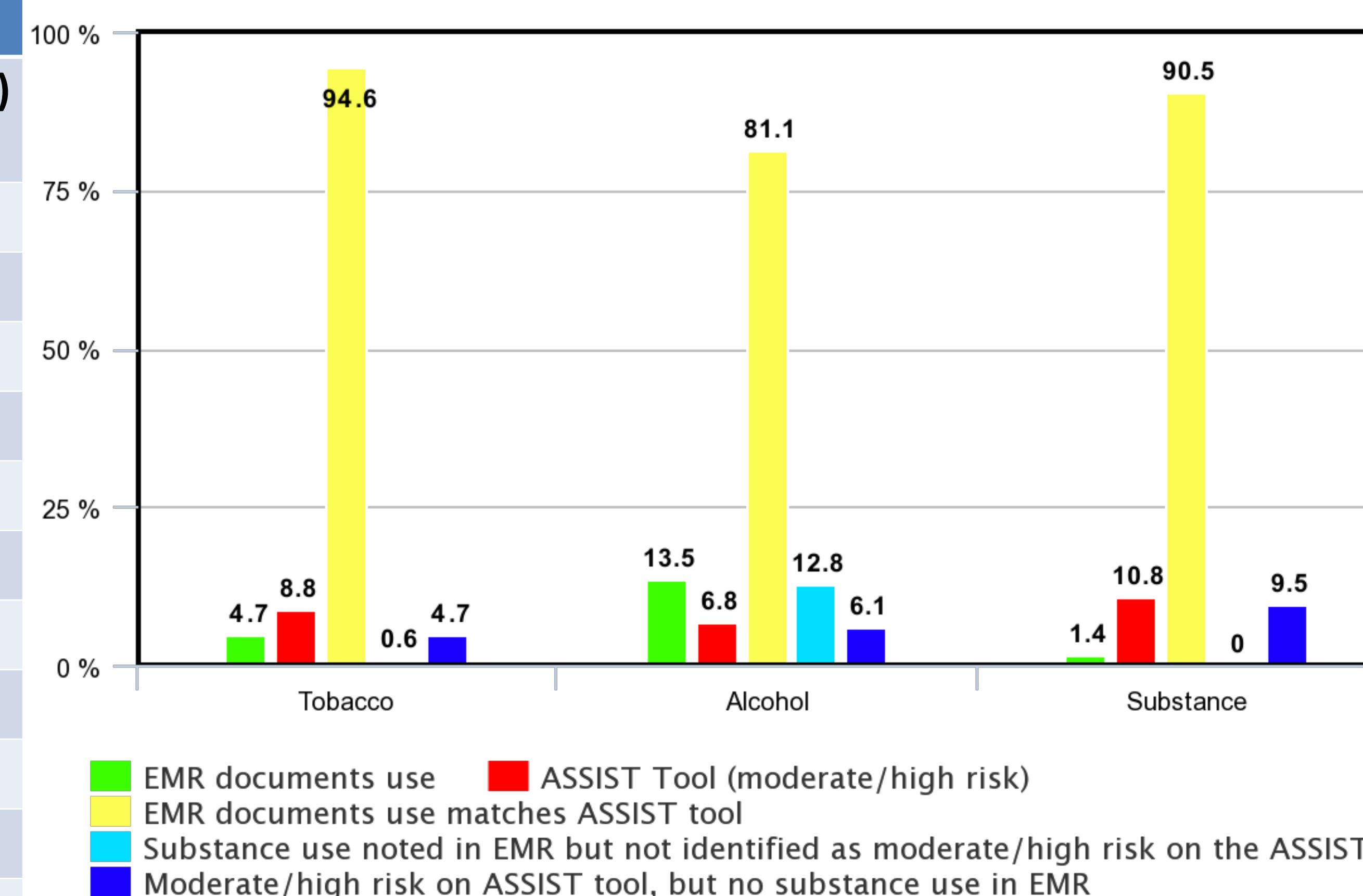


Table 2. Use disorders that is identified by EMR versus ASSIST tool

	Tobacco	Alcohol	Substance
EMR documents use	7/148 (current everyday user) (4.7%)	20/148 (current user) (13.5%)	2/148 (current user) (1.4%)
ASSIST tool data (Moderate/high risk)	13/148 (8.8%)	10/148 (6.8%)	16/148 (10.8%)
EMR documents use matches ASSIST tool	140/148 (94.6%)	120/148 (81.1%)	134/148 (90.5%)
Substance use noted in EMR but NOT identified as moderate/high risk on the ASSIST tool	1/148 (0.6%)	19/148 (12.8%)	0/148 (0%)
Moderate/high risk on ASSIST tool, but no substance use in EMR	7/148 (4.7%)	9/148 (6.1%)	14/148 (9.5%)

References

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