



ADVANCING INTEGRATED HEALTHCARE

## Screening, Brief Intervention, and Referral to Treatment (SBIRT) for Adolescents



Anchor Pediatrics - Lincoln

### PLAN

#### Aim Statement

1. Our goal is to obtain a completed, scored CRAFFT screening tool for at least 50% of patients seen at 16, 17 and 18-year adolescent well visits, beginning 7/02/2018.
2. Conduct brief intervention and referral to treatment as appropriate for patients with positive screens.

#### Problem

Need to identify, reduce and prevent problematic substance abuse disorders in adolescents.

#### Goals

1. Provide education and positive reinforcement to adolescents with negative screens.
2. Conduct brief intervention and referral to treatment (as appropriate) to adolescents with positive screens.
3. Provide learning opportunities for providers re: brief intervention techniques and referral sources.
4. Measure the percentage of patients screened at 16, 17 and 18-year adolescent well visits.

### DO

#### Key Measures

1. Percentage of adolescents with a completed, scored screening at the 16, 17 and 18 yr adolescent well care visits.
2. Identify reasons for missed screenings and when possible, resolve issues to improve screening rates.

#### Methods

1. CRAFFT screening tool was set up in practice EHR and billing system to ensure completed tools were reportable.
2. Providers completed on-line Kognito training and attended motivational interviewing sessions with SBIRT content experts provided by PCMH-Kids.
3. Project goals and implementation plan was rolled out to providers and medical assistants. The group worked together to develop an efficient workflow.
4. Quarterly reports were created and reviewed with providers and staff. Reasons for missed screenings were identified and discussed with group. Workflow revised as necessary to improve the percentage of reportable screenings.

### STUDY

#### Outcomes/Results

Anchor Pediatrics - CRAFFT Screening Report Summary  
July 2018 thru February 2019

Appt Month	Elig Visits				Screens				Percentage			
	16 YR D	17 YR D	18 YR D	Total	16 YR N	17 YR N	18 YR N	Total	16 YR %	17 YR %	18 YR %	Total
Jul-18	31	28	22	81	22	20	0	42	70.97%	71.43%	0.00%	51.85%
Aug-18	56	57	43	156	54	54	37	145	96.43%	94.74%	86.05%	92.95%
Sep-18	29	28	14	71	29	28	12	69	100.00%	100.00%	85.71%	97.18%
Oct-18	34	34	19	87	33	34	19	86	97.06%	100.00%	100.00%	98.85%
Nov-18	35	35	24	94	35	31	24	90	100.00%	88.57%	100.00%	95.74%
Dec-18	33	30	22	85	33	28	20	81	100%	93%	91%	95.29%
Jan-19	24	22	27	73	24	22	27	73	100%	100%	100%	100.00%
Feb-19	17	13	8	38	16	13	8	37	94%	100%	100%	97.37%
<b>Total</b>	<b>259</b>	<b>247</b>	<b>179</b>	<b>685</b>	<b>246</b>	<b>230</b>	<b>147</b>	<b>623</b>	<b>95%</b>	<b>93%</b>	<b>82%</b>	<b>90.95%</b>

### ACT

#### Next Steps

1. By the end of the 2nd month of the project, workflow issues were identified and resolved. Missed screenings in Q2 - Q4 were primarily adolescents with special needs who were unable to be screened.
2. Reports will continue to be generated and results reviewed with the group.
3. Based on the clinical significance and the success of the project, in April 2019 we expanded the age range to include screening at the 19 and 20 year well visits.



ADVANCING INTEGRATED HEALTHCARE

## Screening, Brief Intervention, and Referral to Treatment (SBIRT) for Adolescents

Practice Name: Barrington Family Medicine



### PLAN

#### Aim Statement

Barrington Family Medicine will implement a standardized, age-appropriate screening tool for adolescents aged 12-21 years old to assess substance use with goal of achieving 90% of patients screened during well-child visits by February 28, 2019.

#### Problem

Practice is screening for substance use of older children/teenagers, however not using a standardized tool and starting at a specific age group.

