

Integrating Mental Health Screening & Follow-Up into Primary Care

OPHIC LESSONS LEARNED

EXPLORE
HEALTHCARE SUMMIT

Disclosures

The projects outlined in this presentation are funded by the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS).

The content presented does not necessarily represent the official views of, nor endorsement by, ODMHSAS.

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Learning Objectives

1

Describe the use of Dissemination and Implementation (D&I) science to accelerate the implementation of evidence-based guidelines in primary care.

2

Identify best practices related to implementation of SBIRT in primary care.

3

Assess the complexity of implementing universal screening in primary care and discuss a roadmap for implementation based on lessons learned.

State of Mental Health in Oklahoma

Health in Oklahoma

Commonwealth Fund 2022 Scorecard on State Health System Performance

Oklahoma

Ranking Highlights^a

	National Rank	Rank Among Southwestern States*
Overall	50 of 51	4 of 4
COVID-19	50	4
Access & Affordability	50	3
Prevention & Treatment	37	2
Avoidable Hospital Use & Cost	48	4
Healthy Lives	44	4
Income Disparity	47	4
Racial & Ethnic Equity	42	4

* Southwestern states include AZ, NM, OK, TX

How Health Care Performance Changed in Oklahoma^b



- Indicators that Improved
- Indicators that Worsened
- Indicators with Little or No Change

Mental Health in Oklahoma

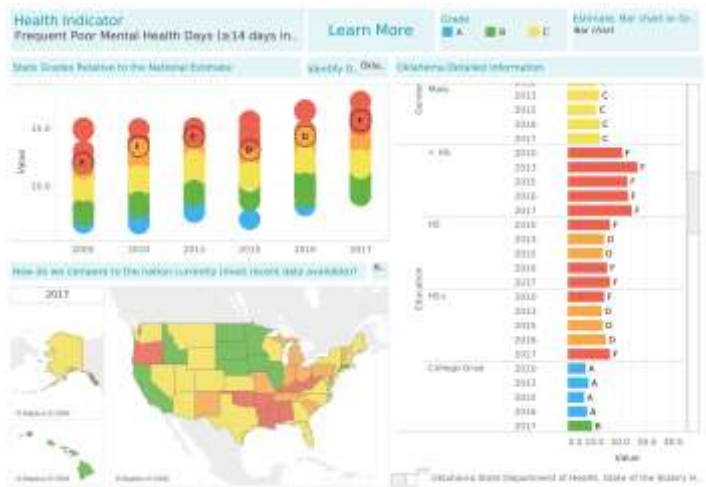


<https://stateofstateshealth.ok.gov/>

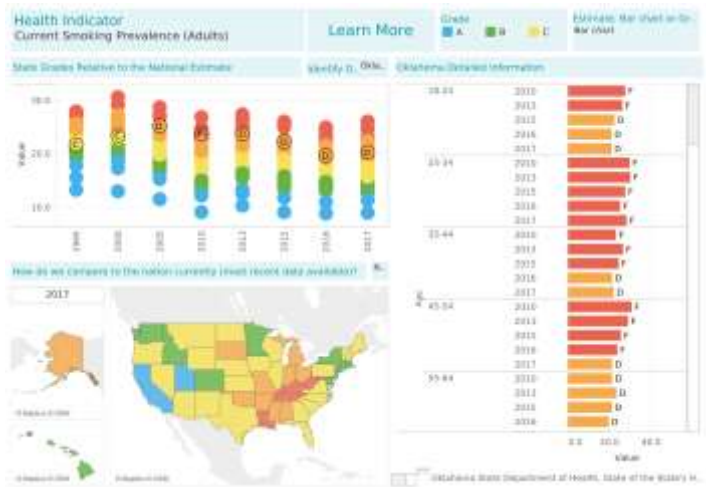
Depression



Poor Mental Health Days



Smoking Prevalence



Suicide Deaths



...45% of those dying by suicide saw their primary care physician in the month before their death.

McDowell AK, Lineberry TW, Bostwick JM. Practical suicide-risk management for the busy primary care physician. *Mayo Clin Proc.* 2011 Aug;86(8):792-800. doi: 10.4065/mcp.2011.0076. Epub 2011 Jun 27. PMID: 21709131; PMCID: PMC3146379.

Black and Brown Americans had higher rates of anxiety and depression during the Covid-19 pandemic, new study finds

Reported by [The New York Times](#) on 10/21/2020 at 12:00 PM EDT

AP Photo/Chris Wedel

Building 'bravery muscles' to fight rising anxiety among kids

Harvard psychologist Elvira says pandemic worsened trend and screening, early intervention key to avoiding bigger problems

The New York Times

Meeting the Mental Health Challenge in School and at Home

From teaching parents (or tough teachers, administrators) how to cope to working with social workers (or nurses, psychologists, etc.) — and talk back the pandemic, let's face it, hell.

