Crucial conversations to empower the underserved: Integrating alcohol, drug and tobacco interventions into primary care.

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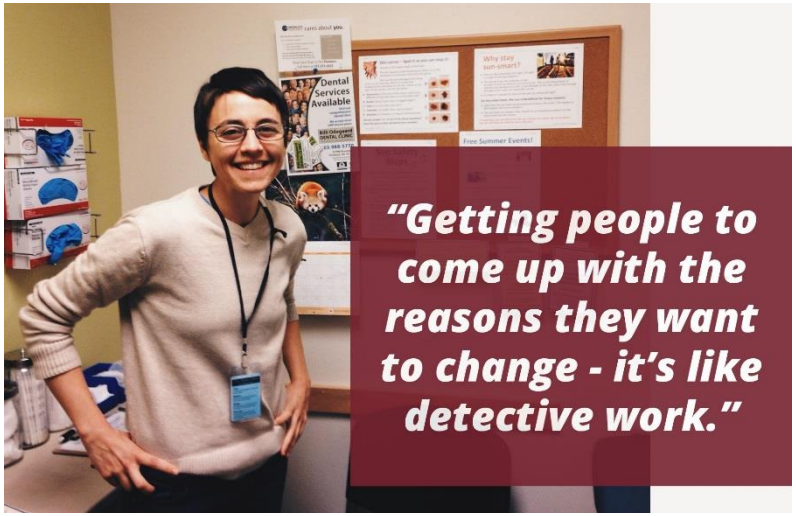
Who we are: Introductions



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Presentation Overview

- **Intro to Old Town Clinic (5 minutes)**

- **Introduction to SBIRT (20 minutes)**
  - Implementation Essentials
  - Brief Interventions for Vulnerable Populations

- **Fishbowl Discussion (30 minutes)**
  What are you doing in your setting to drive meaningful behavior change conversations?

Old Town Clinic

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Who we are: Old Town Clinic (OTC)

We are a patient-centered primary care home providing whole-person care for approximately 5000 patients.

We have four primary care teams and one complex care team.

Clinic services include:

- On-site pharmacy
- Occupational Therapy
- Wellness groups- Yoga, Cooking Matters, Seeking Safety and more
- Acupuncture
- Substance Use Disorder tx/MAT (CADCs)
- Counseling (LCSWs)
- Diabetic education (Pharmacy residents)
- Internal Medicine residency/OHSU
- Urgent Care Clinic
- Wound Care Clinic
- Tobacco Cessation services
- Community Outreach Workers
- Housing resource coordinator
- Medication Therapy Management

Demographics: who we serve

Population: Adults

Ages: 5% 18-29, 15% 30-39, 22.5% 40-49, 32% 50-59, 22.3% 60+

Gender: 58% male, 42% female

Racial breakdown: 72.5 % white, 13.5% African American, 2% Asian or Pacific Islander.

Ethnicity: 9% Hispanic

Payer mix:

- 65 % Medicaid
- 10 % dual eligible Medicaid and Medicare
- 15 % Medicare
- 10% uninsured

"When I came to Old Town Clinic, they believed me and heard what I was saying. It's nice to feel validated and not just be given medication."

- OTC Patient

Intro to SBIRT

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What is SBIRT?

Screening: Annual brief screen (assessment) for all patients:

"How many times in the last year have you had: 5 or more drinks a day (men); 4 or more drinks a day (women)"

"How many times in the last year have you used a recreational drug or used a prescription medication for non-medical purposes?"

Brief Intervention: for patients with a positive brief screen

Health educator uses motivational interviewing to increase knowledge of substance use and motivate for behavioral change.

Referral to Alcohol and Drug Treatment

Evidence for SBIRT

	Screening	Brief Intervention[1]	Referral to Treatment	Evidence for Effectiveness of SBIRT
Alcohol Misuse/Abuse	✓	✓	✓	Comprehensive SBIRT effective (Category B classification, USPSTF)
Illicit Drug Misuse/Abuse	✓	*	✓	Growing but inconsistent evidence
Tobacco Use	✓	✓	✓	Effective brief approach consistent with SBIRT (USPSTF; 2008 U.S. Public Health Service (PHS) Clinical Practice Guideline

Key: ✓ Evidence for effectiveness/utility of component

* Component Demonstrated to show Promising Results

Overall, there is a significant data to support the SBIRT intervention, there is very little data or literature for underserved and homeless populations.

