



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Depression and SBIRT Management

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Setting the Stage: Today's Moderator



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**Slides for today's webinar will
be available on the CIHS
website:**

www.integration.samhsa.gov

Under About Us/Innovation Communities

Our format...



Structure

Short comments from experts
Specifics from their point of view

Polling You

Every 20-minutes
Finding the “temperature” of the group

Asking Questions

Watching for your written questions

Follow-up and Evaluation

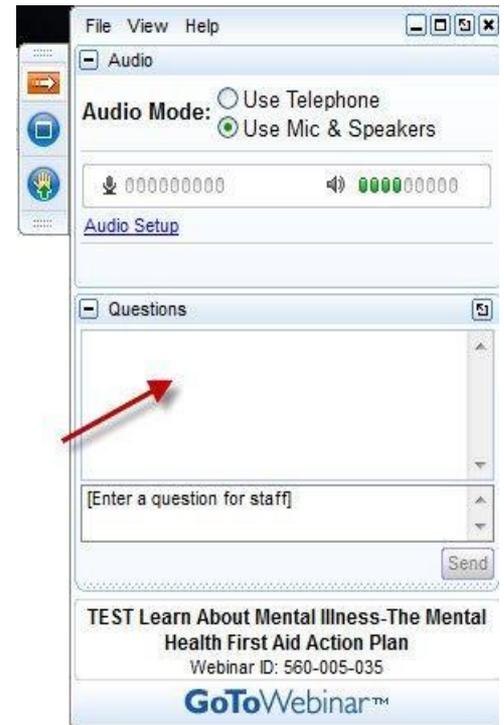
Ask for what YOU want or expect
Ideas and examples added to the
AOS Resource Center

How to ask a question during the webinar



If you dialed in to this webinar on your phone please use the “raise your hand” button and we will open up your lines for you to ask your question to the group. **(left)**

If you are listening to this webinar from your computer speakers, please type your questions into the question box and we will address your questions. **(right)**



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Listserv

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Setting the Stage: Today's Facilitator



Nick Szubiak

Integrated Health Consultant

SAMHSA-HRSA Center for Integrated Health Solutions

Webinar 1: Topic specific foundational knowledge and best practices - Part 1.

- Overview of UDS Measures for Depression and SBIRT
 - What is it? Why is it Important? Are we all on the same page?
 - Principles and Practices of Depression Screening and BI

Webinar 1: Topic specific foundational knowledge and best practices - Part 1.

- What does your data say about the past?
- Documentation and Workflows
- Principles and Practices of SBIRT
- Best Practices, evidenced based practices
 - Screening tools
 - EB interventions
- Assessing your organizational readiness to plan, implement and evaluate these measures

UDS Depression Screening and Follow-Up Measure

PERFORMANCE MEASURE: The performance measure is percentage of *patients* aged 12 years and older *screened* for clinical depression using an *age appropriate standardized tool* AND *follow-up plan* documented.

Health Center 2014 National Average = 38.8%

Poll Question #1

Are you currently using this definition in your practice?

YES

NO

Table 6B: Depression Screening and Follow-up

Numerator: Number of patients aged 12 and older who were 1) screened for depression with a standardized tool and, if screened positive for depression, 2) had a follow-up plan documented

Denominator: Number of patients who were aged 12 or older at some point during the measurement year and who had at least one medical visit during the reporting year.

Exclusions:

Patients with an active diagnosis for Depression or Bipolar Disorder

Patients who are already participating in on-going treatment for depression

Poll Question #2

Do you have an understanding of how to calculate the UDS measure for depression Screening?

YES

NO

What population needs to be screened?

Screening of (medical) patients age 12 and older



Poll Question #3

Do you understand which population needs to be screened?

YES

NO

What screening tools do I use?

