Adolescent SBIRT Implementation in an Urban Federally Qualified Health Center: The First Year

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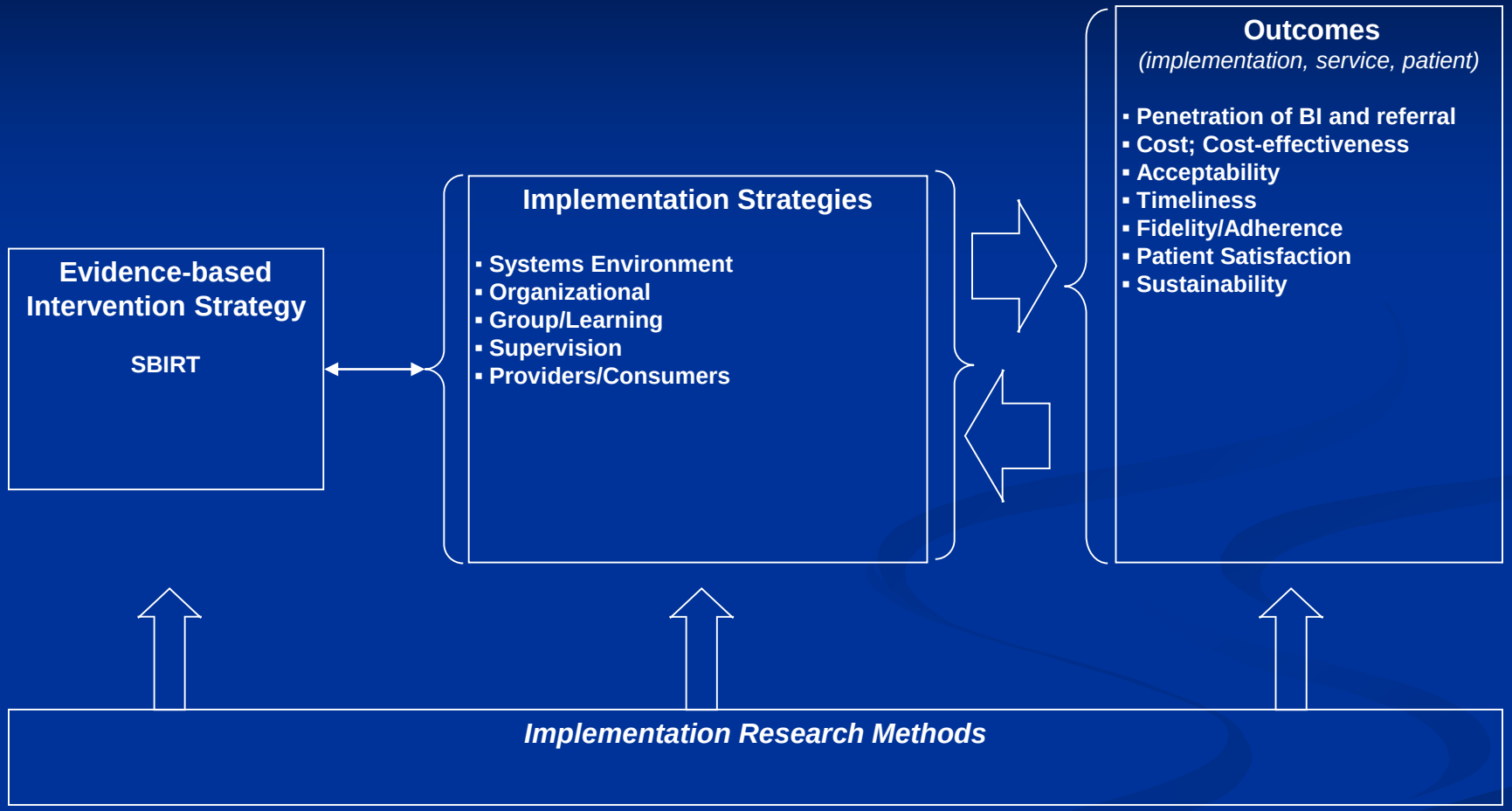
The authors report
no conflicts of interest

Study Design

- Multi-site cluster randomized trial
  - 7 adolescent primary care clinics in Baltimore City
    - 3 randomized to Specialist Condition
    - 4 randomized to Generalist Condition
  - serving 3,600 patients ages 12-17 years

- Implementation Strategies for delivery of BI
  - Generalist
    - Primary Care Providers (PCPs) conduct BI
  - Specialist
    - PCP does “warm handoff” to Behavioral Heath Specialists (BHSs)

Study Design* (cont.)



