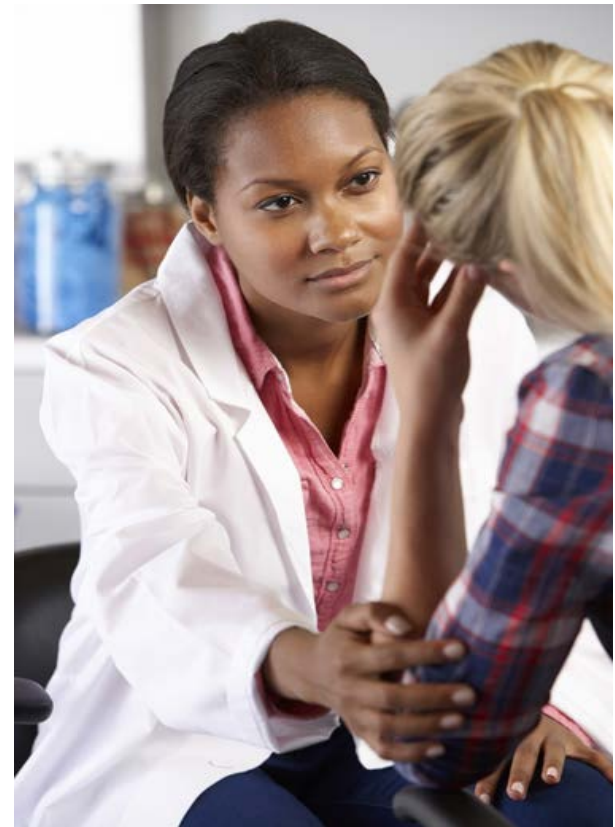


Large-scale implementation of Screening, Brief Intervention and Referral to Treatment (SBIRT) in Kaiser Permanente Northern California: Lessons from the field

Stacy Sterling, DrPH, MSW



Kaiser Permanente Northern California Health System Context

Trials of Adolescent SBIRT in Pediatric Primary Care

Key Factors in Implementation of Alcohol SBIRT for Adults

Setting



KP Northern California

- 4 million members, 46% of commercial market share in region
- 500,000+ adolescent (11-18) members
- Diverse membership: race/ethnicity, cultural/linguistic, geographic, SES
- 21 hospitals, 233 medical office buildings
- 67,975 employees, 7,447 active physicians, 700 pediatricians
- Mature EHR
- Integrated system (medical, psychiatry, alcohol and drug treatment services)
- Capitated payment system
- Embedded research

Adolescent SBIRT Trial in Pediatric Primary Care (NIAAA)

Which SBIRT model produces:

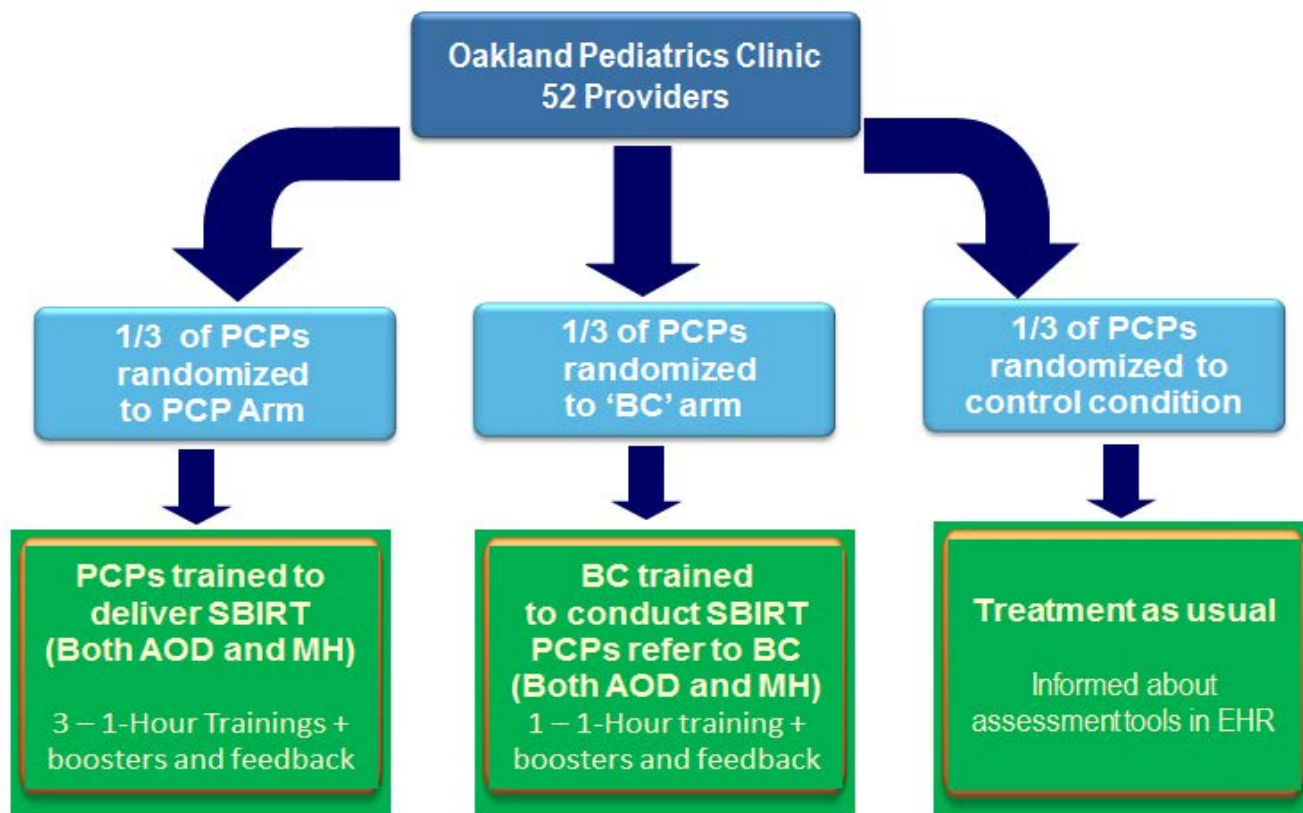
- better **implementation outcomes** - screening, assessment, brief intervention and referral rates?
- better **patient outcomes** (AOD use and related-school, legal & family problems), by gender, age and ethnicity?

