Introduction

Only 17.45% of persons in the US with substance use disorder (SUD) will receive treatment (SAMHSA, 2018).

Little to no consistency of SUD screening in primary care

Purpose & Aims

1. Improve rate of SUD screening for new and existing patients that visit within 2 months of intervention implementation
2. Improve provider follow-up rate for patients that screen positive for SUD as measured by a 2-month pre- and post-intervention implementation chart review

Methods: QI

Setting
- Adult Primary Care Clinic for Patients Without Insurance

Samples
- Sample 1 (Pre-intervention): All patients during Nov-Dec 2019
- Sample 2 (Post-intervention): All patients during Nov-Dec 2020

Evaluation
- Chi-Square tests using SPSS

Intervention

Substance Use Brief Screen (SUBS): Self-Administered Screening Tool

Baseline Characteristics

Sample 1 (Fall 2019, N=119)
- Median age: 51.5 years
- Ethnicity: 73.9% Black, 11.8% White, 2.5% LatinX, 6.7% Indigenous, 4.3% Other

Sample 2 (Fall 2020, N=80)
- Median age: 53.5 years
- Ethnicity: 70% Black, 9.1% White, 1.3% LatinX, 0% Indigenous, 10% Undisclosed

Results

% of Patients Screened for Substance Use

% of Positively Screened Patients That Received Provider Follow-Up

Conclusion

SUBS tool significantly increased screening rate but not provider action

Further research needed on lack of provider follow-up (education, stigma)

True efficacy is difficult to measure during a global health crisis

References Available Upon Request

Improve rate of SUD screening for new and existing patients that visit within 2 months of intervention implementation

Improve provider follow-up rate for patients that screen positive for SUD as measured by a 2-month pre- and post-intervention implementation chart review

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