

Optimizing the EHR to support SBIRT



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Funded by the Substance Abuse and Mental Health Services Administration

Website: sbirtoregon.org

- Demonstration videos
- Screening forms
- Billing code information
- Pocket cards and tools
- Documentation examples
- Role play handouts and slides

The screenshot shows the SBIRT Oregon website homepage. At the top left is the SBIRT OREGON logo. To the right is the tagline "Addressing substance use with adult and adolescent patients". Below this is a navigation menu with links for Home, Workflow, Screening forms, Clinic tools, Training curriculum, Videos, Billing codes, and Contact us. The main content area features a heading "SBIRT (Screening, Brief Intervention, Referral to Treatment) represents an innovative, evidence-based approach to addressing unhealthy alcohol use with medical patients. Its core components include:" followed by a bulleted list of five key components. Below the list is a paragraph explaining the approach's effectiveness and common barriers. Further down, there is a section titled "Video examples" with three video thumbnails: "Primary care workflow", "Brief intervention: Steve", and "Brief intervention: Tom".

SBIRT OREGON Addressing substance use with adult and adolescent patients

Home Workflow Screening forms Clinic tools Training curriculum Videos Billing codes Contact us

SBIRT (Screening, Brief Intervention, Referral to Treatment) represents an innovative, evidence-based approach to addressing unhealthy alcohol use with medical patients. Its core components include:

- Regular and universal screening in the medical setting, regardless of medical complaint
- Systematic use of validated/standardized screening instruments
- Consideration of substance use as a continuum, rather than a dichotomous "dependent versus not dependent" judgment
- Use of patient-centered change talk versus directive, prescriptive talk
- Facilitating smooth, bidirectional transitions between primary care and specialty addiction treatment

While SBI towards adult alcohol use ranks among the highest-performing preventive services based on cost effectiveness and health impact, it also remains among the least implemented. Common perceived barriers include limited time during the patient visit, lack of knowledge and training, fearing negative patient reactions, and feeling uncomfortable discussing substance use.

This website presents information and tools designed to counter these barriers, and emphasizes a team-based approach to implementing SBIRT processes. It also includes patient drug use, despite evidence that brief interventions towards drug use may not show an effect.

This website is designed to assist primary care clinics meet the Coordinated Care Organization (CCO) incentive measure in Oregon, as well as hospitals meet the Emergency Department (ED) performance measure.

Video examples

Primary care workflow

Brief intervention: Steve

Brief intervention: Tom

Outline

1. What we want the EHR to do
2. Previous experience with EHR optimization
3. Examples of specific tools built in Epic
 - Health Maintenance function
 - Best Practice Advisories
 - Flowsheets
 - SmartPhrases
4. Lessons learned



What do we want our EHR to do?

- Facilitate SBIRT workflow
- Track SBIRT processes
- Document and bill appropriately





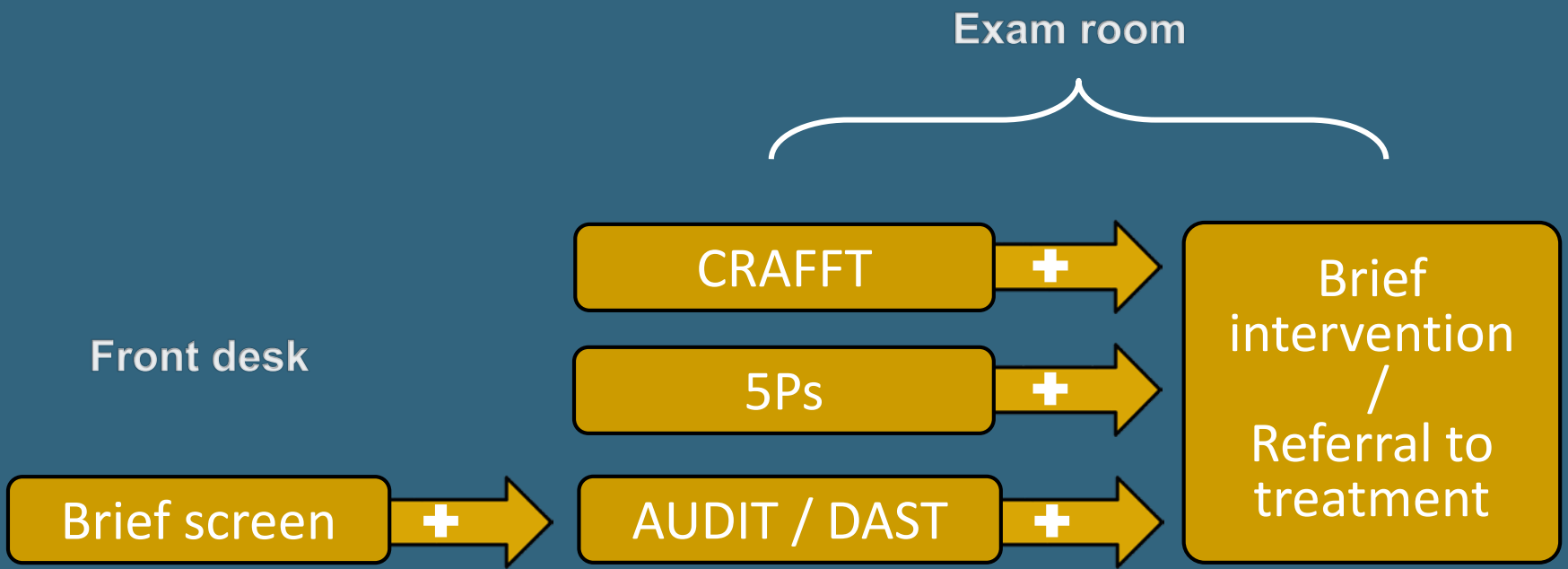
Specifically, what we want our EHR to do:

- Apply across depts. within system
- Alert when and which screening tool is due
- Record screening tool score/answers/category
- Alert when/what intervention is indicated
- Automatically populate progress note
- Apply correct billing and diagnosis codes
- Print patient handouts
- Produce reports
- Sync with patient portal and tablet screening

Others?