Which model results in better specialty behavioral treatment **initiation and engagement rates**?

What are the **barriers** to, or **facilitators** of, SBIRT implementation?

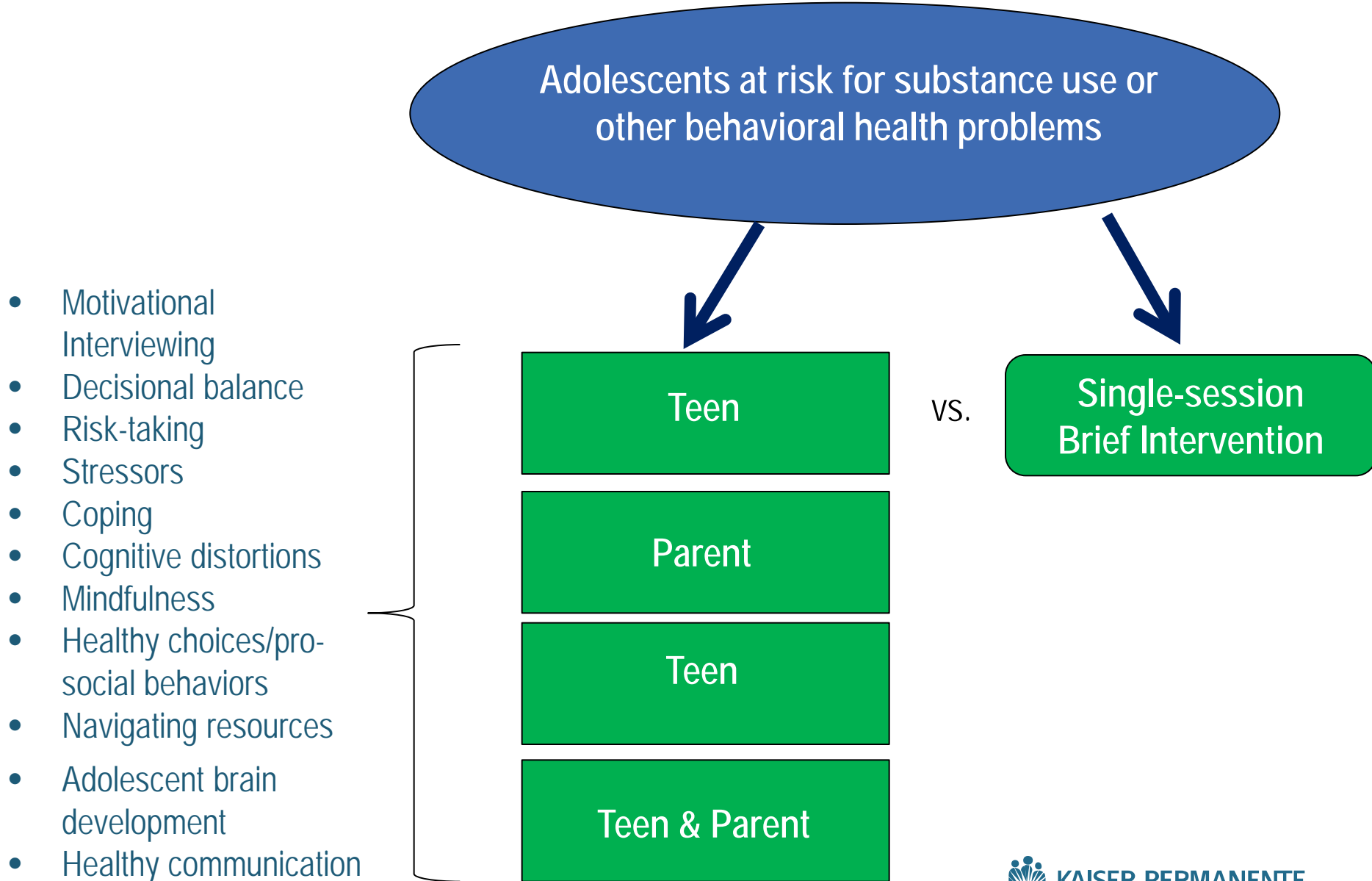
Which model of care is most **cost-effective**?

