

SBIRT IN PRIVATE PRACTICE

CONSIDER BABY STEPS
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From Nothing to Much

- From not asking to formal SBIRT programs with special staff and grant funding
- What can a small primary care practice do without grant funding?

Demand Treatment!- The Rochester Experience The Implementation Module 2002-2004

The Rochester
” Demand
Treatment !”
Partnership

Excellus
Rochester Region



Rochester Demand Treatment Initiative:

- Sponsored by medical society, Blue Cross, and local outpatient program
- Outpatient CD program made contacts with primary care practices and provide basic information
- If interested, I would come and spend an hour with the physicians and PA's
- Counselor from outpatient program would follow-up
- Based on WHO model and use of AUDIT

Demand Treatment: Results

- Some practices were moved into a contemplation phase
- Ready for action: 3 practices wanted full involvement. Only one, with 4 MDs and 2 PAs was a home run.
- This practice gave audits to every patient for over a year, and made over 25 referrals for outpatient treatment in the first 6 months
- Still doing this 10 years later

Reasons for Success

1. Connection with treatment program
2. Office manager had alcohol problems in family (champion)
3. Simple: everyone received Audit and intervention was advice with one handout from WHO
4. Although the primary target group was at risk drinkers, everyone was happy about identifying those with alcohol problems and referring them to treatment

My practice

- Intake sheet identified patients who drank over the safe amounts and audits were available in each office
- Use of audits was variable, but some patients were given advice and and some referred for treatment
- Doctors had some successes and so have positive attitudes toward screening
- Connections with OP program, but not every office had a champion
- With new EMR, we have moved backwards.
- Trying to introduce rethinkingdrinking

Some Issues

- The programs focus is on at risk drinking, but what is the biggest concern of the physician?
- Small offices (2 physicians, 2 assistants, 2 secretaries) who will do this?
- Reimbursement is not enough for physician to do it unless he bills a 214 visit for 25 minutes with half the time spent in counseling
- Doctors are used to an advice model
- EMRs are good at documentation, but not necessarily at patient care

Baby steps

- Asking how much alcohol is consumed
- Use of audit or some sort of evaluation
- Office champion
- Connections with treatment center
- Follow-up, use of problem lists
- Connecting with medical problems

Advise or motivational model

- Doctors do not know motivational model
- Are there studies that show that advice models do not work ?
- Connections with medical problems (hypertension, depression, sleep problems, osteoporosis, weight)
- Be willing to introduce motivational approaches later or in a variety of way

OFFER CHOICES

- I could order tests but there is a good chance that if you reduce your alcohol intake, the symptoms would go away.
- We can prescribe life long medication, but it might not be necessary if you are able to reduce you alcohol use.
- I would like to prescribe this medication but I cannot unless you are able to stop drinking

Screening for Drugs

- Assist which is on Nidamed site.
- More difficult
- Some alternatives:
 - On selective patients
 - Or do urine drug screens before prescribing certain medications

Our response to a positive drug screen

- Some of us can take a motivational approach
- Others might refrain from prescribing certain medication for these patients

(opioids for some types of chronic pain, stimulants for young adults who smoke marijuana and claim they have ADHD)

Our group has a nurse who follows problematic pain patients

We can do it.

- Ask, brief evaluation and advice
- Connect with medical or other problems they have
- Connections to treatment facility
- Write something down in the chart
- Urine drug screens

Where do we go next

- 1. NCQA requirements for patient centered medical home: ask and address unhealthy alcohol use
- 2. Practice improvement projects for certification
- 3. Education that works with practices
- 4. Graded levels of education and recognition
- 5. Improved use of EMR

