SBIRT
Service Design
Site Visit Report

Medical Residency:
San Francisco General Hospital

Service Design Site Visit Report
Medical Residency: San Francisco General Hospital

Prepared by JBS International, Inc. and Alliances for Quality Education, Inc.
Prepared for the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment

Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

Service Design Site Visit Report Medical Residency: San Francisco General Hospital

Grantee Name	San Francisco General Hospital
Address	995 Potrero Avenue, Building 80, Ward 84 San Francisco, CA 94110
Grant TI Number	T1020296-03
Date of Site Visit	July 14–15, 2011
Grantee Contact Person	Paula Lum, M.D.
Government Project Officer	Reed Forman, M.S.W.
Site Visit Team Members	Kevin Hylton, Ph.D., Leslie McElligott, M.P.A., and Karl White, Ed.D.

Grantee Project Team Members Visited
San Francisco General Hospital SBIRT MR Project Team
Carrie Cangelosi, M.S.W., Social Worker at the SFGH General Medical Clinic
Diana Coffa, M.D., Assistant Clinical Professor in the Department of Family and Commuity Medicine and Project Faculty
David Hersh, M.D., Medical Director of the Behavioral Health Health Access Center (BHAC)
Jennifer Hettema, Ph.D., Lead Evaluator, University of Virginia
Shard Jain, M.D., UCSF Primary Care Medicine Residency Program Director
Paula Lum, M.D., M.P.H., Project Director, Assistant Director in the HIV/AIDS Division in the Department of Medicine at UCSF
Elinore McCance-Katz, M.D., Ph.D., Coprincipal Investigator of the San Francisco Treatment Research Center and Professor of Psychiatry at UCSF
Jen Manuel, Ph.D., NIDA Postdoctoral Fellow and Project Evaluator
Eileen McCormick B.A., Project Coordinator
Neda Ratanawongsa, M.D., M.P.H., Assistant Professor in the Department of General Internal Medicine and Project Faculty
Jacqueline Peterson Tulsky, M.D., Internist and Professor of Clinical Medicine

Grantee Project Team Members Visited

San Francisco General Hospital SBIRT MR Project Team (continued)

Brad Shapiro, M.D., Assistant Clinical Professor in the Department of Family and Community Medicine and Medical Director of the SFGH Opiate Treatment Outpatient Program

Matt Tierney, N.P., C.N.S., Nurse Practitioner with the UCSF Division of Substance Abuse and Addiction Medicine

Amy Whittle, M.D., Clinical Instructor of the UCSF Department of Pediatrics

Table of Contents

Overview and Summary of Findings

Purpose of the Visit

The goal of this service design site visit was to engage the grantee in a discussion of program strengths and a continuing improvement process supported by technical assistance (TA) as approved by SAMHSA. This approach encourages the program to leverage strengths and maximize long-term program success and sustainability.

The site visit occurred on July 14–15, 2011. The team was charged with visiting and observing the San Francisco General Hospital (SFGH) SBIRT medical residency program model and its curriculum, training methodology, implementation protocol, and evaluation strategies. The visit consisted of meeting with key project staff, observing training sessions, and reviewing curriculum components and materials.

Day 1, July 14, 2011: The site visit team met with the SFGH project director, coordinator, faculty, residents, leadership council, and evaluation workgroup. Prior to arriving onsite, the site visit team reviewed program materials provided by the grantee to facilitate the program overview discussion. The SFGH Leadership Council—the Council of Residency Directors—provided insight into the role of SBIRT in SFGH, expansion objectives, and considerations around resident and faculty buy-in. The site visit team toured clinic settings and met with residents from the *University of California–San Francisco Primary Care Internal Medicine Residency Program* (SFPC), *Health Equity: Academics and Advocacy Training* (HEAAT), and *Family and Community Medicine* (FCM) programs. In the afternoon, the program evaluation team provided an overview of evaluation processes. The site visit team then toured the Behavioral Health Access Center (BHAC) to view SBIRT treatment and referral systems.

Day 2, July 15, 2011: Members of the site visit team observed HEAAT residency training seminars on brief interventions, cultural competency, and challenging cases. The team then met with program leaders to participate in a sustainability brainstorming session and to discuss possible areas of technical assistance. The site visit ended with a debrief session with key program staff.

Project Overview

San Francisco General Hospital is a level one trauma center with primary care facilities onsite to assist the urban poor in San Francisco and northern San Mateo County in California. SFGH serves approximately 100,000 individuals each year (Hispanic (29 percent), Caucasian (25 percent), African American (21 percent), and Asian (20 percent)), many of whom are socially vulnerable and marginalized. A large percentage of patients are either publically insured (80 percent) or uninsured (8 percent), and present a variety of health concerns, including HIV/AIDS, advanced disease, endemic violence, mental illness, and substance abuse and dependence. Over the last decade, San Francisco has ranked among the top five cities in the United States for emergency department drug episodes; citing heroin, cocaine, and methamphetamine abuse and dependence as the primary drivers of health issues. Injection drug use has largely contributed to the high incidence of HIV in the city.

SFGH is currently in the third year of a 5-year SAMHSA SBIRT grant for medical residency programs. Its curriculum is designed to help residents learn practical skills and gain confidence in detecting, diagnosing, and managing patients across a spectrum of substance use disorders. The curriculum emphasizes the utility of motivational interviewing strategies as a means to address a variety of wellness concerns.