#### Goals

Screen all adolescents ages 12-21 for substance use during well-child visits. Goal is to achieve a 90% screening rate for adolescents during well-child visits by the end of the project. For patients who screen positive for substance use, received SBIRT and documented plan in the chart.

### DO

#### Key Measures

1. Percent of adolescents ages 12-21 screened for substance use during the annual well-child visit. If positive screen, received SBIRT with plan documented in chart.

#### Methods

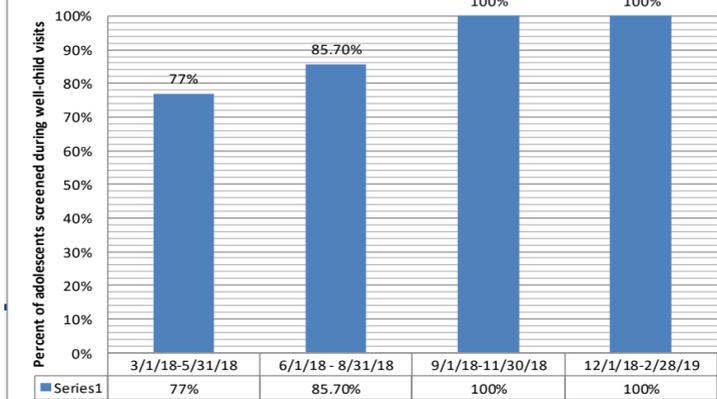
The practice will utilize the CRAAFT screening tool and the National Institute on Alcohol Abuse and Alcoholism "Alcohol Screening and Brief Intervention for Youth: a Practitioner's Guide" for guidance on screening adolescents ages 12-21 during the annual well-child visit. The practice will administer the questionnaire in the exam room, away from the parents to help elicit more honest responses. Based on the results of the questionnaire, if positive, the adolescents will receive SBIRT with planned follow-up care documented within the record. The CPT Code 96127 – Brief Behavioral Assessment is documented as well within the visit. In order to determine screening rates, well-child visits within the reporting time frame were audited to assess if the screening tool was administered and follow-up if positive was documented within the EMR.

### STUDY

#### Outcomes/Results

Baseline data at the beginning of the project was 77% of adolescents screened for substance use and if positive, received SBIRT (data collected 3/1/18 - 5/31/18). By our last data collection, the practice was able to achieve a 100% screening rate (data collected 12/1/18 - 2/28/19).

Substance Use Screening Rates for Adolescents Ages 12-21



### ACT

#### Next Steps

The practice has since switched from eClinical Works to EPIC. The practice is working towards adjusting to new EMR system to be able to continue to document and build reports to capture the screening of substance use for adolescents ages 12-21 during well-child visits. Currently the practice is continuing to use the CRAAFT questionnaire prior to the annual visit.



ADVANCING INTEGRATED HEALTHCARE

## Screening, Brief Intervention, and Referral to Treatment (SBIRT) for Adolescents



Practice: CCAP Family Health Services of Cranston

## PLAN

### Aim Statement

To effectively screen and assess adolescents (age 12-17) in the primary care setting (1090 Cranston St.) at their annual preventive visit (physical exam) and or new patients/clients entering CCAP Family Health services. CCAP will utilize the C.R.A.F.F.T. screening tool and implement the S-BIRT integrated model of care.

### Problem

Recreational Use of drugs is an under recognized cause of morbidity and mortality in youth; Use rates remain high resulting in adverse consequences, higher risk of dependence. One in six patients talk with their health professional about their drinking. Therefore, introduction of screening to patients by health care professions may reduce the prevalence of substance abuse for youth.

### Goals

1. Obtain the SBIRT tool in multiple languages.
2. Train staff on Motivational interviewing and use of the CRAFFT.
3. Develop operational and documentation workflows.
4. Develop quality measure and the resulting baseline and quarterly rates. The overall goal is 70%.
5. Monitor for positive results to confirm effective referral to counseling is possible.

## DO

### Key Measures

Measurement : **Numerator:** Number of patients screened utilizing C.R.A.F.F.T. **Denominator:** Number of eligible (annual visits) patients between ages 12-17. Percentage of positive screens / Total craft screenings.

### The CRAFFT Screening Interview

Begin: "I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential."

