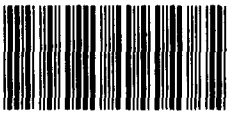
United States General Accounting Office 143653

GAO

Testimony



143653

For Release
on Delivery
Expected at
9:30 a.m. EDT
Thursday,
April 18, 1991

Alcoholism Screening Procedures at VA Medical Centers

Statement of
David P. Baine, Director
Federal Health Care Delivery Issues
Human Resources Division

Before the
Committee on Governmental Affairs
United States Senate

GAO/T-HRD-91-15

GAO Form 160 (12/87)

SUMMARY

GAO recently reported on VA's procedures for diagnosing veterans' alcohol use problems. Using a nationally recognized alcoholism screening instrument, GAO gathered information from more than 2,200 veterans on their attitudes and those of others concerning their drinking habits. These veterans applied for health care at five VA medical centers during a 10-day period in late fiscal year 1990.

Information from 29 percent of the veterans GAO surveyed strongly indicates that they have alcohol use problems. An additional 14 percent provided information that raises suspicions of such problems. Yet, the five centers provided alcohol treatment to fewer than 3 percent of all veterans applying for medical care during fiscal year 1990. The disparity between these rates may be explained by several factors, including physicians' not diagnosing alcohol use problems in many of their patients. Physicians' screening practices varied widely at the five centers; few routinely or systematically screened all veterans for potential alcohol use problems when they applied for health care.

GAO recommended that the Secretary of Veterans Affairs require that each medical center systematically screen veterans for potential alcohol use problems when they apply for health care. This approach would afford VA a better chance of identifying veterans needing treatment.

Mr. Chairman and Members of the Committee:

We are pleased to be here today to discuss the Department of Veterans Affairs' procedures for diagnosing and treating veterans' alcohol use problems.

As you know, alcoholism is a frequently overlooked health problem despite its significant medical, economic, and social consequences. Over 18 million Americans have alcohol use problems, but fewer than 15 percent receive treatment. In 1986, the Department of Health and Human Services (HHS) estimated the annual economic costs of alcohol-related problems at $128 billion, including health care costs exceeding $16 billion.

At your request, we visited five VA medical centers to determine what alcoholism screening techniques VA physicians use when diagnosing veterans' health care needs. We interviewed 20 physicians who diagnose the health care needs of veterans who apply for care, as well as individuals working in the admissions and alcohol treatment units. Through these discussions, we obtained views on the prevalence of alcohol use problems among veterans and obstacles to the diagnosis and treatment of such problems.

Using a nationally recognized alcoholism screening instrument, we gathered information from 2,253 veterans on their attitudes and those of others toward their drinking habits. These

veterans applied for health care at the five centers during a 10-day period in August and September 1990.

As we recently reported to you, physicians' screening practices varied widely at the five centers; few routinely or systematically screened all veterans for potential alcohol use problems when they applied for health care.[1] Moreover, there is a wide disparity between the proportion of veterans who potentially have alcohol use problems and the proportion to whom VA provides alcohol use treatment. While this disparity may be explained several ways, we believe that VA physicians' not effectively diagnosing alcohol use problems is a significant contributing factor. To afford veterans a better chance of receiving needed treatment and thereby help improve their quality of life, we recommended that the Secretary require medical centers to systematically screen veterans for potential alcohol use problems when they apply for care.

I would like to discuss briefly the results of our screening of veterans' potential alcohol use problems, including a description of the alcoholism screening instrument we used. I will also present information on the numbers of veterans receiving alcohol use treatment at the five centers and highlight factors that may impede the diagnosis and treatment of veterans' alcohol use problems.

---

[1]VA HEALTH CARE: Alcoholism Screening Procedures Should Be Improved (GAO/HRD-91-71, Mar. 27, 1991).

CAGE SCREENING INSTRUMENT

Questionnaires are one of the principal types of alcoholism screening instruments available to health care practitioners. Of those questionnaires frequently used, we selected one called the CAGE to screen veterans, primarily because of its reputed validity, its brevity, and its ease of administration.

The CAGE questionnaire is an effective initial screening device for detecting persons who may have alcohol use problems. It consists of four questions designed to encourage patients to remember past, as well as current, drinking experiences and determine whether they were negatively affected by drinking, or felt criticized by others about their drinking. The four CAGE questions are as follows:

-- Have you ever felt the need to cut down on your drinking?
-- Have people ever annoyed you by criticizing your drinking?
-- Have you ever felt bad or guilty about your drinking?
-- Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (eye-opener)?

