



SBIRT
Service Design
Site Visit Report

Medical Residency:
Albany Medical Center

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Medical Residency: Albany Medical Center

Grantee Name	Albany Medical Center
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Site Visit Team Members	Kevin Hylton, Jonathan Powell, Denise Stockton

Grantee Project Team Members Visited

Albany Medical Center's SBIRT Medical Residency Project Team:

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Stanley Glick, Ph.D., M.D. Co-Program Director

Isabelle Maisonneuve, Ph.D., Co-Program Director and Web Module Development

Bianca Schaefer, Ph.D., SBIRT Faculty

Portia Pieterse, Ph.D., SBIRT Faculty

Laura Diamond, M.D., SBIRT Faculty

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Overview and Summary of Findings

Purpose of the Visit

To conduct an on-site assessment of grantee program strengths and engage the grantee in continuing the improvement process. Leverage these strengths to address barriers while maximizing long-term program success and sustainability.

Assessment of the Albany Medical Center's (AMC) SBIRT medical residency training program model, curriculum, training methods, implementation, and program evaluation was completed by:

- Meeting on site with the program directors, SBIRT faculty, program champions, clinical staff, residents, evaluator/evaluation team
- Observing training session(s)
- Reviewing curriculum components and materials

The site visit team met with the AMC SBIRT Residency Program Directors and project team on January 18–January 19, 2011, to gain a better understanding of the AMC SBIRT medical residency training program model, curriculum, training methods, implementation and program evaluation.

Day 1: On January 18, the site visit team conducted a series of meetings with the Program Directors and project faculty. Topics that were covered included the following: program background and context, program model, curriculum components, faculty training, residency implementation, dissemination model, and sustainability planning. Drs. Glick and Maisonneuve provided an overview of AMC's local evaluation methods. The team also had an opportunity to meet with Dr. Henry Pohl, Vice Dean for Academic Affairs, and Dr. Joel Bartfield, Associate Dean for Graduate Medical Education, in the Clinical Competency Center.

Day 2: On January 19, the site visit team observed a training session for Family Practice and Psychiatry residents. The training included a didactic session, a demonstration session, and two role-play sessions. Following the training, the team observed residents as they interacted with standardized patients. In the afternoon, the team conducted a series of meetings with program staff and observed a meeting with the Council of Residency Directors.

Project Overview

The AMC's SBIRT residency training program is currently in year 3 of a 5-year SAMHSA grant. The program is designed to train residents in six specialty areas: (1) Psychiatry, (2) Internal Medicine, (3) Pediatrics, (4) Family Practice, (5) OB/GYN, and (6) Emergency Medicine. The program is based, and fully implemented, in Psychiatry, where Dr. Balkoski is Department Chair and Director of the Outpatient and Inpatient Psychiatry divisions. The program aims to train residents using a faculty mentor model. Faculty mentors and SBIRT champions from each of the six specialty areas will be identified.

The curriculum components include multiple online modules (3 hours), including Addiction 101 and SBIRT 101, one mini-review lecture (1.5 hours), one demonstration session (1.5 hours), two role-play sessions (1.5 hours), and two practice sessions with standardized patients (1 hour). The entire curriculum was designed to take approximately 8 hours to complete. The project team has developed specialty-specific training programs that include demonstrations, videos, role-plays, standardized patients, resident information packets, mock scripts, and articles.

Residents must score passing grades on two role-plays and two standardized patient sessions before awarding credit for the SBIRT training. As of January 19, 2011, approximately 200 residents and 15 faculties have received training across specialty areas. Over the 5-year period, AMC expects to train 500 residents.

Drs. Glick and Maisonneuve perform program evaluation in-house. Drs. Glick and Maisonneuve will use a series of tools to measure outcomes including substance abuse attitudes, knowledge assessment, and behavior change. The online modules include a pre- and post-test, substance abuse attitude survey (Chappel Survey), training evaluation surveys, 1-year recertification and follow-up surveys as well as a survey for attending physicians. AMC has also developed a competency form to assess resident competence in the basic techniques of a BI. The SBIRT Competency Evaluation Form scores resident performance in role-plays, standardized patients, and live mentoring.

