

Implementation of SBIRT onto Electronic Health Records: From Documentation to Data

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Bureau of Alcohol and Drug Use Prevention, Care, and Treatment
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Learning objectives

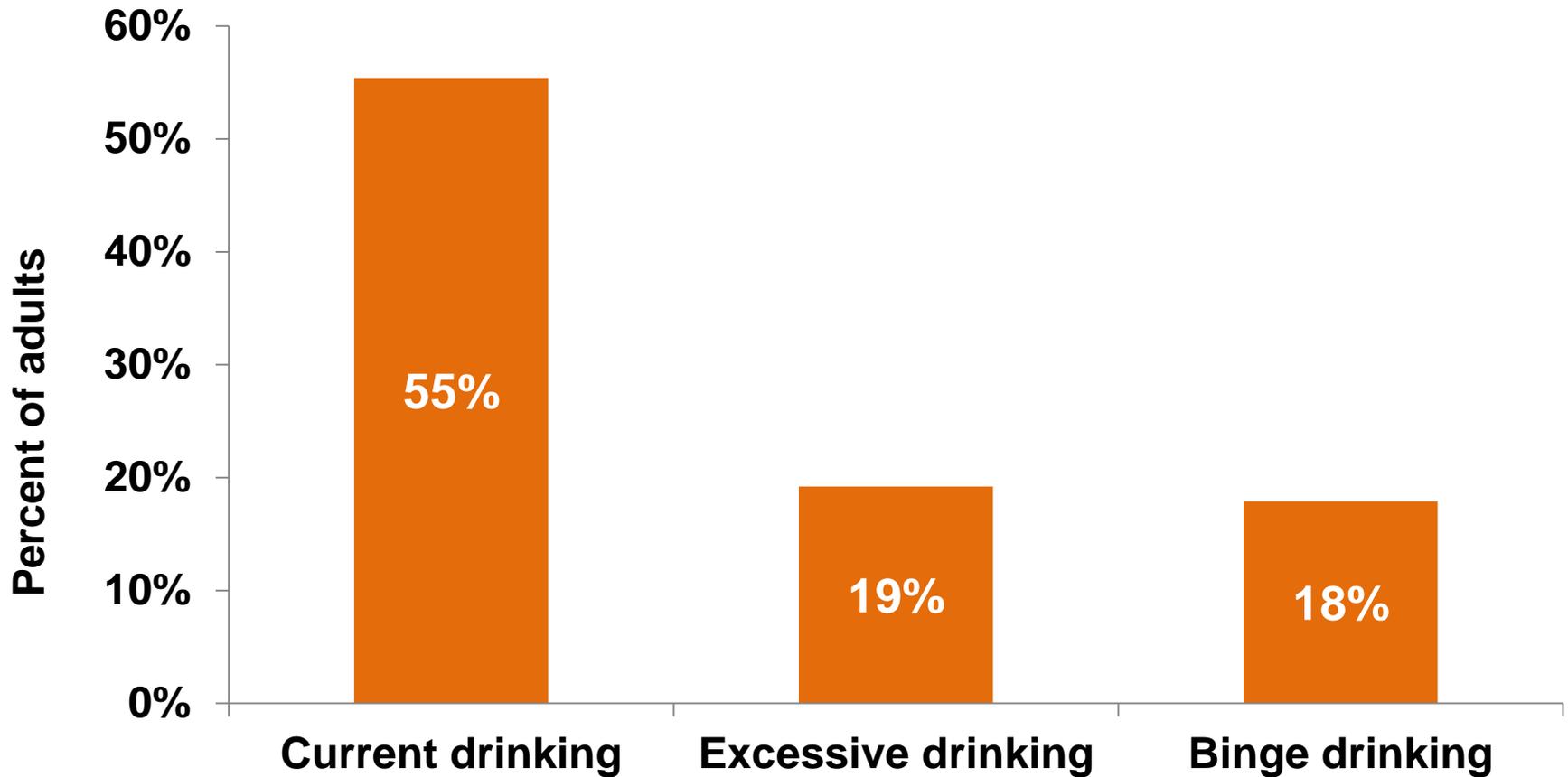
- Recognize key considerations of implementing Screening, Brief Intervention, and Referral to Treatment (SBIRT) in health practices
 - Implementation models
 - Validated screening and assessment tools
 - Composition of implementation team
- Identify range of options for integrating SBIRT onto the Electronic Health Record (EHR) (e.g., templates, alerts)
- Describe how EHR integration can facilitate SBIRT delivery
- Explain how SBIRT data extracted from the EHR can be used for quality improvement activities

Outline

- NYC alcohol-related epidemiology
- What is SBIRT?
- NYC SBIRT Initiative
- Range of options for integrating SBIRT onto the EHR
- Early experience with EHR integration and current approach
- Benefits and challenges of EHR integration
- Conclusions

