

At-Risk in Primary Care

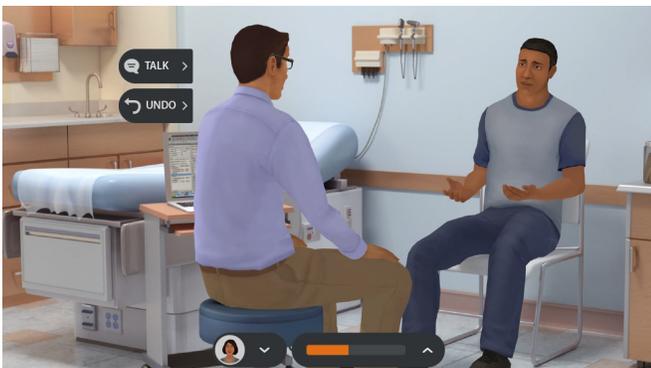
A Longitudinal Study with 877 Health Professionals

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PRODUCT DESCRIPTION

At-Risk in Primary Care is an online, evidence-based learning experience designed to provide primary care providers with improved ability to screen patients for substance use and mental health disorders, and conduct brief behavioral interventions using motivational interviewing (MI) to help motivate patients to improve health behaviors.

The simulation was developed by Kognito with input from nationally recognized subject matter experts. The simulation has been accepted into SAMHSA's National Registry of Evidence-Based Programs and Practices (NREPP) and is approved for 1.50 CME AMA PRA Category 1 Credits™ and 1.50 ANCC CNE contact hours. A demo can be viewed at www.kognito.com.



Snapshot of Kognito's *At-Risk in Primary Care*

"I liked the interactive aspect with the patients. I thought it was realistic and gave practice vs. just reading about do's and don'ts."

- Physician

SUMMARY OF STUDY RESULTS

- 1. Increase in Preparedness (Knowledge and Skills)**
This study found a statistically significant increase ($p < 0.001$) from pre-simulation to 3-month follow-up in knowledge and skill to: (1) screen patients for substance use and mental health disorders using validated tools, (2) collaboratively discuss treatment options, and (3) build intrinsic motivation in patients to adhere to a treatment plan.
- 2. Improved Behavioral Intent**
Statistically significant increase ($p < 0.001$) from pre-simulation to 3-month follow-up in participants' likelihood to engage in screening and in managing the treatment of patients who exhibit signs of mental health disorders and substance use.
- 3. Improved Rates of Screening and Brief Intervention**
Statistically significant increases ($p < 0.05$) of 48% to 139% in the number of patients with whom participants conducted a screening, a brief intervention, or a referral to treatment for substance use or mental health.
- 4. Satisfaction with the simulation**
Participants highly ranked the simulation's learning experience and design. Ninety-nine percent rated it as "good" to "excellent" and 95% would recommend the simulation to their colleagues. Over 95% of nurses taking the simulation for CNE credit agreed or strongly agreed that the training was useful for their professional practice, and 93% agreed or strongly agreed that the training enhanced their knowledge and skill as a healthcare provider.

SUBJECTS AND METHODS

The study was conducted between December 2014 and June 2018 with 877 participants. The sample included health professionals (doctors, nurses, nurse practitioners) and mental health professionals. Seventy-three percent of participants were female and 43.5% reported prior training in screening for mental health disorders and substance use. Participants' average number of years of

experience working in a primary care setting was four years. Additional demographic information is shown in Fig. 1. After completing a baseline survey, participants were directed to take the simulation immediately followed by a post-simulation survey and, three months later, a follow-up survey.

Fig. 1: DEMOGRAPHICS

Job Role



Race/Ethnicity



Credentials received for training



Years of experience working in a primary care setting



RESULTS

1. Knowledge and Skills

Participants rated their preparedness on a range of measures using a 5-point Likert scale ranging from very low (1) to very high (5). The study found statistically significant increases from baseline to post-simulation ($p < 0.001$) and from baseline to 3-month follow-up ($p < 0.001$) in all items related to knowledge and skills, which are represented in Fig. 2 as a composite measure of Preparedness. Items in this composite surveyed participants' preparedness to: (1) identify risk factors and warning signs of substance use or mental health disorders, (2) recognize when a patient is exhibiting signs and symptoms of substance use or mental health disorders, (3) screen patients for substance use and mental health disorders using validated tools, (4) discuss options for harm reduction and/or treatment with patients, (5) engage in collaborative decision-making with patients, and (6) build intrinsic motivation in patients to adhere to a treatment plan.

