Putting the "RT" in SBIRT: Piloting Specialty Video Consultation in Primary Care

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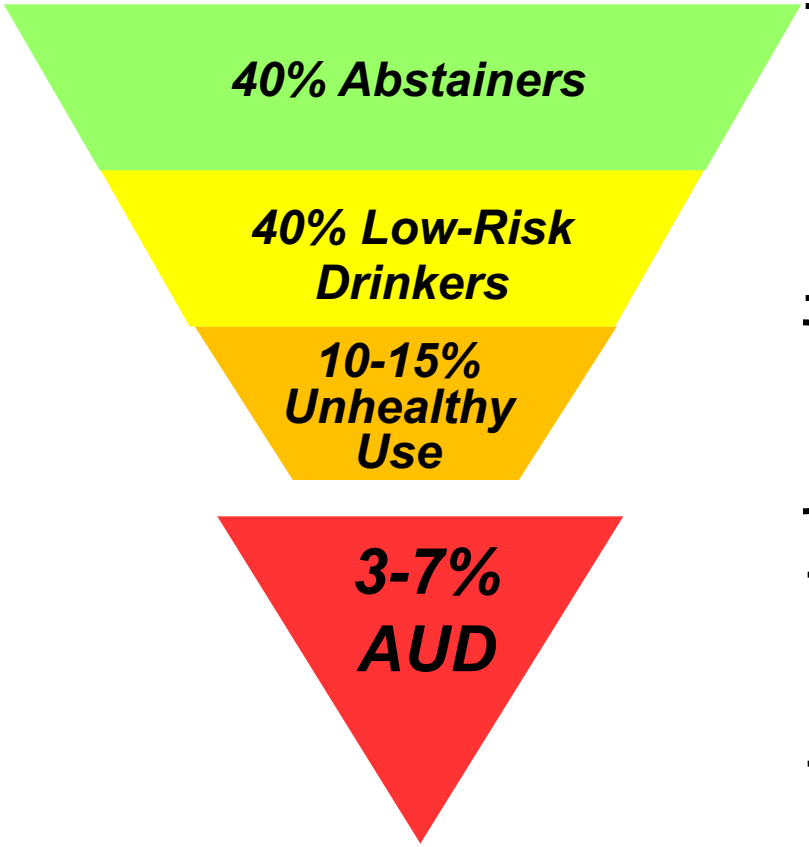
Overview

- Background and Context
- Pilot – Goals and Methods
- Findings – Feasibility
- Implications and Next Steps

Background and Context

SBIRT for Alcohol Use in Primary Care



Screen, affirm low-risk behavior

Briefly intervene

Refer to treatment

Missing link: Specialty Care Initiation

- Limited/no evidence that SBIRT increases AUD *treatment*
  - *Glass et al. (2015), Jonas et al. (2012), Saitz (2010)*
- Patient, provider, and system-level barriers
  - *Cucciare et al. (2015)*

Pressing clinical need: How to link primary care patients with appropriate levels of care?