**Part A**  
During the PAST 12 MONTHS, did you:

	No	Yes
1. Drink any alcohol (more than a few sips)? (Do not count sips of alcohol taken during family or religious events.)	<input type="checkbox"/>	<input type="checkbox"/>
2. Smoke any marijuana or hashish?	<input type="checkbox"/>	<input type="checkbox"/>
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 type="checkbox"/>	<input type="checkbox"/>

For clinic use only: Did the patient answer "yes" to any questions in Part A?  
No  Yes

Ask CAR question only, then stop      Ask all 6 CRAFFT questions

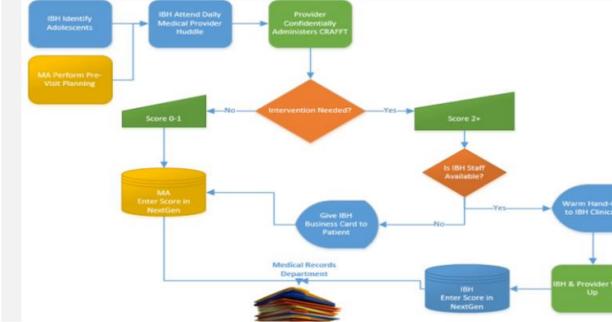
**Part B**

	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?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you ever use alcohol or drugs while you are by yourself, or ALONE?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you ever FORGET things you did while using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever gotten into TROUBLE while you were using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>

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### Methods

1. Extend Adult SBIRT staff role to include adolescents 12-17,
2. Developed extensive workflow. ( see attached).
3. Educated providers on tool and intent with Chris Dorval, LICSW.
4. Monthly measurement on use of the screen by provider.
5. Discussion on follow up of positive screens and development of measure.
6. Reporting to IBH team and CCAP-wide committees.

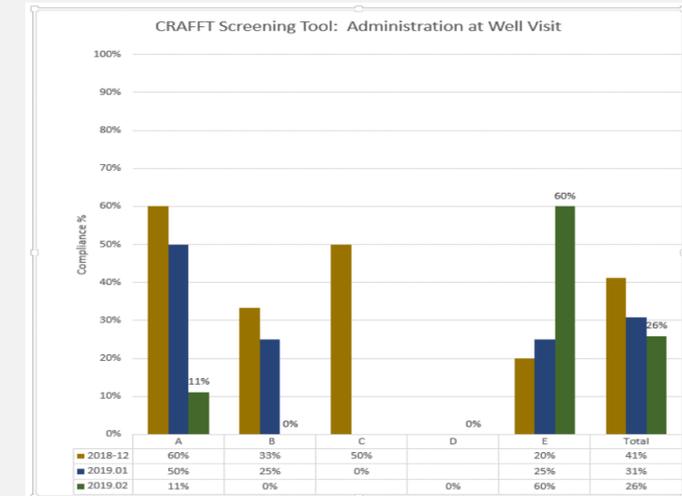


## STUDY

### Outcomes/Results

As of the March measurement, the overall completion rate is 58%. Based on review, the team will interview providers to address the variation in use that has developed overtime.

To date, there has only been one positive screening. Referral to counseling was attempted, however, pt. was lost in follow-up.



## ACT

### Next Steps

1. Education Session scheduled for screeners and provider on 5/10/19.
2. Continue to use the CRAFFT.
3. Re-evaluate the logistical workflow based on provider variability.
4. Monitor for positive results.
5. Consider implementing across other CCAP health sites.



ADVANCING INTEGRATED HEALTHCARE

### Screening, Brief Intervention, and Referral to Treatment (SBIRT) for Adolescents

Coastal Medical/Waterman Pediatrics



Team Members: Beth Lange, Amy Neveu, Carla Porter & Susan Royal

## PLAN

### Aim Statement

In order to identify patients requiring further treatment for substance use we will screen at least 50% of all patients coming into the office for well exams between the ages of 15 and 17 years by April 2019.

### Problem

Substance use amongst this age group continues to increase and occurs more frequently with other risky behaviors which can have a large impact on their health and well being.

