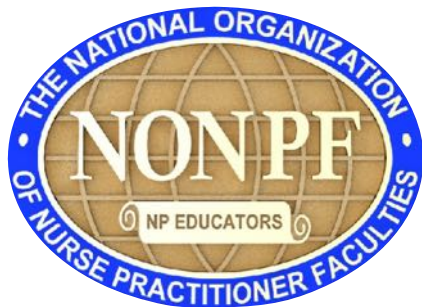# A Sensational, Scalable, Online, Multidisciplinary SBIRT Training Program

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Clinical Professor
University of Wisconsin
Rock County Mental Health

Acknowledgments

- **Richard Brown, MD, MPH**

  - Professor UW School of Medicine and Public Health and Director of the Wisconsin Initiative to Promote Healthy Lifestyles (WIPHL)

- **Mia Croyle, MA**

  - Project Manager, SBIRT Training Program

- **Jade Goetz, BS**

  - UW Department of Family Medicine Research Assistant

Project Funding

Funder:

Grant number: 1U79TI025933-01
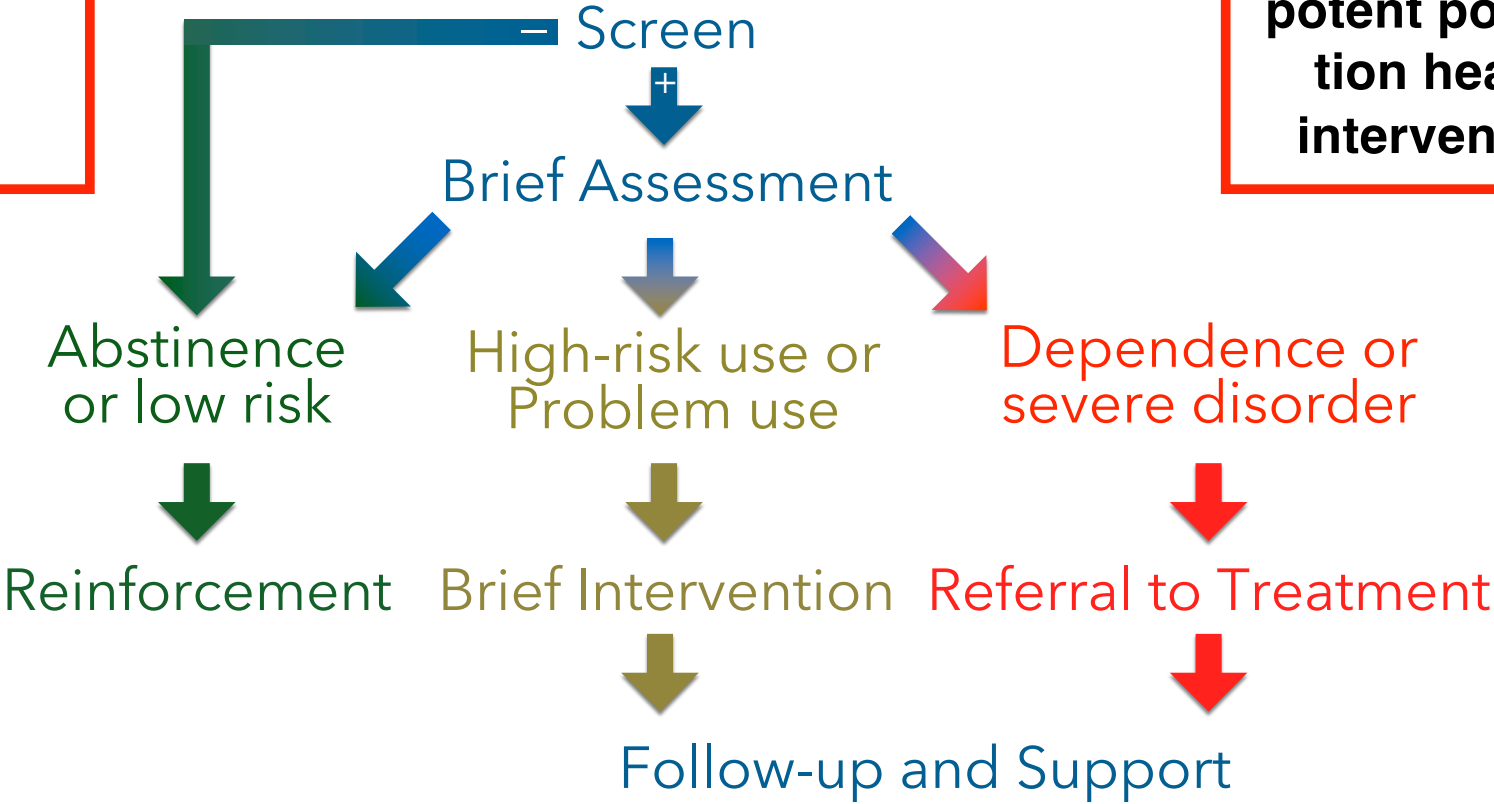
Amount: $944,854

