

Alcohol and cancer risk reduction: a primary care approach

Quick reference guide

This resource will guide you to undertake QI activities to reduce alcohol consumption for your practice population while working individually with patients on their health needs. Through increasing the percentage of the practice population with their alcohol consumption status recorded you can monitor and improve the quality of your health service. It is vital to support patients to reduce harmful, risky and/or hazardous alcohol use and related harms across the practice population. Increased screening, assessment, treatment in primary health care settings and referral to specialist support is part of this support, as well as coordination between primary care, acute and specialist services.

There is no safe level of consumption when it comes to alcohol intake and cancer risk. Alcohol is a carcinogen and there is now strong evidence that alcohol consumption is linked to several cancers, including cancers of the mouth, pharynx, larynx, oesophagus, breast, stomach, liver, and bowel. The less you drink, the lower your risk of harm from alcohol.

Readiness Checklist

Is there an active focus on alcohol reduction in your practice? Yes No

Is your practice registered for the Practice Incentive Payment Quality Improvement (PIPQI)?
Yes No

Does your practice routinely perform data cleansing, to identify patients with missing alcohol consumption status? Yes No

Are clinicians confident in delivering a brief intervention? Yes No

Does your practice use a data extraction tool to monitor the rate of people who drink alcohol at risky levels in your practice? Yes No

Does your practice prompt alcohol reduction advice in all health assessments? Yes No

Can you access an AUDIT C template in your practice software? Yes No

Does your area have localised HealthPathways for clinical guidelines, management, and referral and if so do you use these? Yes No

Patient-centred Care

Below are three simple steps to improve the quality of data recorded and identify the key focus activities for your patient cohort.

1. Look at your practice data to identify who among your patient cohort is being screened for alcohol consumption or has an alcohol consumption status recorded. Use the support of your PHN and clinical audit tool (such as PenCS, Polar or Primary Sense) to analyse your data and identify those at risk in your patients.
2. Assess from your patients screened, who is drinking alcohol above the recommended levels. Review the updated [Australian Alcohol Guidelines](#). The [audit C](#) is a simple way to assess your patients' drinking levels. Ask all new patients above the age of 14 and routinely review this in existing patients.
3. Train and remind staff to record alcohol consumption status, as part of preventive checks and opportunistically, when the presenting health problem could be a result of alcohol.

Team Approach

Using the whole practice team to assess patient's alcohol consumption and support reduction in drinking above the Australian Guidelines, increases the chances of success.

Accurate and full patient records allow the team to analyse gaps and plan next steps for continuous quality improvement. This includes the practice administration correctly entering the patient's name and cultural identity. Encourage all staff to use the drop downs, accurate codes, conduct the alcohol audits and enter alcohol consumption status.

Following an audit and entering the patients alcohol consumption status, the next step is to provide a brief intervention. Brief interventions can be offered for all levels of alcohol use – considering there is no safe level of alcohol use and cancer risk. Brief interventions are done all the time by general practice clinicians. See further information in the [RACGP population health Smoking, Nutrition, Alcohol, Physical Activity guide](#).

Alcohol brief intervention using the 5A model (Ask, Assess, Advise, Assist, Arrange)
GPs and PNs can use the 5A model to provide a brief intervention which includes the below:

- Ask - identify patients with risky levels of alcohol consumption through undertaking an [audit C](#)
- Assess – level of consumption of [standard drinks](#) and its relevance to the individual in terms of risk to health including increased risk of cancer, readiness to change and

health literacy. Exclude alcohol dependence/alcohol use disorder. This condition requires specific treatment and a high level of support to change drinking and maintain change.

- Advise/Agree – provide written information, brief advice, and [motivational interviewing](#), negotiate goals and targets (including a lifestyle prescription), Provide written information
- Assist – develop a management plan that may include lifestyle education tailored to the individual (e.g., based on severity of risk factors, comorbidities) and pharmacotherapies. Support for self-monitoring.
- Arrange – referral to allied health services or community programs, phone information/counselling services, specialist alcohol and other drug treatment services (if alcohol dependence), follow-up, prevention and management of relapse
- See further information in your local HealthPathways alcohol intervention pathway and/or [Smoking, Nutrition, Alcohol, Physical Activity: a population health guide to behavioural risk factors in general practice](#)

Quality improvement

Effective quality improvement relies on a collaborative approach with the practice team. A stepped approach can be taken to firstly retrieve practice data related to alcohol assessments. Next is to set goals to increase the level of practice involvement.

Data and Systems

Enter data into the designated fields within your practice software. This makes it easier to be later collected and analysed. From this, you can see what is being missed, what areas need focus, what goals can be set to make improvements that will result in better patient outcomes. Up to date patient records are an important step in identifying patients who are drinking alcohol above the recommended standard.

STEP 1: Involves answering the three Fundamental Questions – “The thinking part”.

1. What are we trying to achieve?

By answering this question, you will develop your GOAL for improvement. Make it time specific and measurable.

For example, take a proactive approach to encourage patients to reduce their alcohol consumption. Over the course of six months, the practice will improve systems and clinical care to identify patients who drink alcohol and offer support in alcohol reduction. See more information on improving health record quality in general practice [here](#).

2. How will we know that a change is an improvement?

By answering this question, you will develop the ideas that you can test to achieve your goal

For example, changes will be monitored by extracting baseline data to identify the number of patients with alcohol use disorders/missing alcohol consumption status and monitor this data each month over the six-month period.

3. What changes can we make that will lead to an improvement?

By answering this question, you will develop the ideas that you can test to achieve your goal.

<p>Level 1 QI Activity Idea (introductory level) <i>Ensure all active patients aged 15 years and over have a current (within the last year) alcohol consumption status recorded in the clinical software</i></p>
<p>Level 2 QI Activity Idea (clinical level) <i>Embed the alcohol audit C into all health assessments, with a brief intervention provided to all people who receive a positive score.</i></p>
<p>Level 3 QI Activity Idea (whole of practice level) <i>Run a targeted blitz to perform X number of audits/brief interventions within a specific period.</i></p>

STEP 2: Involves testing the change in real work settings – “The doing part”.

IDEA: Identify the changes you want to make and test the idea in the PDSA (Plan, Do, Study, Act) template.

<p>What do you plan to do? <i>E.g., data audits/cleansing (utilizing PEN/POLAR), recalls and reminders.</i></p> <p>What do you hope to achieve? <i>Discuss the measurements that will be used and how they will be tracked.</i></p> <p>How are you going to do this? <i>Discuss how you will monitor data and benchmark improvements made.</i></p> <p>Who will be involved? <i>Designate tasks and ensure there is a team approach.</i></p> <p>When will this take place? <i>Specify timeframes for tasks.</i></p>
<p>Write down observations that are made during the implementation of the idea. Describe whether the team worked well together, if there were difficulties with assigned tasks, if patients had a good experience and note any feedback.</p> <p>Did everything go to plan or were there unexpected outcomes?</p>
<p>Write down your reflections of what happened and document any unexpected events or problems.</p> <p>Will you implement the change on a larger scale, refine the idea or test a different idea?</p>
<p>Utilising the findings from the PDSA cycle, what will you do next?</p> <p>Document what you have learnt, whether a change has been made, if the measure was achieved, or what could be done differently.</p> <p>Plan your next PDSA cycle.</p>