Southeast Consortium on Substance Abuse Training

Screening, Brief Intervention & Referral to Treatment (SBIRT) Training Initiative

PRIMARY CARE IMPLEMENTATION PLAN

DECISION-MAKING GUIDE

www.sbirtonline.org

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INTRODUCTION

No one knows better how to implement procedures in your clinical practice than you and the people who work in your office. Thus, many of the key decisions about implementing procedures for Screening, Brief Intervention and Referral to Treatment (SBIRT) need to be made by you and your colleagues.

This checklist is designed to guide you through that decision-making process. It describes briefly the procedures of SBIRT and suggests the decisions you need to make about implementing each procedure, as well as some general principles of how to handle issues requiring attention. While it is as complete as we can make it, you are likely to think of issues we have not included. If you do, please add the issues to the list along with your decisions about them.

The essential first step is to appoint a team of people to review this checklist and develop the decisions that will constitute the implementation plan for your clinic. Such a process will insure that the people who will participate in implementation have a say in the developing plan.

The appendix of this document allows you to record your decisions directly into the checklist. Please try to decide about all the items and be as specific as possible, recording who is responsible, deadlines, procedures, etc.

This implementation plan, when completed, will be an invaluable resource in training your staff and reminding everyone of how the system should work and what each person's responsibilities are.

Please begin now by reading the overview of the SBIRT procedures, which will put the checklist in context. Good luck, and thanks for implementing SBIRT in your residency clinic.

SBIRT Procedures

Brief Outline of Activities

SBIRT involves five simple procedures—Prescreen, Screen, Intervention, Referral (where indicated), and Follow-up. Each primary care practice will make its own decisions about many of the operating details providers will use to adapt these procedures to their daily routine. More details about each procedure are presented later in the Implementation Guide and in training. This outline provides a starting point for considering those decisions.

HealthyHabits Prescreen

Both the alcohol and drug prescreens use validated single questions that can be completed in less than 1 minute. These questions may be asked on paper, by computer, or verbally by the individual performing the vital signs. Answers should be recorded in the patient's chart. A positive alcohol or drug prescreen is indicated by a number more than 0 (1, 2, 3, etc.) on either the alcohol or drug prescreen question.

Healthy Lifestyles Screen (AUDIT, DAST)

Patients with a positive score on either prescreen are asked to complete a more in-depth assessment, such as the10-question screen called the AUDIT (Alcohol Use Disorders Identification Test), or the 10 question DAST (Drug Abuse Screening Test) which can be self-administered on paper or via computer, or verbally administered. Most patients can complete either questionnaire in about 2 minutes. If you use a paper-and-pencil screen, the patient should complete the 10-question Screen while waiting and give it to their healthcare provider during their office visit. If you decide to use computerized screening, results can be routed electronically to the clinician or printed and handed to the clinician. (Note: For practices with adolescent patients, we have also included the CRAFFT instrument below. Another excellent screener is the ASSIST, a validated instrument used by some SBIRT programs which screens for alcohol, tobacco and other drugs using a single instrument; available online at http://www.who.int/substance_abuse/activities/assist/en/).

Intervention

During the office visit, often after dealing with the patient's presenting complaint, the practitioner should score the Screen by adding the 10 single-digit numbers. If you have an EHR, the computer may do this for you and direct you to the appropriate intervention. The AUDIT or DAST form indicates the type of intervention to be administered depending on the score. Clinicians should utilize one of two alternatives, based on this score: for Zone I (positive prescreen & AUDIT score 1-13, or DAST score 1-2), brief intervention only, using the intervention card; or Zone II (positive prescreen & AUDIT SCORE 14+, or DAST score 3-10),

brief intervention plus an assessment for withdrawal risk and discussion of the possibility of medications, support groups, counseling or treatment. Many interventions may take only 3-5 minutes. The SBIRT training instructs practitioners in how to provide each intervention. (Note: AUDIT cutoff scores are lower than those suggested in earlier publications, based on three recent U.S. validation studies: Johnson JA et al and McGinnis KA et al, Alcohol Clin Exp Res 2013 and Rubinsky AD et al, Drug Alcohol Depend, 2010).

Referral (where Indicated)

Patients with higher AUDIT or DAST scores and motivation for more support, counseling or treatment may be offered treatment referrals. While experience in many settings indicates that this usually represents a relatively small number of patients (usually less than 10%), motivated patients may benefit from to a mutual support group (AA, NA, Celebrate Recovery, etc.), Brief Treatment (5-10 sessions of Motivational Enhancement Therapy or other evidence-based treatments with a counselor), or a substance abuse treatment program (detoxification, outpatient, or inpatient).

Follow-up

Follow-up is recommended for all patients. Follow-up visits should include asking how patients are doing with their drinking and/or drug use, asking patients how many drinks they have had in the previous seven days or how often they have used other substances, discussing any problems encountered, reassessing patient motivation, and affirming the patient's ability to change. Patients who do not make progress in reducing drinking to (or near to) safe levels or reducing or quitting their drug use may again be offered additional support or resources.