Project Period: 9/30/15 to 9/29/18

SBIRT Overview

A one-on-one clinical prevention service

When delivered universally, a potent population health intervention

Screen

− +

Brief Assessment

Abstinence or low risk

High-risk use or Problem use

Dependence or severe disorder

Reinforcement

Brief Intervention

Referral to Treatment

Follow-up and Support

Time to ask.
WIPHL

Outline

- Project goals and objectives
- Program rationale
- Program description
- Program evaluation
- NP faculty perspective
- NP preceptor perspective
- Next steps
- Discussion

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Project Goals

- Implement, refine and evaluate the effectiveness of a scalable, competency-based, online SBIRT curriculum for 2,025 UW trainees of diverse professions

- Strengthen capacity to deliver SBIRT in general healthcare, mental healthcare and social services settings throughout Wisconsin in service to the triple aim: better health, patient/client experience and cost control

Project Objectives

- 2,025 UW healthcare professional trainees will demonstrate
  - Strengthened knowledge, attitudes and intention to deliver SBIRT
  - Competence to deliver SBIRT

- In their work settings after graduating from their current programs, those individuals will

  - Deliver SBIRT to their patients and clients

  - Modify care systems to enable universal SBIRT delivery
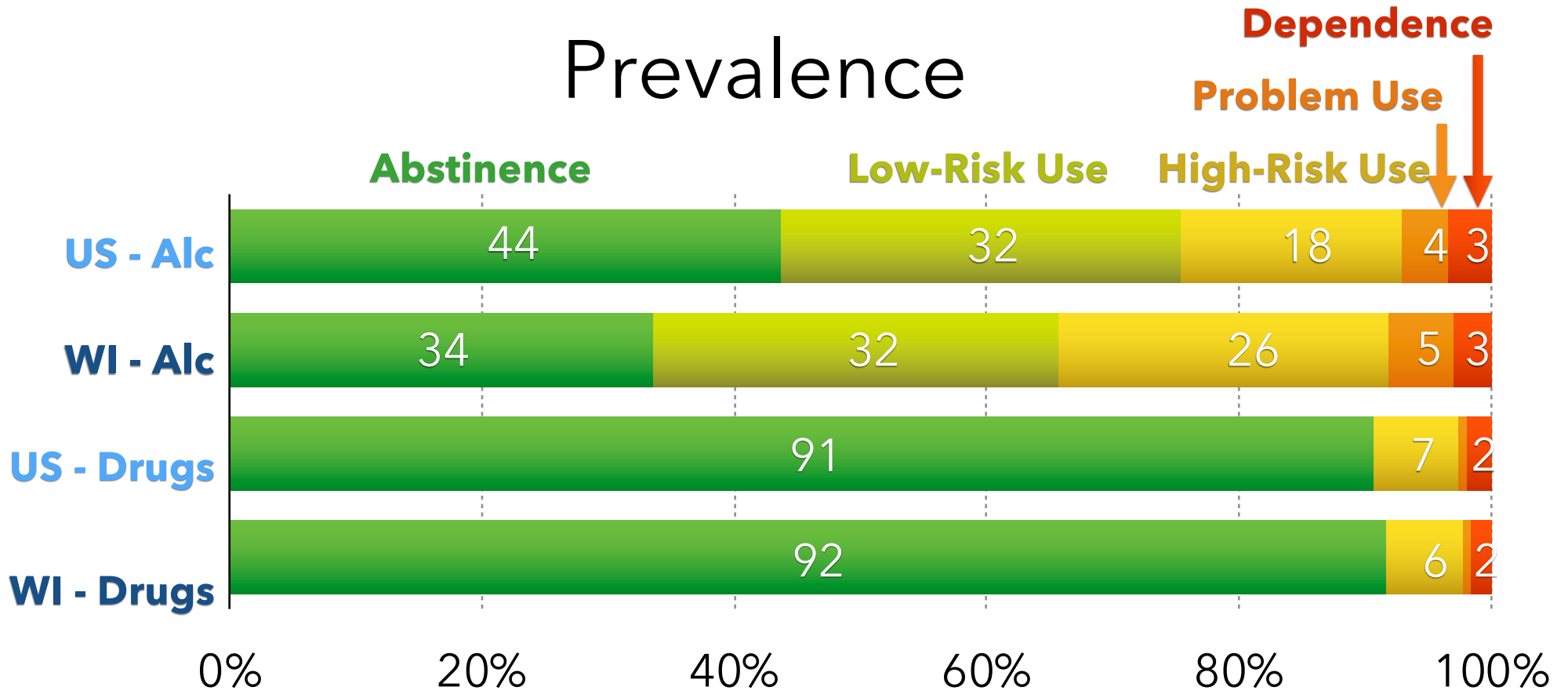
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Prevalence

