

Screening, Brief Intervention & Referral to Treatment (SBIRT) Interprofessional Education Collaborative

Authors: Paula Smith, MBA, EdD(c)¹; Kate Semple Barta, JD²; Lisa Dotson, MSW³; Kristina Fjeld-Sparks, MPH^{2,4}

AH EC New Hampshire Area Health Education Center

Affiliated Faculty/Partners: Joyce Cappiello, PhD, FNP, FAANP¹⁰; Pamela Dinapoli, RN, PhD, CNL¹⁰; Nancy Frank, MPH⁹; Diana Gibb, BA, CPS⁹; Devona Stalnaker-Shofner, EdD, LPC, NCC⁵; Douglas Southard, PhD, MPH, PA-C⁶; Joseph O'Donnell, MD; Helen Pervanas, PharmD, RPh⁸; Jennifer Towle, PharmD, RPh⁸; Kerry Nolte, ARNP, MS¹⁰.

THE Dartmouth INSTITUTE FOR HEALTH POLICY & CLINICAL PRACTICE

¹Southern NH AHEC at Lamprey Health Center; ²The Dartmouth Institute for Health Policy & Clinical Practice (TDI); ³Dartmouth College, Center for Program Design Evaluation; ⁴New Hampshire AHEC; ⁵Antioch University New England; ⁶Franklin Pierce University; ⁷Geisel School of Medicine; ⁸Massachusetts College of Pharmacy and Health Sciences University; ⁹North Country Health Consortium, Northern NH AHEC; ¹⁰University of New Hampshire.

Introduction & Background

- New Hampshire rates of substance use disorders and related comorbidities are significantly higher than national averages, resulting in health disparities for this population in both rural and urban settings.
- To address the substance abuse crisis, the New Hampshire Area Health Education Center network and The Dartmouth Institute of Health Policy & Clinical Practice partnered to create the **New Hampshire Screening, Brief Intervention, and Referral to Treatment (SBIRT) Inter-Professional Education (IPE) Training Collaborative (NH SBIRT IPE Collaborative)**.

