

Impact of a Computer-Assisted SBIRT Program in an HIV Care Setting

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Project Description

Drug and alcohol use is not always addressed with patients in medical care settings, including HIV primary care settings. The screening, brief intervention, and referral to treatment (SBIRT) strategy has demonstrated an effective model to introduce screening for substance use, and standardized guidelines in a number of clinical populations, but SBIRT for drug and alcohol use has not been tested in an HIV primary care setting. This is remarkable because several studies suggest that HIV+ and at-risk individuals have high rates of substance use. Therefore, the goal of this project is to assess the impact of SBIRT for harmful alcohol use, illicit drug use, and opioid analgesic use in an HIV primary care setting at San Francisco General Hospital's Positive Health Program (PHP). Specifically, the project aims to examine and compare the feasibility, acceptability and impact of introducing SBIRT into this clinic population. In addition, this study will compare two different modes of SBIRT administration:

- A self-administered, web-based Personal Health Record
- A provider-administered protocol during clinic appointments

A randomized, two-arm cohort methodology will be used. Three hundred HIV+ clinic patients will be enrolled, and will receive the SBIRT either through the web-based system (called myHERO), or from a provider. Participants will be seen for four study visits (baseline, 1 Month, 3 Months, 6 Months). SBIRT will be conducted at baseline and at six Months.

The screening instruments will include the "Alcohol, Smoking and Substance Involvement Screening Test" and "The Alcohol Use Disorders Identification Test." The screening tool scores and interpretation will be added to the Active Problem List in the patient's electronic medical record, and will alert the provider to the need for follow-up.

The brief intervention and referral to treatment will be delivered by a clinic-based social worker trained in substance use counseling and motivational interviewing techniques. Participants will be assessed at all four visits for the outcome indicators including alcohol and drug use, HIV transmission risk behaviors, and antiretroviral medication adherence.

Significance

Despite research with HIV+ patients showing relationships between drug and alcohol use and increased morbidity, mortality, and HIV transmission risk behaviors, many HIV primary care providers do not address drug and alcohol use with their patients. Enhancing the capacity of the PHP to implement standardized screening for substance use and, when indicated, a systematic approach to brief intervention and referral for more in-depth treatment as needed, has the potential to address preventable health problems among HIV+ clinic patients. More broadly, the project has the potential to reduce morbidity and mortality among HIV+ people, use technological innovation to improve clinic quality of care, and increase engagement of patients in their own health and healthcare.

Project Recruitment Dates: April 2010- October 2010

Project End Date: August 2011