National Survey on Drug Use and Health, State Report, 2012-2013

Impacts of Excessive Drinking in Wisconsin

1,529
deaths

48,578
hospitalizations

5,751
crashes

60,221
arrests

Contribution of Alcohol and Drugs to Untoward Events

- Violent crime
  - Homicides - 46% to 86%
  - Sexual assaults - ≤60%
  - Other assaults - 37% to 40%
- Incarceration
  - Adults - 65%
  - Juveniles - 67%
- Suicides - 20% to 37%
- Falls - 44%

- Drownings - 69%
- Fires - 26%
- Child abuse/neglect - 70%
- Intimate partner violence - ?
- Unintended pregnancies - ?
- STIs - ?
- Fetal alcohol spectrum disorders - 100%

Moore & Gerstein, 1982; Chesson, 2000; Winters, 2003; Rooney & Hargarten, 2007; Reid, Machetto & Foster, 1999

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Economic Impacts of Excessive Drinking in Wisconsin

Description	Amount
Healthcare	$750 million
Premature mortality	$2.0 billion
Additional productivity loss	$2.9 billion
Criminal justice	$649 million
Vehicular crashes	$418 million
Other	$90 million
Total	**$6.8 billion**

$1,200 for every adult and child resident

19% of the FY 2016 State of Wisconsin budget

Black P, Palzer J. Burden of Excessive Alcohol Use in Wisconsin. UW Population Health Institute, 2013

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Prevalence of Substance Use Disorders and Receipt of Treatment in the Last Year – Wisconsin Adults

Alcohol

No Disorder
91.9%

Disorder
8.1%

97.4%
untreated

2.6%
treated

39 of 40 not treated

Drugs

No Disorder
97.8%

Disorder
2.2%

88.8%
untreated
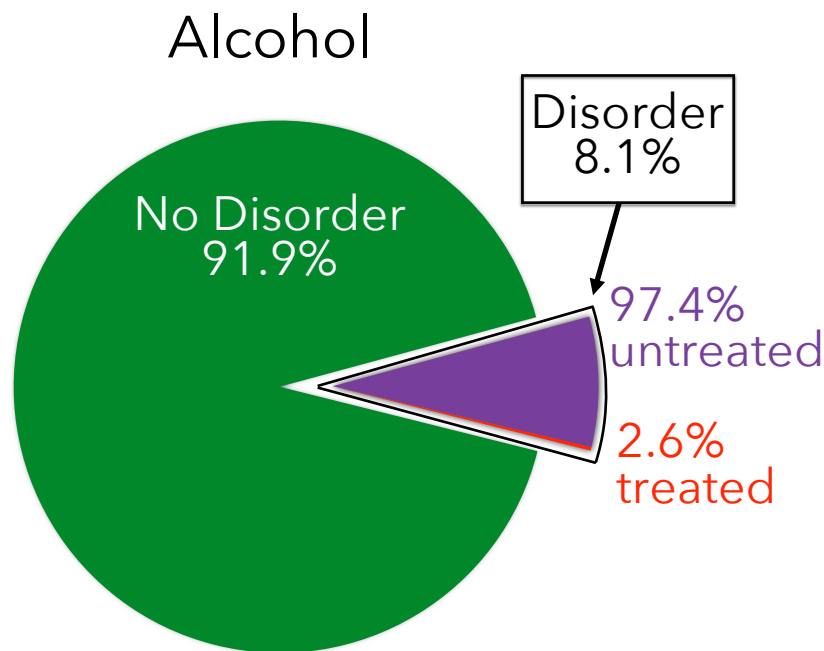
11.2%
treated
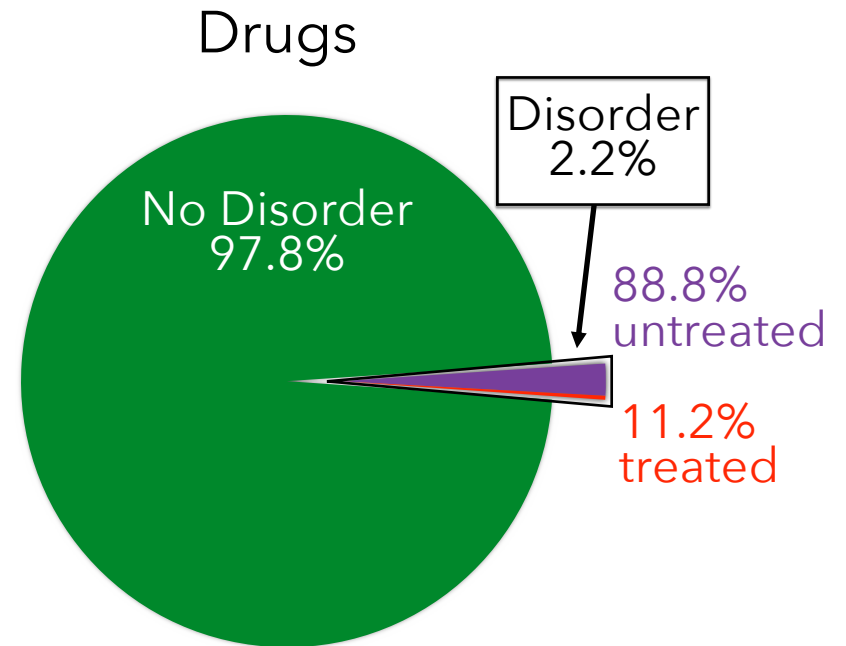
8 of 9 not treated