### Goals

1. Foster an office culture that understands the importance of obtaining a screening on every eligible patient.
2. To develop a non-disruptive workflow that incorporates obtaining the screening without adding time or stress to the office exchange.
3. To develop a communication strategy with patients that explains the necessity of this new screening.
4. To obtain the completed screening on as many eligible patients as possible.

## DO

### Key Measures

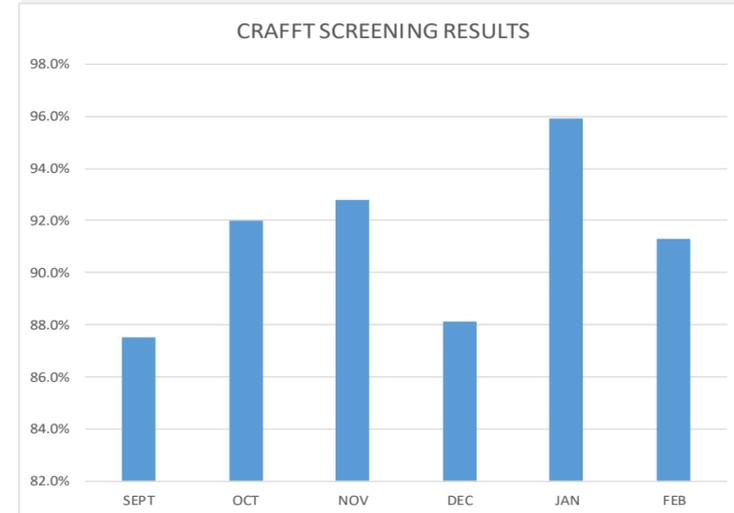
All patients seen at well exams annually between the ages of 15 and 17 years.

### Methods

1. To develop a work flow to obtain a completed screening on all patients eligible.
2. To develop a structured data field in the patient's chart to document a completed screening and the results.
3. Meet monthly with learning collaborative trainees for skill building throughout 2018

## STUDY

### Outcomes/Results



## ACT

### Next Steps

To work with staff and clinicians with the continued goal of obtaining screenings on all eligible patients.



### PLAN

**Aim:** To increase our adolescent substance use screening, using the Rapid Assessment for Adolescent Preventive Services (RAAPS), by 35.8% (to 80%) by March 2019. To support our adolescents in refraining from substance use and motivate our adolescents to decrease substance use.

#### Problem:

- According to the American Academy of Pediatrics (AAP) News and Journal, Consistent with Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, primary care practitioners are ideally suited for preventing problem behaviors and consistently screening for them, including the development of mental health disorders and psychosocial problems, among which are substance use and addiction.
- As a group, adolescents are at the highest risk of experiencing substance use-related acute and chronic health consequences, so they are also the age group likely to derive the most benefit from universal SBIRT
- EBCAP believes in treating the physical and mental health of patients and recognizes the importance of screening all our adolescents ages 12-18 years for substance use.

**PDSA Goal:** By 3/10/19, EBCAP Health Center East Providence will increase percentage of adolescents' substance use screenings by 35.8 percentage points (to 80%). We will be screening all adolescent patients using the RAAPS screening assessment at every appropriate office visit.

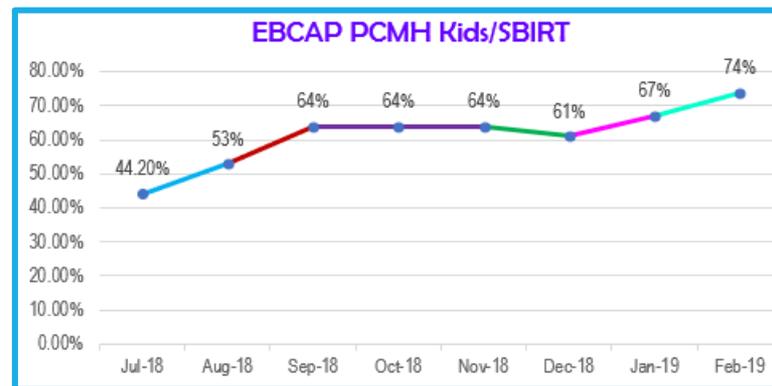
### DO

#### Key Measures and Methods:

- **Measurement:** The percentage of adolescents ages 12-18 who were screened for substance use. (The percentage of adolescents who did not have a substance use screening done.)
- **Methods:**
  - The report was run to identify the adolescents who did not have RAAPS screening the past year, as well as adolescents who were overdue for screening.
  - Medical Assistants started to administer the RAAPS screening at every appropriate visit and document in our EHR.
  - The providers discussed follow-up and referrals to SBIRT, when applicable.