Feasibility Pilot – Goals and Methods

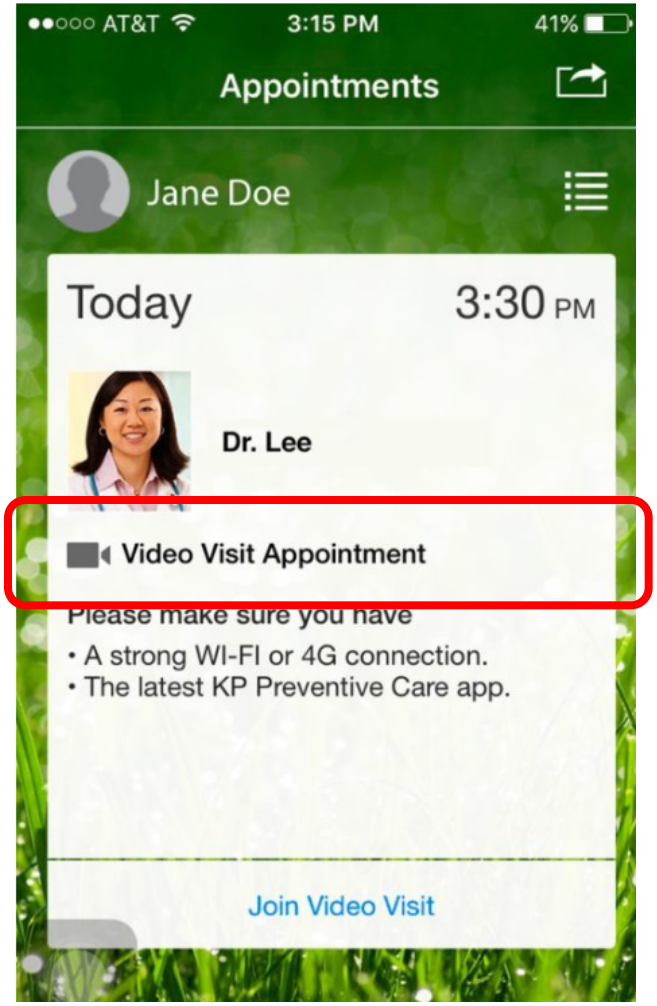
Focus: Patients who…

- *Experience significant alcohol problems*
- *Need more than brief intervention*
- *Not connecting to specialty treatment – e.g. MD doesn't refer, patient refuses, specialty outreach fails, patient no-shows*

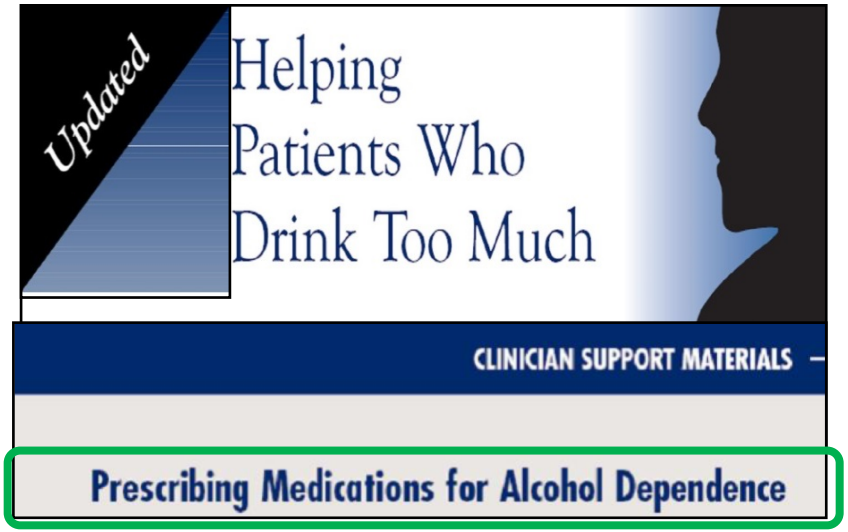
Concept: Leverage KP video technology to…

Lower barriers to treatment

- *Provide a live, face-to-face link to specialty care via 2-way video in the primary care exam room*
- *Expand treatment options*



Expanding the Menu of Treatment Options



"Medications are underused in the treatment of alcohol use disorder."

"Considerable research evidence and consensus among experts support the use of pharmacologic treatments in primary care settings."

SAMHSA & NIAAA, 2015

Substance Abuse and Mental Health Services Administration and National Institute on Alcohol Abuse and Alcoholism, Medication for the Treatment of Alcohol Use Disorder: A Brief Guide. HHS Publication No. (SMA) 15-4907. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015.

