

Dissemination of SBI through Health Professional Education

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Disclosures

- SAMHSA grant 5U79TI025352-02 funding for Mary Weber for the University of Colorado College of Nursing
- No conflicts of interest
- No off-label use



Acknowledgements to Peer Assistance Services Inc.

SBIRT Colorado is an initiative of the Governor, funded by the SAMHSA, administered by the Colorado Department of Human Services, Office of Behavioral Health and managed by Peer Assistance Services, Inc.



Today's Objective

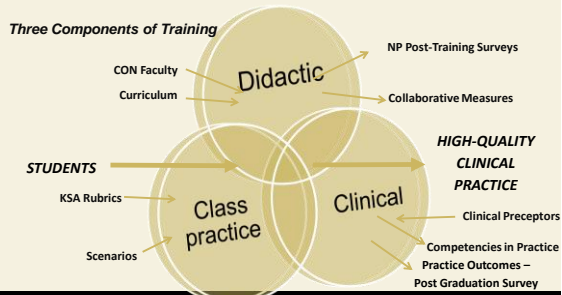
1. Discuss dissemination of SBI through Health Professional Education at multiple sites
2. Discuss next steps for SBI in changing practice and outcomes

SBIRT at state level

- Often use of health educators or behavioral health specialists were often used to deliver the BNI
- Pre-screening questions are most popular but silos between physical health and behavioral health were prominent
- Colorado State Innovation Model was beginning to pick up speed with integrated care, then funded by CMS

Curriculum and Evaluation Model

(September 2014)



Pre-licensure and RN-BS model

- Three cohorts running at all times
 - Accelerated students with BS already, getting BS in Nursing in 1 year, face to face
 - Traditional upper division students getting a BS in 2 years, face to face
 - Students have AD and already licensed as an RN. Getting RN-BS degree totally online.



Starting with pre-licensure

- Met with faculty across all clinical courses to get feedback as to what they would like to see, how we can “help”
- Had “buy-in” from admin
- Worked with faculty to develop content specific to their population as well as simulation ideas



Threading SBIRT in pre-licensure

- Start with basic screening questions about substance use in Assessment and Foundations course work
- Give brief intro to SBIRT in first few courses in online content, not expected to demonstrate
- Content on stigma, health disparities
- Implications of substance use in chronic illness in Medical Surgical course work
- Didactic and/or simulation with SBIRT in pediatric and OB courses and Medical-Surgical courses and Public Health



Threading substance content in UG

- Basics of MI early course work
- More MI, stages of change, more in-depth substance use, brief negotiated interview and referral to treatment in psych course
- Pull all together in Public Health course with full SBIRT
- RN to BS students using SBIRT modules developed for their online Public Health course



Evaluation measures

For adult patients seen in your practice, how often do you...

- a. Perform screening for at-risk drinking **at their initial visit?**
- b. Perform screening for at-risk drinking at acute-care visits?
- c. Perform screening for at-risk drinking at chronic-care visits?
- d. Perform screening for drug use at their initial visit?
- e. Perform screening for drug use at acute-care visits
- f. Perform screening for drug use at chronic-care visits?



Evaluation measures

When you detect at-risk drinking or drug use with a patient in your practice, how often do you

- a. Ask permission to talk about the patient's alcohol use?
- b. Provide feedback on the patient's alcohol consumption?
- c. Provide advice to cut down or quit using alcohol?
- d. Use MI techniques to enhance motivation & elicit change talk?
- e. Negotiate a plan regarding future drinking?
- f. Emphasize the patient's strengths & ability to change?



Undergraduate Program Results

- BSN students trained: $N = 396$ in 8 courses
- Satisfaction survey results ($N = 341$ baseline, 72 follow-up):
 - Satisfaction with training: **81% post -> 83% follow-up**
 - Knowledge gain: **80% post -> 85% follow-up**
 - Intent to use / actual use: **90% post -> 72% follow-up**

