

wasbirt·pci

## Washington State Screening, Brief Intervention and Referral to Treatment Primary Care Integration

### Implementation Guide

#### What is WASBIRT-PCI?

**WASBIRT-PCI** is the Washington State Screening, Brief Intervention, and Referral to Treatment- Primary Care Integration program. Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based public health practice based on universal alcohol and drug screening to increase awareness about an important preventable health issue - substance abuse.

The federal Department of Health and Human Services (HHS) awarded the Washington State Department of Social and Health Services, Division of Behavioral Health and Recovery a five-year grant to provide SBIRT to low-income adults receiving primary care.

The program integrates behavioral and primary health care and creates a sustainable reimbursement system for SBIRT in Washington State. Screening, brief intervention, referral to treatment services are provided to adults receiving primary care in selected community health clinics in Washington State.

#### Why SBIRT?

When screening and brief intervention is done universally it can effectively:

- Reduce substance use, abuse, and dependency which can improve health outcomes.
  - Alcohol use can complicate medical treatments compromising healthy outcomes for conditions such as diabetes, hypertension, liver disease, cardiomyopathy, acute and chronic pancreatitis, neurological disorders, and mental health issues. <sup>(1)(2)</sup>
  - Improve social and mental health outcomes and reduce the risk of death.
- Decrease the risk for injury and negative life consequences.
- Decrease health care utilization which in turn reduces health care costs and the costs for other chronic health care conditions such as depression, anxiety, injury... <sup>(3)(4)(5)(6)(7)(8)</sup>

Screening and brief intervention uses motivational interviewing:

- A clinical approach that helps people with substance use disorders and other chronic health conditions make positive behavioral changes to support better health.

The purpose of screening services is to not only prevent individuals with low risk levels of problem use from developing greater dependencies, but to also identify individuals with higher risk levels of use and refer them to treatment when necessary. Screening services connect behavioral and primary health care to effectively meet individual needs.

Screening and brief intervention supports health care homes providing coordinated treatment under the Affordable Care Act (ACA):

- The ACA requires health homes to provide at least comprehensive care management; care coordination and health promotion; comprehensive transitional care from inpatient to other settings; individual and family support; referral to community and social support services (if relevant); and the use of health information technology to link services. The full list of service components includes **prevention and treatment of mental illness and substance use disorders**, along with chronic disease management.
- Because individuals with untreated mental illness or substance use disorders experience higher rates of co-morbid conditions requiring increased medical treatment, health homes must develop a plan for addressing enrollees' behavioral health needs. Health homes must assure access to mental health and substance use prevention, treatment, and recovery services. Approaches may include: "screening for alcohol and certain illegal drugs, identifying available mental health and substance abuse services, discharge planning, care planning that integrates physical and behavioral health services, person/family-centered treatment planning, referral and linkage to other specialty health and behavioral health treatment, and supports that promote recovery and resiliency."

The Centers for Medicare and Medicaid Services require states to consult with the Substance Abuse and Mental Health Services Administration (SAMHSA) prior to submitting their state plans covering health homes.

## **Purpose of the Guide**

The purpose of this guide is to assist your clinic(s) with implementing SBIRT. It offers suggestions for a smooth implementation of SBIRT in your clinic based on lessons learned from previous adoptions of this model in other clinics. It will better help you understand how SBIRT works in the clinic, assist you in developing clinic flow that includes SBIRT, offers suggestions for elements of a training plan for clinical staff, and explains the data requirements necessary to implement SBIRT. This guide is intended to be used by clinics that are receiving grant funds from the state to implement SBIRT.

## Planning: Before Getting Started in the WASBIRT-PCI Program

Before getting started with SBIRT, planning will help define an implementation process that adequately addresses the activities listed below. A clinic implementation checklist can be helpful in tracking implementation steps for SBIRT. See appendix A.

