

Reducing Alcohol & Substance Misuse: SBIRT in Action with Patients and Practices



North Shore Family Health

SBIRT experience at the North Shore Family Health clinic? Start by playing the Introduction video. Click the appropriate buttons to learn about the roles and responsibilities of team members, the SBIRT process they use, and how they use SBIRT to improve patient health.



William Johnjulio, MD
Residency Training Program Director, UPMC Mercy

-  **The Team**
-  **The Process**
-  **Patients**

Richard C. Goldsworthy, PhD, Academic Edge, Inc.

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Background

Alcohol and substance misuse affect an estimated 25% of primary care patients.

Public health clinic/primary care clinic providers are uniquely positioned to address patients' risky use behaviors.

BUT, providers in CHCs and other practice environments often fail to assess use.

SBIRT is a solution.



Screening Brief Referral to
 Intervention Treatment

SBIRT is endorsed by numerous organizations and agencies, including SAMSHA, and adoption is gaining momentum.

Problem

Despite this opportunity, there are few cases illustrating SBIRT patient-provider interactions (PPIs)...

...and none addressing organization-wide implementation issues.

Adoption issues are not solely:

How do I talk to a patient....

Rather, they are, perhaps primarily:

How does this fit patient flow?!

Objectives

To create case studies of real-world SBIRT implementation in clinics that include not only models of interacting with patients...

But also...

- **A model of organization wide implementation**

 - From front desk personnel to attending physicians

- **Reflections on challenges and lessons learned by all participants**

Methods

- ✓ Identified early adoption site: North Shore
- ✓ Conducted site visits and interviews
- ✓ Designed patient cases
- ✓ Prepped simulated patients
- ✓ Captured adoption and implementation process and reflections
- ✓ Sent rough cuts to participants to review
- ✓ Revised and finalized

Results

One organizational and four patient cases were created (1.25 hours of edited video).

Patient Cases:

6 cases depicting various levels of risk and outcomes, *and including reflection videos by patients and providers.*

Clinic Case

Clinic Case Study:

1 clinic wide video case showing the process from intake to exit with perspectives from all team members.

- Team
- Process
- Patients

Team: Overview

Overview

In this section, you can meet the team at North Shore Family Health clinic. Each team member explains their role and responsibilities in a three minute video.

Team Member	Role
1. William Johnjulio, MD	Chairman of the Department of Family Medicine
2. Felecia Beseka, MD	Chief Resident
3. Shari Holland, MA, LPC	Behavioral Scientist
4. Marleen Bruce, BS, CAC	Healthcare Specialist
5. Bobbi Harangozo	Medical Assistant
6. Karen Berner, LPN	Office Manager
7. Georgene Kiss	Receptionist

Click a team member tab to hear that team member's story.

The Team



William Johnjulia, MD



Felecia Beseka, MD



Shari Holland, MA, LPC



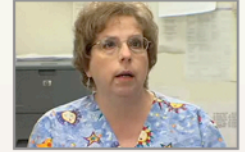
Marleen Bruce, BS, CAC



Bobbi Harangozo



Karen Berner, LPN



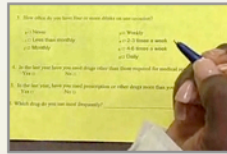
Georgene Kiss

Intro



North Shore Family Health

The Process



Screening



Intervention



Referral

Patients



Dedra Bilock



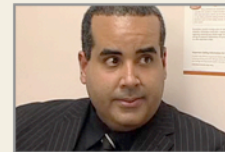
Dan Drappich



Tyler Praddington, Jr.



Tanya Rust



Roger Perez

Formative Evaluation

In formative evaluation, cases rated highly on realism, quality, engagement, and self-efficacy impact scales.

