HOW TO IMPLEMENT SBIRT: PROCESSES, TIPS, AND EXAMPLES FROM THE FIELD

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Overview

- SBIRT Basics
- Barriers and Facilitators of Implementation
- Practical Implementation Tools, Tips and Examples
- Putting It All Together
- Other Practical Advice
- Tips from the Field: Northwell Health
Screening, Brief Intervention, and Referral to Treatment (SBIRT) Basics

SBIRT is a structured approach used in a variety of settings to:

1) Identify and provide early intervention for persons who use substances in ways that increase their risk of physical health, mental health, or social problems

2) Provide linkages to specialty treatment for people with suspected or diagnosed substance use disorders
# Screening, Brief Intervention, and Referral to Treatment (SBIRT) Basics

<table>
<thead>
<tr>
<th>Component</th>
<th>Goal</th>
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<tbody>
<tr>
<td><strong>Screening</strong></td>
<td>• Quickly assess severity of substance use w/ validated tool</td>
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<tr>
<td></td>
<td>• Identify appropriate level of intervention</td>
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<tr>
<td><strong>Brief Intervention</strong></td>
<td>• Provide feedback</td>
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<td></td>
<td>• Increase insight and awareness regarding substance use and motivation to change</td>
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<td></td>
<td>• Negotiate and set goals</td>
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<tr>
<td><strong>Referral to Treatment</strong></td>
<td>• For those identified as needing more extensive care</td>
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<tr>
<td></td>
<td>• Linkage to specialty provider for further assessment, diagnosis, and intake at proper level of care</td>
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Implementation of SBIRT

- Large-scale implementation and maintenance of SBIRT in healthcare settings has been limited, despite:
  - evidence for effectiveness in reducing substance use and/or related consequences in certain contexts and circumstances (e.g., Alvarez-Bueno et al., 2015)
  - government and policy organizations promoting widespread adoption (e.g., SAMHSA, USPSTF, ASCOT, CDC)
Barriers and Facilitators of SBIRT Implementation

- Occur at various levels (e.g., Johnson et al., 2011; Nilsen, 2010)
  - Staff: attitudes, training, and skills
  - Patient: reluctance to discuss, characteristics
  - Organizational: support, resources and buy-in
  - Site: workflow, competing demands, resources, space
  - State/federal policy: billing, exchange of information

- Affect success of intervention implementation as noted by implementation science models (e.g., CFIR, Damschroder et al., 2009; Williams et al., 2011)

- More intensive efforts to address barriers during implementation are more successful (e.g., Nilsen et al., 2006; Zatzick et al., 2014)
Solutions

• Tailoring your implementation strategy based on site specific: (Baker, et al. 2010)
  • barriers and facilitators
  • workflow

• Borrowing tools from quality improvement methods: (Langley, Nolan, Nolan, Norman & Provost, 1996)
  • emphasis on systems change rather than individuals
  • champions and process change teams
  • data driven monitoring and evaluation
  • rapid cycle change processes
Decisions to Make

- **Billing**: Will you bill? How to document? Are the systems in place? Protocol?
- **Performance Monitoring and Evaluation**: Who does this? How is it reported? Protocol?
- **Informing all staff**: How will all staff at the site be informed of this new initiative? On an ongoing basis?
- **Training**: Who will train staff? Who will receive training? Ongoing supervision and training?
Implementation Tools and Processes

Tool 1: Champions & Change Teams

Tool 2: Assessing Barriers

Tool 3: Getting to Know the Site

Tool 4: Plan, Do, Study, Act Cycles

Tool 5: Performance Monitoring and Evaluation
Tool 1: Champions and Change Teams

What is a champion?

- Takes special interest and action in the SBIRT project
- Leads and supports change efforts
- Promotes the benefits of SBIRT
- Helps change the norms of the site

Champion should be someone who:

- is a member of the front line medical or clinical team
- has insight into the site work environment
- is supportive of SBIRT implementation at their site
- is well respected by leadership and peers
- is an enthusiastic problem solver
Tool 1: Champions and Change Teams

The champion’s typical responsibilities:

- Speak enthusiastically in support of the program
- Leads or supports implementation and ongoing program monitoring
- Be a model for good performance of SBIRT protocols
- Elicit feedback and heighten morale for SBIRT
- Address site staff questions, feedback, and concerns
- Assist in quality improvement cycles
Tool 1: Champions and Change Teams

Change team:

- Group of individuals with knowledge of the system needing changing and/or improving
- Could be a broad spectrum of employee
- Provides support and buy-in for changes being implemented
- Diverse perspectives and levels of education/expertise
- Creative, open-minded, problem solvers
- Formulate and implement quality improvement cycles
Tool 1: Example of primary care champion and change team