**Determine clinic support for screening, brief intervention, and referral to treatment**

Scheduled meetings with key stakeholders including the clinic medical director, administrators, medical providers, medical assistants, reception staff members, personnel from the business information and technology offices, and any other key individuals to assess support for SBIRT.

**Determine who will conduct each step of the SBIRT model**

Once an SBIRT implementation team is selected, determine who will conduct each step of the SBIRT model that best fits the clinic location and resources.

**Decide on a screening method and forms**

Select validated, evidenced based screening tools that will be used by clinic staff members to give the pre-screen and screening questionnaires.

**Determine steps for clinic flow for SBIRT**

Review the WASBIRT-PCI clinic screening and data collection flow chart and determine steps that will ensure successful implementation of SBIRT at the clinic site.

**Set up clinic practice to simplify the process**

Focus on simplifying the process by making SBIRT a routine, universal screening. Design processes that ensure those patients that screen positive receive a brief intervention and referral when appropriate.

**Think about opportunities and indications for screening**

Key opportunities for providing universal screening include adding the prescreen questions on the patient intake forms.

**Determine training requirements**

Depending on the clinic model you select, i.e., who conducts pre-screening, brief interventions, and referral for treatment, develop a training plan for your site.

**Determine data collection processes**

There are critical data pieces to be collected for SBIRT, like the prescreen and full screen patient scores. Determine the data collection processes for implementing SBIRT and where the data will be stored.

**Establish clinic monitoring procedures**

After determining how the data will be collected and entered into the patient record, create a monitoring procedure for process improvements during the early stages of implementation.

**Steps for sustainability**

During planning, consider elements of sustainability which include provider credentials, documenting SBIRT services, and existing billing codes that need to be integrated in electronic health records. The clinician selected to deliver brief interventions **must** be a billable provider.

## **Getting Started in the WASBIRT-PCI Program**

Planning helps define the SBIRT implementation process. An expanded discussion of planning steps for implementation are including in this section.

### **Determine clinic support for screening, brief intervention, and referral to treatment**

Before you begin WASBIRT-PCI, schedule meetings and presentations with key clinic stakeholders including the clinic medical director, administrators, medical providers, medical assistants, reception staff, personnel from the business and information technology offices, and any other key individuals. If you have multiple clinic sites, identify a clinic that is interested in SBIRT and would likely succeed at implementing the program. Support from an SBIRT implementation team at the clinic will be essential for success.

This implementation team of dedicated staff can assist with:

- Writing the organization's vision, goals, and objectives in implementing SBIRT.
- Writing policies and procedures related to implementing SBIRT and develop clinic protocols for issues related to SBIRT. For example, developing a list of chemical dependency, mental health, and other community based treatment agencies to contact when making patient referrals.
- Ensuring your program has financial support once you are no longer receiving grant funding from the state.
- Involving staff to develop an implementation plan and clinic flow. For example, ask the medical assistants for their input on how to best implement SBIRT prescreens if they are the staff who will be in charge of this task.

- Notifying staff of upcoming trainings or when training is required.
- Modifying the clinic electronic health record to include prescreen and screening questions and updating staff of these changes.
- Providing ongoing monitoring and quality improvement.

### **Determine who will conduct each step of the SBIRT model to be used at the clinic site**

Once an SBIRT implementation team is selected, begin meeting to determine which SBIRT model best fits the clinic location and resources. The clinic will need to decide who will carry out each step of the SBIRT model. For example, who will give the patient the prescreen questions, will this be asked verbally or in a paper questionnaire, who will enter the data into the EHR?

Another important decision to make is who will administer the brief intervention. There are several variations of the SBIRT model based on who conducts the brief interventions. These include the primary care physician, a behavioral health intervention specialist (BHI), licensed social worker, mental health professional, chemical dependency counselor, nurse, or other licensed health care professional. Some clinics may decide to train more than one health professional to conduct the brief intervention. Another option may be that your clinic already has a behavioral health specialist who supports the medical practice. How feasible would it be to train this individual if they already exist in the clinic? One of the most critical things to keep in mind when determining who will conduct BIs is that you select a clinician that can bill for services.