Basic SBIRT workflows - outpatient



Reception



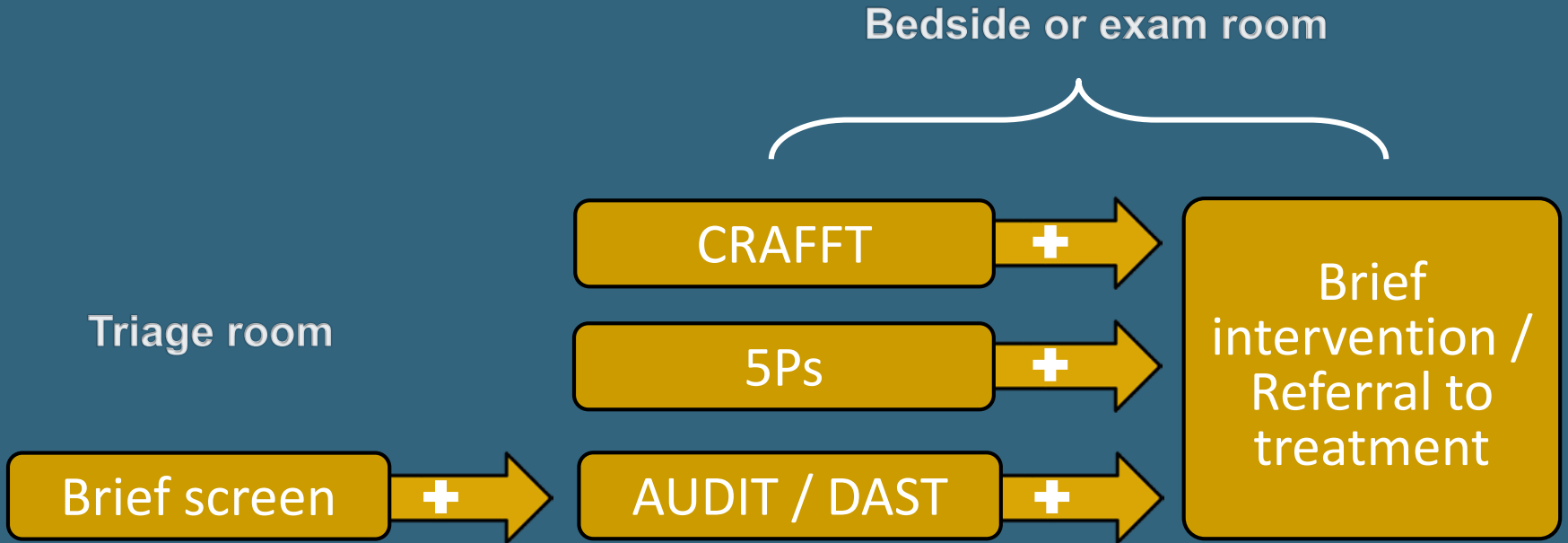
MA



Clinician



Basic SBIRT workflows - ED



Nurse

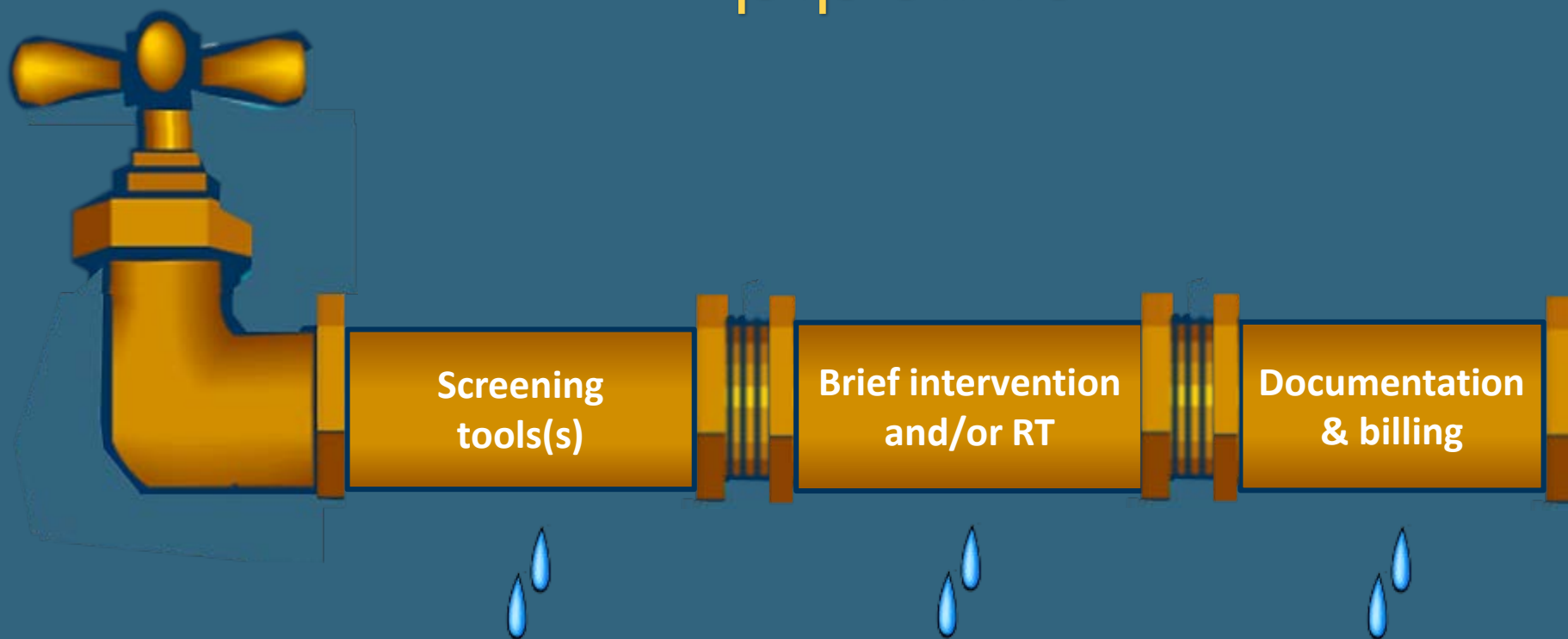


Nurse or
Social worker



Social worker

SBIRT workflows resemble pipeline



**Step(s) not always performed
or captured in the EHR.**

Keys to implementing a sustainable SBIRT workflow

1. Secure buy-in from leadership
2. Identify workflow
3. **Optimize EHR**
4. Train all staff involved
5. Identify champions
6. Utilize clinic tools (pocket cards, sheets, handouts)



My experience helping design SBIRT tools in the EHR

SAMHSA project, 2008-2013

- 4 EHRs across 7 outpatient clinics in Oregon

OCHIN, 2014

- 1 EHR across 100 FQHCs around the country

OHSU Epic, 2015

- 1 EHR across 5 departments in teaching hospital



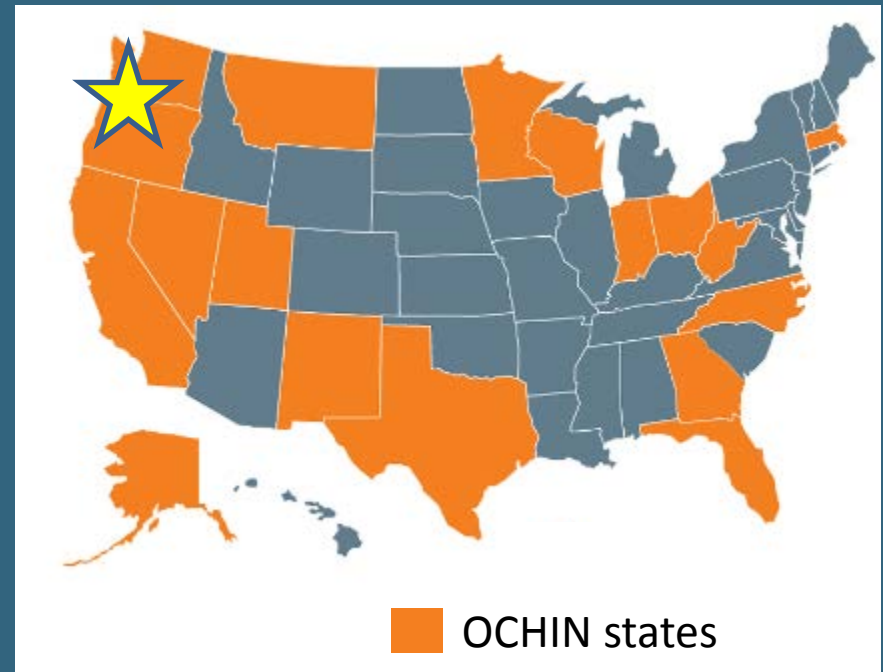
SAMHSA SBIRT Training project, 2008-2013

- Primary Care Resident Training Initiative
- 7 primary care clinics
- 5 EHRs: OCHIN Epic, OHSU Epic, Centricity, and Meditech
- Goal: track 4 separate SBIRT steps for project evaluation



OCHIN Epic project, 2014

- OCHIN: Collaborative of over 100 CHCs and FQHCs
- All share Epic EHR
- 2014 Grant from CareOregon (CCO)
- Goal: “improve SBIRT & depression tools and workflows”

