

**Implementing Adolescent SBIRT
in an Urban Federally Qualified Health Center:
Generalist vs. Specialist Service Delivery Models**

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Implementation Research Team

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Study Design

- Multi-site cluster randomized trial
 - 7 adolescent primary care clinics in Baltimore City
 - Serving 3,600 patients ages 12-17 years
- Implementation Strategies for delivery of BI
 - Generalist
 - Primary Care Provider (PCP) conducts BI
 - Specialist
 - PCP does “warm handoff” to Behavioral Health Counselor (BHC), who then conducts BI

Generalist vs. Specialist

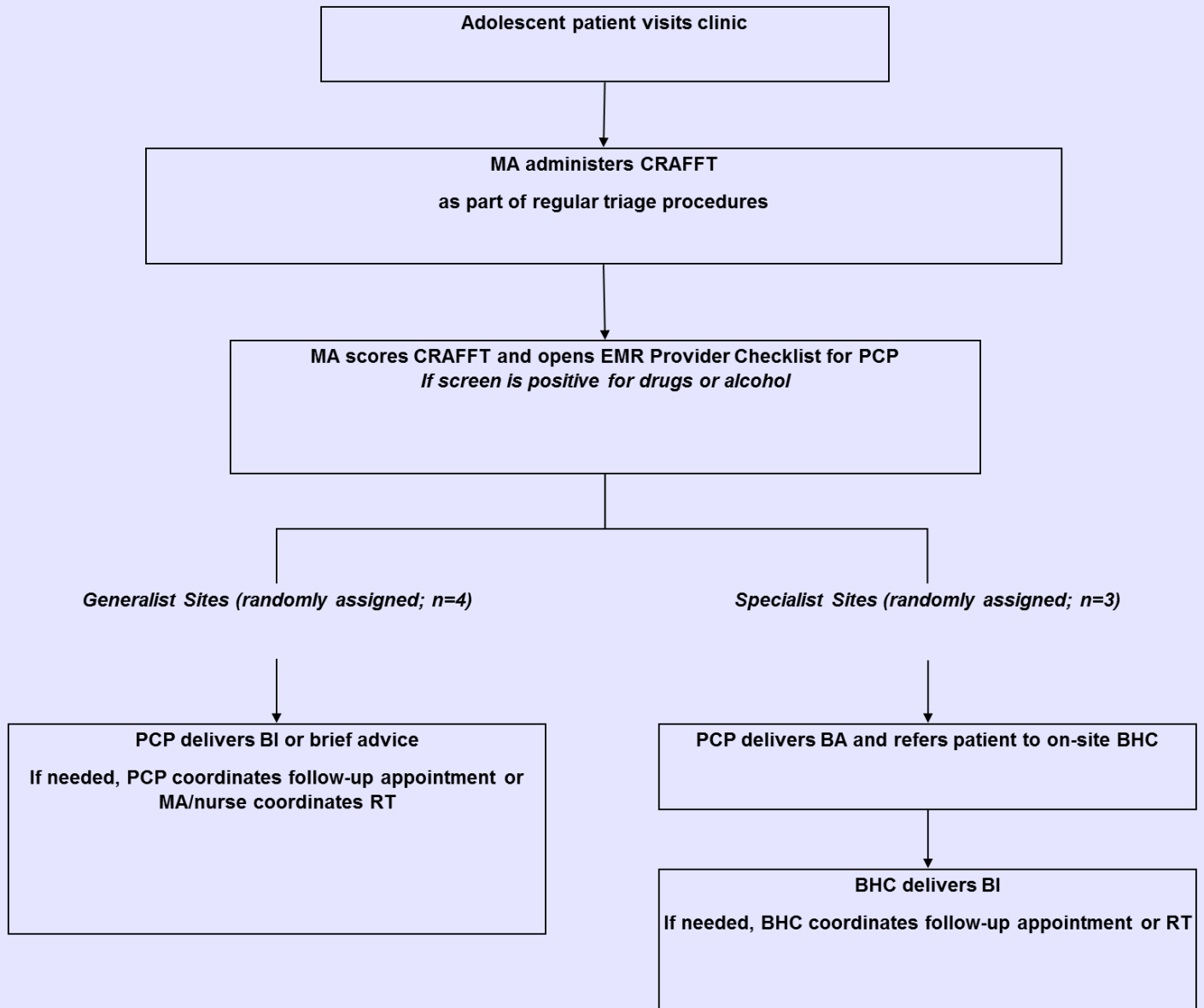
■ Generalist service delivery approach ($n = 4$)

- Medical Assistant (MA) screens adolescent patients at all appointments
- Enters info into Electronic Medical Record (EMR) and opens PCP response screen
- PCP conducts BA or BI
 - Schedules follow-up or referral for assessment or treatment, if needed

■ Specialist service delivery approach ($n = 3$)

- MA screens adolescent patients at all appointments
- Enters info into EMR and opens PCP response screen
- PCP conducts BA and does “warm handoff” to on-site BHC
- BHC conducts BI
 - Schedules follow-up or referral for assessment or treatment, if needed

Fig. 2. Patient Flow in Generalist vs. Specialist Sites.



