

# Integrating Behavioral Health Into Primary Care

Steps for SBIRT Implementation

Mallori DeSalle, MA, LMHC, NCC, CCMHC, CPS
Indiana University-Bloomington
School of Public Health

February 21, 2017 12:00pm-1:00pm CST







# Objectives:

# As a result of this webinar participants will be able to:

- Describe rationale for implementing SBIRT in standard healthcare practices.
- Compare and contrast SBIRT implementation and integration.
- Outline the process of SBIRT integration and identify potential barriers.
- Examine practical solutions for implementing SBIRT day to day in primary care.















#### Mallori DeSalle

Coordinated more than 20 SBIRT integration projects.

Member of Motivational Interviewing Network of Trainers and listed on the National ATTC SBIRT Trainer's Registry.

## Rationale



# 80.5% of individuals visited a doctor or other healthcare provider within the last year.

Centers for Disease Control and Prevention (CDC). (2012). Summary health statistics for U.S. Adults: National Health Interview Survey, 2011. Vital and Health Statistics, 10, 1-208.









## Poll Question #1:

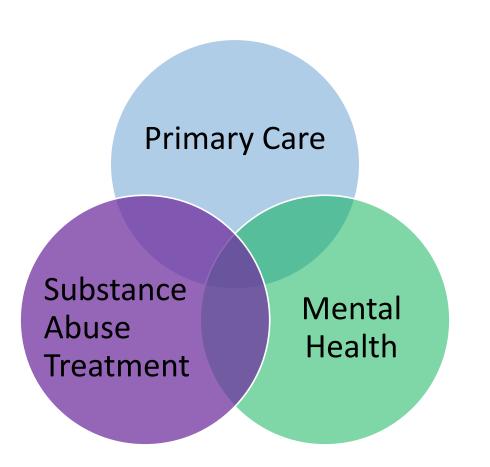








### Rationale



70% of healthcare visits are driven by psychological symptoms.

Hunter, C.L., Goodie, J.L., Oordt, M.S., & Dobmeyer, A.C.(2009). Integrated behavioral health in primary care: Step-by-step guidance for assessment and intervention. Washington, DC: American Psychological Association.





