

Systems Changes to Improve Opioid Safety

Lessons learned from SBIRT

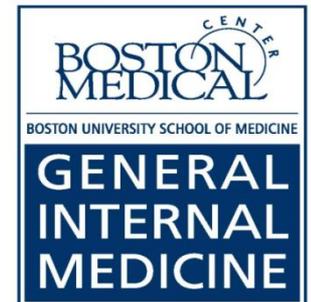
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Tufts Health Care Institute – Program on Opioid Risk Management

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Substance Abuse and Mental Health Services Administration (1UTI018311)



What is SBIRT?

- **Screen**: single item questions for unhealthy substance use (i.e., tobacco, alcohol, prescription & illicit drugs)
 - **Assessment**: additional questions to determine severity of unhealthy use (risky to dependence)
- **Brief Intervention**: Raises awareness of risks and builds motivation towards behavioral change
- **Referral to Treatment**: Access to specialty care

SBIRT Effectiveness

- 25 years of research - large numbers of individuals at risk of developing serious substance use problems may be identified by primary care screening
- SBIRT has been found to:
 - Decrease problem drinking and illicit drug use in half
 - Reduce the risk of trauma
 - Increase the percentage of patients who enter specialized substance abuse treatment
 - Decrease hospital days and emergency department visits

A National SBIRT Movement...

- SAMHSA nationwide initiative provides large state SBIRT grants (e.g. **MASBIRT**)
- US Preventive Services Task Force recommends alcohol screening and brief intervention
- Joint Commission considering SBI standards
- CMS (Centers for Medicare & Medicaid Services) alcohol and/or substance SBI CPT (billing) codes

Tackling the Problem

The MASBIRT Model

- SAMHSA grant to MDPH subcontract to BMC (9/2006 to 9/2011)
- Clinical Sites (ED, inpatient, & outpatient):
 - Boston Medical Center
 - Quincy Medical Center
 - St Elizabeth's Medical Center
 - 5 Community Health Centers
- SBIRT performed by Health Promotion Advocates

Tackling the Problem

MASBIRT Universal Screen

In the past 3 months, how often have you...

- had more than X drinks in a day?
- used marijuana, cocaine, heroin or other drug?
- used narcotic pain medications, sedatives or stimulants without a prescription or in amounts greater than prescribed?