SBIRT Training

- All clinical staff received training on SBIRT principles and screening process for adolescent alcohol, drug, and tobacco use, and associated HIV sexual risk behaviors
 - Conducted within each site, based on assignment to Generalist or Specialist Conditions
- PCPs and BHCs 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

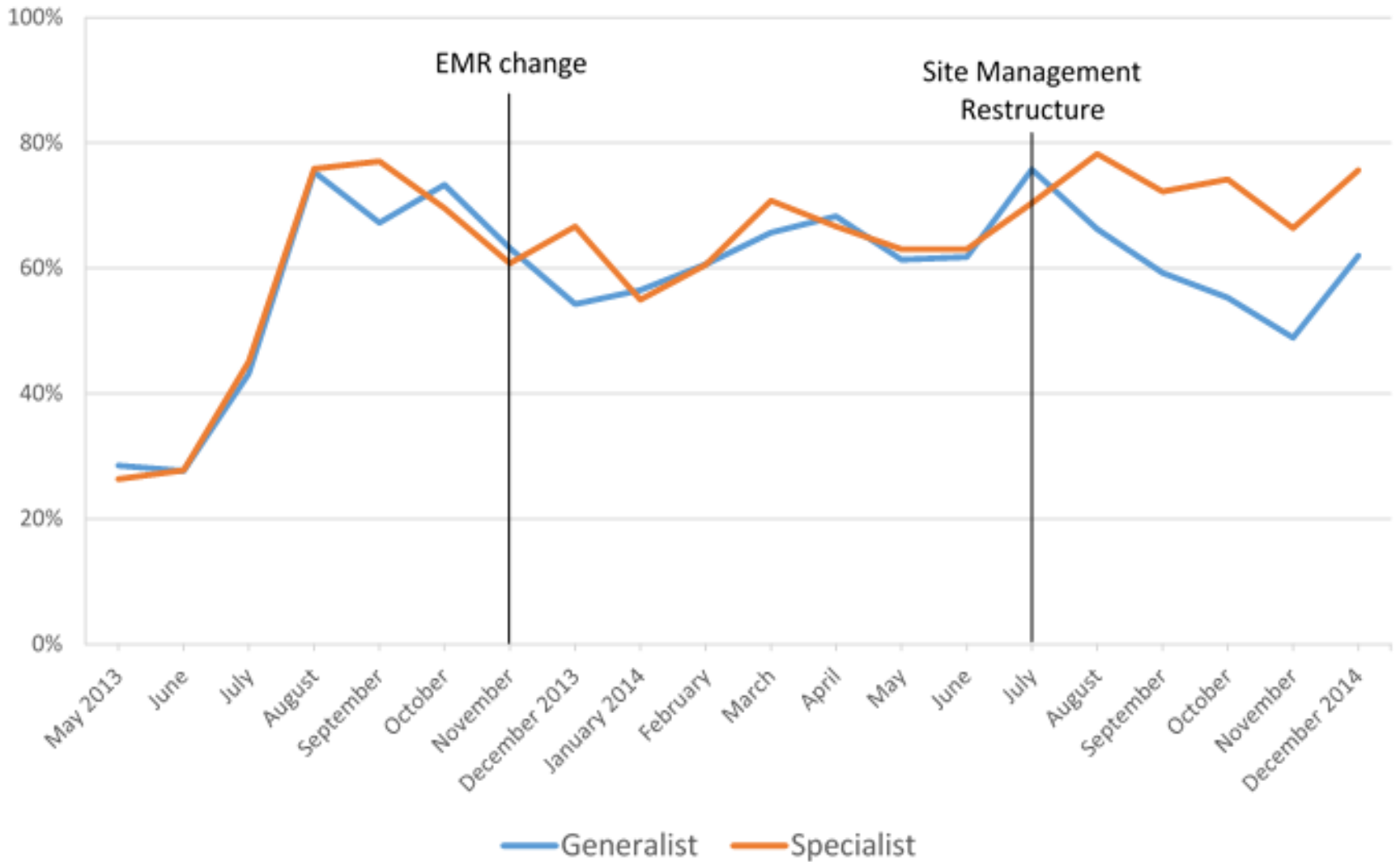
Implementation Phase

April 2013 – December 2014