NYC ALCOHOL-RELATED EPIDEMIOLOGY

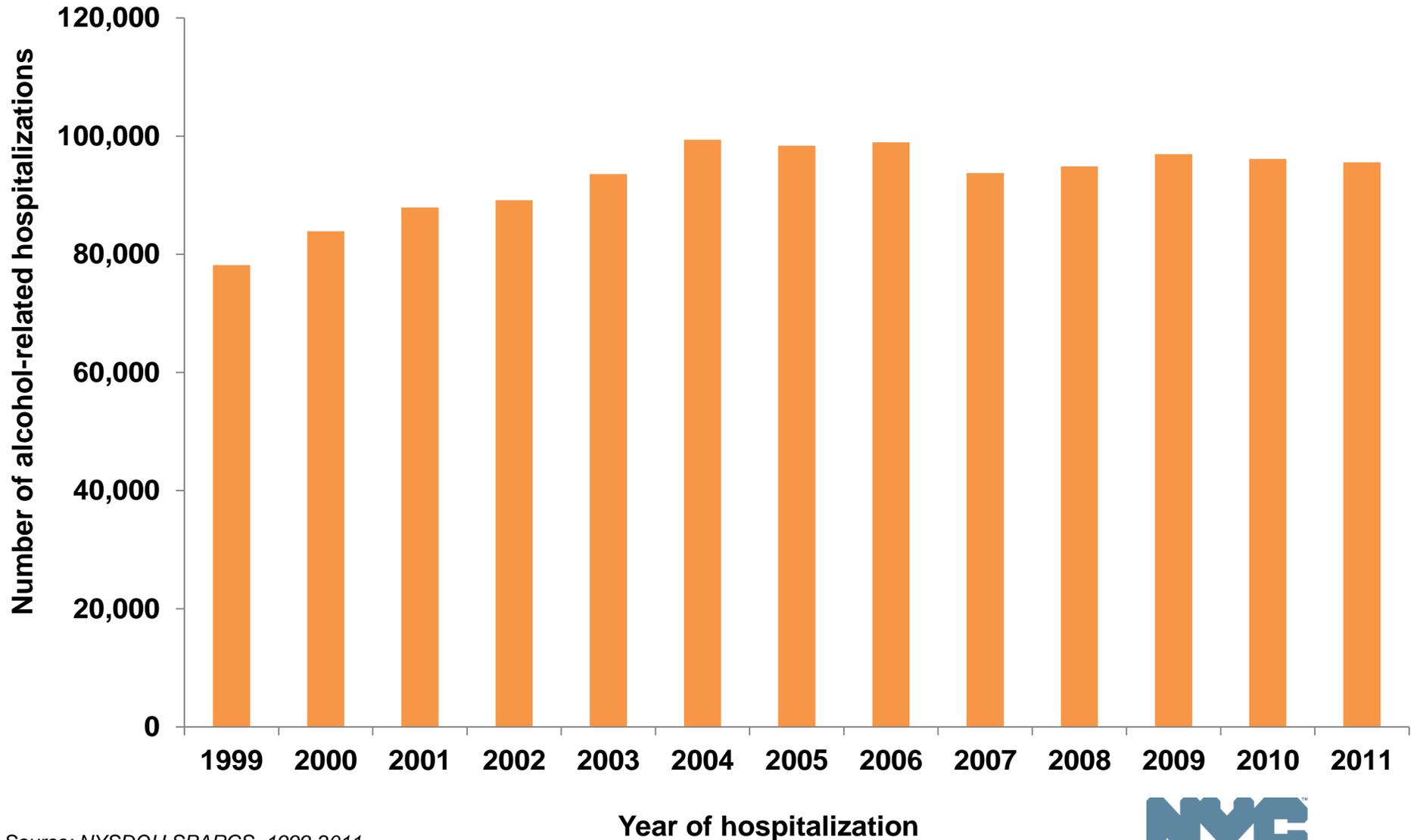
Alcohol consumption in NYC



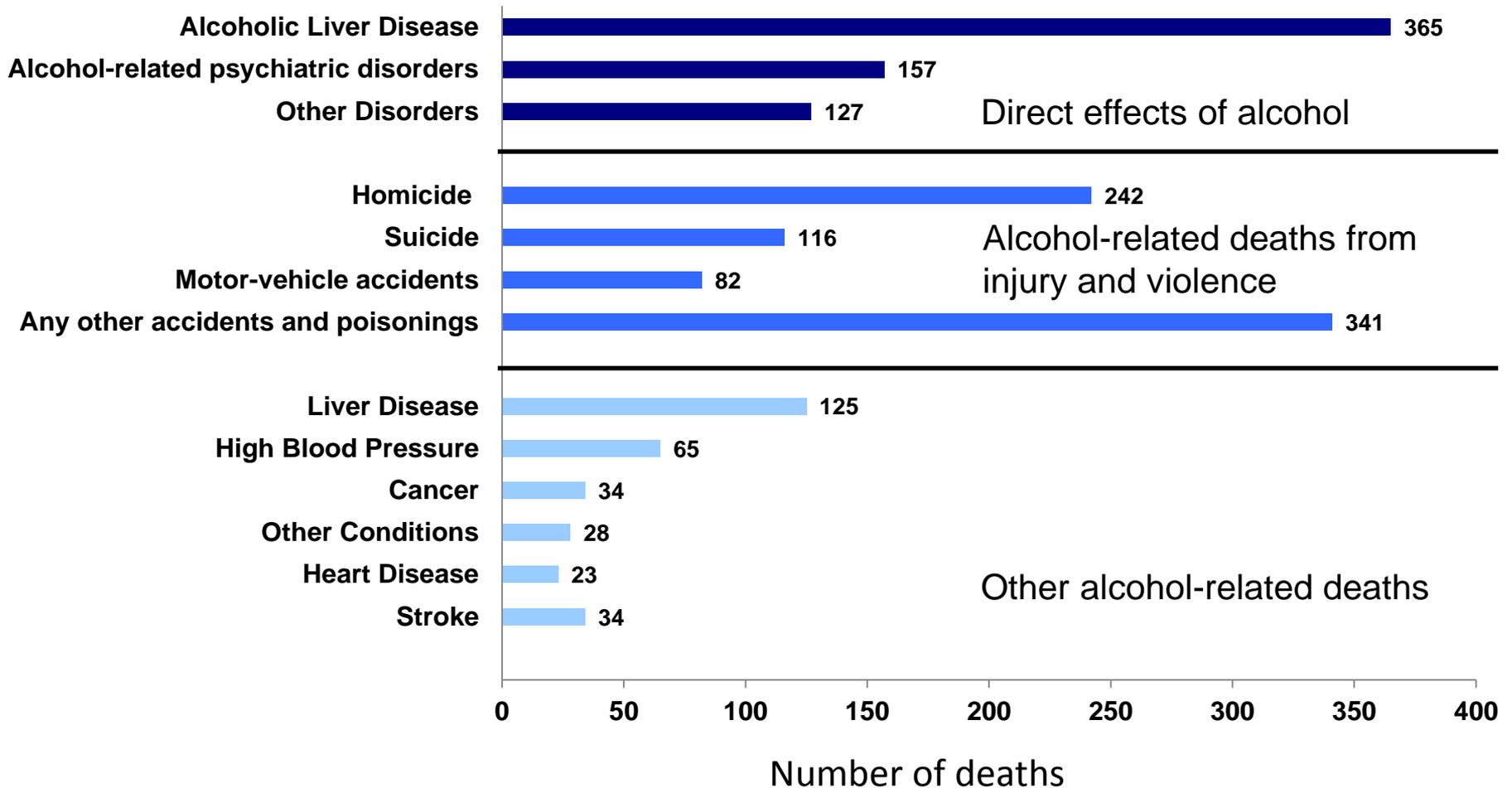
Binge drinking: >3 drinks per occasion for women or >4 for men

Excessive drinking: binge drinking or > 7 drinks/week for women or > 14 drinks/week for men

One in ten hospitalizations are alcohol-related in NYC (1999-2011)



Alcohol attributed to the deaths of more than 1,700 New Yorkers in 2011



Source: Zimmerman R, Li W, Begier E, Davis K, Gambatese M, Kelley D, Kennedy J, Lasner-Frater L, Madsen A, Maduro G, Sun Y. Summary of Vital Statistics, 2011: Mortality New York NY: New York City Department of Health and Mental Hygiene, Office of Vital Statistics, 2013.

Most NYC adults have not discussed alcohol use with a health professional

- Only 24% of NYC adults report a doctor, nurse or other health professional had asked or talked to them about their alcohol use in the past year
- Screening for alcohol use is not a routine part of clinical care for adults in NYC

WHAT IS SBIRT?

SBIRT defined

- SBIRT is a comprehensive, integrated public health approach for providing early identification and intervention for people with risky alcohol and drug use and referral to more intensive treatment for those with substance use disorders
- Goal: Identify patients at-risk for unhealthy substance use
- 3 SBIRT component
 - Screening using a validated tool (e.g., AUDIT)
 - Brief intervention
 - Referral to treatment

SBIRT is effective

- Reduces alcohol consumption and decreases health care utilization
 - Fewer hospitalizations
 - Lower costs
- Recommended by U.S. Preventive Services Task Force and Community Preventive Services Task Force
- Ranked as one of the five most effective clinical preventive services

Several validated screening tools

- National Institute on Alcohol Abuse and Alcoholism (NIAAA) Screen
- Alcohol Use Disorders Identification Test (AUDIT) and AUDIT-C
- Single-Question Drug Screen
- Drug Abuse Screening Test (DAST-10)
- CRAFFT screening tool for adolescents

The AUDIT

- Developed by the World Health Organization (WHO)
- Brief, rapid, and flexible
- Provides framework for intervention
- Focuses on alcohol use within the past year
- Identifies the need for further assessment

Screening Brief Intervention & Referral to Treatment

Date: _____

Gender: Male Female

Country of Origin: _____

Race: White African American/Black Hispanic/Latino
 Asian/Islander Pacific Native American Other

Age: _____

Sex: _____

What is 1 drink?