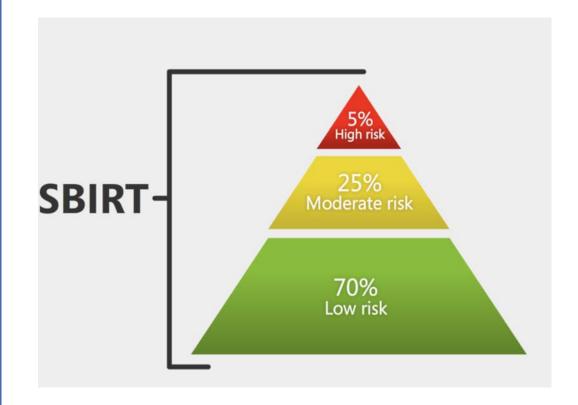




### Rationale



Screening
Brief Intervention
Referral to
Treatment



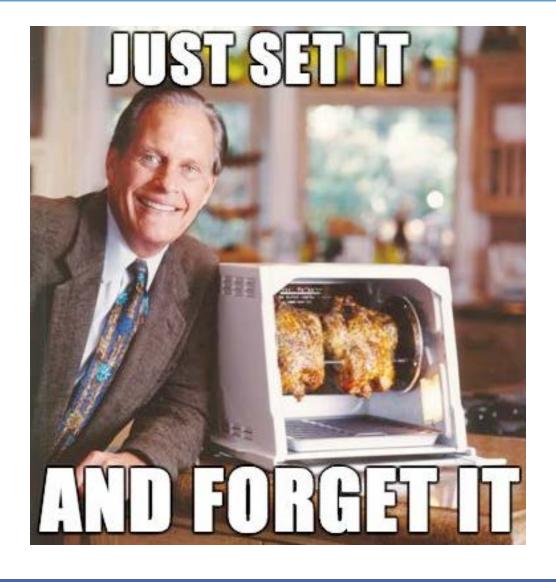








# Implementation vs Integration



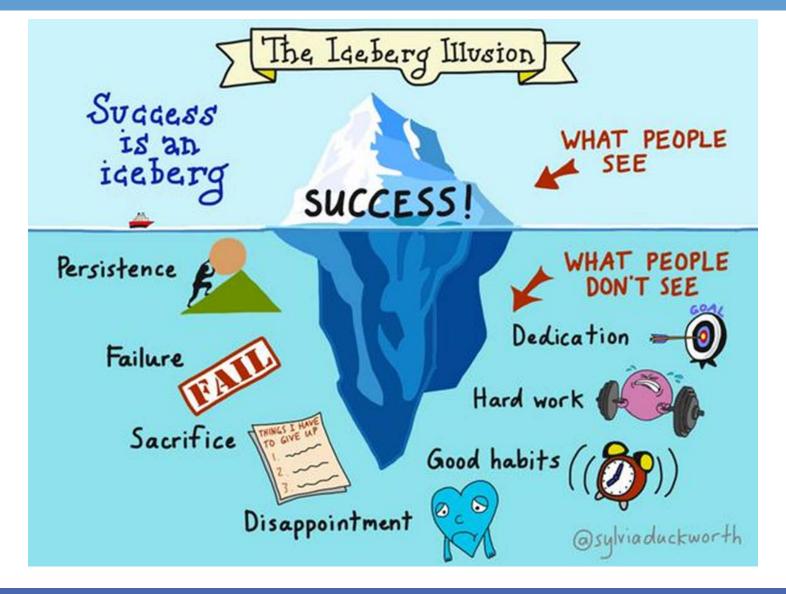








# Implementation vs Integration



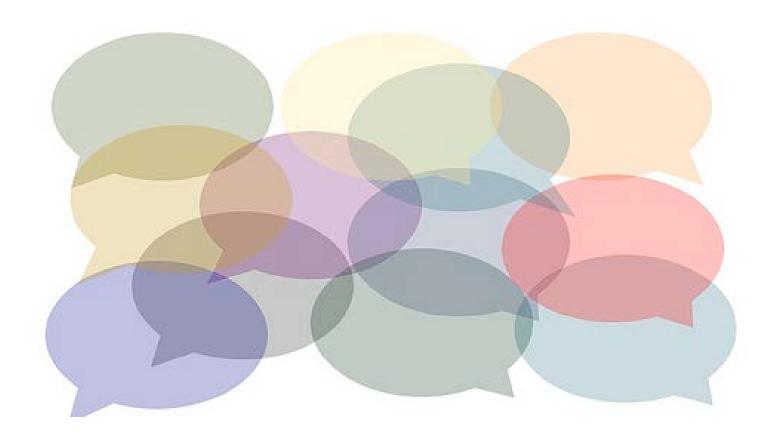








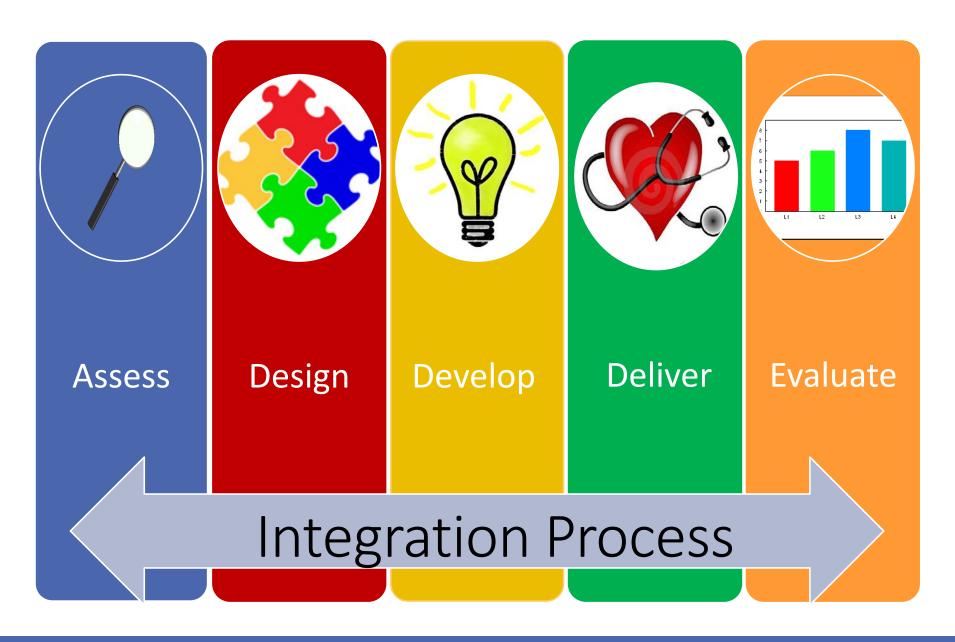
# Poll Question #2:



















# Assess



### **SBIRT Readiness**

- Mission and Values
- Policies and Practices
- Resources
- Staff attitudes
- Finances