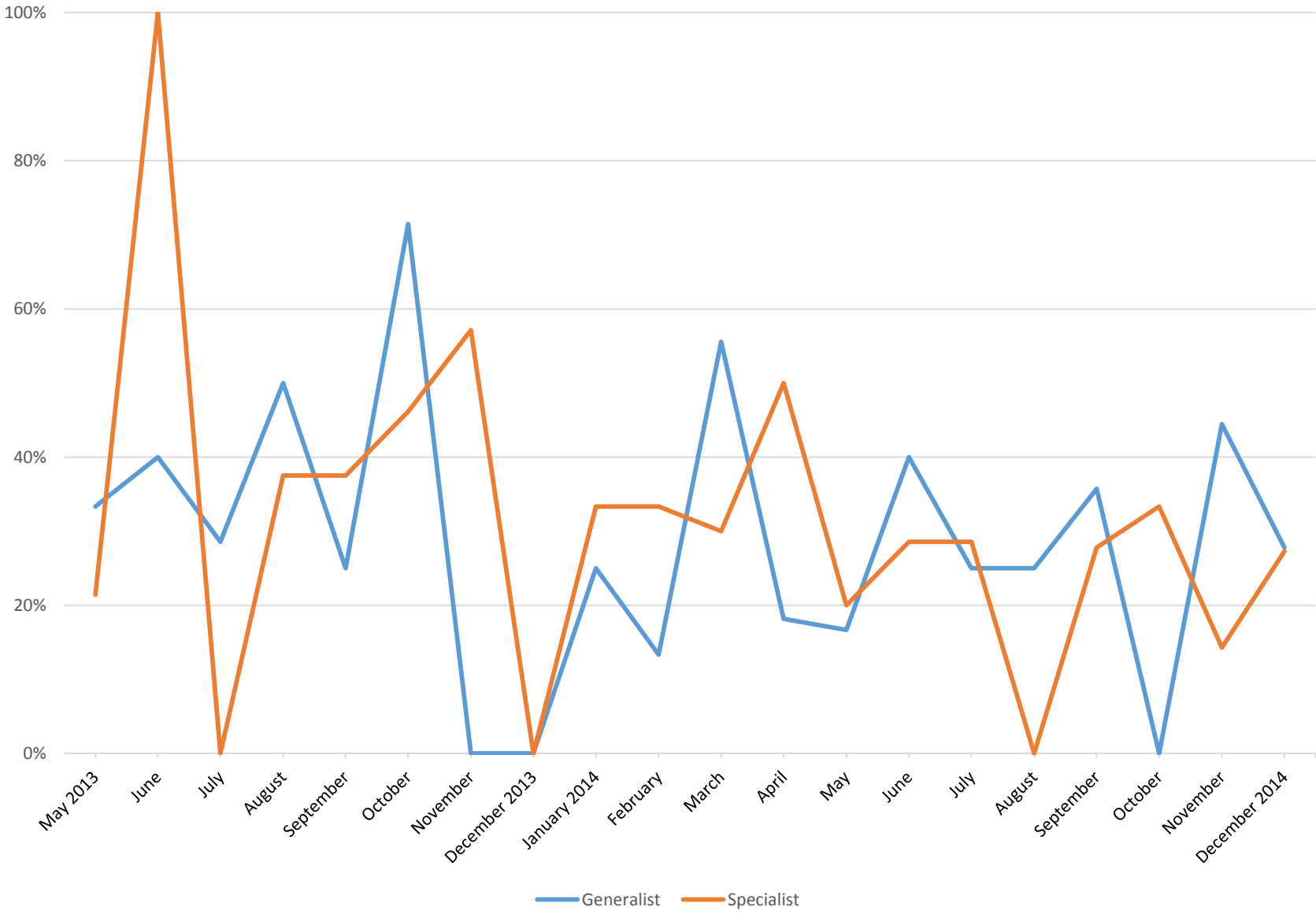
Service Outcomes: Screening, BA and BI Penetration

- No significant differences between Generalist and Specialist conditions in penetration of
 - Screening ($p=.52$)
 - BA delivery ($p=.77$)
- Significant differences between Generalist and Specialist conditions in penetration of BI delivery
 - Generalist Condition had significantly higher penetration of BI delivery than the Specialist Condition ($p=.005$)