Suicides increased in 2021, especially among younger people

'It's all over the country,' lead study author says of the rate increase among 15-to-24-year-olds

By [Lenny Bernstein](#)
September 26, 2022 at 12:00 a.m. EDT

Physician Burnout Has Reached Distressing Levels, New Research Finds

Nearly two-thirds of doctors are experiencing at least one symptom of burnout, a huge increase from before the pandemic. But the situation is not irreparable, researchers say.

One Solution: Better Integrate Behavioral Health & Primary Care

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

“SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders.”

<https://www.samhsa.gov/sbirt>

Annual Screening

- AUDIT
 - Alcohol Use Disorders Identification Test
- DAST-10
 - Drug Abuse Screening Test
- Tobacco Use
- PHQ-9
 - Patient Health Questionnaire
- C-SSRS
 - Columbia-Suicide Severity Rating Scale

SBIRT Screen with GPRA

Tobacco

Have you used tobacco products in the past 30 days?

Yes

No

[Next](#)

SBIRT Screen with GPRA

AUDIT PreScreen

How many times in the past 6 months have you had 4 or more drinks in a day?

For beer	For malt liquor	For table wine	For 50 proof spirits
For approximately number of alcoholic drinks	For approximately number of alcoholic drinks	For approximately number of alcoholic drinks	For approximately number of alcoholic drinks
10 ac = 1	10 ac = 1	4 standard 100 ml (3.5 ac) bottles = 1	4 standard 50 ml (1.75 ac) bottles = 1
15 ac = 1.5	15 ac = 1.5		
20 ac = 2	20 ac = 2		
25 ac = 2.5	25 ac = 2.5		
30 ac = 3	30 ac = 3		
35 ac = 3.5	35 ac = 3.5		
40 ac = 4	40 ac = 4		

Press Next to enter 0.

[Next](#)

SBIRT Screen with GPRA

DAST PreScreen

In the past 12 months have you used drugs other than those required for medical reasons?

Yes

No

[Next](#)

Evidence for the Efficacy of SBIRT

	Screening	Brief intervention	Referral to treatment	Notes
Alcohol use	✓	✓	✓	USPSTF category B recommendation ¹⁶
Drug use (misuse or illicit use)	✓	✓	✓	SAMHSA recommended, TIP 63, ¹⁷ growing body of evidence*
Tobacco use	✓	✓	✓	USPSTF category B recommendation* ²
Depression	✓	✓	✓	Behavioral activation promising as a brief intervention in primary care ¹⁸
Suicide	✓	✓	✓	Brief intervention reduced suicide vs. usual care ³

✓ benefit identified ✓ not well studied

*USPSTF update in process

Evidence Supporting SBIRT

- Improves lives by early treatment of depression
- Saves lives by preventing suicide and treating addiction
- Reduced frequency and severity of substance use
- Reduced morbidity and mortality of chronic conditions
- Decreased health care costs and utilization

Screening reduces lifetime costs.



Fleming MF et al. Benefit-cost analysis of brief physician advice with problem drinkers in primary care settings. Med Care. 2000;38(1):7-18.

What is the Oklahoma Primary
Healthcare Improvement Cooperative
(OPHIC)?

OPHIC Overview

- **Centered at the NIH-funded Oklahoma Clinical and Translational Science Institute (OCTSI)**
- **Part of the University of Oklahoma Health Sciences Center**
- **Collaboration across multiple campuses with Department of Family and Preventive Medicine, College of Public Health, and Department of Medical Informatics**
- **Infrastructure established in 2014 through funding from AHRQ's EvidenceNOW Initiative**
- **Specialize in quality improvement techniques to disseminate and implement emerging evidence-based guidelines**
- **Includes community collaborators**

Multiple, Complex Recommendations



CDC Guidelines for Prescribing Opioids for Chronic Pain — United States, 2016

52 pages



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
U.S. DEPARTMENT OF JUSTICE
**U.S. DOJ CLINICAL PRACTICE GUIDELINE FOR
OPIOID THERAPY FOR CHRONIC PAIN**

198 pages

Department of Justice
Department of Health and Human Services

U.S. DOJ CLINICAL PRACTICE GUIDELINE FOR OPIOID THERAPY FOR CHRONIC PAIN

Background: Chronic pain is a common condition that affects approximately 100 million people in the United States. The challenge of pain management is to provide relief to patients while minimizing the risk of addiction and other harms. This guideline provides a framework for the safe and effective use of opioids for chronic pain.

Key findings: This guideline is based on a review of the scientific literature and expert consensus. It provides a framework for the safe and effective use of opioids for chronic pain, including the use of non-pharmacologic therapies, the use of opioids, and the use of long-acting opioids.

Recommendations: This guideline provides a framework for the safe and effective use of opioids for chronic pain. It includes recommendations for the use of non-pharmacologic therapies, the use of opioids, and the use of long-acting opioids. It also includes recommendations for the use of patient education, risk assessment, and monitoring.

