Implementing Alcohol SBIRT for Opioid Agonist Patients: Perceptions of Primary and Specialty Care Staff

Jan Klimas, PhD1,2,3, Raina Croff, PhD 1, Traci Rieckman, PhD 1, John Muench, MD5, Katharina Wiest, Phd 4, Dennis McCarty, PhD 1

Background

Problem alcohol use is a significant health issue, particularly among high-risk’ populations (e.g., people treated for dependence on illicit drugs such as heroin or cocaine). Screening, brief intervention and referral to treatment (SBIRT) are effective in reducing alcohol use, however, it is unknown how health professionals view SBIRT implementation among opioid agonist patients.

This study compared experience of, and attitudes towards, implementation of alcohol SBIRT for opioid agonist patients in primary and specialty care settings, with or without a resident training initiative.

Methods

Focus groups were completed in a primary care and a specialty care setting in Portland, Oregon to compare experience of, and attitudes towards, implementation of alcohol SBIRT for opioid agonist patients in settings with or without SBIRT residency training initiative.

Participants

The six buprenorphine prescribers in the primary care clinic were invited to participate in the focus group; two of them were not available. At the specialty clinic, we invited 11 health professionals (e.g., counselors, social workers and intake staff) to participate in the focus group; 10 attended.

Results (cont’d)

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<tr>
<th>Themes: Provider factors</th>
<th>Findings</th>
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<tbody>
<tr>
<td>Practice of screening</td>
<td>• Alcohol assessed at intake</td>
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<td>• Identification of patient need for safety rather than as part of the medical screening process</td>
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<td>Practice of brief intervention and treatment</td>
<td>• Pharmacological interventions (psycho/psychiatric)</td>
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<td>Referral to treatment</td>
<td>• Providers referred patients to other settings</td>
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<td>• Increased identification of cases</td>
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<table>
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<th>Themes: Community factors</th>
<th>Findings</th>
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<td>• Patient attitudes and motivation for behavioral engagement and treatment success</td>
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Key Points

- Organizational, structural, provider, patient and community related variables hindered or fostered SBIRT implementation.
- Continuing education, access to specialist support staff, funding or reimbursement for SBIRT, and enhanced electronic medical records supported SBIRT. Clinic flow inhibited SBIRT.

Conclusions

Qualitative analysis of focus group interviews compared and contrasted SBIRT in a primary care clinic versus a specialty care clinic. Training health care professionals in delivering alcohol SBIRT is feasible and acceptable for implementation among opioid agonist patients; however, it is not sufficient to maintain a sustainable change. Effective implementation requires systematic changes at multiple levels targeting obstacles specific to patient population or setting. Research into multilevel interventions to encourage implementation of alcohol SBIRT in primary and specialty opioid treatment settings is a priority.

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For further information

Department of Public Health and Preventive Medicine, Oregon Health and Science University (OHSU), Portland, OR

School of Medicine and Medical Science, University College Dublin, Ireland; jklimas@lmu.de

Graduate Entry Medical School, University of Limerick, Ireland; YCVDA, Inc: Portland, OR

Department of Family Medicine, Oregon Health and Science University (OHSU), Portland, OR

www.sbirtoregon.org

References


Literature