Volume XXVII, No. 8
November 2013

Minnesota Physician
The Independent Medical Business Newspaper

Screening for risky substance use

Clinics implement a new model in primary care

By Pam Pietruszewski, MA

During the past five years, more than 80 Minnesota primary care clinics have implemented the DIAMOND program (Depression Improvement Across Minnesota, Offering a New Direction) to treat patients with depression. In 2011, the Institute for Clinical Systems Improvement (ICSI), in partnership with the Pittsburgh Regional Health Initiative and the Wisconsin Collaborative for Healthcare Quality, received a $3.5 million grant from the Agency for Healthcare Research and Quality. The goals of the grant were to combine the evidence-based "Screening, Brief Intervention and Referral to Treatment" (SBIRT) program with the DIAMOND program to screen patients for risky alcohol or drug use, as well. As part of the grant, all three partners helped primary care clinics in their states to train clinic staff, build patient and community awareness of the underserved conditions, develop patient registries to track patients progress, and support sustainability for the model.

During the past two years, ICSI has helped 34 primary care clinics in Minnesota implement this integrated, care manager model (elements of DIAMOND plus SBIRT). Since these clinics had extensive experience with DIAMOND, a key focus of the grant work in Minnesota was to determine the impact of adding substance use to the care model.

Interest in the SBIRT program

SBIRT is an early intervention designed to provide screening, brief behavior change interventions using motivational interviewing, and referral to formal addiction treatment when needed. Clinics added SBIRT for several reasons:

- Minnesota ranks sixth nationally for binge drinking.
- Risky alcohol and drug use are among the top four contributors to chronic diseases.
- Care managers see a high incidence of risky substance use in patients with depression.
- Many of the clinics already had established a care management-based model. A DIAMOND care team is composed of the primary care physician; a care manager who regularly contacts the patient and coordinates their care; and a consulting psychiatrist who works with the care manager and recommends changes for patients not improving.
- Clinics wanted to determine how handling multiple behavioral health conditions would affect patient care and care manager productivity.

"The main benefit of screening for risky substance behaviors is to prevent patients from getting chronic illnesses such as cardiovascular disease, cancer, and diabetes," said Mark Bixby, MD, North Memorial Health Care. "Through earlier identification, we can change a patient's behavior before he or she becomes seriously ill."

For Kristin Somers, MD, a psychiatrist at Mayo Clinic, combining elements of SBIRT and DIAMOND fit with Mayo's desire to be innovative in integrating behavioral health into primary care. "Adding this component enhances our health care home and makes our clinic unique," she said.

Implementation

With the integrated model, patients typically are screened before they see their physician. The PHQ-9 (Patient Health Questionnaire—nine questions) is used to identify depression, while the Alcohol Use Disorders Identification Test (AUDIT) or Drug Abuse Screening Test (DAST-10) is used to screen for alcohol or drug use.

If a patient is positive for one or more of these conditions, the primary care physician is informed. He or she recommends the appropriate care plan and introduces the patient to a care manager, who typically has a background in nursing, social work, psychology, or as certified medical assistants. The care manager becomes the patient's primary contact for education, care coordination, and follow-up.

The care manager provides routine follow-up to repeat the PHQ-9 and enters the patient's data each time into a registry. Using the registry, the consulting psychiatrist and the care manager review a patient's progress each week. If a patient is not improving, the psychiatrist might recommend a change to treatment. The care manager relays the recommendation to the primary care physician, who has ultimate responsibility for the care plan. Roughly 30 percent of patients with depression receiving this type of care are in remission by six months.

Screening for substance use indicates if a patient is at low, medium, or high risk. Most receive a brief intervention in which the care manager educates the patient on the health risks and uses motivational interviewing to help the patient set goals for behavioral change. If a patient has possible abuse or dependence issues, he or she is referred to additional resources.

Changing roles and workflow

"Adding screening for substance use increased the work for our DIAMOND care managers," said Mary Lou Oman, RN, psychiatric nurse consultant, who helps to oversee 15 care managers for Entira Family Clinics.

Although care managers find their caseloads need to be decreased in order to address multiple conditions, physicians support the additional screening, and management for substance misuse. "Our traditional care has almost been hyphenated by the requirements of time," said Jeffrey Virant, MD, Stillwater Medical Group. "We acknowledge that an illness has stolen the patient's motivation and hope, and yet we give them a pill and say, 'Call us in four weeks.' We lose a lot of patients at that point. Now, I rely on my care manager to help the patient put one foot in front of the other. This is really valuable."