Setting: KP Oakland Medical Center

- Large adult primary care population: **114,162 patients age 18+** seen in 2015
- Diverse, urban membership: race/ethnicity, cultural/linguistic, geographic, SES
- **128 primary care physicians** in 9 clinics, located in 3 medical office buildings
- Specialty treatment located across town

Specialty Video Consults in Primary Care

- Pilot Goal
  - Identify barriers/facilitators to implementing a **regional resource**
- Timeline
  - 15 months (Jan. 2017 through March 2018)
- Specialty consultants
  - 5 addiction medicine physicians
  - 3 nurse practitioners

Implementation Activities

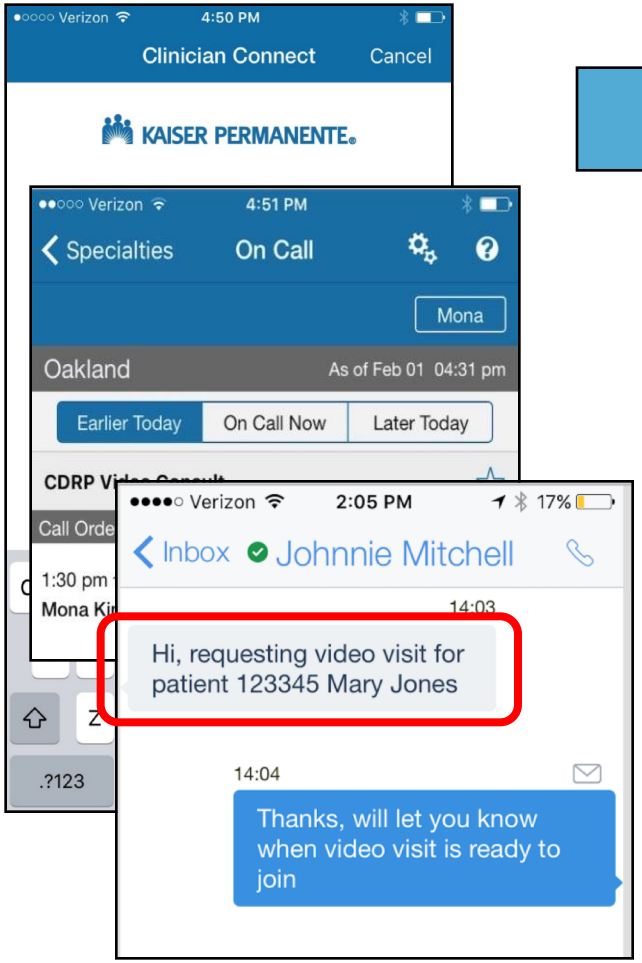
Collaborated with stakeholders to….

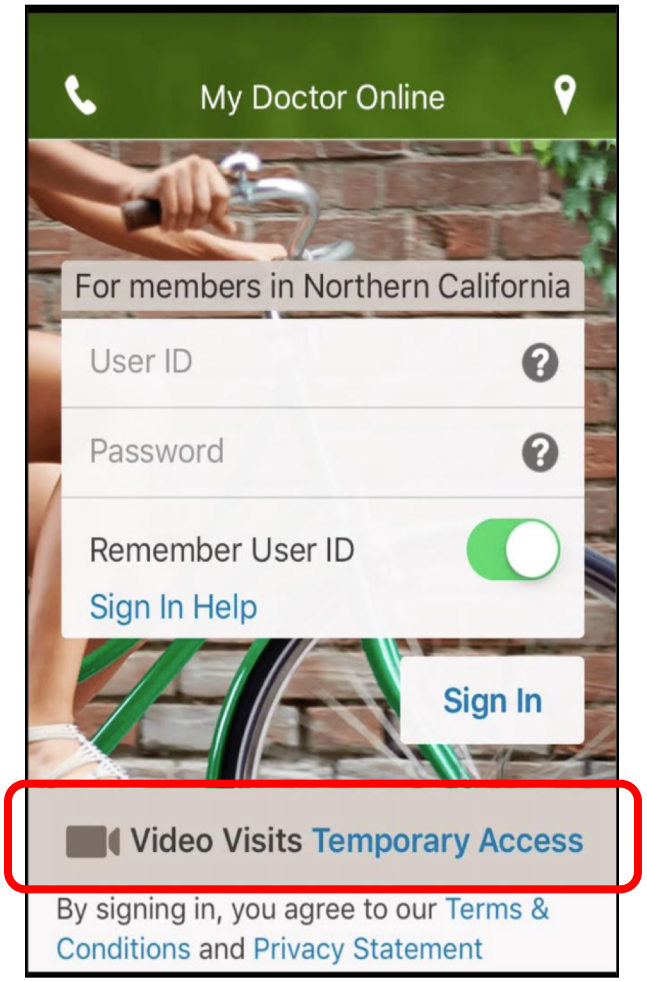
- ✓ Develop clinician workflows
- ✓ Train and support on-call specialists
- ✓ Train and support primary care physicians (1.5-hour lunchtime training for each clinic)
- ✓ Deploy 1 iPad per clinic
- ✓ Provide technical assistance throughout