Pragmatic trial
Population Base – EHR
data
9,032 Total Adolescent
Well-Visits



Sterling S, Kline-Simon AH, Satre DD, et al.
Implementation of Screening, Brief
Intervention, and Referral to Treatment for
Adolescents in Pediatric Primary Care: A
Cluster Randomized Trial. *JAMA pediatrics*.
Nov 2 2015;169(11):e153145.

Teen MPower (Conrad N. Hilton Foundation)



ADVISE Alcohol SBIRT Trial (Mertens R01AA018660)

Cluster-randomized implementation trial

- 54 Primary Care Clinics
- 11 Medical Centers
- 639,613 patients with visits
- 556 primary care providers



Alcohol as a Vital Sign (AVS) Alcohol SBIRT Initiative

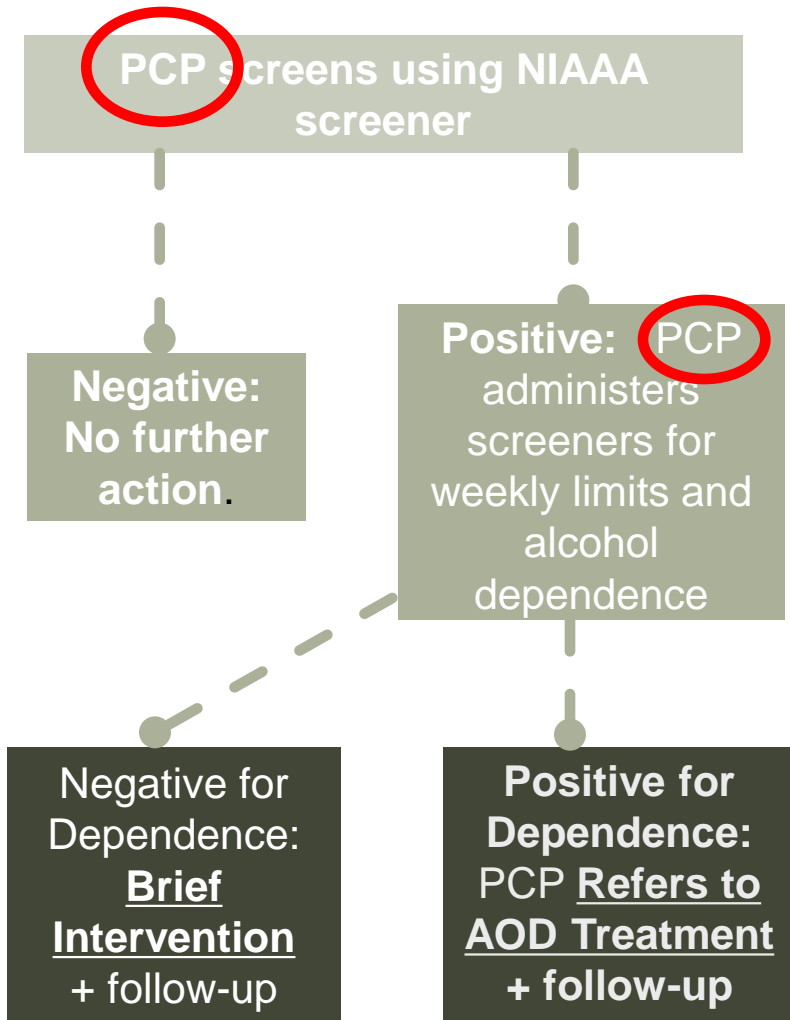
Region-wide implementation of alcohol SBIRT in Kaiser Permanente Northern California adult primary care

