Sustaining SBIRT Implementation in the Clinical Setting
Suuyen Schneegans MA, Glenn P. Malone MS, Shruthi Vale MS, Janet F. Williams MD, Sandra Burge PhD, Nancy Amodell PhD
University of Texas Health Science Center at San Antonio
The Departments of Pediatrics and Family & Community Medicine

Introduction

Screening, Brief Intervention and Referral to Treatment (SBIRT) is an evidence-based approach to early intervention for persons with or at risk for substance use disorders. The overall purpose of Project S-START (SBIRT-South Texas Area Residency Training) is to expertly train a cadre of resident physicians in SBIRT techniques to detect and manage patients with or at risk for substance abuse disorders.

Project S-START is a 5-year multidisciplinary training curriculum which targeted 671 resident physicians from six medical specialties across South Texas: Pediatrics, Family Medicine, Internal Medicine, Surgery, Obstetrics/Gynecology, Psychiatry. In addition to enhancing knowledge, attitudes and the implementation of SBIRT practices during the residency program, we examined whether the training efforts led to the continued implementation of SBIRT practices post-graduation.

Objectives

- Physicians will demonstrate continued implementation of SBIRT practices post-graduation.
- Implementation practices will be consistent across substance use categories (i.e., tobacco, alcohol, other abused substances).

Methods

Post-graduate physicians from three medical departments were administered surveys via hard copies or SurveyMonkey database. Survey items were used to assess participants’ implementation of SBIRT practices (i.e., Screening, Brief Intervention, and Referral to Treatment) appropriate to individuals with or at risk of substance use and abuse.

Item stems prompted physicians to respond to percentages of implementation for a patient age group and number of times of implementation per week/month for tobacco, alcohol, and other substances use.

Responses for Screening:
- Frequency of implementation was measured via percentages:
  - 1 = None (0%)
  - 2 = Some (1-33%)
  - 3 = About half (34-55%)
  - 4 = Most (56-75%)
  - 5 = All or nearly all (76-100%)

Responses for Brief Intervention and Referral to Treatment:
- Frequency of implementation was measured via times per week/month:
  - 1 = Never
  - 2 = About one or two times per month
  - 3 = About once per week
  - 4 = 2-4 times per week
  - 5 = More than 4 times per week

Post-graduate physicians participated in a survey-administered evaluation of the SBIRT training program.

- 43 participants filled out a 12-month follow-up survey
- 36 participants filled out a 24-month follow-up survey
- 3 medical departments participated – Pediatrics, Family Medicine, and Internal Medicine (see Figures 1 & 2)

Sample Characteristics

SBIRT Implementation

Physicians by Department

Results

Implementation of SBIRT practices continued post-graduation.
- At 12-months, physicians showed significant differences in screening and brief intervention across substance use categories.
- At 24-months, SBIRT practices for most substances showed slight decreases compared to 12-month levels.
  - Though implementation decreased, SBIRT patterns reported at 12- and 24-months were similar.
  - Similar to 12-month levels, significant differences were reported for screening & brief intervention across substances. (see Figures 3 & 4)

Conclusions & Implications

Physicians consistently report implementation of SBIRT practices post-graduation; however, decreases in SBIRT practices occurred over time. This change suggests that reinforcing measures should be employed to ensure sustained practices.

Since screening for tobacco use was significantly greater compared to screening for alcohol and other substance use across 12- and 24-month evaluations, SBIRT training and reinforcement should be designed to ensure that all substance use is screened routinely and equitably in the practice setting. Tobacco use screening may occur more often since both physicians and patients have greater comfort with ‘normalized’ health risk screening of this ‘legal’ drug use. As providers and patients become similarly comfortable with routine alcohol and other drug screening, SBIRT practices should also improve. Electronic health record reminders, documentation, coding and billing can effectively reinforce SBIRT practices, and increase implementation and equitable application across substance use.

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