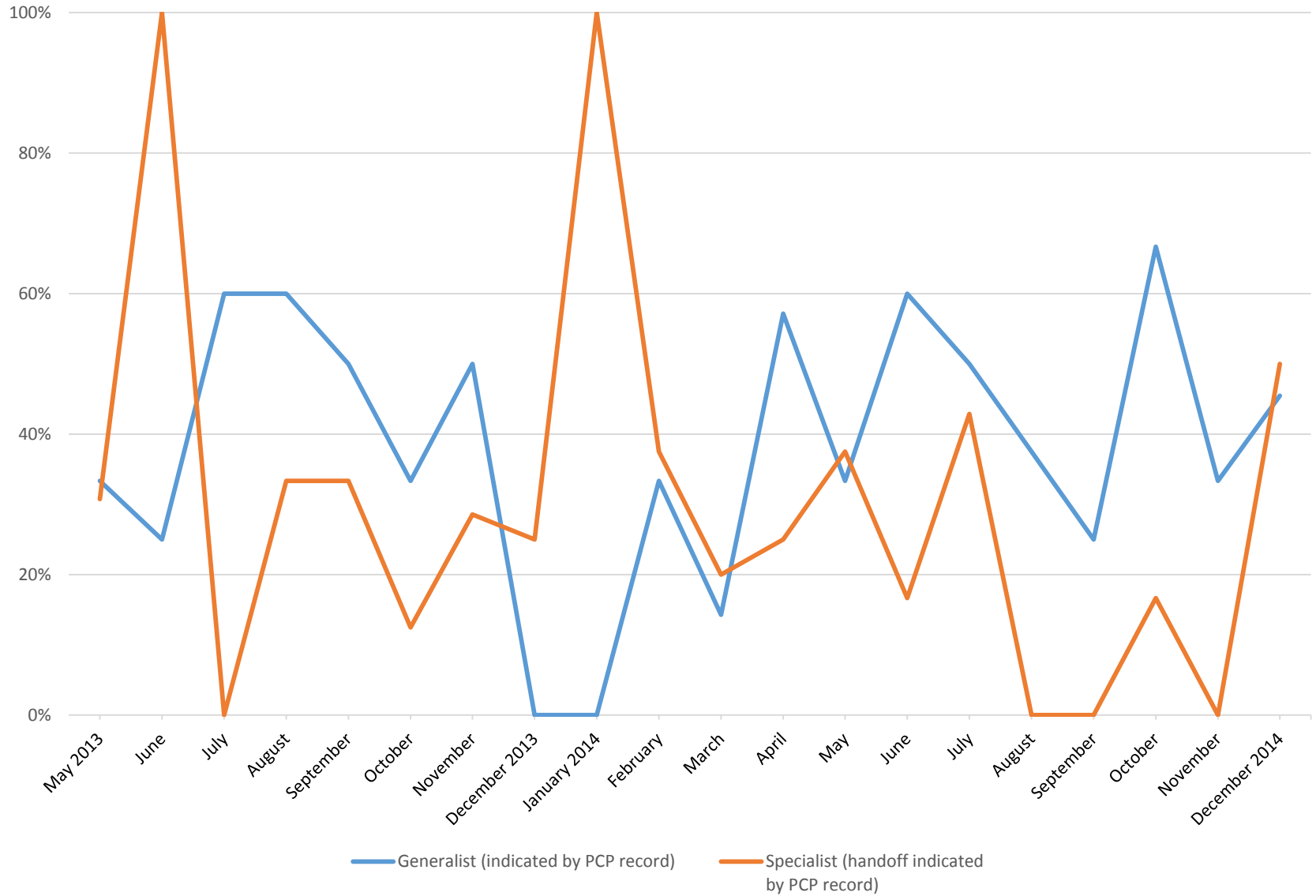
% Adolescent Visits Fully Screened for aSBIRT