- 21 Medical Centers
- 4 million members
- ~7,500 active physicians

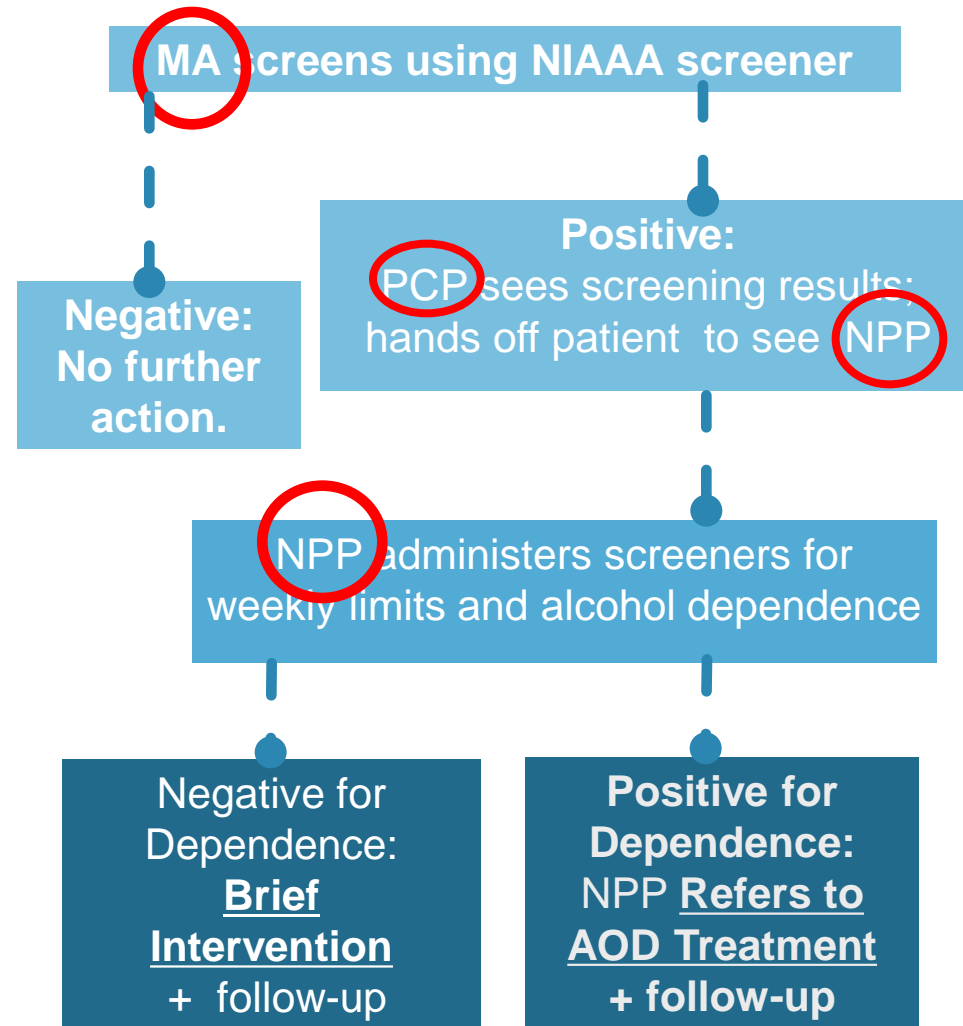
Blueprint for implementation for adolescent work

Workflows of the original ADVISE Trial

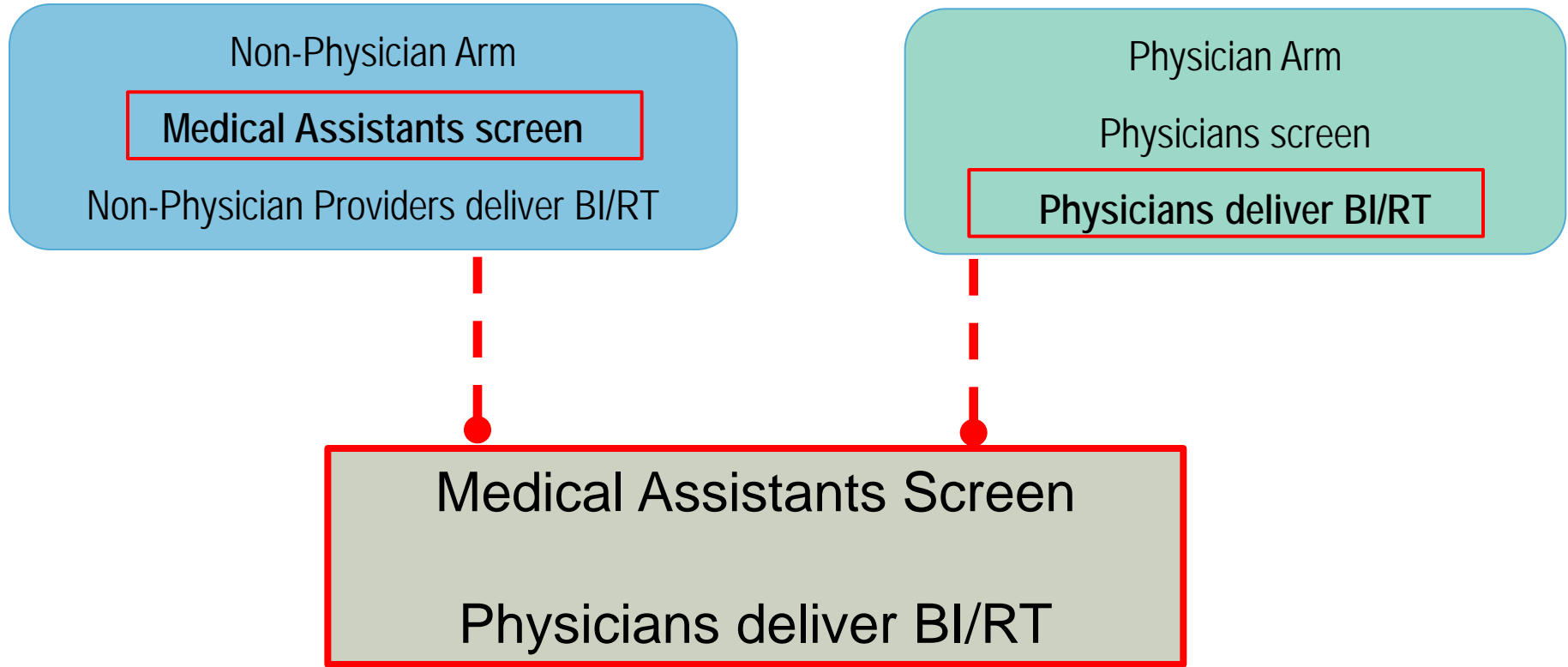
PCP Arm



NPP & MA Arm



Hybrid model adopted for region-wide implementation



Consistent with system workflow for other screening initiatives

Took advantage of Medical Assistant Rooming Tool overhaul

Alcohol as a Vital Sign (AVS): June 2013 – March 2016, cumulative #s

Unique patients

Unique patients screened (with at least 1 office visit)	2,778,081	
Unique patients screening positive	385,884	(14%)
Unique patients receiving BI	194,273	(52%)

