SBIRT Baltimore Planning Project- An OSI Supported Pilot

INEBRIA MEETING

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Baltimore Substance Abuse Systems

Need for SBIRT in Baltimore

- Significant disparity between those ***needing*** treatment and those ***in*** treatment:
  - Baltimore estimates 70,000 individuals needing treatment and only **22,000** received in FY 2008
  - According to National Survey on Drug Use and Health, close to **10%** of Baltimore's population reported illicit drug use in the past month
  - Heroin remains the number one drug associated with treatment admissions and accounts for **60%** of intoxication deaths

Readiness for SBIRT

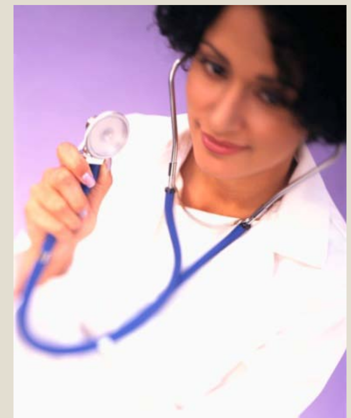
- Baltimore Buprenorphine Initiative:
  - Increase in physicians with waiver to prescribe – 50 in 2006, over 200 in 2011
  - Engage all city health center physicians as continuing care providers
  - Develop new models of induction in primary care
- State and city focus on integration of behavioral health with primary care

OSI Pilot Project- Year One

- Project/research question: Can SBIRT be successfully integrated in primary care practice utilizing existing resources to assure maximum long term sustainability?
- Study group and target patient population: Four health centers in Baltimore City, adults and adolescents seeking regular primary care services

Planning Process Goals

- Select early adopter health centers with committed leadership
- Institutionalize SBIRT into existing patient flow
- Develop model clinical protocols using evidence-based tools
- Develop model training materials
- Pilot program and evaluate for full implementation and expansion



Select Early Adopter Health Centers With Committed Leadership

- Four health centers in Baltimore City with prior interest and experience in substance abuse treatment
- At least two with available behavioral health treatment within system
- Committed CEO and Medical Director
- Culture receptive to integrated care
- Willingness to participate in planning process and pilot
- Selected centers – EBMC, THC, FHCB, Chase Brexton

Institutionalize SBIRT into Existing Patient Flow – Delivery Re-design Process

- Goal to integrate into existing staffing and flow
- Organize multi-disciplinary team
- Conduct walk-throughs
- Produce flow charts of existing operation
- Work with team to integrate SBIRT by identifying staff roles and new process flow

Develop Model Clinical Protocols Using Evidence-based Tools

- Share various evidence-based tools for pre-screen and screening
- Share research- lessons learned from tool use
- Work with team to select pre-screen questions and screening instruments to fit with patient flow and staffing decisions
- Adapt pre-screen questions to respond to patient population language
- Develop clinical protocol and forms for each center

Develop Model Clinical Protocols Using Evidence-based Tools

- EBMC – AUDIT-C and two drug questions, no pre-screen, MA's do screening, PCP's do BI, nursing support, referral to social work

- THC and FHCB – Pre-screen drug and alcohol questions, AUDIT- 10, DAST-10, CRAFFT, MA's do screening, PCP's do BI (PCP does CRAFFT for adolescents at FHCB), nursing support, in-system referral to treatment

- Chase-Brexton – Created new DAS-8 for smoking, depression, alcohol and drug screening using AUDIT-C and two drug questions, MA's do screening, PCP's do BI, in-system referral to treatment

Pilot Program Results

- Training completed at all sites
- Implementation initiated at all sites
- High level of receptivity by all staff and PCP's
- Ease of integration into flow reported
- Support by nurses instrumental
- Resistance to referral to treatment common
- Documentation of BI inconsistent
- Presentation of screening needs improvement at certain sites

Pilot Program Results

- Data collected from three of four health centers over three months:
  - 2,060 patients screened
  - 414 positive screens (20%)
  - Only 60% of DAST and AUDIT-10 screens completed when appropriate based on prescreens at FHCB and THC

OSI Implementation Grant

- Goals:
  - Respond to delivery design modification needs based on data from pilot at existing four sites
  - Re-train and implement at four sites
  - Expand to additional 14 sites in existing health center networks
  - Initiate planning process and program implementation at two new Baltimore health centers and one county site
  - Create prototype training materials including train the trainer modules

Delivery Re-design

- Modified screens at THC and FHCB to use AUDIT-C and two drug questions
- Modified all screens to include provider progress note, to document BI, follow-up and RT
- Integrate available resource staff at sites, such as nurses, social workers and mental health clinicians to assist with BI
- Re-train all staff
- Collect data
- Incorporate SBIRT screening forms into EHR
- Modify protocols as necessary

SBIRT Spread in Baltimore

- Starting planning for SBIRT in six city high schools
- Planning for SBIRT in one city ER
- Working to incorporate SBIRT in nursing homes
- Providing guidance and TA to other state-wide efforts

Lessons Learned – Key Success Factors

- Access and Engagement:
  - Universal screening relies on engaging patients for any medical visit, include urgent care
  - High numbers of dependent patients require better relationships with on-site and local providers – Make the warm hand-off hot
  - Style of delivering screen and BI contributes to engagement
- Organization Structure and Climate:
  - Committed leadership
  - Culture supportive of addiction as a chronic disease
  - Team to plan that includes medical, nursing, practice administration, behavioral health staff
  - Integrate into existing flow and customize to center's unique operation

Lessons Learned – Key Success Factors

- Provider Knowledge and Behavior
  - Baseline knowledge of addiction key, even for PCPs
  - Booster trainings important
  - Role play
  - Feedback with data critical at all levels
  - Follow-up coaching key
- External Environment:
  - BSAS and BCHD support key
  - OSI credibility gained initial access to leadership
  - Broader support for integration and medical homes catalyzing spread and adoption

Questions?????