### **Decide on a screening method and forms**

Select screening forms that will be used by clinic staff members to give the prescreen and screening questionnaires. Selected forms need to be validated, evidence based tools that can be formatted for clinic use and translated into common languages for the clinic site. WASBIRT-PCI providers use the following forms based on federal grant funding requirements. The Substance Abuse and Mental Health Services Administration requires all grantees to screen for mental health issues in addition to substance abuse. Research shows individuals with substance use disorders frequently experience depression, anxiety, and other mental health co-occurring disorders.

Pre-Screening Questions:

- Two questions endorsed by the National Institute on Alcohol Abuse and Alcoholism for the alcohol prescreen and one question endorsed by the National Institute on Drug Abuse for the drug prescreen.
  - Do you sometimes drink beer, wine, or other alcoholic beverages?
  - How many times in the past year have you had 4 or more drinks in a day (women)/5 or more drinks in a day (men)?
  - How many times in the past year have you used an illegal drug, or marijuana, or used a prescription medication for nonmedical reasons?

Screening Questionnaires:

- **The Alcohol Use Disorders Identification Test (AUDIT)**
  - Ten item survey used to assess alcohol use disorders
  - A score of 7+ for females and 8+ for males recommends a BI at minimum
  - A score of 16+ for females or males recommends a BI and referral to BT or CD
  
- **Drug Abuse Screening Test (DAST)**
  - Ten item survey used to assess drug use including prescription drugs
  - A score of 1-2 recommends a BI at minimum
  - A score of 3+ recommends a BI and referral to BT or CD
  
- **The Patient Health Questionnaire (PHQ-9)**
  - Ten question scale assessing depression
  - Administered as needed during the BI
  - Refer to the Mental Health Integration Program (MHIP) if indicated
  
- **Generalized Anxiety Disorder Scale (GAD 7)**
  - Eight question scale assessing anxiety
  - Administered as needed during the BI
  - Refer to MHIP if indicated

**Determine steps for clinic flow for SBIRT**

Review the WASBIRT-PCI clinic screening and data collection flow chart (see chart below) and determine steps that will ensure successful implementation of SBIRT at the clinic site. Set up the clinic practice with simplicity in mind. Perhaps use bright colored paper for the Alcohol Use Disorders Identification Test (AUDIT) and Drug Abuse Screening Test (DAST) at first to remind clinic staff to administer these surveys. Use validated screening forms, progress notes, and computer reminders (if using electronic medical records). Find creative ways to display the readiness ruler and have referral information in examination rooms. How might the clinic monitor performance through practice audits? Who will be in charge of monitoring clinic staff progress and enforcing performance improvement plans? Keep in mind you may need to adapt your strategies to remind clinic staff to deliver SBIRT.

Appendix B below is a chart showing the general clinic flow model for SBIRT. The table referencing the Government Performance and Results Act (GPRA) Sections refers to additional data collection requirements required by the federal grant. Using this chart may help you decide which model would work best for your clinic. Getting input from clinic staff can increase buy in and make implementation of the program easier. For example, if the medical assistants are going to give patients the AUDIT or the DAST, ask them how administering these screens can best fit into their clinical flow. Look for staff that is eager to help, excited about SBIRT, and can act as program champions.

### **Set up clinic practice to simplify the process**

Begin to assess clinic flow. Do not be overly committed to your initial SBIRT process plans. You may discover something is not working well, and you need the flexibility to be able to change the flow. Continue to develop plans on who will conduct prescreening questions, how and who will complete the screening tools, how the information will be provided to the health care professional conducting the brief intervention, and clinic flow for referral to brief treatment, chemical dependency treatment, or mental health counseling. Remember your initial plan may change and evolve as you begin to implement SBIRT. You may find new ways to make SBIRT flow better in your clinic as you move into the implementation phase.

