Implementing a SBIRT Curriculum for Medical Residents: Training the Next Generation

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Howard University Hospital

- Originally known as Freedman’s Hospital - 1862
- Level 1 Trauma Center
- Accredited Medical Residency programs: cardiology, dentistry, dermatology, family medicine, internal medicine and several subspecialties, neurology, obstetrics and gynecology, ophthalmology, oral maxillofacial, orthopedic surgery, pathology, pharmacy, podiatry, psychiatry, and general surgery.

- HUH attracts medical students from all over the country and internationally, many of whom graduate to practice in underserved areas and in primary care.
History and Mission of Alcohol Research Center

- Established September, 1997
- Funded Primarily NIAAA
- To stimulate, strengthen, and facilitate multidisciplinary research and collaborations that will lead to the reduction of alcohol morbidity and mortality among minority populations with emphasis on the African Americans
What is SBIRT?

- Screening
- Brief Intervention
- Referral to Treatment

A comprehensive, integrated, public health approach conducted by health and social service providers to:
- Screen patients for alcohol/substance abuse problems
- Deliver early intervention and treatment
Projects That Were The Foundation for SBIRT

- Alcohol Research Center (1997)
  - Social Work Curriculum on Alcohol Use Disorders
  - Understanding Alcohol: Investigations into Biology and Behavior (High School)
- A Medical Education Model for the Prevention and Treatment of Alcohol Use Disorders (1998)
- Alcohol Intervention in an Inner-City Emergency Room (2003)
N = 7,751 ➔ 26% positive for at-risk drinking.

Controlling for baseline drinking levels, patients receiving the intervention had 3.25 fewer drinks per week than controls.

The intervention was more effective with at-risk drinkers than with dependent drinkers.

Among non-dependent drinkers, the intervention group was twice as likely as controls to no longer exceed the NIAAA guidelines.
Missed Opportunities

Training Needs

- 9 in 10 physicians fail to diagnose substance abuse in adults
- 4 in 10 miss it in teens
- 19.9% - "very prepared" to identify alcohol dependence
- 16.9% - "very prepared" to identify illegal drug use
- 30.2% - "very prepared" to identify prescription drug abuse

Why SBIRT?

- **U.S. Preventive Services Task Force (USPSTF)**
  - Screening and behavioral counseling interventions to reduce alcohol misuse by adults, including pregnant women, in primary care settings.

- **Joint Commission on Accreditation of Healthcare Organizations (JCAHO)**

- **American College of Surgeons Committee on Trauma (ACSCOT)**
  - Mandates that Level 1 Trauma centers have a mechanism to identify problem drinkers and provide brief interventions for patients that screen positive.
Know the R.I.S.K.

- Raise the issue of substance abuse
- Inform the patient about healthy behaviors
- Screen for substance abuse problems
- Know how to offer brief intervention and referral to treatment
Mission

- Provide physicians and other health care professionals exceptional quality education and training to be competent in the identification and management of alcohol/substance use problems through appropriate screening, brief intervention, and referral to treatment.
Utilize technologically advanced techniques to become the leader in education and the promotion of screening, brief intervention, and referral to treatment.

A special emphasis is placed on the roles of the doctor-patient relationship, cultural competency, and primary care in the reduction of alcohol/substance use disorders and related health care disparities.
Target Specialties

- Family Medicine
- Internal Medicine
- Obstetrics & Gynecology
- Psychiatry
- General Surgery
Implementation

Know the R.I.S.K Lecture (1 hr)

New Resident Orientation

Know the R.I.S.K Clinical Skills Development (1 hr)

New Resident Orientation

Know the R.I.S.K: Online Curriculum (~ 2.5hrs)

Resident complete on own

Application of SBIRT

Know R.I.S.K: Clinical Skills Evaluation (1 hr)

Clinical Skills Center

SBIRT Related Lecture (1 hr)

GME Core Lecture Series

Preliminary Results:

Level of experience working with patients with alcohol or illicit drug problems

(n=124)
Preliminary Results:
Readiness to initiate screening and brief intervention in patients
(N=124)

Level of Readiness

Not Ready

Very Ready

Alcohol problems

Illicit drug problems

Baseline

Follow Up

*p < 0.001
Summary of Preliminary Results

- Observed changes in residents experience attitudes and readiness to change.
- Training was generally well accepted by residents.
- Currently obtaining patient feedback on incorporation of SBIRT into visits.
Lessons Learned

- Buy-in from all the parties involved
- Departmental champion
  - Liaison to assist SBIRT Program
    - Facilitate faculty & resident training
    - Model, observe & document utilization of SBIRT during patient care
    - Develop specialty case for Clinical Skills Center Assessment
- Emphasize that the techniques can be applied in helping patients address other chronic diseases
  - hypertension
  - diabetes
  - eating disorder
Other Resident Specialties
- Dentistry
- Dermatology
- Ophthalmology
- Orthopedic Surgery
- Pathology
- Pharmacy

Other Health Care Professionals
- Medical Students
- Nurses
- Social Workers
- Genetic Counselors
Effectiveness of SBIRT on Impaired Driving

- Emergency practitioner performed BI can reduce alcohol consumption and episodes of driving after drinking in hazardous and harmful drinkers.
  

- Motor vehicle crash patients given BI for alcohol plus a booster had fewer alcohol-related injuries.
  

- Limited published findings: additional funds are needed to evaluate the effectiveness SBIRT

  - Other professionals (Law enforcement officers, Fireman, EMT, High school and college nurses, counselors, psychologists)
  
  - Illicit and prescription drugs
Acknowledgments

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