2. Behavioral Intent

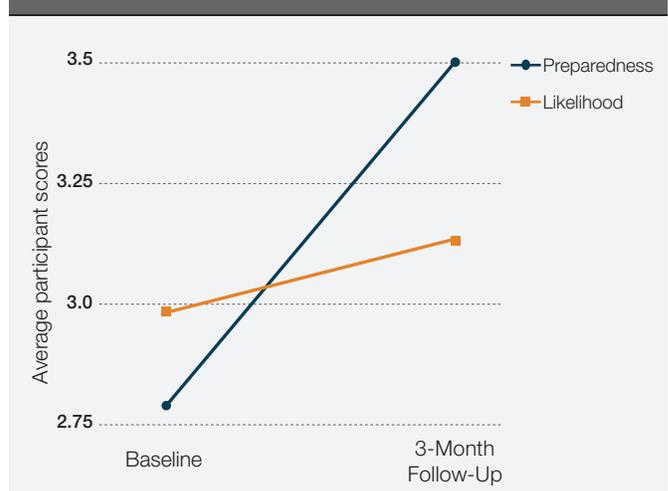
The study found statistically significant increases from baseline to post-simulation ($p < 0.001$) and from baseline to 3-month follow-up ($p < 0.001$) in the likelihood that participants will engage in screening and in managing the treatment of patients for mental health and substance use.

3. Behavior Change and Referral Rates

To assess behavior change, participants responded to items in the pre- and follow-up surveys where they were asked to approximate the number of patients over the past two months who they: 1) screened for mental health disorders or substance use, 2) engaged in a brief intervention for mental health disorders or substance use, and 3) referred to treatment for mental health disorders or substance use. These increases are indicated in Table 1.

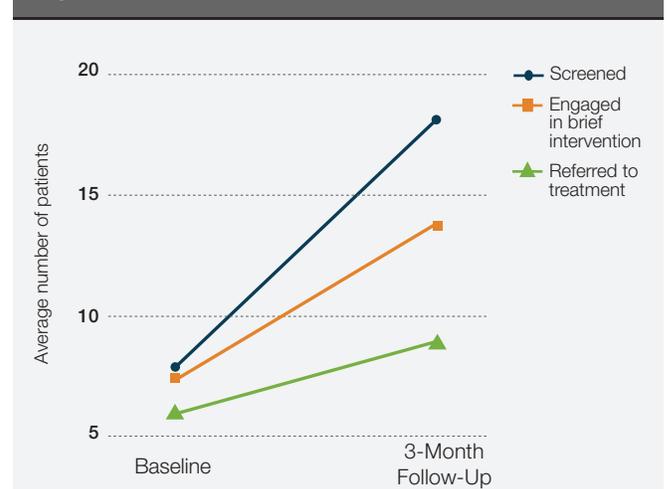
Study participants reported statistically significant increases ($p < 0.05$) at 3-month follow-up in terms of the number of patients they screened and engaged in brief interventions regarding their mental health or substance use (Fig. 3). All but one item (referrals to treatment) was statistically significant, suggesting that helpful behaviors are significantly higher at follow-up compared with baseline. Specifically, there was an increase of 84.5% in the number of patients engaged in brief interventions and 48.3% in the number of patients referred to additional services or specialist treatment (Table 1).