Project Accomplishments to Date:

The AMC SBIRT medical residency program has completed several activities within their first 3 years of funding. A summary of major accomplishments to date includes the following:

- Developing a comprehensive online training that includes Addiction 101 and SBIRT 101 modules
- Developing specialty-specific training programs that include:
 - Demonstrations, videos, role plays
 - Resident information packets
 - Mock scripts
 - Articles
- Developing specialty-specific standardized patients and patient scenarios for the Clinical Competency Center
- Developing screening tools, evaluation tools, pocket cards, and the Communication Addiction Treatment Resource Guide
- Launching an SBIRT Web site
- Training approximately 200 residents and 15 faculty in the following specialty areas:
 - Psychiatry
 - Internal Medicine
 - Pediatrics
 - Family Medicine
 - OB/GYN
 - Emergency Medicine
- Training Psychology post doctoral students and interns
- Implementing SBIRT fully in an outpatient Psychiatry clinic. Accomplishments in the clinic include the following:
 - billed for SBIRT services
 - developed a screening tool, frequency protocol, patient satisfaction survey, billing encounter form, and SBIRT team tracking system
 - documentation of SBIRT has been embedded in intake form
 - residents have done research and developed poster presentations
 - resident grand rounds presentation
- Submitting a manuscript on SBIRT training program development to Journal of Academic Medicine

Program Strengths

Comprehensive Curriculum

The AMC has developed a comprehensive SBIRT curriculum that delivers online modules as well as didactic learning sessions with opportunities for role-play and interaction with standardized patients. The online modules have comprehensive information on addiction medicine (Addiction 101) that addresses topics such as experimental use, repeated use, addiction, abstinence, and relapse. Following the role-play and standardized patient sessions, the residents receive immediate verbal feedback and scoring on their performance.

Full Implementation in Psychiatry Medicine

Dr. Balkoski and SBIRT faculty have achieved total buy-in in the Department of Psychiatry. Faculty mentors have been identified and the AMC Outpatient Psychiatry Clinic is billing for SBIRT services. The site visit team had an opportunity to visit with Psychiatry residents and observed their enthusiasm for the SBIRT program.

Clinical Competency Center

The AMC unveiled its enhanced Clinical Competency Center (CCC) in March 2011. The CCC trains standardized patients to simulate particular medical complaints and illnesses and provides their site for clinical skills examinations. The new CCC will expand training capacity to 16 examining rooms, 1 simulation operating room, and 1 simulation radiology room. Residents and faculty will be able to watch training sessions from any location, online and in real-time. This capability will ease some of the burden in scheduling training sessions for residents and faculty across specialty areas.

In anticipation of the expanded capacity and capabilities of the CCC, Dr. Balkoski and the SBIRT project team are developing new SBIRT patient scenarios for specific medical specialties. The SBIRT team anticipates that embedding the new and existing SBIRT standardized patients into routine medical training for residents will greatly increase the likelihood that SBIRT training expands to new specialty areas, and fully sustained once the grant has ended. The team has strong champions in both Dr. Henry Pohl, Vice Dean for Academic Affairs, and Dr. Joel Bartfield, Associate Dean for Graduate Medical Education. Drs. Pohl and Bartfield play an important role in ensuring SBIRT is incorporated into routine medical training at AMC.

Strong Online Training and Addiction Expertise

Addiction medicine has been a lifelong focus for Drs. Glick and Maisonneuve. They bring a wealth of addiction experience to the SBIRT project as well as expertise in the area of online training. Prior to the grant, Drs. Glick and Maisonneuve created a five part, interactive, online addiction teaching module that teaches the neuroanatomy and neurophysiology of addiction, differentiates addiction from physiological dependence,

teaches addiction pharmacology and other treatments, and addresses relapse and societal stigma. This experience laid the groundwork for developing the comprehensive Addiction 101 and SBIRT 101 online modules of the SBIRT program.

Program Challenges/Barriers

Time

Time is a challenge for both residents and faculty. Some faculty across specialty areas have indicated that they have little to no time for training and implementation of SBIRT, and have been resistant. Faculty members are also concerned about resident time with patients as well as whether it is feasible to conduct screening and brief intervention (SBI) services in a time-constrained clinical setting.

Residents find it challenging to allow time for completion of the online modules, demonstration sessions, role-plays, and standardized patients. AMC has responded to some of these concerns by attempting to revise the training to be inline with the specialty areas. More departments are designating blocks of their education time to teach their residents SBIRT, which seems to improve the training process.

Faculty Mentors

The program is using a faculty mentor model to train residents across specialty areas. Identifying faculty who are willing to step into the faculty mentor role has been a challenge. This is again primarily due to lack of time to participate in additional recommended training for mentors. Lack of buy-in from staff in leadership positions could also play a role. Buy-in regarding SBIRT efficacy and feasibility varies greatly among the departments.