National Survey on Drug Use and Health, State Report, 2012-2013

Brief Alcohol Interventions
– Effectiveness for High-Risk and Problem Use –

In the year after interventions:

Injuries	**ED Visits**	**Hospitalizations**	**Arrests**	**Crashes**
20%	*20%*	*37%*	*46%*	*50%*

Fleming, JAMA, 1999; Fleming, Medical Care, 2000

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Authorities that Recommend
Alcohol Screening and Intervention

NATIONAL

WISCONSIN

Benefits of SBIRT for Drugs

- Reduce drug use by some people

- Prompt screening for associated health conditions

- Alter differential diagnoses

- Modify prescribing
- Potentially addictive medications
- Medication-drug interactions

- Offer buprenorphine for opioid dependence

SBIRT: Cost Savings Per Patient

	Project TrEAT	WASBIRT	WIPHL
Patients and settings	Wisconsin primarycare patients	Disabled Medicaid patients inWashington State EDs	Medicaid patients in Wisconsin primarycare clinics
Intervenors	Physicians and nurses	Alcohol/drug counselors	Health educators
Intervention cost	$205	$15	$48
Healthcare savings	$523*	$4,392*	$782[†]
Other savings	$629*	Not studied	Not studied

*One-year savings per patient intervened upon

†Two-year savings per patient screened

Fleming, Medical Care, 2000   Estee, Medical Care, 2010   Paltzer, JBHS&R, 2016

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Why an <u>online</u> training program?

Scarce class time

Geographic dispersion of trainees

Lack of faculty comfort

Trainees

- Nursing

- Social Work

- Counseling Psych and Rehab Psych

- Medicine

- Physician Assistant

- Pharmacy

Reach of Training

- Online platform allows large reach

  - "Trickle up" faculty development

- Training at many organizations across state which result in increased awareness in practice

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Curriculum Modules

1. Introduction to the curriculum

2. Substance use continuum

3. Rationale for SBIRT

4. Screening

5. Brief assessment

6. Motivational interviewing

7. The initial session

8. Follow-up sessions

9. Preparing settings for SBIRT

10. Skills development & competence assessment

11. Wrap-up

Learning Activities - Modules 1-7, 9 & 10

- Narrated slide presentations

- Videotaped skill demonstrations

- Quizzes
  - Explanations for incorrect answers
  - Repeat until answers are correct
  - Ungraded

- Discussion forums

University of Wisconsin Moodle
Ongoing courses

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NAVIGATION

Dashboard
▶ Site home
▶ Site pages
▼ Current course
  SBIRT Fall/Spring 2016-2017
  ▶ Participants
  ▶ Badges
  ▶ Welcome to the UW SBIRT Training Course!
  ▶ Module 1 - Intro to the SBIRT Curriculum
  ▶ Module 2 - The Substance Use Continuum
  ▶ Module 3 - Rationale for SBIRT
  ▶ Module 4 - Screening
  ▶ Module 5 - Brief Assessment
  ▶ Module 6 - Motivational Interviewing
  ▶ Module 7 - The Initial Session
  ▶ Module 8 - SBIRT Practice and Competence Assessment
  Module 9 - Follow-up

Your progress ⑦

Welcome to the UW SBIRT Training Course!

After completing this online training course:

- You'll be able to deliver SBIRT to your patients or clients

- You'll be motivated to deliver SBIRT to your patients or clients

- You'll be able and motivated to modify your future practice settings so that your patients or clients routinely receive SBIRT

For assistance with course function, or questions about course content or logistics, please don't hesitate to contact us at **wiphl@fammed.wisc.edu** or **608-263-9090**.

Assistance will usually be available during typical UW-Madison business hours. Response time, if not immediate, will be within 1 business day.

Course Guide

Click the link above to download the **Course Guide**, which might be helpful in budgeting your time when working through the course and knowing what's to come in later modules.

📁 Module Transcripts

💬 Questions for the Instructors

💬 News forum

Module 1 - Intro to the SBIRT Curriculum

This module consists of:

- Module 1 - Learning Activities (Part 1)
  ○ 1.0-1.1 video [4:42]
- SBIRT1 Questionnaire 1

UW SECTIONS ⑦

FALL 2016

NURSING 212
- LEC 001

PHMPRAC 553
- DIS 001
- LAB 301
- LAB 302
- LAB 303
- LAB 304

PHYASST 717
- LEC 001
- LEC 002

NURSING 726
- LEC 020
- LEC 040
- LEC 060

MEDSC-M 806
- LEC 001

COUNPSY 810
- FLD 001

NURSING 828
- SEM 010
- SEM 020
- SEM 021
- SEM 040
- SEM 060
- SEM 061

New messages (1)
Go to messages   Ignore

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NAVIGATION

Dashboard
▶ Site home
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  Module 5 - Brief Assessment
  Module 6 - Motivational Interviewing
  Module 7 - The Initial Session
    Module 7 - Learning Activities
    Module 7 - Initial Session Resources
    Module 7 Forum

Module 7 - Learning Activities

Module 7.2 - 7.3

Please scroll down for all learning activities and quizzes.