Fig. 2: KNOWLEDGE AND SKILLS



Changes in knowledge and skills from baseline to 3-month follow-up point

Fig. 3: BEHAVIOR CHANGE



Changes in the number of patients that participants screened, engaged in brief intervention, and referred to treatment

Table 1: BEHAVIOR CHANGE

Average number of patients that participants...	Baseline	3-Month Follow-Up	Percent change
Screened in the past 2 months	7.54	18.08	139.8%
Engaged in brief intervention in the past 2 months	7.43	13.71	84.5%
Referred to treatment in the past 2 months	6.00	8.90	48.3%

4. Satisfaction and Learning Experience

Participants highly ranked the simulation’s learning experience and design. For example, 99% rated it as “good” to “excellent” and 95% said they would recommend the simulation to their colleagues. 95% of nurses taking the

simulation for CME or CNE credit agreed or strongly agreed that the training was useful for their professional practice, and 93% agreed or strongly agreed that the training enhanced their knowledge and skill as a provider (Fig. 4).

Fig. 4: PARTICIPANT RATINGS

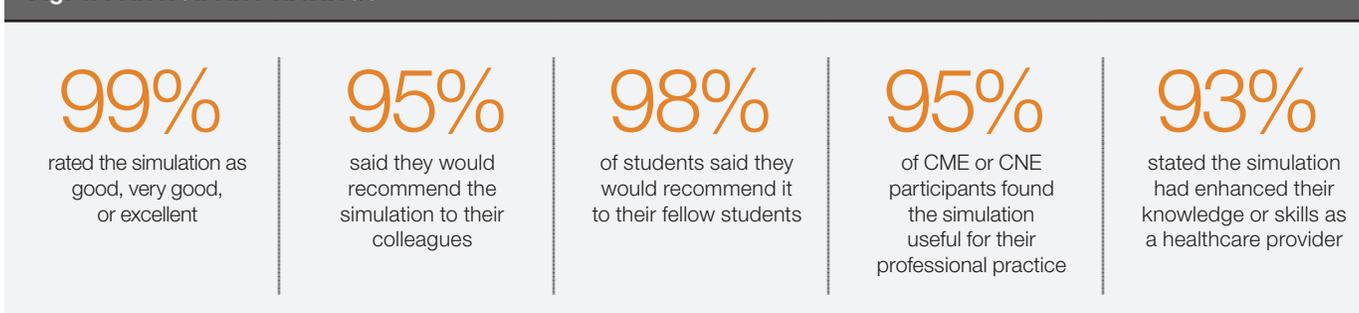
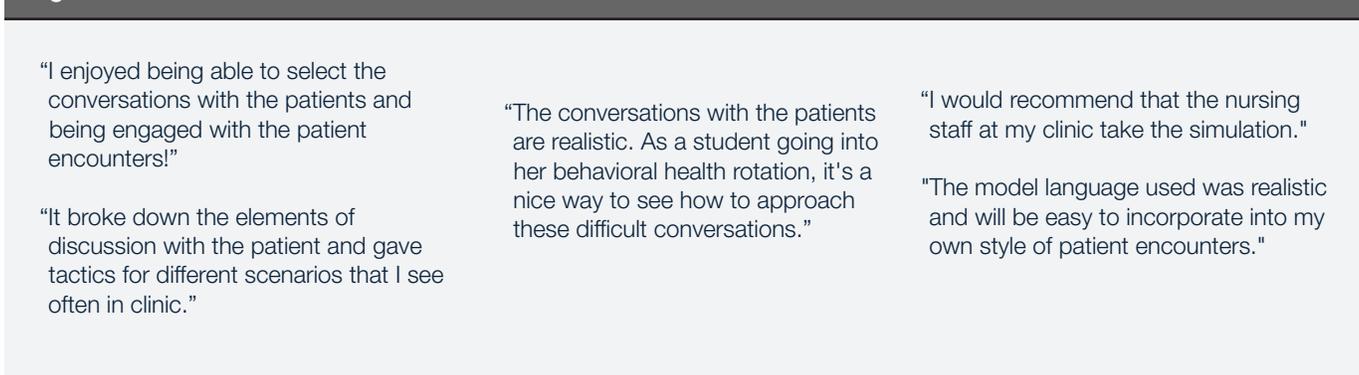


Fig. 5: PARTICIPANT FEEDBACK



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