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Screening Brief Intervention and Referral to Treatment (SBIRT)

Waitsfield, Vermont

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Substance Abuse

- ▶ Mad River Family Practice is the “spoke” of the hub and spoke system to help opioid abusers overcome their addictions. As a spoke, Mad River Family Practice prescribes Suboxone, monitors adherence and provides counseling.
- ▶ While opioid abuse is being addressed, many other substances, such as alcohol and tobacco, are not getting the same attention. Patients are advised to quit smoking and cut down alcohol consumption when they come in for their annual physical exams but follow ups are rare; if patients come in for acute visits, these issues are not addressed.

Cost considerations

- ▶ The Behavioral Risk Factor Surveillance System (BRFSS), a telephone survey conducted annually by the Vermont Department of Health (2013), shows that among adults 18 and older:

Risk Behaviors

	Barre		Vermont
	Estimated Adults**	%	%
Binge Drinking, in Last Month	7,000	17%	17%
Heavy Drinking, in Last Month	4,000	8%	7%
Marijuana Use, in Last Month	3,000	6%	7%
Prescription Drug Misuse, Ever	4,000	9%	6%
Smoke Cigarettes, Currently	6,000	15%	18%
Made Quit Attempt in Last Year	4,000	57%	56%

Note: the Barre health district includes the town of Waitsfield and has similar patient population.

- ▶ The Vermont Department of Health states that every \$1 invested in substance abuse prevention saves \$10-18, and \$1 invested in addiction treatment saves \$4-7 in costs associated with health care, criminal justice and lost productivity (2014).
- ▶ Specifically, \$1 spent on screening and intervention resulted in \$3.81 in saving in Gentilello, Ebel, Wickizer, Salkever, & Rivara's study (2005), and \$5.6 in Fleming et al.'s (2000).

Community perspective

- ▶ Sandy Smith, Community Health Team Panel Coordinator - alcoholism is a big problem in this area, such that Mad River Valley is sometimes referred to as “Bad Liver” Valley. One benefit to have a SBIRT clinician on site is that patients do not have to go somewhere else for their counseling sessions and can feel comfortable here at their medical home.
- ▶ Angela Shea, LCSW, SBIRT Clinician in Emergency Department - SBIRT catches patients who fall through the crack in the current system, in which their substance abuse behaviors are not addressed until they are severe. It identifies the at risk population, helps patients find resources to combat their addictions and acts as a bridge between the emergency department, or primary care office, and treatment programs.
- ▶ Ginger Cloud, LCMHC, LADC, SiMH Project Manager - often times patients are given a list of resources - substance abuse treatment providers, residential programs and support groups in the area, with no help or guidance to take an advantage of them. To address this issue, the Health Community Team can help patients contact those places, make appoints and arrange transportation, the SBIRT clinician can provide counseling specifically on their substance abuse in the meantime.

Community perspective cont.

- ▶ Katie Jonas, RN - right now there aren't really any resources the clinic hand out to help patients battle their addictions, other than telling them the alcohol anonymous meetings in the area and a smoking cessation workshop at Central Vermont Hospital Center. One concern though, is that some patients might think the screening is "too nosy" and "just another form to fill out". Some might even downplay their smoking/drinking/drug use behavior to "avoid being coached".
- ▶ Tina Raspe, Clinic Supervisor - it's great to take an advantage of a grant and use it to help the patients. The challenge is to incorporate this program into the current system. When there are too many requirements and recommendations, patients lose interest, rendering the program ineffective.

Intervention - SBIRT

SBIRT model adopted and modified from SBIRT Oregon (2015)

► Screening

Initial Screening - once per year. At check-in, receptionist hands the adult brief screen, with the exception of acute visits, to all patients.

Secondary Screening - if the initial screening is positive, the nurse gives patients more in-depth questionnaires at intake:

Alcohol - AUDIT questionnaire

Drugs - DAST questionnaire

The provider then interprets and reviews the results with the patients. The screening tools classify drinking behavior and drug use in four risk categories: low, mild, moderate and severe. If a patient is classified as low risk, no further action is needed; mild risk, brief intervention is provided; moderate risk; brief treatment is offered; and severe risk are referred for further treatment by a specialist.