### **Think about opportunities and indications for screening**

Some opportunities for providing universal screening include:

- routine physical examination
- annual physician visit
- prescribing a medication that interacts with alcohol
- family planning or patients that are pregnant
- patients with health problems complicated by alcohol such as cardiac arrhythmia, dyspepsia liver disease, depression, anxiety, insomnia, trauma, **or** have a chronic illness that is not responding to treatment such as chronic pain, diabetes, gastrointestinal disorders, heart disease, or hypertension

The goal of SBIRT is to screen **every** patient at least annually.

### **Determine training requirements**

Once the SBIRT clinic model has been selected, develop a training plan for the site based upon clinic flow and staff resources. Training will be provided in a number of ways including in-person seminars and training events, webinars, and a monthly learning collaborative. For clinics working with WASBIRT-PCI and receiving state grant funding, training seminars and the learning collaborative are led by staff members from DSHS and the Northwest Frontier Addiction Technology Transfer Center at the Oregon Health Sciences University. Clinic specific training plans are developed by WASBIRT-PCI staff members and clinic SBIRT implementation team members. The table below is a sample training plan. More training information is provided in the section titled Training Requirements. Appendix C provides training examples.

### **Determine data collection processes**

Determine data collection processes for implementing SBIRT and what elements of SBIRT can be integrated in the clinic electronic health record initially and longer term to support sustainability. Determine the most efficient and effective method to ensure SBIRT integration in primary care while supporting coordinated health care teams and clinical case management.

Because you are receiving grant funds to implement SBIRT, there are certain grant specific data requirements including GPRA. Ensure your data collection processes include the data requirements of the grant during the period for which you receive funding.

### **Establish clinic monitoring procedures**

After determining how the data will be collected, create a monitoring procedure that uses the data to:

- Continuously improve the quality of the intervention
- Ensure fidelity to the SBIRT model
- Build long-term support for sustaining SBIRT in the clinic

Design a process evaluation which will help identify opportunities for program improvement and any necessary adjustments. Some examples of this include:

- Identifying performance metrics for the process evaluation (e.g., number of patients receiving SBIRT services)
- Develop an approach for documenting implementation practices (e.g., how the intervention is delivered and by whom, the degree to which the intervention is carried out with fidelity, the roles and relationships among key project participants, etc.)

You may need to identify a program champion or staff person who can monitor the clinic procedures and make suggestions for system improvements. Look for staff in the clinic that already performs similar functions as they may be a likely candidate to assume this role.

### **Steps for sustainability**

In order to sustain SBIRT, clinics need to consider a variety of strategies. These strategies include:

- Employing licensed health care professionals that can bill for SBIRT services;
- Modifying the clinic's electronic health record to document the SBIRT clinical intervention with sufficient information to successfully bill for the service;
- Using federally recognized billing codes for SBIRT services;
- Securing contracts with managed care organizations that cover clients of the Washington State Health Care Authority; and
- Identifying billing opportunities that currently exist through Medicare and commercial insurance companies.



APPENDIX A

**Sample clinic implementation checklist**

Below is a table showing a sample clinic implementation checklist. This checklist is designed to lay the general foundation for tasks to be completed to get SBIRT implemented in your clinic.

