

**Vermont Health Care Innovation Project
2016 Quarterly Report**

Screening in the Medical home (SiMH)
**University of Vermont Health Network-
Central Vermont Medical Center**

Date December 10, 2016

***Reporting Period:
2nd Year Final Report***

***Name of Presenter(s) and/or Key Contact:
Ginger Cloud, LCMHC, LADC***

Grant Project Goals

- To implement Screening, Brief Intervention, and Referral to Treatment (SBIRT) into the medical homes at Central Vermont Medical Center (CVMC). For the purpose of this grant SBIRT will focus on tobacco, alcohol and drug misuse.
- To develop and extend a Short Message Service (SMS) for patient engagement to monitor binge drinking behavior: Caring Txt VT.
- Integrate SBIRT measure set into eClinical Works (EMR) calculating stratified risk scores and clinical intervention tracking to improve care coordination and expedite billing for reimbursement.
- Explore utility of current SBIRT reimbursement practices.
- Educate and guide medical providers in substance abuse coding and billing.
- Promote SBIRT model statewide.

The implementation of SBIRT into the patient centered medical home model aligns with the mission of VHCIP to support health care payment and delivery system reforms. SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services. Screening in the Medical Homes (SiMH) aims to prevent and reduce substance misuse, reduce healthcare costs, increase care coordination, and implement a novel strategy to enhance patient participation.

Recent Accomplishments

- We completed our final report for our SIM grant. This report gave us the opportunity to summarize the valuable lessons we have learned over the past two years implementing SBIRT into our medical group practices. Please see final report for data charts and overall summation of findings.
- We received an updated report that focused only on patients that received a tobacco, alcohol and drug screen during a visit. This allowed us to simplify data charts and to gain insight into the cohort that completed all three screens this grant was intended to capture.
- SBIRT clinicians have been activity using the Feedback Informed Treatment (FIT) tools with brief treatment patients. We are all engaged in monthly consultation calls to receive supervision of our use of the FIT tools.

Activities Undertaken and Planned

- Ongoing Activities
 - Regular meetings with each medical home to advance the implementation of the SBIRT screening model into their patient flow. Quality improvement of the screening process, feedback to providers about patient engagement in brief treatment services and problem solving barriers to screening.
 - Each practice site is receiving SBIRT model effectiveness feedback through practice reports detailing patients screened, rates of positive screens, secondary screening rates, and intervention rates.
 - Coordination of care efforts throughout CVMC's medical homes, the hospital system, and community partners.
 - Motivational interviewing trainings to increase screening and intervention effectiveness.
- New Activities
 - Our SBIRT team will join the Community health team. We will continue to offer SBIRT interventions in a non-billable format. Strategic meetings to increase efficacy of SBIRT model are in process.
- Long-Term Activities
 - Engagement in comprehensive training of medical secretaries, nursing staff, and medical providers to enhance screening process in medical homes. Identification of areas of the screening and intervention process that are interrupting the efficacy of the SBIRT model. Build community alliances and a comprehensive clinical pathway for patients that are identified at moderate to high risk/dependent substance users.
 - Maintain a strategy to sustain screening and intervention services initiated by this grant, with specific concern regarding ability to continue to support tobacco interventions, treatment and brief interventions for all substances.

Challenges and Opportunities

- As noted in our last quarterly report, one of our SBIRT clinicians accepted a new position at a different organization. Since we were in the final months of our SIM grant a decision was made to not re-post that position. We are doing our best to meet the needs of patients in our medical homes through the currently employed therapist and our project manager has increase direct patient care hours.
- We continue to address challenges associated with smooth transitions for patients trying to access inpatient detox. We are utilizing resources present at our Washington County Substance Abuse Regional Partnership meeting to discuss gaps in treatment services and seek solutions.
- For a comprehensive list of Challenges identified in our implementation of SBIRT model please see our final report.
- We look forward to understanding the opportunities joining the Community Health Team will bring to our SBIRT project. We hope to expand our services and increase our ability to provide onsite intervention services throughout the medical homes at CVMC.

Providers and Beneficiaries Impacted

| FTE Category | BIM | MIFH | CVPC | WMA | GCPC | MRFP |
|----------------------------------|--------------|--------------|--------------|--------------|-------------|-------------|
| MD FTE's | 3.66 | 3 | 4.48 | 3.93 | 1 | 1.3 |
| NP/PA FTE's | 1.35 | 2.69 | 2.97 | 0.8 | 0.6 | 1 |
| Total Provider FTEs | 5.01 | 5.69 | 7.45 | 4.73 | 1.6 | 2.3 |
| Clinical Coordinator | 0.81 | 1.1 | 1 | 1 | 1 | 1 |
| Office RN | 4.2 | 4.1 | 4.58 | 4 | 1 | 2.5 |
| Office LPN | 0.83 | 0.97 | 4.12 | 0 | 0 | 0 |
| MA/CCA | 0.11 | 3.62 | 0 | 1 | 1 | 0 |
| Clinical FTEs | 5.95 | 9.79 | 9.7 | 6 | 3 | 3.5 |
| Office Supervisor | 1 | 1 | 1 | 1 | 0 | 1 |
| Medical Secretary | 5.27 | 6.06 | 7.18 | 5.72 | 1 | 2.5 |
| Front End/Other FTEs | 6.27 | 7.06 | 8.18 | 6.72 | 1 | 3.5 |
| Total FTE's Per Practice | 17.23 | 22.53 | 25.33 | 17.45 | 5.6 | 9.3 |
| Total Attributed Patients | 4139 | 6903 | 7700 | 6554 | 1244 | 4065 |