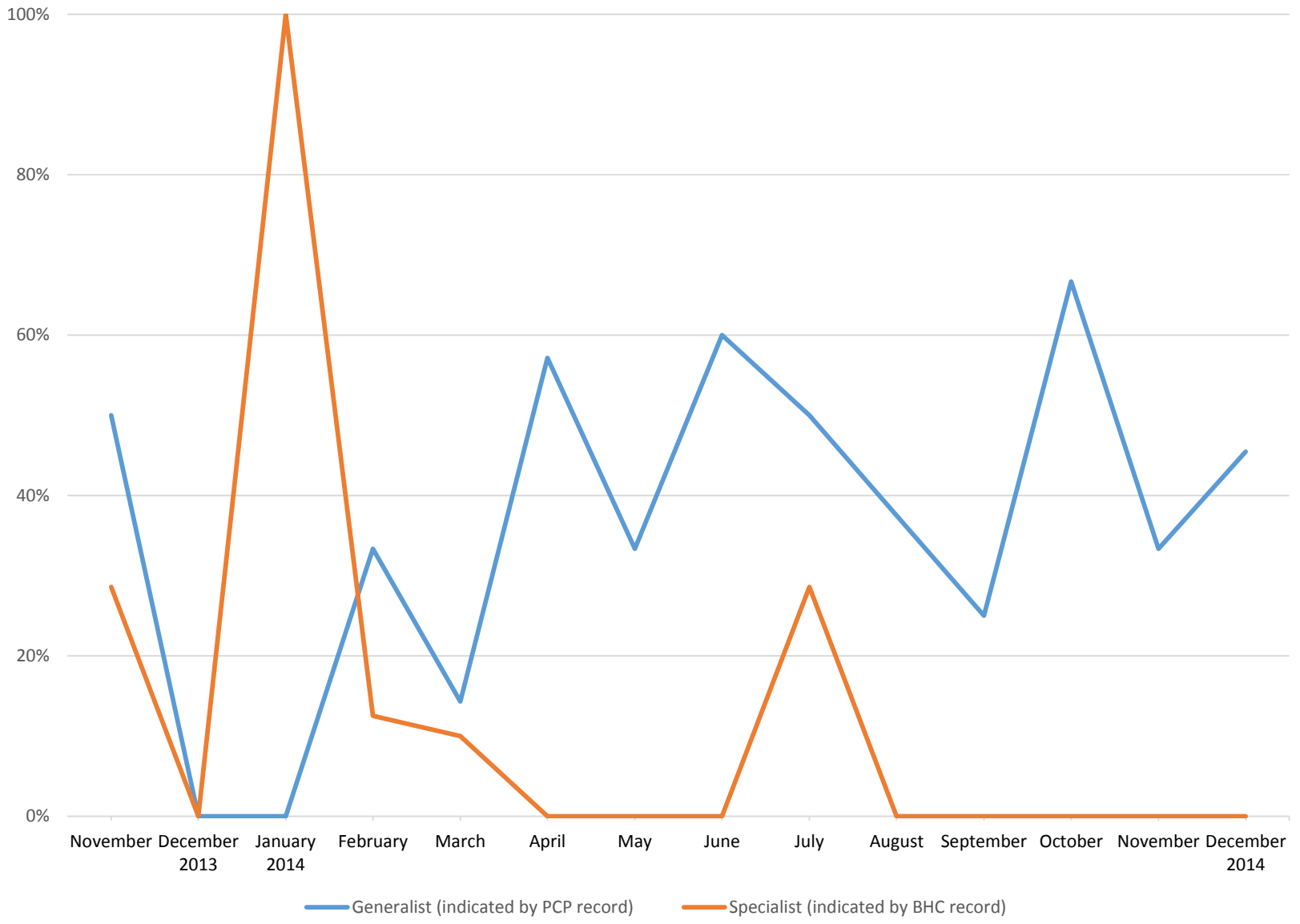
% Needed BAs Delivered by PCPs



% Needed BIs Delivered, as Recorded by PCP



% Needed BIs, Confirmed Delivered



Current Study Activities:

**Monitoring Sustainability and
Understanding Implementation Processes
in a Complex, Changing System**

Current Study Activities

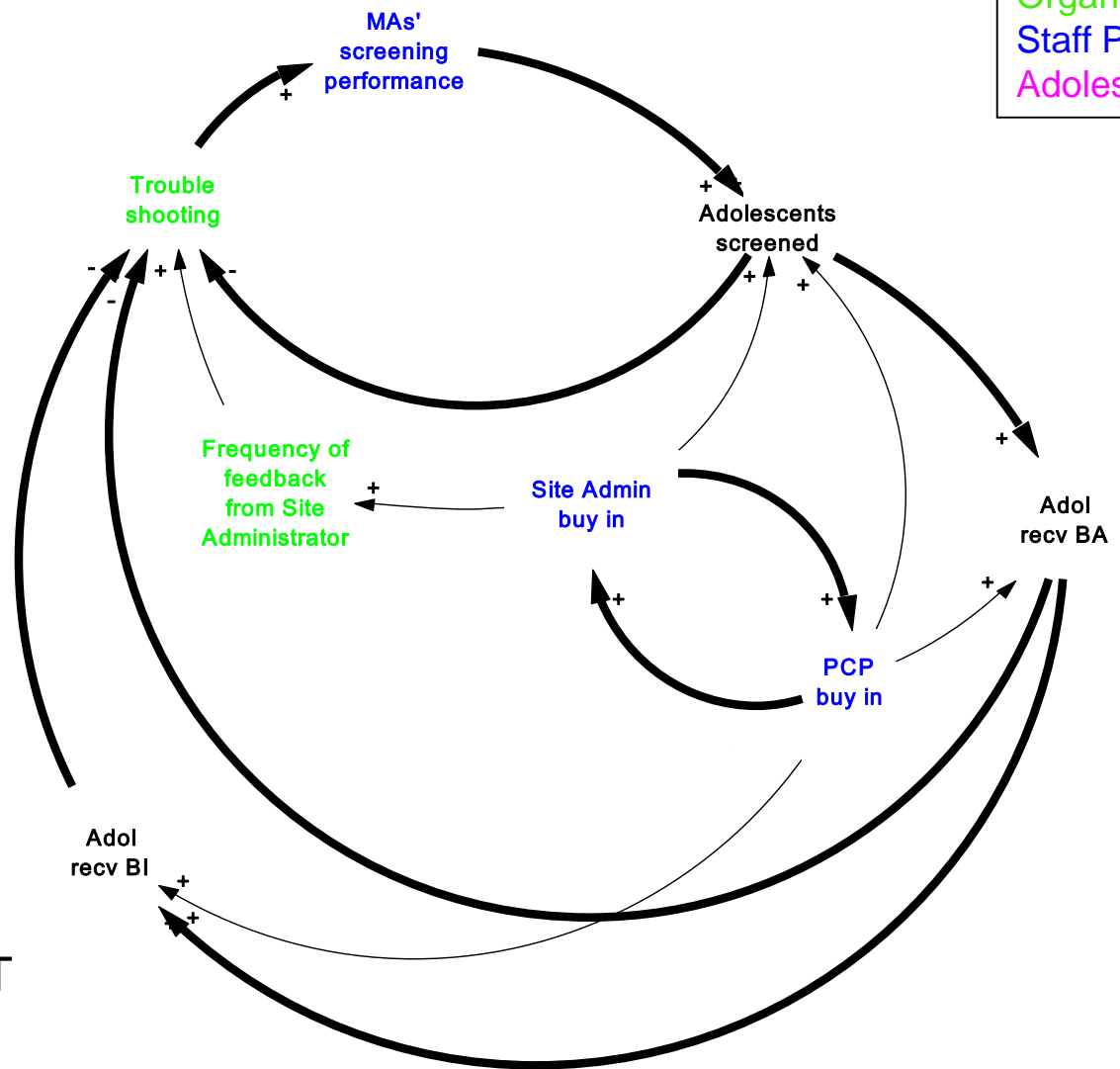
■ Sustainability Phase (Jan – Dec 2015)