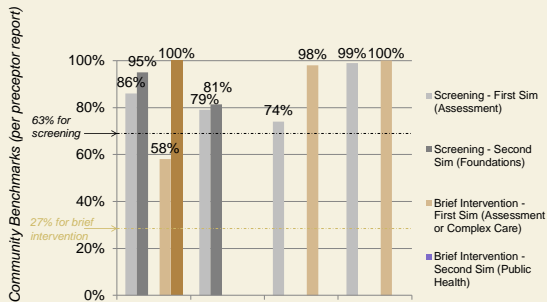


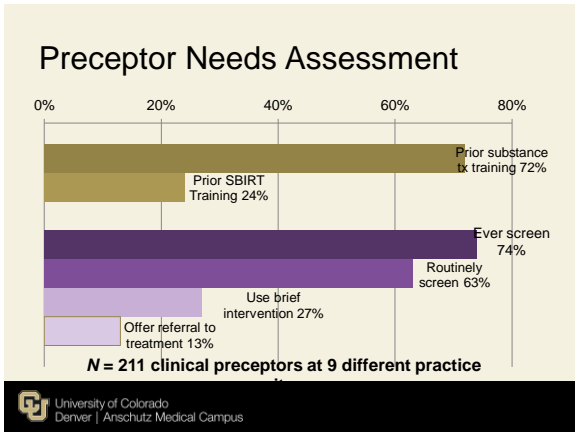
UG Program results

- Outcome survey results ($N = 159$ baseline, 24 follow-up):
 - Attitude (10 points possible): **66% post -> 65% follow-up**
 - Knowledge (5 points possible): **81% post -> 63% follow-up**
 - Behavior (5 points possible): **65% post -> 60% follow-up**
- Pre/post outcome comparison (paired t , all groups, $n = 69$): no change in attitude or behavior, knowledge went down $p < .001$



BSN Simulation Results





Preceptor Training Results

- Preceptor training with high-volume, receptive sites
 - **Trained N = 385 preceptors (interdisciplinary)**
- Satisfaction survey results (N = 293 baseline, 92 follow-up):
 - Satisfaction with training: **85% post -> 87% follow-up**
 - Knowledge gain: **85% post -> 80% follow-up**
 - Intent to use / actual use: **87% post -> 54% follow-up**

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Preceptor training results

- Outcome survey results (N = 161 baseline, 52 follow-up):
 - Attitude (10 points possible): **65% post -> 64% follow-up**
 - Knowledge (5 points possible): **87% post -> 70% follow-up**
 - Behavior (5 points possible): **59% post -> 65% follow-up**

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So now what?

- Education of our pre-licensure and APRN students will make a difference in the future
- Our students are finding that preceptors are not using SBIRT in practice
- How do we get preceptor/system buy-in for dissemination?

Pilot on large inpatient nursing unit

- Over 60 Registered Nurses on a high acuity medical-surgical unit
- Nurse Manager, Nurse Educator, Medical Director all wanting to have nursing staff competent in SBIRT and other related substance content such as doing AUDIT and COWS
- Instituted a mandated "competency" for yearly evaluation of demonstration of SBIRT

Education of preceptors on Unit

- Online modules for preparatory work
- 2 hour in-person sessions of content and role play practice with SBIRT
- Simulations designed with SAMHSA team members and Nurse Educator
- Simulations with each nurse and SAMHSA team
- Work with UG students and nurses we educated several months after simulation

Pilot Unit Preceptor Results

- Satisfaction survey results:
 - Satisfaction with training: **83% post -> 84% follow-up**
 - Knowledge gain: **86% post -> 88% follow-up**
 - Intent to use / actual use: **87% post -> 86% follow-up**

Compared to other preceptors, slightly greater retention of knowledge and much higher actual use (86% vs. 54%)



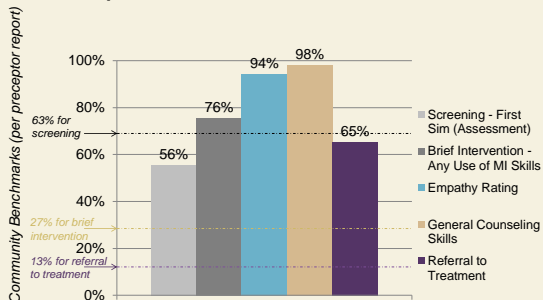
Pilot Unit Survey Results

- Outcome survey results:
 - Attitude (10 points possible): **68% post -> 68% follow-up**
 - Knowledge (5 points possible): **86% post -> 82% follow-up**
 - Behavior (5 points possible): **70% post -> 73% follow-up**

Results confirm greater retention of knowledge post-training. Behavior scores were higher than other preceptors both at the time of training and 30 days later



Preceptor Simulation Results



Models in practice

- This intensive education did make a difference in practice but not easy to replicate
- Need to be able to tie what we did with patient outcomes (working on how we can do this)
- Need buy-in from leadership/admin/interdisciplinary team to make a change in practice

Strategies for the future

- Part of the National Nursing Consortium to require Schools and Colleges of Nursing to mandate SBIRT and substance related competencies in every program
- Part of a CMS State grant to integrate behavioral/substance screening into primary care

Barriers to dissemination

- We need to publish more!!
- We need more data at the state level as to unmet needs
- Grantees using different ways to evaluate
- We as a group need to identify how to better tie what we do in Educational Settings to outcomes to outcomes in practice

Summary

- Dissemination: Evaluation strategies need to incorporate knowledge, skills and attitudes
- Need a way to tie into patient outcomes in real-time from Educational investment
- Best buy-in from pre-licensure
- Need buy-in from leadership and providers
- With more than one training with existing providers, can see changes in practice

1-2-4

- Start with yourself to answer the question below for 1 minute, then go to another person to discuss for 2 minutes, then get into a group of 4 to discuss for 15 minutes these questions:

What are strategies for Educational Training sites to tie what we do to outcomes?

QUESTIONS???

THANK YOU!!!
