

# Project Lifeline Pilot: Implementing SBIRT in Rural Community Pharmacies to Address Opioid Overdoses and Substance Use Disorder



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## BACKGROUND & GOALS

- Screening, brief intervention, and referral to treatment (SBIRT) is an integrated public health approach used to identify patients along the substance use disorder (SUD) continuum, provides brief interventions, and referrals to treatment utilizing warm handoffs.<sup>1,2,3</sup>
- There is emerging recognition of the enhanced benefits to patient care and access using SBIRT in pharmacy settings.<sup>4</sup>
- Project Lifeline was a 15-month initiative to train and support eight community pharmacies in implementing SBIRT services and reduce patient risk for opioid overdose.
- The goal of this study is to describe key results from this initiative, including the number of patients screened for SUD risk.

## METHODS

### Participants

- Eight pharmacies (sites) in Blair County, Pennsylvania, USA participated in Project Lifeline and implemented SBIRT services.
- Patients were eligible for SBIRT services if they were age 18 or over and picking up or dropping off a Schedule II prescription (opioid or stimulant).

### Procedures

#### Pharmacy Staff Training

- Pharmacy staff completed educational courses consisting of 1) SBIRT; 2) Motivational Intervention principles; 3) pharmacotherapy for OUD; 4) Naloxone Dispensing; 5) CDC safe opioid prescribing guidelines; and 6) 12-hour hands-on interactive workshop.

#### SBIRT Patient Screening

- Patients who were screened completed the US Alcohol Use Disorder Identification Test (USAUDIT)<sup>5</sup> and Drug Abuse Screening Test-10 (DAST-10)<sup>6</sup>. Based these test scores, the web-based application categorized patients into low risk, at risk, or high risk and prompted pharmacists to offer:
  1. Positive feedback on screening results
  2. Brief intervention
  3. Referral to treatment via a warm handoff to a local agency

#### Key Informant Interviews (KIIs) with Pharmacy Staff

- KIIs were conducted at six-month intervals to identify lessons learned and areas for improvement. Responses were recorded, transcribed, and compared to identify themes using grounded theory.

### Data Analysis Plan

- Descriptive statistics of SBIRT patient screening by implementation sites and KII themes.

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 in community pharmacies  
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 risk for overdose, provide  
 real time brief  
 interventions, and refer  
 patients to treatment

## KEY INFORMANT INTERVIEWS

Five themes were identified on the impact of SBIRT implementation:

1. **Educational Opportunities** – “I think if there’s anything SBIRT has done, it’s opened my eyes to the tremendous amount of help that’s out there for patients.”
2. **Skill Building Opportunity** – “There’s no substitute for hands-on practice. Lectures are great, but they aren’t going to help you talk to the patient in front of you.”
3. **Stigma Reduction** – “It did change how I viewed people. Everyone is a person, and everyone deserves respect.”
4. **Implementing Facilitators**
  - **Project Lifeline Staff** - “You [implementation staff] implemented technology into the work place, and I think that made the process go much more smoothly than worrying about pieces of paper. I think the technology atmosphere was a huge step in that process.”
  - **Project Lifeline Web-Based Application** – “Having the tablets available and using technology. Not just pencil and paper. I think patients are more comfortable with the confidentiality of the tablet because they’re not filling out a paper that gets thrown back in the pharmacy somewhere.”
5. **Implementing Barriers**
  - **Pervading Stigma** - “Stigma... keeps people from answering the questions real well... patients think we’re only concerned with the business transaction.”
  - **Financial Stability** – “we need to ensure that ... the time we put in” and the care delivery model are sustainable.”

## CONCLUSION & IMPLICATIONS

- Results demonstrate the feasibility of implementing SBIRT in community pharmacies, including:
  - Adequate training to inform staff on different treatments for patients
  - The potential to improve identifying patients at risk through screening and tests
  - Providing real time brief interventions/harm reduction tools
- Our results suggest implementing SBIRT in community pharmacies is a feasible and effective way to identify patients at risk for overdose, provide real time brief interventions, and referral to treatment toward patients with SUD.

## SUPPORT & REFERENCES

- Research support is provided by the National Association of Chain Drug Stores Foundation.
- Scan the QR code for references and additional information.



