De Paul Treatment Centers

SBIRT Collaboration De Paul and Legacy

Project Aim

To provide Screening, Brief Intervention and Referral to Treatment (SBIRT) to Legacy primary care patients from two of the Legacy busiest clinics (Good Samaritan and Northwest) through co-locating a substance use disorder (SUD) counselor at the two clinics integrating SUD counseling with the care management teams.

SBIRT Model
Outcomes

1. Hire a full-time SUD counselor to provide services at two Legacy primary care locations
2. Legacy clinics will screen approximately 5,000 primary care patients for SUD using the annual screen
3. De Paul SUD counselor will provide 750 patients with brief intervention
4. Provide referrals to De Paul’s and other community based programs

Mr. Smith’s Semi-Annual Office Visit

- 67 y.o. male, married, retired truck driver
- Came for annual check up and hypertension check up
- Drinks 3-4 times a week two mixed drinks but recently drank five drinks and could not remember anything the next day
- Afraid of becoming an alcoholic like his father
- Did not want to go to AA. But was glad to get booklet on “Rethinking Drinking” and “Moderation Management” website

Is Your Alcohol Drug Use Affecting your Health?

As Legacy Health, we continually strive to provide the most comprehensive care for you. In order to provide the best possible care, it is important to understand your health. We encourage you to receive regular check-ups and screenings. In this office visit, we can help you understand the impact of alcohol and drug use on your overall health. Let’s take a moment to reflect on your health and lifestyle.

- Do you have any questions or concerns about your health?
- Have you made any changes to your lifestyle in the past few months?
- Have you considered seeking support or help for alcohol or drug use?
- Do you have any family history of alcohol or drug use?
- Are there any medications or supplements you are currently taking?
- How do you feel about your overall health?
- Do you have any goals or aspirations for your health?
- Do you have any concerns about your health?
- Would you like to discuss any other topics?

The answers to these questions will help us provide you with the best possible care and support. We are here to help you improve your health and well-being.
Risk Level Intervention
AUDIT Score

• Zone I Alcohol Education 0-7
• Zone II Simple Advice 8-15
• Zone III Simple Advice plus Brief Counseling
• and Continued Monitoring 16-19
• Zone IV Referral to Specialist for Diagnostic 20-40

Data from April 1, 2012 through August 31, 2012

<table>
<thead>
<tr>
<th>Site</th>
<th>Patients seen</th>
<th>#SUD screens</th>
<th>% screens</th>
<th># positive screens</th>
<th>% SUD positives</th>
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<tbody>
<tr>
<td>Good Samaritan</td>
<td>1897</td>
<td>424</td>
<td>22%</td>
<td>57</td>
<td>13%</td>
</tr>
<tr>
<td>Northwest</td>
<td>6744</td>
<td>819</td>
<td>12%</td>
<td>135</td>
<td>16%</td>
</tr>
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<td>8641</td>
<td>1243</td>
<td>14%</td>
<td>192</td>
<td>15%</td>
</tr>
</tbody>
</table>

Total Encounters with Resource Specialist: 72
Total Brief Interventions: 55 total
Project Combined AUDIT and DAST Zone Distribution

Encounters Per Clinic

Lessons Learned
Right Outcomes

- **Outcome definition**: In order to create sustainability overtime ideally the outcomes are integrated in the data entry and record keeping.

Physician and Management Support

- **Physician and Management support**:
- The implementation team had the support of the clinic managers;
- Our project was not fully integrated with physicians participation;
- Ideally, developing a “physician champion” for the project in each clinic will help to address this shortcoming;
- The successful physician training conducted at the Northwest clinic provided a positive environment for project integration.

Implementation Team

- It is fundamental to implement universal annual SUD screen.
- Involvement of receptionists and medical assistants in the implementation team might have smoothed the SBIRT implementation process.
- There are always competing priorities and time is short. Hence frequent meetings with the implementation team are fundamental.
- RS integration in all aspects of the clinic activities is fundamental. In the last four months we have learned that the RS should be involved in as many clinic functions as possible: scrubbing the schedules for signs of SUD, reading ED visits social notes, attending pod meetings, morning huddles, medical home meetings and care management team meetings.
EMR

- The EMR and privacy needs for the patients posed one of the biggest challenges to this project. Legacy has a work group reviewing the options for recording mental health and SUD notes in EPIC.
  - SBIRT implementation teams need an IT member and awareness of the 42 CFR part B implications and must work towards effective integration of SBIRT notes in the EMR.
  - Legacy EPIC has a field for entering the annual screen under “vital signs.” Albeit positive, this only field related to SUD is not enough to promote integrated care.
  - Including billing for SBIRT in the desired outcomes is fundamental; it will help with sustainability over time.

Work Flow Planning

- Work Flow Planning:
  - The annual SUD screen needs to be immediately handed to the RS otherwise the work flow does not work as well.
  - The clinics already have a great deal of paperwork for new patients, so the annual SUD screen is only administered during the third visit.
  - The Northwest clinic already had the annual SUD screen implemented in its work flow.
  - The Good Samaritan clinic had a delayed implementation of the annual SUD clinic; it only went into full effect in August 2012.

Ongoing Comprehensive Training

- Ongoing Comprehensive Training: The most successful aspects of the project so far has been in the following areas:
  - Raising the awareness of the Legacy staff on risky use of substances and SUD and their impact on health.
  - Ongoing clinical supervision for the RS has been extended to Legacy Care Managers from many clinics, including Legacy Pain Management Center. As a result the level of expertise of these behaviorists has increased considerably since April 2012.
  - The Pain Management Center is contracting De Paul to do a Motivational Interviewing for the physicians and nurses on staff.
  - Legacy entered into a contract with De Paul to purchase residential beds and outpatient treatment on demand.
De Paul and Legacy Co-location
Opportunities and Challenges:

• This project allowed Legacy employees to acquire SUD and brief intervention skills through training and supervision by the De Paul's experts.
• Ease of referral to treatment for some patients.
• High level of knowledge and expertise and the cross fertilization of the teams.
• The challenges of the RS working for De Paul and not Legacy revolve primarily around billing.
• Recording the services in EPIC due to confidentiality laws.

De Paul Treatment Centers

www.depaultreatmentcenters.org

503-535-1151 (Downtown- Adult)
503-535-1181 (NE- Youth)
503-693-3104 (Hillsboro- Outpatient)