

Patient Reluctance to Share Alcohol & Drug Information With Their Physicians

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Acknowledgements

- Funding source: U.S. Substance Abuse & Mental Health Services Administration (SAMHSA)
- Co-authors
 - J. Aaron Johnson, Ph.D.
 - Alan Lyme, M.S.W.
 - Sylvia Shellenberger, Ph.D.
- Health Education Specialists who treat our patients and provided the information being reported

Objectives

- To analyze willingness of patients in the Georgia BASICS SBIRT project to share screening and intervention information with their physicians
- To explore factors associated with granting permission for information to be shared

U.S. Screening, Brief Intervention & Referral to Treatment (SBIRT) Projects

- Priority project of the Office of National Drug Control Policy
- 15 projects funded by SAMSHA
- Dissemination projects which implement SBI and Referral to Treatment in various healthcare settings

Services Provided

- Screening
- Brief Intervention
- Brief Treatment
- Referral to Treatment

Protocols for Screening & Intervention in GA BASICS Project

- Initial single question screening for alcohol, drugs and tobacco is done by nursing triage personnel
- Positive single question screen for alcohol or drugs triggers automatic referral to health educators
- Health educators use ASSIST to stratify patients
 - Information/education if low risk (ASSIST scores 0-3)
 - BI if moderate risk (ASSIST scores 4-19)
 - BT referral if high risk (ASSIST scores 20-26)
 - RT if very high risk (ASSIST scores 27 or more)

Procedure for Sharing Information with Physicians

- No information is placed in the chart of patients scoring in the moderate risk range
 - Currently there are no ICD9 codes for at-risk alcohol or drug use, and these diagnoses are not well-understood outside SBIRT circles
 - SBIRT staff has concerns that other health professionals & insurance coding personnel might incorrectly assume these patients meet diagnostic criteria for abuse or dependence

Procedure for Sharing Information with Physicians

- For patients with ASSIST scores of 20 or higher (high or very high risk), Health Education Specialists (HESs) complete a green form describing the patient's level of risk, substances of abuse, and patient's response to BI
- HES then asks the patient's permission to share this information with their physician
 - If granted, green form is placed in chart & recorded in EMR
 - If declined, green form is kept in SBIRT files

Research Questions

- What percent of patients give permission to share substance use information with their physicians?
- What are demographic & other factors associated with patients' giving HES permission to share substance use information with their physician?
- What are patients' stated reasons for declining to share their substance use information with their physician?