Billing

Challenges with billing were identified across all specialty areas. Reimbursement for SBIRT is generally considered to be too low to make billing worthwhile in some departments. The processes and procedures for billing differ across departments and incorporating a new service can be a complicated, time-intensive process. UPPL and confidentiality are concerns shared by all departments. Dr. Balkoski has convened a workgroup to address the issues of billing, coding, and reimbursement. The workgroup is working with corporate compliance, the hospital and practice billing offices, and department billing managers regarding reimbursement for SBIRT services.

Addiction Referral Resources in the Community

Addiction referral resources are limited in the Albany area. This is a potential barrier to residents and attending physicians who would like to screen patients for substance abuse but are hesitant to do so because there are limited options for those who need substance abuse treatment.

Team Roles and Responsibilities

- **Program Director:** Victoria Balkoski, M.D., is the Program Direct for AMC SBIRT. Dr. Balkoski serves as the primary contact person with SAMHSA and oversees all reporting to SAMHSA, the grant budget, the various committees/teams that make up the project, the Council of Residency Directors, curriculum development, and the training of residency teaching faculty, faculty mentors, and residents.
- **Co-Program Director:** Stanley Glick, Ph.D., M.D., serves as the Co-Program Director for AMC SBIRT. Dr. Glick contributes to curriculum development and serves as co-program evaluator. With his passion and expertise in addiction medicine, Dr. Glick is a mentoring force behind the SBIRT grant. Prior to the SBIRT grant, he started the Addiction Medicine Weekend and the Addiction Medicine Teaching Day.
- **Co-Program Director and Web Module Development:** Isabelle Maisonneuve, Ph.D., serves as the Co-Program Director and Web Module Developer. Dr. Maisonneuve contributes to curriculum development, serves as co-program evaluator, and is responsible for creating, testing, and managing the online modules.
- **SBIRT Faculty:** Bianca Schaefer, Ph.D., serves as faculty on AMC SBIRT. Dr. Schaefer assists in the training of residents.
- **SBIRT Faculty:** Portia Pieterse, Ph.D., serves as faculty on AMC SBIRT. Dr. Pieterse serves as a faculty mentor and assists in the training of residents.
- **SBIRT Faculty:** Laura Diamond, M.D., serves as faculty on AMC SBIRT. Dr. Diamond serves as a faculty mentor and assists in the training of residents.
- **Administrative Coordinator:** Sandy Fitch is the Administrative Coordinator for AMC SBIRT. Ms. Fitch serves as the primary point of contact for residents and faculty and provides overall project management and coordination for the project.

Administrative Observations

- Billing is a challenge across all specialty areas. A workgroup has been developed to address the issues of billing, coding, and reimbursement.
- Limited addiction referral resources in the Albany area potentially act as a barrier to screening patients for substance abuse problems.

Curriculum

Core Component: The AMC's SBIRT curriculum consists of online modules, a didactic mini-review, a demonstration session, two role-play sessions, and two sessions with standardized patients. Drs. Balkoski, Glick, Maisonneuve, Schaefer, Pieterse, and Diamond all contributed to curriculum development with the Council of Residency Directors providing general oversight and consultation.

Also included in the online modules are pre- and post-tests, substance abuse attitude survey (Chappel Survey), readiness assessment, training evaluation surveys, 1-year recertification and follow-up surveys, feedback forms, and a survey for attending physicians.

Online Modules (3 hours)

The online modules were designed to be completed in approximately 3 hours. They use creative graphics and interactive activities to illustrate concepts and enhance screening and BI techniques. Each module concludes with an interactive quiz assessing the resident's mastery of the content.

- **Addiction 101:** Topics covered include Experimental Use, Repeated Use, Addiction, Abstinence, and Relapse.
- **SBIRT 101:** Topics covered include information on Screening, and Brief Intervention.

Mini-Review and Demonstration Session (2.5 hours)

The mini-review is a comprehensive didactic review of the concepts covered in the online training modules. Following the mini-review is a specialty-specific PowerPoint demonstration session that highlights good and bad techniques for BI. The residents receive a packet that includes the PowerPoint presentation, forms used during training (e.g., BI script, screening questionnaire), relevant articles, and community referral list. Completing the mini-review and demonstration session takes approximately 2.5 hours.