Version 1.0 - 2016



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
U.S. DEPARTMENT OF JUSTICE

Attorney General Merrick B. Garland, Director of the Department of Justice

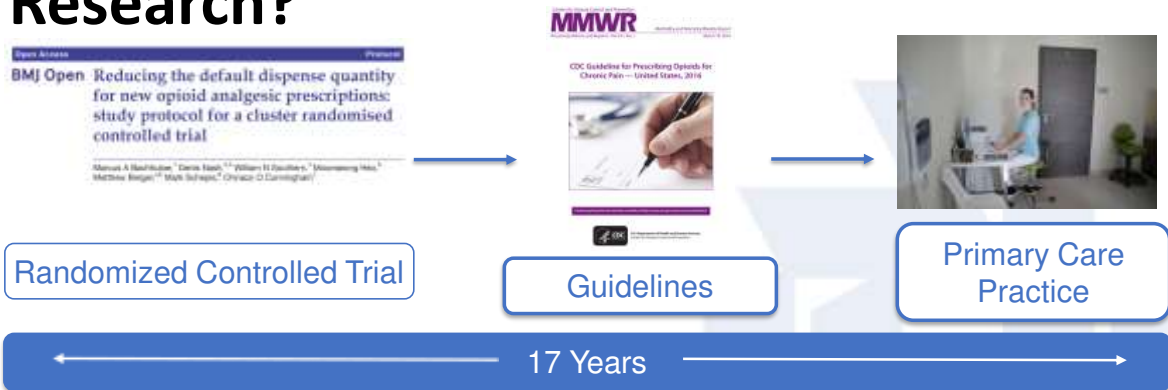
Attorney General Merrick B. Garland, Director of the Department of Justice
Guidance on Opioid Prescribing and Monitoring

The U.S. Department of Justice and the U.S. Department of Health and Human Services are pleased to announce the release of this guidance. This guidance is intended to provide a framework for the safe and effective use of opioids for chronic pain, including the use of non-pharmacologic therapies, the use of opioids, and the use of long-acting opioids.

Version 1.0 - 2016
Guidance on Opioid Prescribing and Monitoring

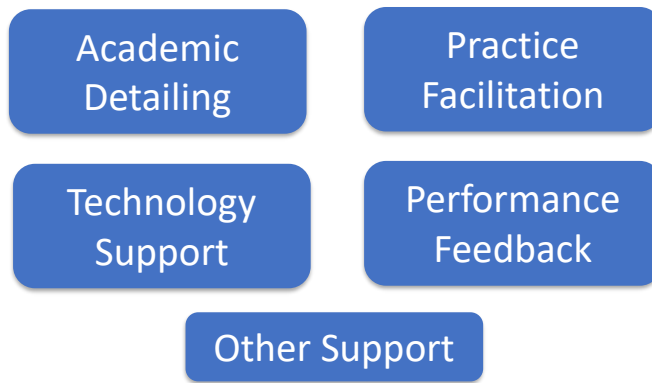
Version 1.0 - 2016
Guidance on Opioid Prescribing and Monitoring

Why Dissemination and Implementation Research?



- Speed up adoption of evidence-based guidelines
- Evaluate provider and patient outcomes

OPHIC Model



EvidenceNOW
Advancing Heart Health in Primary Care



OPHIC Projects

OPHIC Collaborators

State Government Agencies

Technical Partners

Community Partners



OPHIC Implements SBIRT

OPHIC SBIRT Projects



- ❖ Focus on primary care practices serving adults
- ❖ 49 practices
- ❖ Principal Investigators: Juell Homco, PhD, MPH & Steven Crawford, MD



- ❖ Focus on primary care practices serving adolescents
- ❖ 7 practices
- ❖ Principal Investigators: Juell Homco, PhD, MPH & Melissa Van Cain, MD

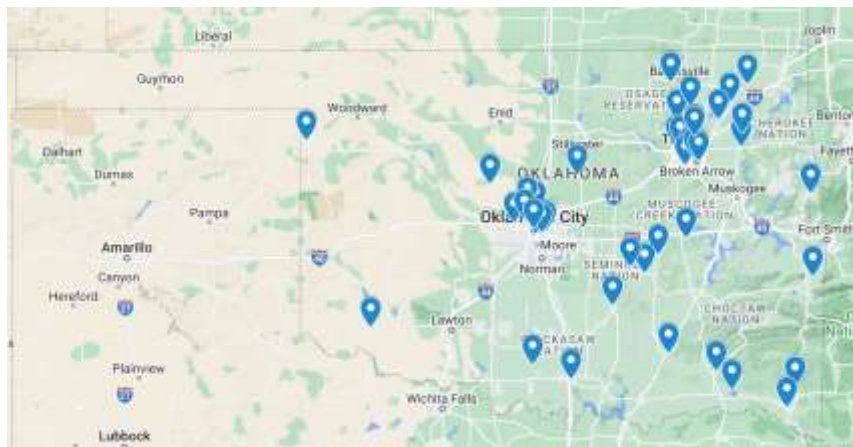


- ❖ Focus on primary care practices serving uninsured adults with diabetes
- ❖ 12 practices
- ❖ Principal Investigators: Juell Homco, PhD, MPH & Steven Crawford, MD

How is OPHIC Implementing SBIRT-OK?

