

Implementing substance use screening in rural federally-qualified health centers: Results from focus groups

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BACKGROUND and INTRODUCTION

Alcohol and drug use disorders are among the top 10 causes of preventable death in the United States, and only a small fraction of individuals with unhealthy substance use are served by the specialty addiction treatment system. Individuals are rarely screened, assessed or treated for substance use in mainstream healthcare settings such as primary care clinics and other office-based practices. While mainstream settings represent an ideal place and context to identify substance use and initiate treatment, efforts to integrate substance use screening into routine medical care have largely fallen short. This represents a tremendous missed opportunity to improve population health.

The National Drug Abuse Treatment Clinical Trials Network (CTN) initiated a multi-phase study to examine the use of electronic health records (EHR) to support delivery of screening and interventions to address substance use in primary care clinics. An ancillary study was initiated to integrate screening and clinical interventions for unhealthy alcohol and drug use into federally-qualified health centers (FQHCs) in rural Maine.

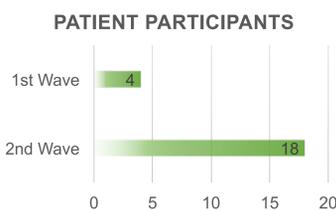
STUDY AIM: Define barriers and facilitators to the adoption of substance use screening and clinical decision support in the FQHC's EHR.

METHODS

Twelve focus groups were conducted during Phase 1 of the ancillary study with primary care providers (PCPs), medical assistants (MAs) and patients at three FQHC primary care clinics of Penobscot Community Health Care in the Bangor, Maine, region.

Recruitment followed the approach of the parent study, conducted in large urban areas, and included advance email for PCPs and MAs, and waiting room recruitment for patients. Initial recruitment for all patient focus groups fell short (n=4) of the enrollment goal (n=30). Clinic patients told research staff that advance notice was necessary in order to organize transportation to participate. A second wave of focus groups for patients was conducted, using alternative recruitment strategies including:

- One-week advance notice to all patients at the participating clinics;
- Timing the focus groups around available ride shares and transportation;
- Educating clinic staff (especially front desk staff) to encourage patients to attend;
- Pizza



In the second wave of patient focus groups, an additional 18 patients participated.

Study participants completed brief demographic screening forms and participated in a 45-minute focus group. The focus group guides for MAs and PCPs primarily addressed anticipated key implementation issues including where screening should occur, who should administer the questionnaires, which substances should be identified, and modality of screening, while guides for patient focus groups focused more on the acceptability of screening.

The focus groups were audio recorded and transcribed verbatim. Transcripts were then coded in Atlas.ti and **thematically analyzed** by two members of the research team. Analysts resolved discordant coding through discussion. and Kappa estimates for interrater reliability ranged from 0.72-0.78.

DEMOGRAPHICS

	Focus groups	Participants	Participating PCPs were licensed Physicians Assistants (31%), Nurse Practitioners (31%), MDs (19%), DOs (6%), and Others (13%).
PCPs	3	16	
MAs	3	21	
Patients – 1 st wave	3	4	
Patients – 2 nd wave	3	18	
Total	12	59	

	PCPs	MAs	Patients
Age <i>m[sd]</i>	44.9 [13.0]	42.3 [10.6]	44.0 [16.4]
Gender <i>n</i> (%)			
Male	5 (31.3%)	0 (0.0%)	9 (40.9%)
Female	11 (68.8%)	21 (100%)	13 (59.1%)
Race – White <i>n</i> (%)	16 (100%)	19 (90.5%)	19 (86.4%)
Not Hispanic/Latino <i>n</i> (%)	16 (100%)	21 (100%)	22 (100%)
Years in profession <i>m[sd]</i>	15.3 [13.7]	11.6 [11.3]	N/A

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RESULTS

Facilitators of Screening

- Importance of treating the whole patient
- Universal screening
- Screen at the annual visit
- Embed with other screening forms
- PCPs should ask sensitive questions
- Self-reported screening approach

Representative Quotes

"We need to treat this just like these are our people, just like we treat any other chronic conditions. We need to be there to help them with this, and who better? This is our community." (Importance of treating the whole patient) PCP

"Asking everyone may make people feel less targeted." (Universal screening) Patient

"If you were to leave this for an annual visit, it would be reasonable to think that most patients would have it done once a year." (Screen at the annual visit) PCP

"I'm just thinking that with the depression screen that we're doing too, that that's a good place to include these kinds of questions too, because usually ... it's related." (Embed with other screening forms) PCP

"They're looking at us [the MA] like 'Who do you think you are?' instead of the provider being the one asking the questions." (PCPs should ask sensitive questions) MA

"Well, if you're filling out a piece of paper, you don't feel judged." (Self-reported screens) Patient

Barriers to Screening

- Time pressure
- Providers lack training in SUD treatment
- Concerns about privacy
- Information sensitivity
- Stigma
- Patients lack a connection with PCP
- Lack of confidence in PCP's ability to treat

Representative Quotes

"The primary barrier is time." (Time pressure) PCP

"I can tell you there are a lot of providers that when they find out somebody is an alcoholic, or that somebody has a substance use disorder, particularly an opiate use disorder, they feel frozen with fear, because they're just not sure what to do next." (Providers lack training in SUD treatment) MA

"A lot of things will be hacked. What if the system is down and won't work for you? It's not personal, though, if an electronic tablet. You can take this [paper form] home, just like this young lady said, and then you can throw it in the wood stove or feed it to your mom or your rabbit. Well, not your mom, but your rabbit." (Concerns about privacy) Patient

"They're more iffy about that than telling me about their private parts, you know? It's more private to them than their actually private body parts." (Information sensitivity) PCP

"When I was drinking heavily, when I would get asked, it's that fear that you're going to get judged and you're not going to get that medical treatment you desperately need because you're in fear of being judged." (Stigma) MA

"These days, the role of the doctor's changed so much and we're no longer as close to the doctor as we used to be." (Patients lack a connection with PCP) Patient

"That's a thing on [an] individual basis, they have to trust the health provider that they have. ... It's a question of helping them for the minute, or helping them for the long run. They can help them for the minute, now the question is what can they do for them for the long run? And I don't think that they trust people here enough to go for the long run." (Lack of confidence in PCP's ability to treat) Patient

CONCLUSIONS

- Patients, MAs, and PCPs largely expressed similar opinions regarding barriers and facilitators of screening. Overall, focus group participants felt that **screening for substance use was valuable and feasible** if appropriately tailored to clinical workflows. Barriers could be addressed by providing additional training to staff in regards to treating SUDs and non-stigmatizing ways to discuss screening results with patients, and clinic transparency regarding the security of electronically stored screening results.
- It is important to include patients in discussions about implementation of screening forms that may impact their health care visits; the challenge of enrolling patient participants in focus groups must be tailored to fit the target population. Recruitment strategies must account for local barriers such as transportation and minimal experience participating in research.