Role Plays (1.5 hours) and Standardized Patients (1 hour)

Each resident must pass two role-playing and two standardized patient exercises. SBIRT faculty members use the SBIRT Competency Evaluation Form to score BI technique. For role-plays, residents receive an assigned partner; one assumes the role of the physician, and the other, the patient. Residents role-play while a faculty monitors the interactions and offers consultation, as needed. After each role-play session, the residents receive immediate feedback from the SBIRT faculty.

Following the role-plays the residents practice their BI technique on a standardized patient in the Clinical Competency Center. The residents complete two 15-minute sessions with the standardized patient, who receives professional training in order to mimic real patient scenarios. Following each session, the residents receive immediate feedback while viewing a recording of their performance in a separate room. The role-plays take about 1.5 hour to complete and the standardized patients take 1 hour to complete.

The curriculum includes a 1-year recertification process, which is designed as a refresher course for trained residents and includes a review of the online modules, completion of a post-test, and additional role-play exercises.

Plans for Future Curriculum Development

SBIRT program staff members have indicated that they would like to develop future online modules in the areas of pain management and cultural awareness. Program staff would also like to develop a series of high-quality teaching videos that cover screening and BI techniques, resistant patient tips, and specialty-specific information.

Curriculum Observations

- SBIRT training seminars utilize a variety of interactive teaching methods including didactics, videos, role-plays and standardized patients.
- Modules continue to be added to the curriculum and additional modules will be added based on feedback from faculty and medical residents.

Approach/Implementation

Residency Training Implementation: The AMC SBIRT medical residency training program was designed for six specialty areas, including: (1) Psychiatry, (2) Internal Medicine, (3) Pediatrics, (4) Family Practice, (5) OB/GYN, and (6) Emergency Medicine. The program uses three screening tools across specialty areas: (1) Risk Questionnaire (Psychiatry, Internal Medicine, and Family Practice), (2) CRAFFT (Pediatrics), and (3) four-item Screen Questionnaire (administered verbally in Emergency Medicine and OB/GYN). The four-item Screen Questionnaire is printed on a pocket card for easy reference.

Implementation in Specialty Areas: A three-step protocol developed by AMC outlines the tasks required to implement SBIRT in each of the six specialty areas. This process is still ongoing in the various departments.

- **Step One:** Identify the site.
- **Step Two:** Identify key personnel who will be responsible for implementation. Examples of key personnel include the Site Coordinator, Residency Coordinator, Clinical Medical Director, Chief Resident, Faculty, SBIRT Champion, and Faculty Mentor.
- **Step Three:** The aforementioned key personnel identify the appropriate screening tool for their particular setting and decide how the tool will be administered and documented. Also included in step three are decisions on BI tracking, referrals, billing, coding, reimbursement, and evaluation design.

AMC Program Implementation: An abbreviated timeline listing program implementation activities over the 5-year duration of the grant is provided below.

Years 1 and 2

- Development of overall program
- Core curriculum development
 - Online module development and testing
 - Development of specialized training programs
 - Standardized patient scenarios and incorporation into CCC
- Develop overall evaluation design
 - Instrument creation: Pre- and Post-tests, readiness assessment, training evaluation surveys, feedback forms,
- Training of residents and faculty
- Identify faculty mentors
- Identify SBIRT champions
- Recruit, organize, and convene the Council of Residency Directors

Years 3–5

- Refine core curriculum
 - Manage online modules
 - Develop additional online modules
- Training of residents, faculty, and faculty mentors
 - Additional/enhanced onsite mentoring
- Training of paraprofessionals
- Implementation in specialty areas
 - Development of intranet Web resources
- Sustainability planning
 - Focus on sustainability within specialty areas
 - Medical student training

Data Collection and Evaluation

The AMC SBIRT medical residency program is conducted in-house, with Drs. Glick and Maisonneuve leading the effort. The purpose of the evaluation is to assess the extent to which the AMC SBIRT medical residency training program produces change in resident attitudes, knowledge, and skills regarding SBIRT with patients in medical settings.

The evaluation design uses a series of tools to measure outcomes including substance abuse attitudes, knowledge assessment, and behavior change. The online modules include a pre- and post-test, substance abuse attitude survey (Chappel Survey), training evaluation surveys, 1-year recertification and follow-up surveys, as well as a survey for attending physicians. AMC has also created a competency form to assess resident competence in the basic techniques of conducting a BI. The SBIRT Competency Evaluation Form is used in the scoring of resident performance in role-plays, standardized patients, and live mentoring.