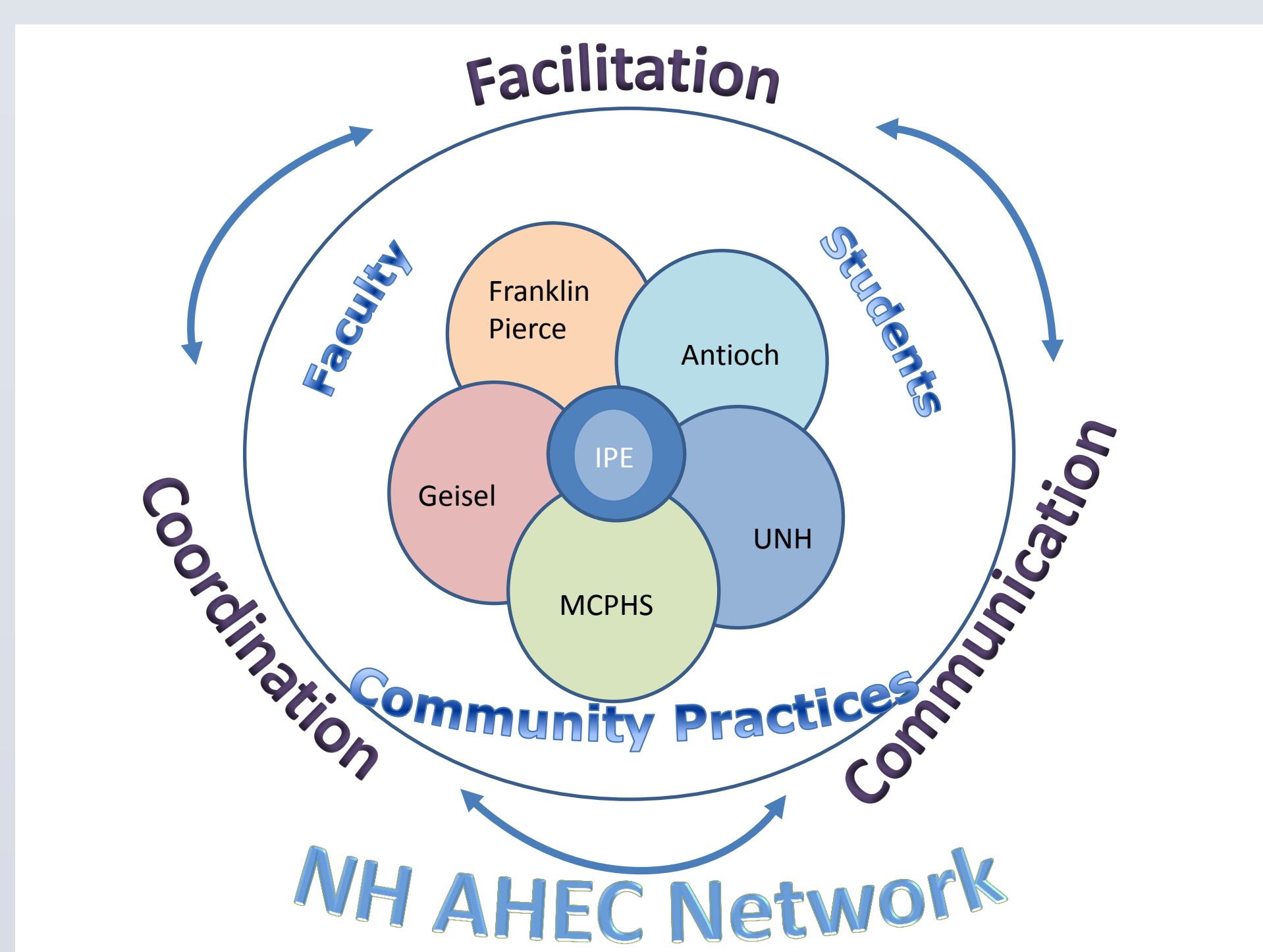
Objectives

- Develop an infrastructure to integrate the SBIRT model into existing course curriculum at partner academic institutions.
- Train the next generation of the healthcare workforce to utilize SBIRT in an interprofessional setting.
- Increase the knowledge, skills, and comfort level among health profession students in administering SBIRT.
- Identify, recruit, and train clinicians in administering SBIRT.

Methods

- Convened a collaborative of health professions educational faculty from:
 - Antioch University New England, Masters in Clinical Mental Health Counseling;
 - Franklin Pierce University, Masters in Physician's Assistant Studies;
 - Geisel School of Medicine, Doctor of Medicine Program;
 - MCPHS University, Pharmacy Program;
 - University of New Hampshire, Nursing and Nurse Practitioner Programs.
- These academic partners were trained using the SBIRT curriculum created by SAMHSA, then trained their students in SBIRT as an element of their programs' curricula, and highlights opportunities for Interprofessional experiences.

NH-SBIRT IPE Implementation Model



SBIRT IPE In Action

Health professions students engage in interprofessional education to increase understanding of roles and facilitate communication and teamwork.

“Moodle” Online Interprofessional Platform

- Interactive exchange platform allows students from different institutions and disciplines to work collaboratively on a team
- Teams respond to an SBIRT-related question or case
- One faculty member moderates a team
- Occurs once per semester for 3-4 weeks
- Interprofessional teams describe their approach, and provide feedback to other disciplines' students

Students say....

"Having an interdisciplinary forum for discussion was most valuable since it allowed for sharing of viewpoints/expertise from other disciplines that I would not otherwise hear."

"My group members had a lot of useful insights into how SBIRT could be implemented. I appreciated how people commented on different things in order to broaden our understanding regarding alcohol and opiates, sports medicine vs primary care."