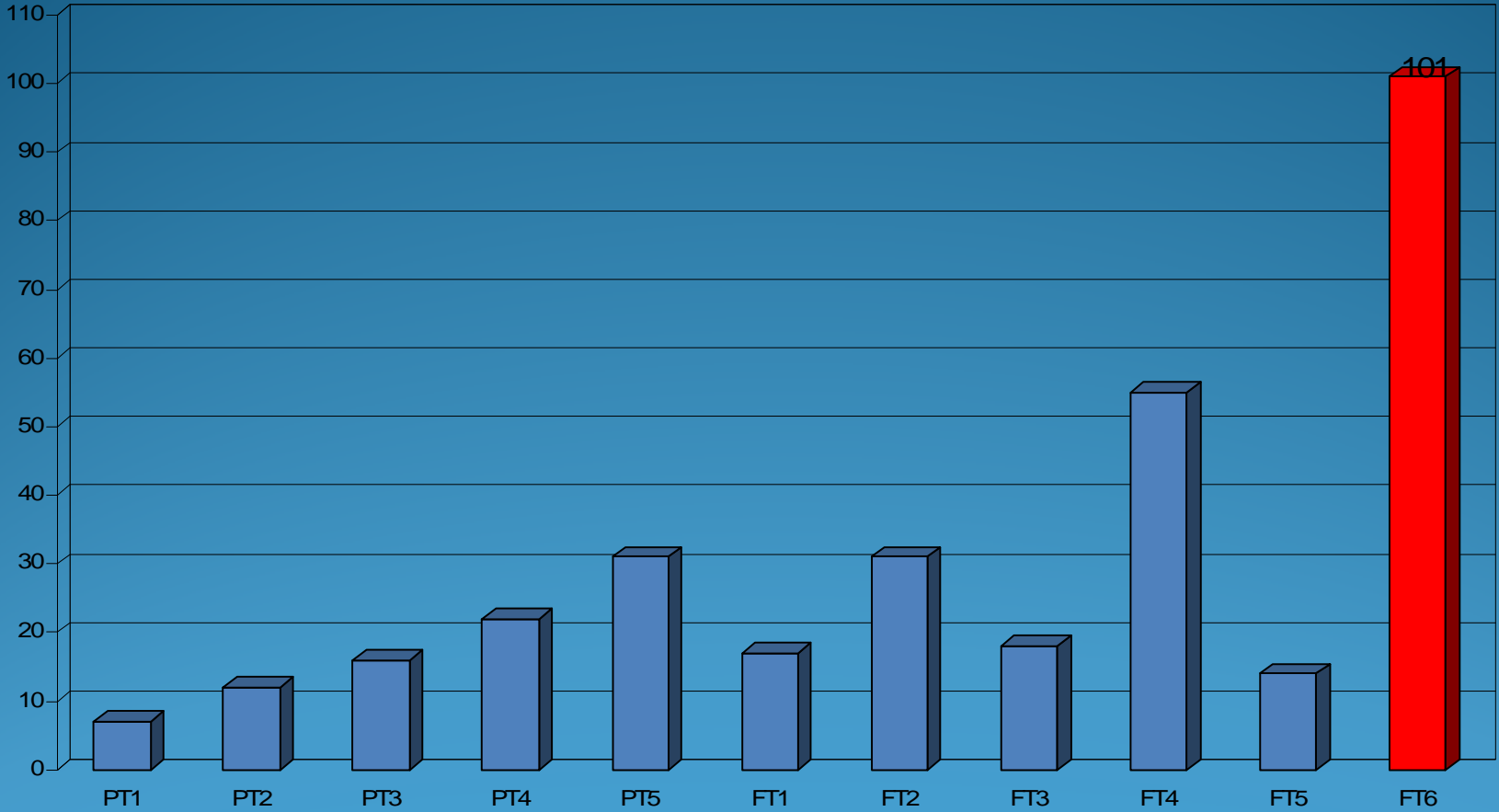
Research Method

- Retrospective review of HES reporting forms for high risk patients
- Logistic regression to assess possible associations between granting permission and
 - Age
 - Gender
 - Race/ethnicity
 - Substance(s) of abuse
 - Length of interview
 - Interviewer
- HES's anecdotal descriptions of patients' reasons for declining

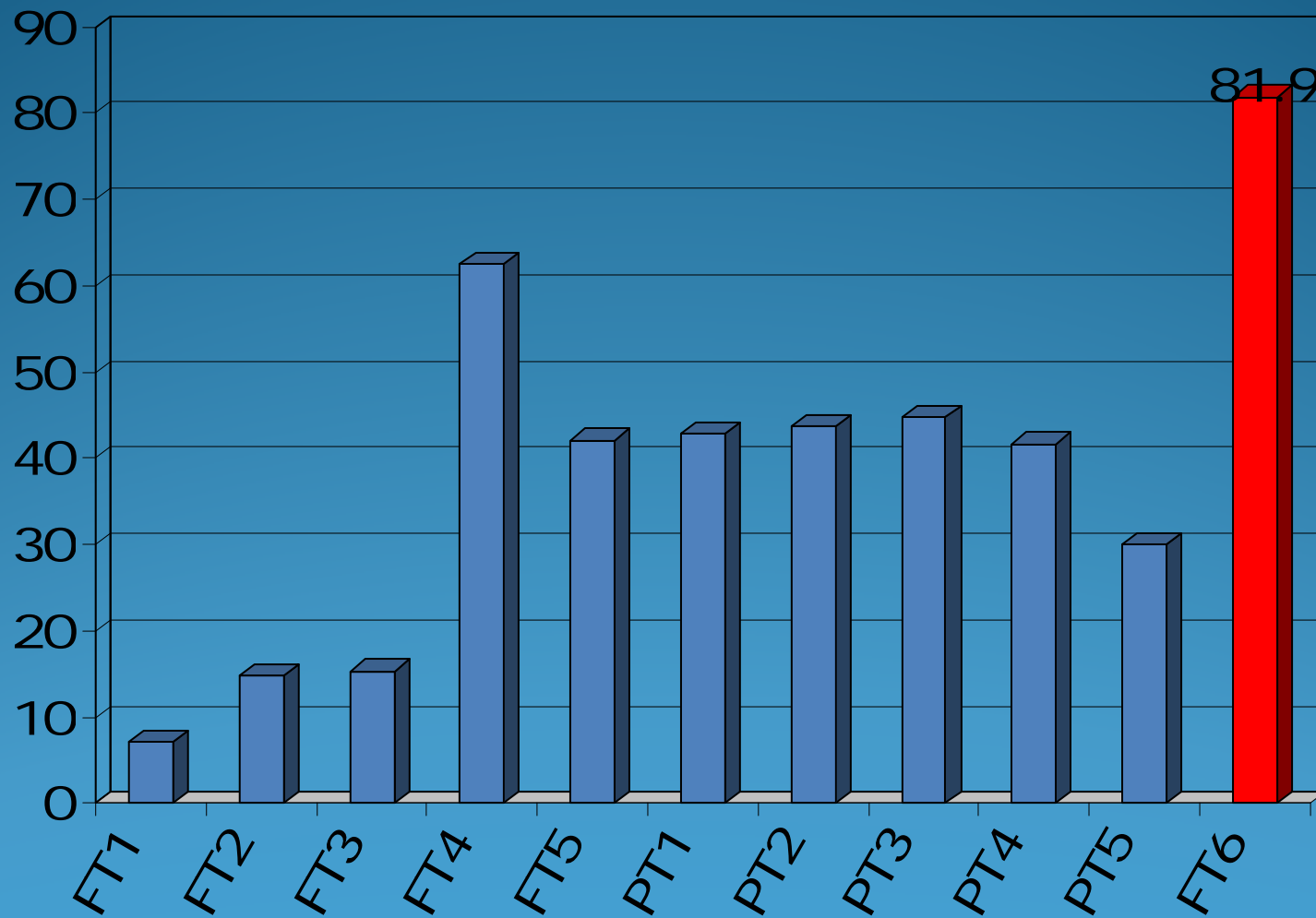
Demographics (n=324 patients)

