SBIRT+RM Conceptual Framework for Managing Substance Use Disorders in Primary Care Settings

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JOIN THE VOICES FOR RECOVERY
STRENGTHEN FAMILIES AND COMMUNITIES

National Recovery Month
Prevention Works • Treatment is Effective • People Recover
SEPTEMBER 2017
TERMINOLOGY: SBIRT + RM

• SBIRT: Screening, Brief Intervention and Referral to Treatment

PLUS

• RM: Recovery Management

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• **1990:** Improved alcohol screening recommended
  (*IOM, Broadening the Base of Treatment for Alcohol Problems, 1990*)

• **2003-present:** Federally-funded SBIRT projects

• **2007:** 5th decade of evidence, yet still under-implemented in primary care (*Saitz, 2007*)

• **2012-2014:** SBIRT-related measures endorsed
  – National Institute on Drug Abuse (*Tai, Wu & Clark, 2012*)
  – The Joint Commission (2014)
2014: “Those two studies in JAMA” (Saitz et al., and Roy-Byrne et al.)

• Brief interventions not effective for decreasing drug use among primary care patients identified through screening;

• Widespread adoption of screening and brief intervention for drug use was not warranted.
2017: Rethinking Brief Interventions
(McCambridge & Saitz)

• Stronger scrutiny of the evidence: Discussion contents and counseling microskills associated with improved outcomes

• Alcohol screening: Don’t isolate from other risky behaviors and mental health questions

• More clarity: Unmet needs of people with alcohol problems

• Brief interventions as guiding principle: Reduction of substance use and consequences (not defined by time or # of sessions)
### Unanswered Questions: Absence of Evidence is Not Evidence of Absence

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*SBIRT has many moving parts, and its measurement is tricky*  
*(Lindsay, 2014)*
Analysis of Theoretical Framework

• Examined SBIRT-Related Middle-Range Theories
  – To conceptualize clinical problems and outcomes
  – To delineate effective interventions and methods of outcome measurement (Donaldson, 1995)

• Utilized Smith and Liehr’s Evaluation Framework for Middle Range Theory (Smith & Liehr, in Gaubard & Rosen, 2008)
  – Substantive foundations
  – Structural integrity
  – Functional adequacy
Two SBIRT-related Middle Range Theories

- **Wagner’s Chronic Care Model (CCM)**
  - Featured prominently in early SBIRT literature
    
    (Bodenheimer, Wagner & Grumbach, 2002; Coleman, Austin, Branch & Wagner, 2009)

- **White’s Recovery Management (RM) Model**
  - Component of the Ecology of Addiction Recovery Model;
  - Adapted from Brofenbrenner’s Ecologic Framework Model
    
    (William White, 2008)
Wagner’s Chronic Care Model (CCM)

• CCM is associated with changes in:
  – Provider expertise & skill;
  – Patient education & support
  – Team-based care delivery; and
  – Better use of information systems

• CCM does not articulate how it can be used to improve substance use disorder outcomes

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Recovery Management (RM) Model

- Specifically addresses the needs of individuals with substance use disorders, their families and communities
- Outperforms the CCM in terms of describing, explaining and interpreting the phenomenon of interest (recovery)

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Phenomenon of Recovery

**WORKING DEFINITION:** *(SAMHSA, 2011)*

- “A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”

**CORE RECOVERY MEASURES:** *(SAMHSA, 2014)*

- **Health**—Overcoming or managing disease process; physical/emotional well-being;
- **Home**—Stable and safe place to live
- **Purpose**—Meaningful daily activities (job, school); and
- **Community**—relationships and social networks that provide support, friendship, love and hope.

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Screening, Brief Intervention, and Referral to Treatment PLUS Recovery Management (SBIRT + RM) Model for Managing Substance Use Disorders in Primary Care Settings

Recovery Management (RM)
- Pre-Recovery Identification & Engagement
- Recovery Initiation & Stabilization
- Sustained Recovery Support
- Long-Term Recovery Maintenance

Primary Care Provider Responsibilities
- SBIRT + RM

Substance Use Disorder Services Continuum-of-Care
- Prevention
- Early Intervention
- Specialty Addictions Treatment
- Ongoing Continuing Care and Recovery Support

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4 Key Concepts of the Recovery Management Model

Recovery Management (RM)

- Pre-Recovery Identification & Engagement
- Recovery Initiation & Stabilization
- Sustained Recovery Support
- Long-Term Recovery Maintenance

Primary Care Provider Responsibilities

SBIRT + RM

Substance Use Disorder Services Continuum-of-Care

- Prevention
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The Recovery Management Model

Recovery Management (RM)

Pre-Recovery Identification & Engagement

Recovery Initiation & Stabilization

Sustained Recovery Support

Long-Term Recovery Maintenance

Therapeutic alliance between the practitioner and the individual:

- Practitioner: Awareness of a window of opportunity to intervene;
- Individual: Awareness that the primary care provider is helpful and supportive.

