

Educating Patients on the
Effects of Substance Use, Its Impact on
Their Health and Linkages to Treatment



Mercy

M E D I C A L C E N T E R

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Substance Abuse a National Public Health Crisis



- ❑ There are over **22 million** American abusing and/or addicted to drugs and alcohol
 - Over **94%** of those Americans have not sought treatment
- ❑ 46% of the U.S. population report having used illicit drugs at least once in their lifetime
- ❑ In 2012, approximately **5,500 people each day** used prescription painkillers for nonmedical reasons
- ❑ In 2012, more than **475,000** people visited the emergency room due to the misuse and abuse of prescription painkillers

Substance Abuse in Baltimore



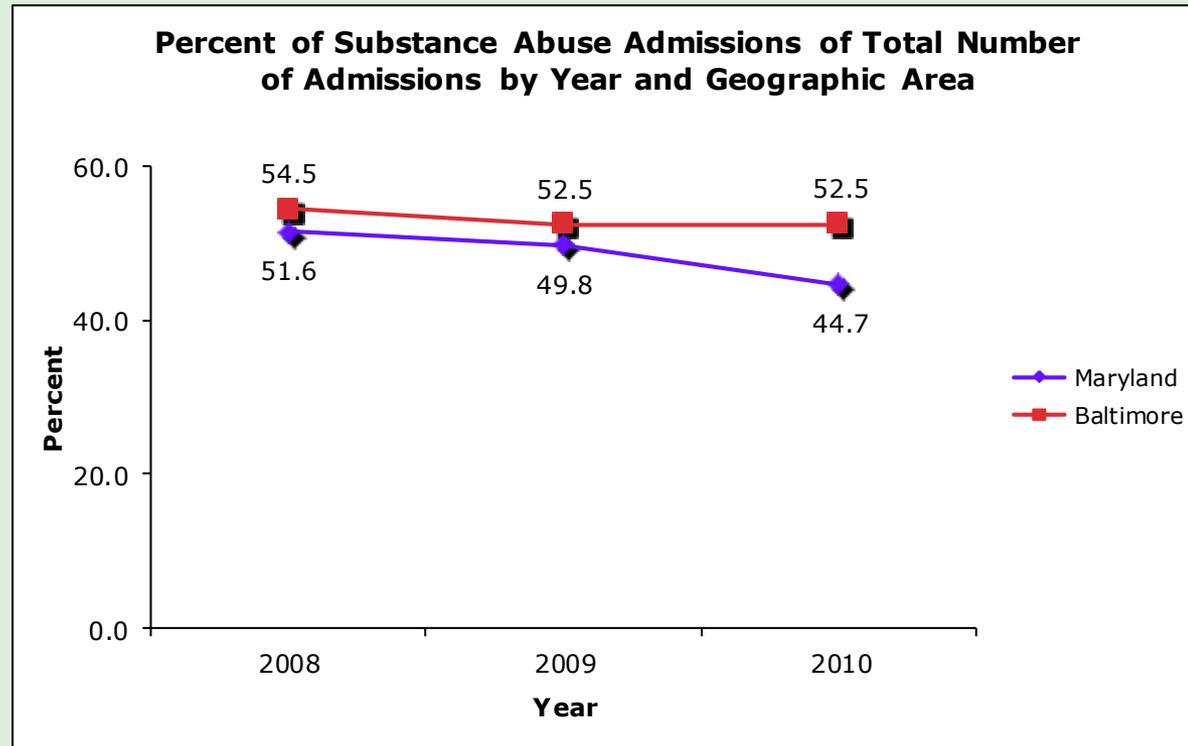
- ❑ 30% of all substance abuse treatment admissions in Maryland were from Baltimore City in 2012
- ❑ In FY 2011, 12,801 substance abuse treatment admissions for 8,704 individuals
 - Multiple admissions
- ❑ In 2012, Baltimore treatment admissions
 - 7% were under 21
 - 18% over 50



Hospital Admissions by Year and Geographic Area



- ❑ *Maryland had lower rates of substance abuse hospital admissions than Baltimore*
 - *There was a decrease in the percentage of substance abuse hospital admissions between 2008 and 2010*
- ❑ *Between 2008-2010, the percentage of Baltimore City substance abuse hospital admissions remained relatively stable, 54.5% to 52.5%*



