Abstract

BACKGROUND: Individuals receiving chronic opioid therapy (COT) are at increased risk of developing a substance use disorder (SUD). These clients are routinely monitored for treatment effectiveness, treatment adherence, and aberrant drug behaviors, while screenings have been targeted at misuse of opioids rather than more broad screening for unhealthy substance use (USS).

LOCAL PROBLEM: There was no standardized approach to screening clients on COT for USS at the practice where the project was undertaken.

PURPOSE: Will this quality improvement project determine whether an education program on SBIRT would increase the frequency with which providers were performing necessary screenings for (USS) among an at-risk patient population.

METHODS: A Plan-Do-Study-Act approach to quality improvement was used. The project took place at a rural, hospital-based primary care organization in Washington state where six primary care providers (physicians and nurse practitioners) saw a total of 52 clients on COT.

INTERVENTION: Primary care providers participated in a seventy-five-minute educational module on screening, brief intervention, and referral to treatment (SBIRT). Participants were asked to self-report their practices around the use of SBIRT via an anonymous survey.

RESULTS: Six providers had 52 unique pain management encounters for clients on COT. Screening for SUD was completed at a 69% screening rate. This exceeded the project target of 50% screening.
CONCLUSION: Going forward, the organization will be targeting at least annual screening for all clients on COT and providing quarterly communication to the primary care team about their screening results.