

Implementing Screening, Brief Intervention, and Referral to Treatment (SBIRT) to Target Alcohol Use in the Emergency Department

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Study Partners



**Center for
Behavioral Health
Integration, LLC**

Background

- Unhealthy alcohol use is a serious public health concern and prevalent among patients seen in emergency department (ED) settings
- SBIRT is a well-established screening and intervention framework to target unhealthy use
- SBIRT is being widely adopted and implemented in a variety of medical settings, including EDs

Study Objective

- Given their role as a common entry point for patients into the health care system, ED settings present a unique opportunity for SBIRT implementation
- This study assessed how EDs implemented the SBIRT process and factors associated with successful implementation

Study Setting

- Vermont Department of Health received SAMHSA SBIRT grant
- Extended health reform efforts in the state
- Implementing organizations provided with training, coaching, and ongoing support
- Implementation occurred on staggered basis



Study Methods

- Mixed-method, multiple case study design
- Included three regional medical centers that implemented SBIRT in the ED

Data Sources:

- Qualitative key informant interviews ($n=14$)
- Quantitative patient-level data ($n=41,797$)

SBIRT Model and Workflow

	Initial Screening	Secondary Screening	Brief Intervention	Brief Treatment	Referral to Treatment
Specialist model (one site)	Triage nurse	SBIRT clinician (MA-level)	SBIRT clinician (MA-level)	SBIRT clinician (MA-level)	SBIRT clinician (MA-level)
Specially trained paraprofessional (two sites)	SBIRT clinician (BA/MA-level)	SBIRT clinician (BA/MA-level)	SBIRT clinician (BA/MA-level)	SBIRT clinician (MA-level)	SBIRT clinician (BA/MA-level)

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Select SBIRT Implementation Findings

Implementation Rationale

- Unhealthy alcohol use was a major impetus for bringing SBIRT into the ED

“It’s very simple. Practicing emergency medicine was incredibly frustrating when we could not help people who were presenting with an acute or subacute need of help that involved substance use, typically alcohol. That remains a very strong note that I continue to call out because it remains, I think, our most dominant need.”

-Physician Champion

Implementation Support

- Importance of grant and technical assistance throughout implementation process and into sustainability

SBIRT as Innovation

*“This [SBIRT] gave us a tool to screen for what we know is often high-risk behavior and it was structured. Then we had a way to act on it. So, it fit with the medical model of efficiency, ‘Hey, we can have them do this thing. We can interpret the results. We can engage with them about risk.’
... [SBIRT] was there, it was a structured automatic way to make it be part of our care.”*

- Physician Champion

Acceptance of SBIRT Process

- SBIRT was viewed by study informants as a “*beneficial*” clinical process:
 - To address alcohol use
 - Remedy gaps in care
 - Integrate substance use services into emergency medical settings
 - “*Destigmatize*” alcohol/other substance use
 - Improve patient satisfaction

Other Implementation Factors

- Strong multi-level leadership

“I think you have to have strong leadership. ...We just kept it up as a consistent drumbeat, an expectation, we’re not going back ... We’re doing this, and feeding in plain speech, plain language, why it’s important. And involving everybody.”

- Physician Champion

- Organizational culture/structure
- Community characteristics

Other Factors (Continued)

- Buy-in and SBIRT model acceptance

“Buy-in from staff and providers was gigantic, but you’ve got to work at it. It took time; you weren’t going to get instant buy-in.”

-SBIRT Clinician

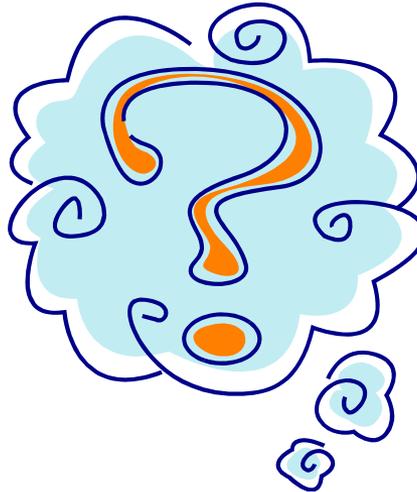
“We embrace people who are coming to help our patients, so the buy-in was easy to convince the nurses and doctors to buy into this program because it’s all good. There’s no negative to it ... when they're not tasked with the work. If someone else [i.e., SBIRT clinician] is going to come and do the work, absolutely. I think that helped make it a pretty smooth transition.”

- Physician Champion

Conclusion

- SBIRT process can:
 - Play a powerful role in identifying and targeting unhealthy alcohol use in ED settings
 - Facilitating integrated behavioral health in the ED
- Study results illustrate multiple characteristics at play with SBIRT implementation
- Suggest important lessons for scaling up implementation efforts in the ED

Thank you! Questions?



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