PROCEDURE 1:

PRESCREEN

Summary:

The Prescreen is a self-report survey that can be completed in less than 1 minute. Questions may be completed on paper, by computer, or by the individual performing the vital signs. Answers should be recorded in each patient's chart.

The major decisions about this procedure involve the process of getting the patient to complete the questionnaire, scoring, determining whether further action is required, and getting the form into the patient's chart for action by the practitioner.

Decisions:

1. *Decide the best way to administer the Prescreen.* ***(Note: Do not change the wording of the question(s).)*** *You may need to include your Information Technology person or forms committee for this.*

2. *Decide who will administer the Prescreen to patients (medical assistants, nurses, practitioners, computer, or other) and where the questions may be asked in private.*

3. *Decide how often patients will be screened. Some clinics screen at every visit, while others screen every 6 or 12 months. If you decide on periodic screening, try to design a system that will provide a reminder or ensure in some other way that repeat screening will actually occur. Some clinics have done this by including prescreen questions in annual information updates required by the Joint Commission, or by timed reminders in the EHR.*

4. *Determine oversight responsibility for Prescreen administration and scoring, who will be responsible for assuring that job descriptions are changed to include this task, staff are properly trained and supervised, and how performance quality will be evaluated and assured (e.g. medical assistants, nurses, etc.)*

5. *Decide whether adolescents will be screened. If so, at what age will screening begin?*

SECSAT Adult Healthy Habits Prescreen

1. Have you used any tobacco products in the past 12 months? YES NO
2. Do you sometimes drink beer, wine, or other alcoholic beverages? YES NO
    - **Women**: How many times in the past 12 months have you had four or more drinks in a day? O None O 1 or more
    - **Men**: How many times in the past 12 months have you had five or more drinks in a day? O None O 1 or more
3. How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons? O None O 1 or more
   Which ones? _____
   Any others? _____

Scoring Key: One or more times in the previous 12 months is a positive screen.

SECSAT Adolescent Healthy Habits Prescreen (for sites where teens will also receive SBIRT services)

Administration Guidelines: Begin by asking the adolescent to "Please answer these next questions honestly"; telling him/her "Your answers will be kept confidential"; and then asking three prescreen questions listed above.

1. Have you used any tobacco products in the past 12 months? YES NO
2. Do you sometimes drink beer, wine, or other alcoholic beverages? YES NO
    - **Females**: How many times in the past 12 months have you had four or more drinks in a day? O None O 1 or more
    - **Males**: How many times in the past 12 months have you had five or more drinks in a day? O None O 1 or more
3. How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons? O None O 1 or more
   Which ones? _____
   Any others? _____
4. Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?

Scoring Key: One or more "yes" answers is a positive screen.

Procedure 2

Adult Healthy Lifestyles Screen (AUDIT, DAST)

Summary:

Adult patients who score positive on the alcohol Prescreen (score of 1 or more) should receive the Healthy Lifestyle Screen (AUDIT). The patient can complete this 10-question self-report questionnaire in about 2 minutes. Adding the numeric score of each question determines the total score. The form indicates the type of intervention to be administered depending on the screen. When the AUDIT is administered, a notation such as an electronic flag or chart alert, an alcohol diagnosis, or a colored dot for paper charts, should be placed in the patient's chart to prompt follow-up on future visits.

If patients complete the prescreen electronically, the computer may be programmed to present the AUDIT as a pop-up when the prescreen is positive. If the AUDIT is administered on paper, the patient should be given a clipboard and writing utensil. He/She should be instructed to complete the questionnaire and, if paper forms are used, to give the AUDIT to his/her healthcare provider at the beginning of the visit today.

Studies indicate that use of a different screening instrument, the CRAFFT, is more effective in patients under age 18.

As mentioned previously, the DAST-10 or similar screening instrument for other drugs should be administered in the same manner as the AUDIT. Some clinics may choose to use a different instrument such as the ASSIST that assesses for risk for multiple substances including tobacco, alcohol and/or drugs.

Decisions:

1. *Remember that if you will be screening only ages 18 and above, use of the AUDIT and DAST alone is sufficient. If screening any patients below age 18, your system will need to include steps for identifying patient age and administering the CRAFFT instead of the AUDIT to those with positive prescreens.*

2. *Decide whether the Screen will be administered on paper or electronically.*

3. *Decide how to handle materials and who will be responsible for Screen materials (forms, clipboards, pens, electronic tablets), access, storage, and distribution (e.g. who will purchase or make copies of Screen; assure clipboards, pens or electronic tables are available to patients, manage the storage, which closet or cupboard will be used, etc.).*

4. *If you use paper forms, decide how patient ID# and other info or patient label will be added to forms.*

5. D*istribute to whoever administers the AUDIT, DAST, and/or the CRAFFT) the introductory remarks they should use in asking patients to complete the form. Here is a sample script that could be used as a starting point in drafting wording appropriate for your setting:*

"Thank you for answering our health habits questionnaire. We would like to gather a bit more information so that your doctor can provide you with the best care based on your particular needs. Would you mind completing the following survey regarding your (alcohol, drug) use?"