Tackling the Problem

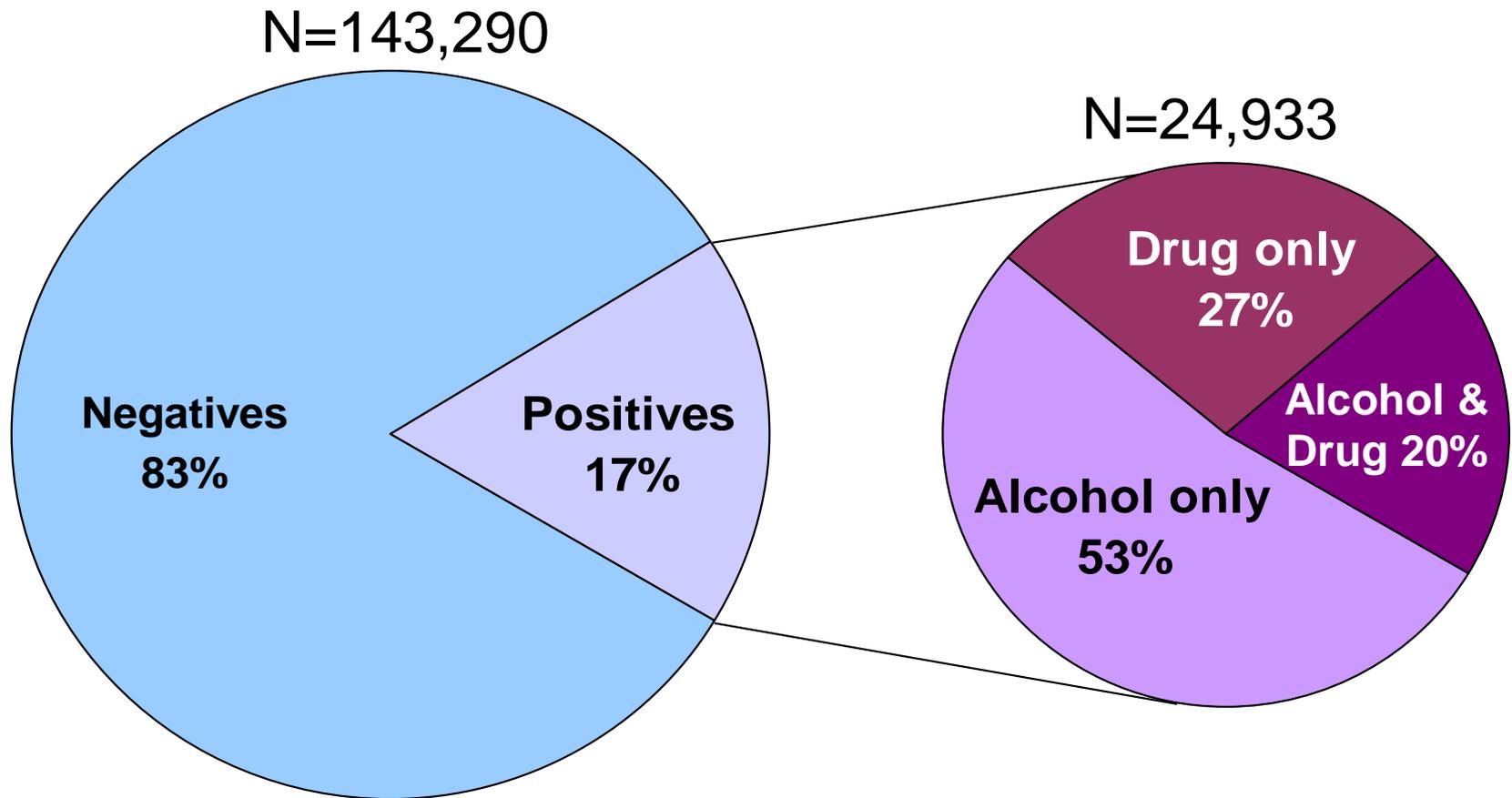
MASBIRT Brief Intervention

- Determine substance use severity
- Explore pros/cons of substance use
- Provide personalized feedback
- Build motivation
 - Explore readiness & confidence to change
 - Offer a menu of options
- Summarize and finalize action plan