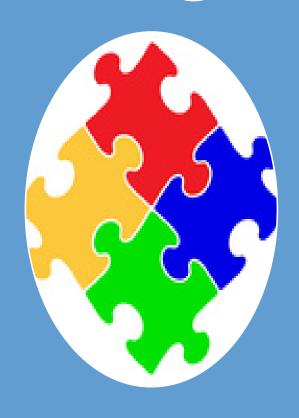








# Design



## Implementation Plan

- SBIRT Team
- Process flow
- Staff Competence
- Sustainability









# Development

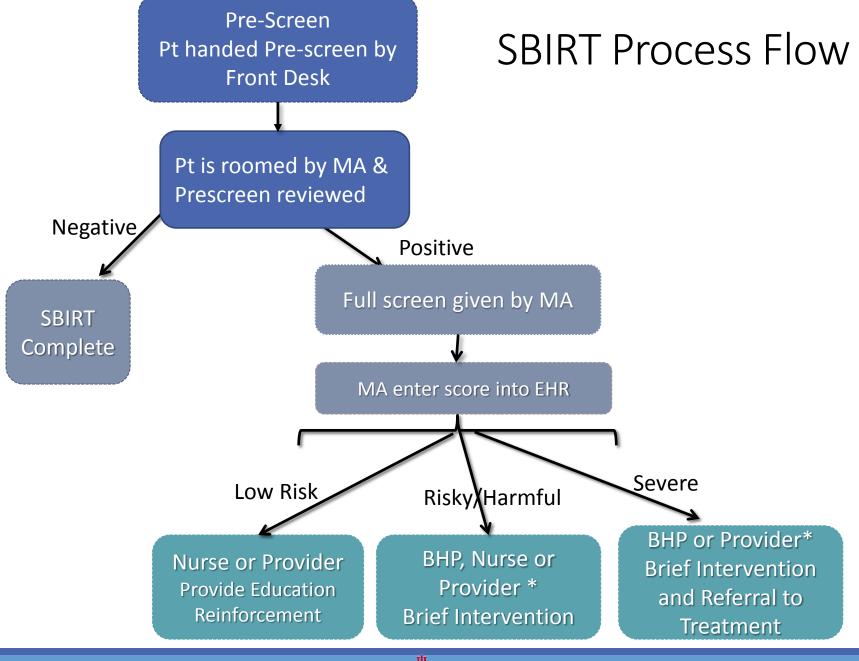
#### **SBIRT Resources**

- Policies and Procedures
  - Process Flow
  - Training Expectations
  - Oversight and goal setting
- Electronic Health Record
- Outreach Materials









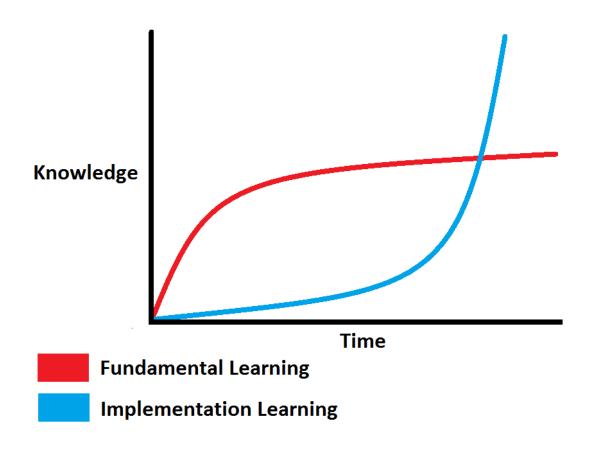








# Training Expectations









# EHR Modifications Do's and Don'ts

#### Do:

- ✓ Include all levels of staff in design.
- ✓ Embed tool into existing process.
- ✓ Coordinate patient schedule system with patient medical record system.
- ✓ Use "smart" forms for scoring.
- ✓ Keep screening scores for longitudinal use.
- ✓ Include full screening tool in records.
- ✓ Track intervention completion.







# EHR Modifications Do's and Don'ts

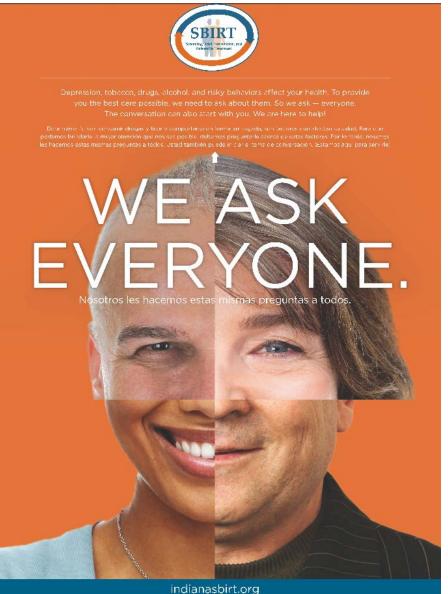
#### Don't:

- ✓ Make SBIRT a stand-alone feature
- ✓ Embed a tool that hasn't been reviewed.
- ✓ Bury the data in notes or text files.
- ✓ Use pop up reminders at every visit when SBIRT is only required annually.
- ✓ Examine only billing data to determine SBIRT utilization.