SFGH has developed a comprehensive 16-hour SBIRT curriculum for residents in the HEAAT program, a specialty track for second and third year internal medicine residents at UCSF that focuses on social issues that affect health systems for vulnerable populations. Training is provided over four consecutive Fridays during a one-month ambulatory block (condensed versions of the curriculum have been adapted for non-HEAAT residents). The curriculum is offered twice each year to accommodate the schedules of two different HEAAT cohorts:

- Session one provides residents with a general introduction to substance abuse, an overview of SBIRT, and screening protocol. During this time, residents engage in skills practice (e.g., structured patient role plays with observation and feedback) and facilitated discussions.
- Session two addresses brief intervention techniques—namely, how to address behavior change through patient-centered motivational interviewing. Residents participate in demonstrations and role-plays.
- Session three focuses on referring patients to treatment. Residents learn about treatment options in the community and participate in role-play scenarios around creating patient change plans. Residents also visit referral sites and report on their experience.

- Session four provides a summary of SBIRT principles, offers role-play practice with six patient cases, and solicits feedback from residents on the curriculum.

The SFGH SBIRT curriculum has been adapted across departments to facilitate training of residents in other medical fields, such as family and community medicine.

SFGH strives to train 65 residents each year with the following overarching purposes:

1. Develop and implement a training system to teach residents the skills necessary to provide evidence-based SBIRT at an urban county hospital serving a culturally diverse population affected by a high risk of alcohol and drug use disorders.
2. Disseminate SBIRT practices widely by training across hospital departments as well as in local and Statewide medical communities.

To date, SFGH has reached its goal, training 65 residents and 207 nonresidents (such as physician assistants, social workers, nurse practitioners, and other physicians). SFGH hopes to train another 36 residents during the next biannual reporting period.

Evaluation activities focus on faculty and resident education (i.e., self assessments of attitudes and skillfulness) as well as on patient outcomes. Evaluation activities assess performance through process and outcome measures via self-report surveys completed by residents, faculty, and patients. HEAAT residents are assessed on a yearly basis by SBIRT faculty preceptors in the residents' own primary care clinics using a skills checklist. Together, faculty and residents can set goals and develop an action plan for further skill development.

Project Accomplishments to Date

The SFGH SBIRT MR program has completed a number of activities over the course of their grant. A summary of major accomplishments to date includes the following:

- SFGH has developed a comprehensive curriculum that is adaptable to clinical settings and reflective of its diverse patient population.
- SFGH has expanded SBIRT beyond the Department of Medicine's Primary Care Internal Medicine residency training program at SFGH and the HEAAT track. It has now successfully delivered SBIRT trainings into the Family and Community Medicine (FCM) residency training program. Efforts to implement SBIRT into pediatric, obstetrics and gynecology, and surgery residencies are underway.
- SFGH has partnered with the Behavioral Health Access Clinic (BHAC) of the San Francisco Department of Public Health (SFDPH) to foster better referrals to substance abuse treatment services. Residents participate in experiential learning visits to the BHAC clinics, including the Treatment Access Program

(TAP) and the Buprenorphine Induction Clinic (OBIC) to better understand the kinds of services available to their patients who screen positive for risky alcohol and substance use and how to describe the services available to their patients.

- SFGH continues to identify and mentor "early adopter" residents and students and faculty to champion SBIRT among their peers, faculty, and preceptors.

Program Strengths

Training and Dissemination

SFGH has the following three-pronged approach to SBIRT training:

1. Teach residents the skills to provide SBIRT for patients with or at risk of substance use disorders.
2. Integrate SBIRT into the core curriculum of residency programs on a long-term basis.
3. Activate a system of services that links SBIRT with specialized treatment programs in medical and social service settings.

SFGH has delivered numerous trainings over the course of its grant. The program is successful in achieving dissemination goals (namely, identifying early adopters of innovation) by training across hospital departments, provider-types, and in local and Statewide communities. The SFGH SBIRT curriculum has been disseminated outside of Internal Medicine and is now well integrated into FCM. A number of trainings with FCM residents and faculty have been conducted to date, and more are scheduled throughout the academic year. Interest from key stakeholders within other departmental residency programs (pediatrics, obstetrics and gynecology, and surgery) has developed, and may pave the way for abbreviated SBIRT training to be included on their schedules.

Moreover, discussions on SBIRT and addiction medicine have carried over to include UCSF medical students during their third-year medicine core clerkship (i.e., the PRIME-US Medical Students Training—a seminar co-taught by second year residents), nurses and nursing students, medical assistants, and physical therapists. Efforts to train faculty include half-day clinic preceptor trainings, motivational interviewing workshops, and faculty and chief resident mentorship opportunities at the Chief Resident Immersion Training (CRIT) program.

Referral Systems and Buprenorphine Program

BHAC provides San Francisco residents with assessments and referrals to the city's various mental health and substance use services, including outpatient detoxification and residential treatment programs. The center is the result of the co-location and integration of six longstanding community behavioral health services: TAP, OBIC, Mental

Health Access, Offender Treatment Program, Centralized Opiate Program Evaluation (COPE) Service, and a pharmacy. A unique aspect of the SFGH curriculum is that it requires its HEAAT residents to visit BHAC during their rotation to familiarize themselves with referral services available to patients and to observe (and later describe) the skillfulness of the BHAC providers.

Evaluation

The SFGH SBIRT program continually assesses its performance through process and outcome measures that gauge the knowledge, attitudes, and behavior of residents and faculty toward SBIRT specifically and substance use disorders more generally. Patients also provide an indirect assessment of provider practices via an annual anonymous waiting room survey at the GMC. The program is currently developing a qualitative instrument to assess learner feedback on SBIRT curriculum and implementation practices in clinical settings.

