

Case #1: SBIRT for Substance Use in New York City Sexually Transmitted Disease Clinics

Synopsis of a recorded webinar

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Presenters:

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Overview:

This webinar shares best practices and lessons learned from implementation and evaluation of an SBIRT program that has been rolled out in the eight New York City Department of Health and Mental Hygiene (DOHMH) sexually transmitted disease (STD) clinics. Building on a long term relationship and a demonstrated need to address alcohol and substance use by STD clinic patients, NYS OASAS and NYC DOHMH collaborated to optimize the SBIRT model for STD clinic settings, effectively implement universal SBIRT services, and evaluate program outcomes. This real world example demonstrates the integration of a new set of services in a specialized healthcare setting.

Patient population served:

The DOHMH STD program serves over 90,000 patients with STD screening and treatment, HIV testing, and other related sexual and reproductive health services. The eight clinics primarily serve walk-in patients; only about 35% of patients return for multiple visits. They are not primary healthcare clinics.

Content description:

A brief description of SBIRT is followed by a presentation of SBIRT goals and principles in the context of SBIRT's history in New York State, including the history of the SBIRT program in NYC DOHMH STD clinics.

Since risky substance use is closely associated with risky sexual behavior and acquisition of HIV/AIDS and other STDs, the rationale for SBIRT in the STD clinic setting is well established. The SBIRT Service Flow in the clinics is discussed, including exactly where SBIRT fits, depending on the type of patient visit: HIV test only; MD visit only; HIV test and MD visit. The process of recording SBIRT information in the EMR is also described. Additional information presented includes:

- Service delivery results
- Use of Extended Brief Intervention (EBI)
- Patient demographics
- Self-reported behavioral and social outcomes
- Biomedical outcomes (2008-2011)
- Biomedical outcomes related to HIV and other STDs in the 1-year following SBIRT date of visit in STD clinic
- Patient and staff feedback
- Future challenges and needs

Screens Used:

For pre-screening, the clinics use the AUDIT-C (first three questions of the AUDIT) and the first question of the DAST-10. The pre-screen is self-administered to all patients in the waiting room. The full AUDIT/DAST-10 is administered by the interventionist to patients who have a positive score on the pre-screen.

Screening Rate:

All patients are asked to fill out the initial SBIRT pre-screen. About 80% do and most of the 20% who don't are return patients who have filled out the pre-screen on previous visits.

Billing information:

Currently the program is grant-funded through 2016. Options for further funding and/or implementation of billing procedures are being explored.

Link to Webinar: http://ireta.org/8_27_14webinar

