

SBIRT: Taking the Guesswork Out of Rural Primary Care

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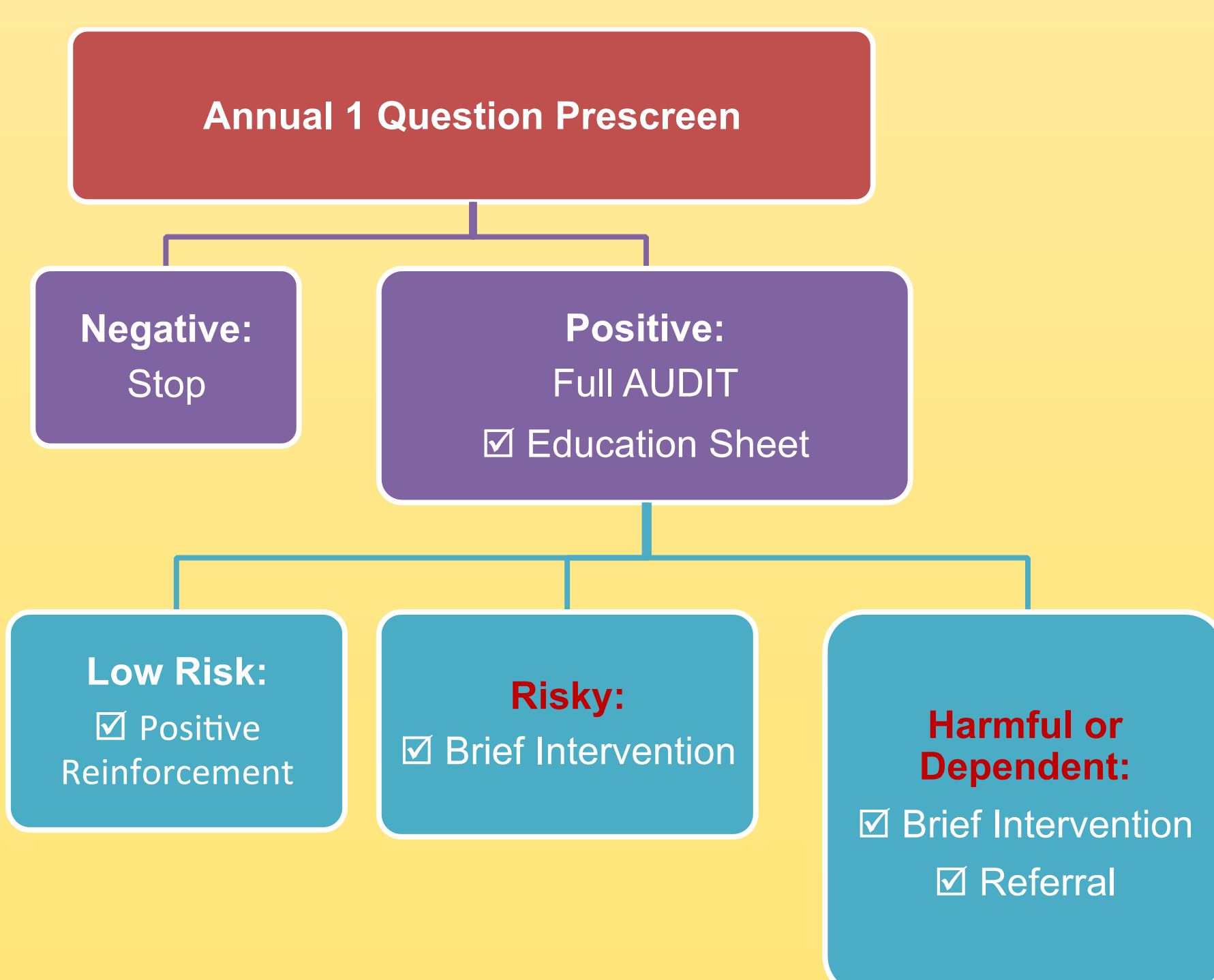
Introduction

- Alcohol misuse is under-recognized and undertreated in primary care despite being in the top five prevention priorities in the United States based on disease prevention and cost effectiveness.¹
- Adults misusing alcohol can endanger and burden themselves and communities.
- Alcohol misuse costs communities more than \$249 billion annually due to health expenses, lost work productivity, and crime.²