Program Challenges/Barriers

Cultural Competence

Engaging in conversations around substance use with non-English speaking patients can be challenging for residents. Although residents utilize language interpreters on a frequent basis when speaking with patients, residents tend to feel they are on the outside of a conversation or that certain nuanced meanings are not conveyed accurately. To improve cultural awareness and better understand the medical and psychosocial needs among its diverse patient population, SFGH developed a panel discussion—described elsewhere in the report—that focused on targeted populations (e.g., women, Latino families, Asian Americans, and those participating in a mobile methadone van program). The discussion was highly relevant and engaging for FCM and internal medicine residents, and program staff members will continue such panel presentations in the future.

Faculty Engagement

SFGH has made significant inroads to promote SBIRT and identify champions within the hospital network. To date, there continues to be resistance from the Department of Psychiatry to include SBIRT into their curriculum. SFGH leadership hopes to forge a relationship with those in psychiatry over time.

Electronic Health Records

SFGH is currently implementing a new electronic record system, as the current version does not support SBIRT. eClinical Works will replace the current electronic Lifetime Clinical Record system over the next 1 to 2 years at SFGH. The new health record

system will enhance the integration of SBIRT throughout this network, and two SBIRT faculty serve on the hospital's EHR committee.

Systems-Level Clinic Implementation

SFGH is responsible for coordinating SBIRT training for over 90 faculty, residents, and nurse practitioners and over 25 preceptors. The program recognizes the need for interprofessional teamwork training and implementation; however, such efforts are often impeded by lack of time as well as competing clinical and educational responsibilities. SFGH has worked with residency program directors and other key faculty members to more effectively adapt the SBIRT curriculum into training. However, at a systems clinic level, it has been challenging to get a routine SBIRT procedure implemented at either the General Medical Clinic (GMC) or the Family Health Center (FHC). While faculty members in both the Department of Medicine (DOM) and FCM recognize the importance and rationale for better integrating SBIRT into clinical practice, the medical directors of the GMC and FHC are operating in a fiscally constrained environment that cannot easily take on new initiatives.

Evaluation

The internal medicine residents' alternating "2 months on, 2 months off" ambulatory block schedule has a potential negative impact on 30-day GPRA follow-up rates, as residents become more difficult to track during the second half of their rotation when they are immersed back in the hospital wards. Web-based surveying has improved both GPRA and resident survey response rates. Similar issues around tracking faculty responses arose, and data collection procedures will be modified.

Provider Ambivalence and Poor Self-Efficacy

At baseline, many residents are reluctant to participate in learning about substance use and may lack the confidence in their ability to address and treat related disorders. Evaluators found that residents who ranked discomfort and lack of experience as barriers when screening and/or treating patients for substance abuse were less confident in their ability to engage in SBIRT. Faculty trainers have been successful in demonstrating the generalizability of patient-centered communication skills to facilitate behavior change with their patients around not only substance use but a broader spectrum of clinical issues (e.g., medicine adherence, lifestyle changes with regard to diabetes, hypertension, etc.).

Economic and Political Changes

The proposed California State budget for fiscal year 2012 calls for a $500 million cut in university support, which poses a threat to the university's academic and research mission as well as its ability to provide patient services.

Team Roles and Responsibilities

Carrie Cangelosi, M.S.W., is a Medical Social Worker in the General Medical Clinic at SFGH. Ms. Cangelosi is a volunteer faculty trainer and systems-level internal champion for motivational interviewing at SFGH. She is a member of the Motivational Interviewing Network of Trainers (MINT) and trains at all health worker levels, including resident physicians, social workers, students, and nurses.

Diana Coffa, M.D., is an Assistant Clinical Professor in the Department of Family and Community Medicine (FCM) and an SBIRT faculty trainer for multiple SFGH departments, including family medicine, general medicine, pediatrics, obstetrics-gynecology, and for UCSF medical students. Dr. Coffa helped to design the SBIRT curriculum for FCM residents that see patients in the Family Health Center.

David Hersh, M.D., (SFDPH Subcontractor) is an addiction psychiatrist and Medical Director of BHAC at the San Francisco Department of Public Health. Dr. Hersh links San Francisco's community-wide public health network of specialty treatment programs with the SFGH hospital-based SBIRT's program of early intervention and treatment referral activities. Dr. Hersh leads didactic sessions on addiction pharmacotherapies and specialty treatment programs, hosts patient and provider panel forums, and provides experiential learning opportunities for residents during the SBIRT curriculum.

Jennifer Hettema, Ph.D., (Evaluator) is an Assistant Professor in the Department of Psychiatry and Neurobehavioral Sciences at the University of Virginia. She played a key role in developing the SBIRT curriculum at SFGH and, as a Master MINT Trainer, teaches brief intervention and motivational interviewing to both faculty trainers and residents. Dr. Hettema also devotes time to performance assessments (i.e., developing data collection tools, auditing data sources to determine the progress of the grant against benchmarks, analyzing data, and providing reports of outcomes to date).

Sharad Jain, M.D., is a Professor in the UCSF in the Division of General Internal Medicine in the Department of Medicine and is the residency program director of the UCSF Primary Care Residency Program at SFGH (SFPC). Dr. Jain facilitates the integration of the SBIRT training system into current medical residency curriculum at SFGH and serves as a faculty trainer.

Paula Lum, M.D., M.P.H., (Project Director and Principal Investigator) is an Associate Professor of Clinical Medicine in the Division of HIV/AIDS in the Department of Medicine and a primary care physician. Dr. Lum serves as the official liaison to SAMHSA and both internal and external partners. Dr. Lum is an active member of the project's curriculum, training, and evaluation teams.