Source: http://www.samhsa.gov/sites/default/files/sbirtwhitepaper_0.pdf

Before and after SBIRT

"Alcohol and drug screening was something that could come up, but not in a routine way.

I could talk about it with people, but it really only came up in round about ways, not just directly asking everyone about it."

"With SBIRT, we are opening up a conversation and at least having patients get an opportunity to discuss if they'd like. And because it is done for all clients, it is a "usual practice" which makes it less loaded or potentially judgmental."

"Previously, I would bring up smoking cessation, but would really only have the state quit line to offer for support."

"Now we have 1 on 1 in the moment warm handoffs, appointments, groups - it's great! I feel like I don't have to do it all... and really, the PCP doing the smoking cessation counseling rarely would get the job done – I just can't see folks enough or have that focus on it enough when there is usually so much other stuff going on."

Implementation Essentials

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Building the Team

We built a team that included:

- **Project Lead** (Nurse Manager)
- **Project Sponsor** (Director of Behavioral Health)
- **Health Educator**
- **Medical Provider Champion**
- **Medical Assistant Champion**
- **Certified Alcohol and Drug Counselor:** resources & information
- **Key staff integral to implementation:**
  - Information technology
  - Quality management
  - Billing

Developing skills: Training

Health Educators received comprehensive and ongoing substance use disorder and motivational interviewing training from the Oregon Primary Care Association.

Ongoing training opportunities include:

- Health Literacy
- Popular Education
- Motivational Interviewing
- Health Education

Clinical Roles and Workflow

Medical Assistants

- Ask the universal alcohol and drug use brief screening questions annually.

Health Educators

- Perform the brief intervention to motivate change and assess level of use. Work ongoing with patients for tobacco cessation. Refer to CADC for higher level SUD support.

CADC

- Work ongoing with patients or refer to higher level of care within Central City Concern or community partners.

Defining Meaningful Metrics

CCO Metric:

$$\frac{\text{\# of brief interventions completed}}{\text{\# of patients with office visits in 12-month rolling period}}$$

Screening process metric:

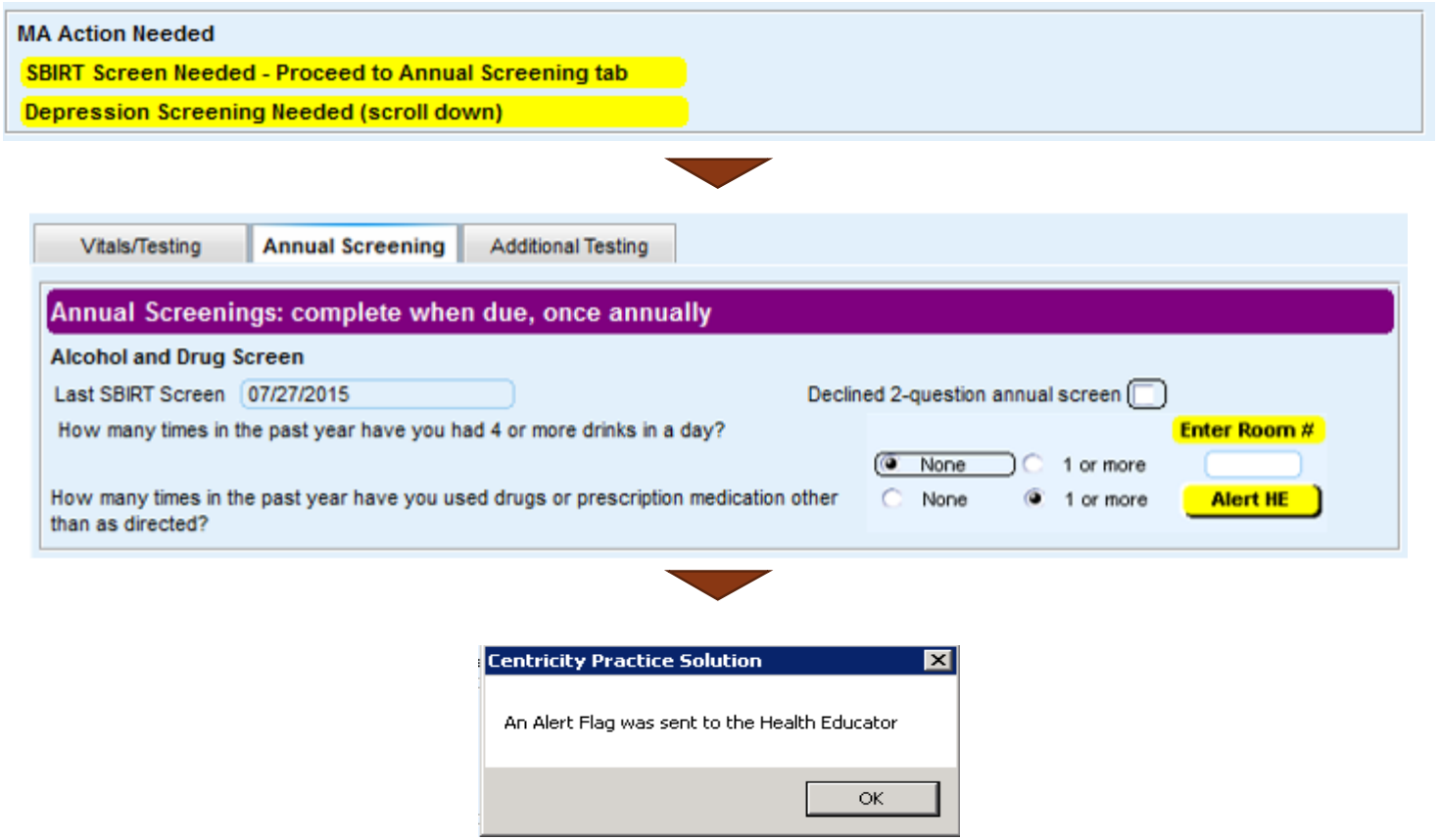
$$\frac{\text{\# of patients receiving annual screen}}{\text{\# of patients with office visits MINUS \# of patients already screened}}$$

Brief intervention process metric:

$$\frac{\text{\# of patients receiving brief interventions}}{\text{\# of patients with positive annual screens}}$$

