



SBIRT

Service Design

Service Design Site Visit Report

Medical Residency: Mercer University

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Prepared by JBS International, Inc. and Alliances for Quality Education, Inc.
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Service Design Site Visit Report

Medical Residency: Mercer University

Grantee Name	Mercer University Medical School (Mercer) Southeastern Consortium for Substance Abuse Training (SECSAT)
Address	3780 Eisenhower Parkway, Suite 3, Macon, GA 31206
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Date of Site Visit	July 26–27, 2011
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Grantee Project Team Members Visited

Mercer University SBIRT Project Team

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Bonnie Cole, J.D., M.F.T. Standardized Patient Trainer

Jason Dhabliwala, Research Assistant

Dana Fagundo, Administrative Assistant

J. Aaron Johnson, Ph.D., Director of Evaluation

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David Miller, M.D., Wake Forest UBMC Internal Medicine Residency Program,
Winston-Salem, NC

Kathy Moes, Administrative Coordinator

David Parish, M.D., Mercer University School of Medicine Internal Medicine Residency
Macon, GA

J. Paul Seale, M.D., Project Director, Mercer University School of Medicine Family
Medicine Residency, Macon, GA

Sylvia Shellenberger, Ph.D., Director of Training

Stuart Sprague, M.D., AnMed Family Health Residency Program

Hunter Woodall, M.D., AnMed Health Family Medicine Residency, Anderson, SC

Grantee Project Team Members Visited

Council of Medical Residency Directors

Stoney Abercrombie, M.D., AnMed Family Medicine in South Carolina

Peter Lichstein, M.D., Wake Forest

Ed Grimsley, M.D., Mercer Internal Medicine

Roberta Weintraut, M.D., Mercer Family Health Center

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Overview and Summary of Findings

Purpose of the Visit

The site visit was conducted to assess Mercer University's strengths and challenges and to engage the grantee in identifying opportunities for improvement that may be supported by technical assistance (TA) as approved by SAMHSA. Various activities were undertaken to assess Mercer's SBIRT Medical Residency training program model, curriculum, training methods, implementation, and program evaluation. The activities included the following:

- Meeting onsite with the project director, project coordinator, program champions, clinical staff, residents, and evaluator/evaluation team
- Conference calls with staff of the Wake Forest UBMC Internal Medicine Residency Program and the AnMed Family Health Residency Program
- Observing a video-taped standardized patient training session
- Reviewing curriculum components and materials

The site team met with the Mercer SBIRT residency project director and project team on July 26–27, 2011.

Day 1: On July 26, 2011, the site visit team attended a series of meetings with the project director, coordinator, faculty, and evaluator as well as with project staff. Topics covered included the project and curriculum overview, implementation, sustainability, resident training program, and SBIRT evaluation. Additionally, the team toured the Mercer Family Medical Center and Mercer Internal Medicine Anderson Clinic. Thereafter, a lengthy discussion took place regarding addressing issues of pain, pain management, and prescription opioid misuse, abuse, and dependence.

Day 2: On July 27, 2011, the site visit team attended a series of meetings with the project director, coordinator, and faculty. Topics covered included: Mercer's use of standardized patients, measuring competency, and supporting fidelity and sustainability efforts beyond the funding period of this grant. Staff interviewed sites in North and South Carolina through a conference call. The day concluded with a debriefing with Mercer staff.

The site visit team had the opportunity to interview a number of residents regarding their SBIRT-training experiences and delivering the interventions in primary care settings. The

residents described the training in positive terms, describing the skills-focused experiential learning events as most powerful and useful. Further, they described how these skills, especially motivational interviewing, are and will be highly transferable into all aspects of their practice. One resident spoke about how the introduction to—and training experiences in—Motivational Interviewing set in motion a paradigm shift for him as to his personal understanding and approach to patients as well as to his approach to medicine. He said, “It became clear to me that medicine was not about me, the doctor, and what I thought or wanted. It is about the patient and his life and what he (or she) wanted and was willing and able to do.”

Project Overview

The Mercer SBIRT Medical Residency Training Program is managed through the Family Medicine Residency Training Program of the Mercer University School of Medicine and is implemented at four sites spanning three States:

- Mercer University Internal Medicine (Anderson Clinic) and the Mercer University Family Medicine (Family Health Center) in Macon, GA (two family and internal medicine sites)
- AnMed Health Family Medicine Residency in Anderson, SC
- Wake Forest UBMC Internal Medicine Residency Program in Winston-Salem, NC

The overall program goals for the Mercer program appear to be two-fold:

1. Successfully train medical residents to understand substance use disorders from a medical and public health perspective; to support residents in developing transferable competencies including SBIRT, Motivational Interviewing skills, medical interventions addressing substance use disorders, and accessing community resources.
2. Effectively address patient health care needs related to at-risk substance use and substance abuse to improve patient health status and outcomes.

Medical residents participate in a robust training and learning experience over a 3-year period where they are introduced to SBIRT during their initial residency orientation and then have continued structured training/learning experiences quarterly. Learning strategies cover a range of approaches, including online and didactic presentations, and experiential learning strategies focused on skills development.

