



# Change Package & Measurement Strategy

## APPLAUD Action Series

Approaches and Pharmacotherapies for  
Patients Living with Alcohol Use Disorder

# Territorial Acknowledgements

In doing work throughout the province, we at Health Quality BC (HQBC) would like to acknowledge that we are living and working with humility and respect on the traditional territories of the First Nations Peoples of British Columbia. We specifically acknowledge and express our gratitude to the keepers of the lands of the ancestral and unceded territory of xʷməθkʷəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and səilwətaʔɬ (Tsleil-Waututh) Nations, where our head office is located on what is now colonially known as Vancouver. HQBC also recognizes Métis People and Métis Chartered Communities, as well as the Inuit and urban Indigenous Peoples living across the province on various traditional territories.

## About APPLAUD

Health Quality BC delivers the Approaches and Pharmacotherapies for Patients Living with Alcohol Use Disorder (APPLAUD) Action Series in partnership with the Canadian Alcohol Use Disorder Society (CAUDS) and funding from the Ministry of Health. It is designed and delivered in collaboration with health system partners including people with lived/living experience, clinical experts and the BC Centre on Substance Use.

This interactive action series is focused on taking tangible steps that improve the quality of primary care for patients living with AUD in BC. Participating primary care teams have access to practical tools, evidence-informed resources and a community of peers and experts that will help them confidently screen, diagnose and treat AUD.

# Change Package & Measurement Strategy

The purpose of this document is to support APPLAUD participants in identifying gaps of knowledge in AUD care and explore different resources to better inform and improve practice.

In this package you will find the **Alcohol Use Disorder Patient Care Pathway** which has been designed to help primary care teams navigate the flow of AUD care; use tools and scripts to guide conversations with patients about their alcohol consumption and care planning; and explore team-based care and community supports to meet patient-centred care goals. A section on measurement follows to help participants learn from implemented changes and inform their quality improvement projects, including example measures.

For any questions about the content of this document, email [substanceuse@healthqualitybc.ca](mailto:substanceuse@healthqualitybc.ca).

## USING THE ALCOHOL USE DISORDER PATIENT CARE PATHWAY

The AUD Patient Care Pathway has been developed using expert knowledge and opinion, as well as guidance from the provincial and national AUD care clinical guidelines. This can be used as a starting point and should be adapted with use as needed.

This tool is divided into three sections:

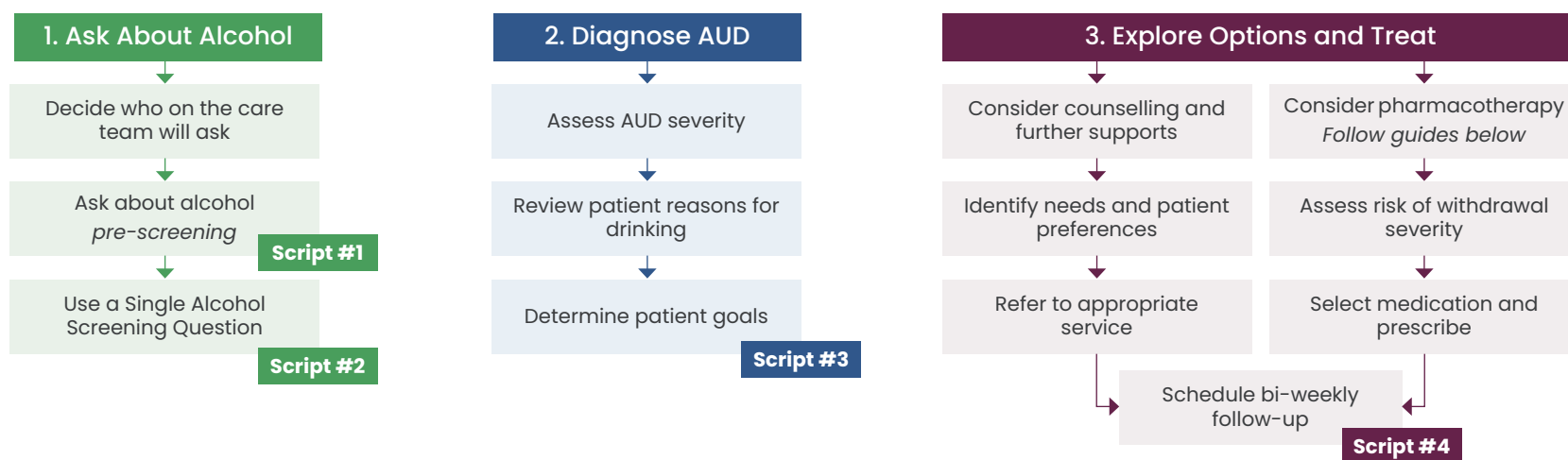
- 1 Ask About Alcohol:** Beginning the conversation about alcohol consumption with patients and screening.
- 2 Diagnose AUD:** Getting to know the patient's alcohol use behaviours and their goals moving forward.
- 3 Explore Options and Treat:** Patient care and treatment planning that is ongoing and iterative, with a focus on strengthening the relationship through counselling, further supports and/or pharmacotherapies.