A 12-oz. glass, bottle, or can of beer or ale



A 5-oz. glass of wine, or a 3.5-oz. glass of fortified wine



A 1.5-oz. "shot" of distilled liquor or brandy (counted as 1 mixed drink)

The Alcohol Use Disorders Identification Test – Questionnaire

Place an X in one box that best describes your answer to each question.

| Questions | 0 | 1 | 2 | 3 | 4 |
|--|--------|-------------------|-------------------------------|---------------------|---------------------------|
| 1. How often do you have a drink containing alcohol? | Never | Monthly or less | 2 to 4 times a month | 2 to 3 times a week | 4 or more times a week |
| 2. How many standard drinks containing alcohol do you have on a day when you are drinking? | 1 or 2 | 3 or 4 | 5 or 6 | 7, 8, or 9 | 10 or more |
| 3. How often do you have six or more drinks on one occasion? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| 4. How often during the last year have you found that you were not able to stop drinking once you had started? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| 5. How often during the last year have you failed to do what was normally expected from you because of drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| 6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| 7. How often during the last year have you had a feeling of guilt or remorse after drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| 8. How often during the last year have you been unable to remember what happened the night before because you had been drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| 9. Have you or someone else been injured as a result of your drinking? | No | | Yes, but not in the last year | | Yes, during the last year |
| 10. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down? | No | | Yes, but not in the last year | | Yes, during the last year |
| KNOW YOUR ZONE | | | | | TOTAL SCORE: |

 07/11

AUDIT scoring

| Score | Risk Level | Intervention |
|-------|---|--|
| 0-7 | Zone 1: Low-risk use | Alcohol education to support low-risk use |
| 8-15 | Zone 2: At-risk use | Brief intervention—simple advice focused on reducing hazardous drinking |
| 16-19 | Zone 3: High-risk use | Brief intervention—simple advice, brief counseling, and continued monitoring |
| 20-40 | Zone 4: Very high risk, probable alcohol use disorder | Referral to specialist for diagnostic evaluation and treatment |

Brief intervention — The basics

- Duration brief → 5-15 minutes
- What is a brief intervention?
 - Motivational discussion concerning the meaning of results from the screening
- Provides the patient with feedback about their substance use
- Motivates patient to take action
- Focuses on increasing commitment to make change

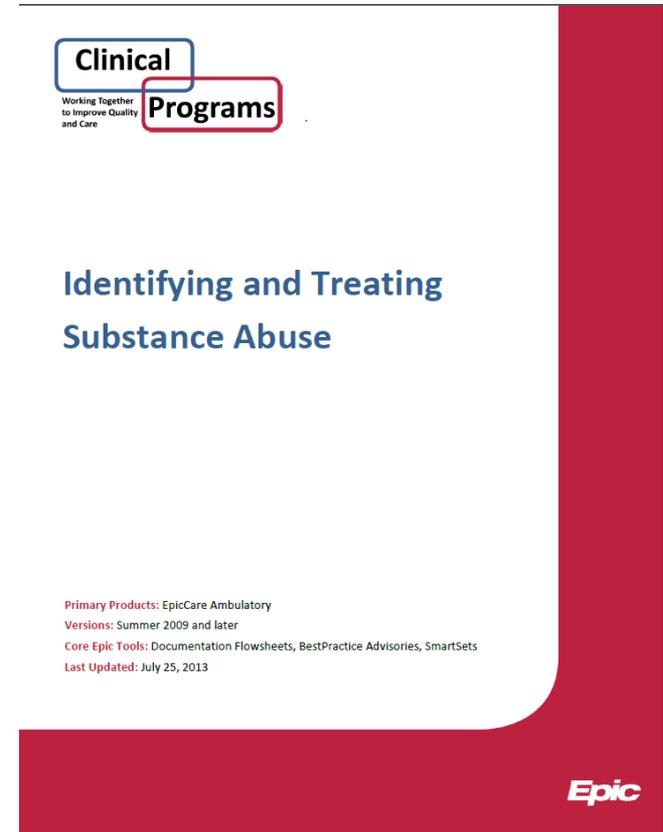
NYC SBIRT INITIATIVE

NYC SBIRT Initiative

- 2012-present
- Goal to promote SBIRT in NYC primary care practices
- Systems approach
- To date, have assisted implementation at >50 practice sites across NYC
- Implementation onto 4 EHR platforms
 - EPIC
 - eClinicalWorks
 - GE Centricity
 - MDLAND

EPIC SBIRT implementation guide

- A resource to guide practices in integration SBIRT tools onto EPIC EHRs



Range of implementation sites

- Federally Qualified Health Centers
- Community Health Centers
- Small practices (1-2 providers)
- School-Based Health Centers
- Emergency Departments

