

# Developing a Protocol for Substance Use Screening and Referral to Treatment for FQHC Primary Care Patients with High-risk Substance Use



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This research was supported by:  
National Institute on Drug Abuse (NIDA: 5R01DA047386)

Presentation to: INEBRIA, Greensboro NC, September 28<sup>th</sup>-29<sup>th</sup>, 2023

# Background QUIT-Mobile

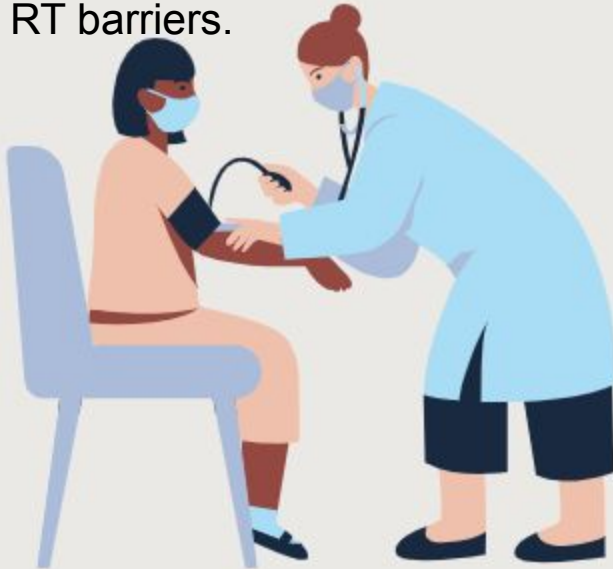
The QUIT-Mobile study is a NIDA-funded hybrid type 1 implementation-effectiveness RCT that screens primary care patients for risky drug use. Patients with risky drug use (ASSIST 4-26) are screened via telehealth and randomized to one of 3 arms:

1. Usual care
2. QUIT SBI protocol: primary care provider (PCP) 3 minute brief advice, video doctor, 2 telephone health coaching sessions
3. QUIT-Mobile protocol: adds 12 months of mobile support



# Federally Qualified Health

**Centers** (FQHCs) provide opportunities to screen patients and offer referrals for serious substance use disorder (SUD) treatment. Little is known about the referral to treatment (RT) process, and no standardized protocol has been accepted across FQHCs. In a study conducted by Palmer, 68% of PCPs listed lack of high-quality treatment options and lack of patient motivation/ability to seek treatment as RT barriers.



In our implementation science process, the clinics requested we collaborate on developing a RT protocol for patients with serious SUD (screened out or the RCT which focuses on risky drug use). Each FQHC had a different approach to RT to pilot in PDSA cycles.

We present here our pilot of a protocol to standardize the RT (referral to treatment) process for patients at high risk for developing severe SUD

# Developing SUD Referral to Treatment Protocol



Meetings, weekly – biweekly, with stakeholders from two FQHCs in Los Angeles, CA were organized to develop a Screening, Brief Intervention, and Referral to Treatment protocol, revised from in-person to telehealth during the COVID-19 pandemic.

A unique url link for the pre-visit wellness questionnaire are sent via text to patients with upcoming primary care appointments. Patients are screened using the WHO Alcohol, Smoking and Substance Involvement Screening Test (ASSIST).

Every Friday, the research team emails a list of patients with scores of  $\geq 27$  to FQHC's behavioral health team, clinician champion, or patient's PCP, depending on each clinic's workflow & performance.

# Referral to Treatment Protocol

Behavioral health team at clinic will...

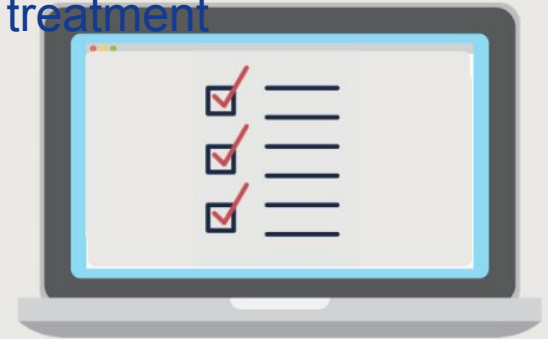
1. Evaluate patients for SUD



➡ 2. Refer to treatment



➡ 3. Complete a questionnaire to track if patients were assessed and connected to SUD treatment



Early in our PDSA cycles, there were instances where bachelor's level behavioral health team members were considering ASSIST screening as being diagnostic and referred patients to SUD treatment for further evaluation and appropriate treatment. This is because they did not have the resources to conduct a diagnostic evaluation for SUD.