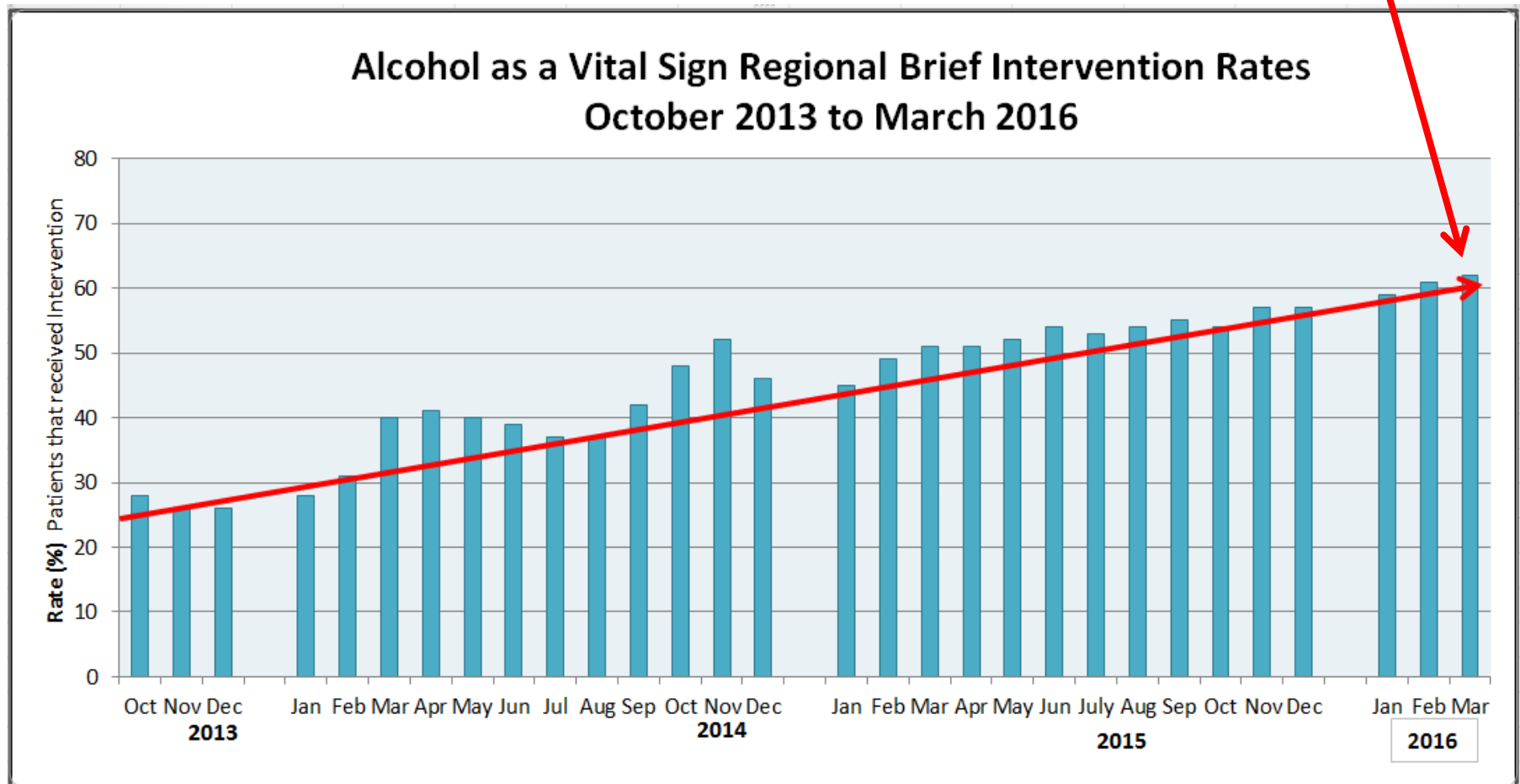
Total patients, including repeats

Total # of screenings	4,502,309	
Total patients screening positive	497,604	(11%)
Total # of BIs	248,311	(50%)

Regional Targets: **Screening – 90%**
 Brief Interventions – 80%

Brief Intervention Rates Among Those Screened Positive, over time

March 2016 = 62%



Key Factors in AVS Implementation

Leadership support

AVS Strategy Team: Multi-Disciplinary – Research, Primary Care, Substance Abuse & Mental Health - regular calls

Implementation Facilitator role

Technical Assistance: in-person visits, by phone and email

AVS Team - Alcohol Education Champions: (Primary Care) & **Addiction Medicine Liaisons** at each medical facility - Quarterly Collaborative calls

Electronic Health Record

Key Factors in AVS Implementation

Training: Evidence-based training protocol, adapted from the “Alcohol Clinical Training” for SBIRT from ADVISe (Saitz, Alford), Skills-based role-play, case study videos

