McGAW MEDICAL CENTER of NORTHWESTERN UNIVERSITY
Family Medicine Residency at Lake Forest

Screening for Substance Use Disorder (SUD) in Primary Care

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Background: Substance use disorder (SUD) is one of the most common causes of preventable death, injury, and disability globally and nationally, affects approximately 14.5 percent of our population age 12 and older. By gender, of those with SUD, around 9.5% were male and 5.6% were female. A recent study looking at SUD in female patients at Erie clinic sites has shown the prevalence to be significantly lower than the national average at around 2.2%. This bears the question of whether or not we as providers have been inefficiently screening and diagnosing SUD. Many organizations, including the United States Preventive Services Task Force (USPSTF) and the American Medical Association (AMA), recommend routine screening in adults age 18 and older, however, primary care providers have historically reported low levels of preparedness to recognize and help patients with SUD which is exemplified by irregular screening practices. Effective integration of screening is key to addressing SUD and its consequences. This study aims to assess the current SUD screening practices within the Northwestern Family Medicine resident programs to further investigate the discrepancy of SUD found in our patient population.

Methods: This was a cross-sectional survey. Participants were residents of Northwestern McGaw Family Medicine Resident Training Programs from three different primary sites; Lake Forest and Humboldt Park, both of which also work at an Erie clinic site, and Delnor. The survey consisted of 12 questions and sent to a total of 69 individuals via the protected survey driver REDCap.

Results: Survey response rate 49% (34 responses). When assessing how prepared a participant felt identifying substance use disorder, 6.5% felt very prepared, 74.2% felt somewhat prepared, and 19.4% felt minimally prepared. Most individuals were screening for SUD at annual exams (58.1%) and/or if there is concern or suspicion for substance abuse (54.8%), while 3.2% never screen. The three most used screening tools include basic social history questions, CAGE questions, and AUDIT. The most common barriers to screening were patients presenting with other acute concerns (80.6%) and patients with complex medical histories that take precedence (71%). 12.9% were unaware of solutions to help patients which precluded them from screening.

Conclusions: The results of the survey show further education outlining office-based screening approaches and strategies for managing and treating SUD could help enhance screening practices within the resident programs. Limitations of this study include the response rate. This survey was initially intended to analyze SUD screening practices within all primary care providers specifically at Erie sites given the discrepancy of SUD in female patients was identified within the Erie health system, however, research inquiries through Erie were held due to conversion to a new EMR system. We hope to extend this survey to the Erie health system as a next step in hopes of expanding SUD screening practices.