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Failure to initiate and stabilize recovery is often viewed as the failure (non-compliance) of the individual rather than flaws in the design or execution of the referral protocol (White, 2008)

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The Recovery Management Model

Recovery Management (RM)

- Pre-Recovery Identification & Engagement
- Recovery Initiation & Stabilization
- Sustained Recovery Support
- Long-Term Recovery Maintenance

Primary Care Provider Responsibilities
- Child care
- Transportation
- Housing
- Life skills training
- Employment readiness
- Legal consultation
- Wellness checks
- Self-management support

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The Recovery Management Model

Recovery Management (RM)

- Pre-Recovery Identification & Engagement
- Recovery Initiation & Stabilization
- Sustained Recovery Support
- Long-Term Recovery Maintenance

Recovery Management (RM)

- Shifting focus from service environment to the client’s natural environment;
- Service commitment to extended post-treatment monitoring and support

Prevention
Early Intervention
Specialty Addictions Treatment
Ongoing Continuing Care and Recovery Support

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Recovery Management and the Substance Use Disorders (SUDs) Continuum-of-Care

Recovery Management (RM)

- Pre-Recovery Identification & Engagement
- Recovery Initiation & Stabilization
- Sustained Recovery Support
- Long-Term Recovery Maintenance

Primary Care Provider Responsibilities

SBIRT + RM

Substance Use Disorder Services Continuum-of-Care

- Prevention
- Early Intervention
- Specialty Addictions Treatment
- Ongoing Continuing Care and Recovery Support

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The Substance Use Disorder (SUDs) Continuum-of-Care

Recovery Management (RM)
- Pre-Recovery Identification & Engagement
- Recovery Initiation & Stabilization
- Sustained Recovery Support
- Long-Term Recovery Maintenance

Primary Care Provider Responsibilities
- SBIRT + RM

Substance Use Disorder Services Continuum-of-Care
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The Substance Use Disorder (SUDs) Continuum-of-Care

Recovery Management (RM)
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Primary Care Provider Responsibilities
- SBIRT + RM

Substance Use Disorder Services Continuum-of-Care
- Prevention
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The Substance Use Disorder (SUDs) Continuum-of-Care

Recovery Management (RM)
- Pre-Recovery Identification & Engagement
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Primary Care Provider Responsibilities
- SBIRT + RM

Recovery Management (RM)
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Substance Use Disorder Services Continuum-of-Care
- Prevention
- Early Intervention
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- Ongoing Continuing Care and Recovery Support

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The Substance Use Disorder (SUDs) Continuum-of-Care

Recovery Management (RM)
- Pre-Recovery Identification & Engagement
- Recovery Initiation & Stabilization
- Sustained Recovery Support
- Long-Term Recovery Maintenance

Continued contact is the responsibility of the primary care and other service staff rather than the patient.

Substance Use Disorder Services Continuum-of-Care
- Prevention
- Early Intervention
- Specialty Addictions Treatment
- Ongoing Continuing Care and Recovery Support

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Looking at SBIRT Through a Traditional Lens: SCREENING

Recovery Management (RM)

- Pre-Recovery Identification & Engagement
- Recovery Initiation & Stabilization
- Sustained Recovery Support
- Long-Term Recovery Maintenance

Primary Care Provider Responsibilities

SBIERT

SCREEN NEGATIVE

PREVENTION MESSAGES: Congratulations for Low Risk

Prevention

- Early Intervention
- Specialty Addictions Treatment
- Ongoing Continuing Care and Recovery Support

Substance Use Disorder Services Continuum-of-Care

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Looking at SBIRT Through a Traditional Lens: 
BRIEF INTERVENTION

Recovery Management (RM)
- Pre-Recovery Identification & Engagement
- Recovery Initiation & Stabilization
- Sustained Recovery Support
- Long-Term Recovery Maintenance

Primary Care Provider Responsibilities
- SBIRT
- SCREEN POSITIVE (Mild)
- Early Intervention
- Prevention
- Specialty Addictions Treatment
- Ongoing Continuing Care and Recovery Support

BRIEF INTERVENTION MESSAGES: Recommended limits; Reduce risks & consequences

Substance Use Disorder Services Continuum-of-Care

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Looking at SBIRT Through a Traditional Lens: REFERRAL TO TREATMENT

Recovery Management (RM)

Pre-Recovery Identification & Engagement
Recovery Initiation & Stabilization
Sustained Recovery Support
Long-Term Recovery Maintenance

Primary Care Provider Responsibilities

SCREEN POSITIVE (Severe)
Specialty Addictions Treatment

Referral Messages:
Serious need for specialist, encouragement & support

Substance Use Disorder Services Continuum-of-Care

Prevention
Early Intervention
Ongoing Continuing Care and Recovery Support

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REFERRAL TO TREATMENT—“Least-studied of the three components”

(Dr. Dawn Lindsay, IRETA, 2015)

- Type of Referral
- Access to traditional specialty treatment
- Follow-up
- Self help and/or Peer/Recovery Support
- Measurement of Success

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RM Theory and Primary Care Responsibilities

Recovery Management (RM) Concepts

- Pre-Recovery Identification & Engagement
- Recovery Initiation & Stabilization
- Sustained Recovery Support
- Long-Term Recovery Maintenance

Primary Care Provider Responsibilities

- Traditional SBIRT

Substance Use Disorder Services Continuum-of-Care

- Prevention
- Early Intervention
- Specialty Addictions Treatment
- Ongoing Continuing Care and Recovery Support

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SBIRT + RM
Both halves of the recovery puzzle

Recovery Management (RM)
- Pre-Recovery Identification & Engagement
- Recovery Initiation & Stabilization
- Sustained Recovery Support
- Long-Term Recovery Maintenance

Primary Care Provider Responsibilities
- SBIRT + RM

Substance Use Disorder Services Continuum-of-Care
- Prevention
- Early Intervention
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- Ongoing Continuing Care and Recovery Support

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What if behavioral health problems and specialty referrals were addressed like other types of health care problems?
Conclusions: The SBIRT+RM Model

- Provides insight into why **SBIRT alone** may not be effective for more serious substance use disorders (drug use, alcohol/drug dependence)

- Articulates how the proposed **SBIRT + RM Model** can enhance outcomes of substance use disorder interventions delivered within primary care settings

- Will help **individuals in recovery** lead safe, healthy, meaningful lives in the community, surrounded by people who love them and encourage them to succeed

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For More Information

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"Knowing is not enough, we must apply. Willing is not enough, we must do." Goethe