

Assessing Diagnosing Patterns of AUD in Primary Care Settings Across Intersecting Identities: The Role of AUDIT-C, Alcohol Symptom Checklist Screening Tools, and Diagnosing Descriptors within EHRs



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Tuesday, May 6, 2025
12:00 – 1:00 PM
BMI Classroom 4004
Woodruff Memorial Research Building

or

Join us on Zoom link:
<https://zoom.us/j/95101457394>
Meeting ID: 951 0145 7394



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Abstract: In the U.S., 27% of adults consume alcohol at risky levels, and around 10% have Alcohol use disorder (AUD). The prevalence is increasing among vulnerable populations. Despite effective treatments, only 8% of adults with AUD receive alcohol-related care. Primary care, accessible to most adults, offers an ideal setting to improve AUD diagnosis and treatment systematically. However, AUD remains underdiagnosed and undertreated, partly due to the lack of reliable, standardized clinical assessments, leading to inconsistent and incomplete symptom documentation. Disparities in AUD diagnoses across race, ethnicity, and sex suggest potential biases in clinical practices. Additionally, stigmatizing language in clinical documentation may reflect and reinforce these biases. These challenges highlight the need for innovative, standardized approaches to support unbiased, accurate AUD diagnosis in primary care.

Dr. Ellis' talk will cover the following:

- Foundational knowledge of alcohol use disorder in primary care settings;
- Intersectionality theory applied to health services research; and
- Implications of AUDIT-C (alcohol consumption screening tool), Alcohol Symptom Checklist (AUD symptom severity screening tool), and diagnosing depression within EHRs for the equitable diagnosis of AUD, a stigmatized mental health condition, in clinical settings.

Bio: Robert L. Ellis is a postdoctoral scholar working with the Center for Healthcare Policy and Research Director Courtney Lyles at UC Davis. His research focuses on expanding access to evidence-based care for underserved populations, including racialized and ethnic minorities, rural residents, women, and individuals with lower socioeconomic status who are disproportionately affected by mental and chronic health conditions, including substance use disorders. Ellis develops, implements, evaluates, and disseminates innovative digital and technology-driven interventions designed to meet the unique needs of individuals facing significant health disparities.

Before joining CHPR, Ellis collaborated with researchers at Kaiser Permanente Washington and the University of Washington, using an intersectional approach to examine differences in how substance use disorders are diagnosed in clinical settings. He has also worked with organizations such as Booz Allen Hamilton, New York-Presbyterian (Columbia Doctors FPO), MedStar Family Choice, and Microsoft, where he supported health services initiatives and leveraged advanced technologies to improve public health outcomes.

Ellis holds a Ph.D. in Health Systems and Population Health from the University of Washington, an M.H.A. from the Mailman School of Public Health at Columbia University, and a B.S. in Health Promotion from the College of Public Health at the University of Georgia.