USING WHAT YOU HAVE: IMPROVING READINESS FOR SBIRT

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I have no relevant financial relationships or affiliations with commercial interests to disclose.
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Mission: “Strengthening a behavioral health system that promotes prevention, treatment, and recovery.”

Vision: “To promote and sustain healthy environments and behaviors across the lifespan.”

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LEARNING OBJECTIVES

- Identify the steps for integrating SBIRT into healthcare settings.

- Define organizational readiness and describe its role in the implementation process.

- Examine several examples of SBIRT integration in primary healthcare settings.

- Discuss common barriers in readiness and solutions to overcome these challenges using existing organizational capacity.
INDIANA SBIRT STATE GRANT (2011-2016)

**Pilot Sites**
- 12 sites
  - 10 primary care centers
  - 1 inpatient hospital
  - 1 infectious disease clinic
- Hired behavioral health specialists and other staff specifically for SBIRT

**Expansion Site Process**
- Funding awarded to primary healthcare clinics to implement SBIRT
  - 4 cohorts; 11 sites total
- More realistic process
- Use existing resources and organizational capacity
- More likely to be sustained
STEPS OF IMPLEMENTATION
INDIANA SBIRT’S MODEL

Assess Existing Resources
- Staff
- Technology
- Finances
- Existing screening and referral procedures

Plan and Prepare
- Patient flow
- Who will do SBIRT
- EHR modifications
- Training & staff education
- Normalize SBIRT

Evaluate and Adjust
- What is going well?
- Challenges
- Make adjustments

Implement
- Go-live with SBIRT
- Document as planned
STEPS OF IMPLEMENTATION
INDIANA SBIRT’S MODEL

Assess Existing Resources
Plan and Prepare
Implement
Evaluate and Adjust
WHAT DOES READINESS LOOK LIKE?
WHAT IS ORGANIZATIONAL READINESS?

- **Organizational Readiness**: degree to which an organization (as a whole) is prepared to implement an organizational change

  - Multi-faceted
    - Motivation
    - Resources
    - Staff attributes and characteristics
    - Organizational culture

  - Multi-level
    - Individual
    - Unit/Department
    - Organization
SBIRT AND INTEGRATED CARE READINESS ASSESSMENT*

- Used to determine which areas could be addressed or improved to increase the likelihood of successful SBIRT implementation in FQHCs, RHCs, CHCs

- Completed in 2 sections
  - CEO and/or other key administrative personnel
  - Medical Director and/or clinical staff

- Respond to each statement with a value of 1-3
  - 1= “This does not really describe us.”
  - 2= “We are making some progress, but we are not this far along.”
  - 3= “For the most part, this describes us.”

*Adapted (with permission) from the “Integrated Behavioral Health Survey” developed by Bill McFeature, Kirk Strosahl, and Joseph Hyde (Radford University).
CEO/Administration

- **Structural Integration**
  - Shared communication between providers and clinicians
  - Resource allocation

- **Financial Integration**
  - Referral process between providers and clinicians
  - Clinic goals for SBIRT
  - Evaluation

Medical Director/Clinical Staff

- **Communication Pathways**
  - Provider/clinician interaction and collaboration

- **Patient Population Impact**
  - Existing screening and referral procedures
  - Care coordination

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INDIANA SBIRT EXAMPLE #1
Rural Health Center

Passionate physician who leads the clinic serves on several alcohol and drug coalitions

1 MD, 1 PA, 2 NPs, licensed clinical psychological, several post doc fellows (mental health)

High rates of injection drug use (and HIV/Hep C)

Currently screens for depression and anxiety

Has referral procedures in place
WHAT FACTORS COULD POSSIBLY INFLUENCE EXAMPLE #1’S READINESS?

**Strengths**
- Passionate leader
- Organizational culture
- Psychologist and mental health interns
- Screening process (depression/anxiety) in place
- Referral procedures in place
- EHR

**Weaknesses**
- Only 1 treatment center in county
- Only primary care clinic in town
- Disproportionate rates of alcohol and substance use disorders
- Disproportionate rates of HIV and Hepatitis C
RESULTS OF READINESS ASSESSMENT - EXAMPLE #1

Structural Integration
- 2.1/3
- 1.6/3

Financial Integration
- 1.67/3
- 2.5/3

Communication Pathways
- 1.67/3
- 2.1/3

Patient Population Impact
- 1.8/3
- 2.8/3

Before
After
INDIANA SBIRT EXAMPLE #2
EXAMPLE #2

- Family Medical Residency Center
- Part of major healthcare organization
- New residents and interns each year
- Busy, fast-paced clinic
- Currently screen for tobacco use, depression, and anxiety
- Have “warm handoff” and referral to treatment procedures in place
WHAT FACTORS COULD POSSIBLY INFLUENCE EXAMPLE #2’S LEVEL OF READINESS?

**Strengths**
- History of integrated behavioral healthcare
- Screening process in place (depression, anxiety, tobacco)
- Referral procedures in place (“warm hand-offs” and referral to outside facilities)

**Weaknesses**
- Busy clinic
- New residents/interns each year
- New assistant director
# Results of Readiness Assessment - Example #2

<table>
<thead>
<tr>
<th>Category</th>
<th>Before</th>
<th>After</th>
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</thead>
<tbody>
<tr>
<td>Structural Integration</td>
<td>2.88/ 3</td>
<td>3/ 3</td>
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<tr>
<td>Financial Integration</td>
<td>1.16/ 3</td>
<td>2.5/ 3</td>
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<tr>
<td>Communication Pathways</td>
<td>2.88/ 3</td>
<td>3/ 3</td>
</tr>
<tr>
<td>Patient Population Impact</td>
<td>2.6/ 3</td>
<td>2.8/ 3</td>
</tr>
</tbody>
</table>

*Before* and *After* scores indicate the level of readiness.
Assessment is the foundation to implementation.
Readiness is complex and occurs on a spectrum.
Assessing organizational readiness is significant.
Use what you have to strengthen the areas of opportunity.
QUESTIONS?

http://blog.flipbuilder.com/2013/05/engaging-readers-by-asking-questions/
Want to know *S’MORE* about Indiana SBIRT?

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