Components of our model

- Outreach to engage practices
- Monthly 4-hour trainings
- Technical assistance (TA)
 1. Identification of implementation team
 2. Workflow assessment
 3. Electronic Health Record (EHR) integration
 4. Billing and coding instruction
 5. Referrals
- Ongoing practice coaching and TA

Identification of implementation team

- Administrators
- Clinical staff
 - Physicians, NPs, PAs, nurses, social workers, medical assistants
- Informatics staff
- Billing staff

Important implementation considerations

- Training and certification required for billing
 - Licensed staff
- Potential barriers
 - Time, workflow, lack of knowledge, stigma
- Variety of implementation models

SBIRT implementation models

- Specialist model
 - Dedicated non-physician interventionist performs all components
- Vital signs model
 - Nurse or medical assistant screens and primary care provider (PCP) delivers brief intervention
- Systems approach
 - Tasks distributed broadly throughout regular workflow

Systems-based approach for SBIRT implementation

- Distribute tasks throughout regular workflow
- Minimize time spent by providers/staff on screening and assessment
- Deliver clinically actionable information to primary care physician at the point of care
- Integrate with electronic health records
- Appropriately target behavioral health and specialty care referrals

Workflow assessment

- Physical space
 - Waiting area, triage, patient rooms
- Steps of patient flow
- Routine documentation practices
 - EHR versus paper
- Identify key staff for SBIRT delivery

INTEGRATION OF SBIRT ONTO THE EHR

Range of options for integration

- Alerts
 - Need for yearly screening
 - Clinical decision support
- Templates
 - Screening tools (pre-screen and assessment)
 - Brief intervention documentation
 - Procedure and visit codes
- Links for online treatment locators

Early experience integrating onto the EHR

- Collaborated with the DOHMH's Primary Care Information Project, an initiative to improve quality of care in underserved communities through the use of health information technology
- Providers interested in EHR integration
- Screening tools placed in Social History

Social History:

Drug/Alcohol:

AUDIT

How often do you have a drink containing alcohol? {...}

How many standard drinks containing alcohol do you have on a day when you drink? {...}

How often do you have six or more drinks on one occasion? {...}

Subtotal: {...}

How often during the last year have you found that you were not able to stop drinking once you had started? {...}

How often during the last year have you been unable to do what was normally expected because of drinking? {...}

How often during the last year have you needed a first drink in the morning to get yourself going after heavy drinking? {...}

How often during the last year have you been unable to remember what happened the night before because you had been drinking? {...}

Have you or someone else been hurt as a result of your drinking? {...}

Has anyone been concerned about your drinking or suggested you cut down? {...}

Social History:

Drug/Alcohol:

DAST-10

Have you used drugs other than those prescribed for medical reasons in the past 12 months? Yes/No

Do you use more than one drug at a time? Yes/No

Is it difficult for you to stop using drugs when you want to? Yes/No

Have you ever had blackouts or flashbacks as a result of drug use? Yes/No

Does anyone ever complain about your involvement with drugs? Yes/No

Have you neglected your family because of your use of drugs? Yes/No

Have you engaged in illegal activities in order to obtain drugs? Yes/No

Have you ever experienced withdrawal symptoms when you stopped taking drugs? Yes/No

Have you had medical problems as a result of your drug use? Yes/No

Total Score 1-10(count "Yes" answers) 00

Early experience — brief intervention

- Brief intervention entered as structured text

Examination: ▼

Intervention

AUDIT Brief

Assessed the patients attitude toward their alcohol and/or substance use utilizing the: {...}

The patient reports the pro's of continued use are: {...}

The patient reports the "not-so-good-things" about their use are: {...}

The patient reports the pros(good things) of change would be: {...}

The patient reports the not-so-good thing about change would be: {...}

Assessed the patients motivation to change utilizing the: {...}

On a scale from 1 to 10, the patient reports importance to change was: 00

Patient explained that it was not a lower number due to: {...}

On a scale from 1-10, the patient reports their readiness to change was: 00

Action Plan: {...}

Early experience — Alerts in the EHR

 Please complete SBIRT screening in Mental Health section of navigator.

Overview | DRTL | History | **CDSS** | Labs | DI |  Templates

Zztest, Marcy 51 Y, F as of 01/30/2013

 **CDSS Alerts**

 Alcohol use screening 

 **Registry Alerts**

 ***** 

 DAST SCREENING (LOCATE IN HPI SECTION) 

 **Registry Alerts**

 ***** 

 Zone Four (Scored 6-10 on DAST) 

BestPractice Advisory - Zaiz,Zach

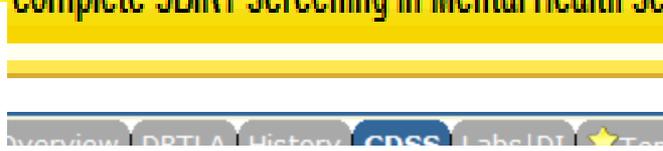
 **Patient identified to be in Zone 3 of substance use. Please complete brief intervention in SmartSet.**

Open SmartSet: SBIRT ZONE 3 SUBSTANCE [preview](#)

Accept Cancel

Common symptoms of “Alert Fatigue”

Please complete SBIRT screening in Mental Health section of navigator



in Zone 3 of substance use. Please complete brief SBIRT ZONE 3 SUBSTANCE preview



Lessons learned from early experience

- Interpretation of screening score needed
- Better if full screening tool populates off of positive pre-screens only (not off of negative pre-screens)
- Assessment result displayed numerically (zone designation needed)
- Brief intervention could be tailored to zone
- Alerts should be reinforced through training with clinical staff

Putting what we learned
into practice...