Physician Workflow

Request: Physician **iPhone**

Consult: Clinic **iPad**





Measures

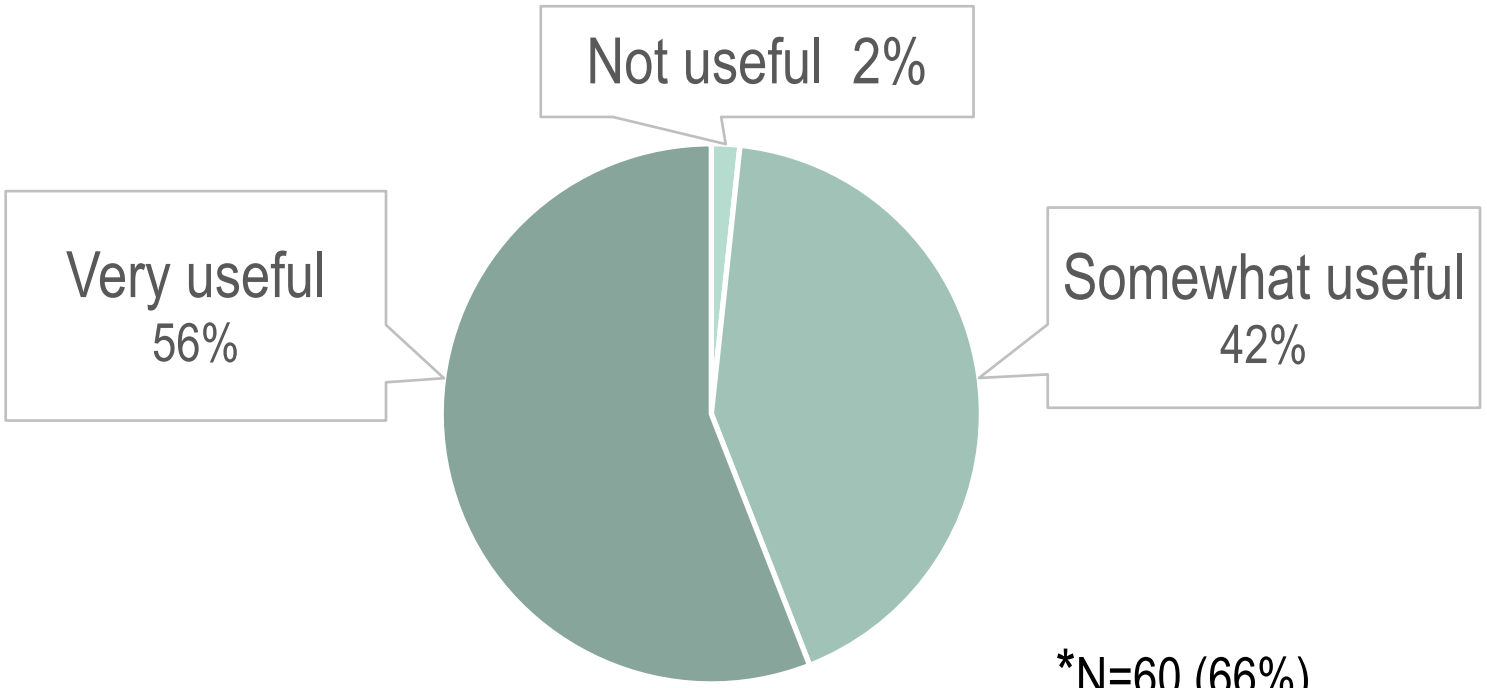
- Training attendance, evaluations
- Consult service utilization
- Physician experience survey
- Electronic health record

