SBIRT + Recovery Management: Managing Substance Use Disorders in Health Care Settings

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TERMINOLOGY: SBIRT + RM

• SBIRT: Screening, Brief Intervention and Referral to Treatment

• SBIRT + RM: Traditional SBIRT PLUS Recovery Management

Background-Screening & Brief Intervention

• 1990: Improved alcohol screening recommended (IOM, Broadening the Base of Treatment for Alcohol Problems, 1990)

• 2003-present: Federally-funded SBIRT projects

• 2007: 5th decade of evidence, yet under-implemented in primary care (Saitz, 2007)

• 2012-2014: SBIRT-related measures endorsed
  – National Institute on Drug Abuse (Tai, Wu & Clark, 2012)
  – The Joint Commission (2014)

• 2018: 6th decade of evidence, still under-utilized

2014: “Those two studies in JAMA” (Saitz et al., and Roy-Byrne et al.)

• Claimed that brief interventions were not effective for decreasing drug use among primary care patients identified through screening;

• But was it really fair to claim that widespread adoption of screening and brief intervention for drug use was not warranted??
2017: Rethinking Brief Interventions
(McCambridge & Saitz)

- **Stronger scrutiny of the evidence:**
  Discussion content and counseling micro-skills associated with improved outcomes
- **Alcohol screening:** Not isolated from other risky behaviors and mental health questions
- **More clarity:** Remaining questions about unmet needs of people with alcohol problems
- **Brief interventions as guiding principle:**
  Reduction of substance use and consequences (not defined by time or # of sessions)

Unanswered Questions: Absence of Evidence is Not Evidence of Absence

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<th>Alcohol Misuse</th>
<th>Alcohol Dependence</th>
<th>Drug Use</th>
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<td><strong>Screening</strong></td>
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SBIRT has many moving parts, and its measurement is tricky
(Fornili, 2018)

Analysis of Theoretical Framework

- **Purpose for Examining Middle-Range Theories**
  – To conceptualize clinical problems and outcomes
  – To delineate effective interventions and methods of outcome measurement (Donaldson, 1995)
- **Utilized Smith and Liehr’s Evaluation Framework for Middle Range Theory**
  – Substantive foundations
  – Structural integrity
  – Functional adequacy (Smith & Liehr, in Gaubard & Rosen, 2008)

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Two SBIRT-related Middle Range Theories

- Wagner’s Chronic Care Model (CCM)
  - Featured prominently in early SBIRT literature
    (Bodenheimer, Wagner & Grumbach, 2002; Coleman, Austin, Branch & Wagner, 2009)
- White’s Recovery Management (RM) Model
  - Component of the Ecology of Addiction Recovery Model;
  - Adapted from Brofenbrenner’s Ecologic Framework Model
    (William White, 2008)

Wagner’s Chronic Care Model (CCM)

- CCM is associated with changes in:
  - Provider expertise & skill;
  - Patient education & support
  - Team-based care delivery; and
  - Better use of information systems
- CCM does not articulate how it can be used to improve substance use disorder outcomes

Recovery Management (RM) Model

- Specifically addresses the needs of individuals with substance use disorders, their families and communities
- Outperforms the CCM in terms of describing, explaining and interpreting the phenomenon of interest (recovery)
Phenomenon of Recovery

WORKING DEFINITION: (SAMHSA, 2011)
• “A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”

CORE RECOVERY MEASURES: (SAMHSA, 2014)
• Health—Overcoming or managing disease process; physical/emotional well-being;
• Home—Stable and safe place to live
• Purpose—Meaningful daily activities (job, school); and
• Community—relationships and social networks that provide support, friendship, love and hope.

Screening, Brief Intervention, and Referral to Treatment
PLUS Recovery Management (SBIRT + RM) Model
for Managing Substance Use Disorders in Primary Care Settings

Recovery Management (RM)
Pre-Recovery Identification & Engagement
Recovery Stabilisation
Sustained Recovery Support
Long-Term Recovery Maintenance

Primary Care Provider Responsibilities
SBIRT + RM

Substance Use Disorder Services Continuum-of-Care
Prevention
Early Intervention
Specialty Addictions Treatment
Ongoing Continuing Care and Recovery Support

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4 Key Concepts of the Recovery Management Model

Recovery Management (RM)

- Pre-Recovery Identification & Engagement
- Recovery Initiation & Stabilization
- Sustained Recovery Support
- Long-Term Recovery Maintenance

Primary Care Provider Responsibilities

- Substance Use Disorder Services Continuum-of-Care
- Prevention
- Early Intervention
- Specialty Addictions Treatment
- Ongoing Continuing Care and Recovery Support

Failure to initiate and stabilize recovery is often viewed as the failure (non-compliance) of the individual rather than flaws in the design or execution of the referral protocol (White, 2008)

Therapeutic alliance between the practitioner and the individual:
- Practitioner: Awareness of a window of opportunity to intervene
- Individual: Awareness that the healthcare provider is helpful and supportive

SBIRT + RM

RECOVERY

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The Recovery Management Model

Recovery Management (RM)

Pre-Recovery Identification & Engagement
Recovery Initiation & Stabilization
Sustained Recovery Support
Long-Term Recovery Maintenance

- Child care
- Transportation
- Housing
- Life skills training
- Employment readiness
- Legal consultation
- Wellness checks
- Self-management support

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Recovery Management and the Substance Use Disorders (SUDs) Continuum-of-Care

Recovery Management (RM)

Pre-Recovery Identification & Engagement
Recovery Initiation & Stabilization
Sustained Recovery Support
Long-Term Recovery Maintenance

Primary Care Provider Responsibilities

SBIRT + RM

- Shifting focus from service environment to the client’s natural environment;
- Service commitment to extended post-treatment monitoring and support

Substance Use Disorder Services Continuum-of-Care

Prevention Early Intervention Specialty Addictions Treatment Ongoing Continuing Care and Recovery Support

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The Substance Use Disorder (SUDs) Continuum-of-Care

Primary Care Provider Responsibilities

Pre-Recovery Identification & Engagement
Recovery Initiation & Stabilization
Sustained Recovery Support
Long-Term Recovery Management

Prevention Early Intervention Specialty Addictions Treatment Ongoing Continuing Care and Recovery Support

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The Substance Use Disorder Services Continuum-of-Care

RECOVERY

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Looking at SBIRT Through a Traditional Lens: REFERRAL TO TREATMENT

Referral to Treatment—“Least-studied of the three components”

Successful referrals depend on:
- Type of Referral
- Access to Treatment
- Follow-up Provided
- Self-help and/or Peer/Recovery Support
- How “Success” is Measured

RM Theory and Healthcare Provider Responsibilities

Traditional SBIRT is a JOB HALF-DONE
What if behavioral health problems and specialty referrals were addressed like other types of health care problems?

Conclusions: The SBIRT+RM Model

- Provides insight into why SBIRT alone may not be effective for more serious substance use disorders (drug use, alcohol/drug dependence)
- Articulates how the proposed SBIRT + RM Model can enhance outcomes of substance use disorder interventions delivered within primary care settings
- Will help individuals in recovery lead safe, healthy, meaningful lives in the community, surrounded by people who love them and encourage them to succeed
For More Information

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"Knowing is not enough, we must apply. Willing is not enough, we must do."
Goethe