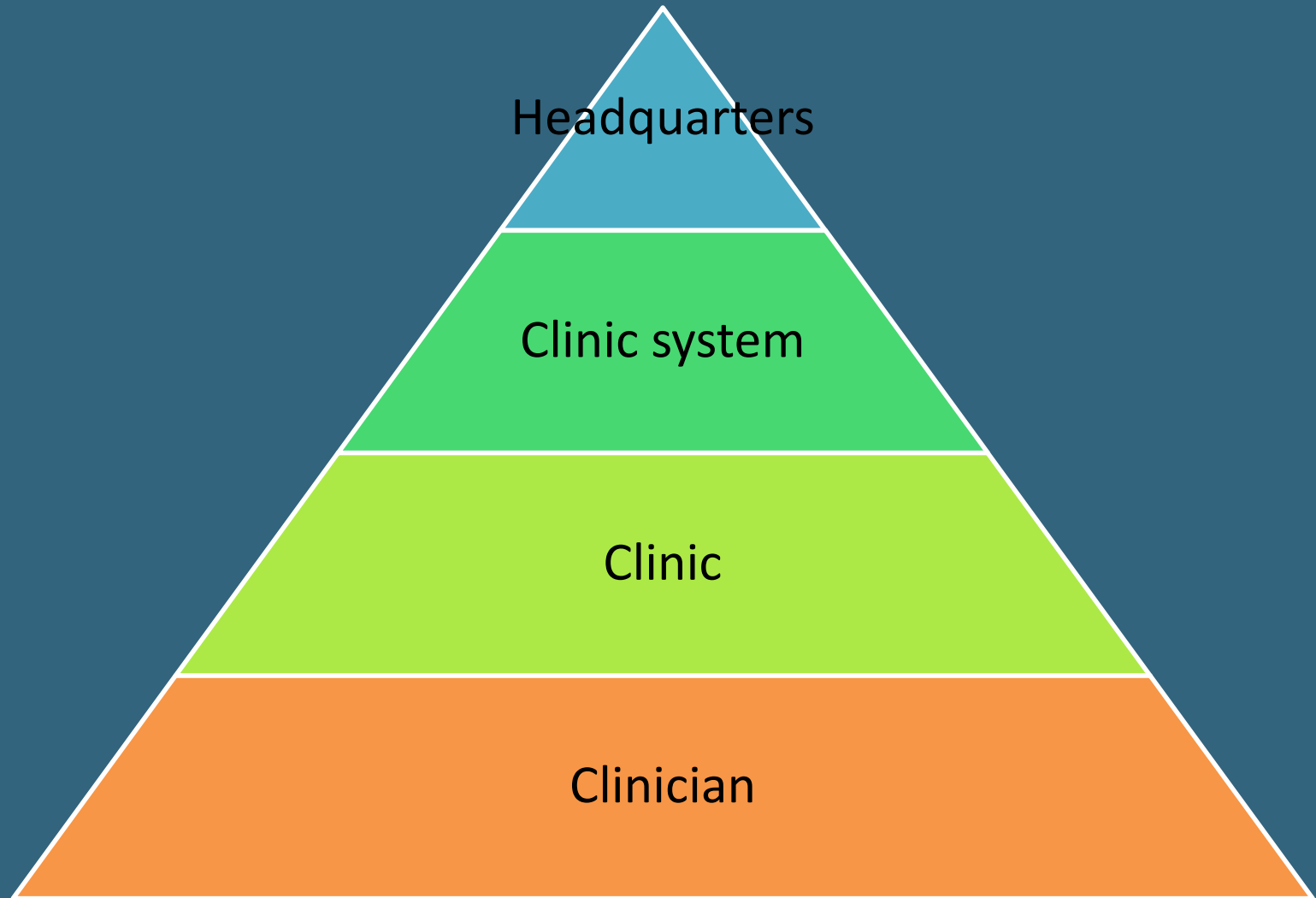


OHSU Epic project, 2015

- OHSU: large teaching hospital in Portland
- Goal: help multiple depts. achieve Medicaid SBIRT performance metrics
- Dept. of Informatics took on project



Limits of adapting the EHR





Applying SBIRT EHR tools across depts.

| | Patient populations | | | Likely SBIRT users of EHR |
|-------------------|---------------------|-------|-------|--------------------------------------|
| | Adults | Adol. | Preg. | |
| Family Medicine | X | X | X | Reception, MAs, and Clinicians, & BH |
| Internal Medicine | X | | | Reception, MAs, and Clinicians, & BH |
| Pediatrics | | X | | MAs and Clinicians |
| Emergency Depts. | X | X | X | Nurses and BH |
| OB/Gyn | | | X | Clinicians and BH |
| Inpatient | X | X | X | Nurses and BH |

Screening tools

Adults

Adolescents

Pregnancy

Brief screen

Alcohol screening questions
 Have you ever had a problem with drinking alcohol? Have you ever had a problem with drinking alcohol? Have you ever had a problem with drinking alcohol?
 Yes/No

Drug Screening Questionnaire (DAST)
 This short screening questionnaire asks you about your use of alcohol and drugs. It is not a test for drugs or alcohol. It is only a screening tool. It is not a test for drugs or alcohol. It is only a screening tool. It is not a test for drugs or alcohol. It is only a screening tool.

1. How often do you use alcohol?
 Never 1-2 times a week 3-4 times a week 5-6 times a week 7-9 times a week 10 or more times a week

2. How often do you use drugs?
 Never 1-2 times a week 3-4 times a week 5-6 times a week 7-9 times a week 10 or more times a week

3. How often do you use alcohol and drugs together?
 Never 1-2 times a week 3-4 times a week 5-6 times a week 7-9 times a week 10 or more times a week

Alcohol screening questionnaire (AUDIT)
 Drinking too much alcohol can harm your health and affect your work, family and social life. This questionnaire asks you about your drinking habits.

1. How often do you drink alcohol?
 Never 1-2 times a week 3-4 times a week 5-6 times a week 7-9 times a week 10 or more times a week

2. How much alcohol do you drink on a typical day?
 None 1-2 drinks 3-4 drinks 5-6 drinks 7-9 drinks 10 or more drinks

3. How often do you drink alcohol?
 Never 1-2 times a week 3-4 times a week 5-6 times a week 7-9 times a week 10 or more times a week

CRAFFT

Adolescent Risk Questionnaire (CRAFFT)
 This questionnaire asks you about your use of alcohol and drugs. It is not a test for drugs or alcohol. It is only a screening tool. It is not a test for drugs or alcohol. It is only a screening tool.

1. Can you remember what you did last night?
 Yes No

2. Can you get to school without feeling hungover?
 Yes No

3. Can you stay in control of your car when you have been drinking?
 Yes No

4. Can you go to school without feeling tired?
 Yes No

5. Can you go to school without feeling nervous?
 Yes No

6. Can you go to school without feeling sad?
 Yes No

5Ps

BEHAVIORAL HEALTH RISKS SCREENING TOOL
 For Pregnant Women

1. Do you ever have a problem with drinking alcohol?
 No Yes

2. Do you ever have a problem with using drugs?
 No Yes

3. Do you ever have a problem with using alcohol and drugs together?
 No Yes

4. Do you ever have a problem with using alcohol and drugs together?
 No Yes

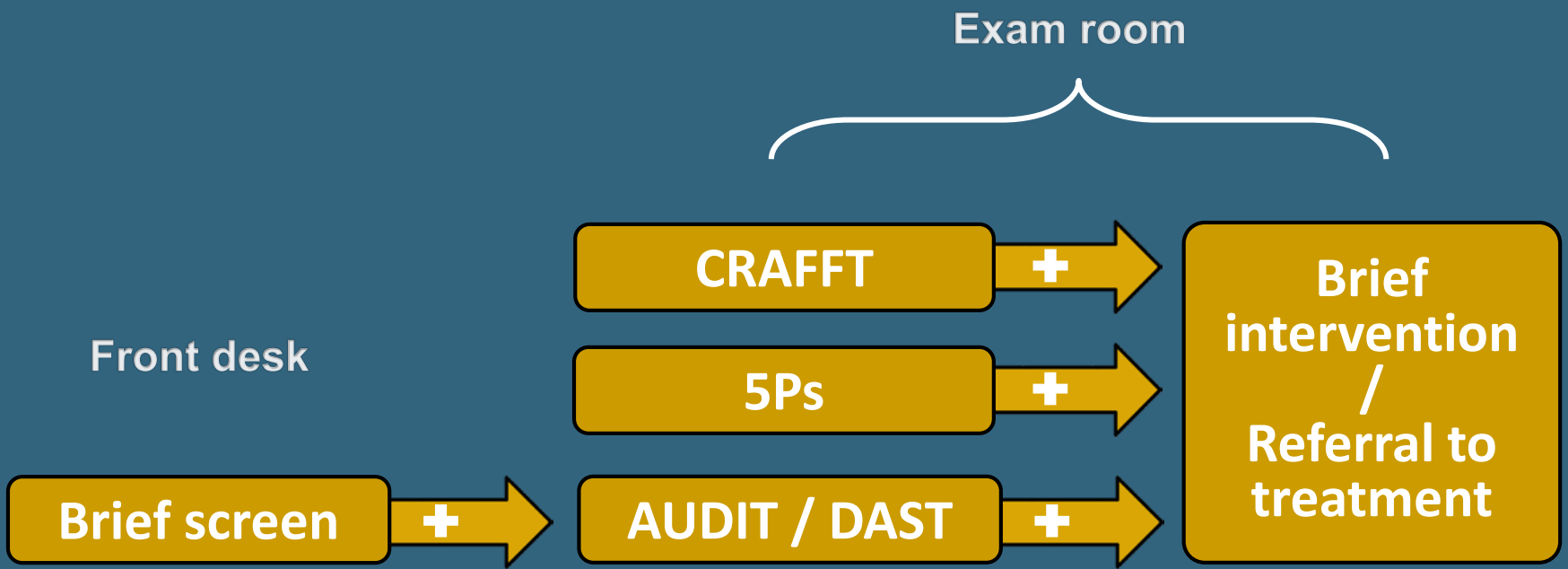
5. Do you ever have a problem with using alcohol and drugs together?
 No Yes

AUDIT

DAST



Basic SBIRT workflows - outpatient



Reception



MA



Clinician

Reception: alert when brief screen is due






Brief screen

Annual questionnaire
Once a year, all our patients are asked to complete this form because drug use, alcohol use, and mood can affect your health as well as medications you may take. Please help us provide you with the best medical care by answering the questions below.