S	Universal, annual screening identifies: <ul style="list-style-type: none">• unhealthy alcohol, drug, or tobacco use• depression• suicide risk
BI	Brief intervention provides: <ul style="list-style-type: none">• feedback on depression and substance use• education to patients• insight and awareness about risks of substance use• motivation toward healthy behavior change• medication assisted treatment
RT	Referral to treatment facilitates access to: <ul style="list-style-type: none">• mental health services• addiction assessment and treatment
OK	Let's implement in Oklahoma health care <ul style="list-style-type: none">• Reach Oklahomans with unrecognized depression and unhealthy behaviors.• Give feedback and counsel to change unhealthy behaviors.^{1,2}• Access mental health and addiction services.

SBIRT-OK Implementation Map



SBIRT-OK Goals

The goal of the SBIRT-OK program is to conduct **annual screening** for every patient of appropriate age seen in a primary care practice for behavioral health needs including:

- Depression & suicide risk
- Substance use disorders

SBIRT Screening Strategies

The SBIRT-OK Screening is **automated** and **completed by the patient**. This can occur ...

- **Away from the** office within 24 hours of an in-person or virtual appointment using the patient's device
- **In the office** immediately before an appointment using the patient's device or a provided electronic tablet

SBIRT-OK Screening Tool

Adult SBIRT Screen

Name marked with * are required.

Name (Last, First, Middle Initial)

Please enter the Patient ID number as it appears on your chart.

Practice Name

Site Location

What is your date of birth?

Acknowledgement of Consent

SBIRT Informed Consent Statement from clinical office studies, which screening for ability for cessation of alcohol use or tobacco or other substances and syndromes of dependence. Based on the screening, your clinician can provide appropriate treatment. The US Department of Health and Human Services and the Centers for Disease Control and Prevention recommend screening every year. Your nurse will enter the results to your medical record. Your clinician will advise your treatment and make recommended changes, treatment or make a referral for specialty care to improve your health. Participation in this screening is entirely voluntary. Whether you participate or not will have no impact on your existing care. The care and the screening at any time. If you have any questions or feel uncomfortable at a result of completing this screening please notify your clinician or an office staff member. Your personal information will be kept confidential. Data will be sent to the Oklahoma Department of Mental Health and Substance Abuse Services for analysis. Results from all patients will be combined when reviewing any information that could identify individuals.

By continuing to the next screen you acknowledge that you understand the above statement and agree to continue. *

No
 Yes

What is your gender? *

Male
 Female
 Transgender
 Other
 Refused

Screening Tool Functionality

Submissions

Location	Patient ID	Submission Date	Consent	Build Status	HGT Status	WGT Status	AHA	Action
1000000000	1000000000	2023-01-01 10:00:00	<input checked="" type="checkbox"/>	0	0	0	0	View Reopen
1000000000	1000000000	2023-01-01 10:00:00	<input checked="" type="checkbox"/>	0	0	0	0	View Reopen
1000000000	1000000000	2023-01-01 10:00:00	<input checked="" type="checkbox"/>	0	0	0	0	View Reopen

Respond to Suicide Risk

When the risk of suicide is indicated by the SBIRT-OK screening ...

- Staff immediately alert the clinician to contact or encounter with the patient
- Follow previously established practice protocols including ...
 - Staff or clinician administer C-SSRS questionnaire
 - Establish a Suicide Prevention Plan with the patient

If suicide is considered eminent, contact proper authorities, such as 988, & remain with the patient until assistance arrives

Administer the C-SSRS Form

Always ask questions 1 and 2.	Past Month	
1) Have you wished you were dead or wished you could go to sleep and not wake up?		
2) Have you actually had any thoughts about killing yourself?		
If YES to 2, ask questions 3, 4, 5 and 6. If NO to 2, skip to question 6.		
3) Have you been thinking about how you might do this?		
4) Have you had these thoughts and had some intention of acting on them?	High Risk	
5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?	High Risk	
Always Ask Question 6	Life-Event	Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life? <small>Examples: Took pills, tried to shoot yourself, cut yourself, tried to hang yourself, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump, collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, etc. If yes, was this within the past 3 months?</small>	High Risk	



If YES to 2 or 3, seek behavioral healthcare for further evaluation.
If the answer to 4, 5 or 6 is YES, get **immediate help**: Call or text 988, call 911 or go to the emergency room, **STAY WITH THEM** until they can be evaluated.



Suicide Prevention Plan



ZERO Suicide
IN HEALTH AND BEHAVIORAL HEALTH CARE

Transforming Systems for Safer Care

Suicide deaths for patients at risk of suicide in health and behavioral health systems are preventable. For systems dedicated to improving patient care and outcomes, the Zero Suicide framework presents both an operational challenge and a way forward.

Zero Suicide Framework

People who are dying by suicide are leaving the health care system. 83 percent of those who die by suicide have seen a health care provider in the year before their death (Marsden et al., 2014). Only 25 percent of those who die in the past year were seen to support behavioral health (Lewin et al., 2022).