A Standardized Depression Screening Tool

A normalized and validated depression screening tool developed for the patient population in which it is being utilized



Details

Standardized Depression Screening Tool: A normalized and validated depression screening tool developed for the patient population in which it is being utilized

Examples of depression screening tools include but are not limited to:

Adolescent Screening Tools (12-17 years): Patient Health Questionnaire for Adolescents (PHQ-A), Beck Depression Inventory-Primary Care Version (BDI-PC), Mood Feeling Questionnaire, Center for Epidemiologic Studies Depression Scale (CES-D) and PRIME MD-PHQ2

Adult Screening Tools (18 years and older):

Patient Health Questionnaire (PHQ9), Beck Depression Inventory (BDI or BDI-II), Center for Epidemiologic Studies Depression Scale (CES-D), Depression Scale (DEPS), Duke Anxiety-Depression Scale (DADS), Geriatric Depression Scale (SDS), Cornell Scale Screening and PRIME MD-PHQ2



Poll Question #4

Is your Health Center using an appropriate screening tool?

YES

NO

Poll Question #5

Do you use the PHQ9?

YES

NO

Follow-Up Plan

Proposed outline of treatment to be conducted as a result of positive clinical depression screening. Follow-up for a positive depression screening must include one (1) or more of the following:

- **additional evaluation**
- **suicide risk assessment**
- **referral to a practitioner who is qualified to diagnose and treat depression**
- **pharmacological interventions**
- **other interventions or follow-up for the diagnosis or treatment of depression**



What “counts” as a brief intervention, referral to treatment?

“and had a follow-up plan documented if screened
positive”

Sounds like SBIRT?

We are probably doing this already???

Looks different for different health centers, patients, and
situations

We feel comfortable that we can accurately collect and report this data.

1. Not at all
2. Sometimes, we may be missing some data
3. Most of the time, we capture most of the workflow in data
4. Yes, we got this

How do I document and record?

Utilizing the EHR

V79.0 Screening performed
3725F

Making it part of the daily
workflow

Who can administer the PHQ9?



Why is this important?

- Improve Quality of Care
- Requirements of the grant
- Outcomes support the work we do
- Data can help change behavior
- Improves quality of care – ex: med compliance – data to help pt's choice, patient awareness of mood, data to help
- PCP with med management



Open Discussion – Your Experiences Implementing Screening, Brief Intervention and Referral to Treatment