3:10 / 10:23   CC   1x

Fall 2016 Module 7.3

SBIRT Training Curriculum

ACTIVITIES

🗐 Assignments
🌐 Collaborate Classic instances
💬 Forums
🗂 Lessons
📝 Questionnaires
📄 Resources

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    - Module 5 - Brief Assessment
    - ▶ Module 6 - Motivational Interviewing
    - Module 7 - The Initial Session
      - **Module 7 - Learning Activities**
      - Module 7 - Initial Session Resources
      - Module 7 Forum

Module 7 - Learning Activities

For individuals who refuse recommendations for referral to treatment, which would NOT adhere to a Motivational interviewing approach?

○ Show respect for their choices

○ Deliver warnings that unfavorable outcomes are likely

○ Explore changes they might wish to adopt

○ Explore the reasons for their hesitancy

Submit

ACTIVITIES

- 📝 Assignments
- 🟣 Collaborate Classic instances
- 📋 Forums
- 📊 Lessons
- 📋 Questionnaires
- 📄 Resources

Module 1 - Intro to the Curriculum

- Brief introduction to SBIRT

- Instructions on using the learning platform

- How to access technical help

- Pretest: knowledge, attitudes, intention

Module 2 - Substance use continuum

| Absti-nence | Low-risk use | High-risk use | Problem use | Depen-dence |

Reassurance and Reinforcement

Brief Intervention

Referral to Treatment
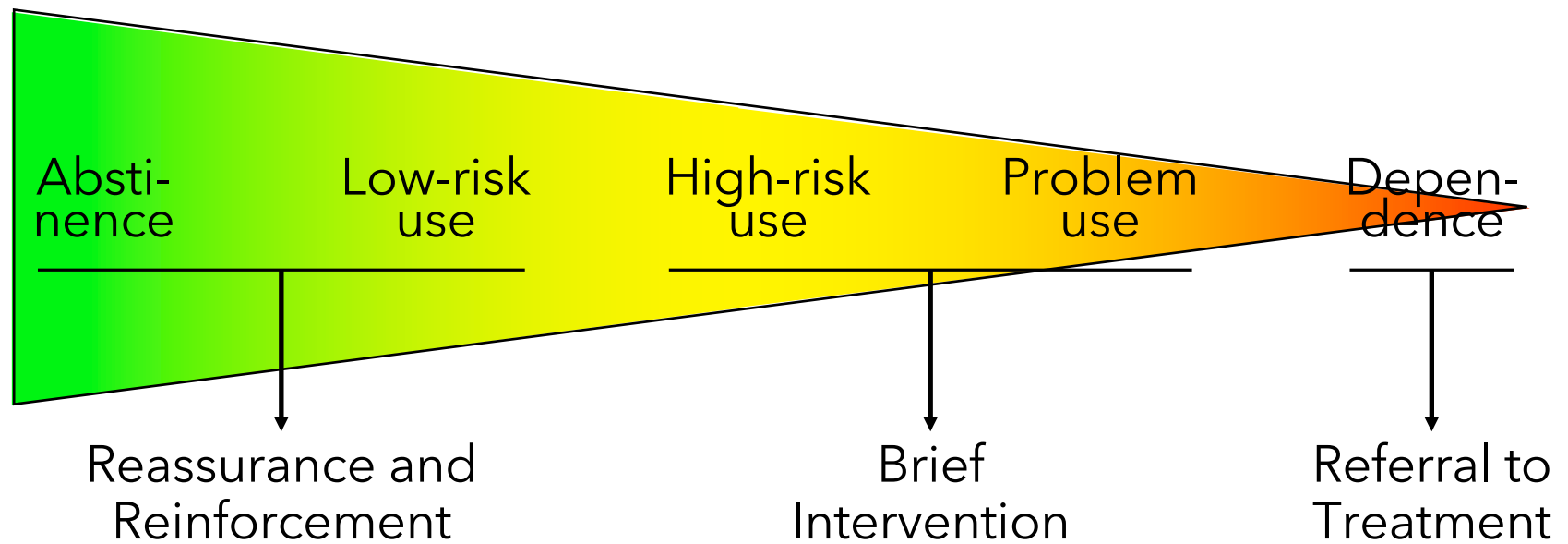
- Alcohol
- Potentially addictive prescription drugs
- Other euphoric drugs

Time to ask.
WIPHL

Module 3 - Rationale for SBIRT

- Prevalence of risky use and disorders

- Health, social and economic impacts

- Effectiveness of SBIRT
  - Reduction in substance use and consequences
  - Patient satisfaction
  - Healthcare cost reductions

