



Massachusetts SBIRT News



Fall 2013, Issue 4

Screening, Brief Intervention, Referral and Treatment (SBIRT)

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PIC Project Continues

In 2012, [Massachusetts Health Quality Partners \(MHQP\)](#) was invited to join regional health improvement collaboratives in Pennsylvania, Minnesota, and Wisconsin in the [Partners in Integrated Care \(PIC\)](#) project.

MHQP coordinated the Massachusetts effort at four sites. A collaborative, multi-state effort to ensure that depression and unhealthy substance use are identified and addressed as part of routine primary care, PIC combines two evidence-based, integrated, team-driven models:

- ◆ Improving Mood-Promoting Access to Collaborative Treatment (IMPACT); and
- ◆ Screening, Brief Intervention, and Referral to Treatment (SBIRT).

The rationale for a primary care focus is:

- ◆ People are more likely to contact their primary care doctor when they start to experience new symptoms;
- ◆ Depression and unhealthy substance use often cause, aggravate or accompany other chronic conditions; and
- ◆ Reduced stigma associated with accessing services.

Though PIC funding from the US Agency for Healthcare Research and Quality (AHRQ) ended in September 2013, all four Massachusetts PIC sites continue to incorporate IMPACT and SBIRT into routine practice with ongoing MASBIRT Training and Technical Assistance coaching.

See pages 2 & 3 for site reports

Community Guide Recommends Electronic SBI

The Community Preventive Services Task Force of the highly regarded Community Guide reviewed over 30 Screening and Brief Intervention studies (1967 - 2011) and noted changes in excessive alcohol use by study participants. E-SBI was used in multiple types of settings, though most were in health care and universities. This intervention, tested widely in the U.S. and other countries, demonstrated 'favorable effects.'

The Task Force noted that use of e-SBI outside healthcare settings might compromise privacy, and suggested taking steps to safeguard privacy and personal information. (*ED: Some electronic versions of SBI, such as www.AlcoholScreening.org, are anonymous.*) Various studies looking at economic effectiveness showed savings, though that depended on the intensity of the brief intervention for a particular user. Further studies were recommended.

According to the Task Force Review: "Despite evidence of effectiveness, traditional SBI is underused in the United States. By expanding the settings within which SBI can be feasibly delivered, and by increasing the consistency with which it is delivered, e-SBI can help address those concerns and potentially reach a large number of people who would not otherwise be exposed to SBI."

The Task Force noted that e-SBI with its focus on individual risk reduction complimented the population-level environmental strategies to reduce excessive alcohol consumption it has previously recommended.

Click [here](#) for further information:



MGH Chelsea Health Center

Adult Medicine staff are implementing the PIC model at MGH Chelsea Health Center. Joanna D’Afflitti, MD and Joseph Joyner, MD are leading the effort.

Although substance use problems are among the main healthcare problems facing the community of Chelsea, they felt their health center was not effectively identifying and treating this population of patients.

“Our goal, through our participation with PIC, was to implement a sustainable, evidence-based system within primary care that would allow us to effectively care for patients with substance use disorders without placing a larger burden on the system as a whole,” said Dr. Joyner.

They decided to hire a care manager with Master’s level training with the aim that this person will take on a more supervisory role (providing training, education and oversight, as well as more prolonged interventions with more complicated patients), once the PIC program began to expand.

MGH Chelsea staff are focused on getting their pilot up and running prior to bringing this integration specialist on board. Their protocol includes front desk staff giving the short screen to all patients of two providers and medical assistants giving the AUDIT and/or DAST to those patients who screen positive on the short screen.

The providers have found that the screening has improved the care that they give without being much of a burden on their time.

As of late September, MGH Chelsea had screened 85 patients.



Cambridge Health Alliance

-2 sites -

Cambridge Health Alliance (CHA) Revere Family Health Center, with locations in Revere and Everett, participates in the PIC initiative. Site staff work in ‘pods’ at two sites; three pods in Revere and one in Everett. The primary care physician heading this initiative is David Roll, MD.

Prior to the PIC Initiative the sites screened for depression, however participation has led to increased numbers of patients screened using the PHQ-9 for depression.

After a series of trainings, in-house meetings and coaching, both sites began to implement SBIRT protocols in July. The sites reported increased screening rates from 21% of patients after one month, to 38% after two months. Nearly 25% of patient responses to pre-screening questions suggested a level of risk. They were then screened with the AUDIT and DAST.

New data tracking systems are being developed, which will include follow up responses to positive screens. Both CHA sites use existing staff for this initiative. Mental health providers meet with each pod monthly, and the consulting psychiatrist meets with nurses bi-weekly to review depression cases. Nurses also triage those patients who screen positive for depression and/or substance use risk.

Some medical assistants do brief interventions for those with low risk, positive substance use screens. Primary care providers intervene with higher risk patients.

At this time, each site is focused on developing operational systems within each medical pod to facilitate full SBIRT implementation and improve tracking.

CHA staff are also developing competency learning modules for CHA’s On-line Learning Center as a way to provide SBIRT basic training for new hires and annual employment training for nurses and medical assistants.



National Screening, Brief Intervention & Referral to Treatment ATTC



National resources, webinars, links and more



Tufts Medical Center

The Internal Medicine and Adult Primary Care Group focuses on an estimated 2,600 Diabetic or High Risk patients as part of the PIC project. The group screened all patients for depression before PIC, relying on front desk staff to quickly determine if the patient was due to be screened at the visit.