These questions are normally included in a health screening process and, typically, take less than a minute to administer.

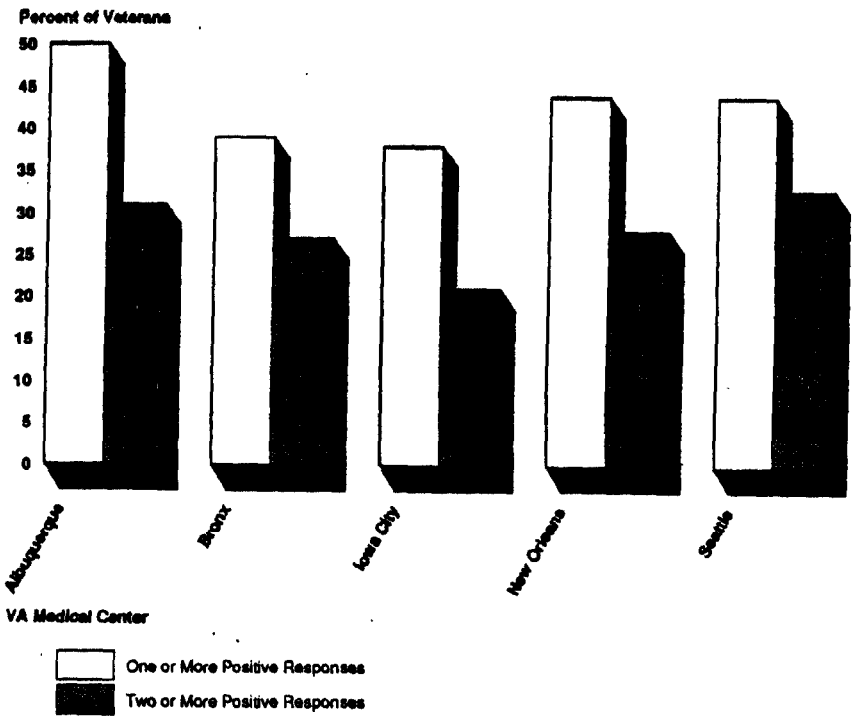
A positive response to one question raises suspicions of an alcohol use problem, and positive responses to more than one question are a strong indication that an alcohol use problem exists, according to HHS. Researchers have found the CAGE to be a valid instrument. For example, in one study, it correctly identified 85 percent of those that had alcohol use problems and 89 percent of those who did not.

MANY VETERANS MAY HAVE ALCOHOL USE PROBLEMS

From our screening results, it appears likely that many veterans in our sample have alcohol use problems. Forty-three percent of the veterans screened provided positive responses to one or more CAGE questions. About 29 percent answered two or more questions positively.

As figure 1 shows, the proportion of veterans giving positive responses varied among the medical centers. The proportion responding positively to at least one CAGE question ranged from 38 percent in Iowa City to 50 percent in Albuquerque. When positive responses to two or more questions are considered, the proportions ranged from 21 percent in Iowa City to 33 percent in Seattle.

Figure 1: Veterans with Positive CAGE Responses



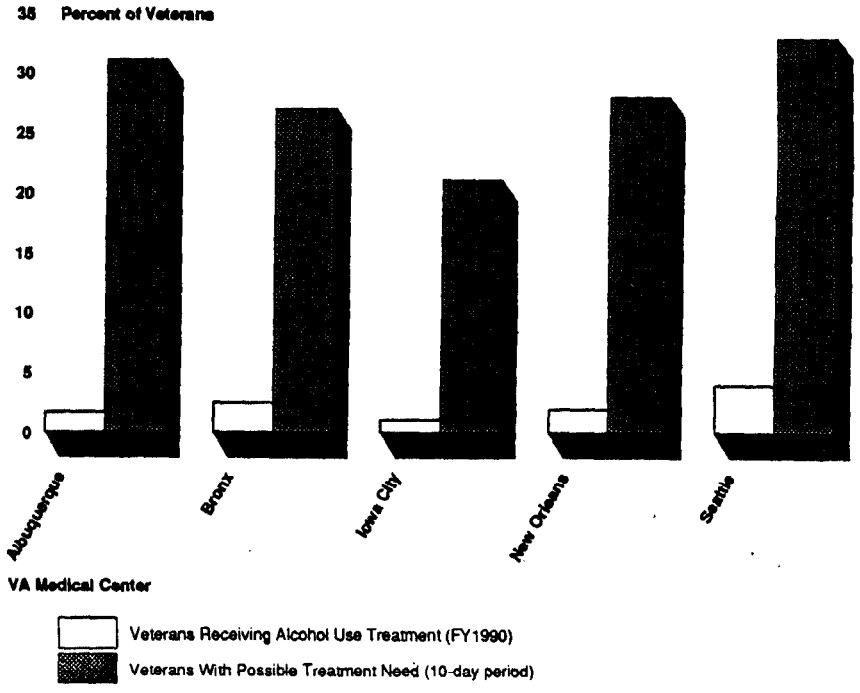
Our screening results are generally consistent with the views expressed by VA officials and physicians on the potential need for alcohol use treatment of veterans using VA medical centers.