## RESULTS

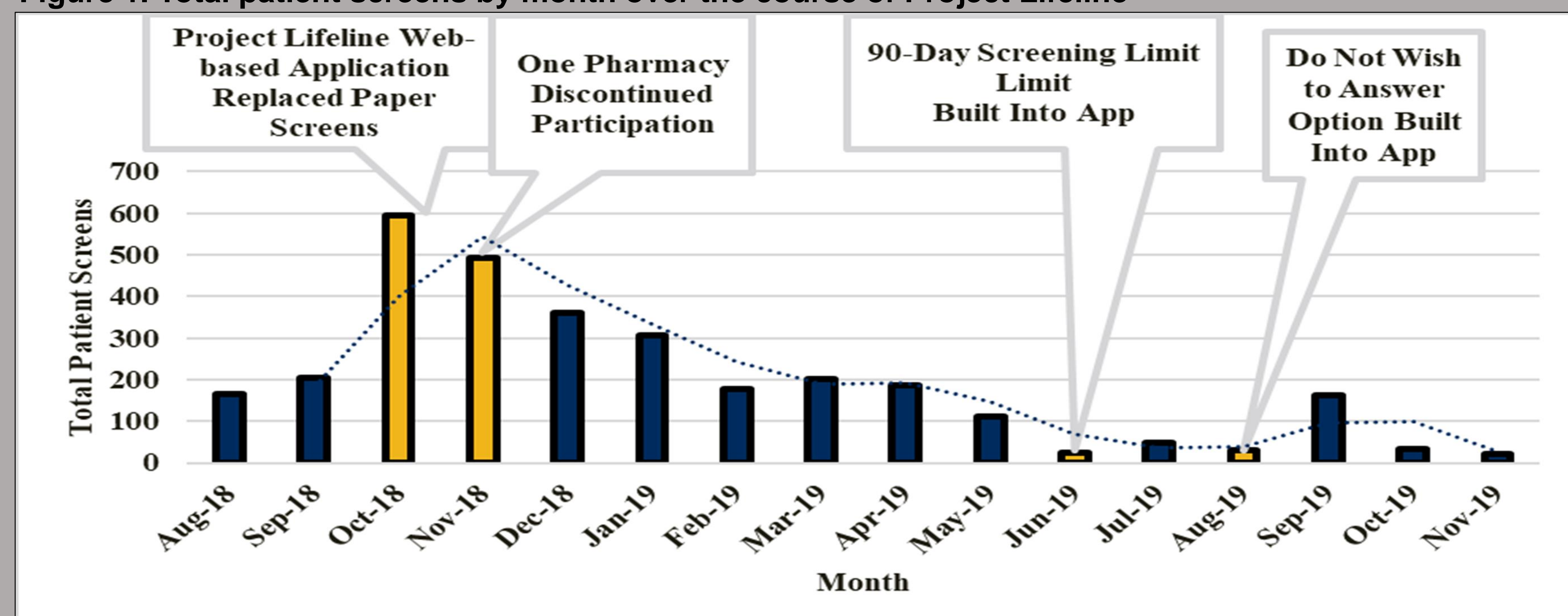
### SBIRT PATIENT SCREENING DISTRIBUTION

Table 1. SBIRT distribution by pharmacy site

	Averages from all Pharmacies	95% Confidence Interval
Screening Rate (%)	17.88	[18.22, 17.53]
Screening and Feedback (%)	96.36	[96.41, 96.32]
BI (%)	8.30	[8.55, 8.04]
RT(%)	3.76	[3.66-3.86]

Note. N = 3,364 screens among N = 3,122 unique patients across N = 8 pharmacy sites. Screening Rate (%): percent of patients who received a full screen for SUD risk; Screening and Feedback (%): percent of patients who received positive feedback on low-risk screening results; BI (%): percent of patients who received a brief intervention; RT (%): percent of patients who received a referral or warm handoff to a local drug and alcohol agency for additional services.

Figure 1. Total patient screens by month over the course of Project Lifeline



Note. Callouts point to major project changes that occurred. The dotted black line depicts the moving average which is calculated using the subset of data collected up until that timepoint. For example, the moving average of Sep-18 = (Aug-18 + Sep-18)/2; the moving average of Oct-18 = (Aug-18 + Sep-18 + Oct-18)/3, etc.