



SBIRT
Service Design
Site Visit Report

**Medical Residency:
ACCESS Community
Health Network**

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Medical Residency: ACCESS Community Health Network



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

Medical Residency:

ACCESS Community Health Network

Grantee Name	ACCESS Community Health Network
Address	600 West Fulton, 2 nd Floor, Chicago, IL 60661
Grant TI Number	TI20284-03
Date of Site Visit	May 10–11, 2011
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Overview and Summary of Findings

Purpose of the Visit

The purpose of this site visit was to conduct an onsite assessment of program strengths and to engage the grantee in a continuing improvement process supported by technical assistance, as approved by SAMHSA. Assessment of the ACCESS Community Health Network (ACCESS) SBIRT medical residency (MR) training program model, curriculum, training methods, implementation, and program evaluation was completed by:

- Meeting onsite with the project director, ACCESS chief administrative staff, program champions, clinical staff, residents, and evaluator
- Reviewing curriculum components and materials

The site team met with the ACCESS SBIRT residency project director and project team on May 10–11, 2011, to gain a better understanding of the ACCESS SBIRT medical residency training program model, curriculum, training methods, implementation, and program evaluation. Through this visit, the site team learned about the progress of the SBIRT ACCESS project and the project's plans moving forward.

Day 1: On May 10, the site visit team conducted a series of meetings with the project director, project faculty, project evaluator, and ACCESS chief administrative staff. Discussion topics included: ACCESS background, SBIRT project overview, e-Learning curriculum overview, technical assistance overview, and SBIRT evaluation findings and future plans. The team attended an SBIRT training presented by contracted staff, Dr. Sarz Maxwell.

Day 2: On May 11, the site visit team conducted an onsite visit at the Madison Family Health Center, where SBIRT is implemented by residents and support staff. During this visit, the site visit team was given a facility tour, met with two residents to discuss SBIRT, and attended a Council of Residency Directors quarterly meeting (see section V of this report for further details). The site visit team found a consistent level of support for SBIRT among residents, faculty, and staff, but there was consensus that time constraints restricted the implementation of SBIRT.

Project Overview

The ACCESS Community Health Network was launched in 1991 by a Chicago hospital to coordinate care among physicians and clinics in the community. ACCESS has a community-based board, over 50 Federally Qualified Health Center (FQHC) sites in the Chicago area, and more than 200,000 patients (50,000–60,000 of whom are uninsured). The ACCESS board has committed to providing quality healthcare access for uninsured and “hard-to-reach” individuals and integrating behavioral health into primary care.

The purpose of SBIRT fits the mission of ACCESS; its focus on substance abuse and its work with SAMHSA has been integrated into the organization since the 1990s. ACCESS has incorporated the SBIRT model into its primary care practice such that providers have sufficient resources to refer patients to support services within the community, as needed.

The ACCESS project is currently in year 3 of a 5-year SAMHSA SBIRT grant. The first year of the ACCESS SBIRT grant was focused on the development of the SBIRT curriculum and piloting the curriculum. The second year focused on implementation in resident training programs. During the third year, the ACCESS training program is focused on completing and implementing the e-Learning modules, expanding the evaluation of SBIRT, increasing the allotted SBIRT training time in the residents’ training programs in current SBIRT sites, and expanding SBIRT training among additional affiliated FQHC sites.

ACCESS’ curriculum was initially developed to include 20 hours of training, consisting of six modules and multiple sessions. ACCESS has begun the process of adapting the curriculum to an intranet Web-based format so more residents and physicians can access additional modules of training, even if their residency program does not allow for more than 4 hours of SBIRT training per resident. The modules are being streamlined and shortened to 4 hours of e-learning and 2–4 hours of face to face training for 6–8 hours in total. The e-learning modules will cover the following:

1. SBIRT overview/screening
2. SBIRT brief intervention/motivational interviewing
3. Use, misuse, and addiction—chronic disease
4. Referral to specialty treatment

In addition, ACCESS has developed a module for impaired physicians/residents and adapted motivational interviewing training to be delivered in condensed 1-hour modules.

Adaptation of the e-Learning module curriculum is expected to be completed in the second half of year 3. ACCESS is in the process of vetting the modules' content and flow through their curriculum committee.