Primary Care change team:

• Attending physician (champion)
• Office manager
• Medical assistant
• LPN who oversees medical assistants
• Behavioral health specialist
Tool 1: Champion and Change Team Tips

• Make sure the site understands what an SBIRT champion is and what their role will be before they are selected/volunteer

• Provide a quick reference guide for all champions so they know:
  • Basics about SBIRT, their role/duties, program details, FAQs, what other staff roles are
  • Champions at multiple levels/position types could be useful
  • Can be fluid: change team members can change based on needs
Tools and Processes

Tool 1: Champions & Change Teams
Tool 2: Assessing Barriers
Tool 3: Getting to Know the Site
Tool 4: Plan, Do, Study, Act Cycles
Tool 5: Performance Monitoring and Evaluation
Tool 2: Assessing Barriers

- Conduct an assessment specific to the site
  - Worksheet is included in the CASA implementation manual
- Factors to assess:
  - Patient (age, insurance, language)
  - Staff (attitudes, skills, training, interest)
  - Site (time constraints, staffing, training needs)
  - Organization (buy-in, resources, referral sources, EMR, data management)
Tool 2: Tips for Assessing Barriers

• Goal is to:
  • determine what barriers most need to be addressed during implementation via training, resource allocation, model adaptation
  • how the SBIRT components need to be tailored to the site
  • Utilize change team members to gather information
    • Good reason for diverse change team
  • Conduct needs assessments, surveys, and/or interviews if needed to be thorough
Tools and Processes

Tool 1: Champions & Change Teams

Tool 2: Assessing Barriers

Tool 3: Getting to Know the Site

Tool 4: Plan, Do, Study, Act Cycles

Tool 5: Performance Monitoring and Evaluation
Tool 3: Getting to Know the Site

What is the current workflow?

• Shadowing a key staff member
• Observing the site
• Conduct a walk-through as a patient

Process mapping:

• Visualize the current workflow of the site without SBIRT
  • Fosters discussion about where SBIRT could fit
• Create additional process map with SBIRT components plugged in
Tool 3: Example of Process Map

Receptionist (Kelly) reviews chart to determine if patient needs to complete brief screen

- Patient needs brief screen?
  - No → Done
  - Yes

  Receptionist gives prescreen to patient to complete in waiting room

  Receptionist collects completed brief screen from patient, attaches to chart, and walks a copy to Sue (HE)

  Sue reviews screen for positives

  Brief screen positive?
  - No → Done
  - Yes

  Sue leaves a note for Robin (RN) if she needs to see someone (positive screens)

  Robin assesses patient flow and determines best time for Sue to talk with patient

  Time for patient to see Sue?
  - No → Sue follows up with patient by phone
  - Yes

  Pt. meets with Sue, completes GPRA + AUDIT
Tool 3: Tips for Getting to Know the Site

- Use objective methods to determine current workflow so that you don’t overlook important factors
  - Shadowing, walk-throughs
- Put all options on table when thinking about how/where SBIRT components can fit
Tools and Processes

Tool 1: Champions & Change Teams

Tool 2: Assessing Barriers

Tool 3: Getting to Know the Site

Tool 4: Plan, Do, Study, Act Cycles

Tool 5: Performance Monitoring and Evaluation
Tool 4: Plan, Do, Study, Act Cycles

- Mini experiments used to test new SBIRT processes or changes to existing processes
- Conducted quickly over a short period of time
- Determine whether new process works or new solution is needed

(Langley et al., 1996)
Tool 4: PDSA Example

Problem identified: Is having LPNs conduct patient screening using the AUDIT-C as part of vital signs feasible?

Plan: 1 LPN will screen patients using AUDIT-C on Saturdays for 1 month

Do: 1) LPN conducts screening every Saturday for 1 month 2) LPN records screening in EMR

Study: 1) EMR data is examined to determine how many patients were screened and 80% of patients were screened during allotted timeframe 2) interview conducted with LPN who described the process as feasible, with little added time to workflow and little patient pushback

Act: Screening will be expanded to additional LPNs at the site
Problem identified: Patient pre-screens being missed because residents were bringing patients to the room instead of Medical Office Assistant who was trained to do pre-screen. Will training residents increase pre-screen completion rates from 60% to 80%?