6. *Determine how to mark charts of patients with a positive screen so that they will be easily recognizable at future visits, and who will do the marking. [Suggestion for reminder system: In many clinics, triggering an electronic flag or appropriate ICD diagnostic codes in the EHR has proved to be useful, or using colored dots on the problem lists for paper charts.]*

Healthy Lifestyles Screen (AUDIT)

PATIENT: Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some more questions about your use of alcohol. If we find that you are drinking more than you or we feel is good for you, we have some services right here that can help you take better care of yourself. Your answers will remain confidential so please be honest.

Place an X in one box that best describes your answer to each question.

QUESTIONS	0	1	2	3	4	
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week	
2. How many drinks containing alcohol do you have on a typical day you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
3. How often do you have four or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5. How often during the past year have you failed to do what was expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6. How often during the past year have you needed a drink first thing in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
7. How often during the past year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8. How often during the past year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the past year		Yes, during the past year	
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking and suggested you cut down?	No		Yes, but not in the past year		Yes, during the past year	

PROVIDER USE ONLY

1. On average, how many *days* a week do you have a drink containing alcohol?____ days

2. On a typical drinking day, how many *drinks* do you have? ____ drinks (days x drinks = ____ weekly average)

3. How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons? None __ 1 or more__ Which ones?_____ Any others? _____

Total

ZONE I (1-13)

☐ BI performed ☐ Blue brochure given

PLACE PATIENT STICKER HERE

ZONE II (≥ 14)

☐ BI performed ☐ Red brochure given
☐ W/D precautions discussed
☐ Medication (naltrexone, acamprosate or disulfiram)
☐ Referral (check all that apply)
- ☐ Counseling/BT
- ☐ Support group
- ☐ Tx/SA program

Physician signature: _____

Provider Name: _____

Description of plan:

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DRUG USE QUESTIONNAIRE (DAST -10)

The following questions concern information about your potential involvement with drugs excluding alcohol and tobacco during the past 12 months. Carefully read each question and decide if your answer is "YES" or "NO". Then, check the appropriate box beside the question.

When the words "drug abuse" are used, they mean the use of prescribed or over-the-counter medications used in excess of the directions and any non-medical use of any drugs. The various classes of drugs may include but are not limited to: cannabis (e.g., marijuana, hash), solvents (e.g., gas, paints etc…), tranquilizers (e.g., Valium), barbiturates, cocaine, and stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., Heroin). Remember that the questions do not include alcohol or tobacco.

Please answer every question. If you have difficulty with a question, then choose the response that is mostly right.

These questions refer to the past 12 months only:	Circle Response	
1. Have you used drugs other than those required for medical reasons?	Yes	No
2. Do you abuse more than one drug at a time?	Yes	No
3. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?	Yes	No
4. Have you had "blackouts" or "flashbacks" as a result of drug use?	Yes	No
5. Do you ever feel bad or guilty about your drug use?	Yes	No
6. Does your spouse (or parent) ever complain about your involvement with drugs?	Yes	No
7. Have you neglected your family because of your use of drugs?	Yes	No
8. Have you engaged in illegal activities in order to obtain drugs?	Yes	No
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	Yes	No
10. Are you always able to stop using drugs when you want to?	No	Yes

DAST-10 score (add circled responses in left column)

PROVIDER USE ONLY

Total

1. On average, how many *days* a week do you have an alcoholic drink?_____ X
2. On a typical drinking day, how many *drinks* do you have?_____ = _____(weekly average)
3. How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons? None __ 1 or more__ Which ones?_____ Any others? _____
_____

Zone I: Score 1 - 2 (At risk)

☐ BI performed
☐ Handout provided

Place Patient Sticker Here

Zone II: Score 3 - 10 (High Risk, Possibly Dependent)

☐ BI performed
☐ W/D precautions discussed
☐ Medication
☐ Referral (check all that apply)
  ☐ Counseling/BT
  ☐ Support group
  ☐ Tx/ SA program
☐ Handout provided

Physician signature:
_____

Provider Name:
_____

Description of plan:

Adolescent Health Habits Screen (CRAFFT)

C - Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?

R - Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?

A - Do you ever use alcohol/drugs while you are by yourself, ALONE?

F - Do you ever FORGET things you did while using alcohol or drugs?

F - Do your family or FRIENDS ever tell you that you should cut down on your drinking or drug use?

T - Have you gotten into TROUBLE while you were using alcohol or drugs?

Scoring Key: Score of 2 or more is considered positive, indicating the need for further assessment and brief intervention.

PROCEDURE 3:

BRIEF INTERVENTION

Summary:

The practitioner will deliver the appropriate intervention based upon the screening instrument and score in the patient's chart. All interventions should be conducted in private and normally take only 3-5 minutes, but they may take longer if the patient has multiple questions, medical complications related to alcohol use, or has a high level of ambivalence. The clinician training session instructs practitioners in how to provide interventions in response to scores on the Healthy Lifestyles Screen.