Screen name: _____
Date of birth: _____

Are you currently in recovery for alcohol or substance use? Yes No

Alcohol: One drink =  12 oz beer  5 oz wine  1.5 oz liquor (per shot)

| | Never | 1 or more |
|---|-----------------------|-----------------------|
| MEN: How many times in the past year have you had 5 or more drinks in a day? | <input type="radio"/> | <input type="radio"/> |
| WOMEN: How many times in the past year have you had 4 or more drinks in a day? | <input type="radio"/> | <input type="radio"/> |

Drugs: Recreational drugs include certain painkillers (opioids), crystal cocaine (methamphetamine), marijuana (cannabis), amphetamines (Adderall, Ritalin), barbiturates, cocaine, ecstasy, hallucinogens (LSD), mushrooms, or snuff (heroin).

| | Never | 1 or more |
|---|-----------------------|-----------------------|
| How many times in the past year have you used a recreational drug or used a prescription medication for nonmedical reasons? | <input type="radio"/> | <input type="radio"/> |

Mood:

| | No | Yes |
|---|-----------------------|-----------------------|
| During the past two weeks, have you been bothered by little interest or pleasure in doing things? | <input type="radio"/> | <input type="radio"/> |
| During the past two weeks, have you been bothered by feeling down, depressed, or hopeless? | <input type="radio"/> | <input type="radio"/> |

Adult brief screen

Alcohol:

One drink =


 12 oz.
beer

 5 oz.
wine

 1.5 oz.
liquor
(one shot)

None

1 or more

| | | |
|---|-----------------------|-----------------------|
| MEN: How many times in the past year have you had 5 or more drinks in a day? | <input type="radio"/> | <input type="radio"/> |
| WOMEN: How many times in the past year have you had 4 or more drinks in a day? | <input type="radio"/> | <input type="radio"/> |

Drugs: Recreational drugs include methamphetamines (speed, crystal) cannabis (marijuana, pot), inhalants (paint thinner, aerosol, glue), tranquilizers (Valium), barbiturates, cocaine, ecstasy, hallucinogens (LSD, mushrooms), or narcotics (heroin).

None

1 or more

| | | |
|---|-----------------------|-----------------------|
| How many times in the past year have you used a recreational drug or used a prescription medication for nonmedical reasons? | <input type="radio"/> | <input type="radio"/> |
|---|-----------------------|-----------------------|

Manual method: patient messaging box

The screenshot shows the 'Edit Patient Messages' dialog box in a software interface. The dialog box is titled 'Edit Patient Messages' and contains the following fields and options:

- Message text:** A text area containing 'Annual Screening next due on 7/9/10'.
- Departments:** A table with one row:

| | Departments |
|---|-------------------------------|
| 1 | CAR VASC HLTH CHH [203430015] |
- Priority:** A dropdown menu set to 'Normal [1]'.
- Expiration date:** A date field set to '7/9/2059'.
- Buttons:** 'Accept' and 'Cancel' buttons.

The background software interface shows a 'Patient Demographics' section on the left and a 'Patient Options' menu on the right. The 'Patient Messages' option in the 'Patient Options' menu is highlighted with a red box, and a red arrow points from it to the 'Edit Patient Messages' dialog box.



Automatic method: Department Appt Report

| Full Appointment List | | Appointment Totals | | | | | |
|-----------------------|------------|--------------------|----------------|------------|--|--------|-------------------------------------|
| Date | 10/10/2014 | Department: | COMBINED | | | | |
| AVS Printed | Time | SBIRT HM Status | PHQ9 HM Status | Type | Prov/Res | Status | Appt Notes |
| | 8:30 AM | | | CS [18] | CARDER, CEARA M [63594] | Sch | |
| | 8:40 AM | | | OV [1] | SULLIVAN, LISA C [60852] | Sch | |
| | 9:00 AM | | | OV [1] | FAIRBAN... LEE, KIM [61386] LS TO BOOK INTERPR... [600169] | Sch | discuss bc, depo given 9/9/14 |



Automatic method: Department Provider Schedule

| Appt Status | Chart | SBIRT... | PHQ9... |
|-------------|-------|----------|---------|
| Sch | | Overdue | Overdue |
| Sch | | Overdue | Overdue |
| Sch | | Overdue | Overdue |