- Collect EMR data to detect changes in Screening, BA and BI delivery penetration w/o supportive elements
- Track organizational change and institutionalization of adolescent SBIRT
 - MA annual competency training, PCP on-boarding process, PCMH transition

■ System Dynamics Modeling

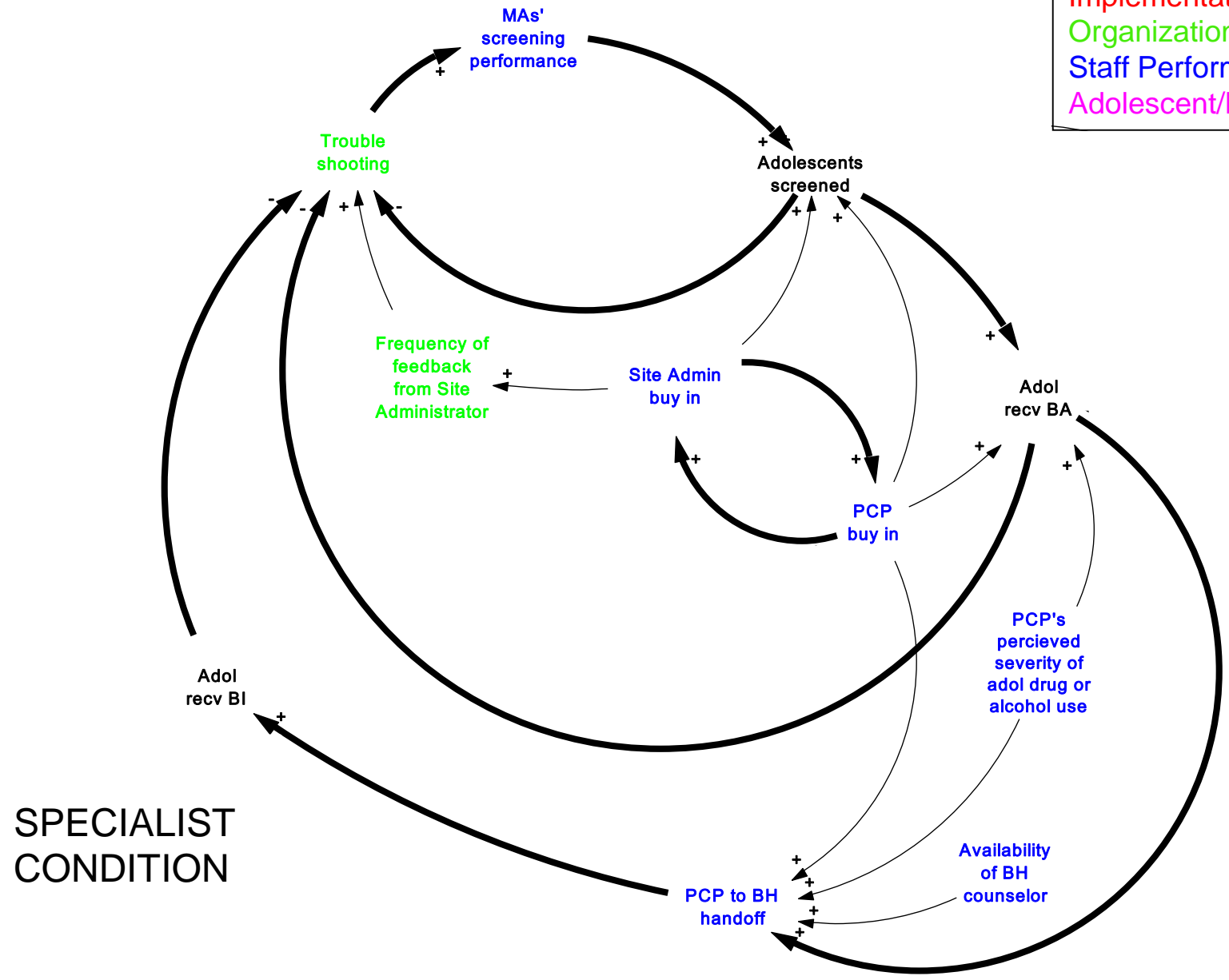
- Identify feedback structures and understand how things change
 - Use “hard” and “soft” data