Decisions:

1. *Decide who will be responsible for keeping a supply of the intervention cards and alcohol/drug information brochures and where they will be stored.*

2. *Determine the disposition and management of Prescreen and Screen instruments for medical records, and train all staff who handle these records with attention to confidentiality. Decide where Screen forms (AUDIT, DAST and CRAFFT) go in the chart and how to mark if patient declined.*

3. *Determine how Brief Interventions will be documented in the medical record. A simple system should be created for documenting the following:*
    a. *AUDIT, DAST or CRAFFT score*
    b. *Whether a brief intervention was performed*
    c. *Common alcohol diagnoses & codes. These include alcohol use disorder, substance use disorder, and some indicator for at-risk drinking. Your group may choose from a variety of options including using a code such as V65.32 (Substance Use and Abuse Screening), creating a dummy code, or using a term such as "alcohol use," or beginning October 2014, ICD-10 code F10.9, "alcohol use, unspecified."*

4. *Determine whether you will use designated CPT codes to bill for SBIRT services. The codes are 99408 (commercial insurance or Medicaid) or G0396 (Medicare) for 15-30 minutes and 99409(commercial insurance or Medicaid) or G0397 for greater than 30 minutes. If these codes are to be used, appropriate documentation includes screening instrument used and how long the SBIRT intervention lasted.*

PROCEDURE 4:

REFERRAL

Summary:

A limited number of SBIRT encounters (usually less than 10%) may include referral to treatment. This treatment may include referral to a mutual support group (AA, NA, Celebrate Recovery, etc.), to Brief Treatment (5-10 individual sessions with a counselor), or a substance abuse treatment program (detox, outpatient, or inpatient).

Decisions:

1. *Establish written procedures for referrals to alcohol assessment and treatment for patients who need it.*
   A. *Someone in your team should identify and contact alcohol treatment providers in your area, including both formal substance abuse treatment providers and self-help groups such as Alcoholics Anonymous.*
   B. *Identify what services are typically provided and typical health plan coverage so practitioners can explain procedures to patients. (Note: some insurance plans require that the patient make a phone call themselves to initiate their referral).*
   C. *Provide suggestions on how best to refer your patients, including specifics as what number to call, with whom to speak, and whether the practitioner will make the appointment or give a card (name, address, phone numbers) to patients.*
   D. *Consider whether to utilize a dedicated referral specialist, such as a Brief Therapist or admissions person at a local community treatment provider*

2. *Release of information: Try to establish a procedure for routinely obtaining a release of information from referred patients. With the patient's signed release, the results of patient assessments and reports of treatment may be sent to the practitioner, and the provider can also inform you if a patient does not make his/her appointment. This will allow you to monitor alcohol or drug treatment and manage appropriately any related medical treatment the patient requires.*

PROCEDURE 5:

FOLLOW-UP

Summary:

Clinician follow-up should begin with management of the patient's other medical problems in most cases. The clinician should also assess the patient's drinking during the previous seven days, noting whether drinking has decreased and whether the patient reached his or her drinking goal. Recent drug use should also be reviewed (many clinicians ask about the past 30 days). Discuss progress in reducing or stopping drinking or using drugs, problems encountered, and the patient's level of motivation to maintain moderate drinking/drug use or abstinence. If the patient is now drinking at low risk levels, only a few minutes is required to confirm that the patient is drinking moderately and to encourage continued moderation. Clinicians' SBIRT training will prepare them to use motivational interviewing techniques to assist patients in dealing with ambivalence if at-risk drinking or drug use continues. Programming additional visits or referrals for Brief Therapy, self-help groups or specialty treatments are all options for patients who continue at-risk drinking or drug use.

Decisions:

1. *Create a **reminder system** that will prompt staff and practitioners to conduct follow-up screening and intervention with patients who have had a positive pre-screen in the past.*

2. *Decide who will be responsible for keeping a supply of follow-up brochures, if these are used in your clinic, and where they will be stored.*

Start-up and Troubleshooting

Summary

When implementing a new program at a primary care site, start-up and troubleshooting are two areas that must be addressed on a regular basis. Many unforeseen pitfalls could impede the quality of care you are able to provide. Troubleshooting is a constant process that if done correctly might save countless hours of work and money. Some helpful ways to confront these two areas of implementation are to choose a committee chair with strong leadership skills and meet regularly as a committee to check for irregularities in the patient care process.

Decisions:

1. *Schedule regular IC meetings during planning and initial weeks of the project. (Q1-2 weeks).*

2. *Plan a recruitment meeting for both clinicians and nurses.*

3. *Select days for baseline data collection (if appropriate).*

4. *Identify a simple method for determine the percent of patients screened on an ongoing basis. In many cases, IT staff can generate periodic reports providing this information.*

5. *Other helpful benchmarks (see following section on Quality Improvement for more information):*

    a. *Percent of patients screening positive for alcohol or drug use.*
    b. *Number of AUDIT/DAST forms distributed and re-collected.*
    c. *Percent of patients with positive prescreens who received brief interventions.*

QUALITY IMPROVEMENT

Summary:

It is critical that very early on in the implementation process the procedures in your clinical practice relating to Healthy Lifestyle Screening and Intervention are reviewed to assure they are being followed by all staff and working effectively. Someone in the practice should be assigned to monitor the following key indicators of performance and report results to those who can see that improvements are made. To demonstrate the importance of an SBIRT policy, initial measurement of performance should be done no later than after the first four weeks of operation so that improvements needed can be made quickly. Another measurement at 3-6 months will test the degree to which problems have been corrected. Thereafter, regular monitoring in accord with established QA procedures for other services is recommended (for example, on a quarterly basis).