'In-person' SBIRT IPE Day

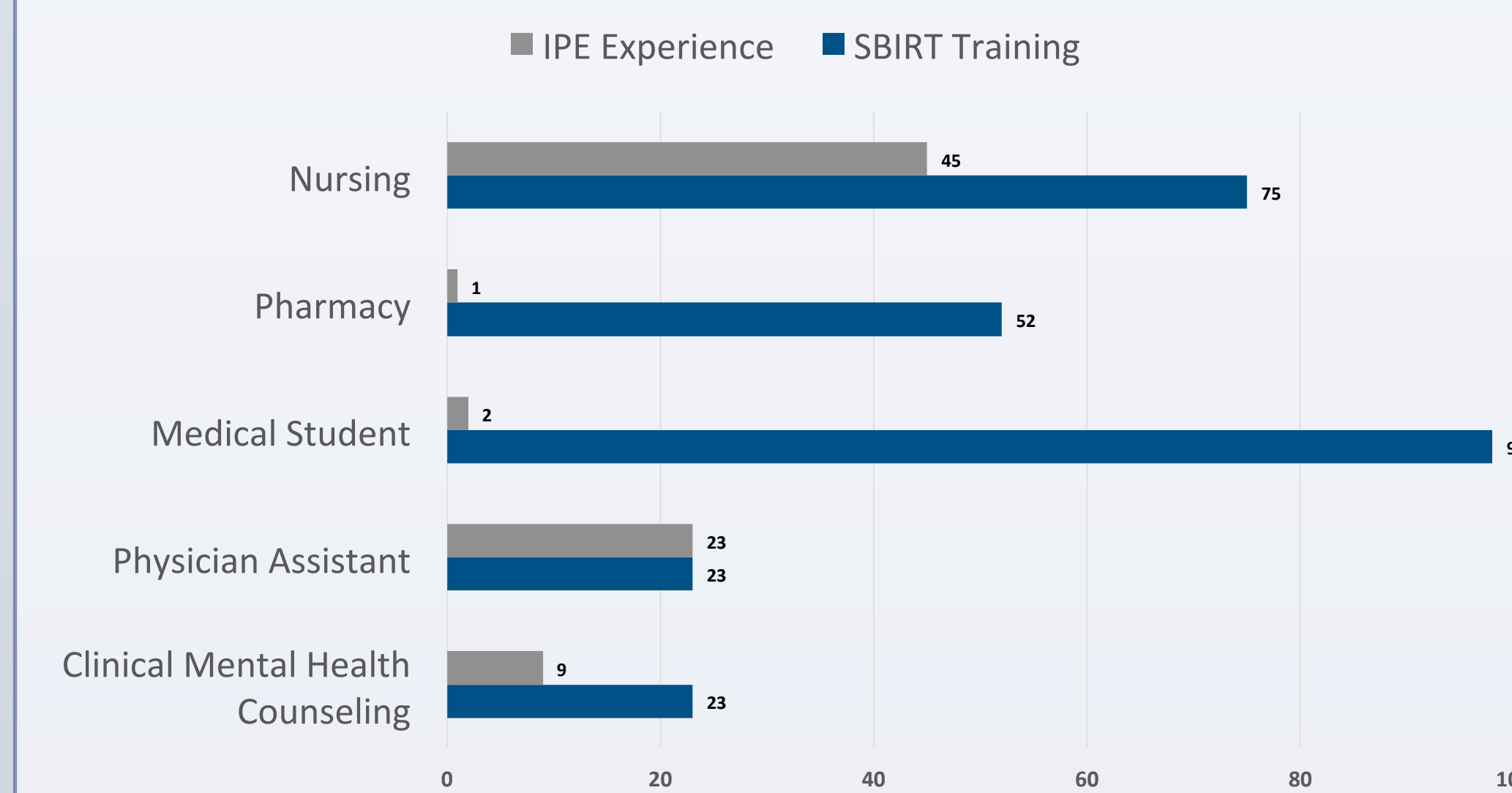


Students and practicing health professionals representing nurse practitioners, registered nurses, social work, behavioral health and physician assistants had the opportunity to interact to learn about the Opioid Crisis in NH. After the lecture, participants worked in groups to engage in a role-play activity from the perspective of the provider, the patient and another health care discipline.



Successes

Of the 271 students **trained in SBIRT** during the 2015/16 Academic Year, most were medical or nursing students. More nursing and physician assistant students participated in IPE activities.



Health Professional Faculty invested in....

"Students in various disciplines worked well collaboratively to address the alarming statistics around the substance abuse epidemic. The online Moodle platform was particularly effective to share thoughts and ideas."

Helen Pervanas, PharmD, RPh. Associate Professor of Pharmacy Practice, MCPHS University

...and addressing the challenges of IP education,

"The substance abuse epidemic affects everyone and should be addressed using multidisciplinary health care professionals. The challenge is embedding the training in a pre-determined curriculum within several disciplines. In our institution, semester schedules differ between the nursing, pharmacy and physician assistant programs making it difficult to schedule IPE related events."

Helen Pervanas

...in hopes of finding new solutions to a national epidemic.

"The 'Just say no' approach needs to be replaced with motivational interviewing – SBIRT training has been a great assistance in learning this skill, particularly when working interprofessionally."

Doug Southard, PhD. Professor, Physician Assistant Master's Program, Franklin Pierce University.