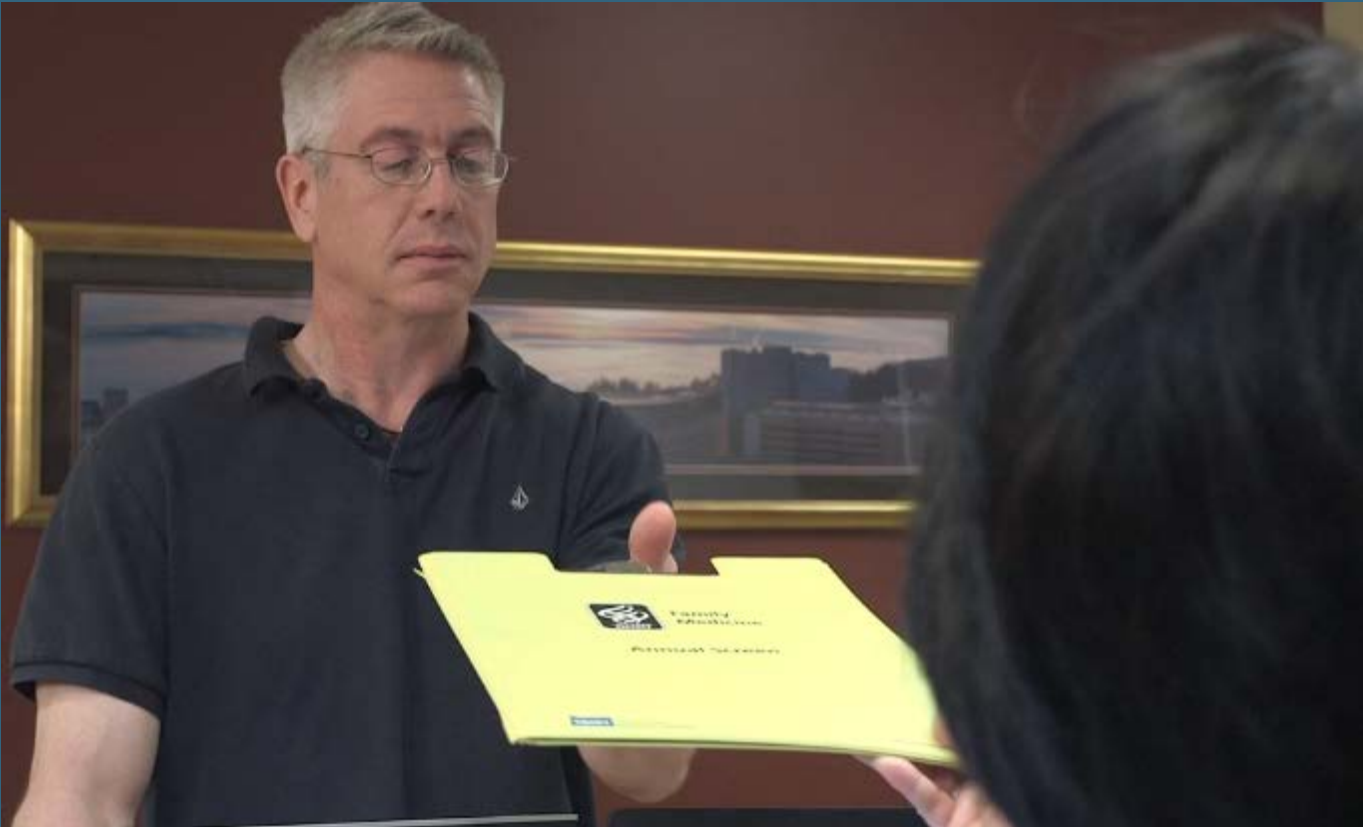


Health Maintenance function in Epic

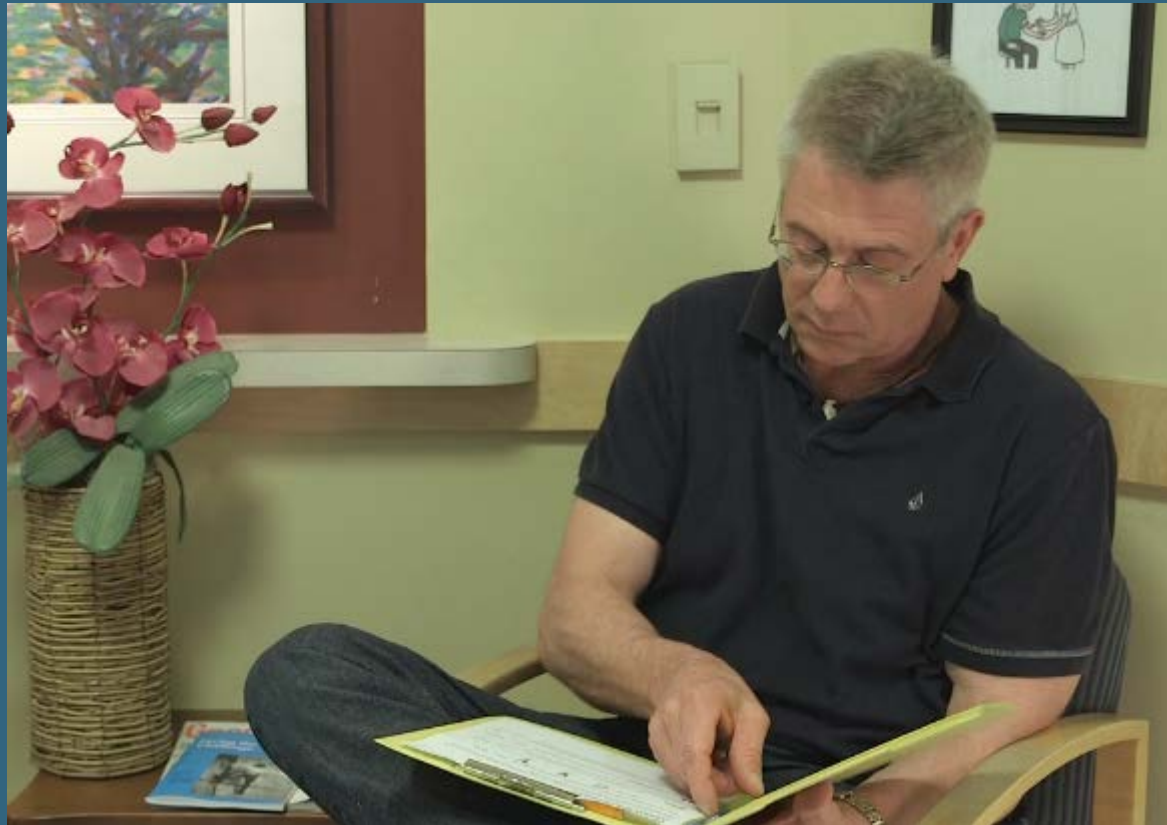
- Tracks when a pt service is overdue
- SBIRT HM is updated when:
 - Screening tool answers are recorded on Flowsheet or SmartPhrase
- Automatically updates on a nightly run



Reception gives pt brief screen



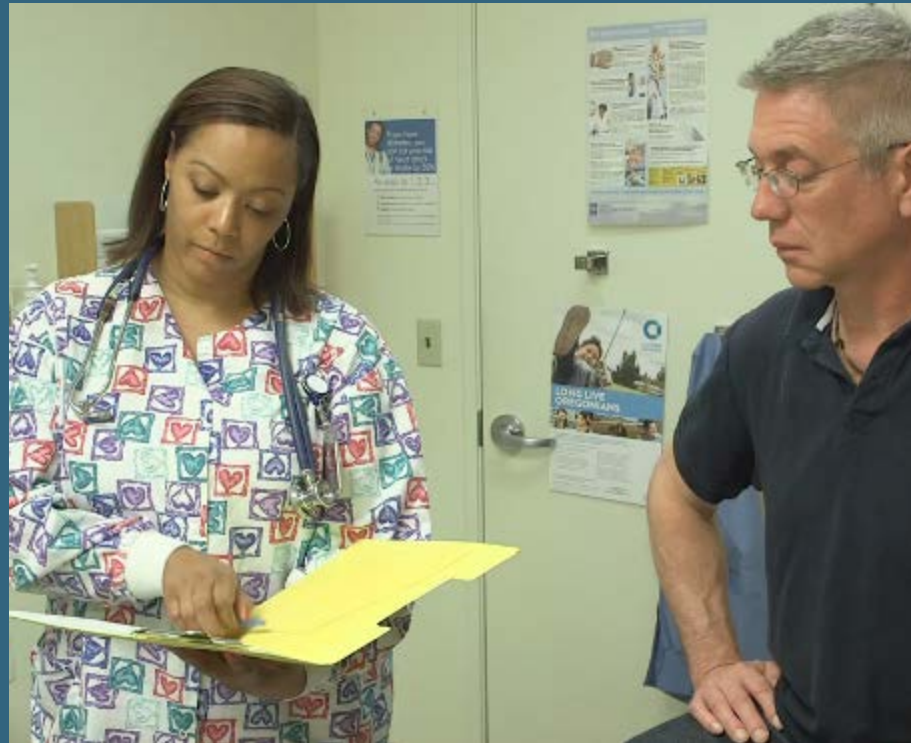
Pt completes in waiting room



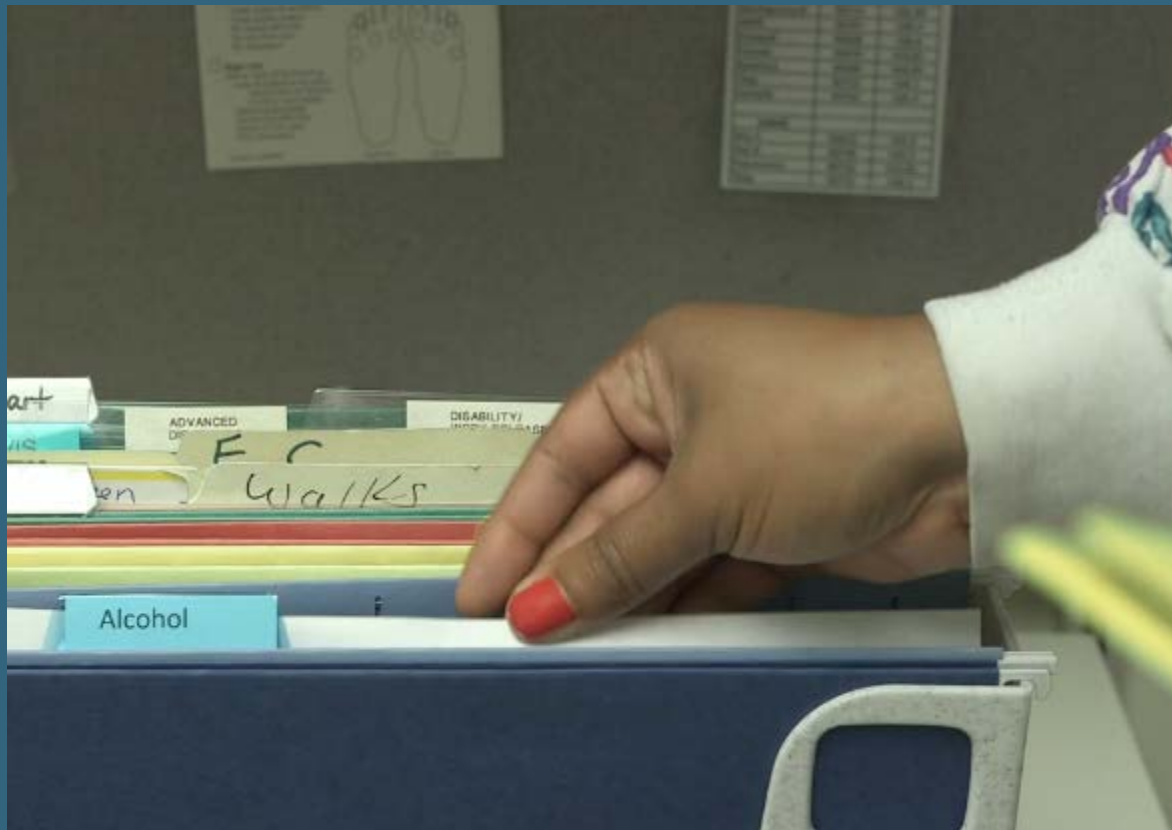
MA collects brief screen when rooming pt



