

health sphere

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Seizing the Moment

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substance abuse through ED visits



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Treat 'em and street 'em. For the overburdened emergency department in an urban hospital, it's a bluntly stated approach to patient management geared toward speed and efficiency rather than long-term health goals. Stitch the wound, examine the back pain, medicate the headache, and wheel in the next patient.

But a growing body of evidence suggests that—for substance abusers in particular—a visit to the emergency department offers a rich opportunity to help address and change harmful behavior that threatens patients' health, disrupts their lives, and is often the underlying cause for repeated visits for emergency care.

At Boston Medical Center (BMC), the husband-and-wife team of Edward and Judith Bernstein has been pioneering a simple but effective intervention that employs compassion, skilled listening, and the patient's own desire to change. Screening, Brief Intervention to Referral and Treatment—known as SBIRT—has long been recognized within the field of substance-abuse treatment as a relatively low-cost but effective strategy for promoting healthier behaviors; the Bernsteins have adapted the technique for use in emergency departments.

“In the ten years we have been doing this work, we have found that a guided series of questions—delivered to patients in a nonthreatening, caring manner as part of routine health care—can help patients find the will to break the cycle of alcohol and drug abuse and dependency,” says Ed Bernstein, MD, who has been an emergency physician for 32 years. “They are in the emergency department already, so why not take advantage of this moment to really improve their health?”

Dr. Bernstein is a professor of emergency medicine at BU School of Medicine and a professor of social and behavioral sciences at BU School of Public Health. Judith Bernstein, RNC, MSN, PhD, is an associate professor of maternal and child health at BUSPH and associate professor of emergency medicine at BUSM. Together, the couple runs the Brief Negotiated Intervention and Active Referral to Treatment (BNI-ART) Institute in affiliation with BUSPH's Youth Alcohol Prevention Center. The institute trains health care professionals in how to screen for and conduct brief negotiated interviews and referrals to treatment. In the past decade, the Bernsteins have used the innovative approach effectively at Boston Medical Center, in the emergency departments of public hospitals in New York City, and at 14 national demonstration sites for the National Institutes of Health.

“What we have done is create a different model for providers who are themselves in a very stressful setting,” says Ed. “Even in as little as 15 minutes, people trained in the right approach can ask a series of questions that can help a patient take that next step toward treatment and recovery.”

Believing that the Bernsteins' techniques in intervention can effect change in emergency departments across Massachusetts,



Teams of emergency department staff from seven hospitals in the Commonwealth are receiving training in SBIRT techniques with \$2.25 million in funding from the Massachusetts Department of Public Health. Here, a session with staff from Children's Hospital is led by Ed Bernstein (at right).



the Bureau of Substance Abuse Services at the Massachusetts Department of Public Health (MDPH) awarded the BNI-ART Institute a three-year, \$2.25 million grant (\$750,000 a year) to train the staff of seven hospital emergency departments across the Commonwealth.

“Identifying patients who have serious substance-abuse issues in emergency departments and within other health care settings and referring them to appropriate care is not only good for the patient but reduces demand for critical emergency services,” noted the Massachusetts Department of Public Health Commissioner Paul Cote in July 2006 when he announced the bureau’s award.

The seven hospitals chosen for SBIRT training are Athol Memorial Hospital, Athol; Children’s Hospital, Boston; Heywood Hospital, Gardner; Mercy Hospital, Springfield; South Shore Hospital, Weymouth; St. Anne’s Hospital, Fall River; and Whidden Hospital, Everett. Chosen among 26 applicant hospitals, these seven facilities were selected based on the strength of their implementation plans and their overall commitment to keeping the program going.

Teams from each hospital spent three days last fall observing the operation of BMC’s emergency department and attending training sessions conducted by BNI-ART Institute staff; under the guidance of the institute’s educational team, the hospitals are now setting up individual programs in their own facilities. The training provided by the Bernsteins to emergency department staffs—doctors, nurses, and health promotion advocates who are employed as part of the MDPH grant—emphasizes changing the doctor–patient dynamic by putting the patient’s own health concerns at the center of the treatment plan.

“Emergency medical training is very focused on doing procedures, saving lives—immediate solutions,” Judith explains. “Conducting person-to-person interviews on sensitive subjects is not a simple thing to do, especially for medical professionals because for a person who has been trained to be an expert, it is hard to listen. And the time pressures can make it difficult to have an honest conversation that is clinically meaningful.”

By contrast, the SBIRT approach is patient-centered, which means listening for cues rather than forcing treatment. “When a physician says to a patient, ‘What is it about the drugs you are using that you like?’ the doctor is signaling a willingness to listen because what a patient thinks and feels is important,” says Judith. “The brief negotiated interview toolbox makes it easier for doctors and nurses to talk heart-to-heart with patients about changing behaviors that have an adverse effect on health.”

Married since 1964, the Bernsteins were working with schools in and around Albuquerque, New Mexico, in the early 1990s when they had a profound insight about how the SBIRT approach could benefit emergency department patients. They developed a program to work with middle-school students from pueblos and rural communities in order to test standard anti-drug and alcohol curriculum against a personal, interactive structured experience. Using nursing and medical students as mentors, the program in New Mexico exposed the middle schoolers to emergency department patients who had problems with alcohol and drugs.

