SBIRT Service Design Site Visit Report

Kettering Medical Center

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Medical Residency: Kettering Medical Center

Prepared by JBS International, Inc. and Alliances for Quality Education, Inc.
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Medical Residency: Kettering Medical Center

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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 performance and to continue improvement processes supported by technical assistance (TA), as approved by SAMHSA. This approach encourages the medical residency program to leverage strengths and maximize long-term success and sustainability. Various activities were coordinated to observe Kettering's Medical Center (KMC) SBIRT Medical Residency (MR) training program model, curriculum, training methods, implementation, and program evaluation. The activities included the following:

- Meeting onsite with the project director, training manager, SBIRT educator, residents, and community council members
- Observing an SBIRT medical resident training session
- Reviewing curriculum components and materials
- Visiting practice sites in the community

Day 1: On September 14, 2011, the site visit team attended a series of meetings with the SBIRT staff. Topics covered included a community council meeting, a comprehensive overview of the program, meeting with the residents, and an observation of SBIRT training. Additionally, the team toured various SBIRT referral sites throughout the community.

Day 2: On September 15, 2011, the site visit team continued with an in-depth overview of the program. The site visit team discussed sustainability strategies, marketing and product development options, and evaluation processes. The day adjourned with a discussion around potential opportunities to offer technical assistance.

Program Overview

The KMC SBIRT MR program is located within KMC, a Level II Trauma Center in Kettering, a suburb of Dayton, Ohio. KMC is associated with the Seventh Day Adventist Health System. Many of its demographically diverse residents are graduates of medical school programs at Loma Linda University (an Adventist college in California), the University of Cincinnati, Wright State University, the University of Indiana, and Ohio University.

The Kettering Health Network is comprised of a number of medical facilities in the area including Sycamore Medical Center, Grandview Medical Center, Southview Medical Center, Greene Memorial Hospital, Fort Hamilton, Soin Medical Center and Huber Heights Emergency (free standing emergency department). In addition, adult and adolescent behavioral health services are provided by Kettering Behavioral Medical Center. Currently, there is a cross-fertilization effort to bridge SBIRT with KMC's competing hospital network in Dayton, Premier Health Partners.

The Kettering Health Network receives patients from various counties throughout the State of Ohio, including Montgomery, Greene, Warren, Miami, and Butler. The primary populations served by KMC are Caucasian (52 percent) and African-American (43 percent), of which about 23 percent live below the poverty line. There is a high level of drug activity in the Dayton community, attributed largely to the city's proximity to the interstate freeway system. Consequently, the prevalence of methamphetamine, benzodiazepine, and opioid-related substance abuse is particularly high among patients.

KMC is currently in the third year of a 5-year SAMHSA SBIRT grant for MR programs. SBIRT has partnered with KMC's addiction medicine program, a required subspecialty rotation for internal medicine residents and an elective for psychiatry, family medicine, emergency medicine, and transition-year residents. Typically, three to four residents participate in the month-long rotation led by Dr. Douglas Teller. The current addiction medicine curriculum consists of 11 seminars that cover a variety of topics including, but not limited to, the epidemiology of substance use disorders, the spectrum and neurobiology of substance use, substance use diagnoses (abuse, dependence, and addiction), pain management and opioid dependence, and treatment resources. The addiction medicine and SBIRT curricula are woven together during the rotation.

Project Accomplishments to Date

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

- The SBIRT team created a Web site within the Kettering medical education department that provides an overview of SBIRT with a brochure, SBIRT pocket cards, videos, online links to resources, and a Primary Care Reports article that was published for the *Primary Care Physicians Journal* in January, 2011.
- The SBIRT team developed creative computer games, along the lines of Jeopardy and BINGO, to help reinforce SBIRT principles, including Motivational Interviewing (MI).

- The SBIRT team is seeking approval to change the EPIC Electronic Medical Record (EMR) questions on alcohol and drugs to include SBIRT screening questions.

Program Strengths

Community Council

The Community Council was established in 2010 and consists of representatives from Montgomery County and Greene County, local healthcare professionals, managed health organizations, and academics from area institutions. The members are enthusiastic about SBIRT and express interest in implementing SBIRT in various settings across the State.

Training

KMC has adopted a unique training style. Training includes: didactic presentations, small seminars that address SBIRT skills development, and "bedside" consults where the resident and an SBIRT trainer will conduct the intervention. Dr. Teller coordinates the schedule for all residents and schedules SBIRT training separately from his comprehensive addiction medicine curriculum. The training schedule is flexible and allows for individualized resident education over the course of the month-long rotation.