Jennifer Manuel, Ph.D., is a psychology NIDA post-doctoral fellow with expertise in motivational interviewing, fidelity, and evaluation. She is a member of the MINT and as a volunteer faculty trainer and provides consultation on performance assessment activities.

Elinore McCance-Katz, M.D., Ph.D., (Signifcant Contributor) is a Professor in the Department of Psychiatry and has worked with the SFGH team to deliver buprenorphine provider trainings to residents and faculty at SFGH. In addition, Dr. McCance-Katz conducts outreach to the UCSF Department of Psychiatry resident training programs.

Eileen McCormick, B.A., (Project Coordinator) oversees daily operations of the project and is a liaison with all partners and collaborators.

Neda Ratanawongsa, M.D., M.P.H., is an Assistant Adjunct Professor in the Division of General Internal Medicine and UCSF Center for Vulnerable Populations at SFGH. She was previously the site director for DOM resident education at SFGH and is an expert in health care communication and coordinates the SBIRT training for the SFPC residents. She also serves as a faculty trainer and liaison with the General Medical Clinic as one of their lead faculty preceptors.

Brad Shapiro, M.D., is Assistant Professor in the Department of FCM and Psychiatry and the Medical Director of the publicly-funded methadone clinic at SFGH. He designed the initial SBIRT curriculum for the FCM residents and is a faculty trainer for FCM, DOM, and pediatric residents at SFGH. He has special expertise in teaching about opioid addiction and chronic pain management.

Jacqueline Peterson Tulsky, M.D., is a Professor of Clinical Medicine in the Division of HIV/AIDS in the UCSF DOM. Dr. Tulsky is a faculty trainer involved in both medical student and resident SBIRT and addiction curricula. She also plays a key role in disseminating SBIRT training practices to local and statewide medical communities.

Matt Tierney, N.P., C.N.S., is a psychiatric nurse practitioner in the UCSF Department of Psychiatry and School of Nursing and the Medical Director of the SFDPH Outpatient Buprenorphine Induction Clinic. Mr. Tierney also is a member of the MINT and an SBIRT faculty trainer that brings expert consultation in the additional areas of co-occurring mental health disorders, challenging clinical case consultation, and performance feedback. With Dr. Hersh, he provides experiential learning opportunities at BHAC.

Amy Whittle, M.D., is an Assistant Clinical Professor in the Department of Pediatrics and our newest SBIRT faculty member. In this year, she is receiving faculty

development opportunities to become a pediatric SBIRT expert and to develop an SBIRT curriculum for pediatric residents.

Curriculum

The SFGH SBIRT curriculum teaches residents how to (1) administer and interpret validated screening tools, (2) utilize evidence-based brief intervention procedures based on motivational interviewing principles, and (3) provide culturally appropriate referrals and treatment for patients that have or are at risk of substance use disorders. Objectives are met with a basic curriculum, approximately 16 hours long, that offers both didactic (i.e., centered on case-based lectures and seminars) and practical skills-based learning, attitude-shaping small-group discussions, and experiential field visit opportunities. Residents are expected to incorporate SBIRT skills into their clinical rotations with actual patients. Faculty trainers offer site-specific support and feedback. Booster sessions occur throughout the year.

Training has largely focused on second and third year internal medicine residents enrolled in the HEAAT track of the Internal Medicine residency program and second year residents in Family and Community Medicine at SFGH. The program is developing cross-departmental strategies to offer training to residents in pediatrics, obstetrics and gynecology, psychiatry, and surgery (where permitted).

Training strategies include an interactive blend of live presentations, video demonstrations, and case studies. Principles are reinforced through narrative reflective exercises and real play and role play activities. Residents can expect to cover the following topics:

- Introduction to Substance Use – includes instruction on:
    - Epidemiology of substance use disorders
    - Spectrum and neurobiology of substance use
    - Substance use diagnoses (abuse, dependence, and addiction)
    - Rationale for SBIRT (i.e., its purpose and function in primary care settings)
- Screening – includes instruction on:
    - Validated screening tools for drugs and alcohol use (i.e., single question drug and/or alcohol screen and the AUDIT-C, among others)
    - How to interpret screening results and assess the appropriate next steps when a screen is positive
    - Strategies for asking patients about their substance use

    - Standard drink guidelines as supported by the NIAAA
- Brief Intervention and Motivational Interviewing – includes instruction on:
    - The principles of motivational interviewing
    - Incorporating motivational interviewing in brief intervention encounters
    - Assessing patient readiness for change (i.e., the transtheoretical model)
    - Strategies for communicating with patients (e.g., asking open-ended questions, using reflective listening techniques, and rolling with resistance)
- Referral to Treatment – includes instruction on:
    - The benefit of treatment for substance using patients
    - The public health system/pyramid of care in San Francisco (i.e., BHAC, TAP, detoxification options, and residential and outpatient treatment programs, among others)
    - Using patient-centered communication skills to discuss treatment options
- Pharmacotherapy Options for Substance Use Disorders – includes instruction on:
    - An overview of available medication assisted treatment options
    - How to discuss pharmacotherapy treatment options with patients
- Pain Management – includes instruction on
    - Safe opioid prescribing practices

Core Component

The goal of the SFGH SBIRT curriculum is to help residents learn practical skills and gain confidence in detecting, diagnosing, and managing patients across a spectrum of substance use disorders. The curriculum consists of several components: narrative reflection exercises, didactic lectures, small-group discussion, skills-based practice (e.g., real plays and role-plays), experiential learning (e.g., site visits), booster skills sessions, challenging case discussions, and observed practice with preceptor feedback.