Local Trainers → 2-hours for PCPs, 1-hour for MAs

Onboarding new docs, MAs, new Champions

Performance Feedback: unblinded, to Chiefs, Leaders, by facility and provider

Access to data

Marketing & Communications: Wiki – repository, Training materials, Patient-facing materials

Electronic Health Record

Current Questionnaires

CRAFFT QUESTIONNAIRE

Add



Remove


Full CRAFFT Questionnaire (+AOD questions) in EHR “**CRAFFT+**”

Further Assessment

R

Adv	Question	Answer	Comment
	In the past 30 days, how many days have you used any of those substances?	<input type="text"/>	← number entry for answer
	Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?		
	Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?		
	Do you ever use alcohol or drugs while you are by yourself, ALONE?		
	Do you ever FORGET things you did while using alcohol or drugs?		
	Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug use?		
	Have you gotten into TROUBLE while you were using alcohol or drugs?		
	If two or more YES answers to the CRAFFT questions above, please complete remaining questions		

Patients' progress over time can be viewed in this CRAFFT flowsheet

Select Flowsheets to View		
CRAFFT FLOWSHEET [952]		
<input type="text"/>		
<input type="text"/>		

CRAFFT FLOWSHEET	4/8/2011	8/17/2011
1. Days using substances in the past 30 days	6	
2. Ridden in a CAR driven by someone "high" or using alcohol or drugs?	No	
3. Using alcohol or drugs to RELAX, feel better about yourself, or fit in?	No	No
4. Using alcohol or drugs when ALONE	Yes	No
5. FORGET things you did while using alcohol or drugs?	Yes	Yes
6. Family or FRIENDS suggest cutting down on drinking or drug use?		Yes
7. Getting into TROUBLE while using alcohol or drugs?		No
8. Number of times using ALCOHOL in the past 6 mos		6
23. We have a lot of conflict in our family, related to my behavior		True

Clinical Decision Support Tools: Best Practice Alert

Patient had 4+ drinks/day 7 time in past 3 months, which exceeds the daily low-risk limit: no more than 3 drinks on any one day (women/older adults or men aged 18-65).

Patient typically has 20 drinks a week which exceeds weekly low-risk limits: no more than 7 per week.

Patient has screened positive for Unhealthy Alcohol Use. Provide Brief Advice to "Cut Back." and code "Counseling, Alcohol prevention".

Ask questions to screen for Alcohol Dependence (see more info below).

>>If positive to either question, refer to CD services if patient agrees and code "Monitoring, Alcohol Use and Abuse"; document if referral refused.

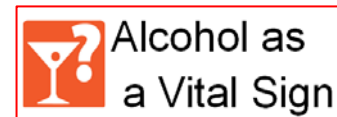
[Note: Alcohol Dependence screening indicates possible dependence but does not confer a diagnosis.]

Alcohol Dependence Screening Questions:

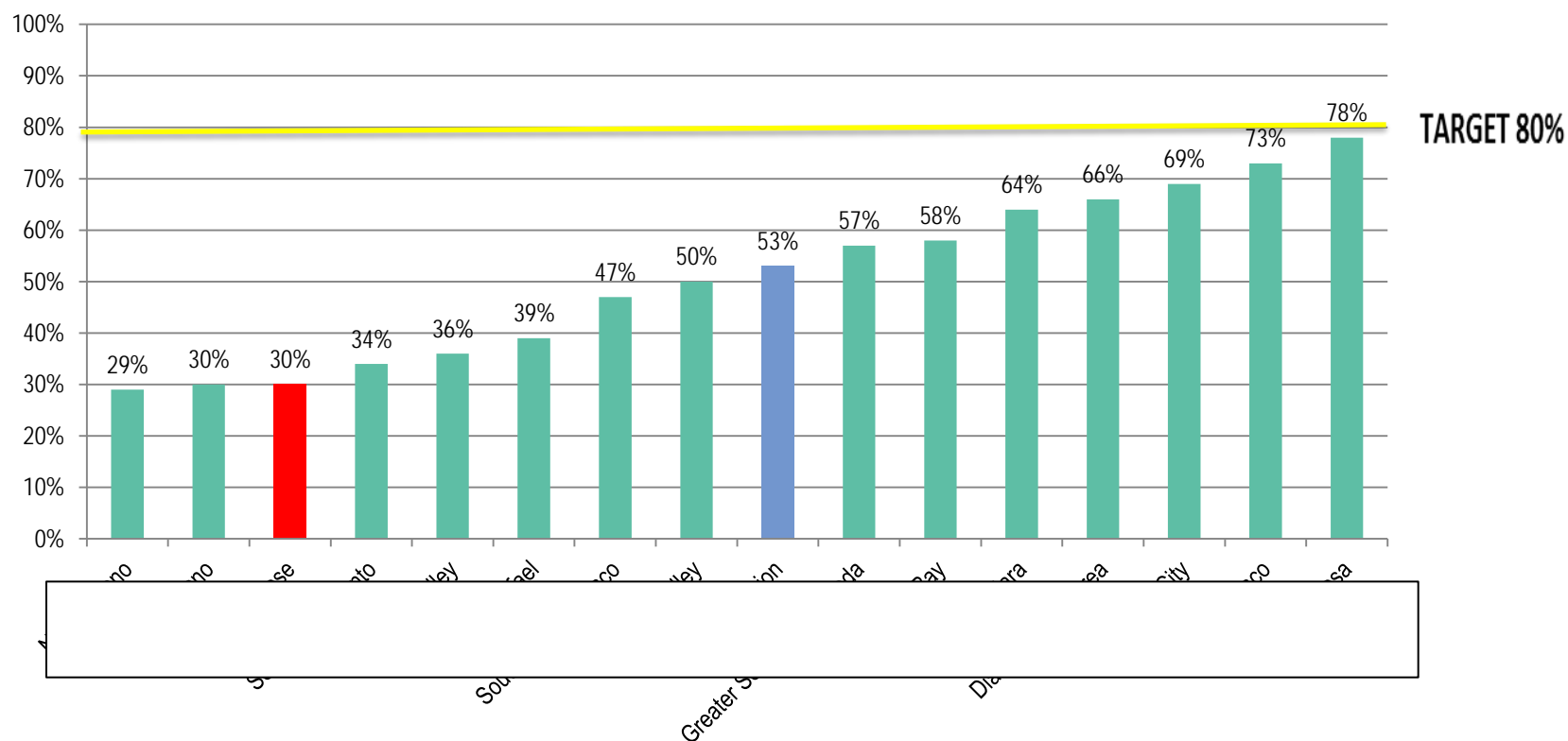
1. In the past year, have you sometimes been under the influence of alcohol in situations where you could have caused an accident or gotten hurt?
2. Have there often been times when you had a lot more to drink than you intended to have?

