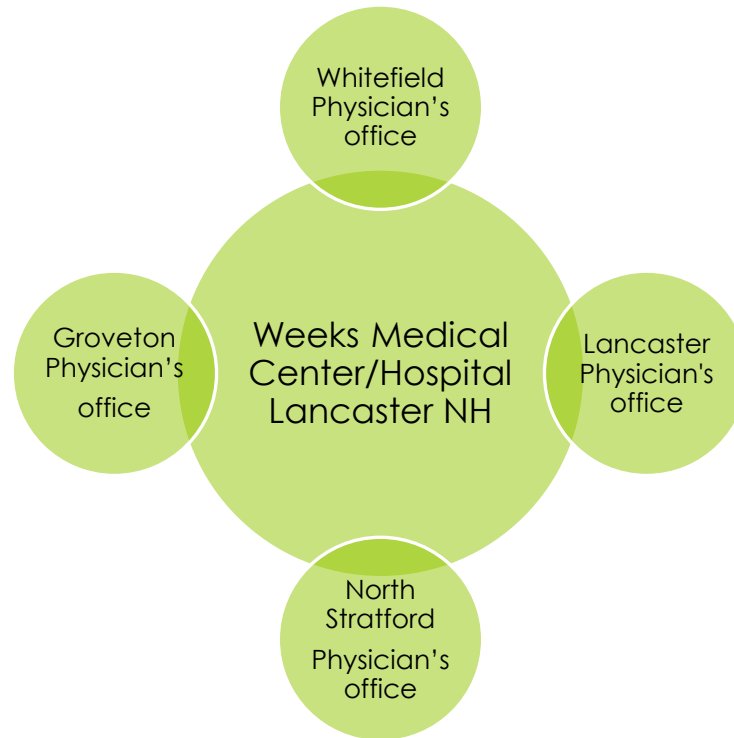




WEEKS MEDICAL CENTER

SBIRT Implementation
Shawna Delworth MLADC,
LCMHC

WMC Campus



WMC

- We are a critical Access Hospital with 4 Rural Health Clinics (RHC)
- We serve about 9000 unique patients
- 1700 are pediatric patients 0-18
- We have 12 providers and 11 of them see pediatric patients. We have 1 primary pediatrician, and 1 internal medicine physician who tends to not see teenagers.

Screening Tools

- We are using the CRAFT, AUDIT, and the DAST as our primary tools.
- Prescreening tools
 - We have chosen to use the first question of each tool as a prescreener.

DAST

In the last 12 months, Have you used drugs other than those required for medical reasons?

AUDIT

Men: In the past year, have had 5 or more drinks in a day?

Women: In the past year, have you had 4 or more drinks in a day?

A positive answer to each of these warrant the complete screen

CRAFFT Screening Tool for Adolescent Substance Abuse

The following questions concern information about your potential involvement with alcohol and other drugs during the past 12 months. Carefully read each question and decide if your answer is "YES" or "NO". Then mark in the appropriate box beside the question. Please answer every question. If you cannot decide, then choose the response that is mostly right.

When the word "drug" is used, it refers to the use of prescribed or over-the-counter drugs that are used in excess of the directions and any non-medical use of 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, Oxycontin).



Part A: During the PAST 12 MONTHS, did you:		No	Yes
1.	Drink any alcohol (more than a few sips)? (Do not count sips of alcohol taken during family or religious events.)		
2.	Smoke any marijuana or hashish?		
3.	Use anything else to get high? ("anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff")		
Part B: CRAFFT		No	Yes
1.	Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?		
<i>If you answered Yes to any of the above, please answer the following questions also. If all were No, stop here. Thank you</i>		No	Yes
2.	Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?		
3.	Do you ever use alcohol or drugs while you are by yourself, or ALONE?		
4.	Do you ever FORGET things you did while using alcohol or drugs?		
5.	Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?		
6.	Have you ever gotten into TROUBLE while you were using alcohol or drugs?		

AGES

- We are using the CRAFT for ages 12-17
- We are using the AUDIT and DAST for Teens ages 18-22
- On the AUDIT or DAST any positive result is considered a positive and BI would be warranted. All alcohol and drug use between 12-20 is considered harmful use.

Implementation Pilot program

- We started with a pilot program in our Groveton Physician's Office on January 25th 2016.
- We initially started screening everyone! We tapered this back over time.
- We began using paper versions of our screening tools and we continue to use them for tablet meltdowns.



"Your appointment's been cancelled. You took too long filling out those forms."

