

Title: Recording of Alcohol Consumption in General Practice; How Much Do We Know?

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Background:

Alcohol is the most commonly used recreational drug in New Zealand. It is the cause of many injuries and deaths and much psychological and social harm every year. These harms can be decreased by reducing excessive alcohol consumption in the community and interventions in primary care have been shown to be effective in achieving this. In order for effective intervention in primary care to occur, patients must first be asked about their alcohol consumption and have this systematically recorded. Systematic recording allows for population-level monitoring and intervention. However, little is known about current recording practices. This study examines how well general practitioners (GPs) and practice nurses (PNs) record alcohol consumption and aims to identify areas for improvement. Improving alcohol consumption recording is likely to improve patient and doctor awareness of alcohol problems which in turn is likely to help reduce harmful alcohol consumption.

'Medtech' is the computer system in which GPs record their patients' information. Within Medtech there are three places where alcohol may be systematically recorded (screening, classifications and history) as well as the GPs' typed notes: the daily record. This study aims to find out which of these locations GPs are using.

'Patient Dashboard' is a recent software add-on to Medtech designed as a prompt to remind GPs to address a number of clinical areas including smoking, vaccinations and alcohol status. This study also aims to assess the effect Patient Dashboard has had on the recording of alcohol consumption.

Aim:

To assess the current rates and methods of recording alcohol consumption in 8 Pegasus Health general practices and identify factors that influence recording.

Method:

Three different methods are used in this study:

- 1) Query Build: This is a search program that can find information from all patients in a general practice. The records of all adult patients from the 8 participating general practices were searched for the following information: age, gender, ethnicity, location of alcohol consumption recording, if a tobacco classification is present and whether the patient has had an appointment since the installation of Patient Dashboard in the practice.
- 2) Clinical Notes Review: The clinical notes of 30 randomly selected patients from each of the participating GPs were examined, to look for recording of alcohol under the daily record, screening, history or classifications.
- 3) Questionnaire: A questionnaire was developed and given to one GP and one PN from each participating general practice for them to complete.

Results:

Alcohol consumption was recorded in 6331 (22.0%) of the total 28834 patients. Tobacco consumption was recorded in 17938 (62.2%) of the patients. Alcohol consumption was recorded in classifications in 16.4% of patients, in history in 4.1% of patients and in screening in 3.9% of patients. However, this varied widely between the practices.

Alcohol consumption recording increased with patient age. Patients who had seen their doctor since Patient Dashboard was installed had a 28.2% chance of having an alcohol record while patients who had not seen their doctor since Patient Dashboard installation had a 15.6% chance of having an alcohol record. Gender and ethnicity had little effect on alcohol consumption recording.

In the clinical notes review, 28% of the 270 patients had an alcohol record under classifications, history or screening. 13% of the patients had an alcohol record under daily record but nowhere else. This means the GP typed some notes about a patient's drinking habits but did not record it in any of the other sections where it would be easily retrievable.

The questionnaire results showed that respondents found Patient Dashboard to be a useful tool, with 82% of respondents reporting that it has made it easier to record alcohol consumption. It identified many barriers to alcohol consumption recording. The most reported of these was 'limited time in a consultation'. PNs reported a high rate of discomfort when asking about alcohol and identified 'a feeling of intrusion' as a big factor. Few GPs and no PNs used screening tools to ask about alcohol.

Conclusion:

Alcohol consumption recording did not have any structured and consistent method in the 8 participating Pegasus Health general practices. Tobacco recording proportion was higher than alcohol consumption recording proportion in all 8 practices. There is a need to improve alcohol consumption recording as this is a first step in addressing patient alcohol problems in general practice.

It is recommended that the 'screening' section of Medtech should be used to record alcohol consumption and 'classifications' should only be used for conditions such as 'alcohol dependence syndrome'. There are a number of reasons for this.

Screening records show the number of standard drinks the patient drinks per week, whereas under classifications, only one of three options is displayed (non-drinker, drinks within sensible limits, drinks above sensible limits). Recording in screening means that there is no fixed cut-off between drinking sensibly or not, it simply displays a number. This allows GPs, PNs or other medical professionals viewing the records to interpret the patient's alcohol consumption in context with the patient's other relevant medical information, such as liver disease and weight, without being shown a statement such as: 'drinks above sensible limits' and not being aware of the context.

With this change and some education for GPs and PNs, the recording of alcohol consumption should improve. This will raise the awareness of problems caused by alcohol so that GPs and PNs will be more likely to provide help to a patient with an alcohol problem. This is an important forward step in reducing the harm that alcohol can have on the community.