## APPLAUD MISSION STATEMENT

Increase the number of patients on the AUD pathway in BC Primary Care settings by July 31, 2025. Specifically:

- Increase AUD screening to 90%
- Increase prescribing of AUD medications to 9 per 10,000 patients
- Increase engagement with patients in conversations about AUD to four times baseline
- Increase number of patients educated, consented and referred to social supports (mental health and substance use) to four times baseline

# Alcohol Use Disorder (AUD) Patient Care Pathway



## TOOLS & RESOURCES

### Care Team Effectiveness Tools

- Use a [teamwork agreement](#) to share tasks
- Try [team huddles](#) to discuss patients with AUD

### Patient Conversation Tools

- Practice [motivational interviewing](#)
- Use open-ended questions, affirmations & reflections

### Script #1 – Sample: Asking About Alcohol

- Talk about alcohol in relation to other conditions or co-morbidities
- “It’s routine for us to periodically ask about substance use. I haven’t asked you about this in a while. Is it ok to ask you a few questions about alcohol?”

### Script #2 – Single Screening Question

- “In the past year, how often have you consumed more than 4 drinks (women) or 5 drinks (men) on any one occasion?”

### Assess AUD Severity

- [Penn Alcohol Craving Scale](#) (PACS)
- [DSM-5](#) Tool
- Patient Conversation Tools

### Script #3 – Patient Goals and Options

- Have [conversations that matter](#) to patients
- Set patient-centred goals and share options
- “Would you like to drink less? Abstinence does not need to be your goal now.”

### Pharmacotherapy Guides

- [Canadian AUD Guidelines](#)  
Refer to the Canadian AUD Guidelines and offer [counselling](#) and/or [medications](#). For counselling, make a referral based on cost and availability. For medications, the first line options are:
  - Naltrexone (best for abstinence or reducing drinking)
  - Acamprosate (best for abstinence)
  - See [table](#) for detailed medication guidance
- [CAUDS Medication Selection Tool](#)
  - Review reasons for drinking and goals of the patient
  - Use questionnaire to determine appropriate medication
  - Refer to the guideline note on the following page

### Risk of Severe Withdrawal Tool

- [PAWS Scale](#)

### Further Supports

- [SMART Groups](#) or AA
- Local [MHSU services](#)
- Dietitians and other allied health

### Script #4 – Follow-up

- “Since our previous talk, how has your alcohol use changed?”
- “Are you interested in trying other possible supports?”

# Measuring for Improvement

Measuring is an important part of improvement work. How can we learn from the changes we have tried? How can we demonstrate that a change has led to the desired outcome? How do we know if the improved outcome is a result of our effort? Tracking your progress helps you focus your efforts and plan your next steps with confidence.