To support SBIRT training, ACCESS has created a pocket SBIRT guide to assist residents in delivering SBIRT. This guide has received positive response from residents in regards to content and presentation. ACCESS has also produced a brochure about SBIRT that has been provided to physicians throughout the ACCESS network, explaining the concept of SBIRT and the reasoning behind instituting SBIRT as part of patient-centered medical home and population-based care.

ACCESS hopes that (1) the placement of the e-Learning modules on the intranet and (2) standardized SBIRT orientation for new physicians entering the ACCESS network will serve as a means for sustaining the SBIRT program after Federal funding ends.

Evaluation activities for SBIRT have focused on process-level data and will shift to outcome measures in the future. The evaluator has completed resident-specific chart audits to capture how many residents are implementing SBIRT with their patients and found that SBIRT implementation has increased with each audit (refer to Figure 2, below).

Project Accomplishments to Date:

The ACCESS SBIRT medical residency program has completed a number of activities within the 2 1/2 years of funding. A summary of major accomplishments to date include the following:

- Development of four Web-based modules for SBIRT training
- Staff support for national efforts to create a core curriculum for SBIRT
- Actively training new physicians and medical professionals in SBIRT, including multiple training sessions for National Health Services Corps professionals
- Submitted an abstract and was accepted to present a poster at the American Public Health Association national conference
- Submitted an article on curriculum development to a peer-reviewed journal

Program Strengths:

Comprehensive Residency Online Curriculum

The SBIRT training at ACCESS consists of four 1-hour long online modules that can be completed at the resident/physician's own pace. The goals of the online module are to:

- Incorporate SBIRT into daily practice.
- Understand all areas of SBIRT.
- Understand addiction and substance abuse disorders.
- Identify medical and clinical definitions of high-risk use, substance abuse, and addiction, as well as key identifiers for addiction and substance abuse.
- Understand the spectrum of addiction and substance abuse disorders and the behavioral impact of these issues.
- Understand levels of substance abuse treatment and the use of the American Society of Addiction Medicine (ASAM) criteria to determine appropriate levels of treatment.
- Briefly intervene with patients who screen positive for high-risk substance abuse and addiction, and know how and when to refer to treatment.

Faculty and Staff Buy In

The site visit team met with ACCESS administration, residents from the Madison Family Health Center, and the Council of Residency Directors and found high levels of SBIRT buy in, positive experiences with SBIRT, and a deep knowledge of the importance of SBIRT in their community across all individuals.

Program Challenges/Barriers:

Time Allocated to SBIRT Training for Residents

SBIRT project director, Ms. Alexander-Avery, reported difficulty in receiving ample SBIRT training time (at least 6 hours) with the residents. With a positive and hopeful attitude, Ms. Alexander-Avery worked with the time she was given, and in doing so has received more time for training with residents in the upcoming cohort. ACCESS believes that reinforcing the importance of SBIRT, informing faculty/physicians, and making SBIRT training a requirement for new residents will increase the time allotted to SBIRT training.

Team Roles and Responsibilities

- **Project Director and Principal Investigator: Billie Alexander-Avery.** As project director, Ms. Alexander-Avery oversees implementation of the project, including coordination of curriculum development and Council of Residency Directors and implementation of the SBIRT curriculum within medical residency partners. She works with the ACCESS health centers to ensure a smooth transition for incorporation of SBIRT into the healthcare setting and schedules all training and academic learning activities for residents and outside individuals who wish to learn about the SBIRT program.
- **SBIRT Clinical Director: Abdel Fahmy, M.D.** As SBIRT clinical director, Dr. Fahmy provides overall direction and consultation for client clinical health issues. He ensures that all interventions comply with ACCESS and national standards of care.
- **Medical Liaison: Tariq Butt, M.D.** As medical liaison, Dr. Butt provides leadership and input on the overall curriculum as it relates to both family and community medicine. Dr. Butt assures that the curriculum is consistent with best medical practices and with the ACCESS philosophy of providing a full continuum of care for patients in a culturally competent way.
- **Manager, Planning and Development: Danielle Lazar.** In this role, Ms. Lazar wrote the SBIRT grant, is a member of the curriculum team, and serves as the liaison with SAMHSA grants management department. Ms. Lazar is the author of the SBIRT reports.
- **Project Evaluator: Harold Pollack, Ph.D.** As project evaluator, Dr. Pollack oversees development of data collection tools, evaluation methodology, data collection, and performance assessment as it relates to both the Government Performance and Results Act (GPRA) and the goals/outcomes proposed through the project. Dr. Pollack is contracted to conduct evaluation for ACCESS SBIRT through the University of Chicago.