<b>Implementation Steps</b>	<b>Topics</b>	<b>Key Leaders to Include</b>
<b>Meet with clinic management staff to determine how SBIRT might fit clinic flow</b>	<ul style="list-style-type: none"> <li>• SBIRT overview</li> <li>• Evidence based prevention practices</li> <li>• Health care reform</li> <li>• WASBIRT-PCI</li> </ul>	Clinic Administrator Medical Director
<b>Meet with clinic staff to assess implementing SBIRT</b>	<ul style="list-style-type: none"> <li>• SBIRT overview</li> <li>• Comfort with discussion alcohol and drug use</li> <li>• WASBIRT-PCI (if working with DSHS)</li> </ul>	Clinic Managers MDs MAs Nurses Front Desk Staff
<b>Conduct follow up meetings with all clinic staff to begin defining SBIRT implementation</b>	<ul style="list-style-type: none"> <li>• Overview of SBIRT</li> <li>• Review planning documents</li> <li>• Begin discussions about implementation plan</li> <li>• Strategies for phased in implementation</li> <li>• Clinic model</li> <li>• Clinic flow</li> <li>• Hiring &amp; Training</li> <li>• Contracting</li> <li>• Modifying the clinic electronic health record (EHR) Sustainability</li> </ul> <p><b>DSHS specific topics:</b></p> <ul style="list-style-type: none"> <li>• WASBIRT-PCI overview</li> <li>• Business Associate Agreements and Data Sharing</li> <li>• Government Performance and Results Act reporting data</li> </ul>	Clinic Administrator Clinic Managers MDs MAs Nurses Front Desk Staff Other staff?
<b>Schedule SBIRT Implementation Team 1 hour orientation Weekly check-in (15-20 minutes) 2-4 weeks prior to implementation</b>	<ul style="list-style-type: none"> <li>• SBIRT overview</li> <li>• Clinic buy in</li> <li>• Develop flow</li> <li>• QA / QI process</li> <li>• Implementation plan</li> <li>• Data collection</li> <li>• Change Management</li> </ul>	Clinic administrator MD IT Billing MA BHI Medical records Human Resources

<p><b>Document implementation plan based on key decision points in first three steps</b></p>		
<p><b>Based on human resource planning, create training schedule based on clinic model</b></p>		
<p><b>WASBIRT-PCI Specific Grant Tasks:</b></p>		
<p><b>Schedule meetings with clinic staff and DSHS: DBHR &amp; RDA representatives</b></p>	<ul style="list-style-type: none"> <li>• Discuss and implement data requirements and data collection procedures within and external to clinic EHR</li> <li>• Provide input and feedback on design and content of weekly reports that RDA will use to securely provide feedback to clinics regarding problems with specific patient records                             <ul style="list-style-type: none"> <li>○ Examples: 1) missing pre-screen, screening, or GPR data for a given patient, 2) no brief intervention when screening scores indicate one should have been conducted</li> </ul> </li> </ul>	
<p><b>Work with WASBIRT-PCI Subcommittee to establish clinic monitoring procedures</b></p>	<ul style="list-style-type: none"> <li>• Discuss SBIRT procedures and issues with DSHS and other clinic staff</li> </ul>	<ul style="list-style-type: none"> <li>• Once per Month conference calls</li> </ul>
<p><b>Schedule routine meetings with WASBIRT-PCI Subcommittee to establish a sustainability plan</b></p>	<ul style="list-style-type: none"> <li>• Discuss ways to make SBIRT sustainable in your clinic</li> </ul>	<ul style="list-style-type: none"> <li>• Less than once per month conference calls</li> </ul>
<p><b>Elect representatives from the clinic to join the WASBIRT-PCI Policy Steering Committee</b></p>	<ul style="list-style-type: none"> <li>• Provide input and feedback on implementation within your clinic</li> <li>• Consider joining subcommittees to further enhance the dissemination of SBIRT statewide and increase sustainability efforts</li> </ul>	<ul style="list-style-type: none"> <li>• Quarterly Meetings</li> </ul>