“We watched as these kids interviewed the patients, people from their own communities,” recalls Judith. “They showed so much concern for the patients—so much interest in their lives—and spoke to them so much more respectfully than did the staff.

“The brief negotiated interview toolbox makes it easier for doctors and nurses to talk heart-to-heart with patients about changing behaviors that have an adverse effect on health.”—Judith Bernstein, RNC, MSN, PhD



We had to ask ourselves, What is missing in the interaction between professionals and patients?”

This insight became the foundation of Project ASSERT, an intervention and treatment program launched by the Bernsteins at Boston Medical Center in 1994. Recently, Ludy Young, a Project ASSERT team member, demonstrated the patient-centered approach when she talked with a man in his mid-40s who had come to the emergency room complaining of an acute stomach ache. While he was waiting to be seen by a doctor, Young introduced herself as a health promotion advocate and asked a few questions to break the ice with the goal of getting him to open up about his health concerns. In a nonjudgmental tone and while making eye contact, she asked the patient how much he drank or what type of drugs he took.

“In our conversation it came out pretty quickly that this gentleman had a serious drinking problem that was bothering him, unrelated to the stomach ache,” Young says. After the doctor’s examination, Young continued her conversation with the patient, who then confided to her that his drinking had spiraled out of control after his brother had been murdered and his mother had taken ill.

“Once I was sure he was open to the idea of treatment, I offered him a number of options,” she says. “He asked to go into treatment that night, and right then and there we found him a detox bed.”

In these encounters, health promotion advocates use a one-page medical survey as a guide to begin an open-ended conversation with a patient.

“We might start with ‘How about taking a break?’” says Moses Williams, Young’s colleague at BMC. “Then we continue with questions that relate more directly to their current health status.” To get the patient to focus on his or her own sense of well-being, the health promotion advocates also ask, “In the last month, how often have you felt there is nothing to look forward to?”

Once advocates have worked through the questionnaire, if necessary they will actively help a patient focus on the details of a treatment plan, whether that includes finding a bed in a rehab facility or making a follow-up doctor’s appointment. The model also calls for the patient advocate to touch base with the patient four weeks later; in addition, the Project ASSERT team runs a weekly support group and offers help to former patients on a drop-in basis.

Nancy O’Rourke, director of emergency services and acute care at Heywood Hospital in Gardner, said the SBIRT program has the potential to change the entire emergency department atmosphere.

“Before, all we were doing was handing our at-risk patients a piece of paper with some telephone numbers on it,” O’Rourke observes. “When options are limited, patients who become hostile and verbally abusive can create an atmosphere that reduces the quality of patient care for everyone else in the emergency department.”

So, what are the long-range benefits for patients who undergo SBIRT intervention in the emergency department? A study conducted by the Bernsteins of Project ASSERT patients from 1995–96 revealed a 65-percent reduction in alcohol and drug consumption (and—significantly—their consequences) among patients who had participated in the program. Another study, conducted by the Academic–Emergency Department SBIRT Collaborative (a group of trained practitioners at 14 sites around the country) also showed promising results. Three months after



An interdisciplinary collaboration, the Project ASSERT team includes staff from BUSPH, Boston University School of Medicine, and Boston Medical Center. For more information, visit www.ed.bmc.org/sbirt/institute.htm.

intervention, 39 percent of emergency patients who were considered to be at high risk for dependent behavior were drinking within the low-risk guidelines established by the National Institute on Alcohol Abuse and Alcoholism (NIAAA), compared to 19 percent of the control group.

Other studies have shown improvements for drug-dependent patients as well. In a randomized control trial conducted by the Bernsteins among cocaine and heroin users through ASSERT's Project Link that used hair analysis to determine abstinence, 22 percent of cocaine users in the intervention group were abstinent at six months compared to 17 percent of the control group; among heroin users, 40 percent of the intervention group remained abstinent compared to 30 percent of the control group. Following the study's publication, Nora Volkow, MD, director of the National Institute of Drug Abuse, wrote in an NIDA publication, "This type of intervention provides true benefits in reducing cocaine and heroin abuse; it also suggests that peer interventionists can play an important role in busy clinical environments."

The fact that 26 Massachusetts hospitals submitted applications to participate in this first round of recent MDPH funding does not surprise Ed Bernstein, who sees a growing desire among medical professionals to receive this kind of training in a state where the need is acute. Indeed, according to the 2004 National Survey on Drug Use and Health by the Substance Abuse and Mental Health Services Administration, Massachusetts ranks second of 50 states in alcohol use among residents age 12 years old and older. And while an estimated 8 percent of Massachusetts' emergency patients are drug- or alcohol-dependent, 26 percent are estimated to be using substances at levels that put their health at risk. Also, as other statistics suggest, the need for services takes a heavy toll on the medical system: at Springfield's Mercy Hospital, for example, 6.9 percent of emergency visits were substance-abuse related; those patients occupied nearly 20 percent of the hospital's beds.

"We believe there is a natural process of change in people, and when people have a chance to talk about their use of drugs and alcohol, that opens the door to change," says Ed. "You might say that we are giving these patients a prescription for change." ::