

Treatment Research Institute

Annual Progress Report: 2010 Nonformula Grant

Reporting Period

June 1, 2011 – June 30, 2011

Formula Grant Overview

Treatment Research Institute received \$4,493,185 in nonformula funds for the grant award period June 1, 2011 through May 31, 2015. Accomplishments for the reporting period are described below.

Research Project: Project Title and Purpose

Integrating Substance Abuse Assessment and Intervention in Primary Care Settings - The purpose of the proposed studies are to compare screening, brief intervention, and referral to treatment (SBIRT) to a screening protocol which features an expanded intervention (SBIRT+) for addressing substance use in primary care settings in underserved urban neighborhoods. We will implement SBIRT in three primary care centers, and conduct a randomized controlled trial comparing treatment engagement, substance use, and cost-effectiveness outcomes between SBIRT and SBIRT+ for 600 randomly assigned patients who will be followed over 12 months. The proposal features implementation and sustainability evaluations. Completion of this project will enable our team to conclude whether expanded brief intervention is more effective than a standard SBIRT protocol, and whether this expanded intervention is sustainable and cost-effective.

Anticipated Duration of Project

6/1/2011 - 5/31/2015

Project Overview

The broad research objectives of this project are to assess the effectiveness and sustainability of a model of behavioral health integration directly into primary care. This model targets screening, expanded brief intervention, and ongoing monitoring of substance users, and will address significant gaps in scientific understanding of the broad effectiveness of brief intervention for substance use in primary care settings.

Specific Aim 1 - To implement a high fidelity SBIRT protocol with computerized screening technology into three primary care clinics in urban Philadelphia, and to train three behavioral health counselors in an expanded brief intervention protocol (SBIRT+); *Specific Aim 2* - To conduct a randomized controlled trial to assess whether patients assigned to receive SBIRT+ will attend more substance intervention and treatment sessions, demonstrate greater reductions in

drug use, and demonstrate improved medical, employment, legal, and psychiatric function as well as reduced HIV risk behaviors than patients assigned to SBIRT. This trial will also address whether the introduction of SBIRT and SBIRT+ in primary care clinics is cost-effective relative to societal costs; *Specific Aim 3* - To determine whether SBIRT and SBIRT+ are sustainable in primary care clinics as research funding for behavioral health counselors is phased out in Year 4 of the project; *Specific Aim 4* - To conduct a process evaluation of SBIRT+ at the three collaborating clinics consisting of focus groups and structured interviews to assess implementation barriers and workforce attitudinal shifts to help inform methods to further disseminate SBIRT or SBIRT+, should the trial prove it is sustainable and cost-effective; *Specific Aim 5* - To provide a clinical research training environment for graduate and undergraduate students from Lincoln University; this training experience will balance hands-on clinical data collection and didactic training.

After implementing SBIRT as standard practice in three multi-provider primary care clinics which operate in underserved neighborhoods in Philadelphia and training behavioral health consultants in the provision of an expanded version of SBIRT that incorporates ongoing monitoring, we will randomly assign 600 patients to receive: 1) one session of brief intervention (SBIRT) or 2) 2-6 sessions of brief intervention with ongoing telephone monitoring (SBIRT+). Patients will be followed-up every 3 months for 12 months with a multi-dimensional assessment and biological verification of drug use. We will conduct an implementation process evaluation, a sustainability evaluation at study end, and a cost-effectiveness evaluation of the two interventions.

Principal Investigator

Kimberly C. Kirby, PhD
Director, Section on Behavioral Treatments and Applications
Treatment Research Institute
600 Public Ledger Building
150 S. Independence Mall West
Philadelphia, PA 19106-3414

Other Participating Researchers

Adam C. Brooks, PhD, David S. Metzger, PhD, Daniel Knoblach, MA, Karen L. Dugosh, PhD, – employed by Treatment Research Institute
Leslie Hurtig, MPA, Elizabeth A. Byrne, MA, Kate L. Jones, PsyD, JD, Lisa Bond, PhD, Mary Milnamow, BA, Lynne Kotranski, PhD - employed by Public Health Management Corporation
Patricia Gerrity, PhD, RN – employed by 11th Street Family Health Services of Drexel University
Donna L. Torrissi, CRNP, Virginia A. Davidov, LCSW – employed by Resources for Human Development, Inc., Family Practice and Counseling Network
Judith A. W. Thomas, EdD – employed by Lincoln University
Daniel Polsky, PhD – employed by University of Pennsylvania School of Medicine
Holly Hagle, MA, PhD candidate – employed by Institute for Research, Education, and Training in Addictions

Expected Research Outcomes and Benefits

Health Benefit Gains: Individuals who abuse illicit substances comprise a vulnerable population, as they are at greater risk of contracting HIV, experiencing chronic medical conditions and early mortality. The participants in this research, and by extension, the non-participants at the collaborating clinics in which this project is hosted, will be exposed to an intervention which should reduce illicit substance use, promote greater treatment engagement in specialty care, and improve their general medical outcomes.

Scientific Knowledge Gains: This project will address a gap in the scientific literature regarding a model of behavioral health integration that has been shown to effectively address alcohol abuse, but has not been rigorously studied in the case of illicit drug use. The research project is powered to detect potential differential effects of two interventions on harder illicit drug users (such as heroin and cocaine users) compared to primary marijuana users and primary alcohol users. The research project will improve implementation knowledge, and will include a robust assessment of the intervention's cost-effectiveness and sustainability.

Collaborative Gains: This project will provide a vehicle to foster a growing collaborative relationship between scientists at the Treatment Research Institute (TRI) and the University of Pennsylvania with scientist-practitioners from the Public Health Management Corporation, Drexel University Health Services, and the Family Practice and Counseling Network in Federally Qualified Healthcare Center settings. These relationships will provide bi-directional knowledge transfer, as scientists from TRI will be able to share broad behavioral health treatment knowledge with the primary care providers, and the providers will be able to shape future research efforts; we envision future and ongoing collaborative projects and grant applications.

Educational Gains: Students from Lincoln University will experience a broad and enriching internship in health systems and clinical research that will lead many of them to pursue careers in health research.

Summary of Research Completed

We received authorization from the Pennsylvania Department of Health to begin work on our research project on June 17, 2011. During this reporting period we received approval from our primary IRB, the Treatment Research Institute IRB, and began to establish subaward agreements with our partners. We formed an initial working group consisting of the Principal Investigators of each of the projects associated with Specific Aims 1 through 5, and this group set the agenda and opening issues for the Steering Committee to address at their first meetings. We also began the process of setting initial agendas for the Community Advisory Board.