Selected Abstracts from the 18th Annual HMO Research Network Conference, April 29-May 2, 2012, Seattle, Washington

Behavior Change

CC2-01:

A Telephone-Based Diabetes Prevention Program and Social Support for Weight Loss: the Call-2-Health Study

Sharon Fuller¹; Evette Ludman¹; Amy Mohelnitzky¹; Gabrielle Gundersen¹; Rob Wellman¹; Rob Reid¹; Katherine Newton¹

¹Group Health Cooperative

Background/Aims: Programs to translate the Diabetes Prevention Program (DPP) into effective real-life interventions are needed. In the Call-2-Health pilot study we designed and tested a telephone-based intervention modeled on the DPP. Here we present the impact of Call-2-Health on participants' report of support from friends and family for diet changes. Social support may be critical to long-term maintenance of behavioral changes. **Methods:** Between September 2010 and January 2011, we mailed recruitment letters to 438 overweight English-speaking non-diabetic Group Health members aged 45-74 for whom electronic health records indicated at least one elevated blood glucose or HbA1c. We followed up with phone screening and laboratory tests to confirm eligibility and willingness to participate. Eligible and consenting participants (N=47; 49% men) were randomly assigned 1:1 to usual care (UC) and intervention groups (IG) for the 24-week study. The IG received 12 weekly intervention calls plus 4 maintenance calls over the subsequent 12 weeks. The interventionist delivered a DPP-based curriculum, using motivational interviewing and behavioral techniques to encourage exercise, dietary change, and weight loss. Three UC participants failed to complete the study; IG participants completed 95% of intervention calls. Study questionnaires included the Sallis Social Support scale for eating, completed at baseline and 24 weeks. **Results:** At baseline, the UC group had mean scores (95%CI) of 10.82 (7.93, 13.70) on the family and 8.55 (6.43, 10.66) on the friend diet encouragement scales. Mean scores for the IG were comparable, at 10.58 (8.09, 13.08) and 7.17 (6.03, 8.30). At 24 weeks, the measures remained essentially unchanged for UC and increased by 3.71 (1.56, 5.86) (p=0.016) and 3.46 (1.93, 4.99) (p=0.003) for the IG. At 24 weeks the mean weight lost for the IG was 8.6% of baseline weight (5.6, 11.5) as compared to 1.5% (-0.8, 3.9) for UC. Intervention participants' weight loss and their reported increase in dietary support were highly correlated (family r=0.70, friends r=0.64). **Discussion:** As compared to the usual care group, participants in the Call-2-Health phone intervention reported at 24 weeks a significant increase in supportive behaviors from friends and family regarding dietary change, with increases in support correlating strongly with weight loss success.

Keywords: Diet; Prevention; Behavior Change

doi:10.3121/cmr.2012.1100.cc2-01

CC2-02:

Feasibility of Implementing Screening, Brief Intervention, and Referral to Treatment (SBIRT) at Kaiser Permanente Colorado

Alanna Kulchak Rahm¹; David Price¹; Arne Beck¹; Carmen Martin¹; Jennifer Boggs¹; Thomas Backer²; James Dearing¹

¹Kaiser Permanente Colorado; ²Human Interaction Research Institute

Background/Aims: Substance abuse in the United States is a serious public health concern; however, primary care physicians do not identify or intervene

with substance use disorders for a variety of reasons including lack of time, lack of adequate training, and organizational factors. Prior to formal dissemination and implementation in KPCO and other healthcare systems, we conducted a small-scale qualitative evaluation of Kaiser Permanente Colorado (KPCO) provider and patient perceptions of the Substance Abuse and Mental Health Services Administration (SAMHSA) Screening, Brief Intervention and Referral to Treatment (SBIRT) tool. This is the first in a series of three pilot projects and was designed to learn about stakeholder reactions to SBIRT at KPCO. **Methods:** Interviews and focus groups were conducted with KPCO physicians, nurses, therapists, patients, and operational leadership from the following departments: Internal Medicine, Family Medicine, Chemical Dependency, primary-care based Behavioral Medicine Specialists (BMS), and Behavioral Health. Focus group findings were discussed by the project team each week, and questions were then tailored for subsequent focus groups/interviews. One additional focus group each was conducted with English-speaking and Spanish-speaking KPCO patients. **Results:** Overall, there is no systematic, standardized method of screening for drug and alcohol abuse at KPCO and knowledge of SBIRT was inconsistent and mostly superficial. Most focus group and interview respondents agreed that screening is necessary and that SBIRT is a good fit with current routine practice and organizational goals, however, a well-established workflow not requiring increased time from primary care physicians would be needed. Most felt that BMSs were best suited for SBIRT implementation. Patients were generally supportive of SBIRT and the educational value of the initial screening questions although English and Spanish-speaking patients differed regarding current screening and privacy concerns. **Discussion:** Utilizing SBIRT for routine screening for drug and alcohol use is feasible at KPCO if workflows are carefully constructed and all stakeholders are properly involved. Pilot implementation of SBIRT at KPCO is underway as informed by the pre-implementation interview and focus group findings. This qualitative process will be utilized in the third pilot to determine feasibility at another healthcare system.

Keywords: SBIRT; Primary Care; Behavior Change

doi:10.3121/cmr.2012.1100.cc2-02

PS1-01:

Alcohol and Drug Use Among Chronic Opioid Therapy Patients

Cynthia Campbell¹; Andrea Kline-Simon¹; Michael Von Korff²; G. Thomas Ray¹; Constance Weisner³

¹Kaiser Permanente Northern California; ²Group Health Cooperative; Kaiser Permanente Northern California; ³University of California, San Francisco

Background/Aims: Opioid misuse and abuse is a significant public health problem, and there is a need to better identify at-risk individuals. Study aims were to examine patient characteristics associated with alcohol and other drug (AOD) use and aberrant drug related behaviors in chronic opioid therapy (COT) patients. **Methods:** We conducted a telephone survey of a random sample of 972 COT patients in an integrated health care delivery system in 2009. Measures included weekly alcohol use and any illicit drug use in the last three months, and a composite measure of alcohol-only use, drug-only use, both alcohol and drug use, and tobacco only use. We conducted weighted multivariate logistic regressions models of AOD use and of aberrant drug-related behavior. **Results:** Fourteen percent were weekly alcohol users (134/972), 16% used illicit drugs (157/972), 9% (83/972) used both alcohol and drugs, 8% used only drugs (74/972), 34% (334/972) used only alcohol, and 50% (481/972) did not use any substances. Multivariate