*Proctor, EK, Landsverk J, Aarons G, Chambers D, Glisson C, Mittman B. Implementation research in mental health services: an emerging science with conceptual, methodological, and training challenges. *Adm Policy Ment Health.* 2009;*36*(1):24-34.

SBIRT Training

- All clinical staff received training by site on:
  - SBIRT principles
  - Screening process for adolescent alcohol, drug, and tobacco use, and associated HIV sexual risk behaviors
- PCPs and BHSs received additional BI training based on motivational interviewing

Supportive Elements

- Bi-monthly feedback on screening rates, intervention processes and model adherence
  - Email feedback through clinic managers
  - Hard-copy feedback delivered to providers
- Quarterly booster trainings
  - In-person 30 minute refresher trainings
  - Walk through numbers and trouble-shoot process

Baseline Surveys: Provider Views of SBIRT

N = 92

- 9 Nurses
- 14 (Primary Care Providers) PCPs
- 39 Medical Assistants (MAs)
- 19 BHSs
- *11 Administrators

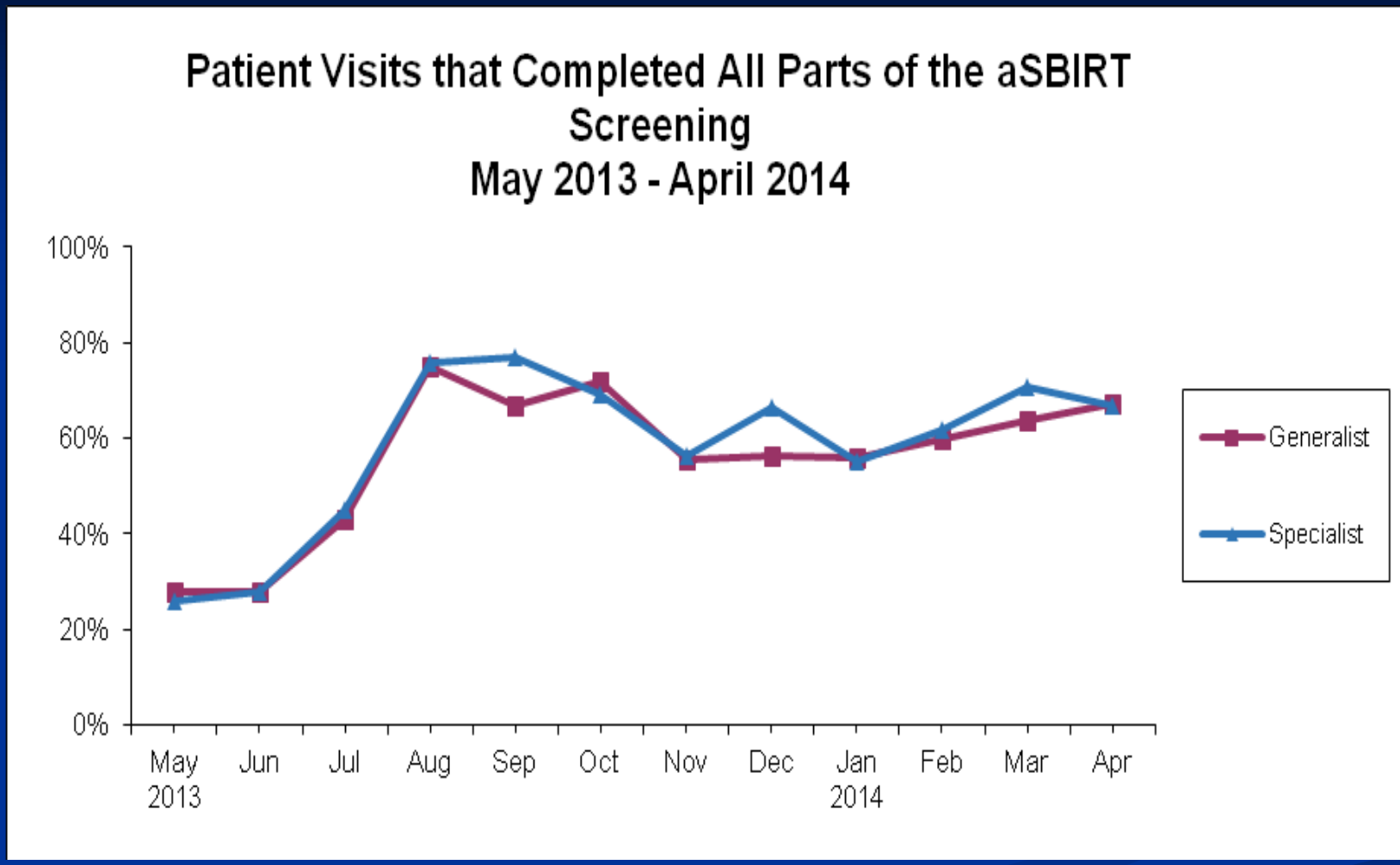
* 1 Physician Administrator not included with PCPs; and
  1 Behavioral Health Administrator not included with BHSs