Residents’ skills are applied in the practice settings where SBIRT has been integrated into the routine workflow. The practice settings include (near) universal prescreening completed by allied medical staff. Patients that received a positive screen are brought to

the attention of a resident who then follows up with the patient directly with more in-depth screening, brief intervention, and referral to treatment, when indicated.

The documentation of SBIRT activities has been integrated into the electronic medical record (EMR) within the hospital setting and is scheduled to be integrated into the clinic EMR. The Family Medicine clinic and Internal Medicine clinic in Macon have the added benefit of having integrated behavioral health services within the clinics.

Integration of SBIRT activities into the routine workflow is viewed as highly important as this supports resident adoption and integration of these skills and supports understandings SBIRT as part of the routine practice of primary care.

The program is currently in the second year of a 5-year SAMHSA SBIRT grant. The first year focused on developing and enhancing infrastructure and protocols, orienting staff, training residents and faculty. The second year focus is the continued faculty and residency training and the “roll out” of the Pain and Prescription Opioid training and protocol.

The SBIRT primary care curriculum was developed for both faculty and residents and includes 12 different training modules that are delivered in a yearly 3-hour session and three 1-hour sessions.. All new residents complete an SBIRT introduction during the new resident orientation followed by ongoing quarterly training. The trainings include an overview and introduction to SBIRT, the use of screening tools, motivational interviewing (MI), medical management of alcohol dependence and withdrawal, pain and prescription opioid misuse, abuse and dependence, and establishing office systems. Preceptor training has been less formal and is an area the program continues to work on developing.

Project Accomplishments to Date

A summary of major accomplishments to date includes the following:

- Development of comprehensive, interactive 12-module training for primary care residents
- Completion of SBIRT training by the two cohorts of primary care residents
- SBIRT integration within clinic settings including standardized protocols involving residents and allied staff
- Integration of SBIRT into the EMR
- Development and use of standardized patients
- Development of a training and protocol to address pain management and prescription opioid misuse, abuse, and dependence. This protocol is an

adaptation of SBIRT to address the unique needs of this patient population. Further, staff report their plans to submit a proposal to the National Institute on Drug Abuse to study this protocol further as well as its efficacy in a primary care setting.

Program Strengths

Comprehensive Residency Curriculum

The Mercer SBIRT MR training is comprehensive. Interactive seminars include standardized patient scenarios, video clips, role-plays, case studies, discussions, and debriefings.

Successfully Implementing the Program within Four Sites Located in Three States

Mercer staff have successfully collaborated with two other resident training programs and implemented SBIRT in four locations spanning three States.

Pain Management and Prescription Opioid Misuse, Abuse, and Dependence

The development and implementation of the pain management and prescription medication protocol is a significant enhancement upon the existing SBIRT model. The Mercer model is based on an assessment of patient risk and benefit and is grounded in well-established principles. These principles include the following:

- Maintaining a risk-benefit model and not a police/offender model
- Patient success is defined on a case-by-case basis
- Opioids are only one part of the treatment plan
- Exploit synergistic effects with other medications
- Not all chronic pain responds to opioids
- Opioids will not provide complete pain relief and may not improve function
- Trial period of 3–6 months with close monitoring to assess efficacy, adverse effects; this time period is usually adequate to establish opioid responsiveness
- Be cautious not to dose-escalate in patients who may not respond
- Misuse of opioids can be minimized by making expectations and goals explicit and by careful monitoring and documentation

Residents address this patient need through a guided protocol that begins with a thorough assessment, a discussion of risk and benefit, use of universal precautions to monitor for aberrant behaviors (treatment agreements, routine urine drug testing, pill counts and accessing the State's Prescription Monitoring Program) and regular follow up. Aberrant behaviors such as: requests for increase opioid dose ,requests for specific

opioid by name, non-adherence with other recommended therapies (e.g., PT, behavioral therapy), running out early (i.e., unsanctioned dose escalation) and other aberrant behaviors are monitored. Brief interventions target these behaviors and referral for specialty ATOD treatments can be initiated along with other interventions.

Mercer Has Integrated SBIRT Protocols into the Routine Workflow within Different Practice Settings

In the practice settings, universal screening is completed on all patients. Patients that are screened as “positive” are identified for the physician who completes a more in-depth screen and brief intervention and referral to treatment (when indicated).

Mercer Has Mobilized Key Partner Support Including the Director of All Medical Residency Training

Building on a foundation of previous initiatives, the Mercer team has developed support within the residencies, practice sites and with the Director of Medical Residency Programs.

Mercer Has Integrated SBIRT Documentation into Its Electronic Health Record

SBIRT has been implemented into the electronic health record of the inpatient setting and is scheduled to be implanted into the electronic record of its outpatient services.

Addiction Medicine Expertise

The Mercer SBIRT MR includes faculty with a wealth of expertise in addiction medicine expertise in treating opioid dependence, alcohol dependence, buprenorphine, and other addiction pharmacotherapy.

Program Observation

The development and implementation of the pain management and prescription medication protocol is a significant enhancement upon the existing SBIRT model. This Mercer model is based on an assessment of patient risk and benefit and is grounded in well-established principles of care.