Gender			Substance		
- Male	238	73.7%	-Alcohol	108	33.3%
-Female	85	26.3%	- Illegal drug	85	26.2%
			- Poly substance	110	34.0%
Race			-Prescription drug	21	6.5%
- White	166	51.2%			
- Afr-Am	158	48.8%	Minutes w/ patient		31.5 mins
Age		41.1 years	Permitted to share	136	50.9%

Number of High Risk Patients per specialist (total pts=324)



Percent of Patients Giving Permission



Logistic Regression

				95% C.I. for Odds Ratio	
	Coefficient	t	Odds Ratio	Lower	Upper
HES		7.60			
HES (1)	-1.755	2.87	.173	.05	.57
HES (2)	-1.697	2.56	.183	.05	.67
HES (3)	-1.147	1.87	.318	.10	1.06
HES (4)	-2.685	4.37	.068	.02	.23
HES (5)	-4.036	5.76	.018	.004	.07
HES (6)	-1.843	3.26	.158	.05	.48
HES (7)	-4.375	3.96	.013	.001	.11
HES (8)	-4.087	3.76	.017	.002	.14
HES (9)	-1.791	2.13	.167	.03	.87
HES (10)	-1.779	3.65	.169	.07	.44

Logistic Regression

				95% C.I. for Odds Ratio	
	Coefficient	t	Odds Ratio	Lower	Upper
Substance (alcohol)		2.36			
Substance (illegal)	.560	1.34	1.75	.77	3.97
Substance (poly)	.606	1.53	1.83	.84	3.99
Substance (Rx)	1.685	2.12	5.39	1.13	25.63
Minutes	.025	2.73	1.03	1.01	1.04
Gender	-.070	0.19	.933	.46	1.89
Race	-.153	0.48	.858	.46	1.61
Age	-.003	0.26	.840	.97	1.02

Results of Logistic Regression (FT 6 removed)

- Patient gender, race, and age still have no impact on likelihood of being willing to share info
- Individual HES continues to be significant factor influencing patients' willingness to share info. Three of nine HES significantly less likely than comparison to receive permission ($t = 2.02$ to 2.62 , $OR = .08$ to $.11$)
- Continue to see positive relationship between number of minutes spent with patient and willingness to share info ($t=2.32$, $OR=1.02$)
- Prescription Drug use no longer significant

Reasons Given for Declining as Reported by HESs

- Fear of repercussion from insurance companies
- Fear of repercussion from employer
- Potential legal ramifications (patients on probation)
- Fear of losing child custody
- Fear of stigma from hospital employees
- Fear of not receiving adequate prescriptions for pain medication

Limitations

- Retrospective rather than prospective data collection
- Many HES's reported "forgetting to ask" patients for permission at times, resulting in falsely low rates of permission
- Reported reasons for declining permission are subject to recall bias of HES's

Conclusions

- Many patients who abuse alcohol and drugs are reluctant to have information shared with their physician & included in their medical chart
- Likelihood of giving permission to disclose this information is related to interviewer, length of interview, and substance of abuse
- Informal data indicate patients fear repercussion from insurance companies, legal authorities, child custody officials, and hospital staff

Future Directions

- Formal prospective study with documentation of patient concerns
- Exploration of how effective interviewers address these concerns
- Efforts to enhance patient privacy and decrease punitive actions against patients who abuse alcohol and drugs



Questions or Comments?

Thanks!