All current tobacco users are given a brief intervention and offered treatment referral.

Intervention - SBIRT cont.

▶ **B**rief **I**ntervention/**T**reatment

Brief Intervention - Motivational interview with at-risk patients conducted by a SBIRT clinician who comes to Mad River Family Practice on Tuesdays. This approach is designed to raise awareness of potential substance abuse in a non-judgmental and non-confrontational manner.

Brief Treatment - scheduled counseling sessions with the SBIRT clinician

▶ **R**eferral to **T**reatment

Help patients find substance abuse treatment programs. Brief treatment, i.e. counseling sessions, are offered while patients transition to those programs.

Results/Response Data

- ▶ The initial response to the SBIRT program can be measured as the rates of patients:
 - Screened
 - Identified and diagnosed as at-risk by the provider
 - Seen by the SBIRT clinician and given the brief intervention/treatment
 - Referred to specialty treatments
- ▶ Per Ginger Cloud, the SiMH Project Manager, results from the practices affiliated with Central Vermont Medical Center show that in the period of 3/30/15 - 8/15/15:

Total Patients Screened	2238
Total Brief Interventions	99
Tobacco	56
Alcohol	25
Drug	4
Substance not indicated	11
Referred to Brief Treatment	43

- ▶ Mad River Family Practice, also an affiliated practice, can conduct similar analyses once the program has been running

Evaluation of Effectiveness

- ▶ The end goal of the SBIRT program is to mitigate substance abuse in the community. As mentioned previously, the screening tools classify drinking behavior and drug use into one of four categories. Therefore, the effectiveness of the program can be evaluated by assessing movements between risk categories. If higher percent of patients fall into lower-risk categories than the previous year, this means the program has succeeded in mitigating substance abuse in this patient population. Movements from the “yes” to the “no” category can be used to evaluate the effectiveness of the treatment provided to individuals in the tobacco category.
- ▶ The effectiveness of the program can also be assessed for patients in each risk category. It can be argued that patients in the severe risk category have more room to improve and, therefore, have more potential to respond to the program than patients in the lower risk categories. Patients who are identified as being at mild and moderate risk may also not see their substance abuse behavior as problematic as the patients in the severe risk category and, therefore, may not enroll in the program. On the other hand, patients who are deemed to be at a severe risk may have a higher dependence on alcohol and may be more resistant to intervention and treatment. These hypotheses can be tested after two years of implementation.

Limitations

- ▶ One major limitation of the SBIRT program is that the screening process relies on patient self-reporting. As nurse Katie Jonas described in her interview, some patients may perceive this program to be intrusive and may intentionally downplay the extent of their substance abuse. Even if an effective SBIRT program was in place, these patients may still fall through the gaps.
- ▶ Another limitation associated with the implementation of the SBIRT program concerns time constraints. Depending on the nature of the visit, each patient is allotted a certain amount of time. Since the acute visit is only allocated 15 minutes, it's excluded from this program. The chronic visit is usually 30 minutes long, and the annual physical exam is usually 45 minutes long. The initial and secondary screenings, interpretation and review of the results and referral can take up to 10 minutes of the visit.

Recommendations for future interventions/projects

- ▶ Two years after introducing the SBIRT program, the clinic will have two complete sets of screening data (and should have commenced collecting the third set). As mentioned above, a comparison of year-on-year substance abuse behavior in the patient population of this clinic can help evaluate the effectiveness of the program. Individuals who are resistant to treatment, as indicated by the fact they remain in a given category or move up to the moderate or severe risk category, can meet with the Community Health Team and address the challenges they are facing.
- ▶ The SBIRT program should not work as a separate entity but should be fully integrated into the medical home system of this practice. At present, the SBIRT clinician takes over the responsibility for at-risk patients once they are referred. Their primary care providers should, however, also keep a track of their progress in overcoming their addictions. The SBIRT clinician and specialty treatment providers should update the primary care providers on how their patients are doing, and ask for pharmaceutical assistance, such as Wellbutrin, Antabuse, and Suboxone, if necessary. This can be done by sending messages regularly on eClinical Work, the electronic medical record system that is in use at this practice.

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