Performance Feedback

Monthly Reports with Brief Intervention rates sent to all Adult Medicine Chiefs, Chair of Chiefs, Leadership



July 2015 Brief Intervention Rate By Med Center



Provider-level Brief Intervention performance reports sent to Facility Chief each month

Alcohol As A Vital Sign Dashboard		Intervention Metric			Prevalence of Positive Screens for the Medical Center
Individual-Level Report					
Santa Rosa					
Data through end of Y15M07					
Dept	Internal Medicine				
Data	CurMth << click again for Trend				
Print Options					
MEETS TARGET					
BELOW TARGET					
Confidential					
		# of Patients identified with Unhealthy Alcohol Use	# of Patients that received Brief Intervention* during a Primary Care DOV	Rate (%) (Patients that received Intervention / Patients identified with Unhealthy Alcohol Use)	% of Patients that screened positive for Unhealthy Use out of all patients screened via the MA Rooming Tool*.
			*V-code for Counseling, Alcohol Prevention		*If no screening via the MA Rooming Tool, but "Brief Intervention" was coded, then patient is counted as having Screened Positive.
DataFor	=>			80%	
15M07	A	1	0	0%	15%
15M07	A	15	12	80%	15%
15M07	A	16	15	94%	15%
15M07	A	9	9	100%	15%
15M07	B	6	2	33%	15%
15M07	B	2	2	100%	15%
15M07	B	12	11	92%	15%
15M07	B	5	5	100%	15%
15M07	B	10	7	70%	15%
15M07	C	7	7	100%	15%
15M07	C	7	4	57%	15%
15M07	C	16	16	100%	15%
15M07	C	5	4	80%	15%

Marketing & Communications

Alcohol as a Vital Sign (Alcohol SBIRT)



Alcohol as a Vital Sign
"We ask everyone"

'Alcohol as a Vital Sign' is a routine screening during office visits to address unhealthy drinking. Unhealthy drinking is a top Kaiser Permanente prevention priority due to the multitude of negative effects it has, including an increased risk of hypertension, gastrointestinal disorders, sleep problems, diabetes, overweight, injuries, and liver disease. This leads to 50% more primary care visits per year for those who are impacted.

Please access the resources by clicking on the appropriate category below:



Playbook



SBIRT



Video



Training



Cheat Sheets



For MAs




Patient Ed



Alcohol Guided
Content Center

SEARCH

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NAVIGATION

IBH Workstreams

- [Adult Depression](#)
- [Teen Depression](#)
- [Substance Use Disorder](#)
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- [Measurement](#)

More Projects & Resources

- **NEW!** [Depression Content Center](#)
- **NEW!** [Bright Spots](#)
- [PHQ-9 Toolkit](#)
- [IBH Workgroup Meetings](#)
- [Articles and Evidence](#)

Inter-regional

What is Brief Advice?

State Concern, Link to health, Recommend “Cut back.”

1. “I’m concerned that you are drinking more than safe low-risk limits.”
2. “This could affect your health [*hypertension, depression, sleep, weight gain, diabetes, acid-related peptic disorder, erectile dysfunction, injury*]
3. “I recommend you “cut back” to no more than 4 (3) drinks per day and no more than 14 (7) drinks per week”.