Across health care disciplines and settings, there are many opportunities to identify and provide care to those at risk for suicide; however, suicide prevention must first be seen as a core responsibility of health care.

The Zero Suicide framework is defined by a system-wide, organizational commitment to safer suicide care in health and behavioral health care systems.

It represents a culture shift away from fragmented suicide care toward a holistic and comprehensive approach to patient safety and quality improvement: the most fundamental responsibility of health care—and to the safety and support of staff, who do the demanding work of treating and caring for suicidal patients.

Elements of Zero Suicide

- 1 Lead system-wide culture change committed to reducing suicide.
- 2 Treat a competent, confident, and caring workforce.
- 3 Identify individuals with suicide risk via comprehensive screening and assessment.
- 4 Engage all individuals at risk of suicide using a suicide care management plan.
- 5 Treat suicidal thoughts and behaviors using evidence-based treatments.
- 6 Treat other individuals through care with warm handoffs and supportive contacts.
- 7 Improve policies and procedures through continuous quality improvement.

<https://zerosuicide.edc.org/sites/default/files/Transforming%20Systems.pdf>

Print Full Screening Report

FULL SCREEN REPORT CONTINUED

Adult SBIRT Screen	Page 1	Adult SBIRT Screen	Page 4
Submission #14 01/06/2024-10:11:23		Submission #14 01/06/2024-10:11:23	
DAST	Score: 3	PHQ-9	Score: 7
In the past 12 months have you used drugs other than those required for medical reasons?	Yes	Little interest or pleasure in doing things?	Not at all
Did you find a medical condition useful?	No	Feeling down, depressed, or hopeless?	Not at all
Did you abuse more than one drug at a time?	No	Thoughts that you would be better off dead or of harming yourself or your drug?	Several days
Are you able to stop abusing drugs when you want to?	Yes	Over the last 2 weeks, how often have you been bothered by any trouble falling or staying asleep, or sleeping too much?	Not at all
Have you ever had blackouts or faintness as a result of drug use?	No	Over the last 2 weeks, how often have you been bothered by feeling tired or having less energy?	Not at all
Do you ever feel bad or guilty about your drug use?	No	Over the last 2 weeks, how often have you been bothered by trouble concentrating or things that do not bring the enjoyment of watching television?	Not at all
Does your spouse or partner ever complain about your involvement with drugs?	No	Over the last 2 weeks, how often have you been bothered by thoughts of harming yourself?	Not at all
Have you neglected your family because of your use of drugs?	No	Over the last 2 weeks, how often have you been bothered by feeling sad, hopeless, or empty or nothing that you have been feeling around at all most days or all the time?	Not at all
Have you stopped or illegal activities in order to obtain drugs?	No	If you checked off two or more problems, how difficult have those problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult
Have you ever experienced withdrawal symptoms (SVS ADS) when you stopped taking drugs?	No		
Have you had medical problems as a result of your drug use (eg memory loss, hepatitis, convulsions, bleeding)?	No		

Print the Full Report for all patients by selecting their ClientID and then click on "Full Report."

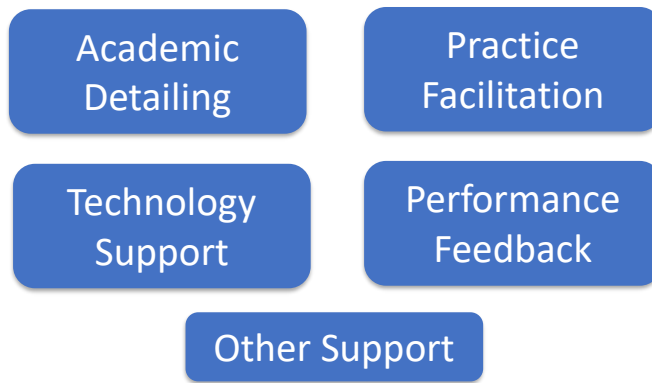
Print Full Screening Report

FULL SCREEN REPORT CONTINUED

Screening Tool	AJHSIT	DAST	PHQ-8	PHQ-9 (Question 9)	Tobacco Intervention	Suggested Action
None	0	10	0			
Healthy Mild	1 - 7	0	1 - 5	0	No	Patient Education
Risky Moderate	8 - 15	1 - 3	6 - 10	1	—	Brief Intervention, Counseling, Medication
Harmful Moderate-Severe	16 - 19	4 - 6	11 - 15	2	—	Brief Intervention, Counseling, Medication
Dependent	20+	7+	16 - 27	3 - 5 (C-SDS)	Yes	Refer for Treatment
<input type="button" value="Print"/> <input type="button" value="Full Report"/>						

Print the Full Report for all patients by selecting their ClientID and then click on “Full Report.”