Evaluation Strategy

The Center for Program Design and Evaluation at Dartmouth (CPDE) is leading the evaluation of the NH SBIRT IPE Collaborative. The overall evaluation includes the collection of multiple quantitative and qualitative data over time to understand:

- If the program is being implemented as intended
- How well it is working
- Why the program is working or not working
- How the program could be improved.

Evaluation Methods:

- Focus groups and/or interviews with training participants and faculty leaders
- Online surveys immediately following the SBIRT training and a 30-day follow-up survey for the student learners.
- Post-meeting and training workshop evaluations

Strategies: Measuring our Objectives and Addressing our Challenges

Objective: Develop the infrastructure to integrate the SBIRT model into existing course curriculum at partner institutions.

Challenges:

- Grant started after the academic year was underway after faculty had already designed their syllabi for year
- Two academic partners withdrew from the Collaborative
- Trained fewer students
- Increased uncertainty among the academic partners about integrating SBIRT in curriculum

Strategies:

- Worked with funder, SAMSHA to revise training targets
- Worked with academic partners to identify and build the necessary resources to roll out SBIRT IPE training
- Worked closely with each partner to ensure that their particular objectives are not lost to the collaboration

Objective: Train the next generation of the healthcare workforce to utilize SBIRT in an inter-professional setting.

Challenges:

- Reach the grant student training targets while complying with grant required evaluation goals
- Only 29% of student trainees participated in Interprofessional aspects of the program
- Less than 25% participated in the required student evaluation

Strategies:

- Work with faculty to promote the training evaluations through student and faculty education
- Offer a \$20 incentive to students who complete both surveys

Objective: Increase the knowledge, skills, and comfort level among health profession students in administering SBIRT.

Challenges:

- Offer quality experiential learning in an interprofessional context accessible to all academic partners
- Adding curricular time to already full academic calendars
- Coordinating among 5 institutions so that the IPE time can be most rich

Strategies:

- The Council of Directors consists of partner academic faculty with monthly meetings which allows us to understand the needs of each partner in designing grant activities
- Utilize SAMHSA & other training resources to provide partners with best practices materials
- Design both online and in-person IPE experiences for flexibility

Objective: Identify, recruit and train clinicians in administering SBIRT.

Challenges:

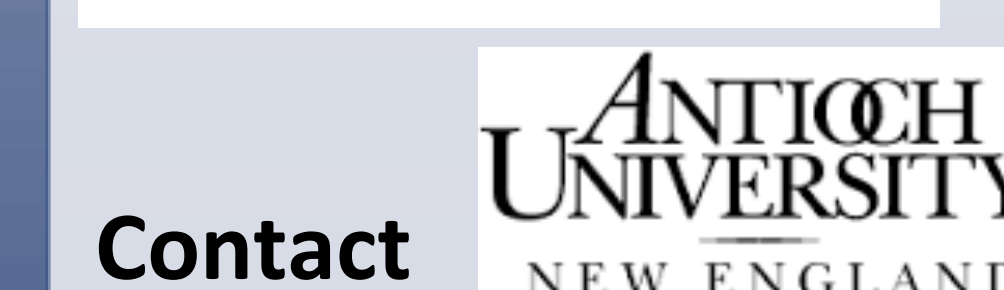
- Adding a community focus to our grant activities
- Recruiting and integrating clinicians into the academic collaborative.

Strategies:

- Leverage relationships with community clinics & practitioners to bring practical experience to students

References

- Interprofessional Education Collaborative. (2016). Core competencies for interprofessional collaborative practice: 2016 update. Washington, DC: Interprofessional Education Collaborative.
- Interprofessional Education Collaborative Expert Panel. (2011). Core competencies for interprofessional collaborative practice: Report of an expert panel. Washington, DC: Interprofessional Education Collaborative.
- U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, 2008. "A Guide to Substance Abuse Services for Primary Care Clinicians," Treatment Improvement Protocol (TIP) Series 24. DHHS Pub. No. (SMA)08-4075. Rockville, MD, 2008.



Contact

Kate Semple Barta, SBIRT IPE Collaborative Program Manager: Katherine.J.Semple_Barta@dartmouth.edu
 Kristina Fjeld-Sparks, Director, NH AHEC and SBIRT IPE Collaborative: Kristina.E.Fjeld-Sparks@Dartmouth.edu
 Paula Smith, Director, SNHAHEC: psmith@snhahec.org

