

Integration of Behavioral Healthcare Into Primary Care-Understanding Perceptions, Skills, and Patient Benefit

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Background

This proposed project's cross-functional component was that collaborative care will minimize the delivery of care in silos, as interventions will integrate an evidence-based behavioral healthcare approach within a primary care setting. Substance use disorders have a negative effect on illnesses of all types and across demographics and medical disciplines. The significance of the impact of substance use disorders is that the lack of access to treatment and failure to address this in a primary care setting treatment plan precludes quality of care. An efficacious approach is the collaborative treatment model. We also investigated physicians' perceptions of patients, their own skills, and the potential benefit to the integration of care.

Methods

One potential realistic step toward achieving the goal of integrating behavioral health and primary care was to train and coach primary care physicians to implement the Screening Brief Intervention and Referral to Treatment (**SBIRT**) approach. Incorporating **SBIRT** means:

1) Universally **S**creening patients using a standardized tool;

AUDIT-C Questionnaire for Detecting Alcoholism	
1. How often do you have a drink containing alcohol?	<input type="checkbox"/> a. Never <input type="checkbox"/> b. Monthly or less <input type="checkbox"/> c. 2-4 times a month <input type="checkbox"/> d. 2-3 times a week <input type="checkbox"/> e. 4 or more times a week
2. How many standard drinks containing alcohol do you have on a typical day?	<input type="checkbox"/> a. 1 or 2 <input type="checkbox"/> b. 3 or 4 <input type="checkbox"/> c. 5 or 6 <input type="checkbox"/> d. 7 to 9 <input type="checkbox"/> e. 10 or more
3. How often do you have six or more drinks on one occasion?	<input type="checkbox"/> a. Never <input type="checkbox"/> b. Less than monthly <input type="checkbox"/> c. Monthly <input type="checkbox"/> d. Weekly <input type="checkbox"/> e. Daily or almost daily
<small>The AUDIT-C is scored on a scale of 0-12. Each AUDIT-C question has 5 answer choices. Points allotted are: a = 0 points, b = 1 point, c = 2 points, d = 3 points, e = 4 points. Men, a score of 4 or more is considered positive, optimal for identifying hazardous drinking or active alcohol use disorders. Women, a score of 3 or more is considered positive, optimal for identifying hazardous drinking or active alcohol use disorders.</small>	

These questions refer to the past 12 months.	No	Yes
1. Have you used drugs other than those required for medical reasons?	0	1
2. Do you abuse more than one drug at a time?	0	1
3. Are you always able to stop using drugs when you want to? (If never use drugs, answer "Yes.")	1	0
4. Have you had "blackouts" or "flashbacks" as a result of drug use?	0	1
5. Do you ever feel bad or guilty about your drug use? If never use drugs, choose "No."	0	1
6. Does your spouse (or parents) ever complain about your involvement with drugs?	0	1
7. Have you neglected your family because of your use of drugs?	0	1
8. Have you engaged in illegal activities in order to obtain drugs?	0	1
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	0	1
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?	0	1

2) Applying a **B**rief **I**ntervention using motivational interviewing techniques, and;

3) Making a **R**eferral to **T**reatment when a substance use disorder is identified.

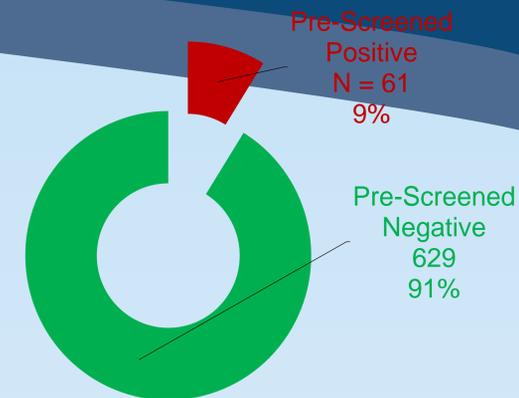
All attending physicians attended an educational session on how to implement and utilize SBIRT screening. This was followed by a session on how to document the use of SBIRT in the epic electronic medical record. A seven question survey was also conducted both pre-collaboration of care and post-collaboration of care.

Results

• Patients:
 31% Male; 69% Female
 Age Mean (SD) = 62 ± 17 years

• Pre-Screened Patients:
 N = 690

• Pre-screen positive is defined as:
 Males < 65 years of age with R AUDIT-C SCORE MEN ≥ 4
 Males ≥ 65 years of age with R AUDIT-C SCORE MEN ≥ 3
 Female with R AUDIT-C SCORE WOMEN ≥ 3
 DAST > 0



- Behavioral healthcare integration occurred into two Carilion Clinic primary care sites.
- 690 patients' lives were touched by this process.
- 23 patients refused prescreening.
- 100% of participating physicians recognized the value of this model.
- Physicians' perceptions of their comfort level, proficiency, and augmentation of clinical decision making all improved during the study.
- Of those physicians who indicated that they had a family member or a close friend with a substance abuse disorder, 100% strongly disagreed that their own perceptions of their patients affected their motivation to treat them for a substance use problem.

Conclusions

- Physicians received educational training on use of SBIRT, utilized skills, and had perceived benefits from the process.
- Fewer patients were prescreened positive than were expected.
- Demographics may have played a role in this secondary to patients' gender and age.
- Patients who refused prescreening may have refused secondary to concerns of prescreening as positive.
- If SBIRT screening were to be implemented on a larger scale at Carilion Clinic, further educational sessions would need to be planned and implemented.

References

1. United States Substance Abuse and Mental Health Services Administration (SAMHSA)