Resident Incentive Program for Documenting SBIRT

KMC recognizes residents who use SBIRT during patient encounters and document it properly in their chart's history and physical section. Certificates and small prizes are awarded to residents who meet documentation goals. Residents working in surrounding hospitals have engaged in a friendly "competition" to see which setting has the most successful SBIRT chart entries. As a result, SBIRT documentation has increased over time. In addition, there is a significant amount of peer-to-peer mentoring among residents; first-year residents are instructed on SBIRT by fellow second-year and third-year residents.

Games

As discussed above, SBIRT program staff has adapted games, like BINGO and Jeopardy, to reinforce the SBIRT curriculum and make learning fun. Staff hopes to develop an SBIRT Scrabble tool in the future. On an equally playful note, KMC's mascot, "SBIRT" (a caped character resembling Burt from Sesame Street), reminds residents to perform and document SBIRT.

Program Challenges/Barriers

Evaluation

The KMC project team is interested in the review and consideration of evaluation products developed by other teams. This includes reviewing a resident proficiency checklist tool and long-term follow-up measures.

Buy-In

It has been challenging for KMC project staff to identify SBIRT champions in outpatient services. Staff is working to enhance adoption by expanding SBIRT's reach within the community and partnering with county-level programs and managed health organizations.

Time

Residents mentioned that, due to time constraints, it is difficult to address patients' substance misuse and/or abuse issues and chief health complaints during a typical patient encounter. In addition, work-hour restrictions and rotating resident schedules can be burdensome to coordinate SBIRT training. Fortunately, small resident class sizes make it easier for the project team to conduct individualized trainings to assist residents in developing skills for brief interventions using motivational interviewing techniques.

Sustainability

Dr. Teller and Dr. Smith, Medical Education Director, are the primary SBIRT champions within KMC. To ensure SBIRT sustainability, it will be important to identify other program champions and to document the training process and curriculum so that training can continue in the future. The grantee is encouraged to begin sustainability planning processes.

Team Roles and Responsibilities

- **Project Director/Principal Investigator**—Douglas Teller, M.D., is responsible for implementing the SBIRT program at KMC. Dr. Teller has full responsibility for interactions with the department chairs, community council meetings, and managing the scheduling of the SBIRT curriculum within the addiction medicine rotation.
- **Training Manager**—Kriss Haren, M.S., PCC-S, oversees and leads project training and it's scheduling. Ms. Haren plans, organizes, coordinates, and

manages day-to-day training operations of the SBIRT project, in addition to providing SBIRT/MI training within the KHN Network and the community at large.

- **Program Manager**—Jeannie Strausburg, M.S., LSW, LPC-S, performs administrative duties required to support the SBIRT project, in addition to data collection and managing project operations. She also functions as an additional trainer throughout the KHN Network and the community at large, and acts as an SBIRT representative for community activities.
- **SBIRT Educator**—Sheryl Gould, M.S., PCC-S, is responsible for curriculum development and training for medical residents. Additionally she assists with the development and implementation of community training and functions as a community trainer when not training residents.
- **SBIRT Evaluator**—Randy Sansone, M.D., designed the evaluation questions for the SBIRT performance measures.

Curricula

The KMC SBIRT project involves didactic and clinical learning components. The curriculum addresses six major areas (see below for a sample list of topics covered within each major area):

Introduction

- Introduction to SBIRT and MI
- Overview of the Kettering SBIRT program
- Components of brief intervention and referral to treatment
- Decision-making styles
- Overview of pocket cards

SBIRT and MI

- Review and discussion of resident pocket cards
- Online resources
- Health risks of substance misuse
- The spirit of MI and Principles of MI

- Roadblocks to communication

Communication

- General communication styles
- Flexibility between communication styles within patient interactions
- Verbal and nonverbal skills
- Cultural competence
- Self-Awareness Activities: Identifying areas of personal strength / challenge / coping

Using the Methods of MI

- Empathic and reflective listening
- OARS: open-ended questions, affirmations, reflections, and summaries
- Recognizing, responding to and evoking change talk

Ambivalence, Resistance, and Change

- Influences on change
- Recognizing and responding to stages of change
- Motivation and readiness for change
- Categories of resistance
- Rolling with resistance
- Ambivalence- discussion of/resolution of
- Guiding discussion related to health behavior change

Pulling it All Together

- Review integration process of using MI with SBIRT consults
- BI role plays
- Special topics

The curriculum is supplemented with exercises that include videos, role plays, clinical skills, practice activities and bedside consults with patients. The order and intensity of the curriculum varies on a monthly basis depending on the learning styles and skill levels of the residents.