The didactic learning curriculum offers short-term (resident-specific or hospital-wide) events such as clinic conferences, noon conferences, and Grand Rounds. Sessions are designed to teach a chronic care model of addiction, support the evidence-base around screening and brief intervention, and emphasize the benefit of early identification of risky substance use behavior. Residents are encouraged to bring patient cases from their own clinical practice to small-group discussions. Video demonstrations and real/role play activities are used to practice motivational interviewing techniques.

Practical learning sessions provide a hands-on opportunity for residents to engage in screening, brief identification, and referral to treatment techniques with their patients. Brief intervention skills are grounded in motivational interviewing, a directive, client-centered counseling style for eliciting behavior change by helping patients explore and resolve ambivalence.

The SBIRT curriculum is supplemented with outpatient electives in Addiction Medicine (Understanding the Complexities of Substance Abuse), Interdisciplinary Care of Homeless, and Marginally Housed Populations. Such programming exposes residents to various treatment settings and addresses the health needs of diverse populations.

While the project is housed in the Department of Medicine at SFGH, the SBIRT curriculum is available to all residents who rotate through the facility. Moreover, the program has received a wide level of support from leadership at the University of California–San Francisco, and the SFDPH's Community Behavioral Health Service (CHAB), among others.

Screening

Residents utilize NIAAA approved prescreen questions to assess patient alcohol and drug use:

- Alcohol
  - Do you sometimes drink beer, wine, or other alcohol beverages?
  - How many times in the past year have you had five (for men)/four (for women) or more standard drinks in a day?
- Drugs
  - How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?

Residents are trained that if a patient has a positive screen for alcohol and/or drugs, they should continue with a more detailed assessment. Residents learn how to engage their patients in a patient-centered conversation about their alcohol or substance use, to present the parameters of unsafe drinking, and to offer education around cutting back or stopping use of drugs or alcohol in those who are ready for a change. Residents are provided with a pocket guide that contains information on appropriate screening questions, the means to assess responses, and how to intervene, as necessary. The SFGH program team noted the following challenges associated with screening their patients:

1. The residents perceive that it is difficult to screen efficiently in a busy clinic setting.
2. Screening instruments may not translate well for non-English-speaking patients who rely on interpreters to communicate with their provider.
3. Providers may not always adhere to the screening questions as written (i.e., deviate from the validated language of the questions).

Brief Intervention

The brief intervention training provides residents with the opportunity to engage in patient-centered, strategic conversations with patients around risky drinking and/or substance use. The training is focused on mastering motivational interviewing principles that empower change through interactive, reflective discussions between the physician and patient. SGFH cited the following learning objectives around brief intervention delivery:

1. Know more effective elements of brief intervention.
2. Be familiar with the evidence base for BI/MI.
3. Understand how to counsel people based on readiness to change.
4. Understand how to increase patient motivation and negotiate behavior change.

Residents have the opportunity to put newly learned principles into practice by working in pairs to demonstrate patient-centered listening activities (via persuasion and reflective listening exercises), MI skills, techniques on eliciting and responding to change talk, and how to provide feedback and information. Skills practice includes real plays (i.e., conversations that residents have with each other about their own behavior) and role-plays about challenging patient cases. Residents are also equipped with a pocket readiness ruler which provides a measure around their patients' willingness to change during the brief intervention encounter.

While residents recognize the value of using MI techniques to elicit change around substance use and other wellness issues, they also are concerned that conducting a brief intervention may be time consuming. Other limitations around BI include that their usual continuity clinic preceptors (who are not SBIRT faculty) do not always have the appropriate precepting skills to reinforce BI in clinical settings or a working knowledge of addiction pharmacotherapies to support their being prescribed by the resident. Moreover, it can be challenging to relay dialogue effectively between physicians and their patients when translated through an interpreter since messages frequently get lost in translation.

Making Referrals and Specialty Treatment

Residents indicated that experiential learning opportunities are a valuable way to learn about substance use treatment resources. Residents are able to attend mutual support groups (Alcoholics/Narcotics Anonymous), substance abuse treatment clinics (described below) and residential programs, and harm reduction services (e.g., syringe exchange program and overdose prevention trainings). During such visits, residents learn about the referral process and can witness, first-hand, what their patients can expect when

navigating through external systems of care. Residents report back in the third week of the HEAAT curriculum when the topic is on Referral to Treatment.

BHAC is a truly unique component in the SFGH training curriculum. SFGH residents in the HEAAT cohort are required to visit BHAC to familiarize themselves with its integrated network of behavioral health services (available to San Franciscans who are uninsured or recipients of Medicaid or Medicare). The center provides assessment and referral assistance (e.g., outpatient, detoxification, and residential treatment programs). For example:

- The Treatment Access Program (TAP) is available to assess patients for the appropriate level of care and to link them with available treatment programs, focusing on detoxification and relapse prevention options in the community. TAP tracks patients to ensure they are successfully connected with necessary care and also communicates with referring providers. One challenge identified by program staff is that patients often need to wait for some period of time to access residential treatment services.

- OBIC evaluates and educates patients referred for buprenorphine treatment, offers buprenorphine induction and stabilization services, and refers stabilized patients back to waivered primary care providers for maintenance treatment. OBIC also facilitates linkages with primary care (for those without), mental health, housing, and other substance use/social services. Patients can be transferred back to OBIC for a higher level of care if they destabilize in their primary care clinics (COPE).

Other BHAC services include the following: Mental Health Access, Offender Treatment Program, Centralized Opiate Program Evaluation (COPE) Service, and a pharmacy.