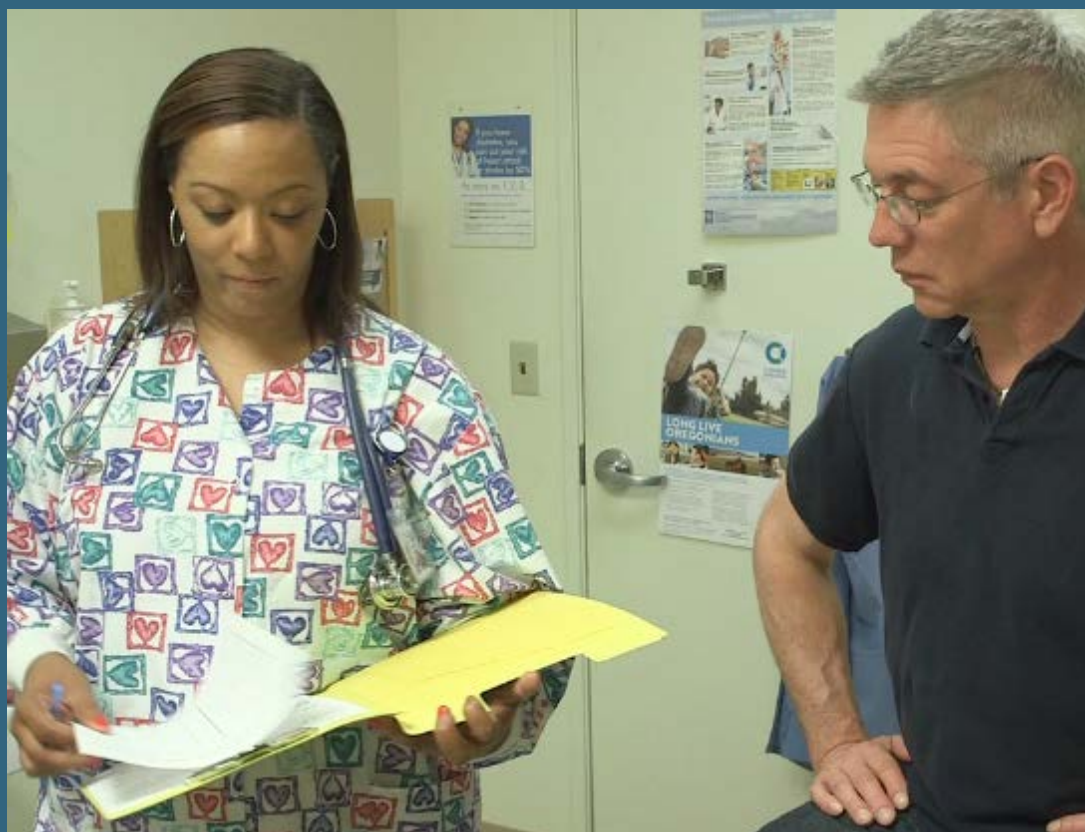
MA scores brief screen during rooming



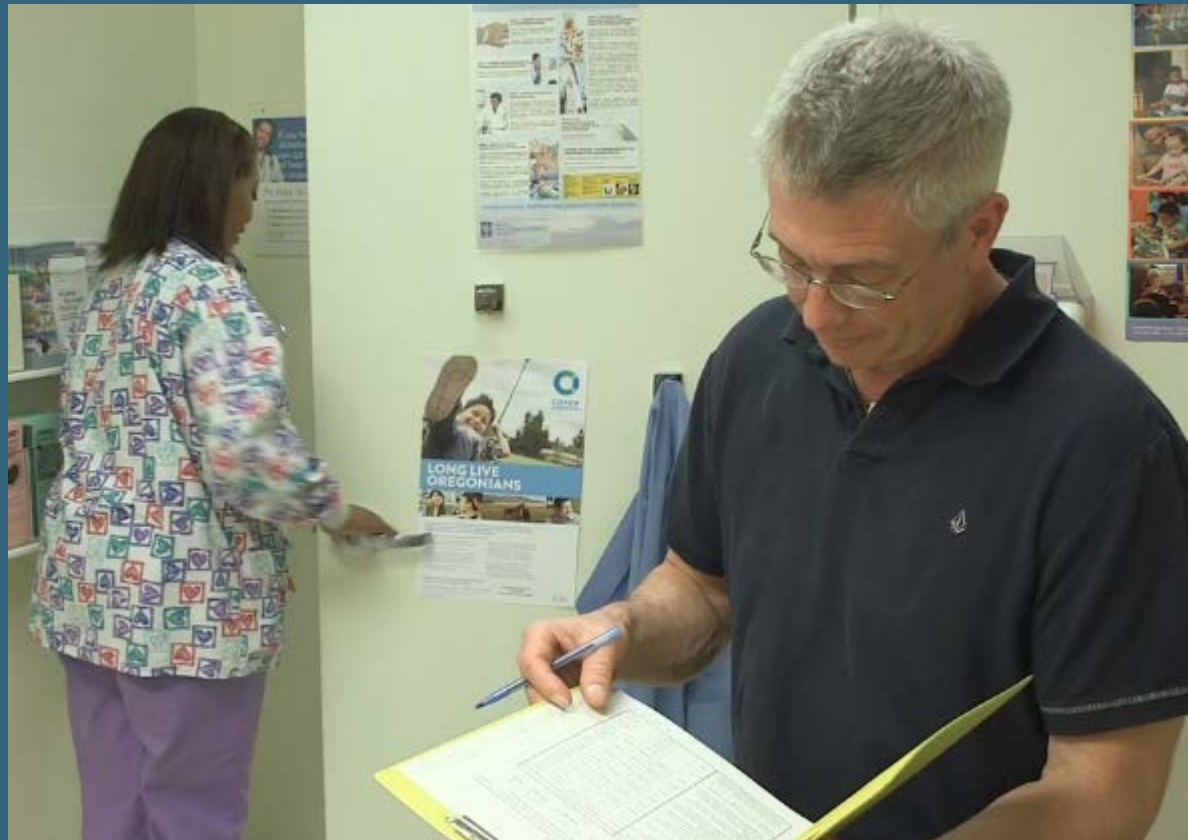
If positive, MA locates
AUDIT or DAST form



gives to pt



pt completes form while waiting for clinician



One drink equals:



12 oz.
beer



5 oz.
wine



1.5 oz.
liquor
(one shot)

| | | | | | |
|--|-------|-------------------|-------------------------------|--------------------|------------------------|
| 1. How often do you have a drink containing alcohol? | Never | Monthly or less | 2 - 4 times a month | 2 - 3 times a week | 4 or more times a week |
| 2. How many drinks containing alcohol do you have on a typical day when you are drinking? | 0 - 2 | 3 or 4 | 5 or 6 | 7 - 9 | 10 or more |
| 3. How often do you have four 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 of 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 of your drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| 9. Have you or someone else been injured because of your drinking? | No | | Yes, but not in the last year | | Yes, in the last year |
| 10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down? | No | | Yes, but not in the last year | | Yes, in the last year |

0

1

2

3

4

AUDIT



Scoring the AUDIT

| Score | Zone | Action |
|----------------------------|---------------|---|
| 0-3: Women 0-4: Men | I – Low Risk | Brief education |
| 4-12: Women 5-14: Men | II – Risky | Brief intervention |
| 13-19: Women 15-19: Men | III – Harmful | Brief intervention or Referral to specialized treatment |
| 20+: Men 20+: Women | IV – Severe | Referral to specialized treatment |

Clinician greets pt and addresses reason for visit



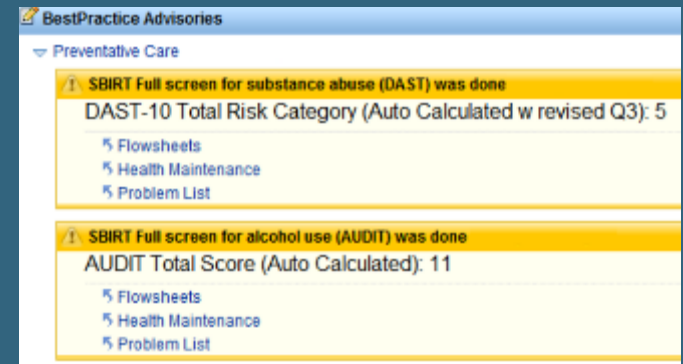
Later, asks permission to score AUDIT





BPA alert for brief intervention

- If data from AUDIT entered into Flowsheet before clinician sees pt, then BPA (Best Practice Advisory) triggered
- BPA is part of the “Visit navigator” section of the EHR
- Not currently a “pop-up”
- Some clinics leave the completed paper AUDIT or DAST in exam room or outside door for the clinician as a visual cue



Clinician performs BI/RT if indicated



Clinician documents in note using SmartPhrase



SmartPhrases

- Also known as DotPhrases
- Automatically populate progress notes
- Uses language that meets billing requirements
- Can contain reportable data elements





Smart Phrase example - AUDIT

The pt was given a AUDIT screening form(s) today and the score(s) placed the pt into the Low risk zone of use.

We did not discuss this further because the patient's low risk did not warrant further discussion.

CPT 99420 automatically applied



Screening codes

| Service | Payer | Code | Description |
|-------------------------------------|-----------------------|------------------|--|
| Full screen only | Medicaid & Commercial | CPT 99420 | <ul style="list-style-type: none">• Administration and interpretation of a full screen. |
| Full screen plus brief intervention | Med & Comm. | CPT 99408 | <ul style="list-style-type: none">• 15-30 minutes spent administrating and interpreting a full screen, plus performing a brief intervention. |
| | Med & Comm. | CPT 99409 | <ul style="list-style-type: none">• Same as above, ≥ 30 minutes. |



Smart Phrase example - AUDIT

The pt was given a AUDIT screening form today. The score placed the pt into the Harmful zone of use.

In discussing this issue, my medical advice was that the pt abstain.

