

## **A Chart Review of Substance Use Screening and Related Documentation Among Adolescents in Outpatient Pediatric Clinics**

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**BACKGROUND:** Despite overall reductions in youth substance use over the past 5 years, opioids, marijuana and binge alcohol continue to see sustained use in the adolescent population. General outpatient pediatricians are in the unique position to intervene on substance use and/or abuse at many points during these critical developmental years; however, despite recommendations by the American Academy of Pediatrics (AAP) to screen all adolescents, substance abuse screening, brief intervention, and referral to treatment (SBIRT) is not widely implemented in pediatric primary care.

**OBJECTIVES:** To describe current screening and intervention practices among adolescents in primary care at Lurie Children's Hospital of Chicago to help inform program development and potential for future research.

**METHODS:** We conducted an IRB approved retrospective chart review of 10% of the electronic health records from eligible, unique patients between the ages of 12-17 who attended a well child check in the Lurie Children's primary care clinics, for the calendar year 2017. Sociodemographic and diagnostic variables were extracted from the medical record. Narrative fields were coded for analysis. SPSS was used for analysis on measures of frequency, central tendency and dispersion. Sociodemographic factors were regressed on the screening variable in multiple variable logistic regression models ( $p < .05$ ).

**RESULTS:** A total of 1,270 eligible records were included in the sampling frame, from which a sample of 127 cases were selected for analysis. Mean and mode age was 14 ( $SD=1.44$ ). Most patients (76%) identified as Black or Latino, and gender was represented equally (54% male). Rates of screening were 72% for alcohol, marijuana and tobacco, and 66% for other substances. All screening was completed using clinical mnemonic cues (e.g., HEEADS, SSHADESS). A total of 6% of patients reported alcohol use and 6% marijuana use, and only 1 patient reported smoking; none reported other substance use. In the vast majority of cases (92%), patients who reported substance use were provided with either anticipatory guidance or counseled to reduce use. None were referred to treatment. Factors associated with screening for any substance in the multivariable logistic regression model included older age and racial/ethnic minority status.

**CONCLUSIONS:** Our study found that only 72% of patients were screened for key substances of misuse. Use of a structured screening tool may improve screening by helping overcome barriers to screening, in addition to improving the quality of screening (i.e. obtaining information on quantity, frequency of use, etc). A structured screening tool may also reduce recency bias, as this study suggests patients may be reporting on more recent use rather than lifetime use in comparison to national surveys. The tendency to screen older children more often is consistent with previous literature and is a potential point for education efforts.