SBIRT Review/Booster

Booster sessions are delivered approximately 3–4 months after the initial 4-week curriculum is completed. The sessions reinforce brief intervention and motivational interviewing skills. In addition, residents are scheduled for SBIRT or MI related observation-and-feedback sessions with their own continuity clinic patients by trained SBIRT faculty preceptors. The HEAAT residents who completed the most recent booster series also received training on safe opiod prescribing and office-based pharmacotherapy for alcohol dependence (described below).

Specialty Curricula

Residents receive instruction on pharmacotherapy options for substance use disorders. The curriculum emphasizes the integration of primary care and addiction medicine and

explores the use of evidence-based treatments for substance abuse/dependence in various clinical settings:

- The first booster session focuses on safe opiod prescribing. Residents learn (1) how to address the prescribing of opiods in the context of chronic pain, (2) how to work with patients who display aberrant medication taking behaviors, and, (3) what strategies can be used for monitoring patients, diagnosing medication misuse, managing medication misuse and discontinuing therapy when indicated.
- The second booster session focuses on pharmacotherapy for alcohol dependence (e.g., naltrexone, disulfiram, acamprosate, and topiramate) and the risks and benefits of treating alcohol dependence. A separate buprenorphine waiver training is offered to residents and faculty on a larger scale during the year. In role plays, residents practice having conversations about medication-assisted treatment with patients who are ready to change their behavior, their experience talking about pharmacotherapy options around drugs and alcohol with their patients, and their goals for motivating change in the future.

Web-based Learning to Support Curriculum

SFGH program staff would like to expand access to its current collection of SBIRT resources outside of faculty and trainers (it is currently available only to members of the UCSF community). The current collaborative learning environment on Moodle (an online application for educators) exists for all internal SBIRT colleagues to share information and training resources. It was originally designed to be a virtual classroom and not conducive to searches or other forms of organization. Project staff have posted copies of the HEAAT curriculum on the SFPC wiki, but it has not been used as widely as hoped. The team is interested in exploring options to drive attention and, ultimately, increase usership (both internally and among external audiences). SFGH's pediatric faculty member has experience and expertise in developing web-based teaching modules for their residents and plans to explore this option for their learners.

Faculty SBIRT Training

Program participants include not only resident and faculty physicians, but also non-physicians (e.g., nurses, social workers, and clinic administrators) who serve on the Project Training Team as Master and Faculty trainers. In a step-wise fashion, Master trainers train SBIRT faculty, who, in turn, train the residents. Institutional SBIRT certification is being sought for faculty and chief residents who participate in the program's faculty development coursework, as these educators play critical roles in the program's sustainability and expansion efforts to other departments.

SFGH uses a “One Minute Precepting Model” for residents to support adoption and implementation fidelity of SBIRT in their practice settings. Other opportunities for faculty training include half-day preceptor trainings, use of selected faculty mentors, participation in motivational interviewing workshops, and continued practice with their own patients.

GMC clinical preceptors were asked to participate in a Web-based module entitled “Teaching Residents to Engage Patients in Behavior Change.” The 30-minute module, which includes a pre and posttest questionnaire, is designed to help untrained clinic preceptors improve their precepting encounters with residents and to use such opportunities to teach about behavior change. Translating behavior change strategies to faculty can be complicated by time constraints, competing priorities (most are unpaid volunteers), and lack of skills.

GMC faculty preceptors also participate in a preceptor retreat, which provides for small group, case-based learning. The retreat stems from a desire among GMC faculty to expand their knowledge of the SBIRT evidence base and to learn strategies to improve teachable moments with residents around SBIRT skills and resources. Other training opportunities include half-day motivational interviewing and brief intervention retreats as well as booster sessions.

Cultural Competence

SFGH’s ethnically diverse population necessitates that training address issues of age, race, ethnicity, culture, language, sexual orientation, disability, literacy, and gender. Staff members provide clinic trainings that reflect the community in which residents practice. Case-based learning addresses the diverse patient population. To assist with translation, interpreters (in-person, over the telephone, and by video monitor) are available in different languages (up to 35 dialects). Hospital signage appears in English, Spanish, and Cantonese.

Curriculum Observations

- The SFGH curriculum consists of lecture and experiential learning techniques that help residents develop the skills and confidence to address a number of substance use disorders.
- Fidelity to screening protocol is a challenge for residents who feel pressured by time constraints, language barriers, and discomfort addressing alcohol and substance use issues with their patients.
- Mandatory visits to BHAC serve as an opportunity for residents to learn, first-hand, about the full range of community referral services available to their patients. Such visits greatly enhance resident confidence in conducting referral

processes. The clinic is a driving vehicle for integrating systems of care for vulnerable, indigent populations, particularly those in need of medication-assisted therapy, like buprenorphine. It has garnered the support of champions within hospital and city systems to bridge gaps in the provision of community-based healthcare.

Approach/Implementation

The SFGH SBIRT curriculum was initially designed for implementation among residents and faculty in one of several internal medicine residency programs at UCSF. The curriculum was then disseminated to select training programs, such as family and community medicine. Other departments, like obstetrics and gynecology, are trying to negotiate enough time in their respective agendas to provide SBIRT training to their residents.

Program staff have framed SBIRT as a tool to enhance communication during patient encounters. This, coupled with the general utility of motivational interviewing, has made it easier to generate buy-in among residents and hospital staff.

A proficiency checklist has been developed to gauge residents' SBIRT skills in practice settings. Residents are able to outline the areas in which they would like feedback. They can also work with faculty to set goals and develop an action plan to support their skill development. Currently, there is no protocol to enforce SBIRT implementation (no chart review and few preceptor observations) and no real direct resident observation of residents except during biannual evaluations. The program team indicated that they need support within clinical practice settings on a system-wide level to train preceptors sufficiently to skillfully conduct SBIRT with all their patients.