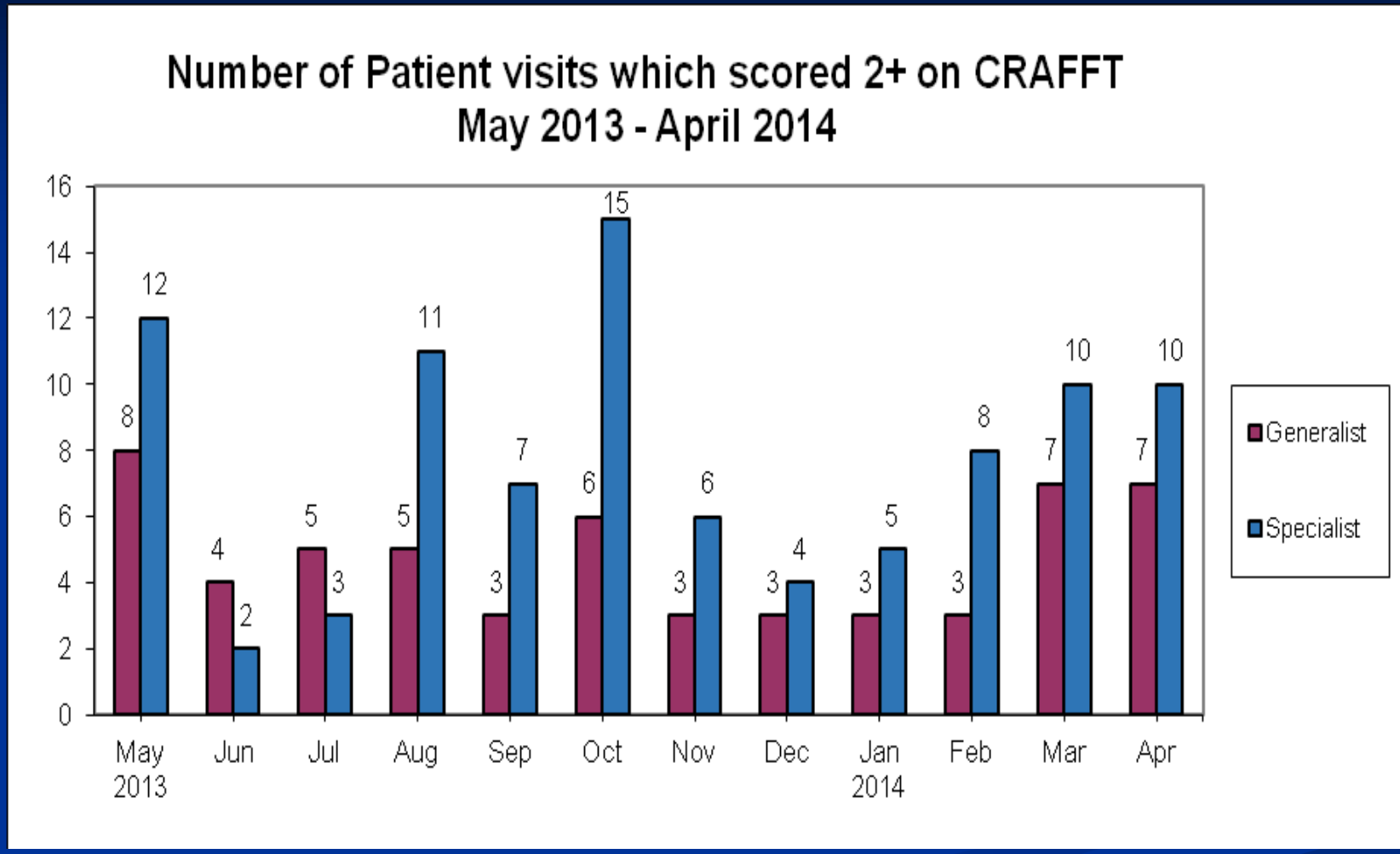
How much do you agree or disagree with the following statements:		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
Routine screening and intervening won't really make a difference in adolescent substance use.		36%	45%	4%	10%	5%
	MAs	28%	41%	3%	18%	10%
	PCPs	47%	40%	0%	7%	7%
	BHSs	40%	40%	15%	5%	0%
Routine screening and intervening for adolescent substance use takes time away from more important services.		41%	41%	8%	3%	7%
	MAs	41%	36%	5%	5%	13%
	PCPs	27%	53%	7%	7%	7%
	BHSs	25%	55%	20%	0%	0%
THC believes that screening, brief intervention, and referral to treatment (SBIRT) should be a routine part of care for all adolescent patients.		2%	4%	4%	33%	56%
THC is committed to providing effective SBIRT services to our adolescent patients.		3%	2%	8%	36%	51%
	MAs	0%	5%	3%	41%	51%
	PCPs	0%	0%	0%	40%	60%
	BHSs	15%	0%	30%	25%	30%