Results – Successes and Challenges

Physician Trainings

Attendees: 91 (79%)

Useful to your practice?*



*N=60 (66%)

Utilization

- **Attempts:** 52, by 33 physicians (26% of all physicians)
- **Successful consults:** 32, by 27 physicians (62% success rate)

Challenges

- Consultant **availability** (competing priorities)
- **Technology** (57% of consults - e.g., audio/video lag, freezing)
- **Time** (average consult: 24 minutes, range: 9-50)

Patient Vignettes

41yo white female, social work intern, 3 etoh-related emergency visits in prior 7 months. Consultant provided motivational interviewing (MI) to patient, coached physician to Rx naltrexone, did telephone med check at 1 week, and communicated next steps to physician.

60yo white male, in longtime recovery, sought anti-craving medication to protect sobriety during a vacation with his grown daughter. Consultant Rx'd 2-week supply, which patient picked up at pharmacy immediately after doctor visit.

34yo African-American female, 2 months postpartum, history of major depression, drinking heavily. Consultant coached physician to Rx antidepressant, did MI with patient and scheduled follow-up telephone call to explore etoh treatment options.

Physician Experience Survey

On a scale of 1-10….	Weighted Avg.
To what extent were video consults a **valuable** service? (1=not /10=extremely)	6.9
How difficult/easy was it to use was the CDRP video consult **technology**? (1=difficult/10=easy)	5.8
*n=33 physicians who attempted a consult, completion rate: 58%	

Would you use this service if the technology improved and a consultant were always available?
17 Yes, 1 No

What was most useful about the service?

- 50% referenced **immediacy** (“Immediate connection, able to jump on someone's motivation in the moment”)
- Other responses included…
  - **Bridging a gap** in Tx options (“Offering care to patients who could not or would not directly engage with addiction treatment”)
  - **Continuity** of care (“follow-up plan created between patient and CDRP [specialist]”)
  - “**Med** recommendations”

What would make it more useful?

- 50% referenced **time**
  - "Just need practice to reduce time"
  - "It took too long!! I dread how long it takes"
- Other suggestions focused on…
  - **Technology** ("less cumbersome interface")
  - Consistent, immediate consultant **availability**
  - **Flexibility** (additional ways to communicate, besides video)
  - More **reminders** to use the service

Medications prescribed to treat alcohol use disorder (AUD)*

	Oakland patients diagnosed with AUD in primary care (N=818)	Patients receiving a video consult (N=32)	P-value
Acamprosate	16 (0.2%)	0 (0%)	1
Naltrexone	47 (5.8%)	11 (34.4%)	<.0001

*March 1, 2017 through January 31, 2018

Specialty Treatment Initiation

	Oakland patients – Usual Care referrals* (N=210)	Patients receiving a video consult† (N=32)
Initiation (1+ visit within 14 days)	38 (18%)	12 (38%)

*January 1, 2018 through August 30, 2018
†March 1, 2017 through February 28, 2018

Implications and Next Steps

- Evidence for PCP adoption/acceptance and increased use of medications
- Larger-scale study with dedicated, centralized staff and upgraded, more flexible technology/communication options
- Multisite study will measure…
  - cost-effectiveness
  - prescriptions filled/refilled
  - specialty treatment referral/engagement
  - clinical outcomes

Thank you!

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