Purpose

- Purpose:** To implement Screening, Brief Intervention, and Referral to Treatment (SBIRT) in Mercy Care Center Point Clinic to manage alcohol screening and intervention over current practices for adults 18 years and older
- Objectives:**
 - Increase staff awareness of alcohol misuse and interventions
 - Increase use of alcohol prescreen for adults seen for annual physicals
 - Increase assessment of patients scoring 8+ on the Alcohol Use Disorders Identification Test (AUDIT) and use of brief intervention and/or referral to treatment based on AUDIT scores

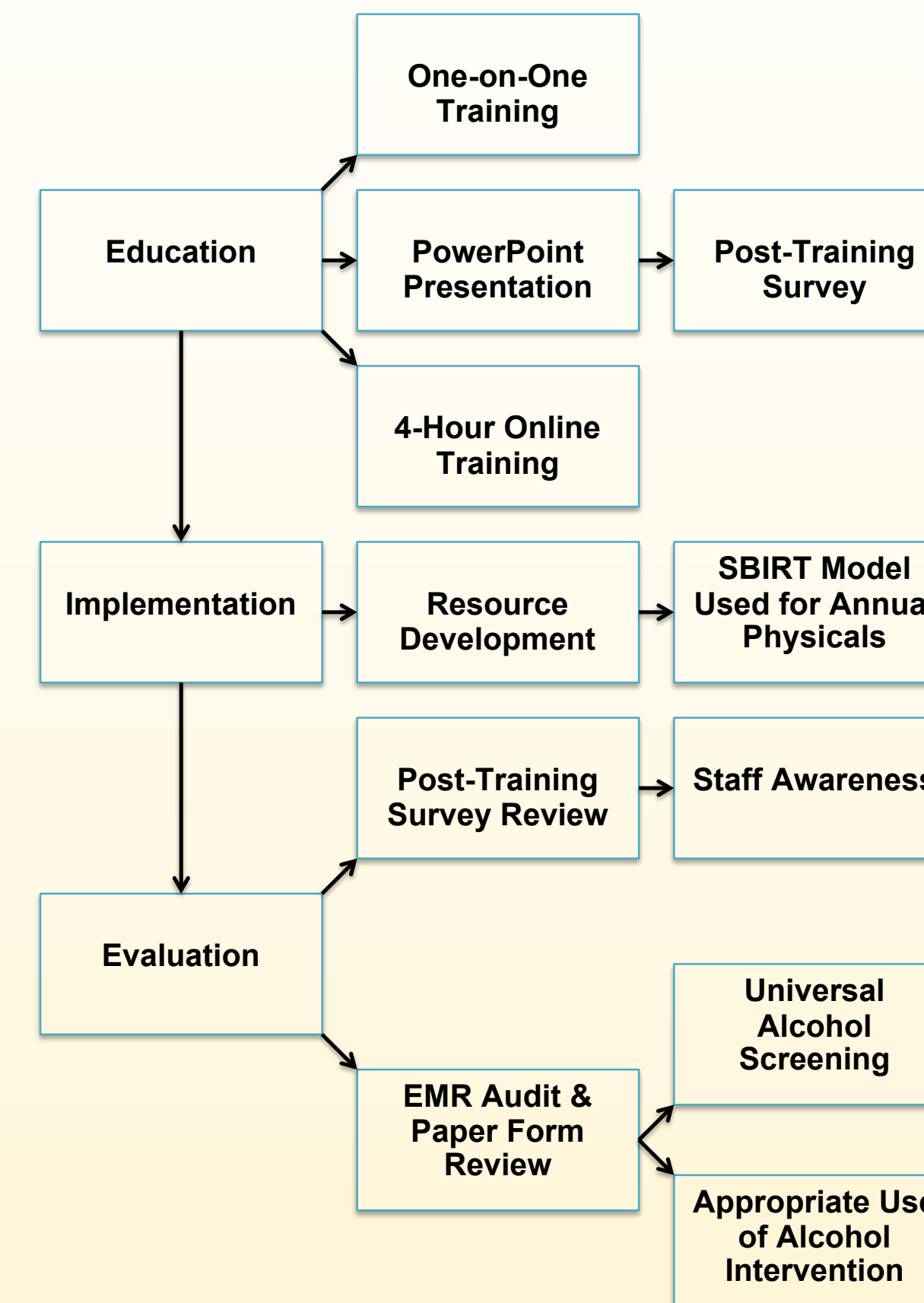
SBIRT OVERVIEW PROCESS



Adapted from University of Iowa³

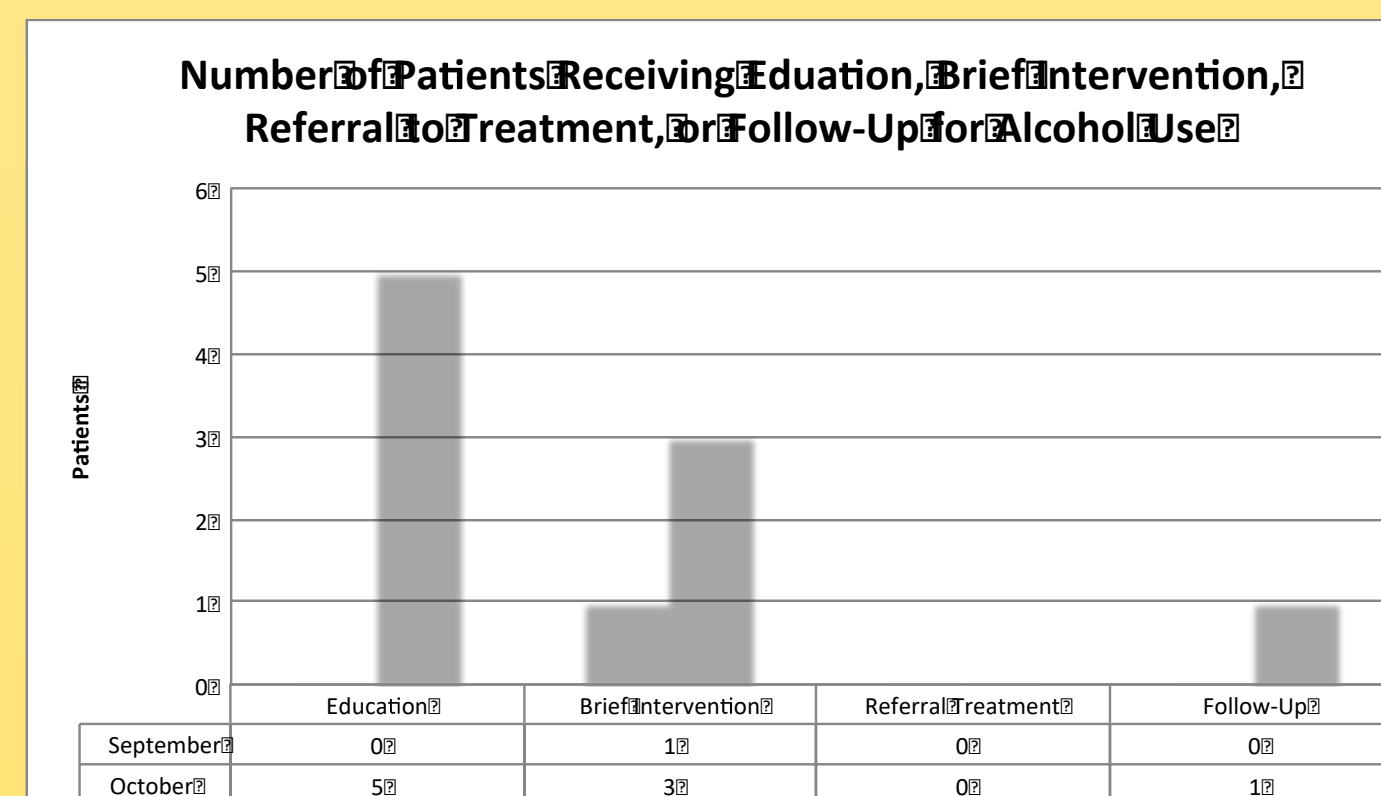
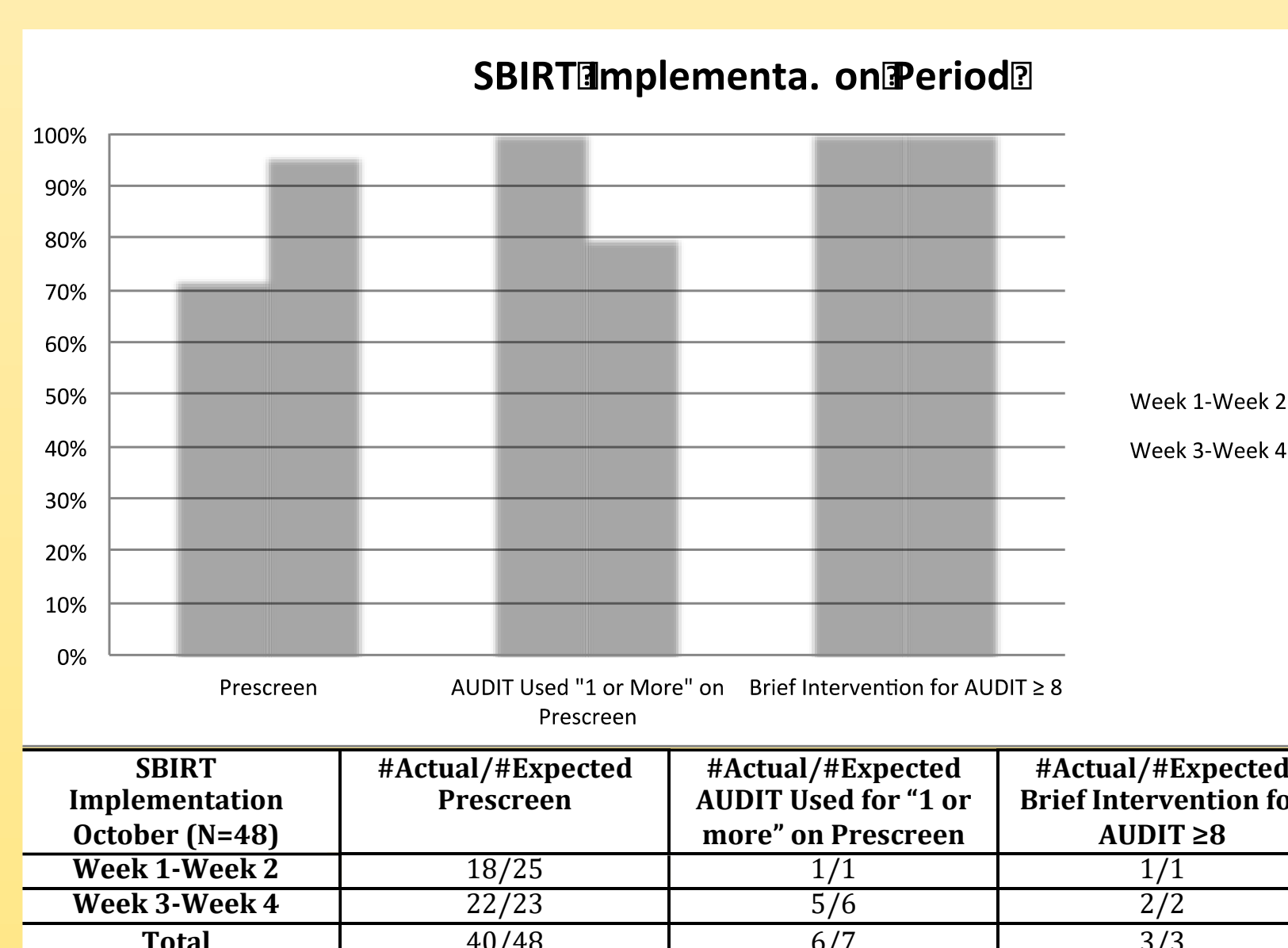
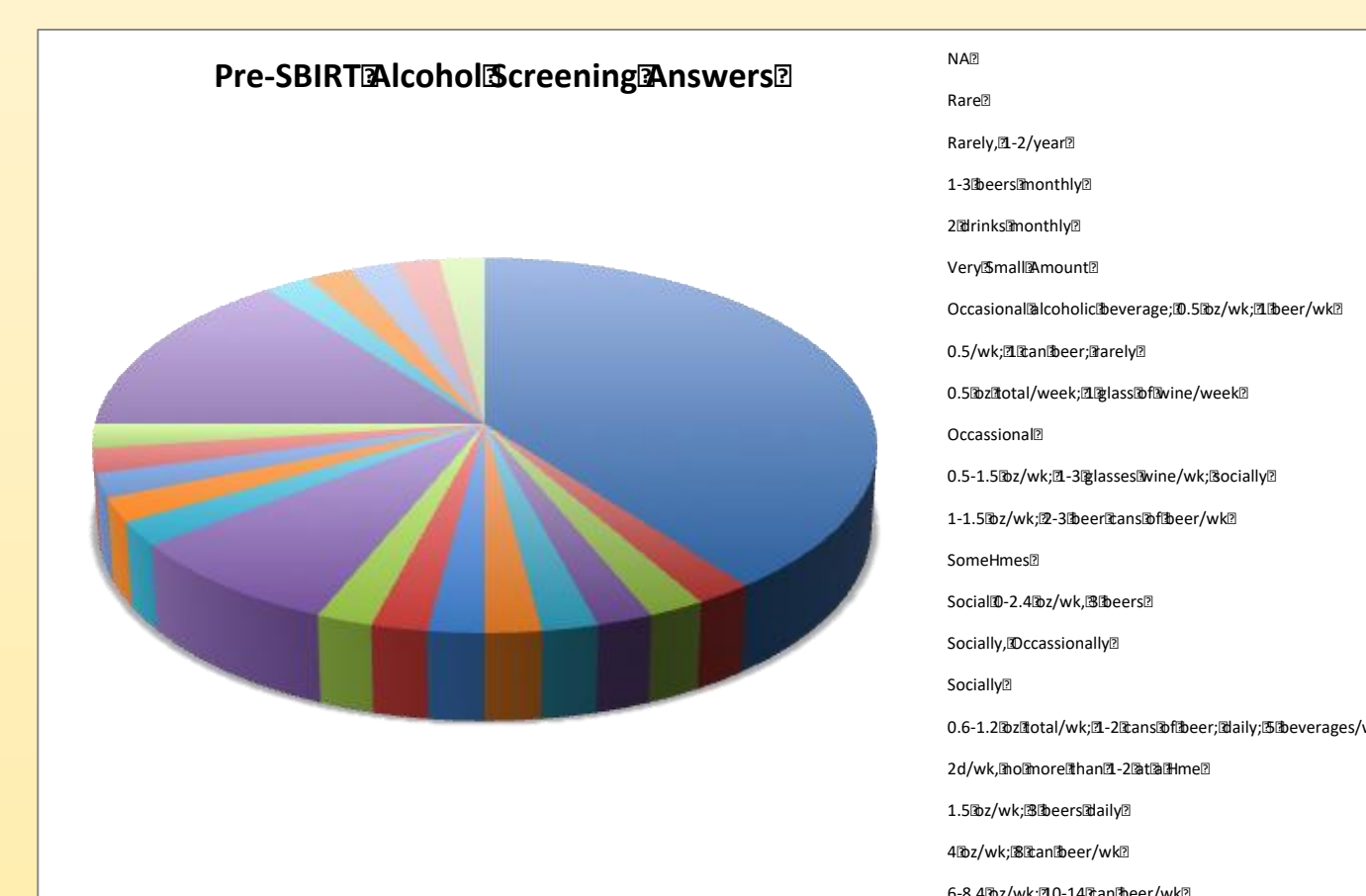
Methods