### STUDY

#### Outcomes / Results



#### Findings:

- Through this improvement project, EBCAP's findings are:
- Successfully identified adolescent patients who are due/overdue for RAAPS screening.
  - Identified local resources in addition to our internal behavioral health clinicians as valuable referral resources to our adolescent patients.
  - Outreached to patients to remind of upcoming appointment, cut down on no-shows.
  - Track patient screenings in EMR and report on the quality metric regularly.
  - Adolescent patients 18 years of age, who were due/overdue for PHQ2 screening, were also successfully identified and reminder alerts were created in their charts.

### ACT

#### Next Steps:

- Continue identifying and tracking adolescent patients who are due/overdue for the RAAPS screening and/or PHQ2 screening.
- Continue outreaching to the patients to remind them of the upcoming appointment, to cut down on no-shows.
- Continue creating alerts in patients' charts, as a reminder of needed screening.
- The tracking system was updated, to ensure this process is streamlined going forward.



ADVANCING INTEGRATED HEALTHCARE

### Screening, Brief Intervention, and Referral to Treatment (SBIRT) for Adolescents

Practice Name: East Greenwich Pediatrics



## PLAN

### Aim Statement

By February 2019, our goal is to increase SBIRT screening of all 16 yr olds in for Well visits by 20%.

### Problem

To determine the involvement of our adolescent population that are high risk for drug and alcohol use.

### Goals

Determine the baseline rate of all SBIRT screened 16 yr olds. Increase our rate of SBIRT screening. Educate our adolescent population on the dangers of substance use and help them target modifiable risk factors. Implement and track referral of positive screenings. Collaborate care with appropriate services and treatment.

## DO

### Key Measures

Percentage of 16 yr olds screened.  
Percentage of positive screens.  
Percentage of referrals.

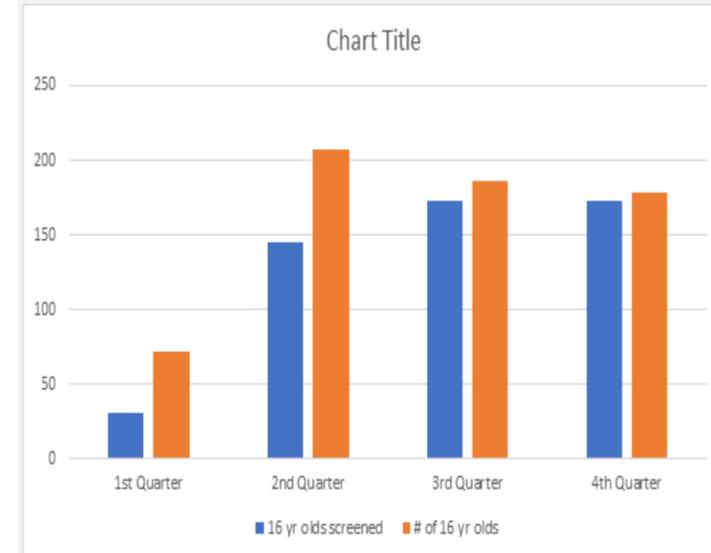


### Methods

Daily huddles to ensure that all 16 yr wcc will be screened.  
Developed a cohesive maintainable work flow.

## STUDY

### Outcomes/Results



## ACT

### Next Steps

Screen all 16 yr olds in for WCC.  
Gradually implement SBIRT screening to all 13 to 18 yr olds in for WCC.



ADVANCING INTEGRATED HEALTHCARE

## Screening, Brief Intervention, and Referral to Treatment (SBIRT) for Adolescents



Hasbro Medicine Pediatrics

### PLAN

#### Aim Statement

80% of eligible visits will include demonstrated use of a standardized screening tool for adolescent substance use. [Eligible visits are well adolescent visits for ages 14-21; use will be assessed by chart review]

#### Problem

Substance use amongst this age group continues to increase and occurs more frequently with other risky behaviors which can have a large impact on their health and well being. All teens / young adults should be screened for substance use and abuse and referred for treatment when appropriate.