For Men <66:
No More than
4 drinks/day or
14 drinks/week



For Women & >65:
No More than
3 drinks/day or
7 drinks/week



Limites Maximos Potable

Para hombres 65 y más joven, no más de 4 bebidas por día y no más de 14 bebidas por semana

Para mujeres, y para los hombres más de 65 años de edad, no más de 3 bebidas por día y no más de 7 bebidas por semana

12 onz. de Cerveza	8-9 onz. Licor de Malta	5 onz. Vino de Mesa	3-4 onz. Vino alcoholizado	2-3 onz. de Cordial, Licor, Licor Aperitivo	1.5 onz. de Brandy	1.5 onz. de Licor Fuerte (80-graduacion alcoholica) tequila, vodka, whiskey, etc
						
12 onz.	8.5 onz.	5 onz.	3.5 onz.	2.5 onz.	1.5 onz.	1.5 onz.

12 onzas de Cerveza = una bebida, 16 onzas = 1.3 bebida, 22 onzas = 2 bebidas, 40 onzas = 3.3 bebidas

12 onzas Licor de Malta = 1.5 bebida, 16 onzas = 2 bebidas, 22 onzas = 2.5 bebidas, 40 on:

750 mL botella de Vino (25 onzas) = 5 bebidas

Licor Fuerte de 80 graduacion: (16 onzas.) = 11 bebidas, un quinto (25 onzas) = 17 bebidas, a 1.75 l

Giới hạn tối đa để giữ an toàn khi uống rượu:

Đối với đàn ông cho đến tuổi 65, không quá 4 ly một ngày VÀ không quá 14 ly một tuần
Đối với đàn bà và đàn ông trên 65 tuổi, không quá 3 ly một ngày VÀ không quá 7 ly một tuần

12oz. bia hay cooler	8-9oz. rượu mạch nha 8.5oz. trong một ly có dung tích 12oz. Do đó, nếu đầy, nó sẽ chứa 1,5 ly chuẩn rượu mạch nha	5oz. rượu vang	3-4oz. rượu vang nồng độ cồn cao (ví dụ như rượu ngọt sherry hay port) 1 ly trong hình chứa 3,5oz.	2-3oz. rượu khai vị, rượu mùi, rượu hương nước trái cây 1 ly trong hình chứa 2,5oz	1,5oz. rượu brandy (như cognac) (một chung rượu nhỏ dung tích 45cc gọi là jigger)	1,5oz. rượu mạnh (một chung rượu 45 cc – jigger – của 40% cồn gin, vodka, whiskey, v.v.) Trong hình cho thấy rượu chưa pha chế và trong ly gọi là highball glass có đá để cho thấy độ cao trước khi pha chế thêm.
						
12 oz.	8.5 oz	5 oz.	3.5 oz.	2.5 oz.	1.5 oz.	1.5 oz.

Đối với bia: 12 oz. = 1 ly, 16 oz. = 1,3 ly, 22 oz. = 2 ly, 40 oz. = 3,3 ly


Đối với rượu mạch nha: 12 oz. = 1,5 ly, 16 oz. = 2 ly, 22 oz. = 2,5 ly, 40 oz. = 4,5 ly

Đối với rượu vang: 1 chai 750 ml (25 oz.) = 5 ly

Đối với rượu mạnh 40%: 1 pint (16 oz.) = 11 ly, 1 fifth (25 oz.) = 17 ly, 1,75 L (59 oz.) = 39 ly

Enfermedades y afecciones

Enciclopedia de la salud

- Generalidades del tema
- Herramientas de salud 
- Preguntas frecuentes
- Datos sobre el abuso de drogas y del alcohol en adolescentes
- Por qué algunos adolescentes abusan del alcohol y de las drogas
- Estrategias de prevención
- ¿Está su adolescente consumiendo alcohol o drogas?
- Cuándo consultar a un profesional de la salud
- Cómo encontrar el tratamiento adecuado para su adolescente
- Otros lugares en los que

Abuso del alcohol y las drogas en adolescentes

Generalidades del tema

[Escuchar](#) 

¿Qué es el abuso de sustancias en la adolescencia?

 Versión para
imprimir 

Muchos adolescentes prueban el alcohol, el tabaco o las drogas. Algunos adolescentes prueban estas sustancias solo unas pocas veces y no vuelven a consumirlas. Otros no pueden controlar sus impulsos ni ansias por estas sustancias. Esto se llama abuso de sustancias.

Los adolescentes pueden probar una cantidad de sustancias, incluidos los cigarrillos, el alcohol, los productos químicos para el hogar (inhalantes), los medicamentos recetados y de venta libre, y las drogas ilegales. Los adolescentes usan alcohol más que cualquier otra sustancia. La marihuana es la droga ilegal que los adolescentes consumen más a menudo.

Información relacionada

- » Abuso y dependencia del alcohol
- » Crecimiento y desarrollo, de 11 a 14 años
- » Crecimiento y desarrollo, desde los 15 hasta los 18 años
- » Depresión en niños y adolescentes
- » Grupos de apoyo y apoyo social
- » Problemas con el alcohol y las drogas
- » Sentirse deprimido
- » Healthy Habits for Kids

https://espanol.kaiserpermanente.org/health/care/!ut/p/a0/FcdBCslwEAXQE8IHFKruPEMoNdmUMR1MaDIZ2qHS22t37yHghSC05Q9ZbkLlfx-bGls9EIOxdGKJeyxNecqEAQFhVse0xAR_zHZI-PI9OH3zBG967rrrHY7XsXfQWm-XOj5_KRCz1Q!!/