Legend:
 Implementation Strategy (Red)
 Organizational Support/QI (Green)
 Staff Performance Effect (Blue)
 Adolescent/Parent Effect (Purple)



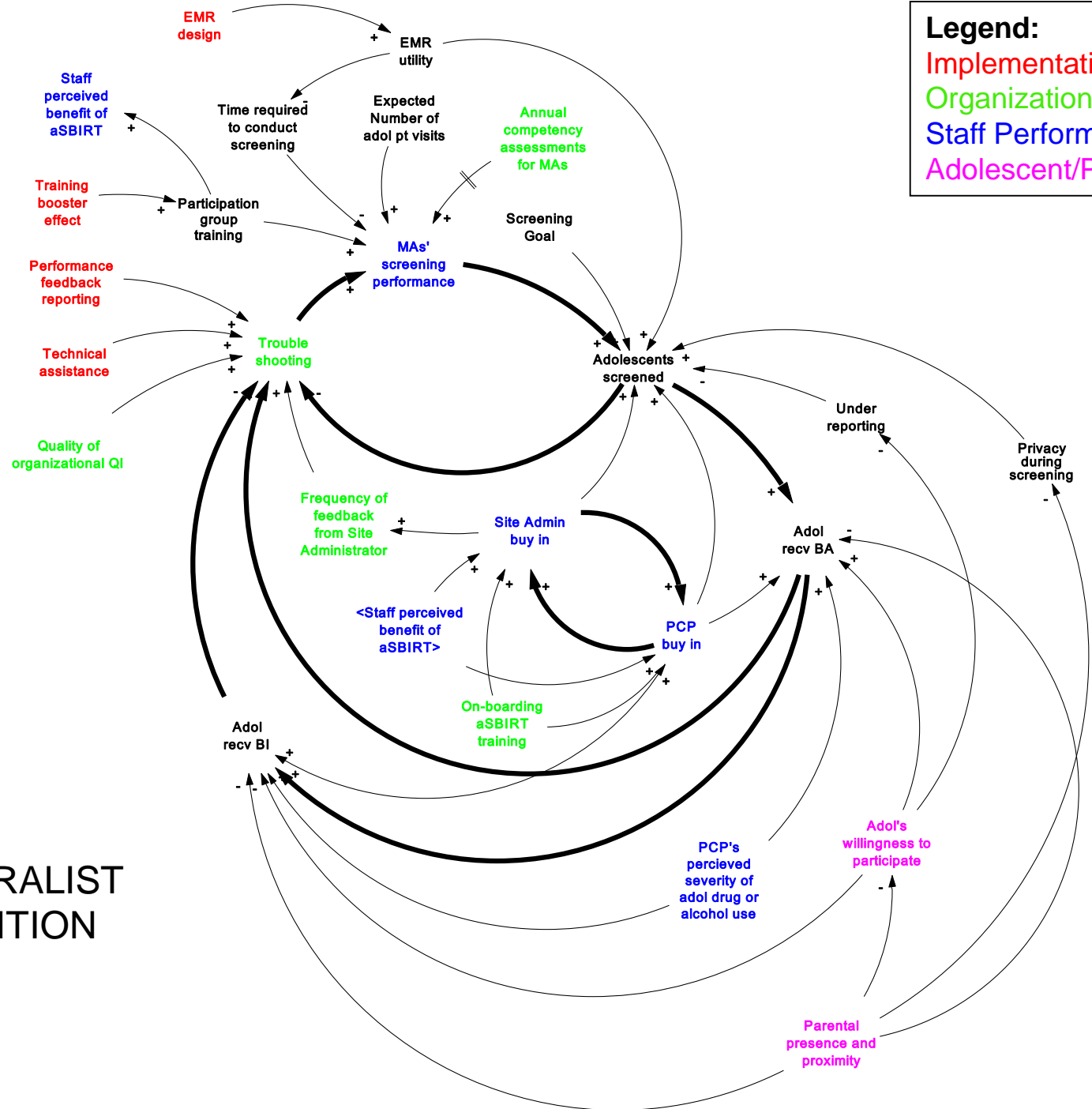
GENERALIST
CONDITION

Legend:
 Implementation Strategy (Red)
 Organizational Support/QI (Green)
 Staff Performance Effect (Blue)
 Adolescent/Parent Effect (Magenta)