Decisions:

1. *How could records be examined to conduct QI measurement for alcohol screening and intervention? When is the optimal time for the first QI to be done? How frequently should this be repeated?*

2. *Who currently conducts the QA/QI review and to whom does that person report?*

3. *How could decisions on quality improvement be made and implemented if deficiencies were identified?*

Key Indicators:

A. *What percent of patients received the Prescreen? Why did some not receive the Prescreen?*

B. *What percent of patients completing the Prescreen were positive for unhealthy alcohol use or drug use? Positive prescreen rates in U.S. primary care clinics are typically 10-15% or more. If your prescreen rate is below this, quality assurance should be performed to ensure that screening staff are asking prescreen questions as they are written, in a non-judgmental manner, and in a confidential setting.*

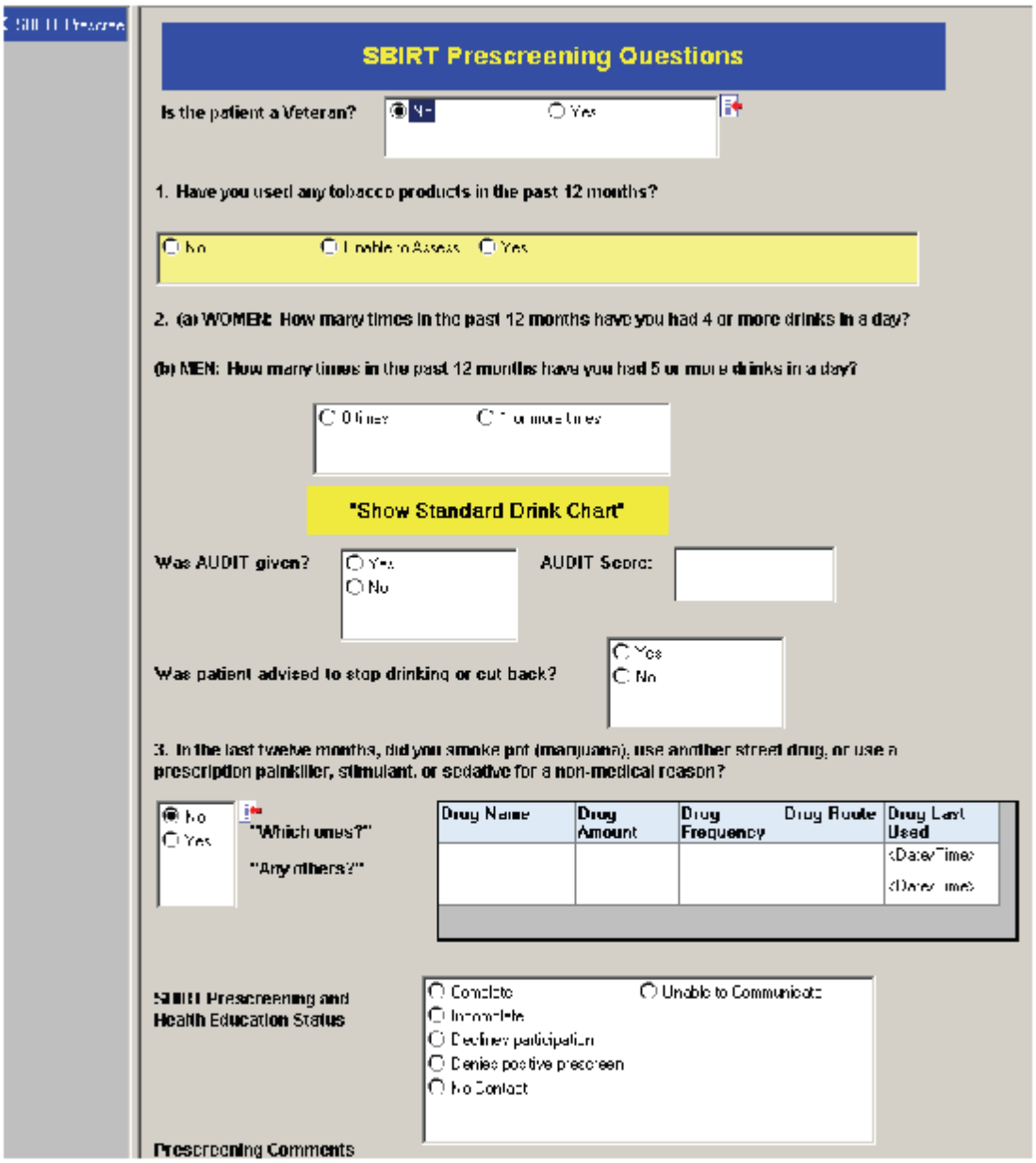
C. *What percent of patients who scored positive on the Prescreen completed the Screen? Why did some not receive or complete the Screen?*

D. *What percent of patients who scored positive on the Screen received a brief intervention? Why did some not receive interventions?*

E. *What percent of patients needing a follow-up visit were scheduled for one? Kept the appointment?*

F. *What percent of patients who should have been referred for assessment and treatment were offered referral? What percent received a referral? What percent actually entered treatment (if data are available)?*

Sample EMR template:



Additional Evaluation Measures (recruitment of residents, chart reviews, etc.)

