



*Using Dissemination Science to
Increase Physician Identification and
Treatment of Alcohol Problems*

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ALCOHOLISM

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Medical Education is part of NIAAA's Mission

NIAAA provides leadership in the national effort to reduce alcohol-related problems by:

Conducting and supporting research in a wide range of scientific areas including genetics, neuroscience, epidemiology, health risks and benefits of alcohol consumption, prevention, and treatment.

Coordinating and collaborating with other research institutes and Federal Programs on alcohol-related issues

Collaborating with international, national, state, and local institutions, organizations, agencies, and programs engaged in alcohol-related work

Translating and disseminating research findings to health care providers, researchers, policymakers, and the public

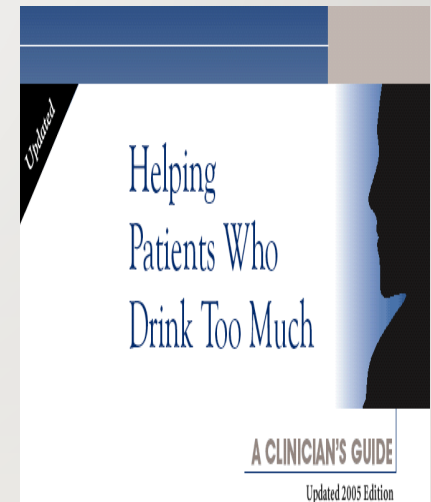
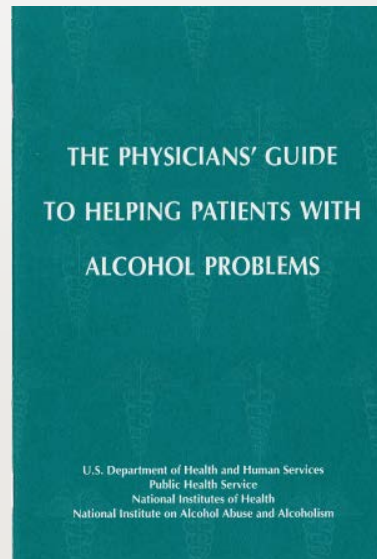
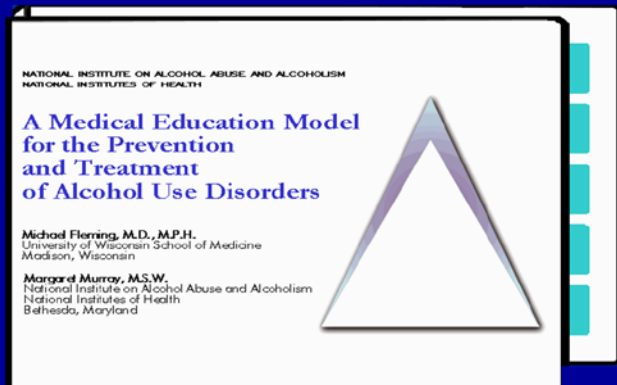
Dissemination Science is Part of the NIH Mission

Dissemination is the targeted distribution of information to a specific public health or clinical practice audience. The intent is to spread knowledge and the associated evidence-based intervention

Research on dissemination addresses how information about health promotion and care interventions are created, packaged, transmitted, and interpreted among a variety of important stakeholder groups.

Office of Behavioral and Social Science Research, NIH

NIAAA past efforts



What was the impact of NIAAA Medical Education efforts?

Was there an increase in teaching about alcohol?

Was there an increase in teaching confidence?

Were physician attitudes, skills and knowledge being improved

Were patients being screened and identified as a result?

Were patient outcomes affected?

2002 – Present: Dissemination Research

NIAAA R-25 Grant Program “Alcohol Education Project Grants”

\$250,000 per year for 2 or 3 years

Projects designed to support the science of dissemination of new knowledge acquired through alcohol research to a wide array of health professionals...

R25 Project Outcomes

- **Improved faculty confidence and increased teaching**
 - Alford et al *BMC Medical Education*.
 - Shellenberger et al *Academic Medicine* 84 (3)
- **Improved physician knowledge, attitudes, performance**
 - Academic ED SBIRT Collaborative. *Substance Abuse*. 28 (4)
 - Shellenberger et al *Academic Medicine* 84 (3)
 - Rose, et al. *Addiction*, 103.
 - *Fleming et al J Amer Board of Family Medicine* 22(4):387-98
 - **Simulation that combines video, voice recognition and non branching logic to create an interactive environment that allows trainees to encounter complex social cues and realistic interpersonal exchanges**
- **Improved patient outcomes**
 - Rose, et al. *Addiction*, 103.



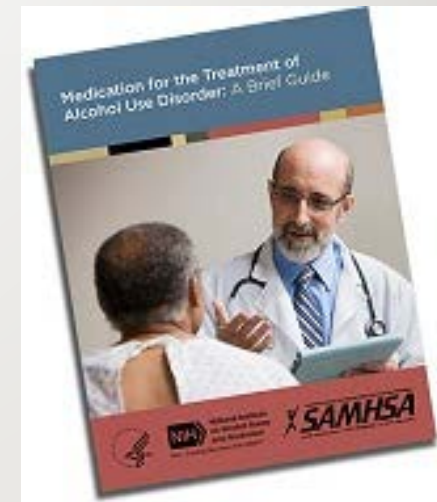
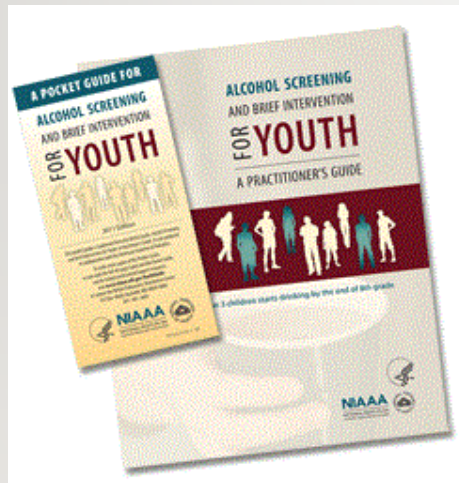
Alcohol Screening and Brief
Intervention Training System



What's next?