<p><b>Join the WASBIRT-PCI Clinical Implementation Workgroup</b></p>	<ul style="list-style-type: none"> <li>• Discuss clinical issues as they arise</li> <li>• Provide feedback and suggestions for systems improvements</li> <li>• Discuss barriers and successes to implementation</li> </ul>	<ul style="list-style-type: none"> <li>• Conference Calls held every two weeks</li> </ul>
<p><b>Process Evaluation Requirements</b></p>	<ul style="list-style-type: none"> <li>• Schedule a time for WASBIRT-PCI team to conduct in clinic surveys (1-3 months into implementation; 9-11 months into implementation; 6 months post funding period)</li> <li>• Complete the Clinic Information Form (attached) within first 3 months of implementation; Form reviewed at 9-11 months)</li> </ul>	<ul style="list-style-type: none"> <li>• Brief 10 minute survey to be completed by all staff in clinic implementing SBIRT</li> <li>• Clinic Information Form collects data on the size of the clinic, demographics of patients, SBIRT clinic model, etc.</li> </ul>
<p><b>Persons Implementing BI (SBIRT supervisors welcome as well)</b></p>	<ul style="list-style-type: none"> <li>• Attend Learning Collaborate</li> <li>• Continued MI training</li> <li>• Education on alcohol and substance use/abuse</li> <li>• Co-occurring disorders</li> <li>• Anxiety and Depression</li> <li>• Topics as requested</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly Meetings</li> </ul>

### Clinic Preparation Process

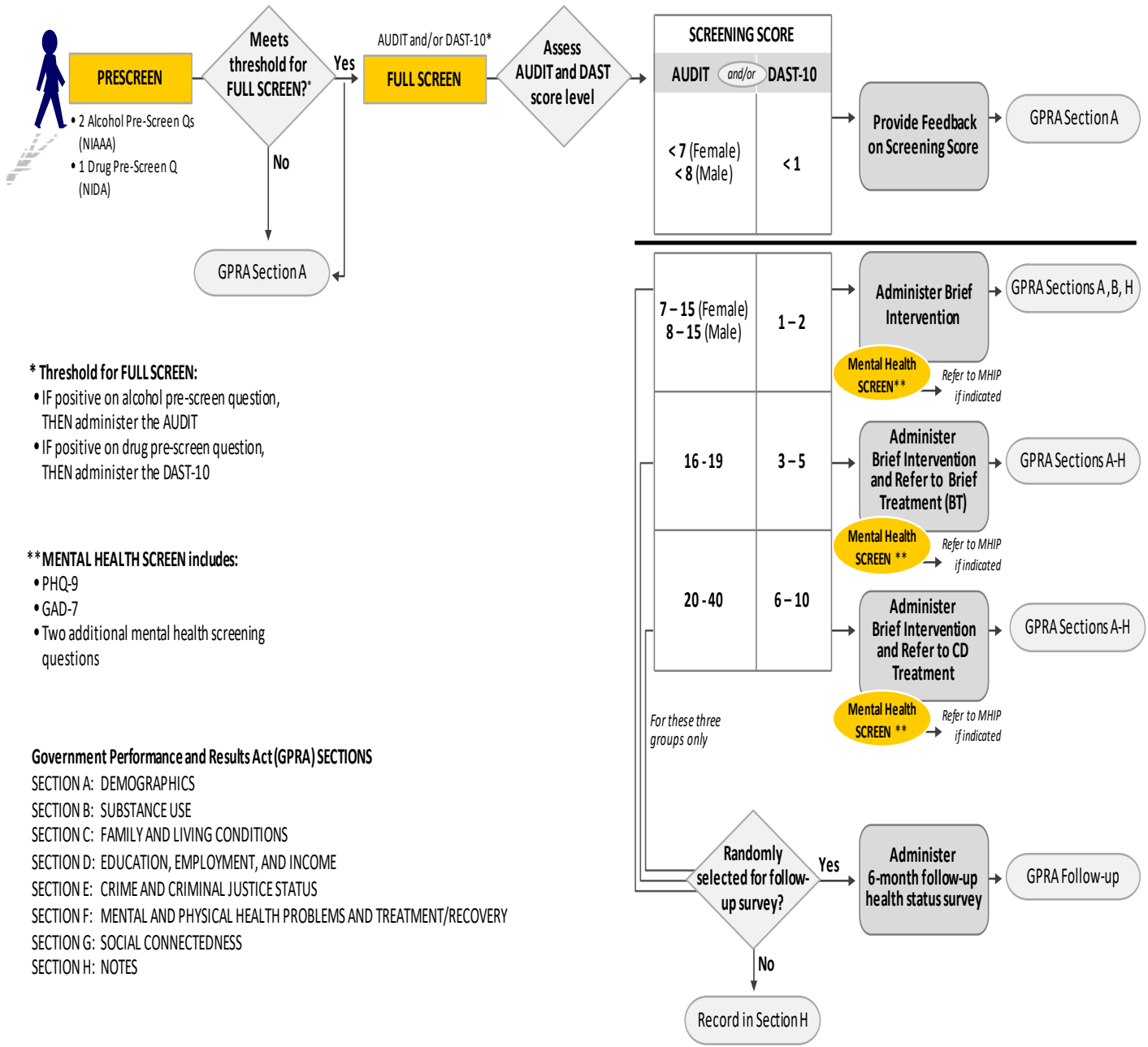
This form is intended to track when general implementation items related to SBIRT are completed. Although procedures, policies, staff, etc. may change over the course of the grant, we would like to capture when the initial processes happen. In some cases you may only be able to identify a month year which is acceptable.