Note: the next 7 pages describe research procedures specific to the Southeast Consortium on Substance Abuse Training (SECSAT) which may not be included by all SBIRT programs

Summary:

For all SAMHSA-funded SBIRT projects, a member of the administrative team should administer and collect the required federal evaluation (GPRA) forms. An additional QI measure included within the Southeast Consortium for Substance Abuse Training (SECSAT) is conducting annual charter reviews on patients from your clinic to determine whether alcohol screening and intervention is being done and recorded in the medical record. Your assistance is requested in deciding exactly how these activities will be carried out.

Decisions:

1. *Which member of your residency administrative staff will work with the Mercer Project Coordinator & Director of Evaluation to assign study numbers to your residents, assist in resident recruitment and consent procedures, distribution and collection of clinician and provider questionnaires, and organization of resident focus groups?*
2. *How will chart reviews be performed?*
    a. *Who will work with the Director of Evaluation to select the dates of charts to be reviewed? (See protocol for selection of charts on next page)*
    b. *What items, if any, will be requested as an electronic report from your Information Technology department? (See SECSAT Chart Review form in this section to identify variables to be collected)*
    c. *Will it be necessary to review individual charts to gather some of the variables? If so, which member(s) of your team will do the chart reviews?*
    d. *When and where can your chart review members meet with members of the Mercer research team for training in chart review*?

SECSAT Chart review protocol
(10/8/13)

The purpose of the chart review for the SECSAT project is to determine the presence of alcohol screening, brief intervention, and referral to treatment by residents in each of the participating clinics prior to training and implementation of SBIRT.

Charts eligible for review will include those from adult patients age 18 or older visiting the clinic in the 45 days prior to SBIRT training. A power analysis indicates that a sample of 162 charts will provide adequate power for detecting a change in alcohol screening between 12.5% and 25%.

The MCCG Family Health Center will use the following protocol:

Because residents do not see patients in the clinic every day of the week and some may be more likely to practice SBIRT behavior than others, we will randomly select 10 days from the 45 days preceding SBIRT training. Then, we will randomly select 40 patient charts from each of those 10 days. Because about half of patients seen in FHC are seen by faculty and another percentage of FHC patients are children and adolescents under the age of 18, these 400 charts should yield at least 162 charts of adults seen by residents.

In settings with an EMR, it may be possible to do direct selection of resident charts without having to sift through faculty charts. However, to maintain consistency across sites, it might be best to randomly select 10 days from preceding 45 days and then randomly select 20 or so resident charts from each of the 10 days.

The information to be obtained from the patient charts is found on the chart review form. This form also includes guidance on where to look in the chart and decision rules on how to code the chart. While the chart layout and content will vary from clinic to clinic, similar decision rules should be used in each of the other participating clinics.

Site Code_____ Review Date:___/___/_____

SECSAT Chart Review Form
(revised 10-8-13)

Reviewer: _____

Date of index visit:_____

Patient Age:_____ Patient Gender:_____

Provider Number/Study Number of:

Resident at Index Visit: _____
Primary Care Provider: _____

1) Date of patient's initial visit to clinic: ____/ ____/ _____

2) Number of visits within the past 12 months: _____ All visits _____ Physician Visits

Alcohol Screening

3) Is there any evidence that patient was asked about alcohol use within last 12 months?

Note: This would include a completed form containing any questions related to alcohol use, notes from physician related to patient's alcohol use especially in chief complaint, history of present illness or social history, a check box or other way of indicating that the physician reviewed the patient's social history, etc.

____ yes ____ no

If yes, what was the date of the visit (within the past 12 months) when the patient was first asked about alcohol use? _____

If yes, was this . . . . .

___during the patient's initial clinic visit? (if initial visit occurred during past 12 months)
___during the initial visit and 1 or more other visits?
___during one or more visits that were not the initial visit?

4) Does the chart contain a completed standardized and validated alcohol screening instrument within the last 12 months?

Note: This could be any of several standardized instruments including the Single Alcohol Screening Question, AUDIT or AUDIT-C, CAGE, etc.

____ yes ____ no (SKIP TO QUESTION #6)

If yes, which instrument(s) (select all that apply)?

__SASQ
__AUDIT
__AUDIT-C
__CAGE
__Other: _____

If yes, was the screen positive?

____Yes ____ No ____ Unclear or equivocal result

5) If the patient screened positive on a standardized instrument, is there any evidence that the physician performed a brief intervention with the patient (at any visit in past 12 months)?

