

PS1-18:

Feasibility of Implementing Screening Brief Intervention and Referral to Treatment (SBIRT) Within Multiple Health Settings

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Background/Aims: Screening for alcohol and drug use has been identified as a high prevention priority for primary care by the US Preventive Services Task force; however, such screening is not routinely performed. SBIRT is a framework for population-based screening and intervention with the primary goal of reducing risky substance use before it progresses to dependence. There has been limited uptake of SBIRT in any large health system, thus the Substance Abuse and Mental Health Services Administration (SAMHSA) is supporting a series of studies, led by Kaiser Permanente Colorado (KPCO), to determine strategies to promote large-scale implementation. Qualitative examination of the feasibility of implementing SBIRT in primary care settings was previously conducted at KPCO; a continuation of this work at Henry Ford (HF) and Lovelace Health System (LHS) is currently being conducted. **Methods:** Individual interviews and focus groups will use selective and snowball sampling of clinical leaders and staff, with the goal to assess value placed on systematized substance use screening in primary care, feasibility of implementing SBIRT, potential barriers, solutions, and facilitators to implementation, and strategies for gaining stakeholder support. Episodic profiles or debriefing reports will be generated shortly after every interview with leaders and staff at LHS and HF to facilitate iterative analysis. **Results:** Qualitative findings from KPCO indicated the following key influencers: scope of practice, particularly for nurses, medical assistants and front desk staff; competing priorities for primary care physicians; and relationships between primary care, behavioral health, and chemical dependency departments. Interviews to be completed at LHS and HF will assess general feasibility as well as investigate whether KPCO's findings generalize to other health systems. Additionally, interviews will focus on the impact of patient cultural differences for SBIRT, where HF, LHS, and KPCO have distinct racial and ethnic patient populations. **Conclusions:** The goal is to provide a more comprehensive understanding of the facilitators and barriers to SBIRT implementation across multiple health systems.

Keywords: SBIRT; Screening and Brief Intervention; Alcohol and Drug Prevention in Primary Care

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PS1-19:

Impact of Motivational Interviewing to Reduce Alcohol Use Among Depression Patients

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Background/Aims: Hazardous drinking can exacerbate depressive symptoms and have a negative impact on depression treatment outcomes. Many individuals with depression who drink at hazardous levels first seek treatment in mental health settings. Yet prior studies have not tested the efficacy of promising interventions such as Motivational Interviewing (MI) to reduce alcohol consumption among depression patients. We examined MI to supplement depression treatment for patients who report recent hazardous drinking (3+ drinks for women or 4+ drinks for men), in an outpatient psychiatry clinic in a managed care setting. **Methods:** The sample consisted of 300 patients ages 18 and over in an outpatient Kaiser Permanente Northern California (KPNC) clinic in Union City, California. Participants were randomized to receive either 3 sessions of MI or to a control condition in which they received a brochure regarding alcohol and drug use risks. Follow-up interviews were conducted by telephone at 3, 6 and 12 months, with measures including alcohol and drug use, depression symptoms, and functional status. Participant interview data were linked to electronic medical records including health services utilization. **Results:** In the 30 days prior to the baseline interview, average number of days of hazardous drinking was 4.3 days (sd = 5.5). Based on initial findings at 3 months, among participants

reporting any hazardous drinking at baseline, MI-treated participants were less likely than controls to report hazardous drinking at 3 months ($P = .043$). Further results to be presented include longer-term alcohol and drug use outcomes, and the impact of the intervention on depression symptoms and patterns of health services utilization. **Conclusions:** Initial findings demonstrated that MI is a promising intervention to reduce hazardous drinking among depression patients and can be provided as a supplement to usual psychiatric treatment. Important next steps in this program of research will investigate antidepressant treatment adherence, effect of the intervention on referral to specialty chemical dependency treatment when needed, impact of the intervention on other health services utilization (such as emergency department), and cost effectiveness.

Keywords: Alcohol; Depression; Health Services

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PS1-20:

Integrating Alcohol and Drug Use Screening for Adolescents into Mental Health Settings: Rationale, Missed Opportunities and Outcomes

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Background/Aims: Adolescent risk behaviors are often highly clustered, so screening in Mental Health (MH) settings may be even more important for this population than for adults. We examined the role of screening in MH by describing findings from adolescent studies that examined co-occurring MH and substance use (SU) disorders, treatment utilization, and outcomes in an integrated health plan. **Methods:** We examined: 1) the prevalence of co-occurring disorders (CODs), and factors associated with treatment initiation among adolescents (N = 2,055) with CODs; 2) predictors of referrals by pediatricians to MH or SU treatment of adolescents with SU disorders (N = 400); 3) the co-occurrence of MH disorders, pathways to treatment and outcomes in a treatment sample of adolescents (N = 419); and 4) we used data from an RCT of adolescent Screening, Brief Intervention, and Referral to Treatment (SBIRT) (N = 1,070), to examine the prevalence of co-occurring problems, barriers to identification, referral, and treatment initiation. **Results:** Teens with CODs identified in MH were more likely than those identified in primary care to initiate treatment ($P = .05$). In the referral study, twice as many teens with SU disorders were referred to MH than SU treatment. In the SU treatment sample, we found: 1) high levels of CODs; 55% (230/419) had a MH diagnosis, compared to 2% (41/2077) of matched controls ($P < .0001$); and 2) low levels of identification and referral by psychiatric providers; fewer than half the sample seen in MH prior to intake received an SU diagnosis. In the SBIRT study, 30% (941/3177) of the teens screened positive for either SU, MH risk, or both. Many teens initially referred by providers for MH concerns exhibited SU risk upon further assessment. **Conclusions:** We found high rates of CODs among the adolescents in the health system, and that SU problems and CODs are insufficiently identified in MH and Primary Care settings. We discuss these missed opportunities for alcohol and drug problem identification, and implications and opportunities for SBIRT for adolescents in MH.

Keywords: SBIRT; Alcohol; Adolescents

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PS1-29:

PHQ-9 Use in Clinical Practice: Electronic Health Record Data at Essentia Health

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Background/Aims: The study aims to discover the prevalence of PHQ-9 use in primary care provider (PCP) clinical practice over a 7-year timeframe, and to determine the effect of PHQ-9 data on PCP diagnosing clinical depression and prescribing antidepressant drugs in clinical practice. **Methods:** We conducted a retrospective case series study analyzing data in the electronic medical records of Essentia Health, a large healthcare delivery system in Upper Midwest from 01/01/2005-12/31/2011. All patients age ≥ 18 managed by a PCP were included. Data collected: patient demographics, provider