OPHIC Model



Academic Detailing (a.k.a. Peer Consultation)

- Primary care clinicians trained in process and project content
- In-person or video conferences with clinicians, staff, and Practice Facilitator
 - Establish trust, briefly review project, and answer questions
 - Review and discuss the evidence behind the proposed improvements
 - Review performance data, if available
 - Discuss potential strategies
 - Develop a preliminary plan aligned with practice priorities
- At least 1 to 2 visits per practice per project

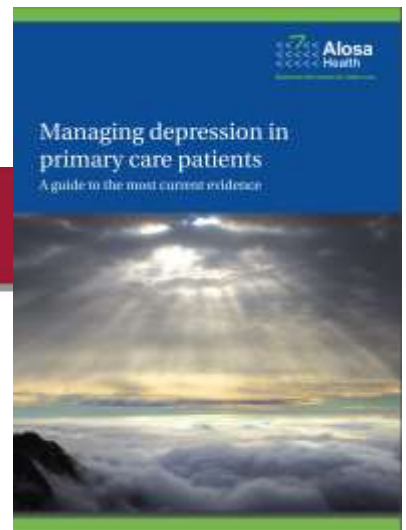


SBIRT Improving behavioral health outcomes in primary care

Screening, Brief Intervention, and Referral to Treatment in Oklahoma (SBIRT-OK)
 is an evidence-based integrated approach to identify and intervene with patients at high risk of tobacco, alcohol, and other drug use, or substance use that may harm health or life.

Applying SBIRT-OK

S	Screening, brief assessment, identify • Conducting alcohol, drug, or tobacco use assessment • SBIRT-OK
BI	Brief intervention provides • Feedback on diagnosis and substance use • Education on options • Strength and resources (other role of substance use) • Individualized brief health behavior change • Healthcare provider treatment
RT	Referral to treatment for those at high risk • Mental health services • Substance assessment and treatment
OK	Let's implement in Oklahoma health-care • Screen Oklahoma's high-risk populations with unmet behavioral health needs • Use Feedback and Counsel to change unhealthy behaviors • Access mental health and substance services



Email: Charles-Tryon@ouhsc.edu for copies

Benefits of Academic Detailing

- **Clinicians can air concerns and questions about the evidence and recommendations**
- **Clinicians and staff feel valued and connected**
- **Emphasizes the Practice Facilitator's credibility**
- **Academic Detailer available for ongoing peer consultation**

Challenges of Academic Detailing

- **Organization and simplification: detailing materials, training, and continuing education**
- **Hard to adequately compensate for time away from faculty position or patient care**
 - Need support from administration/supervisors
- **Travel time and complex schedules pose barriers and increase cost**
 - Virtual visits are now an option
 - Add option to view recording when necessary

Practice Facilitation

- **Team of Practice Facilitators**
 - Geographically distributed
 - MPH, MHA, RN, IMG-MD
 - Trained in formal quality improvement methods
- **One Practice Facilitator serves as Team Lead for each project**
- **Encounters documented in an OPHIC-developed electronic practice record (EPR)**

Facilitation Activities

- Align work with practice’s priorities (shared agenda)
 - Quality of care for individual patients
 - Financial stability and success
 - Enjoyment of practice
 - Community health improvement

SBIRT Goals, Objectives, and Strategies

GOAL	OBJECTIVE	TARGET STRATEGY	ASSESSMENT	PRIORITY
Quality of Care	Universal Annual Screening	Assess SBIRT-OK Screening Developed SBIRT-OK Feedback Patient & Provider Education Alcohol, Drug, Tobacco Use Disorder Depression & Suicide Prevention Existing Self-Directed Change Talk Patient-Centered Case Plan Medication-Assisted Treatment Follow-up and Monitoring Progress		
	Brief Intervention			
	Care Coordination & Co-Management	Referral Coordination Behavioral Health Co-Management		
Practice Security	Better Primary Care	Behavioral Health Referrals Access & Continuity of Care ED/Hospital Follow-up protocols		
	Document, Code & Bill	EMR/EMR Changes		
	Data-driven Quality	QI Team, Dashboard, Measures Improve Information Technology		
Eng in Practice	Teamwork	Huddle, Huddles, Feedback		
	Patient-Centered Care	Patient Survey or PPHC		
Healthy Community	No Suicide Deaths	Roadside Crisis Services		
	Meet Social Needs	Screening & Referrals for Social Determinants		


ASSESSMENT	CODE	PRIORITY
Not answered	0	Rank in order of priority, with 1 as most urgent.
No protocol and/or not used	1	
Partial protocol, likely used	2	
Partial protocol, used some of the time	3	
Protocol, used most of the time	4	
Protocol, used all the time	5	



Facilitation Activities

- **Two Practice Facilitator visits/month per practice (minimum)**
- **Many visits now virtual**
- **Practice visits account for approximately 80% of Practice Facilitator's time**

James W. Mudd
OPHIC
Oxidative Phosphorylation
Impairment Consortium

Encounter Type and Mode Count by Practice Facilitator (PF) 

