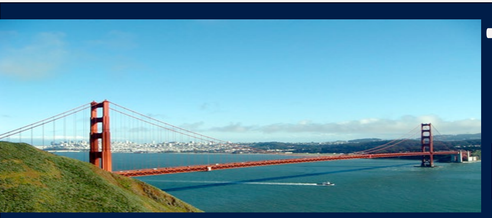


The UCSF SBIRT Collaborative Care Program for SUD: Design, Development, and Implementation

UCSF University of California San Francisco
Division of General Internal Medicine
Department of Medicine

Kryzhanovskaya, I. MD., Ristau, J. MD., Cheng, M. MD., MAEd., Samelson-Jones, E. MD., Satterfield, J. PhD.

Funding provided by SAMHSA: CSAT Grant 1H79TI084006-02 (Satterfield)

INTRODUCTION

- Rates of at risk substance use and untreated substance use disorders (SUD) are high but evidence-based strategies to screen, briefly intervene, and/or refer to treatment (SBIRT) are lacking.
- The UCSF SBIRT Collaborative Care Program (CCP) is an enterprise-wide initiative designed to overcome barriers to treatment access and engagement using an established multidisciplinary, collaborative care model (AIMS, 2023).
- This program improves SBIRT implementation through systems innovations, new digital infrastructures, internal champions, and educational rotations.

METHODS

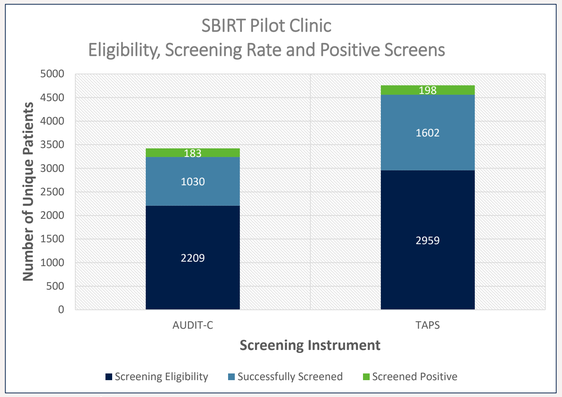
- Needs assessments, key informant interviews, and expert consensus were used to design digital tools, clinical flow, program design, and continuous quality improvement procedures.
- Universal, annual pre-screening for alcohol and substance use was implemented in an urban, adult primary care clinic with further assessment and brief intervention (BI) when indicated.
- All patients were added to an “opt out” digital, clinical registry managed by behavioral health navigators (BHN) proficient in motivational enhancement and harm reduction. Patients were triaged for stepped services based on degree of risk, unmet social needs, patient readiness, and local clinic/treatment resources.
- A centralized “collaborative care team” (social workers, psychiatrists, psychologists, psychiatric NP’s, and addiction medicine MD’s) created tailored treatment plans including CBT, pharmacotherapy, facilitated referrals, and other PCP guidance.
- SBIRT implementation and team processes were assessed for continuous quality improvements with data used to inform iterative improvements and future clinic rollouts (O’Sullivan et al., 2018).

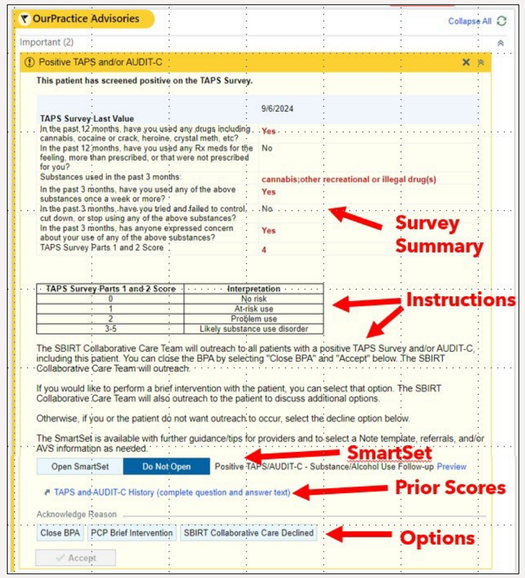
RESULTS

The UCSF SBIRT CCP is based in the San Francisco Bay Area, home to ~8 million residents, including 50% racial/ethnic minorities, 32% foreign-born, and 20% living below the poverty line. UCSF Health has 1+ million patient encounters annually.

Screening Data

- 3,866 patients were seen over 6.5 months (14% of DGIM patient population).
- 1,602 patients were screened for illicit and Rx drug misuse with the TAPS 1-2 (54.1%).
- 1,030 patients were screened for alcohol use with the AUDIT-C (46.6%).
- 198 (7.3%) patients screened positive for at risk drug use and 183 (17.7%) screened positive for at risk alcohol use.
- 37 patients scored positive on both (4%).



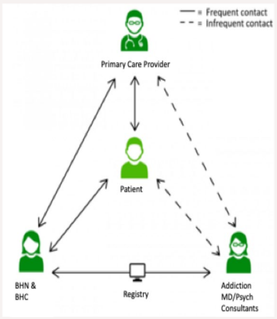


Best Practice Alerts

- PCP best practice alerts (BPAs) were activated for all patients screening positive, informing PCPs of next steps & options for engagement.
- PCPs engaged with 98% of the BPAs.

Collaborative Care

- 10% of at-risk patients opted out of the registry. All other patients were called to offer MI, education, harm reduction, and a full assessment with a clinician.
- 465 patients were successfully reached.
- 170 were interested in additional services.



CONCLUSION

- The UCSF SBIRT CCP successfully implemented universal screening for alcohol and drug use in a busy adult primary care clinic.
- While screening rates were below 100%, the results were promising for a first-pass implementation.
- PCPs engaged with the BPAs, though few conducted their own screenings or brief interventions.
- The electronic registry and digital management tools were seen as essential and efficient.
- Patient interest in services beyond an initial screening was low suggesting greater need for engagement and program promotion.

Next Steps

- Rollouts will continue to additional primary care clinics with adjustments to BPA triggers and strategies to improve patient engagement.
- Services will be expanded to include all languages.
- “Time costs” will be assessed for staff to identify areas for greater efficiency.
- Billing and financial modeling will be used to determine project sustainability.

AUTHOR AFFILIATIONS & DISCLOSURES

Drs. Satterfield, Kryzhanovskaya, Ristau, and Cheng are clinical faculty in the UCSF Division of General Internal Medicine. None have any disclosures or conflicts.
Dr. Samelson-Jones is clinical faculty in the UCSF Department of Psychiatry and Behavioral Sciences. She has no disclosures or conflicts.

REFERENCES

- AIMS Center. (2023). Collaborative Care Implementation Guide. University of Washington Department of Psychiatry and Behavioral Sciences, Advancing Integrated Mental Health Solutions (AIMS) Center. https://aims.uw.edu/
- O’Sullivan PS, Yuan P, Satre DD, Wamsley M, Satterfield J. A Sequential Implementation Model for Workforce Development: A Case Study of Medical Residency Training for Substance Use Concerns. Teach Learn Med. 2018;30(1):84-94. doi:10.1080/10401334.2017.1314216