#### Goals

1. Incorporate CRAFFT screening tool into standardized visit template and standard intake protocol of medical assistants for adolescent annual health maintenance.
2. Monthly report to residents and attendings of the rate at which they include CRAFFT screening tool results in the adolescent annual health maintenance visits.
3. Residents on ePCR rotation taking over responsibility for monthly chart reviews.
4. QI monthly results with time-run data posted to conference room
5. OSRs providing tablets with questionnaires to patients at check-in, most completed in waiting room and OSR copies/pastes from CHADIS to Lifechart.

### DO

#### Key Measures

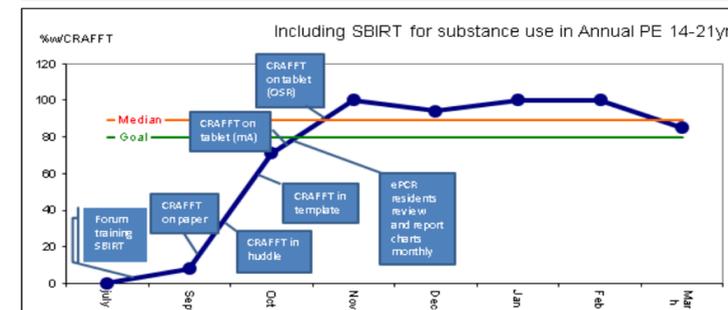
All patients seen at well exams annually between the ages of 14 and 21 years.

#### Methods

1. SBIRT Training;
2. Revise templates;
3. Need to ensure all residents/attendings upload templates (coach preceptors, create check-list of "new clinic year completed trainings" for preceptors)
4. Establish CRAFFT in CHADIS
5. Tablet use training, and Lifechart data entry trained to OSRs

### STUDY

#### Outcomes/Results



### ACT

#### Next Steps

Continue current plan – positive reinforcement in email with these results to staff and MDs. Each month for past two months have posted QI results on bulletin board of conference room. Work with the group on how we handle "didn't belong in this visit" which may be clinically appropriate, but needs a follow-up plan.



ADVANCING INTEGRATED HEALTHCARE

### Screening, Brief Intervention, and Referral to Treatment (SBIRT) for Adolescents

Practice Name: Hasbro Primary Care



## PLAN

### Aim Statement

By February of 2019, our goal is to increase our CRAFFT screening rate by 10% for all adolescent well child visits (ages 12-18 years old).

### Problem

Substance use continues to be a prevalent issue for adolescents, often co-occurring with mental health disorders. All teens should be screened for substance use and abuse and referred for treatment when appropriate.

### Goals

1. Perform a retrospective chart review to determine baseline rates of CRAFFT screening in our clinic, then assess quarterly for improvement.
2. Create an efficient workflow for screening.
3. Train all providers in SBIRT, particularly motivational interviewing.
4. Update well child template for better data collection.

## DO

### Key Measures

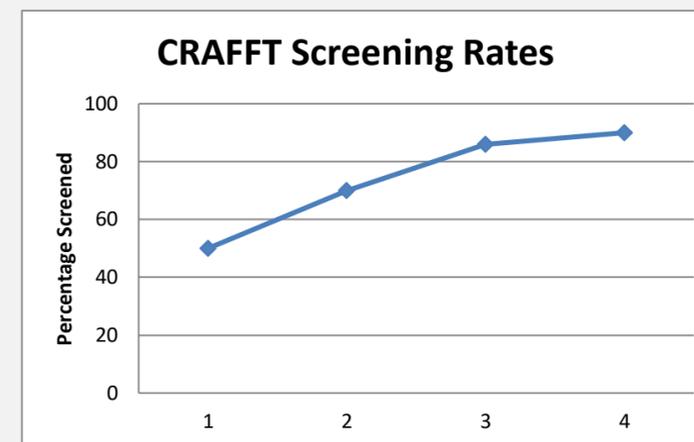
1. Percent of adolescents (12-18yo) screened with CRAFFT at well child visits.
2. Percent of positive screens.
3. Percent of positive screens that receive appropriate intervention.