Evaluation Methodology

- The target population for our initiative is two fold. We aim to target medical home practices throughout CVMC network to engage in the SBIRT model of screening. Through the engagement of the SBIRT model we aim to identify people that use substances (alcohol and drugs) at a risky level, and people that are identified as addicted to tobacco and or other substances. Once identified we are able to offer appropriate services and continuity of care throughout the patient's change journey.
- We are measuring success by the number of practices engaged in screening patients using the SBIRT model, by the number of patients screened and intervened at each practice and the level of patient engagement in the available SBIRT services.
- To collect data and evaluate the utilization of the SBIRT model in the medical home we are using the reporting functions through our EMR and patient self report. The demographic information, the number of screens complete, engagement in brief interventions, brief treatment and referral to treatment are tracked through the EMR. The reduction or elimination of use patterns among patients engaged in treatment with the SBIRT clinician is based on patient self-report.
- We now have a new EMR report that gives us access to individualized screening results, making the process of identifying patients at risk easier. This new report also increases our ability to target model specific quality improvement efforts based on practice data.

Sustainability

- Our SBIRT project will join the Community Health Team enabling our clinicians to continue to offer our valuable services to patients free of charge.
- Our goal is to keep SBIRT services free and there will be continual quality improvement efforts. The program will be evaluated in early 2017 to understand if it will stay as a free service or transition to a fee for service model.
- We will continue to work with the State and BCBS to develop a reimbursement guide for integration of behavioral health services.

Expenditures to Date & Revised Budget

- Please work from your approved revised budget to show any new expenditures.

| | Approved Budget | Prior Spending | Spent this Qtr. | Total Spent to Date |
|---------------------|-----------------|----------------|-----------------|---------------------|
| Salary | \$ 345,873.46 | \$ 257,649.54 | \$ 64,412.32 | \$ 322,061.86 |
| Fringe | \$ 90,162.00 | \$ 69,888.33 | \$ 14,348.20 | \$ 84,236.53 |
| Travel* | | \$ 1,031.48 | \$ 285.56 | \$ 1,317.04 |
| Conferences* | \$ 4,000.00 | \$ 1,654.75 | \$ 1,669.92 | \$ 3,324.67 |
| Equipment | \$ 4,939.00 | \$ 2,519.00 | \$ 1,327.98 | \$ 3,846.98 |
| Contracts | \$ 6,000.00 | \$ 5,000.00 | \$ 350.00 | \$ 5,350.00 |
| Other Costs | \$ 20,000.00 | \$ 10,000.00 | \$ 10,000.00 | \$ 20,000.00 |

- * Tracked separately starting 8/1/15, in original budget Conferences were listed under Supplies
- Expenditures as of October 31 2016, final invoice for month of November to be submitted by December 31, 2016.

SBIRT Resources

Integrative Behavioral Health Services

Tobacco, Alcohol and Drug Counseling

KARA DUDMAN, M
NCC, AAP



AREAS OF PRACTICE:

- Substance Abuse / Addiction
- Tobacco Cessation
- Relapse Prevention
- Risk/ Harm Reduction
- Anxiety
- Depression
- Grief / Loss

THEORETICAL PERSPECTIVE:

Motivational Enhancement Therapy
Cognitive Behavioral Therapy (CBT)
Client-Centered Therapy
Mindfulness

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Integrative Behavioral Health Services

Tobacco, Alcohol and Drug Counseling



CYNTHIA (TIA)
SPRAGUE, MS

AREAS OF PRACTICE:

- Substance Abuse / Addiction
- Depression
- Anxiety
- Eating Disorders
- Self Esteem
- Co-Occurring Disorders

THEORETICAL PERSPECTIVE:

Cognitive Behavioral Therapy (CBT)
Client Centered
Motivational Enhancement Therapy (MET)

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SBIRT PROJECT



SBIRT

Screening, Brief Intervention, and Referral to Treatment

A public health approach to reducing the impact of substance use in our community

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Integrative Behavioral Health Services

Tobacco, Alcohol and Drug Counseling



GINGER CLOUD
LADC, LCMHC

AREAS OF PRACTICE:

- Substance Abuse / Addiction
- Tobacco Cessation
- Relapse Prevention/ Risk/ Harm Reduction
- Chronic Pain
- Depression & Anxiety
- Gerontology
- Stress Management
- Clinical Supervision

THEORETICAL PERSPECTIVE:

Motivational Enhancement Therapy (MET),
Cognitive Behavioral Therapy (CBT), Dialectical
Behavioral Therapy (DBT), Mindfulness

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