One step toward expanding patient screening is a new 'Daily Appointment Report.' Run first thing each day, the report lists every patient by floor and appointment who is due for one of the screenings (depression, alcohol, drugs), simplifying the check-in process for front desk staff.

Front Desk staff hands the patient the screening tool(s) appropriate for that day's visit. In the exam room the medical assistant reviews the results and enters them in the patient chart. Positive results are simultaneously sent to the PIC Coordinator.

The Provider discusses results with the patient. When results are positive, the PIC Coordinator arrives at the exam room so the Provider can make a 'warm handoff' for a brief intervention and/or referral. This process has greatly increased patient willingness to speak with the PIC Coordinator later during a follow-up call.

Another report, designed for the PIC Coordinator, is specific to each PIC patient. It includes basic demographic information, recent lab results, and last/next appointment dates. It also includes PIC Coordinator comments, screening scores, and answers to questions about medication adherence. This weekly report advises the Coordinator when a follow-up phone call is needed.

When all data are entered into the EMR, the patient with a positive screen becomes part of a special registry and part of the report. Over 4,500 patients have been screened with the PHQ2, and over 960 were screened each with the AUDIT and DAST as of the end of September.

According to Joseph M. Gillis, Jr., Project Manager, Clinical Quality Improvement: "As with any new initiative, there are gaps. Reports and continual staff feedback help us make regular adjustments. The group repeats the PDSA (Plan-Do-Study-Act) cycle again and again."

★ **Statewide SBIRT Conference** ★

Addressing Unhealthy Substance Use in Primary Care

[Agenda & Registration Here](#)

When: November 22, 2013
8am to 5pm

Where: Four Points by Sheraton
Norwood, MA

Primary care providers, primary care clinical teams, administrators, and health plan personnel can:

- ◆ Gain greater understanding of SBIRT for unhealthy substance use,
- ◆ Understand the importance of early identification in the current healthcare environment, and
- ◆ Learn skills needed to integrate SBIRT into primary care practice.

Morning sessions will focus on current trends and perspectives on SBIRT.

Afternoon sessions will focus on skill development and action planning for SBIRT implementation.

Nearly 18 percent of pregnant women drink alcohol in early stages of pregnancy

Levels of alcohol use drop in later stages of pregnancy

Approximately 18 percent of women in their first trimester of pregnancy used alcohol within the past month, according to a new report by the Substance Abuse and Mental Health Services Administration—SAMHSA. The report showed that 6.6 percent of women in their first trimester of pregnancy engaged in binge drinking (i.e., drinking five or more drinks on the same occasion at least once in the past 30 days).

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CAREERS OF SUBSTANCE

Supporting the Massachusetts Substance Use and Addictions Workforce

Central resource for anyone involved in preventing, intervening, treating, and supporting recovery from addictions in Massachusetts.

Look for career information, upcoming trainings around the state, links to professional organizations and more.

<http://maworkforce.adcare-educational.org/>

Women who drink alcohol while pregnant increase their infants' risk of developing a Fetal Alcohol Spectrum Disorder (FASD), a group of conditions that can cause physical, behavioral and learning problems – some of which may have lifelong repercussions. Although there is no safe amount of alcohol for pregnant women to drink, they can lower the risk for their infants when they stop drinking alcohol immediately after finding out they are pregnant.

The report indicates that the level of alcohol use dropped sharply among pregnant woman in their second and third trimesters. The rate of past month alcohol use (i.e., at least one drink in the past 30 days) for women in the second trimester of pregnancy fell to 4.2 percent and among women in the third trimester dipped to 3.7 percent. By comparison, 55.5 percent of non-pregnant women aged 15 to 44 consumed alcohol in the past month.

"Although most women understand the risks of using alcohol while pregnant, much more needs to be done to reach out to women during the earliest stages of pregnancy," said Frances Harding, director of SAMHSA's Center for Substance Abuse Prevention. "All prospective parents, health care practitioners, and all women of childbearing-age, need to be aware of the importance of not drinking alcohol if a woman is pregnant or considering becoming pregnant."

SAMHSA's Fetal Alcohol Spectrum Disorders (FASD) Center for Excellence web site, targeted at consumers and health practitioners, provides the latest scientific information and resources about the prevention and treatment of FASD.

This report from SAMHSA is based on the 2011 and 2012 National Survey on Drug Use and Health (NSDUH) data. NSDUH is a scientifically conducted annual survey of approximately 67,500 people throughout the country, aged 12 and older.

The complete survey findings are available [here](#).

To learn more contact:

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MASBIRT Training and Technical Assistance



MASBIRT TTA can provide your site with:

- ◆ Training and on-going skills coaching for all staff levels: professional and administrative; train-the-trainer;
- ◆ Guidance with clinical protocol development; screening instruments and methods, brief intervention strategies;
- ◆ Grand Rounds on the intersection of alcohol, drugs and health, and importance of early identification;
- ◆ Help with administrative aspects, such as data collection strategies, documentation protocols;
- ◆ Identification and development of resources for patients who need specialty care, including medication assisted treatment for alcohol and opioids; and
- ◆ Expert guidance for work with special populations.

[MASBIRT TTA](#) • 617-414-3749 • www.masbirt.org



MASSACHUSETTS
**SUBSTANCE ABUSE INFORMATION
AND EDUCATION HELPLINE**

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