- This quality improvement project was deemed not human subjects research.
- Setting: Mercy Care Center Point Family Practice Clinic
- Population: Adults 18 years and older seen for annual physical
- Clinic Staff:
 - 1 Physician
 - 3 Nursing Staff
 - 1 Scheduler
 - 1 Clinic Manager



Outcomes

Post-Training Survey Responses	n	Percentage
Strongly Agree	43	100%
Agree	0	0%
Neutral	0	0%
Disagree	0	0%
Strongly Disagree	0	0%
Total	43	100%



- Data was disseminated via PowerPoint presentation at the Mercy Care Center Point Clinic in which it was completed, both for outcome sharing and solidifying support in ongoing use of SBIRT in the clinic.

Evaluation

- Training on alcohol misuse and SBIRT increased awareness for all staff that attended the PowerPoint presentation.
- After 1 month of implementation, 83% of the 48 patients seen for an annual physical received universal alcohol screening.
- Of the 40 individuals prescreened, 17.5% screened positive.
- SBIRT implementation reduced the number of alcohol prescreen answers from twenty to two.
- There was no routine model for brief intervention or referral to treatment prior to implementation. SBIRT implementation provided a 100% increase in appropriate alcohol intervention based on AUDIT scoring.

Conclusions

- This project changed the way alcohol use is screened, and introduced feasible interventions for the busy family practice workflow incorporating primary care provider and nursing staff roles.
- This project supports the use of SBIRT in primary care settings.
- The SBIRT algorithm eliminates the guesswork in alcohol risk assessment to assure best possible early interventions.
- Universal alcohol screening and appropriate education and intervention identified in this project have the potential to reduce alcohol-related risks.
- SBIRT continues to be utilized for universal alcohol screening and intervention by the clinic five months later.
- I will use SBIRT to assess alcohol-related risk and intervention in my future practice.

References

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Acknowledgements

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