The pt's readiness to change was 7 on a scale of 0 - 10. We explored why it was not a lower number and discussed the patient's own motivation for change.

The pt agreed to abstain from use and to make a follow up appt in 6 weeks.

Total clinic time administering and interpreting the screening form, plus performing a face-to-face brief intervention with the pt was less than 15 minutes.

<15 mins = CPT 99420

>15 mins = CPT 99408

>30 mins = CPT 99409

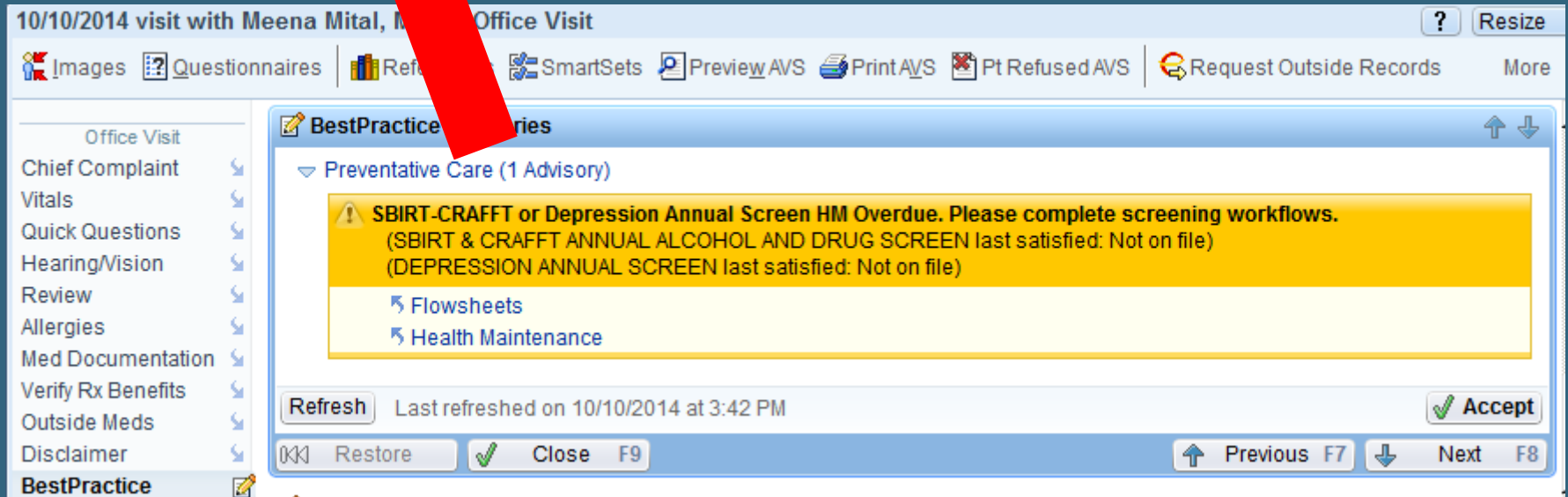
Rooming staff: Alerting when CRAFFT is due



- MA can check provider schedule
- Or check BestPractice Section of Visit Navigator
- Overdue HM will fire the BPA.

BPA when CRAFFT is due

⚠ SBIRT-CRAFFT or Depression Annual Screen HM Overdue. Please complete screening workflows.
(SBIRT & CRAFFT ANNUAL ALCOHOL AND DRUG SCREEN last satisfied: Not on file)
(DEPRESSION ANNUAL SCREEN last satisfied: Not on file)



10/10/2014 visit with Meena Mital, M.D. Office Visit

Images Questionnaires Referrals SmartSets Preview AVS Print AVS Pt Refused AVS Request Outside Records More

Office Visit

- Chief Complaint
- Vitals
- Quick Questions
- Hearing/Vision
- Review
- Allergies
- Med Documentation
- Verify Rx Benefits
- Outside Meds
- Disclaimer
- BestPractice

BestPractice Advisories

Preventative Care (1 Advisory)

⚠ SBIRT-CRAFFT or Depression Annual Screen HM Overdue. Please complete screening workflows.
(SBIRT & CRAFFT ANNUAL ALCOHOL AND DRUG SCREEN last satisfied: Not on file)
(DEPRESSION ANNUAL SCREEN last satisfied: Not on file)

- Flowsheets
- Health Maintenance

Refresh Last refreshed on 10/10/2014 at 3:42 PM Accept

Restore Close F9 Previous F7 Next F8

CRAFFT

In the last 12 months, did you:

Drink any alcohol (more than a few sips)?

No

Smoke, vape or eat any kind of marijuana?

Use anything else to get high?

If you answered No to all three questions, answer #1 below.

Yes

If you answered Yes to any questions, answer questions #1-6 below

No

Yes

1. Have you ever ridden in a car driven by someone (including yourself) who was "high" or had been using alcohol or drugs?

2. Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?

3. Do you ever use alcohol or drugs while you are by yourself, or alone?

4. Do you ever forget things you did while using alcohol or drugs?

5. Do your family or friends ever tell you that you should cut down on your drinking or drug use?

6. Have you ever gotten into trouble while you were using alcohol or drugs?



Interpreting the CRAFFT

| Score | Risk | Recommended action |
|-----------------------------|---------------------|---|
| "No" to 3 opening questions | Low risk | Positive reinforcement |
| "Yes" to car question | Driving/Riding risk | Discuss plan to avoid driving after alcohol or drug use or riding with a driver who has been using alcohol or drugs (Consider offering Contract for Life) |
| CRAFFT score = 0 | Moderate risk | Brief advice |
| CRAFFT score = 1 | | Brief intervention |
| CRAFFT score ≥ 2 | High risk | Consider referral for further assessment |



SmartPhrase example: CRAFFT

The pt completed a CRAFFT screening tool today and the scored Low risk. The patient answered No to the Car question.

I shared these results and recommended the patient abstain from using substances, drive while impaired, or ride with an impaired driver.

CPT 99420 automatically applied



SmartPhrase example: CRAFFT

The pt completed a CRAFFT screening tool today and the scored Moderate risk. The patient answered No to the Car question.

I shared these results and recommended the patient abstain from using substances, drive while impaired, or ride with an impaired driver.

The pt's readiness to change was 3 on a scale of 0 - 10. We explored why it was not a lower number and discussed the patient's own motivation for change.

The patient agreed to discuss substance use with a trusted adult.

Total clinic time administering and interpreting the screening form, plus performing a face-to-face brief intervention with the pt was less than 15 minutes.

<15 mins = CPT 99420

>15 mins = CPT 99408

>30 mins = CPT 99409

Website: sbirtoregon.org

- SmartPhrase examples on the Billing and documentation page

Home SBIRT workflow Screening forms Clinic tools Training curriculum Video demonstrations Billing and documentation Contact us

Billing codes Documentation C/O measure ED Measure

Below is an example of a progress note that sufficiently supports use of SBIRT billing codes. This language may be incorporated into a Smart Phrase/Dot Phrase tool in the electronic medical record.

Select a patient category:

Adults Adolescents

The patient was given a _____ screening form(s) today and the score(s) placed the patient into the _____ zone of risk.

- AUDIT alcohol
- BAST drug
- Low risk
- Risky
- Harmful
- Severe

We did not discuss this further because _____.

- the patient's low risk did not warrant further discussion
- the patient expressed an unwillingness to do so.
- we ran out of time and scheduled a follow-up visit for further assessment.

In discussing this issue, my medical advice was that the patient _____.

- abstain
- cut back to no more than 4 drinks in one day and no more than 14 per week (men)
- cut back to no more than 3 drinks in one day and no more than 7 per week (women or >65)

The patient's readiness to change was _____ on a scale of 0 - 10. We explained why it wasn't a lower number and discussed the patient's own motivation for change.

The patient agreed to _____.

- cut back to the advised daily and weekly limits
- abstain from use
- participate in a 12-step program.
- accept a referral to _____
- call Oregon hotline to explore further treatment options: 1-800-843-0566

Total clinic time administering and reviewing the screening form, plus performing a face-to-face brief intervention with the patient was _____ minutes.