<i>Redefining/restructuring</i>	<i>Date Completed</i>
<input type="checkbox"/> Writing the organization's vision, policies and procedures to implement SBIRT	
<input type="checkbox"/> Written policies/procedures	
<input type="checkbox"/> Financial support	
<input type="checkbox"/> Dedicated program staff/personnel	
<input type="checkbox"/> Involving staff to develop an implementation plan and clinic flow	
<input type="checkbox"/> Training/education offered	
<input type="checkbox"/> EHR adaptations to include SBIRT	
<input type="checkbox"/> Providing ongoing monitoring and quality improvement	

<i>Facilitators/Barriers</i>	<i>Date Completed</i>
<input type="checkbox"/> Presence of program champions	
<input type="checkbox"/> Institutional support	
<input type="checkbox"/> Perceived benefit of program	
<input type="checkbox"/> Opportunities for program feedback	
<input type="checkbox"/> Patient Privacy concerns	
<input type="checkbox"/> Program staff coverage of SBIRT in clinic	

<i>Clarifying/Routinizing</i>	<i>Date Completed</i>
<input type="checkbox"/> Increased issue awareness	
<input type="checkbox"/> Efforts to disseminate program	
<input type="checkbox"/> Mandate compliance	
<input type="checkbox"/> Continued budget support	

**APPENDIX B: WASBIRT-PCI Clinic Screening and Data Collection Flow Chart**



**\* Threshold for FULL SCREEN:**

- IF positive on alcohol pre-screen question, THEN administer the AUDIT
- IF positive on drug pre-screen question, THEN administer the DAST-10

**\*\* MENTAL HEALTH SCREEN includes:**

- PHQ-9
- GAD-7
- Two additional mental health screening questions

**Government Performance and Results Act (GPRAS) SECTIONS**

- SECTION A: DEMOGRAPHICS
- SECTION B: SUBSTANCE USE
- SECTION C: FAMILY AND LIVING CONDITIONS
- SECTION D: EDUCATION, EMPLOYMENT, AND INCOME
- SECTION E: CRIME AND CRIMINAL JUSTICE STATUS
- SECTION F: MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT/RECOVERY
- SECTION G: SOCIAL CONNECTEDNESS
- SECTION H: NOTES

APPENDIX C

<b>Training examples include:</b>	
<b>All Staff</b>	<ul style="list-style-type: none"> <li>• Introduction to SBIRT clinic flow overview</li> </ul>
<b>Medical Assistant training</b>	<ul style="list-style-type: none"> <li>• Process/Clinic flow</li> <li>• Role in the team</li> <li>• Screening</li> <li>• Warm hand-off</li> <li>• Research that supports the value of SBIRT</li> <li>• Skill based training on asking sensitive questions</li> </ul>
<b>BHI</b>	<ul style="list-style-type: none"> <li>• Self-directed learning</li> <li>• SBIRT overview</li> <li>• Delivering substance abuse services in primary care culture</li> <li>• SBIRT/ Brief Negotiated Interview training manual</li> <li>• GPRA</li> <li>• On-going training</li> <li>• Motivational Interviewing (MI) and Advanced MI</li> <li>• Medical Home model</li> <li>• Coordinated care teams</li> </ul>
<b>MDs</b>	<ul style="list-style-type: none"> <li>• SBIRT overview</li> <li>• Role of MD</li> <li>• Medical Home model</li> </ul>