MASBIRT

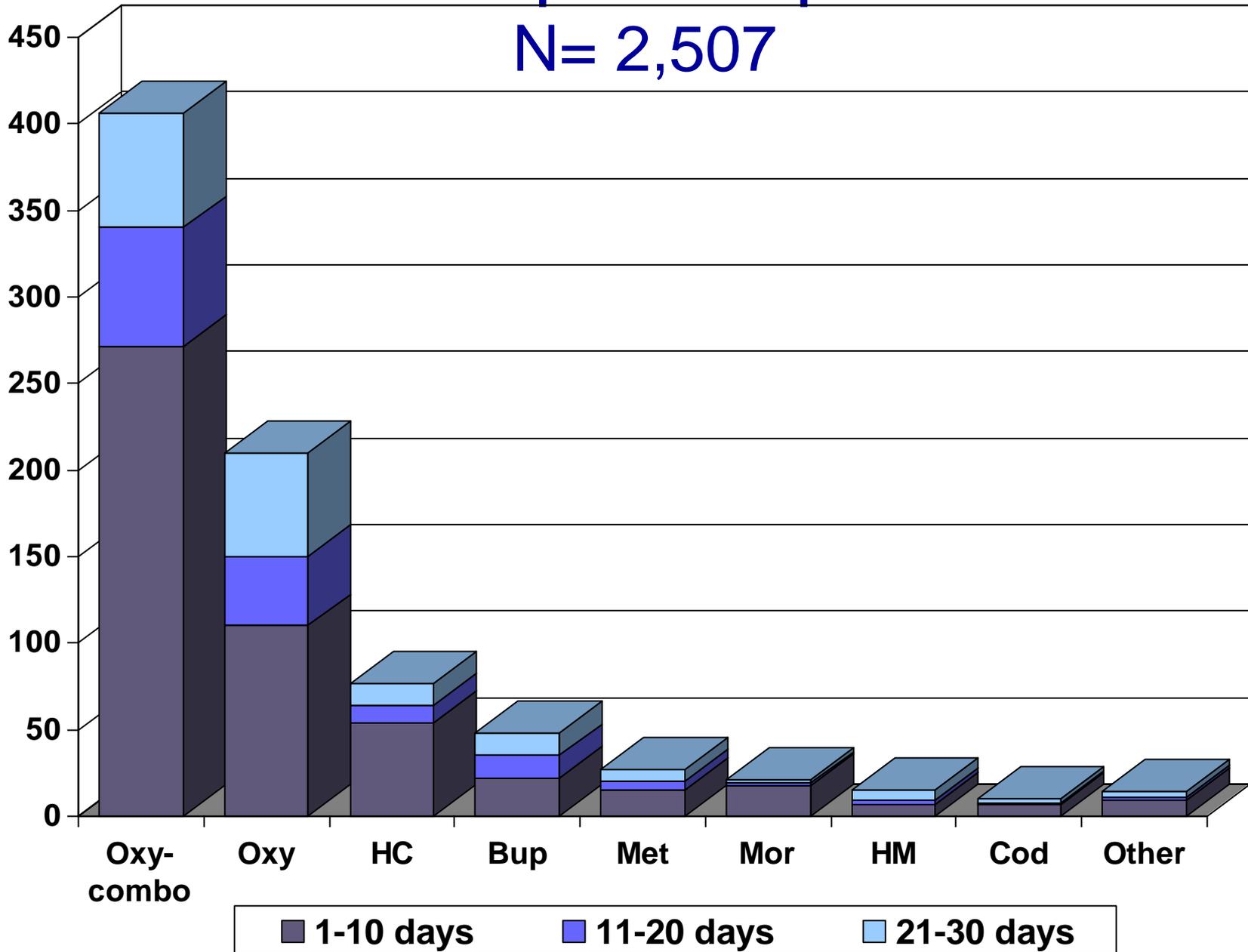
Substance Use Among Positive Screens

(March 2007-March 2011)