- Studies of education interventions that broaden the focus of physician education beyond Screening and Brief Intervention to include neurobiology of addiction, effective treatments (i.e. medications)
- Improve alcohol content questions on medical student and licensing exams
- Ensure the expectations of alcohol/addiction identification and treatment as quality care
- Requirements will drive the education quality
- Use of technological advances in skill development

Current NIAAA Materials for Health Professionals



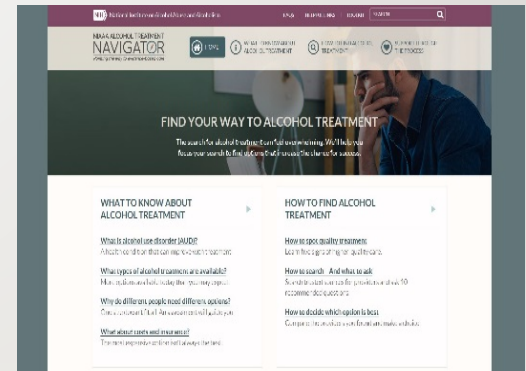
NIAAA Clinician's Guide Online Training

NIAAA Alcohol Treatment Navigator: Pointing the way to evidence-based care

<https://alcoholtreatment.niaaa.nih.gov/>

The search for alcohol treatment can feel overwhelming. NIAAA's Alcohol Treatment Navigator will help you focus your search to find options that increase the chance for success.

- No commercial ties
- An emphasis on evidence-based approaches
- A goal to educate



5 Signs of Higher Quality Care:

Credentials

Comprehensive assessment

Customized, responsive, treatment plan

Evidence-based therapies

Continuing recovery support

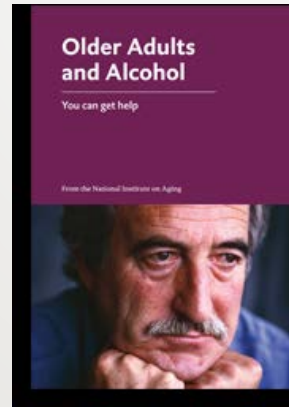
Booklets Fact Sheets



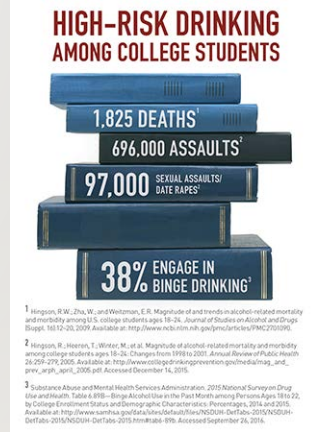
DRINKING AND YOUR PREGNANCY



Harmful Interactions



Older Adults

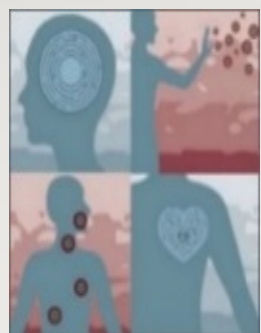


¹ Hingson, R.W., Zha, W., and Wiseman, E.R. Magnitude of and trends in alcohol-related mortality and morbidity among U.S. college students ages 18-24. *Journal of Studies on Alcohol and Drugs*, 16(1):21-25, 2005. Available at <http://www.ncbi.nlm.nih.gov/pubmed/15722086>.

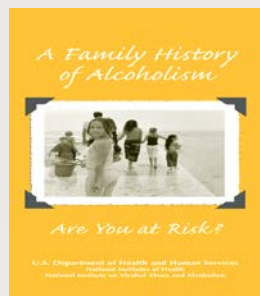
² Hingson, R., Heeren, T., Winter, M., et al. Magnitude of alcohol-related mortality and morbidity among college students ages 18-24: Changes from 1998 to 2001. *Annual Review of Public Health*, 26:209-229, 2005. Available at <http://www.annualreviews.org/content/book/081309/0813090401.pdf>.

³ Substance Abuse and Mental Health Services Administration. 2015 National Survey on Drug Use and Health. Table 6.89B—Binge Alcohol Use in the Past Month among Persons Ages 18 to 24, by College Enrollment Status and Demographic Characteristics. Prevalence 2014 and 2015. Available at <http://www.samhsa.gov/data/2k15/NDSUR-DAT6-2015-NSDUH-DAT6-2015-Prevalence-89B>. Accessed September 26, 2016.

Rethinking Drinking



Beyond Hangovers: Understanding Alcohol's Impact on Health

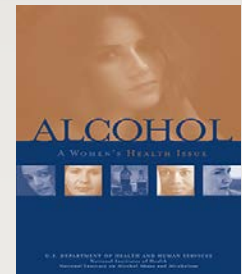


Family History

Seasonal Fact Sheets



Alcohol: A Women's Health Issue





Thank you

- Joan Romaine
- Fred Donodeo
- Cara Breeden
- Bridget Williams -Simmons