## LIST OF MEASURES

The following list of measures will be used to inform whether the changes you implement during APPLAUD are making a difference.

### EXPECTED

<b>M1</b>	Percent of Patient Panel Initiated on the AUD Pathway
<b>M2</b>	Percent of Patients Screened for AUD

### OPTIONAL

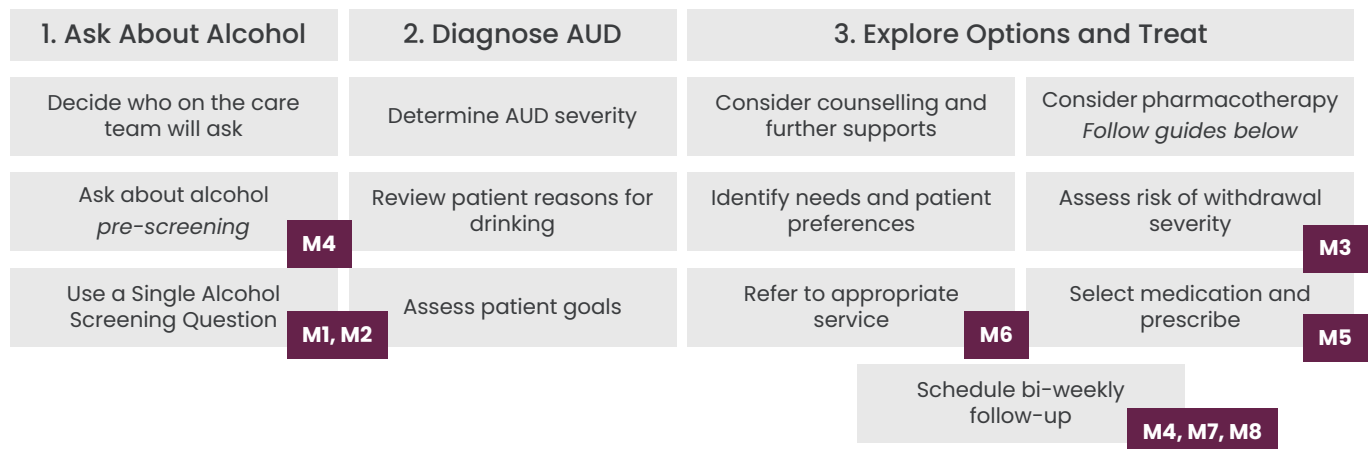
<b>M7</b>	Number of Drinks per AUD Patient
<b>M8</b>	Penn AUD craving scale (PACS) score

### AS APPLICABLE

<b>M3</b>	Percent of AUD Patients in Patient Panel Completing the AUD Pathway
<b>M4</b>	Percent of Patients with conversations about AUD
<b>M5</b>	Percent of AUD Patients with Pharmacotherapy Treatment
<b>M6</b>	Percent of AUD Patients Referred to Psycho/Social supports

### Connecting Measures to the AUD Patient Care Pathway

Using the reference numbers above (e.g. M1, M2), you can use this section for guidance on where you can collect data in your practice.



### Data Collection & Monthly Progress Report

During the program, you will be provided a data collection and monthly progress reporting template to assist you with measurement. Each of the above measures will be defined with simple data collection strategies that will display in graphs for you and your team to track your progress. If you require support with extracting data from your EMR, [email us](#) and we would be happy to connect you with additional resources and support.

**Guideline Note:** This CAUDS medication selection tool (MST) is based upon information originally compiled by Dr. Jeff Harries, MD, MBA, and communicated through various means to other BC clinicians. It is included here as an option within quality improvement projects to explore opportunities for supporting patients with alcohol use disorder (AUD). It is a non-validated tool used by prescribing practitioners along with their own discretion, clinical judgment, and conversations with patients. Research and discussions with a variety of clinical experts continue to evolve related to caring for people with AUD. Information known to date has influenced the materials presented in this APPLAUD Action Series — please use along with your own clinical expertise and judgment.