

Abstract: Combating Stigma and Turning Orthopedic Surgeons into a Touchpoint for Intervention in the Opioid Crisis: SBIRT (Screening, Brief Intervention and Referral to Treatment) Training

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Background: SBIRT (Screening, Brief Intervention, and Referral to Treatment) is an evidence-based practice used to identify and reduce problematic use of alcohol and drugs. SBIRT has been shown to be effective in reducing substance misuse in at-risk persons/early stage substance use disorder, forestalling more serious addiction. Orthopedic surgeons are the third highest prescribers of opioid pain medication. This project examines the utility of SBIRT training in an orthopedic clinic targeting risky opioid misuse: modifying care in alignment with risk level. Orthopedic providers have shown bias against patients with opioid use disorder (OUD), posing a barrier to care. Training has decreased stigma towards patients with OUD. Study objectives are to investigate SBIRT's role in decreasing bias among orthopedists against OUD patients, as well as its impact on clinician's use of brief interventions (BIs) and referral for treatment (RTs) best practices.

Methods:

- Nineteen orthopedic providers were recruited to participate.
- Participants were instructed using an SBIRT curriculum developed for orthopedists: A 1.25 hour online component plus a 2.5 hour interactive small group session with experienced instructors, focusing on universal screening with the Opioid Risk Tool and motivational interviewing.
- Participants completed a six-week log tracking # of patients screened for risk of opioid misuse and whether they received a BI or RT.
- Participants completed the Medical Condition Regard Scale (MCRS), a measure of stigma, pre-training and after completing their logs.
- Participants completed a post-training satisfaction survey.

Results:

- Nineteen participants returned MCRS. Scores increased from 44 to 53 ($p < 0.01$), showing decreased stigma towards OUD patients.
- 14/19 participants reported screening patients with Opioid Risk Tool. 1471 patients screened yielding 3 levels of risk: low (82.5%), medium (14%), high (3.5%).
- 15% of screened patients received brief interventions, 0.3% were referred for OUD treatment.
- Patients screened as medium risk were 5.8 times more likely to receive interventions (brief intervention or referral) than patients screened as low risk or not screened. Patients were 8.4 times more likely to receive intervention if scored high risk ($p < 0.01$).
- Seventeen of 19 participants would recommend the training; 18/19 reported training as useful.

Conclusions/Discussion:

The majority of orthopedists could incorporate SBIRT into their workflow. Patients screening as medium or high risk for opioid misuse were more likely to receive interventions than patients screened as low risk or not screened. Significant improvements in orthopedic surgeons' regard towards OUD patients were documented (an increased satisfaction and decreased perceived difficulty working with OUD patients with pain).