Screening tools

Social History:

Drug/Alcohol:

AUDIT

How often do you have a drink containing alcohol? {...}

How many standard drinks containing alcohol do you have on a day when you drink? {...}

How often do you have six or more drinks on one occasion? {...}

Subtotal: {...}

Update - TEST T, TEST -- RNWst at UHC on 11/17/2015 6:16:01 PM by Ina Elbaar [Doc ID: 277]

Summary: NURS: << Orders Medications Problems + Medication + Problem

Interactions:

Forms Text

Forms Add...

- Nursing Form
- Screening & Assessment

Attachments Add...

Favorites Add

- Blank image

CRAFFT DAST-10 AUDIT Intervention PHQ-2 PHQ-9 Fall Risk

CRAFFT is used only for patient aged >11 years and <18 years. For patients 18 years old and above, please use AUDIT-C and DAST-10 questionnaires.

The CRAFFT Screening Interview

I am going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answer confidential.

Part A

During the past 12 months did you:

| | Yes | No |
|---|------------------------------------|-------------------------|
| 1. Drink any alcohol (more than few sips)? (Do not count sips of alcohol taken during family or religious events) | <input checked="" type="radio"/> 1 | <input type="radio"/> 0 |
| 2. Smoke any marijuana or hashish? | <input checked="" type="radio"/> 1 | <input type="radio"/> 0 |
| 3. Use anything else to get high? ("anything else" includes illegal drugs, over-the-counter and prescription drugs and things that you sniff or "huff") | <input checked="" type="radio"/> 1 | <input type="radio"/> 0 |

Part B

| | | |
|--|------------------------------------|------------------------------------|
| 1. Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs? | <input type="radio"/> 1 | <input checked="" type="radio"/> 0 |
| 2. Do you ever use alcohol or drugs to RELAX, feel better about yourself or fit in? | <input type="radio"/> 1 | <input checked="" type="radio"/> 0 |
| 3. Do you ever use alcohol or drugs while you are by yourself, or ALONE? | <input checked="" type="radio"/> 1 | <input type="radio"/> 0 |
| 4. Do you ever FORGET things you did while using alcohol or drugs? | <input checked="" type="radio"/> 1 | <input type="radio"/> 0 |
| 5. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use? | <input checked="" type="radio"/> 1 | <input type="radio"/> 0 |
| 6. Have you ever gotten into TROUBLE while you were using alcohol or drugs? | <input checked="" type="radio"/> 1 | <input type="radio"/> 0 |

Calculate and Save Total Score: Total Score: 4

Screening outcome: High Risk

Intervention: Go to Intervention

Existing BI documentation: (1) Decisional balance, (2) Readiness ruler and (3) Follow up plan

Comments:

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Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn)

AUDIT Screen Full AUDIT

AUDIT-C Score

AUDIT-C Interpretation (Female or >65 score of 3+, Male score of 4+)

Negative (Stop)

Positive (Complete full AUDIT)

_

How often during the last year have you found that you were not able to stop drinking once you had started?

Never (0)

Les than monthly (1)

Monthly (2)

Weekly (3)

OK Cancel

Assessments (full screens)

Free-form | **Structured**

BHI-AUDIT (Alcohol) Default ▾ Default for All ▾ Clear All

| Name | Value | Notes |
|--|-------|-------|
| <input type="checkbox"/> AUDIT SCreening Date: | | |
| <input type="checkbox"/> Provider performing scree | | |
| <input type="checkbox"/> How often do you have a | | |
| <input type="checkbox"/> How many drinks contain | | |
| <input type="checkbox"/> How often do you have six | | |
| <input type="checkbox"/> AUDIT-C Subtotal: | | |
| <input type="checkbox"/> How often during the last | | |
| <input type="checkbox"/> How often during the last | | |
| <input type="checkbox"/> How often during the last | | |
| <input type="checkbox"/> How often during the last | | |
| <input type="checkbox"/> How often during the last | | |
| <input type="checkbox"/> Have you or someone else | | |
| <input type="checkbox"/> Has a relative or friend or | | |
| <input type="checkbox"/> Total AUDIT Score (AUDIT | | |

BHI-A: Score of 0-7 (Zone 1)
 BHI-A: Score of 8-15 (Zone 2)
 BHI-A: Score of 16-19 (Zone 3)
 BHI-A: Score of 20-40 (Zone 4)