Challenges and lessons learned

There are challenges to implementing the integrated model, but participating clinics are learning how to address them over time.

Getting honest answers. "Many patients think heavy drinking and even some drug use is normal," said Bixby. "So some view screening for alcohol or drug use as invasive and inappropriate."

"Patients are not always truthful," added Somers. "They try to minimize their actual substance use. It is viewed as a social activity, not a health problem like depression."

Training in motivational interviewing helps care managers better align with patients as collaborators. This helps remove judgment and strengthens patient self-efficacy. Nancy Munson, RN, Integrated Behavioral Health Care, Mayo Clinic, said, "Making patients aware of the medical complications resulting from binge drinking makes it easier for them to buy into some behavioral change."

"When we create a comfortable environment, we are more likely to get accurate answers," said Rebecca Godfrey, care coordinator, North Memorial. "It is not what we say, but how we say it." Folding the alcohol and other drug screenings into overall patient health assessments also helps to destigmatize the discussion of risky substance use for North Memorial.

In smaller communities, clinic staff and patients may know each other, making it uncomfortable for both parties to discuss the issue. However, a number of clinics noted that patients are more open than they originally thought to talk about their substance use. Others are relieved that someone is finally talking about the issue because they didn't know how to bring it up.

Clinics indicated that the factors making depression care successful in primary care also apply to risky substance use treatment.

Accessing outside resources. "Knowing what external resources are available for patients with substance use issues is very important for those requiring more than a brief intervention," said Greta Humphrey, care coordinator, North Memorial. Entira developed a list of resources and invited leaders of various organizations to share information on their programs.

Gaining buy-in from psychiatrists. "Psychiatrists may initially worry about losing work or possible liability issues if they consult with a care manager in primary care instead of performing direct patient care," said Jeffrey Sawyer, consulting psychiatrist, North Memorial. "The reality is that there haven't been problems. The results speak for themselves."

Support for a care management approach

Clinics indicated that the factors making depression care successful in primary care also apply to risky substance use treatment. These include:

- Obtaining senior management commitment
- Finding a strong clinic champion
- Having a registry to monitor patient progress
- Sharing early success stories to validate the model
- Helping staff feel good about the care they provide
- Hiring care managers who work well in a team, have compassion for patients with behavioral health conditions, and are skilled in motivational interviewing

Outcomes and measurement

To date, Minnesota clinics have screened roughly 26,000 patients for risky substance use. Three percent were eligible for a brief intervention and, of those, 40 percent completed the intervention. At follow-up, 80 percent of these patients reported a decrease in binge drinking days (men consuming five or more drinks and women consuming four or more drinks in about two hours).

Clinics are seeing successes. Tianna Harrell, care coordinator, North Memorial Health Care, helped a patient with possible alcohol abuse access a treatment program for teens, and the young woman graduated from the program. "She invited me to the ceremony and said she doesn't know what she would have done if she hadn't gotten into the program," said Harrell.

At Entira, Angela Rivas, care manager, remembers a patient who acknowledged using heroin. "He had been using for two years and had hooked his girlfriend," said Rivas. "He hadn't told his parents or his doctor. In fact, his doctor was shocked when he found out. We sent this patient to treatment, and he's doing phenomenally well."

"Down the road, I hope we have more outcome data," said Tim Hernandez, MD, Entira. "Referral to treatment makes it difficult to know patient outcomes because of confidentiality. Long-term studies have to be done to determine the benefits of keeping patients from moving from abuse to addiction. If we can start to see that this works upstream, that would be huge."

The bottom line

While outcomes are still being gathered about how the evidence-based SBIRT model was implemented, current participants support the program. "The staff has embraced this work, and we are seeing progress," said Bixby.

Hernandez noted that the further integration of behavioral health into primary care "is coming whether we want it or not. Clinics should figure out their process."

"Screening for risky substance use has been incredibly valuable," said Virant. "When we're dealing with behavioral health issues, alcohol and drug use can often be major comorbidities. In retrospect, not to have acknowledged that would have been foolish. We have the first new tool in a long time that's proven to work."

Pam Pietruszewski, MA, *ICSI director, leads the SBIRT initiative at ICSI.*