



Alcohol and Health Front Matter

1. Introduction

a. Introduction & Contacts

Thank you for agreeing to participate in the CME/MOC activity, Alcohol and Health with your practice. To ensure you are fully registered for the program, please review the following information, and update your personal learner profile.

Note: You must update your personal learner profile before attending the first scheduled training. This process ensures we identify what type of credit you want to receive and can verify your attendance and participation.

Please view each page to review introductory information about the program. This includes information regarding the project problem, the goal, the project lead with whom to communicate, and the participation details/requirements

If you have questions about:

General program questions and participation requirements:

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PI CME or MOC Part IV credits

CE@Altarum.org

b. Program Requirements to receive PI CME, MOC Part IV, or a Non-CME Certificate

Prior to training, the learner must complete:

- CME/MOC Registration Form



- LMS Profile

Complete two (2) alcohol and health training courses, for PI CME/MOC Part IV credits, followed by completion of a CME Post-activity survey and accessing resources via the Altarum Learning Management System

- Alcohol and Health; Secondary Prevention – Module I
- Alcohol and Health; Alcohol Use Disorder - Module II
- Complete a six-month PI CME/MOC Part IV program that provides education on patient-centered screening, assessing risk, brief counseling for unhealthy alcohol use; and engagement and management of patients with Alcohol Use Disorder (AUD) using shared decision-making
- Complete attestation and PI CME/MOC Part IV certificate

c. Problem

Unhealthy alcohol use is a major contributor to morbidity and premature mortality in the US. Although, effective screening and brief behavioral counseling interventions for unhealthy alcohol use can be provided in primary care (PC), historically it has not been included in annual preventive services. Consequently, most patients do not receive evidence-based approaches to prevention or medication treatment for their unhealthy alcohol use. There has been several efforts to support the implementation of alcohol-related preventive care—referred to as screening and brief intervention (SBI), but efforts to treat a small percentage of patients, who screen positive for an AUDs, with medications have been less successful. Moreover, these alcohol-related implementation efforts have usually neglected smaller primary care practices, in which most initial care is provided.

d. Goal

The goal of MI-SPARC is to implement evidence-based alcohol-related care in primary care practices. Our Practice Facilitator will do this through trainings and supporting clinical workflow to aid the practice in the following: screening for unhealthy alcohol use, offering brief preventive advice, engaging patients with alcohol use disorders in shared decision-making and to offer patient-centered evidence-based options, including medication treatment. Altarum will collect patient-level data via electronic health record (“EHR”) or manual chart review. This data which will be used to provide feedback to the practice.

e. Patients Involved

All patients 18 years and older are eligible.

f. Interventions

For the MI-SPARC program, clinicians will complete two live, in-person or virtual, internet training sessions, and meaningfully engage in two complete Plan, Do, Check, Act (PDCA) cycles around screening and brief intervention (SBI) for alcohol use and follow-up.

At the end of the activity, the learner will be able to:

- Perform patient screening, risk assessment risk, and brief counseling for unhealthy alcohol use
- Understand the full spectrum of alcohol use disorders
- Understand the purpose of brief alcohol counseling: decreasing alcohol-related risks
- Implement preventive routine alcohol screening and assessment in practical ways



- Offer advice and feedback individualized to each patient, along with brief alcohol counseling as needed
- Comfortably diagnose and engage patients with an AUD
- Learn to offer medical advice and shared decision-making about AUD
- Prescribe effective AUD medications based on individual patient profile
- Refer patient to additional alternative support system

g. Intervention Implementation Date

The intervention will begin after the live internet training, in which the clinician is engaged. Initial general education and technical assistance will be provided during the meeting and on a consulting basis. Technical assistance will be deployed as needed after clinicians collect and report the baseline data.

h. Participation Requirements

Participate in this sequence of activities:

1. Attend the two training sessions
2. **Interpret baseline data and planning intervention**

Attend clinical staff meeting to:

- Review baseline data
- Participate in solution generating discussion to implement alcohol screening and SBI components

3. **Implementing intervention**

After the two live, one-hour in-person or virtual internet trainings, initiate plans to:

- Begin screening eligible patients 18 and older using the Audit C screening tool
- Plan follow-up of eligible patients that screen positive and would like assistance with making a change to their drinking or have been started on a medication. Record progress through data collection and submission.

4. **Interpreting mid-way data and planning changes**

90 days after the two, one-hour in-person or virtual live internet trainings, attend the clinical staff meeting at which:

- Mid-way data are reviewed,
- Data gaps are addressed and PDCA solution planned

5. **Implementing further intervention/adjustments**

Continue with implementation and further interventions/adjustments.

6. **Interpreting final data and planning charges**

At 180 days after the two, one-hour in-person or virtual live internet trainings, collect final data and attend clinical staff meeting to:

- Review final data,
- Address data gaps and identify changes needed for improvement using PDSA
- Develop plans for future efforts and sustainability at the completion of project.

7. **Complete attestation survey**



For those who are eligible for CME and/or MOC, an email will be sent 4-6 weeks after your submission of the final data to complete your attestation survey.

i. Financial Disclosure

Altarum is committed to ensuring all educational activities offered for credit to any group of providers are free from influence by commercial interests. All individuals in a position to influence the content of an activity are required to disclose all relationships with any commercial interest. Altarum has taken one or more actions to ensure the absence of bias for all individuals with reported potential conflicts of interest.

None of the planners or presenters for this activity have relevant financial relationships with an ACCME-defined commercial interest.

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Megan Addis	Planning Committee
Rachelle May-Gentile, MPA	Project Manager
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J. Accreditation & Credit Designation

CME. Altarum is accredited by the Michigan State Medical Society to provide continuing medical education for physicians. Altarum designates this PI CME activity for a maximum of 30 *AMA PRA Category 1 Credit(s)*TM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Credit for PI CME. The American Medical Association recognizes continuing medical education occurring through participation in “performance improvement” activities (PI CME). Physicians may receive 30 *AMA PRA Category 1 Credit(s)*TM if they participate in a quality improvement (QI) activity that involves at least one improvement cycle of (1) analyzing data on current practice performance, (2) implementing interventions based on the analysis, and (3) analyzing data on performance after the intervention and summarizing changes.

ABMS MOC. Altarum had been approved by the American Board of Medical Specialties Multi-Specialty Portfolio Program to approve quality improvement activities for Part IV MOC. Participating as required in this QI project will provide:



- American Board of Family Medicine certified physicians: 20 points depending on certification year
- American Board of Internal Medicine: 30 Practice Assessment points
- American Board of Obstetrics and Gynecology certified physicians: 1 Part IV assignment (max allowed per calendar year)
- American Board of Pediatrics certified physicians: 25 points
- American Board of Preventive Medicine certified physicians: 1 MOC Part IV activity

NCCPA MOC. Altarum has been approved to provide Performance Improvement CME that meets requirements of the National Commission on Certification of Physician Assistants (NCCPA) for maintenance of certification. Participating as required in this QI project will be awarded 30 PI-CME credits. NCCPA then doubles the first 20 PI-CME credits earned for each PA per CME logging cycle.