Please tell me if any of the following are reasons why you MIGHT NOT ALWAYS SCREEN your adolescent patients about tobacco, alcohol, or drug use:		Yes	No
Time constraints.		47%	53%
	MAs	23%	·
	PCPs	69%	
	BHSs	68%	
Uncertainty regarding the effectiveness of available treatments.		18%	82%
	MAs	12%	·
	PCPs	19%	
	BHSs	26%	
Patients often do not tell the truth about their substance use.		41%	59%
	MAs	49%	·
	PCPs	44%	
	BHSs	17%	
Doing so may question your patients' integrity.		12%	88%
	MAs	18%	·
	PCPs	0%	
	BHSs	11%	
You do not want to upset your patients.		10%	90%
	MAs	11%	·
	PCPs	13%	
	BHSs	5%	
You are concerned about the reaction of parents.		19%	81%
	MAs	31%	·
	PCPs	13%	
	BHSs	0%	
You're uncomfortable talking about substance use with adolescent patients.		9%	91%
	MAs	11%	·
	PCPs	13%	
	BHSs	0%	

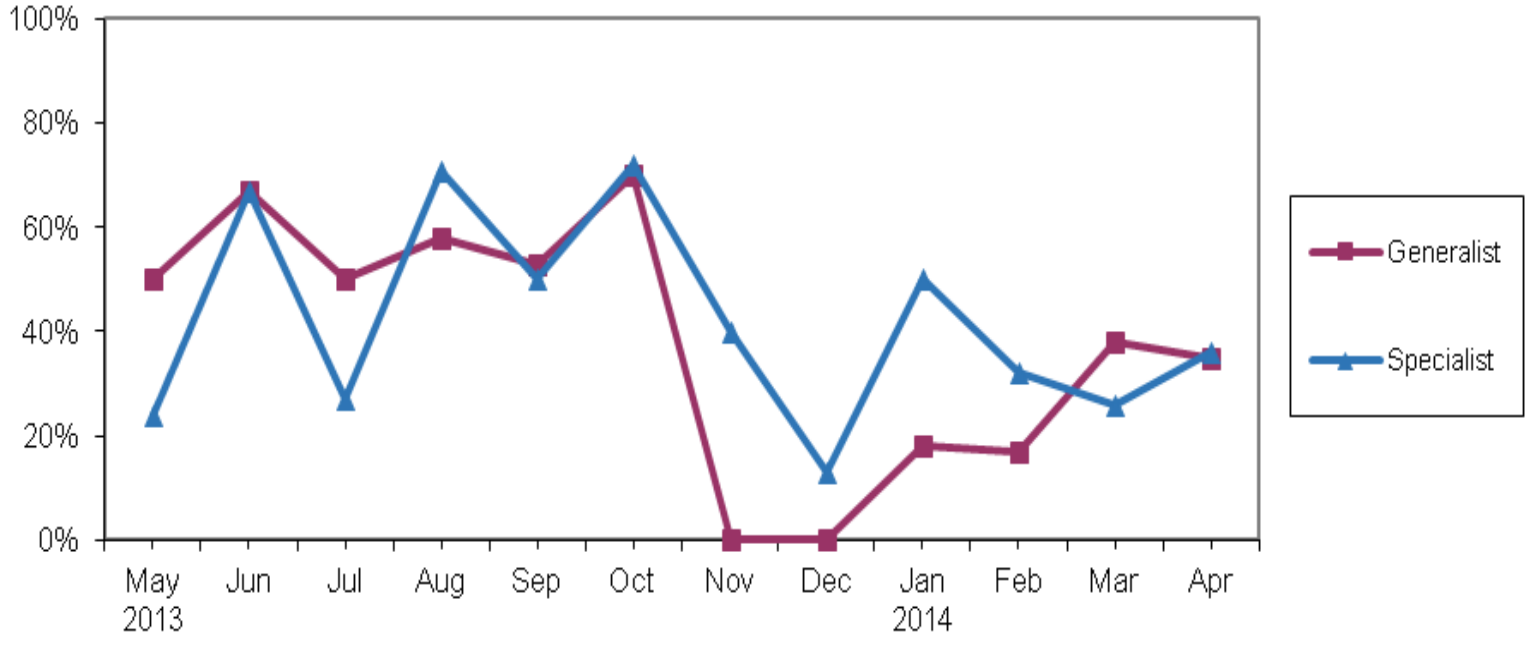
Please tell me if any of the following are reasons why you MIGHT NOT ALWAYS TALK TO OR COUNSEL your adolescent patients about tobacco, alcohol, or drug use:	Yes	No
Time constraints.	69%	31%
PCPs	75%	.
BHSs	63%	
Uncertainty regarding the effectiveness of available treatments.	14%	86%
PCPs	13%	.
BHSs	16%	
Patients often do not tell the truth about their substance use.	20%	80%
PCPs	31%	.
BHSs	11%	
Doing so may question your patients' integrity.	6%	94%
PCPs	6%	.
BHSs	5%	
You do not want to upset your patients.	9%	91%
PCPs	13%	.
BHSs	5%	
You are concerned about the reaction of parents.	3%	97%
PCPs	0%	.
BHSs	5%	
You're uncomfortable talking about substance use with adolescent patients.	6%	96%
PCPs	13%	.
BHSs	0%	

Implementation Trends: The First Year