Primary PF Support Type Call Fax EMail Mail Prep Text Visit Web NA TOTAL

Show Support Type Show PF Name

Academic Detail Kickoff	4		3			3	16	20		46
Academic Detail Visit			1				11	12		24
Administration	439		1506	1	50	148	132	4	1	2281
Close-Out Meeting			13		3	1	63			80
EHR Data Extraction	3		9				7			19
End of Study							2			2
Enrollment	22		70	1	18	6	115	3		235
Failed Visit	8		5			4	54	7		78
Practice Facilitation	125		582	1	5	52	975	15		1758
Practice Planning	35		80		19	8	7	2		151
Recruitment	267	41	433		5	16	366	5		1133
Screener Workflow Training Complete			1				41	9		51
Survey or Research Data	1		22		2	1	3			29
Technology Support	22		53			2	23	15		115
Total	926	41	2778	3	102	241	1815	98	1	6005
Grand Total	926	41	2778	3	102	241	1815	98	1	6005

1,758 Practice Facilitation Encounters

Technology Support

- **OPHC contracts with IT experts to ...**
 - Assist practices and Practice Facilitators with EHR modifications
 - Data extraction
 - Workflow issues
- **Multiple EHR systems with variations across Oklahoma**
- **Average one to two visits per practice per project**
 - Can vary considerably according to need



SBIRT Performance Measures



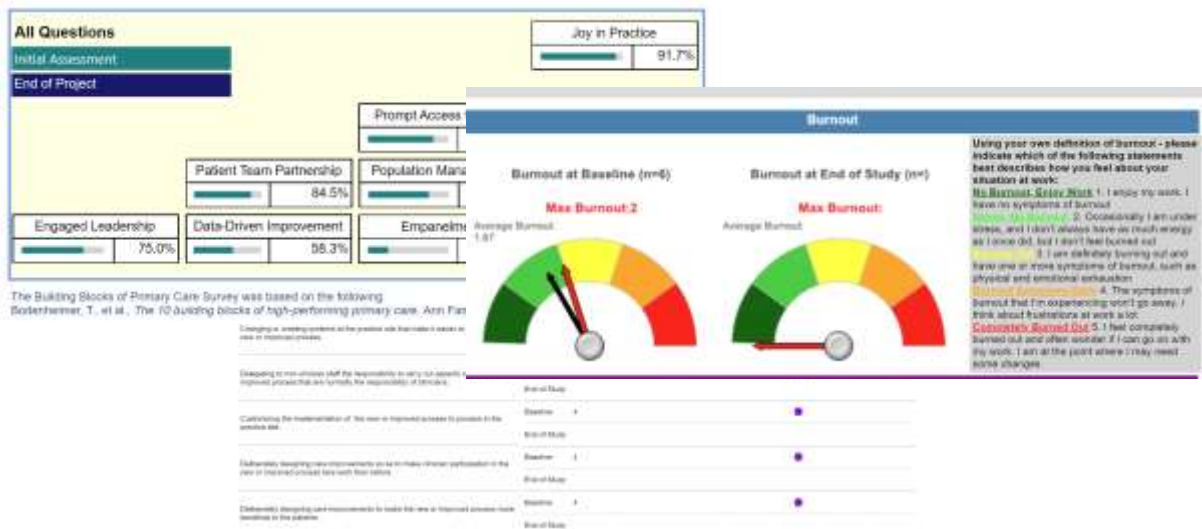
SBIRT-OK Performance Measurement Reporting

Universal Screening
<p>Measure 1: Universal SBIRT Screening Rate</p> <p>Description: SBIRT screening rate for PHQ-9, AUDIT, OASIT-10, and tobacco screening.</p> <p>Numerator: Number of unique patients screened in the past 12 months.</p> <p>Denominator: Number of unique patients 18+ years in the position during the current quarter.</p>
<p>Measure 2: Universal SBIRT Screening Refusal Rate</p> <p>Description: Number of unique subjects that decline SBIRT screening.</p> <p>Numerator: Number of unique patients offered but declined screening in past 12 months.</p> <p>Denominator: Number of unique patients 18+ years in the position during the current quarter.</p>
Tobacco Use [CMS-138]
<p>Measure 3: Brief Intervention: Tobacco Use</p> <p>Description: Percent of patients that received a brief intervention for tobacco use. Brief intervention defined using the following:</p> <ul style="list-style-type: none"> 1) a billing code for brief intervention or 99930 & 99937 2) behavioral health code for primary care clinician or behavioral health clinician for psychiatric counseling or 30404 3) referral for tobacco quit assistance <p>Numerator: Number of patients who received a brief intervention.</p> <p>Denominator: Number of patients who assessed positive on questionnaire for tobacco use during the quarter.</p>
<p>Measure 4: Medication-Assisted Treatment: Tobacco Use</p> <p>Description: Percent of patients that received medication-assisted treatment for tobacco use.</p> <p>Numerator: Number of patients who received medication prescription for tobacco use.</p> <p>Denominator: Number of patients who assessed positive on questionnaire for tobacco use.</p>
Alcohol Use [CMS-137]
<p>Measure 5: Brief Intervention: Risky or Harmful Alcohol Use</p> <p>Description: Percent of patients that received brief intervention for risky or harmful alcohol use. Risky or harmful alcohol use defined as AUDIT score of [14-19] female or [16-20] male or [17-20] male and <40 years of age) and <20 years of age.</p> <p>Brief intervention:</p> <ul style="list-style-type: none"> 1) billing code for brief intervention or 99408 or 99430 2) a behavioral health code for primary care clinician or behavioral health clinician for psychiatric counseling or