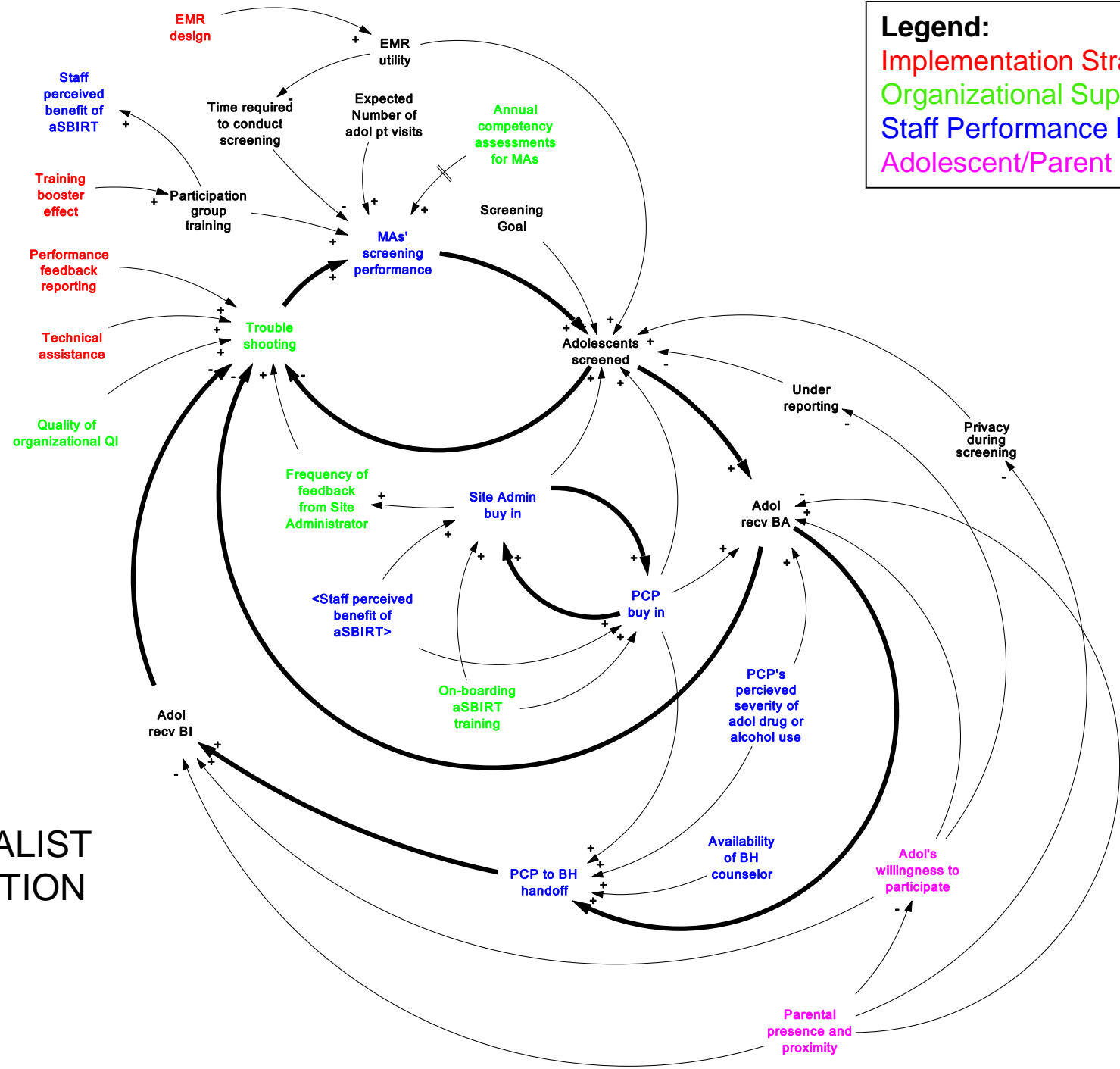
SPECIALIST
CONDITION

Legend:
 Implementation Strategy (Red)
 Organizational Support/QI (Green)
 Staff Performance Effect (Blue)
 Adolescent/Parent Effect (Purple)



GENERALIST
CONDITION

Legend:
 Implementation Strategy (Red)
 Organizational Support/QI (Green)
 Staff Performance Effect (Blue)
 Adolescent/Parent Effect (Purple)



**SPECIALIST
CONDITION**

Thank you

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