### Methods

1. Chart review of adolescent well child visits to determine screening rates at baseline, then quarterly.
2. Improve work flow by having MA's provide CRAFFT screening via CHADIS prior to the start of each well child visit; MA also responsible for documenting the results in the chart.
3. Reverse order of screening tools in CHADIS to allow CRAFFT to be completed first by the patient.
4. Host two noon conferences to train all residents and providers in SBIRT and make online training modules available
5. Feature SBIRT initiative as a "message of the week" to create awareness for all staff.
6. Create an EPIC smart element to embed in the template for all adolescent well child visits.

## STUDY

### Outcomes/Results



## ACT

### Next Steps

1. Continue to track screening rates to ensure sustainability.
2. Embed EPIC smart element into template once development completed to identify and track interventions of positive screens.
3. Increase rates of follow up appts for positive screens with provider or clinical social worker.



ADVANCING INTEGRATED HEALTHCARE

## Screening, Brief Intervention, and Referral to Treatment (SBIRT) for Adolescents

Practice Name: Northern RI Pediatrics



### PLAN

#### Aim Statement

Aim statement: Goal of screening 80% of our patients age 14-18 years using the CRAFFT Questionnaire and SBIRT screening method

#### Problem

To determine the prevalence of "at risk" substance abuse in our adolescent population between the age of 14 and 18

#### Goals

1. Train all four providers in our office in SBIRT screening
2. Increase adolescent visits from 15 minute slots to 20 minutes to ensure adequate time allowed for visits.
3. Create efficient workflow for screening questionnaire delivery
4. Create referral source for positive screens
5. Have adequate nurse care manager follow up of positive screens.

### DO

#### Key Measures

1. Percent of adolescents seen during each data point period who were screened for at risk substance use
2. Percent of positive screens
3. Percent of follow up

#### Methods

1. Schedule revision to incorporate increased time for adolescent well visits.
2. Video training for SBIRT screening of all providers in our practice
3. Noontime conference provided by SBIRT specialist to discuss purpose of SBIRT screening with doctors and staff and discuss potential barriers to screening.
4. Developed a workflow of screening administration by providers confidentially in the exam room during well child visits of adolescents 14 to 18 years of age.
5. Determine positive screens and flag patients as "high risk" with adequate nurse care manager follow up
6. Development of referral sources that were given to patients with positive screens
7. Track rates of positive screens and actions taken

### STUDY

#### Outcomes/Results

**1st data point:** Providers completed SBIRT training, no patients enrolled  
**2nd data point:** 67 adolescent visits, 62 patients screened, 6 patients positive, 56 negative, for rate of 92.5% screened, 91% negative, 9 percent positive screen  
**3rd data point:** 159 adolescent visits 133 screened, 2 positive screens 131 negative screens for rates of 82%, screened, 2% positive screens, 98% negative screens  
**4th data point :** 148 adolescent visits, 121 screened, 4 positive screens, 117 negative screens for 82% screening rate 3% positive screens, 97 % negative screens. 100% of positive screens followed up with either phone call, subsequent visit or referral to outside community resource.

SBIRT SCREENING	ADOLESCENT WELL VISITS	NUMBER OF PATIENTS SCREENED	NUMBER OF POSITIVE SCREENS	NUMBER OF NEGATIVE SCREENS
2 <sup>nd</sup> data point	67	62 (92.5%)	6 (9%)	56 (91%)
3 <sup>rd</sup> data point	159	133 (84%)	2 (2%)	131 (98%)
4 <sup>th</sup> data point	148	121 (82%)	4 (3%)	117 (97%)
TOTALS	374	316 (84%)	12 (4%)	304 (96%)

### ACT

#### Next Steps

1. Continue to screen patients aged 14-18 years and selectively screen other at risk patients
2. Continue to expand referral network of providers for substance abuse counseling
3. Continue to track identified high risk patients and provide ongoing support



ADVANCING INTEGRATED HEALTHCARE

## Screening, Brief Intervention, and Referral to Treatment (SBIRT) for Adolescents



Practice Name: Tri-County CAA Health Center

### PLAN

#### Aim Statement

Tri-County Health Center will increase SBIRT brief intervention contacts with adolescent patients ages 12-17 at their Johnston location that score positive on the CRAFFT by 50% over the next 12 months.