Performance Feedback

- **The data-driven OPHIC model relies on . . .**
 - **Rapid, meaningful feedback to motivate practice change**
 - **Credible data**
 - **An infrastructure that is repeatable and scalable**
- **You can't improve on what you don't measure**
- **Health information exchange (HIE), Electronic Health Record (EHR), and/or chart abstraction**

Performance Feedback



Electronic Practice Record (EPR)

Encounter Tracking

- Dose, frequency, duration, and type of intervention

Practice Characteristics Survey

- Practice demographics
- Electronic health record information



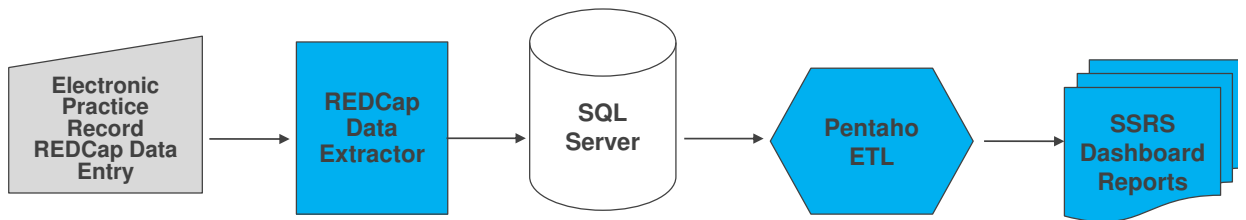
Building Blocks of Primary Care Survey

- Measures essential elements of primary care

Practice Member Survey

- Roles, hours worked, years at practice
- Perceptions of work environment
- Level of agreement with evidence

OPHIC Data Flow



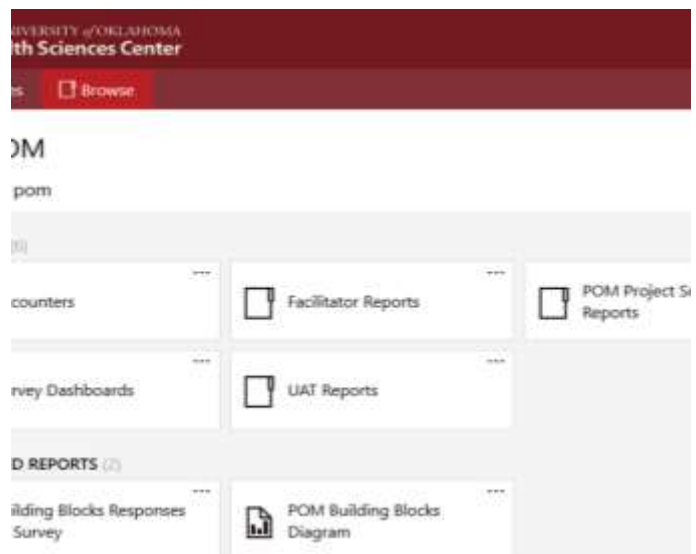
Manual Processes

Automated Tools & Processes

OPHIC Data Flow Definitions	
REDCap	Used for data entry
REDCap Export Utility	In-house application used to move data to SQL Server
SQL Server	Research Data Repository
SQL Server Reporting Services (SSRS)	Dashboard display and creation

Data Analysis and Reporting

- Web-based reporting tool
- Used to implement dashboard delivery
- Organizes data into actionable dashboards
- Available to Practice Facilitators in the field
- Provide clean datasets for evaluation



Other Support

To extend the dissemination process, OPHIC invested in ...

- 6 module CME program on ODMHSAS' Learning System at no cost*



- RPR Exchange
 - Relevant, curated content for primary care available to all OK clinicians for free
 - Alerts and forums



*thru June 30, 2024, but still available at minimal cost

Implementation Challenges



PANDEMIC



**STAFF SHORTAGES
AND TURNOVER**



**DIFFICULTY
PRIORITIZING QI**



**ADDING A NEW
THING**



**BUY IN AT ALL
LEVELS**



**LACK OF EHR
INTEGRATION**



**MINIMAL
REIMBURSEMENT
FOR SBIRT ACTIVITIES**



**PERFORMANCE
MEASURES DO
NOT EXIST**

What have we learned?

- **OK primary care practices:**
 - Need D&I support
 - Are under considerable stress, financial & behavioral
- **Currently, grants and contracts have funded this work, but only for specific projects**
- **Availability of funding for this support and to lessen OK's primary care practices' stress is needed (and maybe forthcoming)**
- **Flexibility is key in meeting a practice where they are**
- **Technical expertise is required to create an integrated data strategy**