Source: Maryland HSCRC database; adopted by the St. Paul Group

Mercy's Response to Substance Abuse and ED Readmissions



- ❑ In 2013, Mercy (under the direction of The Mosaic Group) collaborated with Behavioral Health System Baltimore to implement a screening program (SBIRT) that would capture individuals either at risk or identified as a substance abuser
- ❑ The program screened any patients, ages 16 and older that registered in the Emergency Department
- ❑ Peer Recovery Coaches were hired and trained in the SBIRT model, which was approved and recommended for usage by the Emergency Nurses Association
- ❑ The program went live on May 7, 2014

SBIRT Team Members



□ Program Manager

- One Licensed Clinical Social Worker

□ Peer Recovery Coaches (PRC)

- Three recovering addicts with at least two years of sobriety that are actively connected to support networks

□ Nursing Staff

- All Emergency Department Nurses are trained in the SBIRT Model

What is SBIRT?



Screening

Application of a simple test to determine if a patient is at risk for or may have an alcohol or substance use disorder

Brief Intervention

Explanation of screening results, information on safe use, assessment of readiness to change, advice on change

Referral to Treatment

Patients with positive results on a screening may be referred for an in depth substance abuse assessment and/or treatment

Goals of Screening



- ❑ The goal of substance abuse screening is to identify individuals who have or who are at risk for developing alcohol or drug related problems
- ❑ Collect patient information needed for appropriate intervention
- ❑ Use as little patient and staff time as possible

Screening Assessment



A "STANDARD DRINK"

(a standard drink contains approximately 12-14 grams or 0.5-0.6 oz. of pure alcohol)

12 oz. of beer, wine cooler, alcopop (Smirnoff Ice, Mike's Hard Lemonade) (3-5%)	6-9 oz. of malt liquor (6-10%)	5 oz. of table wine (12-13%)	3-4 oz. of fortified wine (Thunderbird, port, sherry, Mad Dog 20/20) (18-20%)	2-3 oz. of cordial, liqueur, aperitif, Schnapps (23-30%)	1.5 oz. of brandy (Cognac, Hennessy, Courvoisier) (37-40%)	1.5 oz. of liquor (a "shot") (vodka, gin, scotch, whiskey, bourbon, tequila) (40-50%)
						
12 oz.	8 oz.	5 oz.	3.5 oz.	2.5 oz.	1.5 oz.	1.5 oz.

As well as any illicit drugs, such as:

- ▶ Heroin
- ▶ Cocaine
- ▶ Marijuana
- ▶ PCP/LSD
- ▶ Molly/Percocet
- ▶ Synthetic Weed
- ▶ Any other non medical use of pharmaceuticals

Brief Interventions



- ❑ A brief intervention consists of one or more time-limited conversations (5-15 minutes) between an at-risk drinker or substance user and a PRC
 - Can be done during a single encounter, or sometimes multiple encounters
- ❑ The goals are to:
 - Motivate the drinker/substance user increase awareness of his or her use and its consequences
 - Encourage the person to create a plan to reduce or eliminate his or her behavior

Referral to Treatment



- ❑ Referral to specialized treatment is provided by Peer Recovery Coaches for those patients identified as needing more extensive treatment than offered by the SBIRT program
- ❑ The effectiveness of the referral process to specialty treatment is a strong measure of SBIRT success and involves a collaborative effort between Peer Recovery Coaches and community providers of specialty treatment

Effectiveness of SBIRT



If an average of 40 patients are seen per week



Between four and eight of those patients are at risk for a substance use disorder (10-20%)



With SBIRT, one to three patients seen weekly are likely to lower their risk for developing a substance use disorder

Program Outcomes



	Totals
Total Number of Patients Registered	46,519
Total Number of Patients Screened	36,270 (77%)
Total Number of Positive Screens	5,723 (16%)
Total Number of Patients Referred to Coaches	2,903 (51%)
Total Number of Brief Interventions by Coaches	2,249 (77%)
Total Number of Referrals to Treatment	307 (14%)
Total Number of Linkages to Treatment	94 (30%)

Outcomes Related to ED Readmissions



- ❑ Many of the “repeat” patients had some type of alcohol and/or substance abuse issues also showed evidence of a co-occurring mental health disorder
- ❑ PRC’s evaluated patients, and along with nursing staff, increased patient awareness of the relationship between substance use and other health related issues which caused them to register in the ED
- ❑ Patients were linked to appropriate community health centers for coordination and continuation of care
 - Primary Care
 - Specialty Care
 - Mental Health
- ❑ Patients who were “ready” to enter substance abuse treatment were linked to substance abuse treatment programs