Residents receive SBIRT training during the first year of their residency. Morning instruction is dedicated to addiction medicine didactic learning with Dr. Teller. The afternoon sessions (an average of 3 times a week for 2 hours) consist of one-on-one training typically provided by Ms. Gould and cover SBIRT curriculum components as well as the spirit, principles and methodologies of MI. Moreover, bedside consultations give the residents the opportunity to practice their brief interventions for possible substance misuse. The residents are guided by one of the 3 SBIRT educators who offer feedback after patient encounters. Cases more appropriate for Addiction Medicine Consults are referred to Dr. Teller. Residents are instructed on how to use the 6 screening questions developed from the World Health Organization questions by Dr. Teller, and are encouraged to screen every patient. Residents do not formally deliver the tool; instead, the screening questions are introduced conversationally with the patient. Presently, SBIRT screens are documented on the history and physical form located in the patient chart.

Residents also have the opportunity to accompany Dr. Teller on site visits to various treatment sites throughout the community so they can become more familiar with local referral services.

Approach/Implementation

KMC staff offers a comprehensive onsite SBIRT training program. The complete training is a total of 18 hours and can be divided into 3 full-day sessions or 6 half-day sessions. In addition to teaching residents about SBIRT, nonresidents, including nurses, social workers, and other paraprofessionals may receive SBIRT instruction. KMC also delivers trainings at the community and state levels to promote SBIRT. Local universities such as Wright State University's Boonshoft School of Medicine and the University of Dayton, among others, have been recipients of such training. During the summer of 2011, KMC presented at the Association for Medical Education and Research in Substance Abuse conference. The SBIRT Team has presented on SBIRT/MI in 2010 and 2011 at the National Wellness Conference in Wisconsin and has scheduled community presentations in neighboring states for the future.

There are a number of supportive training materials available to residents. KMC staff provides SBIRT resource materials electronically on a flash drive for residents on their first day of class. The power point training slides and pocket cards are constantly updated by project staff based on resident feedback and developments in the field.

As previously mentioned, various incentives (e.g., certificates) are given to residents to further motivate SBIRT documentation. When a patient receives a positive screen, Ms.

Strausburg is notified, reviews the answers to the 6 questions and records it in an Excel Spreadsheet. Positive questions are reviewed with Dr. Teller and the Team, who then decide who the SBIRT Team/Residents will see, and who Dr. Teller will see, based on the patient's history.

KMC created an online resource component through the Kettering medical education department. The Web site is accessible only to residents and staff and serves as a repository of all SBIRT-related content.

Data Collection and Evaluation

At this time, KMC is collecting data and reporting on the appropriate government performance and results act (GPRA) measures required under the grant. Residents are evaluated at baseline and again upon completion of their addiction medicine rotation to assess changes in their knowledge and attitudes around substance use. KMC does not currently use a formal, validated proficiency assessment tool to measure resident skill; instead, the team administers an evaluation tool developed by Dr. Randy Sansone, the project's evaluator. Program staff indicated their interest in incorporating a proficiency checklist tool as a means to more effectively measure/evaluate the extent to which their program is working.

Chart reviews are conducted as a follow-up measure to assess whether residents are performing SBIRT and documenting it outside their rotation. Chart reviews are routinely conducted to follow residents who admit patients during their clinical rotation. At the end of their rotation, the project team performs chart reviews to determine the extent to which residents are conducting screens and documenting their activity in the history and physical section. They are also re-audited at 30 days after rotation and at the completion of their KHN residency to evaluate ongoing SBIRT use. Program staff has incentivized the documentation process by awarding certificates and small prizes (e.g., tote bags, pens, ties and other small rewards) to residents who maintain a high percentage of SBIRT-related chart notes. The incentives have inspired friendly competition among program sites, as residents are also apprised periodically during the month of which hospital "leads" with the most submitted SBIRT prescreens. Additionally, Ms. Strausburg noted that this year's first-year residents (who have not yet received SBIRT training) have been trained by second and third year "SBIRT veterans" to complete SBIRT screens during their patient encounters. .

Currently, KMC does not have a standardized patient program with Objective Structured Clinical Examination (OSCE) measurements to gauge residents' SBIRT skill. Residents are not videotaped during patient encounters (the Internal Review Board does not permit

this); although they do receive live feedback from program trainers who accompany residents during bedside consults. Patient simulations, however, are taped and copies provided to residents at their request, with their written consent.