Prescription Opioids

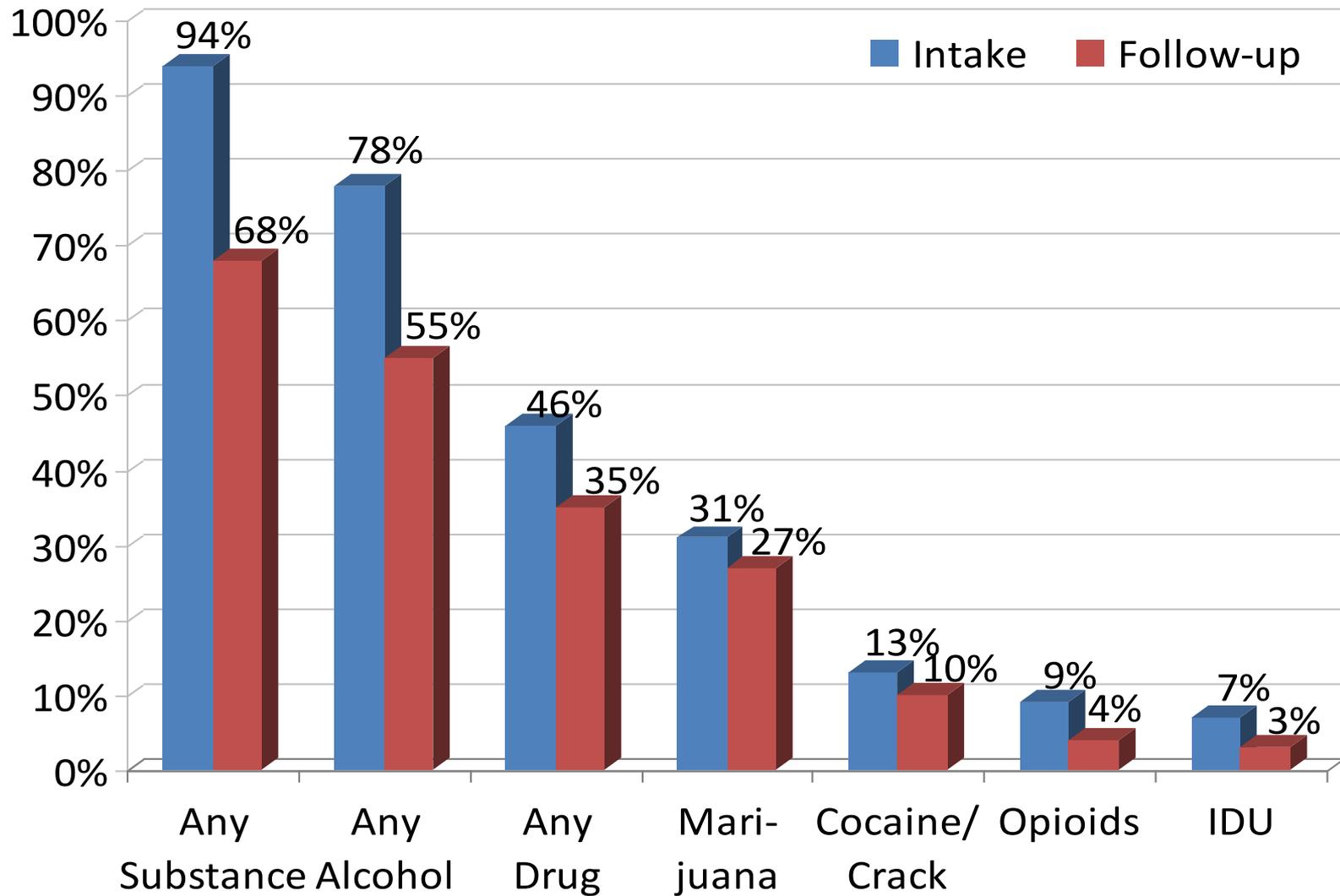
N= 2,507



Services Delivered for Opioid Users

Service Provided	% of positives
Brief Intervention	96%
Referral to Substance Abuse Specialty Treatment	31%

Reduced Substance Use at 6 Months (N=657)



Lessons Learned

SBIRT Role in Improving Opioid Safety?

- **Screen** for opioid misuse risk (e.g. unhealthy substance use)
- **Screen** for active prescription opioid misuse
- **Brief intervention** when opioid misuse suspected (e.g. abnormal urine drug test, “questionable activity” via PMP)
- **Refer** to addiction treatment for patients with opioid addiction

Lessons Learned

Not so easy...

Can a “single” screening question distinguish “misuse” from...

- **inappropriate** drug-seeking (i.e., misuse/addiction/diversion) from
- **appropriate** pain relief-seeking (i.e., pseudoaddiction)
- Do prescribers appreciate the difference and will they do the “right thing” with the information?

What is the best single question?

- “How long has it been since you last used (a prescription opioid) that was not prescribed for you or that you took only for the experience or feeling it caused?”¹
- “How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?”²
- “Have you used drugs other than those required for medical reasons?”³

¹ SAMHSA NSDUH

² Smith PC et al. Arch Intern Med 2010

³ Skinner HA. Add Behavior 1982

Next Steps

- Disseminate use of valid, brief (i.e., single question) and easy to use (i.e., doesn't need to be scored) prescription opioid misuse screen
- Clarify what we are we trying to identify? aberrant medication taking behavior, prescription opioid misuse, opioid use disorder (i.e. abuse, addiction), diversion
- Prescriber education regarding assessment and management of patients with positive screens
- Clarify if and which types of brief interventions are effective for prescription opioid misuse

Does Brief Intervention Work for Prescription Opioid Abuse?

- RCT 126 patients admitted to general hospital in Germany
- Inclusion criteria consumption of prescription drug (PD) with addiction potential or DSM criteria of PD use disorder
- Randomized to either 2 motivational interviewing sessions (intervention) or booklet (control)
- Outcomes were >25% reduction or discontinuation of daily PD
- At 3-months 52% of intervention group had significant reduction in daily PD use compared to 30% of controls ($p < 0.02$)
- At 12-months no difference in reduced PD use between groups

RCT in primary care...



- The ASPIRE (Assessing Screening Plus brief Intervention's Resulting Efficacy to stop drug use) Study
 - NIDA/SAMHSA collaboration, PI: Richard Saitz, MD
- To enroll drug screen-positive subjects, randomly assign them to 3 groups, w/ 6 month f/u:
 - **Standard BI** model (10-15 minutes), conducted by HPAs.
 - **Enhanced BI** model (30-45 minutes), conducted by master's-level counselors.
 - **Control group** that will receive information (e.g., a list of local resources) and, at the end of six months, standard BI if they are still using drugs.
- ASPIRE started enrolling in BMC outpatient clinics in May 2009