Module 4 - Screening

- Definition and purpose of screening

- Recommended screening questions

- Interpretation of screen results

- Next steps after screens

Module 5 - Brief Assessment

- Definition and purpose of brief assessment

- Recommended brief assessment questions

- Interpretation of brief assessment results

- Next steps after brief assessment

Module 6 - Motivational Interviewing Principles

- Spirit of motivational interviewing (MI)

- Key concepts
  - Ambivalence
  - Change talk and sustain talk
  - Importance and confidence

- OARS - Open questions, Affirmations, Reflections, Summarizations

- Eliciting and responding to change talk

Module 7 - The Initial Session

- Introduce self and role
- Ask open question on substance use, then reflect
- Ask permission to review screening and assessment responses
- Give feedback on category of use
  - permission - info - patient's response
- Make recommendation
  - permission - info, - patient's response
  - emphasize patient automony

- Seek change talk - Importance & Confidence
- Summarize - especially change talk
- Ask a key question
- Support the patient's decision
- Help pt set a plan, if ready
- Briefly summarize, offer F/U, close
- Process
  - Empathy, partnership, no judgment
  - No unwanted advice & info, warning, persuasion, premature planning

Module 8 - Competence Development & Assessment

Resources

- 18 cases with detailed patient scenarios
- 12 trained actors
- Online video platform
- Scheduling website
- Rubric
- Trained graders

Trainee experience

- Practice
  - Sign up for 30-minute slot with actor-patient
  - Read scenario: setting, reason for visit, responses
  - Conduct initial SBIRT session - up to 15 minutes
  - Get feedback from actor
  - Review video, if desired
  - Repeat until ready for competence assessment

- Demonstrate competence
  - Procedure as above
  - Interview is graded
  - Repeat as necessary until pass

Module 9 - Follow-up Sessions

- Interval re-assessment

- Recognizing dependence among patients who intended to quit or cut down

- Working with patients on optimizing their behavior change plans and achieving their goals

Module 10 - Preparing Settings for SBIRT

- Cultural competence - CLAS Standards

- Common barriers to systematic, high-quality SBIRT

- Team approaches to overcoming those barriers

- Other behavioral issues that warrant screening and intervention

- A quality improvement framework for optimizing population-level impact of behavioral screening and intervention (BSI)

Module 11 - Wrap-Up

- Post-training assessments
  - Knowledge   - Attitudes   - Intention

- Certificates of completion
  - Allow trainees to receive Medicaid reimbursement for SBIRT after licensure

- Contact information for post-graduation survey
  - SBIRT delivery   - System change to support universal SBIRT

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Evaluation Plan

- "One minute" feedback on each modules:
    - Clarity   - Pace   - Best aspects - Suggestions

- Pre- and post-test
    - Knowledge   - Attitudes   - Intention

- Post-training GPRA survey - learning information and satisfaction

- Post-graduation data on SBIRT delivery and systems change

Trainee Feedback
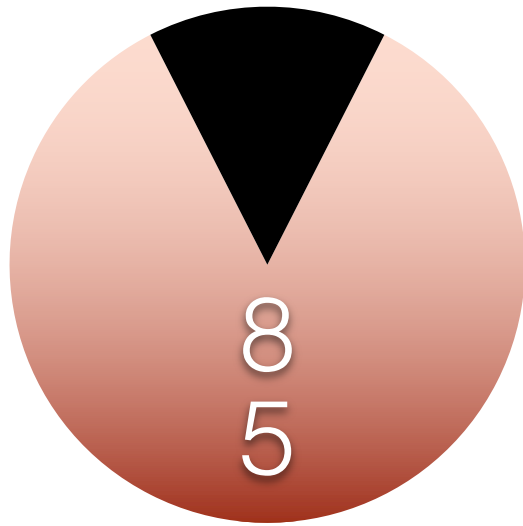
85 — Modules were very clear or mostly clear
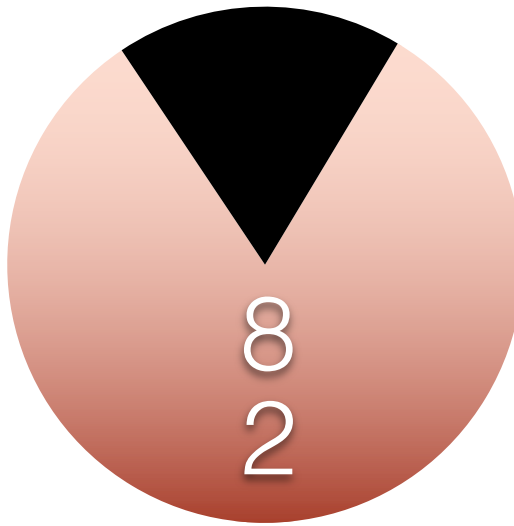
82 — Pace was about right
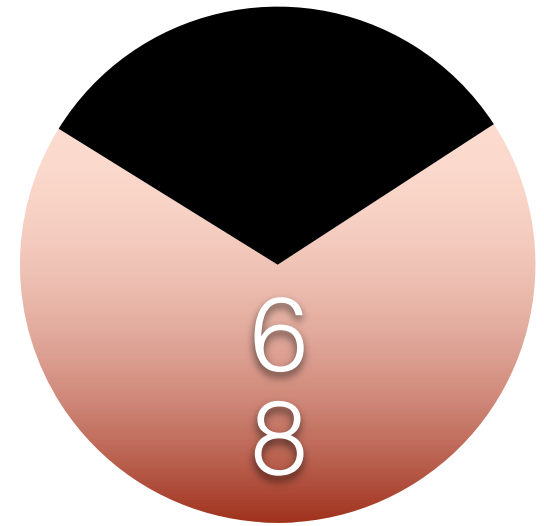
68 — Satisfied or very satisfied with training experience