The SBIRT model of implementation selected by the clinic will determine the roles assumed by clinicians. For example, if you select a behavioral health intervention (BHI) model, the BHI will need to be trained in motivational interviewing and brief interventions. If a physician SBIRT model is selected, the physician will need to be trained in these topics. Below is a table that may assist in deciding who needs what specific trainings to support clinic SBIRT flow.

<b>Trainees</b>	<b>Topics:</b>	<b>Clinic Flow</b>
<b>All Staff</b>	<ul style="list-style-type: none"> <li>• SBIRT Overview</li> <li>• Warm Handoffs</li> <li>• Team Building</li> <li>• Implementation Plan</li> <li>• Clinic Flow</li> </ul>	
<b>Staff Administering the Prescreen</b>	<ul style="list-style-type: none"> <li>• Purpose of SBIRT</li> </ul>	<ul style="list-style-type: none"> <li>• First point of contact for patient with SBIRT</li> <li>• Should know where the prescreen data is entered in patient's record</li> <li>• Should make sure patients qualifying for an AUDIT/DAST receive these screening tools</li> </ul>

<b>Staff Administering the full Screen tools (i.e., AUDIT, DAST, PHQ-9, GAD-7)</b>	<ul style="list-style-type: none"> <li>• Purpose of SBIRT</li> <li>• Scoring the screening tools</li> <li>• What the scores mean</li> <li>• Opening up the conversation on alcohol and drug use</li> </ul>	<ul style="list-style-type: none"> <li>• Should know how to score the screening tool and where scores are entered in patient's record</li> <li>• Should notify the person administering the BI if given by someone else</li> </ul>
<b>Staff Conducting BI</b>	<ul style="list-style-type: none"> <li>• SBIRT Overview</li> <li>• Medical Home model</li> <li>• BI</li> <li>• Motivational Interviewing (MI) – Intro and Advanced</li> <li>• Data collection</li> <li>• Basic ETOH/DRUG education</li> <li>• Basic medical education</li> <li>• Team building</li> <li>• Primary Care Culture</li> <li>• Complex clients</li> <li>• SBIRT model</li> </ul>	<ul style="list-style-type: none"> <li>• Referrals to BT/RT</li> </ul>
<b>Staff Conducting BT, RT</b>	<ul style="list-style-type: none"> <li>• RT training</li> <li>• BT/Intensive Intervention</li> <li>• Complex clients</li> <li>• MI-Intro and Advanced</li> <li>• Data Collection</li> </ul>	
<b>SBIRT Implementation Team</b>	<ul style="list-style-type: none"> <li>• Change management</li> <li>• SBIRT</li> <li>• Process Improvement</li> </ul>	
<b>GPRA</b>	<ul style="list-style-type: none"> <li>• Purpose of GPRA</li> <li>• Q-by-Q GPRA</li> <li>• Sections to complete based on screening scores</li> <li>• Data entry</li> </ul>	<ul style="list-style-type: none"> <li>• Stressed importance of getting this data</li> </ul>
<b>General Training Topics:</b>	<ul style="list-style-type: none"> <li>• Team building</li> <li>• Implementation plan</li> <li>• Check list</li> <li>• Clinic flow</li> <li>• Behavior change</li> <li>• Values/attitudes</li> <li>• Medical home/CCO</li> <li>• Business case</li> <li>• MI</li> </ul>	

- BI