Patient Visits that Completed All Parts of the aSBIRT Screening
May 2013 - April 2014
100%
80%
60%
40%
20%
0%
May 2013
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan 2014
Feb
Mar
Apr
Generalist
Specialist


Number of Patient visits which scored 2+ on CRAFFT
May 2013 - April 2014
16
14
12
10
8
6
4
2
0
8
12
4
2
5
3
5
11
3
7
6
15
3
6
3
4
3
5
3
8
7
10
7
10
May 2013
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan 2014
Feb
Mar
Apr
Generalist
Specialist

Percentage of Patient Visits Appropriately Counseled to Stop/Reduce Alcohol and/or Illicit Drug Use
May 2013 - April 2014



Conclusions

- Perceived need and acceptability of providing aSBIRT
  - BHSs less familiar with model at baseline than medical staff
- Identified screening barriers:
  - Time, honesty, and parents
- Identified BI barriers:
  - Time, honesty, comfort discussing substance use/abuse
- Screening rates increased substantially and have been well maintained

Conclusions (cont.)

- Provider feedback for positive SBIRT screens is very erratic and was greatly impacted by EMR change last October
  - Counseling to stop or reduce use has not returned to levels prior to EMR change
- BI delivery varied by Implementation strategy
  - Rates of Provider-delivered BIs varied by site (an artifact of providers' comfort with the protocol)
  - Physician and counselor turnover at Specialist sites = challenges due to siloed management, training, and supervision
- Current efforts to institutionalize adolescent SBIRT trainings for new staff -- and increase accountability for all staff

Thank you

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