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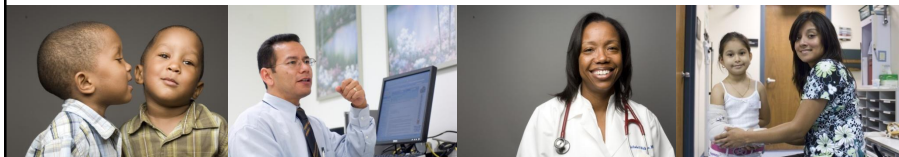
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IMPLEMENTATION OF A COMMUNITY  
BASED APPROACH TO SBIRT  
SBIRT AT ACCESS  
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## Implementation of a Community Based Approach to SBIRT SBIRT At ACCESS



May 3, 2010

## ACCESS at a Glance

- 60 health centers in 2010 in Chicago, suburban Cook and Du Page counties
- Largest Federally Qualified Health Center (FQHC) in the country
- Primary and specialty care
- 215,000 patients; 755,000 annual medical visits; 4000 deliveries
- 55% of visits covered by government health care (Medicaid)
- 91% are African-American and Hispanic
- 75 % live under the federal poverty level
- 70,000 are uninsured--pay on a sliding scale
- Medical home; bi-lingual, bi-cultural care
- Interventions target patients within their own communities

## ACCESS Quality

- Neighborhood-based specialty care—breaking down access barriers
- Collaborations with multiple hospitals to provide a continuum of patient care
- Specialty care, behavioral health, addictions medicine on site
- Compensation tied to quality measures
- Teaching and research infrastructure
- Co-locations (health department, eye institute, substance abuse treatment center, youth center, schools)
- Accredited since 2000, by the Joint Commission, a nationally recognized quality assurance organization
- Nationally recognized quality awards

## Teaching and Research

- Full time investigator-led research team fully employed by ACCESS
- 15 federally funded research collaborations, supported by the National Institute of Health (NIH)
- Host site for family medicine, OB, pediatrics residencies; medical student training
- SBIRT grant from SAMHSA to train medical residents in screening, brief intervention for substance abuse Buprenorphine treatment for opiate addiction
- Focused on delivery of care, patient safety and quality improvement investigations to reduce racial & ethnic health disparities

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## Key Partners for SBIRT at ACCESS

- Substance Abuse Mental Health Services Administration /Center for Substance Abuse Treatment (SAMHSA/CSAT)
- Mount Sinai Hospital medical residency programs
- University of Chicago Medical Center residency programs
- LaGrange Hospital residency programs
- Illinois Society of Addiction Medicine
- Great Lakes Addiction Technology Transfer Center
- Chicago/Cook and DuPage county community wide treatment agencies

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SBIRT at ACCESS

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## SBIRT

- **Screening:** Identification of high risk substance use/substance related problems
- **Brief Intervention:** raises awareness of risks and motivates patient toward acknowledgement
- **Referral to Treatment:** Referral of those patients with more serious addictions to specialty substance abuse treatment

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## SBIRT...

- Reduces incidence and severity
- Intervenes earlier to mitigate negative/fatal consequences
- Integrates substance screening into primary care daily practices
- Intervenes in early stages
- Reduces stigma
- Supports providers to address a long neglected health issue

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## SBIRT at ACCESS: Primary Purpose

- To provide a systematic way to train physicians and other health professionals on the impact of substance use on health, and to increase their awareness of the possibility of substance use and abuse in their patients.
- To integrate SBIRT into daily practice including referral to treatment either within ACCESS or within the community.
- To provide patients who may be at high-risk for substance abuse or who may be addicted to alcohol or other drugs, with a medical home where their physician can support them in treatment.

## Implementation of Medical Resident/Health Provider Training

- Curriculum development committee
- Council of residency directors
- Multi-disciplinary physician/staff review
- Evaluation /feedback process
- Focus groups with residents and providers
- Community based referral network
- Workflow implementation committee
- Collaboration with electronic medical records workgroup

## Curriculum for Medical Professionals

- Basics of SBIRT
- Substance use/misuse and addiction
- Chronic disease model
- Screening – Brief 3 question screen
- Screening Tools - AUDIT, ASSIST and CAGE AID
- Motivational interviewing
- Brief Intervention
- Community resources/referral to treatment
- Practice sessions with standardized patients

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## Key Elements of Implementation

- Leadership support and “buy in”
- Training, education, and skill building
- Identification of SBIRT “Champion”
- Development of workflow implementation committee – health center specific
- Identification of community resources and partners
- Continual feedback from patients, providers, staff and the community
- Academic formal evaluation

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## Implementation of SBIRT in Primary Care Health Center

- SBIRT training for health center providers
- Training for all health center staff
- Health center specific workflow implementation committee
- Ongoing evaluation/feedback process
- Focus groups

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## Implementation Process: Screening Tools For SBIRT at ACCESS

- Brief Screening – 3 questions ( all patients >14)
- ASSIST (Alcohol Smoking and Substance Involvement Screening Test) – Adults and Adolescents
- AUDIT( Alcohol Use Disorders Test) Adults
- CAGE AID( **C**ut down, **A**nnoyed, **G**uilty and **E**ye Opener (**A**djusted to **I**nclude **D**rugs)

ACCESS

### 3 Question Screen:

1. In the last year, have you ever drank or used drugs more than you meant to?
2. Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?
3. "How many times in the past year have you had (for men) 5 or more drinks or (for women) 4 or more drinks in a single day?"

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### Cage-Aid

C: Have you ever felt you ought to **Cut** down on your alcohol or drug use?

Yes No

A: Have people **Annoyed** you by criticizing your alcohol or drug use?

Yes No

G: Have you ever felt bad or **Guilty** about your alcohol or drug use?

Yes No

E: Have you ever had a drink or used drugs first thing in the morning to steady your nerves or get rid of a hangover? (**Eye opener**)

Yes No

\*\* A Yes answer to any of these questions indicates risky use.

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## Five Elements of Brief Intervention

- Introducing the issue in the context of the patient's health
- Screening, evaluating and assessing
- Providing feedback
- Talking about change and setting goals
- Summarizing and reaching closure

## Motivational Interviewing

- Directive, but non-authoritarian style
  - Patient-centered, elicits patient's goals
  - Responsibility for change is ultimately patient's
- Uses supportive strategies
  - Avoids judgmental and argumentative language
  - Explores patient's ambivalence
  - Moves towards change using patient's own concerns and arguments
- Training involves ongoing coaching

## Referral to Treatment Community Resources

- The referral process provides those identified as needing more extensive treatment with access to specialty substance abuse care.
- A community resource guide has been developed with the specific community resources who will accept 'ACCESS' patients highlighting the type of service and the target population served.
- The list of community resources includes specific specialty substance use/abuse services within the area of the specific health center.
- Supportive case management staff within the health center assist in this process.

## Lessons Learned in Implementation:

- Training must emphasize the chronic disease model: liken to diabetes
- Programs should bring community partners on board during the early stages of development.
- "Buy in" is critical on all levels.
- Flexibility in the delivery of training and in the implementation is required.
  - Identify critical points in implementation and training leaving the rest for creativity within the site
  - Each residency program is different
  - Each health center site is unique
- Program should develop a mechanism or process for feedback in "real time"