#### Problem

To identify and provide brief interventions to adolescents that may be at risk or are utilizing substances.

#### Goals

1. To develop a consistent workflow to allow for each adolescent being seen for a Well Child Visit who scores positive on their CRAFFT an intervention with an IBH team member.
2. To identify those adolescents who score positive on their CRAFFT screening during their Well-Child annual visit.
3. For an IBH clinician, SBIRT Worker, or Master's Level IBH Student Intern to provide a brief intervention including Motivational Interviewing to each adolescent that scores positive.
4. To provide a warm hand-off to the medical provider that is meeting with the adolescent to inform them of screening results as well as the result of the brief intervention.

### DO

#### Key Measures

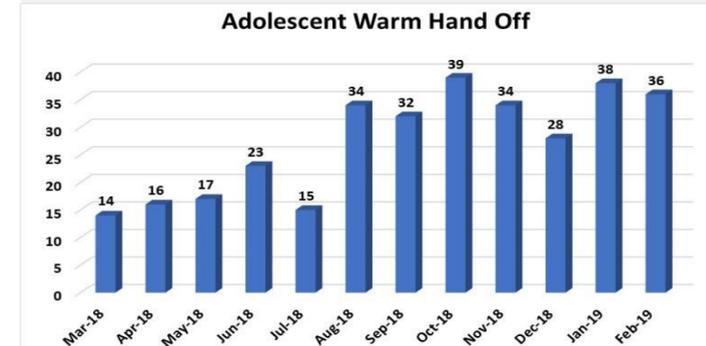
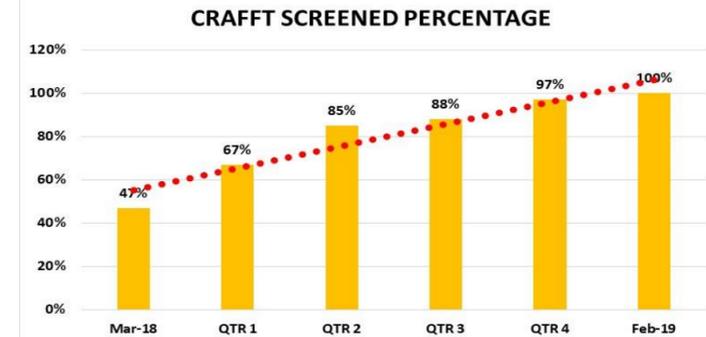
1. Percent of adolescents screened for substance use utilizing the CRAFFT screening tool.
2. Percent of positive screens.
3. Percent of adolescents that received an SBIRT contact.

#### Methods

IBH staff received training on adolescent SBIRT and Motivational Interviewing as well as available resources and tools to utilize with patients while completing their brief intervention. Adolescent patients ages 12-17 coming in for Well Child visits were identified during pre-visit planning and discussed at morning huddles. These patients were screened utilizing the CRAFFT screen by an IBH team member prior to their provider seeing them for their visit. The IBH team member engaged the patient without their parent/caregiver in the exam room and reviewed results of screening. Motivational Interviewing was utilized with the patient if they scored positive on the CRAFFT. A warm hand-off to the provider occurred and if a referral to treatment was necessary, IBH staff worked with the provider, patient and parent/guardian (if patient agreed) to complete the referral. After some additional training, Motivational Interviewing was also utilized to support adolescents that also scored negative on their CRAFFT to support healthy lifestyle choices.

### STUDY

#### Outcomes/Results



### ACT

#### Next Steps

An automated check-in system was implemented in the Health Center as of 4/30/19. Patients now complete all of their screens on their own on a tablet. IBH team members go in to see each patient prior to the provider going in for their Well Child visit. IBH meets with every patient whether they screen negative or positive to provide the appropriate level of brief intervention and/or Motivational Interviewing.