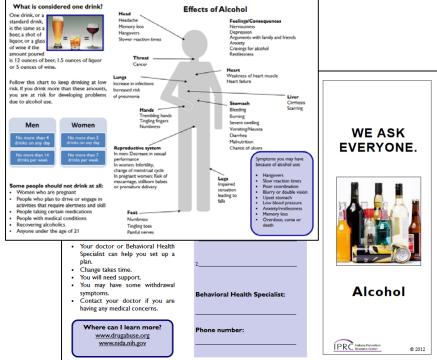






















# Deliver

- 1.Normalize SBIRT
- 2. Train all staff
- 3.Go LIVE!
- 4. Monitor and adjust

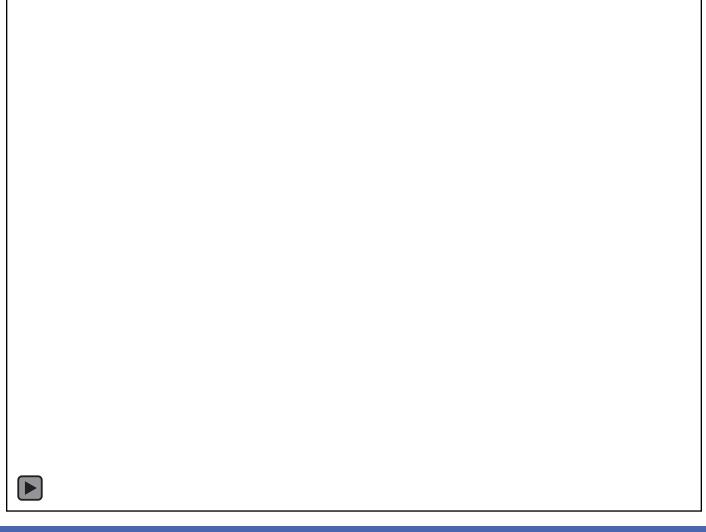








# Normalizing SBIRT











#### Present SBIRT in Phases:





**Clinical Management** 



**Support Staff** 



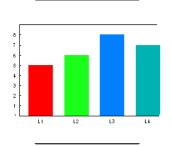
**Patients/Clients** 











# Evaluate

Process	Outcome
Training	Patient health data
SBIRT Process Flow	Cost data
EHR Functionality	Reimbursement data
Intervention Fidelity	









# Poll Question #3:











## Unexpected Outcomes

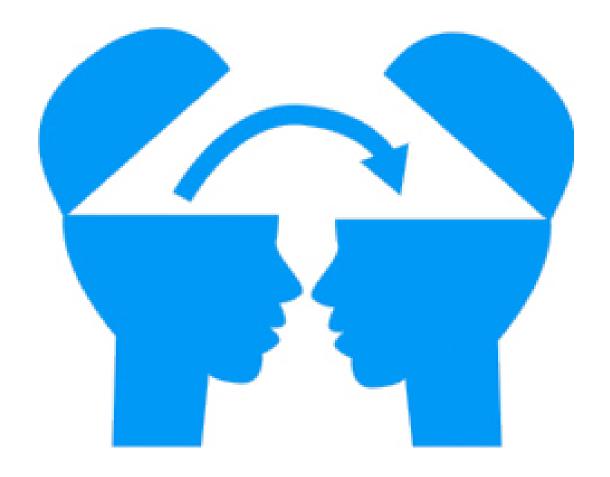


Image:http://www.bsgtraining.co.uk/images/icons/skilltransfer-blue.jpg









# Questions

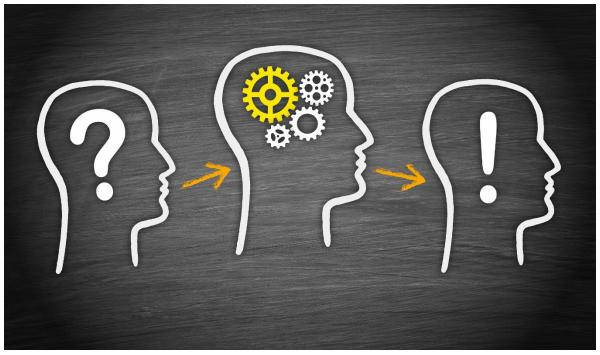


Image source:https://innorobo.com/wp-content/uploads/2015/02/startup.jpg









# **Contact Information:**

#### Mallori DeSalle

mdesalle@indiana.edu

Indiana SBIRT Website:

www.IndianaSBIRT.org

Indiana Prevention Resource Center Website:

www.drugs.indiana.edu