SFGH program leadership hopes to integrate SBIRT adequately into resident training so that it becomes a normalized part of the overall graduate medical education experience. They mentioned that training nursing staff, social workers, faculty, and language interpreters on SBIRT is one strategy to support residents. If SBIRT is part of the everyday operating culture among hospital staff, residents will, in turn, incorporate it into their practice; a strategy that was referred to as the "hidden curriculum." Ultimately, they noted that long-term SBIRT sustainability is program specific and will depend on the extent to which staff can continue the momentum once the grant ends.

Approach/Implementation Observations

- Implementation efforts in other departments are largely impeded by time and competing responsibilities. Identifying champions within program areas will serve as leverage to incorporate SBIRT into various curricula, as time permits.
- SFGH has been effective at expanding training opportunities for non-medical support staff, such as social workers. The grantee is motivated to continue expansion efforts and has developed rigorous training objectives for the remainder of the grant cycle.
- Enhancing marketing efforts and developing an accessible web-based repository of resources are cited among the sustainability activities SFGH hopes to engage in as means to routinize SBIRT into practice.
- SFGH can affect system's change by building support from the bottom up; beginning with fostering SBIRT awareness and enthusiasm among residents and then using their momentum to influence faculty and other staff.

Data Collection and Evaluation

Jennifer Hettema, Ph.D, leads the evaluation of the SFGH SBIRT program. In addition to collecting uniform Government Performance and Results Act (GPRA) data, SFGH conducts local process and outcome evaluations via self-report surveys of residents, faculty, and patients. Instruments are continually refined. Process-related questions focus on implementation and performance issues as a means to identify the project's fidelity to the planned curriculum. Outcome questions focus on the effects of the curriculum on trainees' competencies, programmatic and individual factors associated with these factors, and the sustainability of these effects.

The goal of the SFGH evaluation is to document how the SBIRT training system is implemented and the extent to which the project achieves its stated goals and objectives. The evaluation also measure resident's knowledge, attitudes, and behavior over time. Performance measures assess whether the SFGH SBIRT program is achieving its objectives and goals by examining the following:

- number of residents trained compared to the total number of residents enrolled in the academic program
- number of different residencies that incorporate SBIRT into training
- number and length of training lectures

- clinical experiences (number of patients screened per resident)
- number of training events held for local and Statewide medical communities
- number of technical assistance events held and number trained at these sessions
- resident ratings of the program and attitudes towards using the SBIRT model
- barriers/solutions to the implementation of SBIRT in medical residency programs

Evaluation staff members discuss their data-informed observations and make recommendations at bimonthly project meetings of physicians, nurses, social workers, other project staff, and co-investigators and consultants. These meetings provide the opportunity to review and discuss program strengths and weaknesses.

Surveys are administered biannually to all incoming and current SFGH residents, and annually to faculty. A third-round follow-up is currently underway for 2009 interns.

- **Physician Survey:** Designed for all residents that rotate through SFGH, the physician survey addresses their confidence, perceived responsibility, and satisfaction conducting SBIRT with patients. Evaluators noted that physicians are extremely busy and hard to track, resulting in high rates of attrition. The preliminary findings of the physcians indicate that there were not significant changes in SBIRT knowledge, skills, or attitudes over time among SBIRT HEAAT residents compared to residents who received a less rigorous SBIRT curriculum.

  Qualitative data from the physician survey largely consists of open-ended reflective questions about residents' clinical encounters with patients who screen positive for substance use disorders. Several themes emerged from resident responses: (1) residents indicated the desire to receive effective training in SBIRT, (2) residents have some initial uneasiness regarding observation that dissipated once they experienced the benefits of this approach, and (3) residents experienced benefits as a result of practice opportunities. Such data showed more positive outcomes among residents in the HEAAT track. The strongest barriers cited by residents when screening and/or treating patients with alcohol or drug problems included time constraints, inadequate referral sources, and a lack of patient compliance with referrals.

- **Faculty survey:** Directed at Division of General Internal Medicine (DGIM) faculty who precept internal medicine residents in the GMC, the faculty survey assesses faculty member's comfort addressing substance use with their patients, their likelihood of using SBIRT in their own practice, and how much they value SBIRT training.

- **Patient Survey:** An anonymous GMC patient waiting room survey (available in Spanish and Cantonese) examines self-reported risky substance use and provider communication with patients about their substance use. A similar survey for the Family Medicine program is currently being developed. Results from the 2010 survey indicated the following: (1) 98 percent of past year smokers reported that their medical provider asked about their tobacco use, (2) 92 percent of drinkers and 82 percent of non-drinkers reported that their medical provider screened them for alcohol use, (3) 49 percent of drinkers received advice about safe drinking limits by their medical providers, and (4) 83 percent of drug using patients and 64 percent of non-drug using patients reported they were screened for drug use by their provider.

An evaluation workgroup will use collected data to assess the impact of the curriculum on behavior change, including, but not limited to, the effects on actual patient care. Outcomes from the workgroup analysis will be published in a special issue of the journal *Substance Abuse* entitled "Curricular Innovations for Screening, Brief Interventions, Referral, and Treatment of Substance Use Disorders."

Summary of Evaluation Observations

- The SFGH evaluation component is robust. Evaluation appears to be utilized as program improvement tool to guide adjustments as needed.
- A unique feature of the evaluation is the qualitative evaluation component, which allows for narrative reflection and lends a voice to quantitative findings.
- SFGH has developed a proficiency checklist to gauge resident skill based on direct observation of residents in practice settings.

