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► [Measuring performance of brief alcohol counseling in medical settings: a review of the options and lessons from the Veterans Affairs \(VA\) health care system.](#)

**Bradley K.A., Williams E.C., Achtmeyer C.E., et al.** [Request reprint](#)  
**Substance Abuse: 2007, 28(4), p. 133-149.**

Having mandated universal screening for alcohol problems, the US health system for ex military personnel here thoughtfully addresses how to measure the degree to which this led to appropriate implementation of brief interventions.

**Abstract** Brief alcohol counselling is a top US prevention priority but has not been widely implemented. The lack of an easy performance measure for brief alcohol counselling is one important barrier to implementation. The purpose of this report is to outline important issues related to measuring performance of brief alcohol counselling in health care settings. We review the strengths and limitations of several options for measuring performance of brief alcohol counselling and describe three measures of brief alcohol counselling tested in the Veterans Affairs (VA) Health Care System. We conclude that administrative data are not well-suited to measuring performance of brief alcohol counselling. Patient surveys appear to offer the optimal approach currently available for comparing performance of brief alcohol counselling across health care systems, while more options are available for measuring performance within health care systems. Further research is needed in this important area of quality improvement.

 **Drug and Alcohol FINDINGS** Having mandated virtually universal screening for alcohol problems, the US health system for ex military personnel faced the problem of how to measure its success in a way which could drive up the implementation of brief interventions in appropriate cases. It concluded that just four or five extra questions in patient satisfaction surveys could be used to assess how many should have been counselled and then how many actually were by being given feedback on their health risk and explicit advice to cut back. The study also demonstrates how an automated clinical reminder system for positive-screen patients can raise counselling rates to nearly 70%.

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