# Qualtrics Questionnaire

**Who completes the questionnaire?** The Behavioral Health Director at one of our partner FQHCs fills out the questionnaire below and sends it back to the QUIT-M study staff, to ensure the patients are receiving referrals to treatment

**UCLA Health**

Patient MRN:

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Thank you for working with UCLA to strengthen the referral to treatment protocol for patients screening positive for possible severe substance use disorder (SUD). Please answer the following questions for each patient referred for possible severe SUD.

Was the clinic already aware of the patient's substance use?

Yes

No

Don't Know

Is the patient already engaged in SUD treatment?

Yes

No

Don't Know

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Did the clinic attempt to contact the patient about their having screened positive for possible substance use disorder?

Yes

No

Don't Know


**UCLA Health**

Did the behavioral health team reach out to the PCP to notify them about the patient's substance use?

Yes

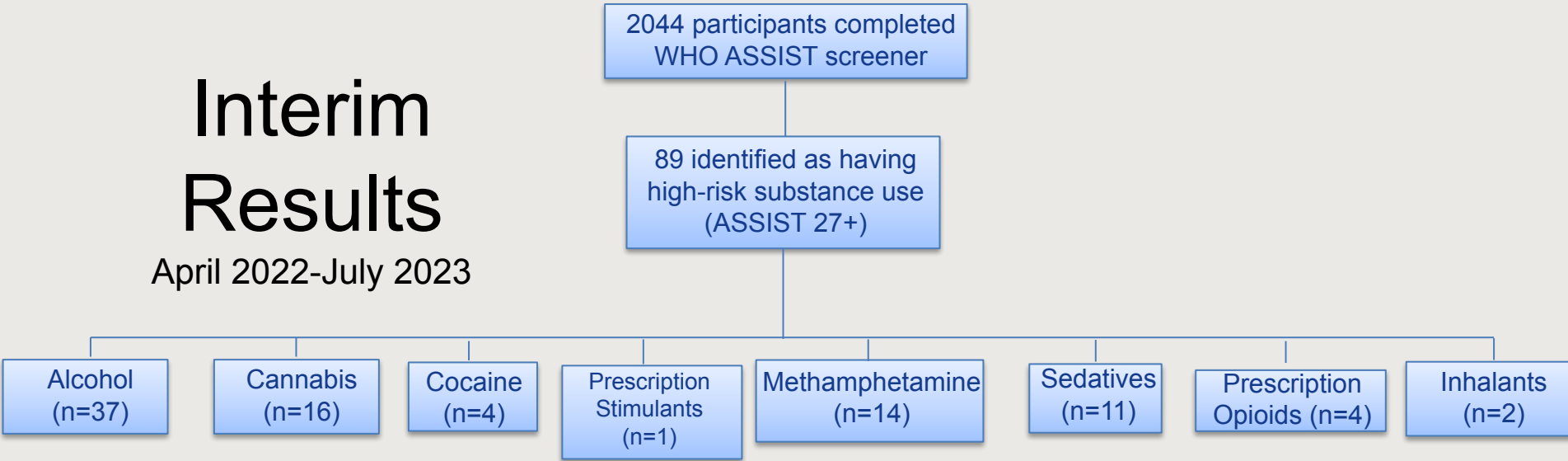
No

Don't Know

Powered by Qualtrics 

# Interim Results

April 2022-July 2023



- None of the participants had received substance use treatment in the past 3 months before screening (criteria for ASSIST screening for the RCT).
- 27.6% (n=21) reported currently using more than one substance with 11.8% (n=9) scoring  $\geq 27$  on more than one substance.
- 75% (n=57) self-reported being a racial/ethnic minority (21.9% Black, 34.2% Latino, 1.4% Asian, 17.8% More than One Race, 21.9% White, and 2.7% did not report)

# Referral to Treatment Protocol **for Enrolled Patients**

## **for All Arms**

1. RAs will monitor for 27+ ASSIST score during the follow up assessment at 3, 6, and 12-months.

## **for QUIT Arms**

2. During the health coaching calls, health coaches (HC) will observe for high substance use (5 out of 7 days for 4 weeks) and report back to health coaching team for further evaluation.

## **for QUIT Mobile Arm**

3. HCs will monitor for high substance use (5 out of 7 days for 4 weeks) in the weekly SMS check-in survey and report back to health coaching team for further evaluation.



# Future Steps

## **Integration**

These results and pilot referral to treatment protocol can support the integration of health screening to address serious SUD among patients at FQHCs.

## **Next Steps**

Next steps include: continue to screen patients, monitor electronic health records to investigate if patients are connected to SUD services, if treatment was initiated, and barriers.

## **Qualitative Interviews**

Qualitative semi-structured interviews with patients, providers, and clinic stakeholders will be conducted to assess barriers and facilitators to implement a standardized referral to treatment protocol.

# Study Team

## Principal Investigators



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## Program Management Team



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