Performance - Knowledge Items

N	268
Pre-Program Mean	52%
Post-Program Mean	60%
Mean Improvement	8%
P-value	<.0001

Performance - Competency Assessment

Health Professional Program	Passed First Attempt	Failed First Attempt		Did Not Attempt	Total Enrolled
		Passed Second Attempt	Did Not Retake		
Medicine-MD	152 (89%)	19 (11%)	0 (0%)	0 (0%)	171
Nursing-BSN	233 (77%)	35 (12%)	19 (6%)	13 (4%)	300
Nursing-DNP	21 (78%)	5 (19%)	0 (0%)	1 (4%)	27
Rehab Psych-MS	12 (60%)	5 (8%)	1 (2%)	2 (3%)	20
Social Work-BSW	12 (50%)	2 (8%)	2 (8%)	8 (33%)	24
Other	0 (0%)	0 (0%)	0 (0%)	2 (100%)	2
Total	430 (79%)	66 (12%)	22 (4%)	26 (5%)	544

64% misclassified substance use category
25% violated motivational interviewing spirit
33% made other errors

Mean Trainee Attitudes and Intention

Legend: Before · After

* SBIRT should be delivered to all the people I serve in my workplace after graduation, except for those who are institutionalized or cannot cooperate.

For the people I serve in my workplace after graduation, SBIRT would reduce healthcare costs.

For the people I serve in my workplace after graduation, SBIRT would improve health, mental health and function.

For the people I serve in my workplace after graduation, SBIRT would reduce risky and problem drinking and drug use.

In my workplace after graduation, SBIRT would be well accepted by the people I serve.

* After graduation I intend to ensure that all of the people I serve receive SBIRT, either from me or from other qualified individuals.

Scale: 1 Strongly Disagree — 2 — 3 — 4 — 5 — 6 — 7 Strongly Agree · Before · After

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45

Trainee Feedback

Percent of Trainees who Agree After Training, N = 446-451

Horizontal stacked bar chart with the following categories (top to bottom):
- This training was relevant to substance abuse treatment.
- The training enhanced my skills in this topic area.
- The training was relevant to my career.
- I expect this training to benefit my patients or clients.
- The material from this class will be useful to me in dealing with substance abuse.
- I expect to use the information gained from this training.

X-axis: 0%, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, 100%

Legend: Strongly Agree | Agree | Neither Agree nor Disagree | Disagree | Strongly Disagree

Trainee Suggestions

- Give examples of standard drinks

- Reduce wait times for actors and grades

- Improve feedback from actors

- Increase or decrease time spent on various topics

- Provide written summaries of material

- Allow trainees to review modules

- Track progress through each module

Our Observations

- Perfunctory use of some discussion forums

- Minimal response to other discussion forums

- Demand for actors and graders is clustered

- Some students have significant difficulties with communication skills that go beyond SBIRT

- Many trainees get very upset when they fail the skills assessment despite reassurance that failing grades are not communicated to their professors

Conclusions

- Student acceptance was quite high, especially for our first term

- Trainee knowledge improved slightly - revise knowledge items

- Most demonstrated competence at first attempt

- Improve training on identifying substance use category

- Articulate more clearly SBIRT's value - for drugs and in general

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DNP Faculty Perspective

- How does SBIRT training align with **The Essentials of Doctoral Education for Advanced Nursing Practice?**

- How does SBIRT training align with **core & specialty competencies**?

