

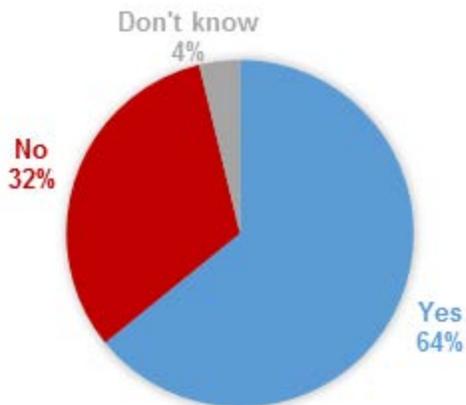


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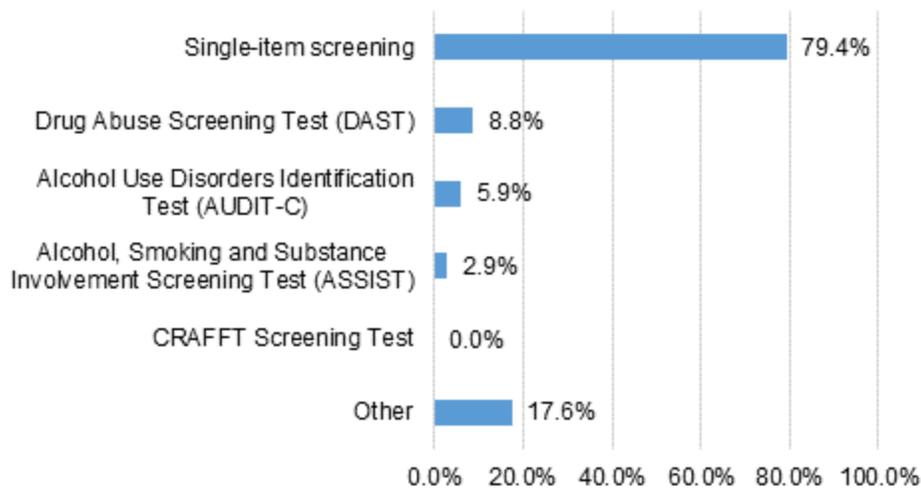
**Clinical Policy Question: Screening for Substance Use Disorders
Survey Findings**

Last month's ACORN *Clinical and Policy Perspective* asked practices to tell us about how substance use disorders are screened for and treated in primary care practices. We received a total of 53 responses (15.6%). Below is a summary of findings.

64.2% (n = 34) of respondents work at practices that routinely screen for substance use disorders.



Of practices that routinely screen, the majority of practices used an informal single-item screening (n = 27, 79.4%) instead of a formal screening instrument.

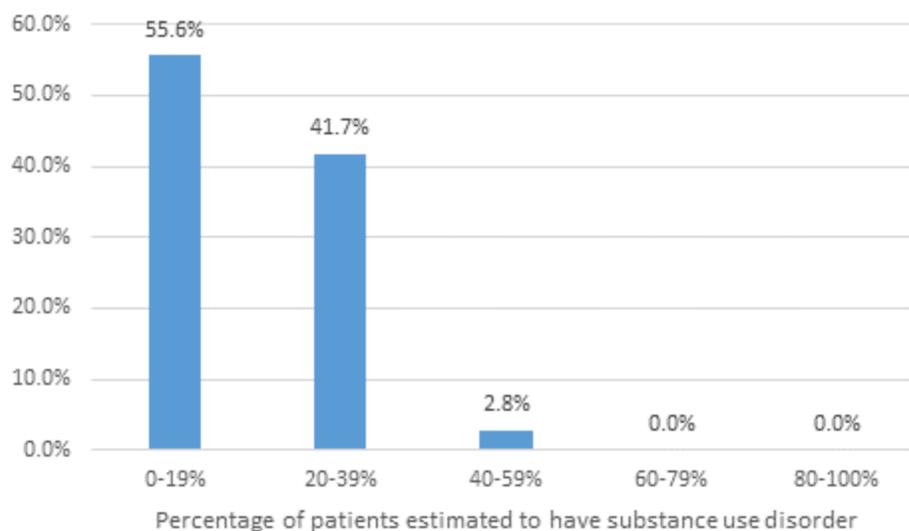


Note: respondents were asked to select as many responses as applicable

Patients who screened positive for a substance use disorder were most commonly provided brief counseling by a clinician (79.4%) and referred to an outside behavioral health professional (64.7%). A minority were prescribed a medication to treat for substance use disorder (26.5%) and/or referred to a behavioral health professional within the clinic (41.2%).

Of practices that do not routinely screen for substance use disorders (32%, n = 17), key themes identified as barriers included:

- Lack of time (8)
- Lack of evidence (3)
- Not a requirement (2)
- Lack of treatment resources (2)
- Not a problem in practice population (2)
- Most practices estimate that between 0-19% or 20-39% of their patients have a substance use disorder.



All practices were asked about resources that would be helpful to better screen for and/or treat substance use disorder. Thirty-eight respondents (71.7% of all respondents) provided answers. Key themes identified included:

- More community referral and treatment resources (20)
- Electronic Health Record (EHR) integration (8)
- Validated screening instruments (7)

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