Free-form | **Structured**

BHI-DAST (DAST) Default ▾ Default for All ▾ Clear All

| Name | Value | Notes |
|---|-------|-------|
| <input type="checkbox"/> DAST screening date | | |
| <input type="checkbox"/> Name of provider conduct | | |
| <input type="checkbox"/> Have you used drugs othe | | |
| <input type="checkbox"/> Total DAST score: | | |

BHI-D: Score of 0 (Zone 1)
 BHI-D: Score of 1-2 (Zone 2)
 BHI-D: Score of 3-5 (Zone 3)
 BHI-D: Score of 6-10 (Zone 4)

Brief intervention — Zone 1

Update - Nathan Test -- RNvst at UHC on 11/17/2015 6:27:00 PM by Ina Elbaer [Doc ID: 208]

Summary: NURS: Orders Medications Problems + Medication + Problem

Interactions:

Forms Text

Forms Add...

Nursing Form
Screening & Assessment

Attachments Add...

Favorites Add

Blank image

CRAFT DAST-10 AUDIT **Intervention** PHQ-2 PHQ-9 Fall Risk

AUDIT Score: 7 --- Zone 1 Low risk

Intervention:
 Provided patient with: Validation of present low-risk drinking
 Education regarding alcohol use and health
 NIAA Guidelines for "low-risk" drinking

Brief Intervention: DAST10 Zone 4

Decisional Balance:
 Patient reports the pro's of continued use of alcohol/drugs are: relaxation chance to meet peers
 Patient reports the con's of continued use of alcohol/drugs are: hangovers late for work/school pressure from family to stop or cut down

Information and feedback:
 Provided patient with information regarding: NIAA standard drinking guidelines Alcohol use and health Use of illegal drugs effect on health

Readiness Ruler:
 Patient reports the importance to change: 1 2 3 4 5 6 7 8 9 10
 Patient explained that it was not a lower number due to: family concerns over use school/employment jeopardy mental/physical health concerns financial concerns

Patient reports the confidence in the ability to change: 1 2 3 4 5 6 7 8 9 10

Action Plan:
Stage of change: ?
 Precontemplati Contemplation Preparation Action Maintenance Termination

Follow-up/Action Plan: Follow up sessions Patient refused follow-ups Abstinence Reduction of use Identification of support Additional resources

Comments:

Prev Form (Ctrl+PgUp) Next Form (Ctrl+PgDn)

HPI ROS Examination Procedures OrderSet

BHI-Brief Intervention BHI-Brief Intervention

AUDIT (Alcohol)
 DAST (Drugs)

A-Patient scored in:

A-Zone 1 (Score of 0-7)
 A-Zone 2 (Score of 8-15)
 A-Zone 3 (Score of 16-19)
 A-Zone 4 (Score of 20-40)

Provided patient with:

Positive reinforcement on health drinking behaviors
 NIAAA Guideline for high-risk alcohol use
 Alcohol education on chronic alcohol use and health

OK Cancel Procedures

| | <u>Question</u> | <u>Possible values</u> |
|---------------------------------|--|---|
| Pros and Cons | The patient reports the pro's of continued use are: | <ul style="list-style-type: none"> • Relaxation • Chance to meet with peers |
| | The patient reports the “not-so-good-things” about their use are: | <ul style="list-style-type: none"> • Hangovers • Lateness for work/school • Pressure from family to stop or cut down |
| | Provider “weighs” the PRO’s and CON’S for patient | |
| Information and Feedback | Provided patient with information regarding: | <ul style="list-style-type: none"> • NIAAA standard drinking guidelines • Alcohol use and health • And/or use of illegal drugs effects on health |
| Readiness Ruler | On a scale from 1-10 the patient reports their importance to change was: | <ul style="list-style-type: none"> • Numeric |
| | Patient explained that it was not a lower number due to: | <ul style="list-style-type: none"> • family concerns over use • school/employment jeopardy • mental/physical health concerns • financial concerns • other: |
| | On a scale of 1-10 the patient reports their confidence in their ability to change is: | <ul style="list-style-type: none"> • Numeric |
| Action Plan | Stage of change | <ul style="list-style-type: none"> • Pre contemplation • Contemplation • Preparation • Action • Maintenance • Relapse |
| | Action plan: | <ul style="list-style-type: none"> • Reduction of use • Abstinence • Identification of supports • Additional resources |

Brief intervention — Follow-up plan

HPI ROS Examination Procedures Orderset

BHI-Brief Intervention ▼ **BHI-Brief Intervention** ✕

Patient Action plan:

- Follow up sessions
- Abstinence
- Reduction of use
- Referral to internal mental health
- Referral to external mental health
- Referral to external substance use treatment