- Less than 15
- 15 to 30
- Greater than 30

Clinician completes visit



Clinician drops off AUDIT form





Clinician drops off AUDIT form



Later, data from the AUDIT and Brief screen are entered in the EHR



Flowsheet function in Epic

- Previously called “Doc Flowsheets”
- Records answers to screening tools
- Updates HM

| SASQ - Single Alcohol Screening Question | |
|---|--|
| How many times in the past year have you had 5 or more drinks (men) or 4 or more drinks (women) | |
| SSASQ - Single Substance Abuse Screening Question | |
| How many times in the past year have you used a recreational drug or used a prescription | |
| AUDIT - Alcohol Use Disorders Identification Test | |
| How often do you have a drink containing alcohol? | |
| How many drinks containing alcohol do you have on a typical day when you are drinking? | |
| How often do you have 6 more drinks on one occasion? | |
| How often during the last year have you found that you were not able to stop drinking once you had | |
| How often during the last year have you failed to do what was normally expected from you because of | |
| How often during the last year have you needed a first drink in the morning to get yourself going after a | |
| How often during the last year have you had a feeling of guilt or remorse after drinking? | |
| How often during the last year have you been unable to remember what happened the night before | |
| Have you or someone else been injured as a result of your drinking? | |
| Has a relative or friend or a doctor or another health worker been concerned about your drinking or | |
| AUDIT Total Score (Auto Calculated) | |
| AUDIT Total Score (Manual Entry) | |
| Risk Zone: | |



SBIRT Flowsheet

| | |
|---|-------|
| SASQ - Single Alcohol Screening Question | |
| How many times in the past year have you had 5 or more drinks (men) or 4 or more drinks (women) | 1 |
| SSASQ - Single Substance Abuse Screening Question | |
| How many times in the past year have you used a recreational drug or used a prescription | 0 |
| AUDIT - Alcohol Use Disorders Identification Test | |
| How often do you have a drink containing alcohol? | 3 |
| How many drinks containing alcohol do you have on a typical day when you are drinking? | 2 |
| How often do you have 6 more drinks on one occasion? | 3 |
| How often during the last year have you found that you were not able to stop drinking once you had | 1 |
| How often during the last year have you failed to do what was normally expected from you because of | 1 |
| How often during the last year have you needed a first drink in the morning to get yourself going after a | 1 |
| How often during the last year have you had a feeling of guilt or remorse after drinking? | 1 |
| How often during the last year have you been unable to remember what happened the night before | 1 |
| Have you or someone else been injured as a result of your drinking? | 0 |
| Has a relative or friend or a doctor or another health worker been concerned about your drinking or | 0 |
| AUDIT Total Score (Auto Calculated) | 13 |
| AUDIT Total Score (Manual Entry) | |
| Risk Zone: | Risky |

SBIRT Flowsheet

| | |
|---|-------|
| SASQ - Single Alcohol Screening Question | |
| How many times in the past year have you had 5 or more drinks (men) or 4 or more drinks (women) | 0 |
| SSASQ - Single Substance Abuse Screening Question | |
| How many times in the past year have you used a recreational drug or used a prescription | 1 |
| DAST - Drug Use Screening Test | |
| Have you used drugs other than those required for medical reasons? | 1 |
| Do you abuse more than one drug at a time? | 0 |
| Are you unable to stop using drugs when you want to? | 0 |
| Have you had "blackouts" or "flashbacks" as a result of drug use? | 0 |
| Do you ever feel bad or guilty about your drug use? | 0 |
| Does your spouse (or parents) ever complain about your involvement with drugs? | 0 |
| Have you neglected your family because of your use of drugs? | 0 |
| Have you engaged in illegal activities in order to obtain drugs? | 1 |
| Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs? | 0 |
| Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, | 0 |
| DAST-10 Total Risk Category (Auto Calculated w revised Q3) | 2 |
| DAST Total Risk Category (Manual Entry) | |
| Zone of Use: | Risky |



Specifically, what we want our EHR to do:

- Apply across depts. within system
- Alert when and which screening tool is due
- Record screening tool score/answers/category
- Alert when/what intervention is indicated
- Automatically populate progress note
- Apply correct billing and diagnosis codes
- Print patient handouts
- Produce reports
- Sync with patient portal and tablet screening

Others?

Patient handouts

- 2-4 pages each
- Based on substance and population
- Experimental stage
- Hyperlink in SmartPhrase may be best option
- Available for download on website



SBIRT reporting from the EHR

- Sources for data: Flowsheet and SmartPhrase
- Useful for internal QI purposes, or outside performance metrics

| | ITEM_ID | #_USES | #OfficeVisits | Utilization | Term |
|----|---------|--------|---------------|-------------|------------|
| 3 | AUDIT | 3 | 3737 | 0.08% | 9/1/2013 |
| 4 | AUDIT | 2 | 4865 | 0.04% | 9/8/2013 |
| 5 | AUDIT | 2 | 4627 | 0.04% | 9/15/2013 |
| 6 | AUDIT | 4 | 4708 | 0.08% | 9/22/2013 |
| 7 | AUDIT | 6 | 4929 | 0.12% | 9/29/2013 |
| 8 | AUDIT | 4 | 5081 | 0.08% | 10/6/2013 |
| 9 | AUDIT | 3 | 5060 | 0.06% | 10/13/2013 |
| 10 | AUDIT | 8 | 5355 | 0.15% | 10/20/2013 |
| 11 | AUDIT | 15 | 4850 | 0.31% | 10/27/2013 |
| 12 | AUDIT | 24 | 5012 | 0.48% | 11/3/2013 |
| 13 | AUDIT | 20 | 4756 | 0.42% | 11/10/2013 |
| 14 | AUDIT | 15 | 5324 | 0.28% | 11/17/2013 |
| 15 | AUDIT | 8 | 3484 | 0.23% | 11/24/2013 |
| 16 | AUDIT | 20 | 4833 | 0.41% | 12/1/2013 |
| 17 | AUDIT | 18 | 4802 | 0.37% | 12/8/2013 |
| 18 | AUDIT | 21 | 5083 | 0.41% | 12/15/2013 |
| 19 | AUDIT | 6 | 2920 | 0.21% | 12/22/2013 |
| 20 | AUDIT | 16 | 3741 | 0.43% | 12/29/2013 |
| 21 | AUDIT | 28 | 6081 | 0.46% | 1/5/2014 |
| 22 | AUDIT | 22 | 6152 | 0.36% | 1/12/2014 |
| 23 | AUDIT | 19 | 5399 | 0.35% | 1/19/2014 |
| 24 | AUDIT | 27 | 5946 | 0.45% | 1/26/2014 |
| 25 | AUDIT | 18 | 5173 | 0.35% | 2/2/2014 |
| 26 | AUDIT | 41 | 5640 | 0.73% | 2/9/2014 |



Possible SBIRT QI measures

| Clinic Measure | Measure ratio | % |
|-------------------------|--|-----|
| Brief screen rate | $\frac{\text{Pts >18 years presenting at clinic and given brief screen}}{\text{Pts >18 years presenting at clinic who have not received brief screen in last year}}$ | 75% |
| Full screen rate | $\frac{\text{Pts who received AUDIT or DAST}}{\text{Patients who screen positive on brief screen}}$ | 85% |
| Brief intervention rate | $\frac{\text{Patients who score in Zone II, or higher and received a brief intervention}}{\text{Patients who score in Zone II or higher}}$ | 75% |
| Referral rate | $\frac{\text{Patients who score in Zone IV and are advised to seek treatment}}{\text{Patients who score in Zone IV}}$ | 75% |

Syncing with tablet and portal screening

- Still in experimental stage
- Obvious advantages:
 - Skip patterns, sync with EHR, no paper forms
- Complex to work as envisioned
- Definitely the future
- “MyChart” sends screening tools





EHR tools built and released over time

OCHIN project:

Jan. 2014: SBIRT Flowsheet and HM function created

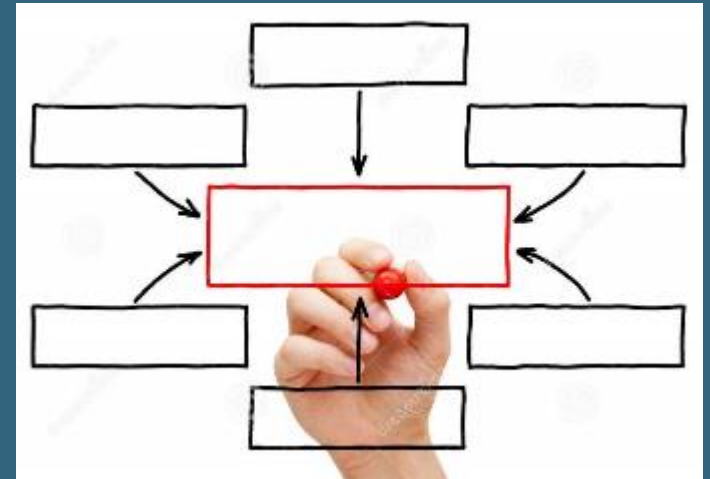
May 2014: BPAs for clinician and rooming staff created

Oct. 2014: SmartPhrase created



Lessons learned

- Significant time and \$ needed for technology expertise FTE
- Dependent on feedback from practicing clinic team members
- Tools need ongoing, small changes to reflect new rules, reporting
- Training needed to use new tools





Thanks!

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