Keys to SBIRT Guidelines and Protocols

Clinical guideline or SBIRT implementation

Referral to treatment

Documentation through EHR

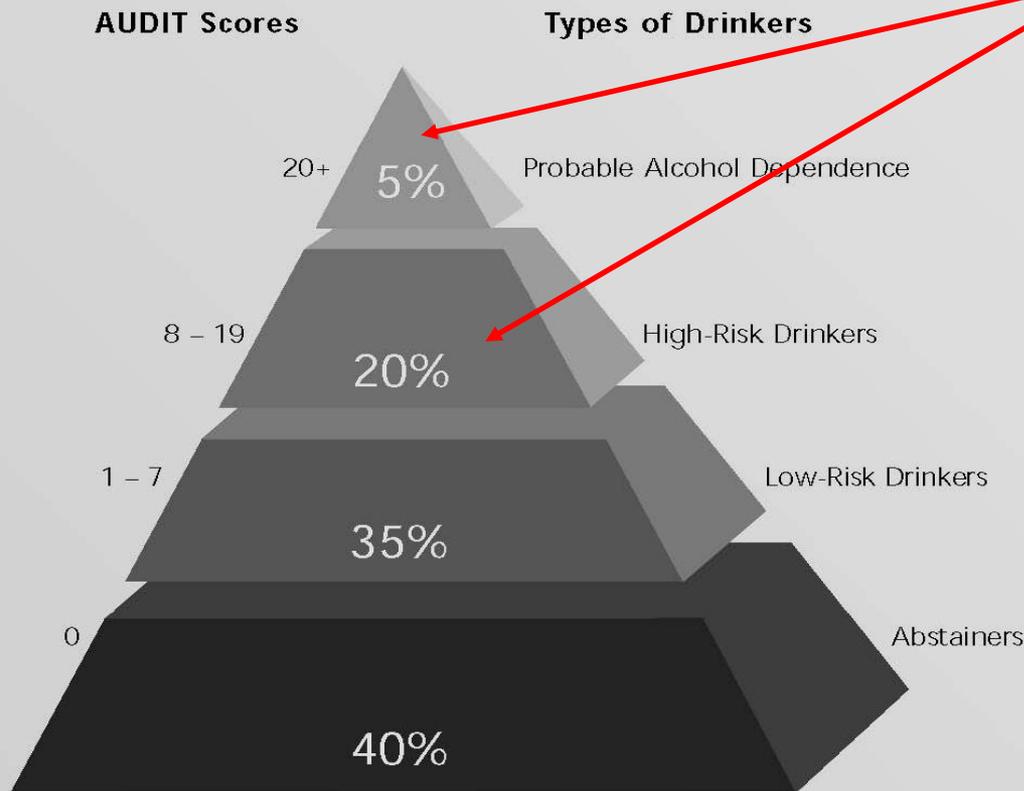
Quality improvement

On boarding of new staff

Competency-based evaluation

Panel 2

The Drinkers' Pyramid



Who are targets for SBI?

Note: represents the general adult population in the US. The % of high-risk drinkers is likely to be much higher in certain settings, such as emergency or trauma departments.

Clinical Guideline for SBIRT Implementation

Defines the clinical pathway or protocol for SBIRT practice

Identifies policy for SBIRT:

- Target population for screening and intervention
- Screening frequency
- Purpose of intervention

Defines screening instruments

Defines positive and negative screening result interpretation

Clinical Guideline for SBIRT Implementation

Identifies roles and responsibilities of staff for all components of the SBIRT process

Establishes decision pathway for various patient presentations to guide staff interventions

Group Discussion

Do you currently have protocols or guidelines?

Describe your current SBIRT protocols or guidelines?

How are you communicating those protocols or guidelines for staff?

What are the obstacles you see?

Policies and Procedures



Quality Improvement

SBIRT data collection should become incorporated as a routine quality indicator

Practices sustain ongoing SBIRT QI by:

- Identifying SBIRT measures for screening and brief intervention as part of the practice's overall QI plan approved by leadership
- Protocol developed and approved defining:
 - Specific indicators and targets (i.e. all patients at every visit will receive a screen)
 - Frequency of data collection
 - Process for data abstraction from EHR
 - Roles and responsibilities of staff for data abstraction, data monitoring, and plan of correction
 - Reporting of measures to medical, administrative and board governance

Summary

**SBIRT practice adoption as a routine,
sustainable part of care is hard work!!!!**

Written protocols for key components of SBIRT implementation ensure sustainability and quality:

- Prevents *selective memory* loss of how the team decided to implement various aspects of SBIRT
- Withstands changes in key staff positions that hold institutional memory of how SBIRT was implemented
- Integrates SBIRT as part of the overall organizational policies, procedures and clinical guidelines that are approved by senior leadership
- Assures standardization of critical components of SBIRT to reduce variation in practice and promote higher quality of care
- Allows for changes over time in SBIRT implementation

Open Discussion – Your Experiences Implementing Screening, Brief Intervention and Referral to Treatment



Webinar Schedule

Webinar Number	Date	Time
February #2	Feb. 24	3 - 4pm
March #3	Mar. 23	3 - 4pm
April #4	Apr. 20	3 - 4pm
May #5	May 25	3 - 4pm
June #6	Jun. 22	3 - 4pm
July #7	Jul. 20	3 - 4pm
August #8	Aug. 24	3 - 4pm

RESOURCES

SAMHSA-HRSA Center for Integrated Health Solutions

<http://www.integration.samhsa.gov/clinical-practice/SBIRT>

http://www.integration.samhsa.gov/sbirt/SBIRT_Factsheet_ICN90408_4.pdf

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

<http://store.samhsa.gov/product/TAP-33-Systems-Level-Implementation-of-Screening-Brief-Intervention-and-Referral-to-Treatment-SBIRT-/SMA13-4741>