FEW VETERANS RECEIVE TREATMENT FOR ALCOHOL USE PROBLEMS AT VA MEDICAL CENTERS

VA provided alcohol treatment to 3 percent of all veterans who received any type of health care at a VA medical center in

fiscal year 1990. The five VA centers we visited provided alcohol use treatment to about 2 percent of the veterans given health care. Figure 2 shows that the percentages ranged between 1 and 4 at these centers. These numbers are far below the percentage of veterans in our screening who showed strong indications of alcohol use problems (positive responses to two or more CAGE questions).

Figure 2: Alcohol Screening Results and Treatment Provided



FACTORS IMPEDING DIAGNOSIS AND TREATMENT OF ALCOHOL USE PROBLEMS

Several factors might explain the disparity between the proportion of veterans potentially needing treatment and those receiving treatment. One important factor is that VA physicians do not always screen veterans for alcohol use problems. Only 20 percent of the physicians we interviewed said that they screen all veterans for potential alcohol use problems. Although VA physicians have wide latitude to diagnose veterans' health care needs, their examinations focus primarily on conditions the veterans present in their applications. VA leaves decisions on whether to screen for alcohol use problems and procedures for screening up to individual medical centers.

Because of the high prevalence of alcohol use problems among outpatients, some researchers have recommended that all patients be screened regardless of their reason for seeking care. But one-third of the VA physicians we interviewed did not agree that they should routinely screen veterans for alcohol use problems when veterans apply for health care at VA medical centers. They cited long waiting lines at VA clinics as a significant impediment to the routine screening of veterans.

VA started a preventive medicine program in 1985 to focus physicians' attention on conditions that lead to high mortality

and morbidity among VA patients. The program consists of 11 preventive medicine services, including alcohol use screening and counseling. Each year, VA selects one condition to receive special emphasis, but has not yet emphasized screening for alcohol use problems.

Another important factor may be that VA physicians do not systematically use effective procedures or processes when they do screen veterans. VA physicians we interviewed did not ask a uniform set of questions. Most commonly, they asked their patients if they drink, how often they drink, and if they have been arrested for driving while intoxicated. This kind of approach, which relies on general interview questions, is less effective than the systematic use of a screening instrument, such as the CAGE. In one study of a sample of patients receiving care in a community hospital, researchers found that physicians using the CAGE correctly detected 94 percent of those who had alcohol use problems, but physicians not using it identified only 63 percent.

Education and training are critical factors that may limit physicians in diagnosing alcohol use problems of their patients. Primary care physicians are in a key position to make early diagnosis of alcohol problems. However, HHS concluded, in a 1990 report, that these physicians often fail to diagnose alcohol use problems because of inadequate training in this area. The report

concluded that greater emphasis on screening and treatment in the medical education and training of residents could contribute significantly to early diagnosis and timely treatment referrals.

Finally, patients' refusal of treatment may affect the extent of treatment provided at the five medical centers. When VA physicians diagnose potential alcohol use problems, they are to refer the veterans to an alcohol treatment specialist for further assessment and possible treatment. However, the physicians we interviewed said that patients often deny that they require treatment. Researchers have also cited patient denial as an obstacle to the treatment of alcohol use problems.

- - - - -

In summary, Mr. Chairman, we believe that VA's admissions process could be improved if physicians used a more systematic approach, such as a series of structured questions--like the CAGE or other validated instruments--to routinely screen all applicants for alcohol use problems. This approach would afford VA a better chance of identifying veterans needing treatment.

This concludes my prepared statement. We will be glad to answer any questions you and members of the Committee may have.