____ screened positive, BI performed
____ screened negative, BI performed
____ screened positive, BI NOT documented
____ screened negative

If BI performed, how many performed in past 12 months? _____

Note: Evidence of a brief intervention is most likely to be found in Today's Visit notes, in the Assessment/Plan notes or on AUDIT forms. Any notes regarding discussing the patient's alcohol use, advising the patient to quit or cut down on his/her drinking, etc. should be counted as a brief intervention.

6) Was any alcohol diagnosis recorded in the chart, especially in the Assessment/Plan areas of the daily notes or on the problem list?

____ yes ____ no

If yes, what diagnosis? _____

Note: Alcohol diagnoses may include alcohol abuse, alcohol dependence, at-risk drinking, alcohol use, other lifestyle problem (V69.8), or Counseling on substance use and abuse (V65.42).

7) Did the resident discuss and/or prescribe any alcohol-related medications within the last 12 months (e.g. naltrexone, acamprosate, disulfiram)?

____no

____ yes— discussed but not prescribed

____ yes-- prescribed

Note: Information on prescriptions would be found in Assessment/Plan area of daily notes or in the Medication List.

8) Did the resident discuss referral or refer the patient to some form of additional treatment for alcohol misuse within the last 12 months (e.g. brief treatment, outpatient, detox)?

____ no
____yes— discussed but not referred
____yes— referred

Note: Information on referrals would be found in the Assessment/Plan area of daily notes or in the referrals section of the chart.

Drug Screening

9) Is there any evidence that patient was asked about drug use within last 12 months?

Note: This would include a completed form containing any questions related to drug use, notes from physician related to patient's drug use especially in chief complaint, history of present illness or social history, a check box or other way of indicating that the physician reviewed the patient's social history, etc.

____ yes ____ no

If yes, what was the date of the visit (within the past 12 months) when the patient was first asked about drug use? _____

If yes, was this . . . . .

___during the patient's initial clinic visit? (if initial visit occurred during past 12 months)
___during the initial visit and 1 or more other visits?
___during one or more visits that were not the initial visit?

10) Is there any evidence that a urine drug screen has been performed within the last 12 months?

___ yes ___ no

If yes and positive, what was response/consequence of this drug screen?

11) Does the chart contain a completed standardized and validated drug screening instrument within the last 12 months?

Note: This could be any of several standardized instruments including the Single Drug Screening Question, DAST, DAST-10, ASSIST, CAGE-AID, etc.

____ yes ____ no (SKIP TO QUESTION #12)

If yes, which instrument(s) (select all that apply)?

__SDSQ
__DAST
__DAST-10
__ASSIST
__CAGE-AID
__Other: _____

If yes, was the screen positive?

____Yes ____ No ____ Unclear or equivocal result

If yes, any evidence that the physician performed a brief intervention with the patient?

____ BI performed AT THAT VISIT
____ BI performed at different visit
____ BI NOT documented

If BI performed, how many performed in past 12 months? _____

Note: Evidence of a brief intervention is most likely to be found in Today's Visit notes, in the Assessment/Plan notes or on DAST forms. Any notes regarding discussing the patient's drug use, advising the patient to quit or cut down on his/her drug use etc. should be counted as a brief intervention.

12) Was any drug diagnosis recorded in the chart, especially in the Assessment/Plan areas of the daily notes or on the problem list?

____ yes ____ no

If yes, what diagnosis? _____

Note: Drug diagnoses may include drug or substance abuse, drug or substance dependence, at-risk drug use, drug use (e.g. marijuana use, cocaine use, etc.), other lifestyle problem (V69.8), or Counseling on substance use and abuse (V65.42).

13) Did the resident discuss and/or prescribe any drug-related medications within the last 12 months (e.g. naltrexone, buprenorphine, or suboxone)?

____no

____ yes— discussed but not prescribed

____ yes—prescribed

If "yes," specify which medication:_____

Note: Information on prescriptions would usually be found in Assessment/Plan area of daily notes or in the Medication List.

14) Did the resident discuss referral or refer the patient to some form of additional treatment for drug misuse within the last 12 months (e.g. self-help groups (NA, Celebrate Recovery), brief treatment, outpatient, detox, inpatient)?

____ no
____yes – discussed but patient refused/declined
____yes— discussed but not referred
____yes— referred

Note: Information on referrals would be found in the Assessment/Plan area of daily notes or in the referrals section of the chart.

Chronic Pain/Prescription Drug Abuse

15) Does the chart contain a validated pain assessment instrument such as the PEG in the past 12 months? (do not give credit for the nursing pain scale)

____ yes ____ no

Note: Information on pain assessment/pain management would probably be found in the Subjective area of daily notes.

16) Does the chart contain evidence of repeated opioid prescriptions for pain management in the past 12 months?

