Lessons Learned from a Multi-site Screening, Brief Intervention, and Referral to Treatment (SBIRT) Program

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Background

- SBIRT is an integrated public health model for early detection and treatment services for alcohol and substance use.
- The goal is to provide the opportunity for care before conditions become more severe.
- In 2014, Interact for Health, a health improvement nonprofit located in Cincinnati, OH, funded SBIRT demonstration projects at ten organizations including school-based health centers, hospital sites, and outpatient primary care offices.
- Each project lasted from 9 to 18 months.
- Organizations selected what condition(s) to screen for and which instrument(s) they would use that included the following:
  - alcohol (AUDIT, NIAAA)
  - depression (PHQ-9)
  - anxiety (GAD-7)
  - substance use (DAST-10, NM-ASSIST)
  - alcohol and substance use together, youth (CRAFFT)
  - tobacco
  - child safety (SEEK)

Methods

An evaluation team from the University of Cincinnati's Department of Family and Community Medicine Research Division:

- Developed process models and data collection forms for each grantee.
- Collected process data quarterly that included the number of patients:
  - Eligible to be screened
  - Completing a screen
  - Scoring positive on a screen
  - Receiving a brief intervention
  - Referred to treatment
- Surveyed each site quarterly regarding process strengths and barriers, changes made to improve process flow and data collection
- Followed up with a brief quarterly conference with each grantee to discuss the data and how the process might be improved.

Acknowledgements

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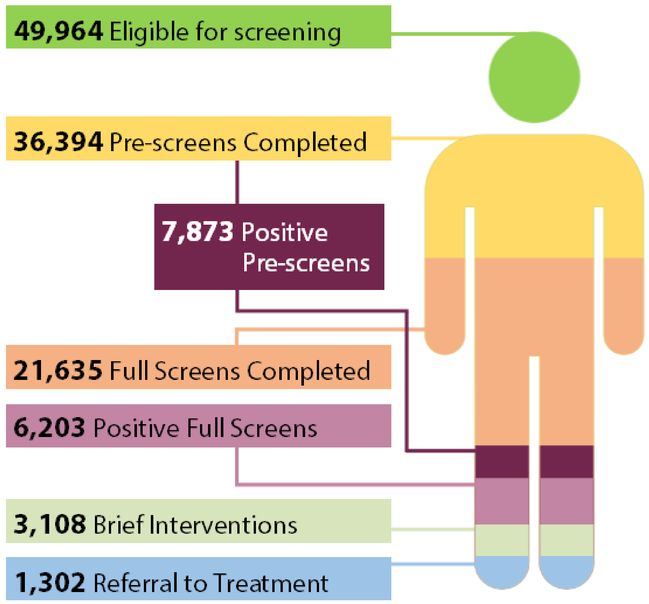
Results

Figure 1. Quantitative results for all sites.



Full screens completed by:

Age

19,687 Adults

1,948 Adolescents

Setting

1,635 School-based Health Center

16,146 Outpatient Office

3,854 Emergency Department /Hospital

Condition	Full Screens Completed	% Positive Full Screen
Alcohol	7,361	25%
Substance Use	7,303	18.3%
Alcohol & Drugs	794	6.9%
Depression	3,706	61.9%
Tobacco	1,340	31.2%
Child Safety	1,057	23.7%
Anxiety	74	13.5%

Table 2. Ten lessons learned derived from qualitative data

1	**INTERDISCIPLINARY TEAM** Providers, medical assistants, IT, and other essential office staff must be at the table from process outset to optimize infrastructure building	PEOPLE
2	**SITE CHAMPION** A site champion facilitates staff buy-in and engagement necessary for success in maintaining the process	PEOPLE
3	**REFERRAL PARTNERS** Having referral partners at the planning table enhances relationships and facilitates patient engagement in linking with a referral	PEOPLE
4	**FLOW ALIGNMENT** Developing an operational flowchart identifies barriers at the outset and can aid in clarifying roles	PRODUCT
5	**DATA MANAGEMENT** Using existing or "dummy" codes to track patient progress through SBIRT stages dramatically increases accuracy when measuring impact	PRODUCT
6	**IT INTEGRATION** Ensuring process screening tools and measures flow are adequately integrated into the EMR system is critical for success at every SBIRT stage	PROCESS
7	**ONGOING TRAINING** Ongoing staff training protocols ensures process will be retained through any staff transition	PROCESS
8	**STANDARD SCREENING** Having agreement on chosen screening tool(s) across all sites minimizes the variability in scores triggering action, thereby strengthening data reporting	PROCESS
9	**DEFINE THE BRIEF INTERVENTION** Determine a beginning point, scope, and end point for brief interventions across all sites.	PROCESS
10	**SUSTAINABILITY** Awareness of the complexity of billing mechanisms is important to find the appropriate way to bill for SBIRT services	PROCESS

Conclusions

Practice implementation, maintenance, and sustainability challenges reported here and in the literature, most notably in data tracking, billing, and staff support, may be mitigated in the planning phase by including inter- and intraorganizational partners and providing adequate, sustained training.