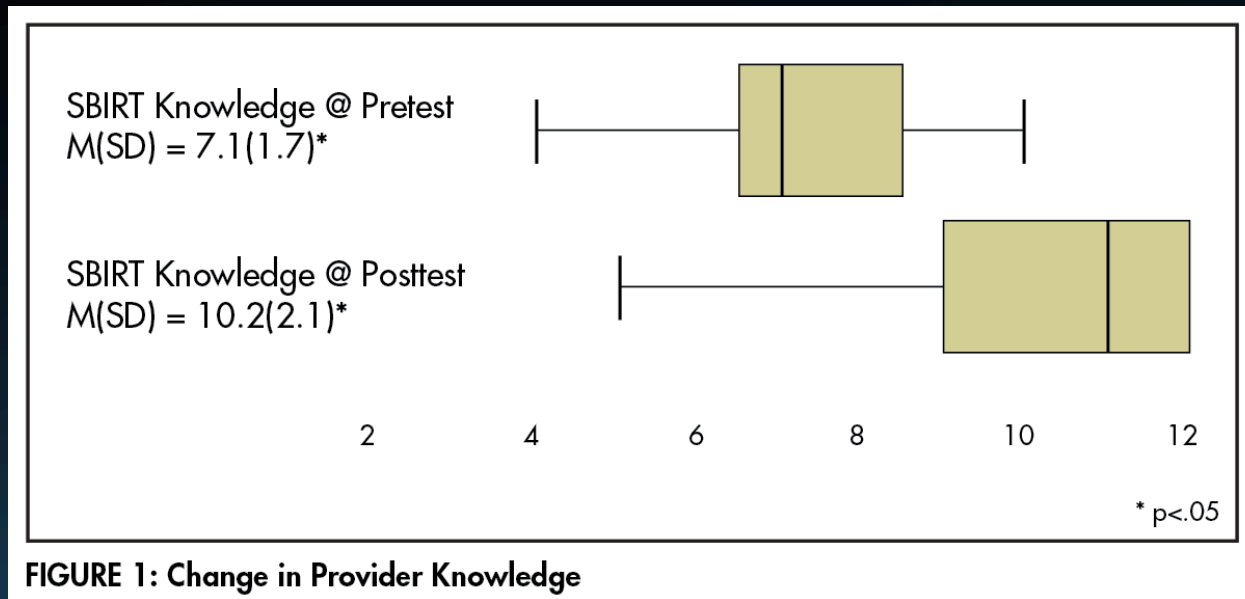
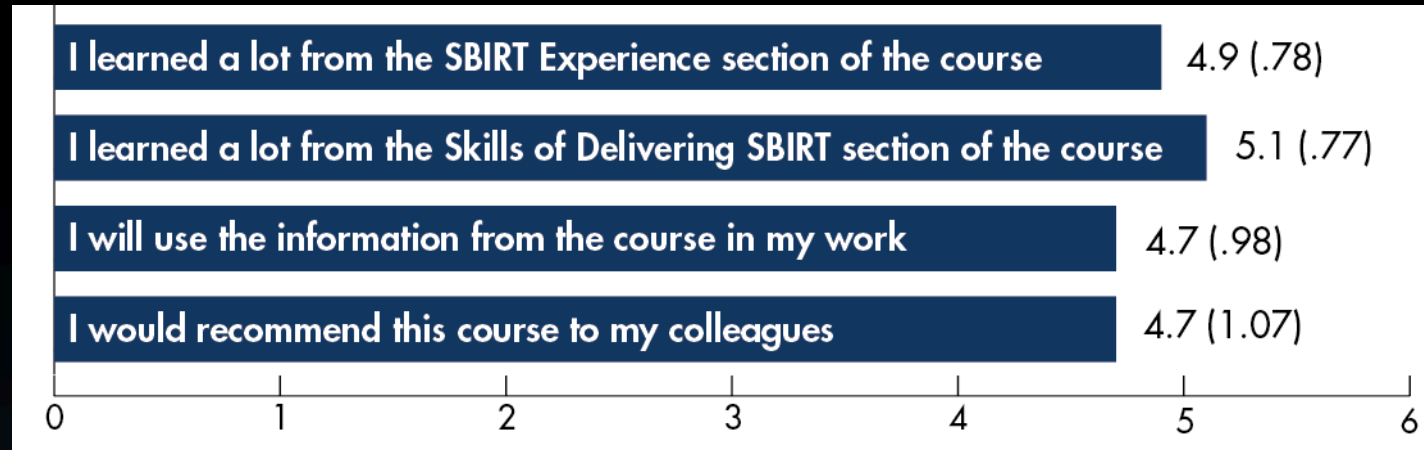


FIGURE 1: Change in Provider Knowledge

Formative Evaluation



Suggestions included

- additional organizational case diversity (e.g. setting, size, type)
- more diverse patient cases
- heightened emphasis on motivational interviewing as a cross-cutting skill

Some Issues

**Participant inability to generalize from single clinic:
the forest for the trees...**

**Perceived lack of relevance of some segments:
inability to refocus beyond personal role**

Shorter, shorter, shorter...but say more....

Conclusions & Next Steps

Adoption and implementation remains a challenge at the individual provider and organizational levels.

The developed cases are freely available and go beyond the patient-provider interaction.

Additional cases, support materials, and evaluation are merited.

We are also providing training and technical assistance to other implementation sites, including two SAHMSA funded efforts.

If you would like to use the cases, we are happy to share!

Acknowledgement

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The project may be accessed at sbirtinaction.org.

Several of the videos are also available on our youtube channel.