____ yes ____ no (skip to question 12)

If yes, which medication? _____

Note: Information on prescriptions would be found in Assessment/Plan area of daily notes or in the Medication List and may include Buprenex (buprenorphine), Lortab/Norco (oxycodone/APAP), Stadol (butorphanol), Tylenol with codeine (codeine), Duragesic (fentanyl), Vicodin (hydrocodone), Dilaudid (hydromorphone), Dolophine (methadone), Astramorph (morphine), OxyContin (oxycodone), Methadone or Darvon (propoxyphene).

17) Does the chart contain a Controlled Substances Agreement?

____no

____ yes—but not signed

____ yes—signed by patient
Date signed

Note: Controlled Substances Agreement would be found in the Progress Notes or Misc area of chart.

18) Did the resident discontinue writing an opioid prescription in the past 12 months?
_____no
_____yes

If yes, date of refusal :_____

19) Did the resident discuss referral or refer the patient for non-narcotic pain management in the past 12 months?

____ no
____yes— discussed but not referred
____yes— referred
Type of referral :_____

Note: include pain clinic referrals in this section

20) Did the resident discuss referral or refer the patient to some form of treatment for prescription drug abuse/misuse in the last 12 months (e.g. Suboxone, brief treatment, outpatient, detox)?

____ no
____yes— discussed but not referred
____yes— referred
Type of referral:_____

Note: Information on referrals would be found in the Assessment/Plan area of daily notes or in the referrals section of the chart

Potential Members of Implementation Committee with Checklist

Clinic:

Position	*Name*	*Phone/email*
Site Coordinator		
Clinic Medical Director		
Clinic Administrative Director		
Head Nurse/Nursing Representative		
Medical Records Representative		
IT/EMR/EHR Representative		
Referral Clerk		
ADDITIONAL MEMBERS FOR RESIDENCY PROGRAMS:		
Faculty		
Residency Director		
Chief Resident		
Research Project Coordinator		

Decision Checklist for Implementation Guide

Exchange contact information with all members of IC.

TASK	**DECISION or PERSON RESPONSIBLE**	**DATE COMPLETED**
HEALTHY HABITS PRE-SCREEN		
1. How will prescreen questions be included in the chart?		
a. If charting is done electronically (may need IT involvement to program EHR)?		
b. If charting is done on paper?		
2. Who will administer the prescreen to patients? Where (private area)?		
3. Who will oversee prescreen administration?		
4. Will adolescents be screened?		
SCREEN (AUDIT/DAST/CRAFFT)		
1.Will screening instruments be administered on paper or electronically?		
2. Who will maintain the stock of AUDIT/DAST/ CRAFFT forms?		
3. Where will AUDITs/ DASTs/CRAFFTS, pens, and clipboard be stored?		
6. How will the patient ID info/label be added to the AUDIT/DAST/CRAFFT?		
7. Who will write and distribute the intro remarks to be used when asking patients to complete the form?		

8. How will patients be informed of the size of a standard drink, and where can pictures be displayed?		
9. How can individual charts be marked to indicate that a patient has pre-screened positive? (paper vs. electronic)		
10. Where in the chart will the AUDIT/DAST/ CRAFFT be placed?		
11. Who will manage handling of AUDITs/ DASTs/CRAFFTs by medical records and train staff regarding their confidentiality?		
12. What will be done if the patient declines to fill out the AUDIT/DAST/ CRAFFT?		
BRIEF INTERVENTION		
1. Where will intervention cards be stored?		
2. Who will be responsible for keeping a supply of intervention cards in/near exam rooms?		
3. Who will establish procedures for referrals to alcohol assessment and treatment?		
a. List of facilities most frequently used		
b. Person in your clinic who facilitates referrals		
c. Self-help group information & contacts		
d. Suggestions for how clinicians can facilitate referrals		
e. Procedures for ob-taining consent for release of information?		

f. Procedure for notification if patient does not keep appointment.		
FOLLOW-UP		
1. Who will ask patients about past 7-day or 30-day alcohol & drug use?		
a. What will prompt them?		
b. How will this be electronically recorded?		
2. Who will develop an intro to asking these questions?		
3.If a follow-up brochure is used: Where will brochures be stored for clinician availability?		
4. Who will maintain & store follow-up brochures?		
START-UP AND TROUBLESHOOTING		
1. Schedule regular IC meetings during the planning phase and initial weeks of the project. (Q1-2 weeks).		
2. Plan a recruitment meeting for both clinicians and nurses.		
3. Select days for baseline data collection (if needed)		
QA/QI		
1. Who currently directs & conducts QA/QI?		
2. How could records be examined for QA/QI measurement for alcohol screening & intervention?		
3. What is the best time for the first QI review to be done?		
4. How frequently should this be repeated?		

5. What steps are necessary to implement such a QI process?		
SPECIAL MEASURES FOR FACILITATING PROGRAM EVALUATION OF RESIDENCY SBIRT PROJECTS (SECSAT)		
1. Administrative person who will assist with resident recruitment, consent, collection of forms, etc?		
2. How will chart reviews be performed?		
a. Person who will assist in selecting dates for chart review?		
b. Items which will be requested on electronic report?		
c. Necessary to review individual charts? If so, who will do this?		
d. When & where will chart review members meet with Mercer team for training?		