



SBIRT Expansion Plan 2014-2015

TRAINING & IMPLEMENTATION

Strategy	Point Person / Participants	Action Steps	Timeline
Build upon current practices in screening and intervention to expand & refine SBIRT implementation	Project's lead physician, behaviorist and office manager facilitate discussion & expansion plan	<ul style="list-style-type: none"> Identify strengths, needs, and methods of expansion through partnering with other clinics and community behavioral health agencies / individuals Develop processes of warm handoffs through phone, prearranged introductions, and continuing collaboration between physical & behavioral health 	<p>Strengths, needs, & methods Oct 2014</p> <p>Handoff expansion Nov 2014</p>
For beginning SBIRT, identify physicians within a clinic who are interested in beginning SBIRT and team them with behaviorist (internal or external)	Office manager, physicians, behaviorist (internal or external), finds SBIRT training for themselves and community behavioral health partners	<ul style="list-style-type: none"> Consult others (physicians & behaviorists) who have implemented SBIRT for their experiences & recommendations Identify SBIRT trainer who will train clerical, physician(s), behaviorist, and community behavioral health partners Continuing consultation with trainer & other clinics to problem solve implementation challenges 	<p>Consultations Sept 2014</p> <p>Trainer schedule Oct 2014 with training occurring Dec 2014</p> <p>Identify other clinics to consult with Oct 2015</p>

METRICS

Strategy	Point Person / Participants	Action Steps	Timeline
Include SBIRT into Quality Improvement plan and determine metrics to be tracked and reported	Office manager in consultation with lead physician and behaviorist	Establish SBIRT metrics, both direct (numbers of screens, behaviorist contacts) and indirect (before & after SBIRT intervention on specific medical outcomes and costs of care)	Sept 2014
Review internal & external metrics during monthly staff meetings, identify challenges and solutions	Office manager in consultation with lead physician and behaviorist	<ul style="list-style-type: none"> Develop reports from internal EHR or by hand to count patients who undergo SBIRT process <ul style="list-style-type: none"> Percentage of patients screened out of the total identified for screening that day / week / month Review any exterior reports of screens from AMH, CCO, medical group, medical association 	<p>Establish standing agenda item on staffing schedule Oct 2014</p> <p>Develop reports or a hand-counting system Oct 2014</p>

CLINICAL FOCUS AREAS

Strategy	Point Person / Participants	Action Steps	Timeline
Introduce behaviorist to diabetic and pre-diabetic patients for education & orientation to services, review of AUDIT / DAST	Lead physician for subject & behaviorist, office manager for patient identification and workflow	<ul style="list-style-type: none"> Staffing about using the behaviorist for better patient education concerning how alcohol interferes with stabilization and management of diabetes <ul style="list-style-type: none"> Develop a script to introduce the behaviorist and their role to patient Identify these patients every day, prep behaviorist 	<p>Staff Oct 2014</p> <p>Develop script Oct 2014</p> <p>Begin Nov 2014</p> <p>Review & problem solve Dec 2014</p>
Introduce behaviorist to chronic pain patients for education & orientation to services, review of AUDIT / DAST	Lead physician for subject & behaviorist, office manager for patient identification and workflow	<ul style="list-style-type: none"> Staffing about using the behaviorist for better patient education concerning how alcohol interferes with stabilization and management of chronic pain <ul style="list-style-type: none"> Develop a script to introduce the behaviorist and their role to patient Identify these patients every day, prep behaviorist 	<p>Staff Jan 2015</p> <p>Develop script Jan 2015</p> <p>Begin Feb 2015</p> <p>Review & problem solve Dec 2015</p>

SBIRT PROJECT PLAN 2014 - 2015

STRATEGY	PARTICIPANTS	DELIVERABLES
IMPLEMENTATION		
Increase SBIRT implementation through partnering with provider groups and associations	Michael Oyster will facilitate meetings within & between provider associations, CCOs, medical groups and individual clinics	1) Identify strengths and challenges for implementation in each group 2) Assist each level to create an expansion plan for increasing SBIRT practices throughout bolstering current projects as well as creating new ones 3) Facilitate the sharing of successful groups with those facing similar challenges to both promote collaborative problem solving between groups as well as friendly innovative competition
TRAINING		
Develop training curriculum standards to facilitate SBIRT implementation in CCOs, supporting them to achieve metrics in progressive targets and benchmarks.	Michael Oyster will partner with training organizations such as Transformation Center, PCPCI, OPCA, OHSU, ATTC, CCOs, plus individual trainers	1) Establish standards for SBIRT training through trainer participation and agreement, especially bolstering billing / encountering frameworks and collaboration with community behavioral health resources 2) Develop a vision for specific elements of initial SBIRT training and consultation, plus secondary and ongoing training, such as in areas of Motivational Interviewing, SUD and medical condition interactions 3) Michael's focus will specifically be on implementation training, practice facilitation and consultation, through problem solving with clinics to implement best practices; he will not necessarily facilitate general SBIRT trainings.
METRICS		
Clarify SBIRT metrics, specifically in relation to billing and encounters, as well as in quality of brief interventions and behavioral health collaboration	Michael Oyster will collaborate with OHA Analytics (Sarah Bartelmann), and AMH Research Unit (Geraldyn Brennan) to identify data patterns and inform expansion plans	1) Simplify billing & encounter procedures so that more clinics encounter their SBIRT work, beginning in those clinics trained in SBIRT but not orientated to encountering procedures 2) Identify data sets that can be scheduled to run and given to medical clinics and CCOs for ongoing feedback about their progress and then problem solve with CCOs and their clinics to increase encounters 3) Identify measurements for SBIRT effects on medical outcomes (i.e. differences in diabetic patients before & after they received SBIRT intervention) and share these with systems and clinics 4) Develop metrics for quality measures in brief interventions and collaboration with community behavioral health services in preparation for encountering SBIRT implementation through EHRs
CLINICAL FOCUS AREAS		
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