Evaluation Components

Instrument	Frequency
Resident demographics	At first training session
Pre-test on knowledge	At first training session
Readiness	At first training session
Attitude survey (Chappel)	At first training session
Quizzes	Immediately after completion of each online module
Post-test of knowledge	After completion of training
Competency Evaluation Form	After completion of role plays and standardized patients
End-of-year knowledge assessment	Annually
Resident self-report behavior surveys	Post patient visits
Patient satisfaction survey	Post patient visits
Feedback survey	After completion of training

Instrument	Frequency
CSAT GPRA training baseline satisfaction survey	Before each training session
CSAT GPRA training follow-up satisfaction survey	Immediately after each training session

Attitude Survey (Chappel Survey) and Readiness Assessment

The Chappel survey is a 42-item tool that assesses resident attitudes toward substance misuse, while the Readiness Assessment is a 6-item tool that aims to determine the resident's interest in implementing SBIRT.

Competency Evaluation Form

The Competency Evaluation Form was designed to assess resident competence in the basic techniques of BI. Areas assessed include screening proficiency, ability to provide feedback and education, motivation enhancement, and negotiate and advise skills. The form is used for scoring resident performance in role-plays, standardized patients, and live mentoring.

CSAT GPRA Data Collection

All trainees are required to complete the CSAT Baseline Training Satisfaction Survey prior to each training. All residents also complete CSAT GPRA Training Follow-up Satisfaction Surveys after each training session.

Program Area Summaries

Program: Psychiatry

Participants: Dr. Victoria Balkoski, Dr. Schaefer, Dr. Pieterse, Dr. Diamond, and Sandy Fitch

Observations: Major topics of discussion included: (1) implementation of SBIRT and (2) challenges.

Implementation of SBIRT: The SBIRT program is fully implemented in the AMC Outpatient Psychiatry Clinic. The Risk Questionnaire (RQ) is embedded in the intake form and every patient is screened at check-in. If the screening is positive the patient receives a BI, which takes about 10–15 minutes to complete. The RQ and result is submitted to Sandy Fitch for tracking and treatment plan reviews. Psychiatry is billing for SBIRT services but the reimbursement amount is unknown at this time. The billing, coding, and reimbursement workgroup is looking further into billing issues and barriers. Patients are given a patient satisfaction survey.

Challenges: Medical staff bill for SBIRT in the outpatient clinic but the amount of reimbursement is unknown.

Programs: Internal Medicine, Family Medicine, Emergency Medicine, OB/GYN, and Pediatrics

Participants: Dr. Victoria Balkoski, Dr. Schaefer, Dr. Pieterse, Dr. Diamond, and Sandy Fitch

Observations: Major topics of discussion included: (1) implementation and (2) challenges.

Implementation of SBIRT: Internal Medicine and Family Medicine faculty decided the RQ was the most appropriate tool for screening patients. Due to time concerns, Emergency Medicine and OB/GYN faculty members use the verbal four-item screening instrument. Emergency Medicine satisfies their SBIRT trauma training requirement with the online modules. Pediatrics faculty members have incorporated the CRAFFT into their intake form.

Challenges: Time is a shared concern across all program areas. Barriers exist in the areas of billing, coding, reimbursement, UPPL, and privacy. SBIRT staff members are working diligently to identify faculty mentors in each of these areas.

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:

1. **Comprehensive Curriculum:** The SBIRT curriculum is comprehensive and well received by the residents and faculty. The online modules provide a thorough review of addiction medicine as well as a solid foundation in screening and brief intervention. The role-play and standardized patient sessions provide an opportunity for residents to practice BI and receive immediate feedback.
2. **Clinical Competency Center:** The new AMC Clinical Competency Center (CCC) will expand use of standardized patients across specialty areas and make scheduling easier for residents. Integrating SBIRT standardized patient scenarios into the CCC is necessary to sustaining the SBIRT program once grant funds have ended. New specialty-specific scenarios are now in development.
3. **Billing:** Challenges with billing were identified across all specialty areas. The processes and procedures for billing differ across departments and incorporating a new service can be a complicated, time-intensive process. UPPL and confidentiality issues are of concern across specialty areas. The SBIRT program is working with Corporate Compliance, the Hospital, and Practice billing offices, and Department billing managers on billing, coding, and reimbursement for SBIRT services.
4. **Faculty Mentors:** Due to time constraints, identifying faculty who are willing to step into the faculty mentor role has been a challenge. Increased buy-in from staff in leadership positions could help to cultivate more faculty mentors, as buy-in concerning SBIRT efficacy and feasibility varies greatly among the departments.