Administrative Observations:

- The ACCESS MR SBIRT program has developed a strong core curriculum for residents and has been modified and adapted according to the needs and availability of the residents.
- The ACCESS MR SBIRT program has received strong buy in from key stakeholders in sustaining the program past Federal funding (including ACCESS chief administration members and physicians).
- The ACCESS MR SBIRT program is unique in that ACCESS is not a medical school or a medical residency program and works collaboratively with multiple medical residency programs in the Chicago area. ACCESS may want to pursue documenting and publishing their “lessons learned” from this experience.
- The ACCESS MR SBIRT is implemented in FQHC sites.

Curriculum

Core Component: ACCESS has focused on developing a succinct and time-efficient curriculum most appropriate for their residents. This curriculum was first developed as a 20-hour, 6 module training course, and has since been modified into a 6-hour training course involving 4 hours of online training and 2 hours of face-to-face training. The online training modules are currently being reviewed by the curriculum committee.

Primary Care Residency Curriculum

The curriculum for the primary care residents will be implemented as an online training course through the ACCESS intranet. This e-Learning training consists of four modules covering the following:

1. SBIRT overview/screening
2. Brief intervention/motivational interviewing
3. Chronic disease
4. Referral to specialty treatment

The e-Learning forum provides an alternative learning venue for medical residents that can be tailored to their busy schedules and completed on their own time. It is adaptable for the addition of specialty content and provides links to numerous electronic resources on motivational interviewing and other SBIRT tactics. The online modules will be coupled with face-to-face practice to ensure a comprehensive experience for the residents. ACCESS is hopeful that the use of an online training platform will lend itself to sustainability.

In addition to the online and face-to-face training, residents are given a four-fold pocket pal and Substance Abuse Treatment Community Resource Guide. The four-fold pocket pal provides a snapshot review of SBIRT in a user-friendly, portable format for residents who have completed training. The Substance Abuse Treatment Community Resource Guide provides a brief view of specialty treatments available, types of services, specific populations served, and payer source for local treatment centers. This information is paired with a resource binder containing contact and center information.

Next Steps

ACCESS has developed a modified curriculum for internal medicine residents that include eight 1-hour sessions. ACCESS has developed SBIRT training on impaired professionals, advanced motivational interviewing, and case presentations on SBIRT.

Curriculum Observations:

- ACCESS reported that it can be challenging to incorporate a sufficient amount of SBIRT training into residents' schedules. ACCESS has been asked by affiliated residency programs to limit the training time significantly to fit within residency training schedules.
- ACCESS has been successful in implementing their curriculum in multiple specialty areas, adapting the training as required.
- ACCESS' development of the four-fold pocket pal has shown to be an excellent reference resource for residents.
- ACCESS' online training modules were comprehensive and an excellent way to accommodate the varying and busy schedules of residents.

Approach/Implementation

Residency Training Implementation: The ACCESS SBIRT training modules were developed to be incorporated into year 1 of the residents' program.

Physician Training Implementation: ACCESS hopes to include SBIRT training as an orientation requirement for new physicians in the ACCESS network.

Figure 1 below outlines the original goals from the 2008 grant application. Jackson Park Family Medicine is no longer a part of the SBIRT program; however, ACCESS has incorporated residents from St. Francis into training and is therefore on track to meet these goals.

Figure 1. Medical Residency Program Goals for 2008

Medical Residency Program	Year 1	Year 2	Year 3	Year 4	Year 5
Mount Sinai Family Medicine	18	6	6	6	6
Mount Sinai OB	—	15	5	5	5
Jackson Park Family Medicine	—	15	5	5	5
University of Chicago Internal Medicine	—	15	5	5	5
University of Chicago OB	—	—	15	5	5
<i>Nonresident Professionals</i>	—	20	20	20	20
Other Residency Programs Using ACCESS Sites	—	—	10	10	10
Total Residents Trained <i>(*does not include Nonresident Professionals)</i>	18	51	46	36	36

Approach/Implementation Observations:

- ACCESS' approach to include SBIRT training during orientation for new physicians in the ACCESS network serves as an important way to sustain SBIRT.
- Residents indicated that time was a major constraint in providing SBIRT services. As a result, they are unable to perform screens and brief interventions with their patients, resorting instead to direct referrals to treatment. Overall, the capacity to which sites are adhering to the SBIRT model is not clear.
- Currently, the ACCESS project director leads and manages chart audits, including training health center staff and residents to identify patients needing an annual screening. This process should be reviewed, as the current approach is not sustainable long term.
- ACCESS has done a thorough review of implementing SBIRT within an electronic health record. The lessons learned from this experience could be documented to provide lessons learned to other grantees and medical settings.