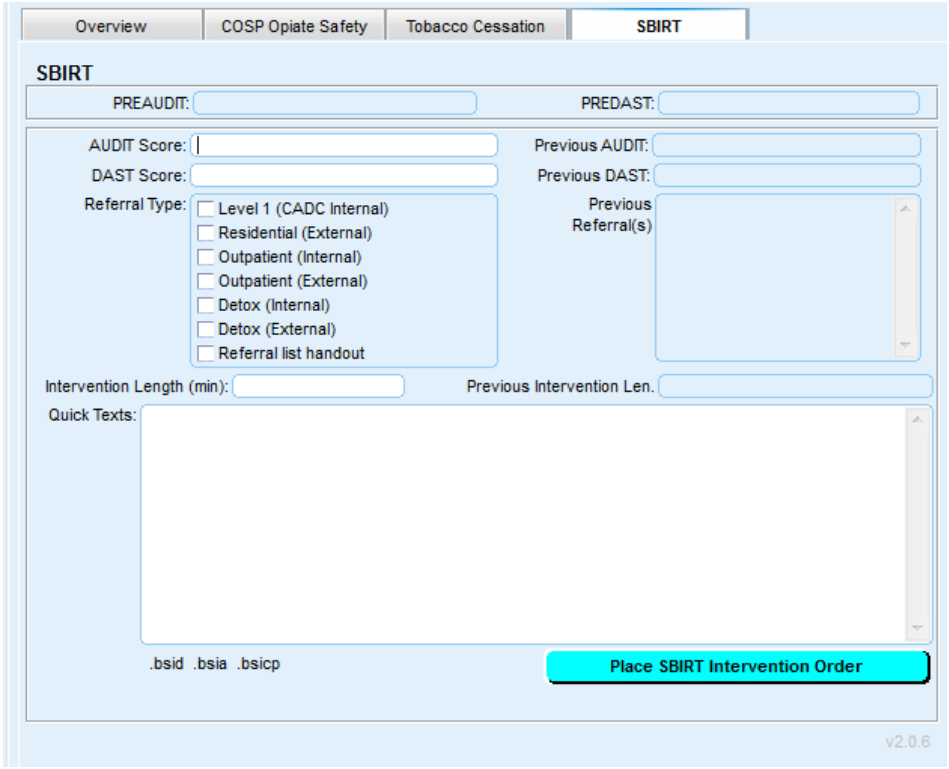
EHR Integration: Form Development

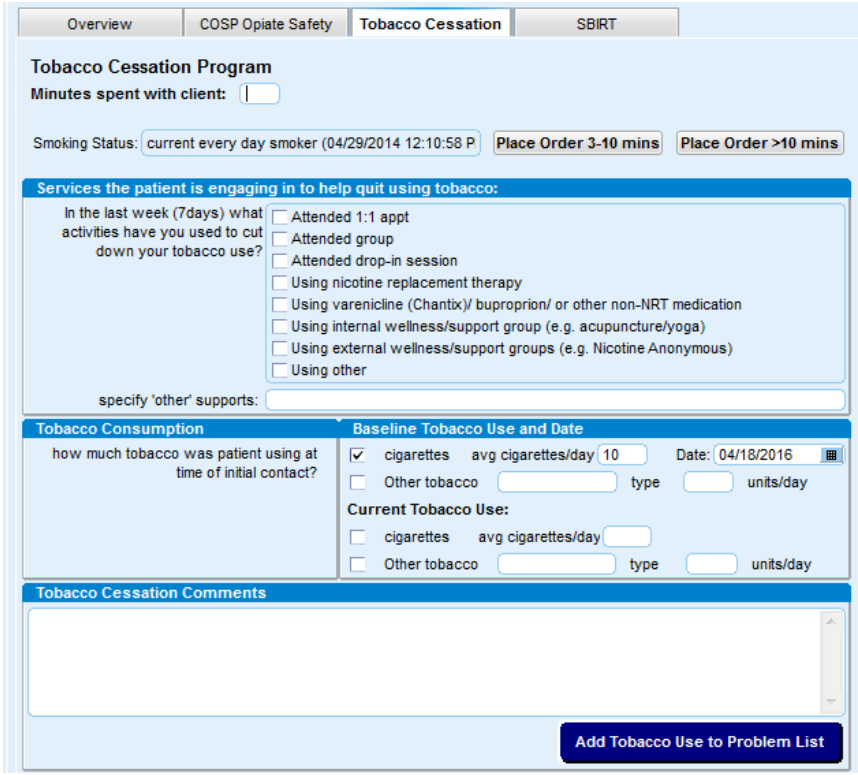
Added SBIRT annual brief screen questions into the vitals sign form, for completion by Medical Assistants when rooming.



EHR Integration: Form Development

Created a Health Educator document type and form to capture and track brief interventions.





Messaging and Buy-In

- **Medical Providers:**
  - Provided evidence-based education on SBIRT.
  - Emphasized increase in time spent with patient.
  - Created system which made it easy for provider to recognize when HE was in room.
  - Continued communication.
- **Medical Assistants:**
  - Provided evidence-based education on SBIRT.
  - Provided training on entering information into vitals form.
  - For each roll out had raffle prizes and congratulated MA's with most annual screening during a period of time.
  - Ongoing auditing of charts to inform future training or refreshing or screening purpose.

Iterative Roll-Out

We rolled out the intervention team by team. This gave us the opportunity to identify improvements and quickly fix them before they were affecting the entire clinic.

During rollout, we identified the improvement of having the 'white' room flag signify that a health educator was in the exam room with the patient.

Ongoing Data Review

Quarterly reports are generated by our quality department. We also receive data from our CCOs, driven by billing codes.

