

# Implementation of a Multi-item Craving Assessment to Improve Clinician-to-provider Referral for Medication Assisted Treatment

Susan Gripp, BSN, RN, DNP Student  
University of Missouri, Columbia

## INTRODUCTION

- Drug cravings are an important consideration in the treatment of addiction across substances of abuse and have been identified as a potential indicator for risk of relapse (American Psychiatric Association [APA], 2013; Sayette, 2016).
- Craving-specific assessments are designed to measure craving frequency and intensity and can be used to inform the prescribing and effectiveness of medication assisted treatments (MAT) (Sayette, 2016; Substance Abuse and Mental Health Services Administration [SAMHSA], 2019).
- Although MAT therapies have been shown to be effective in reducing the physiological impact of drug craving, MAT continues to be underutilized (Medicaid and CHIP Payment and Access Commission [MACPAC], 2019; SAMHSA, 2020).
- In non-private drug treatment programs, access to MAT therapies is a required component of programming or accreditation (Commission on the Accreditation of Rehabilitation Facilities [CARF], 2020; MACPAC, 2019; National Institute of Drug Abuse [NIDA], 2019; SAMHSA, 2020).

## PURPOSE AND PICOT

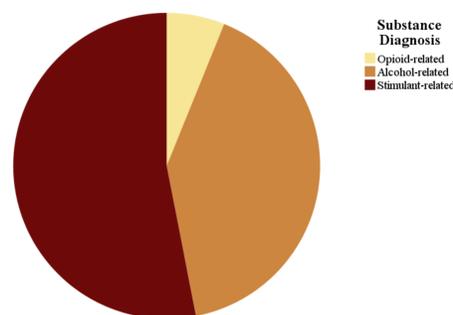
- The purpose of this quality improvement (QI) project was to improve the rate of identification of significant drug craving and referral to MAT providers through the implementation of a multi-item drug craving assessment and SBAR tool.
- In an inpatient drug treatment program (P), does a multi-item assessment for cravings and implementation of an SBAR tool (I), compared with current practice (C), affect the rate of referral for MAT evaluation and improve clinician-to-provider communication (O) within a period of three months (T)?

## OBJECTIVES

1. 10% increase in clinician to provider referrals for MAT evaluation
2. 10% increase in the use of a multi-item craving-specific assessment tool during weekly counselling sessions
3. 10% increase in clinician to provider satisfaction of communication structure and consistency

## SETTING & PARTICIPANTS

- Not-for-profit residential drug treatment program for women serving approximately 275 women annually (St. Monica's, 2020)
- 19-years of age or above with a diagnosis of opioid dependence, stimulant dependence, alcohol dependence, or nicotine dependence



## MATERIALS AND METHODS

### Design

- Descriptive design with pre- and post-implementation data collection

### Measures

- Nominal level data analysed using descriptive statistics and the Chi-square Test of Independence.
- *Phi* coefficient with values .10, .30, .50 corresponding to small, medium, and large
- Statistical significance defined as  $p < .05$

### Tools

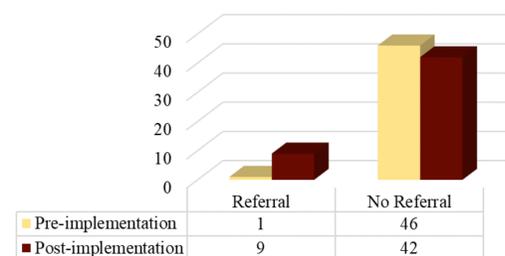
- Multi-item drug craving assessment adapted from the Opioid Craving Scale and Cocaine Craving Scale (McHugh et al., 2014; Weiss et al., 1997)
- SBAR communication tool (IHI, 2020)
- Clinician and provider satisfaction with communication three-item survey using Likert scale responses

### Intervention

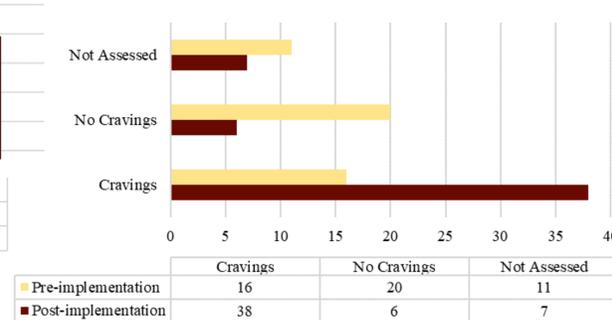
- SBAR tool and introduction to the project was communicated via email and a Zoom meeting prior to beginning use of the craving assessment tool
- Baseline chart review for three months prior to project implementation
- Multi-item drug craving assessment administered to all inpatient clients during weekly counseling sessions over three-month period
- Chart review for project data collection at 3 months post-implementation
- Clinician and provider satisfaction with communication survey collected from staff at baseline, 6 weeks, and 3 months post-implementation
- Staff incentives mailed to agency following conclusion of final staff survey

## RESULTS

Referral for MAT Evaluation



Client Report of Drug Cravings



- Moderate increase between pre- and post-intervention groups,  $\chi^2 (1, n = 10) = 6.429, p = .011, \Phi = .3$ 
  - 89.8% ( $n = 88$ ) of both pre- and post-intervention groups had no documentation of referral or need for MAT evaluation due to variations in charting practices and referral communication
- Statistically significant 60.2% rate of use during weekly counseling sessions,  $\chi^2 (1, n = 59) = 59.699, OR = 4.91, p < .001, \Phi = .8$
- 40% ( $n = 5$ ) overall satisfaction pre-implementation and 50% ( $n = 4$ ) post-implementation
- Statistically significant moderate to large increase post-implementation for participants report of the presence of drug cravings,  $\chi^2 (2, n = 18) = 17.256, p < .001, \Phi = .4$
- Small to moderate increase post-implementation for MAT prescriptions,  $\chi^2 (1, n = 15) = 3.217, p = .073, \Phi = .2$

## RESULTS

- Demographics
  - No statistically significant differences between groups for race ( $p = .47$ ), mean age ( $p = .90$ ), level of education ( $p = .66$ ), insurance ( $p = .99$ ), primary or secondary programming admissions ( $p = .10$ ), presence of outside support systems ( $p = .35$ ), or legal system involvement ( $p = .25$ )
  - Statistically significant moderate to large increase post-implementation for participants remaining active in treatment or successfully completing treatment ( $p = .002, \Phi = .4$ )

## CONCLUSIONS

- Primary objective of increased MAT referrals by 10% was met
- Secondary objectives of increased use of multi-item craving assessment by 10% and increased staff satisfaction with communication by 10% were met
- Recommendation made for continued use of multi-item craving assessment tool to inform clinician-to-provider referrals
  - May be used to monitor effectiveness of MAT
  - May be used as an educational tool to inform clients of drug cravings impacting treatment outcomes for development of insight into triggers and coping skills

## ACKNOWLEDGEMENTS

Acknowledge the following:

1. Dr. Jane Bostick, RN, PhD, PMHCNS-BC, project committee chair
2. Dr. Nancy Birtley, DNP, APRN, PMHCNS-BC, PMHNP-BC, project committee member
3. Dr. Dianna Clyne, MD, project committee member
4. St. Monica's Behavioral Health, project site
5. Dr. Jan Sherman, RN, NNP-BC, PhD, statistical consultation

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