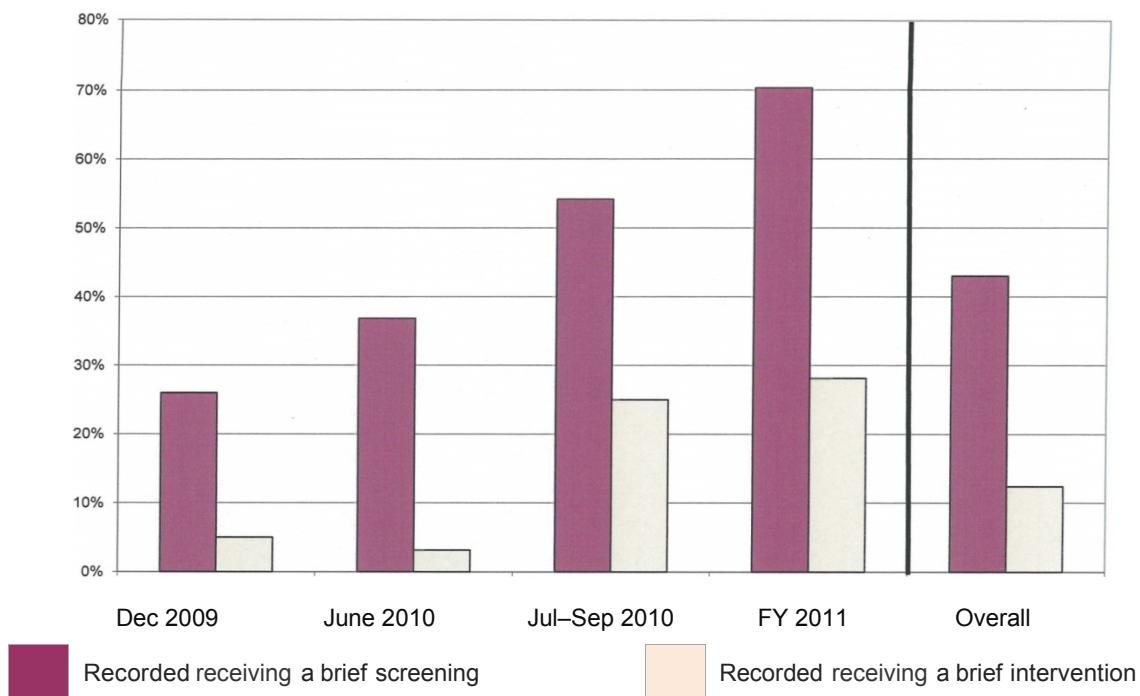
Data Collection and Evaluation

The ACCESS SBIRT program is conducting local SBIRT evaluation by Dr. Harold Pollack. The evaluation has focused on process-level data and will shift to outcome evaluation in the future.

ACCESS administered resident-specific chart audits to assess how many residents conducted SBIRT at their sites every 6 months since December 2009. The audit reviewed patient age, gender, presenting diagnosis, second diagnosis, and status of SBIRT implementation. Through this evaluation, ACCESS determined the following:

- Implementation of screening has increased approximately 45 percent from 2009 to 2011 (25 percent in 2009; 70 percent in 2011).
- Implementation of brief intervention has increased approximately 25 percent from 2009 to 2011 (5 percent in 2009; 30 percent in 2011).
- The act of conducting a chart audit encouraged residents to implement SBIRT.
- Putting reminder stickers on the charts to implement SBIRT was effective.
- Residents are more apt to perform brief interventions related to tobacco use, as they feel more prepared and knowledgeable in that area.

Figure 2. Results of Resident Chart Audits



Following the chart audit, the group reviewed the patients' charts for which SBIRT was not implemented and detected indicators that should have been "red flagged" as SBIRT.