The Essentials of Doctoral Education for Nursing Practice

- Essential VII: Clinical Prevention & Population Health for Improving the Nations Health

- Essential VIII: Advanced Nursing Practice

NP Competency Area: Independent Practice

NP Core Competencies	Curriculum Content to Support NP Core Competencies *Neither required nor comprehensive, this list reflects only suggested content*	Adult-Gerontology Acute Care NP Competencies	Curriculum Content to Support AG ACNP Competencies *Neither required nor comprehensive, this list reflects only suggested content specific to the population*
1. Functions as a licensed independent practitioner. 2. Demonstrates the highest level of accountability for professional practice. 3. Practices independently managing previously diagnosed and undiagnosed patients. —3.a Provides the full spectrum of health care services to include health promotion, disease prevention, health protection, anticipatory guidance, counseling, disease management, palliative, and end-of-life care. —3.b Uses advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings. —3.c Employs screening and diagnostic strategies in the development of diagnoses. —3.d Prescribes medications within scope of practice. 3.e Manages the health/illness status of patients and families	Clinical decision making based on evidence and patient/provider partnership Current and emerging professional standards Novice to expert continuum of clinical practice Political, policy and regulatory issues regarding licensure, national certification, and scope of practice. Leadership approaches for employment contract negotiation, networking, and advancing professional standards and roles Application of select sciences to practice: • Pharmacology • Physiology • Pathophysiology Specific areas of assessment, including but not limited to:	1. Independently manages complex acute, critical, and chronically-ill adult and older adult patients at risk for urgent and emergent conditions, using both physiologically and technologically derived data, to manage physiologic instability and risk for potential life threatening conditions. 2. Promotes health and protection from disease and environmental factors by assessing risks associated with care of acute, critical, and complex chronically-ill patients. 3. Identifies the presence of co-morbidities and the potential for rapid physiologic and mental health deterioration or life-threatening instability and the risk for iatrogenesis. 4. Diagnoses common behavioral and mental health and substance use or addictive disorder/disease, in the context of complex acute, critical, and chronic illness.	Obtaining and documenting relevant comprehensive and problem-focused health histories and physical exams for complex acute, critical, and chronically-ill patients using collateral sources as necessary. • Physical, mental health, and cognitive assessment • Developmental variations • Age-related variations • Gender-specific variations Evaluation of signs and symptoms, including age appropriate changes, noting pertinent positives and negatives Prioritization of data according to the patient's age, immediate condition or needs, as a continuous process in acknowledgement of the dynamic nature of complex acute, critical, and chronic illness or injury Assessment of the impact of an acute, critical, and /or chronic

A. 5 Identifies potential risks to patient safety, autonomy and quality of care based on assessments across the patient, nurse and system spheres of influence.
 A.6 Assesses the impact of environmental/system factors on care.
 A.7 Synthesizes assessment data, advanced knowledge, and experience, using critical thinking and clinical judgment to formulate differential diagnoses for clinical problems amenable to CNS intervention.
 A.8 Prioritizes differential diagnoses to reflect those conditions most relevant to signs, symptoms and patterns amenable to CNS interventions.
 A.9 Selects interventions that may include, but are not limited to:
     A.9.a.Application of advanced nursing therapies
     A.9.b.Initiation of interdisciplinary team meetings, consultations and other communications to benefit patient care
     A.9.c Management of patient medications, clinical procedures and other interventions
     A.9.d Psychosocial support including patient counseling and spiritual interventions
 	
 A.10 Designs strategies, including
	assessment instruments to assess acute and chronic health concerns, including but not limited to mental status, delirium, dementia, and pain.
	
	 7. Assesses for manifestations of health disorders or health disruptions, e.g. infection, adverse drug effect, dehydration, ischemia, and geriatric syndromes.
	
	 8. Evaluates for common mental health disorders such as depression, dementia, anxiety, or substance-related disorders.
	
	 9. Conducts a pharmacologic assessment including polypharmacy, drug interactions, over-the-counter and herbal product use, and the ability to safely and correctly store and self-administer medications.
	
	 10. Interprets values/results of laboratory and diagnostic tests with consideration of age, ethnicity, and health status.
	
	 11. Assesses patient, family, and caregiver's ability to implement complex plans of care.
	
	 12. Assesses patient, caregiver, and family's preferences in relation to cultural, spiritual, quality of life, and lifestyle choices.
		Patient
		
		 Patient
		
		 Patient and System
		
		 Patient
		
		 Patient and System
		
		 Patient and System
			Clinical Judgment
			
			 Clinical Judgment
			
			 Clinical Judgment
			
			 Clinical Judgment
			
			 Clinical Judgment
			
			 Clinical Judgment

Motivational Interviewing Content in DNP Education

- Evidence Based

- Crosses DNP specialties

- Culturally congruent

Motivational Interviewing Content in DNP Education

- Educate as a cohort

- Many case examples can be utilized

- Reinforced in SBIRT module

- High fidelity simulation experience

Inclusion in Curriculum

- Clinical or didactic course?

- Clinical hour designation?

- Incorporation into clinical experiences?

Strengths of the Online SBIRT Training

- Flexibility of schedule and setting

- Ability to re-watch

- Consistency in Content

Challenges of the Online SBIRT Training

- Need for actors and graders

- Feedback turnaround on skills assessment

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NP Preceptor Perspective

- Ability to complete curriculum

- Ability to bill for SBIRT

- Incorporation into clinical practice

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Next Steps

- Revised program and administered to 800 additional trainees

- Analyze new evaluation data

- Convert program from Moodle to Canvas

- Recruit sustainability partners
  - UW College Online
  - UW Extension
  - UW Office of Continuing Professional Development

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