

# UCSF SBIRT Collaborative Education Program

## Program Description

This project develops, implements, and evaluates essential and advanced SBIRT curricula for primary care practitioners, residents, and medical educators. Essential SBIRT curricula focus on assessment and management of alcohol, illicit drugs, and prescription drug abuse in primary care, while advanced curricula focus on the care of often overlooked populations who would benefit from SBIRT, such as older adults, the medically-underserved, and patients with co-morbid conditions such as diabetes, cardiovascular disease, HIV, and hepatitis. Skills most resonant with primary care practice will be emphasized, including rapid screening, brief behavioral interventions, preparing patients for referrals, accessing community resources, and pharmacotherapy.

The greater geographic area served is the San Francisco Bay Area (population approximately 7 million). The target population is the ethnically diverse, urban residents in the city and county of San Francisco (population 780,000). Our UC Primary Care residents see patients at an urban clinic on the UCSF Mount Zion campus, with over 55,000 visits per year. The patients served reflect the ethnic and economic diversity of San Francisco. Approximately 9% of patients are Latino, 12% are African American, 22% are Asian/Pacific Islander, 46% are White and 11% Other. Insurance coverage is also diverse: 57% of patients have commercial contracted care, 28% have Medicare, 11% have MediCal (i.e. Medicaid), and 3% are self-pay.

Our clinic serves the medically disabled and/or elderly, working poor, and lower to middle income patients with fairly serious medical co-morbidities. In our urban setting we are able to serve large groups of African-American and Asian-American older adults. We have chosen to develop SBIRT materials specifically for older adults. Our decision to focus on older adults was driven by 2 main factors; over 50% of our clinic visits are with patients 55 or over and the clear need for SBIRT curriculum in this neglected population.

## Program Model

An interdisciplinary “train-the-trainers” team of SBIRT experts and educational scholars will broaden and deepen the expertise of 20 UCSF primary care educators. Three pedagogies will be used: case-based seminars, experiential clinics, and web-based tools. Longitudinally, learners will traverse increasingly sophisticated SBIRT applications using a primer-reprise approach where previously taught materials are reinforced and elaborated with more advanced content and applications. In years 1-2, 30 adult primary care and 80 internal medicine residents will be intensively trained. In years 3-5, trainings will include all UCSF primary care specialties for a total of over 450 residents in 5 years. New SBIRT materials will address special populations served in these programs—e.g. adolescents (Pediatrics) and women’s health (Ob-Gyn).

Multimodal evaluations will assess learners, learning materials, pedagogy, and overall project impact. Learner outcomes will include changes in awareness, attitudes, knowledge, and, most importantly SBIRT skills. SBIRT skills will be assessed using videotaped standardized-patient encounters in the UCSF Clinical Skills Center and more broadly leveraged through explicit ties to the ACGME required clinical competencies. Project impact will be further evaluated through systems-based practice improvements in all UCSF primary care clinics.

Program dissemination will be facilitated by the strategic relationships of the project team that include the UCSF Dean of GME and CME, the Medical Director for California Dept of Alcohol and Drug Programs and President of the American Academy of Addiction Psychiatry, and the Co-Chair of the NIH/OBSSR Social and Behavioral Sciences Curriculum Consortium. Other strategic partnerships include the California Society of Addiction Medicine, the Mid-Atlantic Addiction Technology Transfer Center, and the NIH Council for Training in Evidence-Based Behavioral Practice.

## Service Features

Service features unique to the UCSF SBIRT Collaborative Education Program include:

1. An early and sustained emphasis on dissemination. Efforts to date include:
  - Presenting a Precourse on “Evidence-Based Behavioral Practices for Primary Care” for the Society of General Internal Medicine.
  - Presenting a poster at the Society of General Internal Medicine regional meeting.
  - CME and DGIM Grand Rounds presentations
  - Presenting to the California Dept. of Alcohol and Drug Programs
2. Using a pre-post test design for evaluating the impact and effectiveness of the SBIRT curriculum: We have created 3 diverse and complex Standardized Patient cases, which reflect a variety of substance use and abuse concerns, and will be administered twice to the current cohort of Primary Care residents. The cases were administered as a pre-test to exposure to the SBIRT curriculum in July and August 2010. The cases will serve as an evaluation of post-SBIRT curriculum exposure in March and April 2011. Content of the cases will be adapted for future Standardized Patient case encounters to be administered to other department residency programs during upcoming project years, beginning with the Primary Care Categorical residents during FY 02.
3. Expanding collaboration efforts with community clinics and service agencies: Following a 2-hour SBIRT orientation presentation for Marin County community health leaders, the Marin County Dept. of Health and Human Services, Division of Alcohol, Drug, and Tobacco Programs invited our group to train clinical staff at the 3 primary Marin community health clinics – Coastal Health Alliance, Marin Community Clinics, and the Ritter Center. One 8-hour intensive SBIRT training program was developed and delivered to an interdisciplinary team staffing the Ritter Center, which focuses on services for the homeless. In addition, a 2-hour operations/implementation training was developed to aid clinic administrators with SBIRT flow. An 8 hour train-the-trainers session was presented in December 2010.

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