Despite the limited budget allocated to evaluation outside of the process assessment, ACCESS hopes to complete evaluation on the following outcomes:

- The quality of screening and brief interventions provided to patients
- The quality of motivational interviewing
- Attendee's SBIRT knowledge base
- The effectiveness of the Medical Assistant Model (developed by ACCESS to be implemented in the summer of 2011)

Data Collection and Evaluation Observations:

ACCESS has been successful in extending their evaluation beyond knowledge transfer and training satisfaction. The evaluation team has collected information trending the implementation of SBIRT services, which could be prepared for submission to a peer reviewed journal.

ACCESS Council of Residency Directors

On day 2 of the site visit, the site visit team observed the Council of Residency Directors quarterly meeting. The meeting included the following professionals:

- Dr. Barnhart, Director of Mt. Sinai internal medicine residents
- Dr. Aziz, Director of Mt. Sinai Family Practice Residency Program
- Dr. Woodruff, Associate Professor of Medicine, Director of Internal Medicine Residency Training Program University of Chicago Medical Center
- Dr. Fahmy, SBIRT Clinical Director at ACCESS, Medical Director of Substance Abuse for ACCESS
- Ms. Billie Alexander-Avery, SBIRT Project Director at ACCESS

During the meeting, each council member described their experience with SBIRT at their respective facilities and made the following positive comments:

- Dr. Aziz believes SBIRT is embedded into the culture of the Mt. Sinai Family Practice Residency Program, and that the practice of asking screening questions will continue after funding ends.
- Residency Directors have discovered that utilizing new resident orientation for SBIRT training is efficient.

- SBIRT provides residents with immense psychosocial health education that they would have not have received otherwise.
- The SBIRT pocket pal has been most helpful.

The following recommendations were made:

- Provide more clearly defined resources for the referral to treatment process.
- Incorporate SBIRT into a psychosocial conference once a month to reach all residents, including those outside the hospital.
- Institutionalize SBIRT in the clinics to create a “systems of care” change.
- Include a prompt for SBIRT on the patient intake forms.
- Work with multidisciplinary teams so the physician is not the only one involved in the screening process.
- Provide theory, background, and implications of SBIRT implementation in the SBIRT curricula.
- Provide Web-based curricula, as it is difficult to get everyone in one room.
- Offer continuing medical education units to engage faculty better.
- Utilize Medicaid reimbursement to hire social worker and/or psychiatry staff.
- Emphasize addiction as a disease in resident curricula and address attitude towards the disease.

Council of Residency Directors Observations:

- Residency Directors believe that an integral part of SBIRT sustainability involves changing attitudes about addiction and effectively incorporating new concepts into curricula.
- Residency Directors believe it is important to create systems change by institutionalizing SBIRT into facilities and utilizing multidisciplinary teams for program implementation.

Summary of Onsite Observations

Based on the meetings and discussions held during the 2-day site visit, key topics were identified. These topics are summarized below.

Summary of Onsite Observations:

- The ACCESS MR SBIRT program has designed a comprehensive and succinct four-part, online core SBIRT curriculum for primary care residents. The online curriculum will be implemented and assessed as the most suitable format to cater to the varying and busy schedules of the residents.
- The SBIRT program at ACCESS has impressive buy in from ACCESS management and physicians. This lends itself to the sustainability of SBIRT in the ACCESS community.
- The evaluation of SBIRT at ACCESS facilities revealed a significant increase in implementation as residents are trained and SBIRT is embedded in each setting.
- The residents reported not having enough time to implement SBIRT effectively and are in favor of medical assistants (MA) supporting the screening and brief intervention process. ACCESS is in the process of reviewing an MA model for implementation.
- The residents reported referral to treatment as one of the highest need areas. Residents reported needing to ensure that patients who identified as needing additional treatment had resources immediately available to them. ACCESS has developed community referral resources; however, referral to treatment continues to be a barrier.

Potential TA Requests Include:

- Develop marketing tools for ACCESS SBIRT as a means for promotion and advocacy geared towards the federal government.
- Provide resources on the Medical Assistant Model and role in SBIRT.
- Provide coding information for dually diagnosed (mental health/substance abuse) patients.
- Organize a “study tour/think tank” event at the Carter Center on SBIRT in MR programs.