Program Challenges/Barriers

Dr. Seale and the Mercer team spoke as to what they viewed as the core challenges in the implementation of SBIRT and sustaining these practices beyond the resources provided by SAMHSA. Properly training residents, although highly important, is only one part in ongoing implementation. Several challenges were identified.

- Trained residents will be finishing the program and beginning practice most likely somewhere in the southern States in settings where there will likely be little knowledge of SBIRT and related understandings regarding substance use and abuse. The team voiced concerns about residents sustaining these skills in these environments in the absence of support and ongoing feedback.
- The financial resources available to support SBIRT lag significantly behind the payments routinely paid to physicians and that to operate and sustain SBIRT under these circumstances is viewed as highly challenging.
- From a time and resource perspective, SBIRT interventions that are fully delivered by physicians do not “make good sense.” An alternate model seems much more feasible; one in which the physician supervises care and the interventions are delivered by allied health professionals.
- The current public substance abuse treatment system was described as difficult to access and usually lacking services at more intensive levels of care.
- Accountable Care Organizations and patient Medical Homes hold forth promise for SBIRT and behavioral health service integration within primary care. However, with so many unknowns as to the models at this time, most physicians were described as reluctant to act.

Team Roles and Responsibilities

- Project Director and Principal Investigator, Paul Seale, M.D., serves as the primary SAMHSA contact and oversees the grant budget.
- Project Coordinator, Denice Crowe Clark, L.A.M.F.T., oversees daily operations of the project and is a liaison with all partners and collaborators.
- Project Evaluator, J. Aaron Johnson, Ph.D., leads SBIRT evaluations including assessments of participants’ skills and the curriculum.

Curricula

The Mercer SBIRT resident training experience is organized in three broad components. In year 1, residents are introduced to Motivational Interviewing and the SBIRT model and learn SBIRT skills. During year 2, there is continued reinforcement of SBIRT skills, and residents receive focused training addressing medication use, misuse and abuse and screening and intervention addressing use of prescription opioids. The third year addresses misuse and abuse and screening and intervention addressing use of illicit substances. The Mercer residents have the opportunity to practice SBIRT on a near daily basis. As well, allied support staff are trained in SBIRT at all the practice sites. Up to 20 preceptors work with and supervise residents, and a core of these preceptors helped develop the SBIRT curriculum. As of the time of the site visit, not all preceptors have been trained. The need for preceptor training is recognized and will be scheduled at a future date.

The Mercer curriculum includes:

- Introduction to SBIRT
- SBIRT Background and Research
- Understanding Substance Use Disorders Continuum
- The SBIRT Process
- Motivational Interviewing (MI)
- Overview of SBIRT Implementation Practice Settings
- Pharmacology in Addiction Treatment
- Pain management and Prescription Opioid Misuse, abuse and Dependence

Curriculum Implementation and Observations

- SBIRT residency training seminars utilize a variety of interactive teaching methods including didactics, videos, role-plays, and interactive exercises.
- The grantee is requesting document samples that describe evidence based teaching and learning practices and for protocols to monitor fidelity of implementation.

Approach/Implementation

The grantee has a four-part approach to SBIRT implementation: (1) residency training, (2) faculty development, (3) systems development, and (4) successful coordination across multiple sites. These systems changes are made within the primary care settings to integrate SBIRT into clinical practice flow thus supporting sustainability after grant funding ends.

Approach/Implementation and Observations

- The grantee may wish to complete a financial modeling process to determine better true costs for the SBIRT intervention with different practice settings.
- The grantee may wish to explore strategies for building physician support systems for practicing physicians seeking to implement SBIRT.

Data Collection and Evaluation

Program evaluation includes both process and outcome elements. Five evaluation components will be performed across all sites, including measuring changes in resident knowledge and skills, use of the standardized patient to assess competence further, direct observation, chart reviews, and GPRA measures. A clinician questionnaire is performed annually with residents and is updated to be more relevant to changes in the resident training experience. In the current year, added questions addressed chronic pain management and prescription opioid use. Resident knowledge and confidence addressing this topic with patients was included. The evaluator as well collected contact information for all residents. At the outset of the grant, the evaluator collected a random sample of site staff and completed a baseline organizational assessment to assess readiness to change.

Council of Medical Residency Directors

The members of the Council of Medical Residency Directors described support for the SBIRT initiative and describe it as building on a history of efforts to address substance use disorders and mental illness within primary care so that there was an existing foundation of faculty support and buy in before the grant. Further faculty development regarding SBIRT and MI was identified as a recommendation to sustain SBIRT beyond the life of the grant.

Program Summary

The Mercer SBIRT Medical Residency Training Program is managed through the Family Medicine Residency Training Program of the Mercer University School of Medicine and is implemented at four sites spanning three states. The grantee has successfully implemented its program at all four sites and currently is enhancing upon this successful implementation. One noteworthy enhancement involves building physician capacity to successfully identify and intervene with patients who are screened and identified as at-risk regarding prescription medication misuse/abuse or dependence. Mercer staff have developed a clearly defined protocol to address this important issue; a protocol that is highly consistent with an SBIRT intervention.