Total time spent administering screen and providing the brief intervention

- 15-30 mins
- 30 + mins

Order sets can be used for brief intervention

| Procedures | | | | Description | | Delete | |
|------------|------------------------------------|--|--|-------------|--|--------|--|
| • | ALCOHOL/DRUG COUNSELING 15-30 MINS | | | | | | |
| • | ALCOHOL/DRUG COUNSELING > 30 MINS | | | | | | |

| Immunizations | | | Smart Forms | |
|---------------|------|--------|-------------|--------|
| Name | Dose | Delete | Name | Delete |
| | | | | |

| Appointments | | | Referrals | |
|---------------|----|--|------------------------|----------------------------|
| Add Follow-Up | | | Add | |
| Follow-Up In: | 1W | | Outgoing Referral for: | Supportive Services |
| Follow-Up In: | 2W | | Outgoing Referral for: | Psychiatry |
| Follow-Up In: | 3W | | Outgoing Referral for: | Addiction Psychiatry |
| Follow-Up In: | 4W | | Outgoing Referral for: | Substance Abuse Counseling |

| Message | | Save Message |
|--|--|--------------|
| <p>Zone 3 (Score of 3-5 on DAST): Intermediate Level of Problem Drug Use</p> <p>Substance use at this stage is problematic to patient, family and/or support system. The patient may have already had some negative experiences with using drugs. There is a high probability that the patient's drug use will get worse without appropriate intervention.</p> | | |
| Notes | | |
| <p>Add Notes Save Notes</p> <p>B I U [List Icons] [Text Color] [Background Color] [Link] [Image] [Undo] [Redo]</p> <p>Zone 3 (Score of 3-5 on DAST): Intermediate Level of Problem Drug Use - Provided patient with feedback on the DAST score and general education about substance use. Detailed information provided about current risks to self and support network. Secondary prevention education provided, including strategies/mechanisms to stop drug use.</p> | | |

Assessment and procedure code

Social History:

AUDIT Screen

Full AUDIT How many standard drinks containing alcohol do you have on a day when you drink? __, How often do you have six or more drinks on one occasion? __, AUDIT-C Score __, AUDIT-C Interpretation (Female or >65 score of 3+, Male score of 4+) __, How often during the last year have you found that you were not able to stop drinking once you had started? __, How often during the last year have you been unable to do what was normally expected because of drinking? (work, pay bills) __, How often during the last year have you needed a first drink in the morning to get yourself going after heavy drinking? __, How often during the last year have you had a feeling of guilt or regret after drinking? __, How often during the last year have you been unable to remember what happened the night before because you had been drinking? __, Have you or someone else been hurt as a result of your drinking? __, Has anyone been concerned about your drinking or suggested you cut down? __, Total AUDIT Score __.

ROS: ▾

Objective:

Vitals:

Past Results:

Examination: ▾

Physical Examination: ▾

Assessment:

Assessment: ▾

Screening for alcoholism - V79.1 (Primary)

Plan:

Treatment:

Screening for alcoholism

Notes: Screened patient with he (AUDIT/DAST) and provided counselling.

Procedures:

Immunizations:

Therapeutic Injections:

Diagnostic Imaging:

Lab Reports:

Preventive Medicine: ▾

Next Appointment:

Billing Information:

Visit Code:

Procedure Codes:

H0049 ALCOHOL/DRUG SCREENING.

Care Plan:

Problems:

Using EHR data for quality improvement activities

- Structured data can be extracted for reports
- Possible metrics
 - Total # screens
 - Total # assessments
 - Total # brief interventions
 - Total # of referrals
- Feedback to implementation team during practice coaching sessions

SBIRT and changing health care landscape

- National
 - Affordable Care Act
 - Screening parity requirement (including for alcohol use disorder)
 - Treatment for substance use is an essential health benefit
 - Expand behavioral health benefits for 62 million Americans
 - Health Homes provide intensive care coordination with focus on behavioral health
 - Performance-incentivized care
 - Patient-Centered Medical Homes (PCMH)
- New York State-specific
 - New York State Medicaid Redesign
 - Behavioral health carved into managed, capitated benefit
 - Delivery System Reform Incentive Payment Program (DSRIP)

Benefits of SBIRT EHR integration

- Facilitate universal screening for substance use
- Opportunity for clinical decision support
- Utilization of all levels of staff
- Promotes use of validated screening tools
- Assists care coordination
- Utilization for quality improvement and health reform initiatives

Challenges to SBIRT EHR integration

- Competing priorities (lack of time)
- Limited staffing and resources
- Reimbursement for SBIRT services
- Providers more familiar with screen and refer approach than brief intervention model

Conclusion

- Importance of multi-disciplinary implementation team
- Workflow should be flexible and tailored to the practice site
- A range of options exist for integrating SBIRT onto the EHR
- EHR integration can facilitate SBIRT delivery
 - Regular training and support from leadership also important
- SBIRT data extracted from the EHR can be used for quality improvement activities

Thank you!

NYC DOHMH

- Dr. Hillary Kunins
- Dr. Jessica Kattan
- Primary Care Information Project/NYC REACH

Questions?