Data Collection and Evaluation Observations

- KMC's program evaluator has a limited presence in the project. The site visit team discussed the value of having more robust evaluation strategies in place to accurately capture the effectiveness of SBIRT training on KMC residents, faculty, and patient populations. Presently, the staff is strained in terms of personnel to satisfy all of the evaluation components they would like to accomplish.
- The KMC team would like to explore the possibility of developing a means to quantify resident proficiency in a way that can translate into appropriate adjustments in curriculum, educational objectives, learning style, and assessment strategy, among other items. This could manifest as a potential technical assistance request and help enhance publication opportunities in the future.

Summary of Onsite Observations

KMC provided a comprehensive review of their program over the course of the 2-day site visit. The program provides an integrated experiential learning opportunity for its residents with a highly individualized and creative "boutique" approach to training.

Observations from program presentations include the following:

Program Directors/Community Council Meeting

The site visit team had the opportunity to meet with the program directors and community council members who have come together to support SBIRT implementation within their settings. KMC would like to enhance such support by developing a more community-minded focus. To accomplish this, the team has garnered champions from a variety of programs, including Montgomery County Families and Children First, Good Samaritan Hospital, Montgomery County Crisis-Care, and Wright State University. KMC believes that such alliances within the community will improve the likelihood of SBIRT sustainability in the future.

During the meeting, a representative from Ohio's Home Choice program was present. Home Choice reintegrates people into the community who have been inappropriately

placed into nursing home and residential facilities because of their behavioral health issues. The program would like to add SBIRT as a reimbursable service and is working to pull data and consult with experts on moving the idea forward.

In addition, a representative from Care Source, a regional insurance provider, joined the meeting. He indicated that Care Source is committed to supporting behavioral health services and would like to explore the possibility of including SBIRT as a billable service, particularly because of its cost-saving benefits.

Meeting With Residents

The site visit team met with several second- and third-year residents to discuss their experience implementing SBIRT. Residents indicated that SBIRT is a unique opportunity to better understand their patients. They greatly appreciate the real-time feedback they receive from program staff during patient encounters and role-playing demonstrations.

Residents reported that SBIRT has become a routine part of the patient encounter, and patients understand that they will be asked about their substance use at each visit. Such normalization makes asking the screening questions a less threatening part of the intake process.

Not surprisingly, residents commented that time is a deterrent to implementing SBIRT. It can be difficult to prioritize substance misuse when patients have several other health complaints to address. Residents are forced to make difficult decisions around managing their patients' health priorities; this is further challenged with duty-hour restrictions. Residents believe that additional team members trained on SBIRT (i.e., nurses and medical assistants) would help ease strain associated with their patient load.

Residents commented that they are looking forward to using an electronic health record system as a tool to track patient history and upload SBIRT-related notes. This will provide an at-a-glance view of previous screening results and allow for more effective follow-up with patients who have undergone brief interventions or have been referred to treatment. Similarly, the residents reported that the Ohio Automated Rx Reporting System (OARRS) is an excellent resource to track patients' prescription medication usage. At this time, not all residents are authorized to use the system.

In general, residents commented that substance use issues vary among sites. For example, the Sycamore Primary Care Clinic has a younger patient population with higher percentage of pre-existing issues around alcohol and illicit drugs. KMC, conversely, has an older population and sees a greater incidence of prescription medication misuse. Residents expressed their plans to implement SBIRT beyond their

addiction medicine rotation. They value MI and see the benefits of addressing risky substance use as a means of improving overall patient health.

Clinic Tours

Dr. Teller takes residents on an experiential field trip during their rotation to better understand the community-based referral services available to patients. The site visit team had the opportunity to visit several of the facilities in the area:

The Samaritan Crisis Care Center serves as the primary intake and processing center for individuals with behavioral health and/or chemical dependence issues. Patients who access the center are typically Medicaid recipients or are uninsured. The KMC team performs in-service trainings on SBIRT for center staff.

Project C.U.R.E. is a methadone clinic that offers residential and day programs for men and women. Approximately 700–750 patients visit the clinic every day, which is well beyond the center's capacity.

Kettering Behavioral Medical Center serves child and adolescent, as well as adult populations with the capacity for both inpatient and outpatient assistance.

Sycamore Primary Care Clinic is a large, modern facility that will soon have a dedicated SBIRT consultation office for trained team members to assist physicians and residents with delivering SBIRT.

Observation of Training

The site visit team sat in on training with two first-year residents. The training was focused on MI methods. The residents were asked to watch a Brief Negotiated Interview-Active Referral to Treatment (BNI-ART) training video to introduce the topic. The residents were able to see the pros and cons of the techniques used. After having a discussion about the video, the residents were then asked to perform a role-play exercise. They were asked to brainstorm on a change they were thinking about making, but were feeling ambivalent. The residents then took turns acting as the doctor (using the SBIRT/MI processes during the interaction) and the patient.