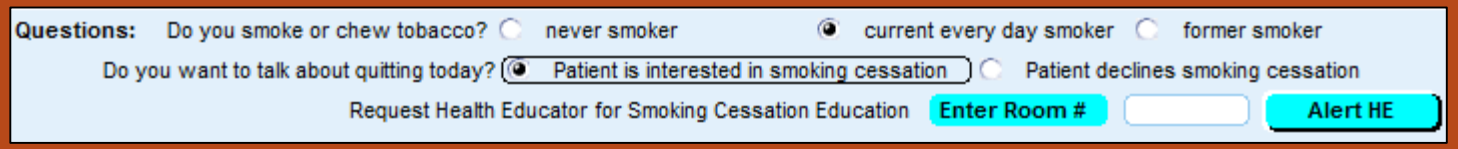
During roll-out, we monitored data at weekly check-ins and addressed any issues that arose.

	1st Q 2015			2nd Q 2015			3rd Q 2015		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	S
SBIRT1: Brief Screening Rate									
a. Numerator:	266	245	284	266	246	218	203	229	
b. Denominator	318	288	326	297	307	269	284	309	
Percent (a/b)	84%	85%	87%	90%	80%	81%	71%	74%	
SBIRT2: Full Screen and Brief Intervention Rate Following Positive Brief Screen									
a. Numerator	38	45	47	43	57	49	36	33	
b. Denominator	90	75	98	73	90	73	65	72	
Percent (a/b)	42%	60%	48%	59%	63%	67%	55%	46%	
CCO1: Full Screen and Brief Intervention Rate for Whole Population									
a. Numerator	477	497	514	532	592	641	613	581	

Scaling up

When we hired a second HE, we were able to expand our health education offerings:

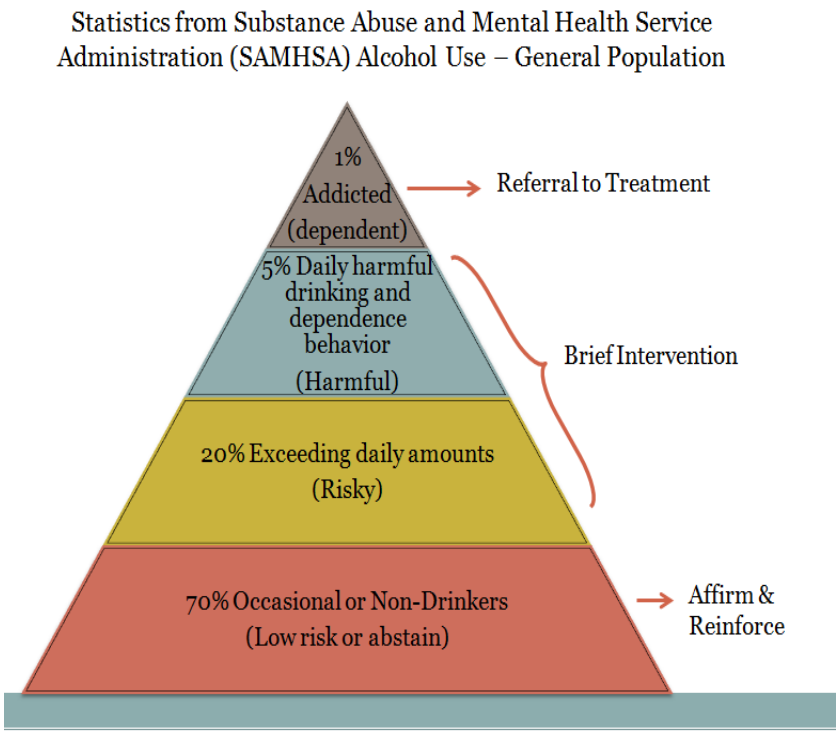
- ***Health Education Handouts***
- ***Exam room educational materials***
- ***Comprehensive Opiate Safety Program***
- ***Tobacco Cessation intervention-*** *added HE intervention to pre-existing every-visit screen.*