Council of Residency Directors

The Council of Residency Directors consists of residency directors from other specialty training programs at SFGH (e.g., Internal Medicine, Pediatrics, Psychiatry, and Family and Community Medicine) and key stakeholders in hospital leadership, administration, and non-physician services. Members provide guidance and support for the project's goals and objectives. The core objective of the council is to assist in systems-based implementation of SBIRT across departments in the hospital.

Council meetings have addressed the following issues:

- **Faculty Development:** Identifying SBIRT faculty champions and continuing to enhance current faculty development and training opportunities

- **Evaluation:** Identifying opportunities to present and publish findings, expanding evaluation to other residency program areas, and offering opportunities for faculty scholarship
- **Dissemination:** Expanding the SBIRT program and accrued knowledge base beyond current borders
- **Collaboration:** Partnering with the Parnassus-Mount Zion sister site and increasing e-learning opportunities (e.g., Web site development and teaching modules)
- **Systems-Based Buy-In:** Development of intra-clinic practice implementation strategies, and hospital wide presence and support
- **Curriculum Development:** Continuation of curriculum building/enhancement efforts as led by the workgroup and tailored for different residency programs

Council of Residency Directors Observations

- The Leadership Council is made up a diverse group of medical and nonmedical professionals whose training span a range of disciplines from internal medicine, family and community medicine, psychiatry, social work, nursing, and evaluation. The team is highly collaborative and invested in SBIRT as a tool for addressing substance use and other co-morbid conditions, particularly among SFGH's underserved, vulnerable patient population.
- The Leadership Council has formed smaller workgroups around tasks to divide responsibility and tackle next steps.

Summary of Onsite Observations

The site visit team participated in the following HEAAT residency training seminars:

- **Brief Intervention Training**
  One member of the site visit team participated in a 4-hour HEAAT resident brief intervention training. Residents were eager to learn strategies to affect change in their patients' health. They felt that the motivational interviewing techniques were useful and appreciated the opportunity to empower their patients to take charge of their health in a manageable, non-judgmental fashion. Residents actively practiced MI principles (e.g., asking open-ended questions, affirming patient responses, reflective listening, and summation skills) through real/role plays with their peers. Residents expressed concern about conveying nuanced material in

other languages. Trainers, Jenny Hettema and Carrie Cangelosi, were highly skilled in delivering BI and MI techniques, and successfully worked through questions and real/role play scenarios while balancing theory and practice.

- **Cultural Competency Panel**
  To be accepted into the residency program at SFGH, applicants must demonstrate a desire to serve diverse patients populations, including ethnic minorities, homeless or precariously housed individuals, and other vulnerable and marginalized groups. Cultural competency is essential to providing appropriate care by the SBIRT staff, many of whom are aided by an interpreter in their daily rotations. Residents from both internal medicine and family practice met with staff members from four community agencies, each serving unique populations: (1) women only (African American, Latina, and Transgendered), (2) family-centered (Latino families), (3) Asian Americans (all ages and gender), and (4) those treated by a mobile methadone van (primarily serving African Americans and Latinos). Each agency representative made a presentation on the services they offered and discussed the unique characteristics of their target population. Residents were eagerly engaged in the question and answer session. The experience of having discourse with staff members from community agencies, coupled with field trips, is one way SFGH is attempting to address issues of cultural competency.

- **HEAAT R3 Challenging Cases**

  Two members of the site visit team observed third year family medicine and internal medicine residents in a case staffing session with faculty. The challenging case involved a 42-year-old female whose opioid analgesic prescription refills were jeopardized by her ongoing crack cocaine use. The resident who presented the case expressed concerned about the patient and sought assistance from his peers and mentors on how to proceed in this patient-provider relationship. The group was resourceful and supportive. The faculty offered suggestions and guided the discussion using open-ended questions to the residents. This is a routine event with third year residents and observing this process was a clear indicator of the depth at which residents and faculty interact with each other. The resident expressed satisfaction with what was offered during the session.

Below is a summary of key onsite observations:

- SFGH has embraced motivational interviewing as a central component of the SBIRT training experience for its residents. Faculty and residents value how MI techniques can be used to affect change in diverse areas of patient health.

- SFGH has taken a unique approach to training residents around treatment and referral services in the community. The experiential visit to BHAC serves to broaden residents' knowledge base and comfort when referring patients to external resources. BHAC, itself, provides comprehensive support to patients struggling with behavioral and substance use issues.

- The SBIRT curriculum has been successfully integrated into the Department of Family and Community Medicine, largely because of champions Drs. Shapiro, Coffa, and Hersh. Integration into other SFGH departments, like psychiatry, has been challenging. To facilitate integration, the team has adapted SBIRT training to align with departmental needs and time constraints. Short presentations, like the Teen Trauma noon presentation, have been successful in gradually introducing the value of SBIRT, particularly around motivational interviewing, to the pediatric department. Dosage, then, is largely dependent on what individual programs will allow.

- Because SFGH serves a diverse ethnic population, implementing SBIRT in clinical settings can pose a challenge when exchanges between the resident and the patient are compounded by language and cultural differences. SFGH leadership is exploring ways to train interpreters and better understand and incorporate cultural nuances into routine practice.

- It has been challenging to get some faculty in residents' clinics to embrace SBIRT, particularly because there are long standing traditions associated with using other approaches with patients. Many have mixed knowledge about the substance use literature and limited skillfulness in how to address substance use issues. However, residents value SBIRT, particularly MI, and are able to influence others to adopt it.

- SFGH is interested in receiving technical assistance to (1) build a stronger Web presence and (2) refine product development processes.