Plan: Champion trains residents to conduct pre-screens

Do: 1) Residents start conducting pre-screens 2) Data on pre-screen completion rates collected

Study: Examine pre-screen completion rate before and after residents were trained, completion rate increases by 20%

Act: Improvement big enough, training of residents will continue with each new resident group
Tool 4: Tips for PDSAs

• Keep them short
• Don’t discount ideas that may at first not sound feasible
• Seek feedback from front-line staff and make sure change team is involved
• Carefully plan for data collection so you know if the new process was successful
Tools and Processes

Tool 1: Champions & Change Teams
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Tool 5: Performance Monitoring and Evaluation

• Important to use data to monitor program performance and progress

• Before implementation, the team should determine:
  • what metrics will be used
  • who will collect, manage, and analyze data
  • how and at what frequency will results be communicated

• Data can help to drive decisions and inform when PDSA cycles may be needed
Tool 5: Performance Monitoring and Evaluation

• Examples of data points to be collected:
  • Total eligible patients/clients to be screened
  • % receiving screening
  • % with positive screen
  • % of eligible receiving brief intervention
  • % of eligible receiving referral
  • % patients receiving follow up
Tool 5: Example NYSBIRT-II Performance Monitoring Data

Patient Census 155,716

Pre-Screen Missed 23% (36,645)

Pre-Screen Completed 67% (104,357)

Pre-Screen Deferred* 10% (14,714)
*illness, refusal, intox

Pre-Screen Missed

Positive 11% (11,673)

Negative 89% (92,209)

Incomplete Full Screen* 35% (4,009)
*illness, refusal, missed

Full Screen Completed 65% (7,664)

Full Screen Positive 49% (3,790)

BI-Only 78% (2,968)

BI + Referral 20% (729)

Refused 2% (82)

Full Screen Negative 51% (3,874)
Tool 5: Performance Monitoring and Evaluation

Other ways to understand implementation:

• Surveys of site staff to understand attitudes, behaviors and favorability toward implementation

• Interviews with site staff to understand the above in more depth
Tool 5: Example NYSBIRT-II Evaluation Results

% Agree/Strongly Agree

<table>
<thead>
<tr>
<th>Supports systematic screening</th>
<th>Believes substance misuse is a problem</th>
<th>Believes substance misuse impacts health</th>
</tr>
</thead>
<tbody>
<tr>
<td>MA/RN</td>
<td>MD</td>
<td></td>
</tr>
<tr>
<td>80</td>
<td>90</td>
<td>100</td>
</tr>
</tbody>
</table>

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Tool 5: Example NYSBIRT-II Evaluation Results

- Implementation disrupted workflow: Agree/Strongly Agree
- Implementation increased patient wait time: %Agree/Strongly Agree
- Favorable to SBIRT implementation at my site: RN/MA, MD

Bar chart showing the percentage of Agree/Strongly Agree responses for each category.
Tool 5: Example NYSBIRT-II Evaluation Results

“I wish there was a way to see how we’re helping people. I would like to know some follow-up results for patients. How they are doing, if they entered treatment, etc.”
-RN, Emergency Medicine

“Until we worked out some of the workflows, and got things worked out, I was worried. I was really worried at first and it did take a few minutes away from my time. But it has changed over time and I now see the value.”
-Attending MD, Internal Medicine
Putting It All Together

- Champions and Change Teams
- Tailored Implementation: Barrier Assessment and Walkthrough
- Process Improvement: PDSA
- Performance Monitoring and Evaluation
Post-Implementation: Ongoing Needs

- Ongoing Performance Monitoring
- Ongoing Training
- PDSA
- Champion Building
- Evaluation
- Maintenance and Sustainability
Other Practical Considerations

- Training: necessary but much more than training is needed
- Technology: EMR, tablets, web-based
- Site type: patient population, staff differences
- Model selection: health educator vs. team-based
- Billing and reimbursement
- Time needed to roll out in a site
Example Implementation Roll-Out

4 months
Gauge Interest of Leadership

3 months
Initial Planning with site staff

2 months
Training of On-Site Clinical Frontline Staff

1 month
Finalize Workflow, Logistics, EMR needs/changes

- Hire Health Coach
- Heath Coach Training + Shadowing

LIVE
Tips From the Field

Top 5 Considerations when Implementing SBIRT:

1. Team-Based Approach
2. Understanding the Site Workflows
3. EHR Changes to Aid Service Delivery, Workflow Integration and Performance Monitoring
4. Initial and Ongoing Training
5. Engage, Engage, ENGAGE!

Experiences from NYSBIRT-II @ Northwell Health

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NYS Office of Alcoholism and Substance Abuse SBIRT: http://www.oasas.ny.gov/AdMed/sbirt/

NYSBIRT Intro to SBIRT Video: https://www.youtube.com/watch?v=ab6BlnLjP-c&index=1&list=PLNlxVjyAHXCPOzPqn6mNV9d4DRJ7E37e8
THANK YOU

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References