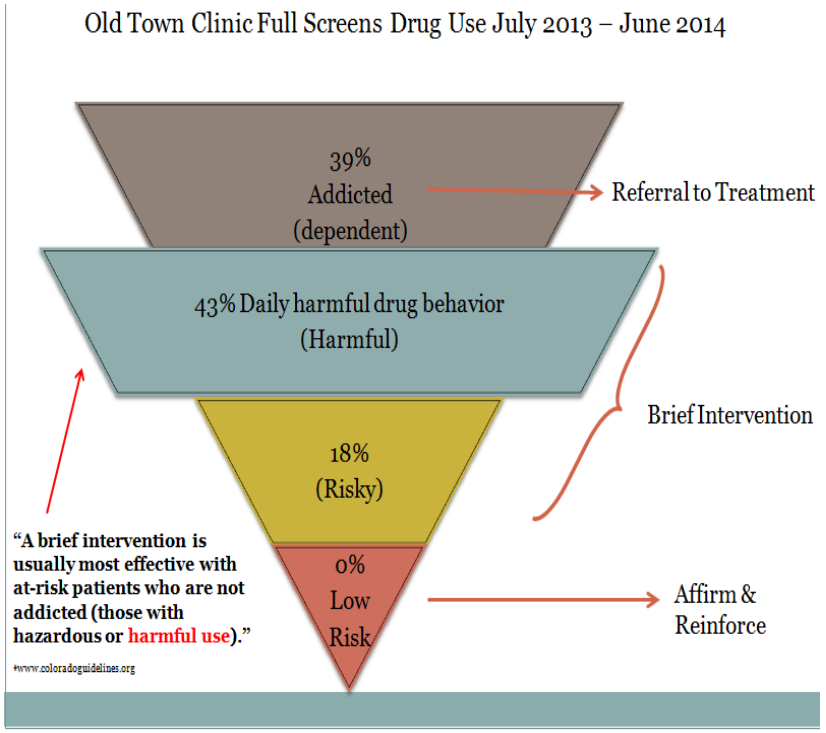
Brief Interventions in Vulnerable Populations

So… how is our population different?

Statistics from SAMHSA



Statistics from OTC



* OTC statistics are from patients with a positive annual screen—**not** all patients.

Possible barriers to self-management

- Lack of access to services
- Lack of support and advocacy
- Homelessness
- Poverty
- Competing priorities
- Hopelessness
- Mental health challenges
- Low functional health literacy

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Shift the paradigm for change talk

Learn the essentials of motivational interviewing:

- Ask permission to begin the conversation
- Reduce stigma-- non-judgmental and normalizing language
- The patient's priority is our priority
- Open-ended questions
- Lots of reflections

Harm Reduction approach to behavior change:

- Consider competing priorities and challenges related to being homeless
- Support reduction

Consider Health Literacy

Ensure that information is presented in a way that a patient can understand it (plain language, large font, clean format, culturally sensitive, relevant visuals, teachbacks)

- Check your assumptions about knowledge and understanding
- Use simple, lay-person language
- Assess patients' comprehension of plan, aka "Teachback"

Trauma-Informed Care

Trauma informed	Non-trauma informed
Power/control minimized – constant attention to culture	Keys, security uniforms, staff demeanor, tone of voice
Caregiver/supporters – collaboration	Rule enforcers – compliance
Address training needs of staff to improve knowledge & sensitivity	“Patient-blaming” as fallback position without training
Staff understand function of behavior (rage, repetition-compulsion, self injury)	Behavior seen as intentionally provocative

What we've learned

- **Most clients are not ready for change at first intervention**
- **Health educators have become a bridge to treatment and a support to patients and providers**
- **Accessible health educators mean ongoing opportunities for communication around readiness**
- **Bilingual proficiency is desirable**

Fishbowl Discussion

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Fishbowl Structure:

Audience members with information to share join the panel and share information. Fishes leave when they feel they've shared enough. There's always one empty seat!

Fishbowl Discussion:

What are you doing in your setting to drive meaningful behavior change conversations related to tobacco, drug and alcohol use?

Any volunteers?

Wrap-up and key themes

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Partnerships facilitate transformation

The Oregon Primary Care Association (OPCA) offered significant technical assistant and implementation support to Old Town Clinic. In the first year, Old Town Clinic was one of five clinics that received:

- Intensive training in Motivational Interviewing
- Workflow optimization, billing and quality improvement support

OPCA has been working with its partners to create an SBIRT implementation guide.

The guide is now complete and available for download:

http://www.orpca.org/images/SBIRT_guide_draft8.pdf

We ♥ OPCA Oregon Primary Care Association

Thank you!

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