Implementation

- We went campus wide in June 2016
- We only screen well child checks, new patients, physical exams.
- We introduced and provided training with staff on 5/16/16 and started all campus's with the tablets in June.

eClinical Works (ECW)



Free-form

Structured

SBIRT Screening (CRAFFT tool)

Default

Default for All

Clear All

Name	Value		Notes
<input type="checkbox"/> CRAFTT survey completed to	Yes	X	X
<input type="checkbox"/> A.1. During the past 12 month		X	X
<input type="checkbox"/> A.2. During the past 12 mont		X	X
<input type="checkbox"/> A.3. During the Past 12 mont		X	X
<input type="checkbox"/> B.1. Have you ever ridden in	Yes	X	X
<input checked="" type="checkbox"/> Did you answer Yes to any of	Yes	X	X
<input type="checkbox"/> B.2. Do you ever use alcohol		X	X
<input type="checkbox"/> B.3. Do you ever use alcohol		X	X
<input type="checkbox"/> B.4. Do you ever Forget thing		X	X
<input type="checkbox"/> B.5. Do your Family or Friend		X	X
<input type="checkbox"/> B.6. Have you ever gotten in		X	X
<input type="checkbox"/> Patient Score (total # of Yes		X	X
<input type="checkbox"/> Provider Intervention, Score		X	X
<input type="checkbox"/> Provider Intervention, Score		X	X

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Custom

Close

Next >

HPI Notes

Free-form

Structured

SBIRT Annual Screening

Default

Default for All

Clear All

Name	Value		Notes
<input type="checkbox"/> AUDIT Alcohol Quick Screen	Yes Male Screening	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> --In the past year, have yo	Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> --1. How often do you ha	(2) 2 to 4 times a month	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> --2. How many drinks co		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> --3. How often do you ha		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> --4. How often during the		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> --5. How often during the		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> --6. How often during the		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> --7. How often during the		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> --8. How often during the		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> --9. Have you or someor		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> --10. Has a relative or fr		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Patient Score		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Provider Intervention, Si		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Provider Intervention, Si		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> (DAST-20) Drug Questionnai		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> --1. In the past 12 months		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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- Reinforced appropriate use or abstinence of alcohol
- Reviewed recommended limit of 2 drinks/day

Add

Cancel

+ -albutero
solution: Tak

HPI Notes

Free-form

Structured

SBIRT Annual Screening

Default

Default for All

Clear All

Name	Value		Notes
(DAST-20) Drug Questionnaire	Yes	X	
--1. In the past 12 months	Yes	X	
--2. In the past 12 months		X	
--3. Do you abuse more than one substance?		X	
--4. Can you get through the day without using alcohol or drugs?		X	
--5. Are you always able to control your drinking or drug use?		X	
--6. Have you had blackouts or passed out from drinking or using drugs?		X	
--7. Do you ever feel bad or guilty about drinking or using drugs?		X	
--8. Does your spouse or partner ever get mad at you for drinking or using drugs?		X	
--9. Has drug abuse created problems with your family or friends?		X	
--10. Have you lost friends because of drinking or using drugs?		X	
--11. Have you neglected your responsibilities because of drinking or using drugs?		X	
--12. Have you been in trouble with the law because of drinking or using drugs?		X	
--13. Have you lost a job because of drinking or using drugs?		X	
--14. Have you gotten into accidents because of drinking or using drugs?		X	
--15. Have you engaged in risky behavior because of drinking or using drugs?		X	
--16. Have you been arrested because of drinking or using drugs?		X	
--17. Have you ever experienced withdrawal symptoms when you stop drinking or using drugs?		X	

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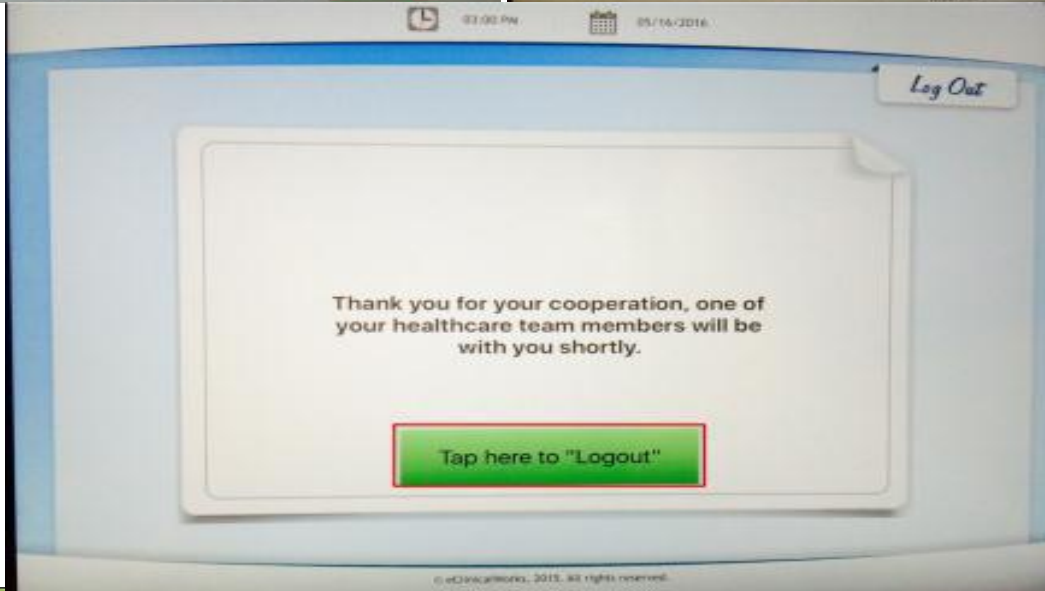
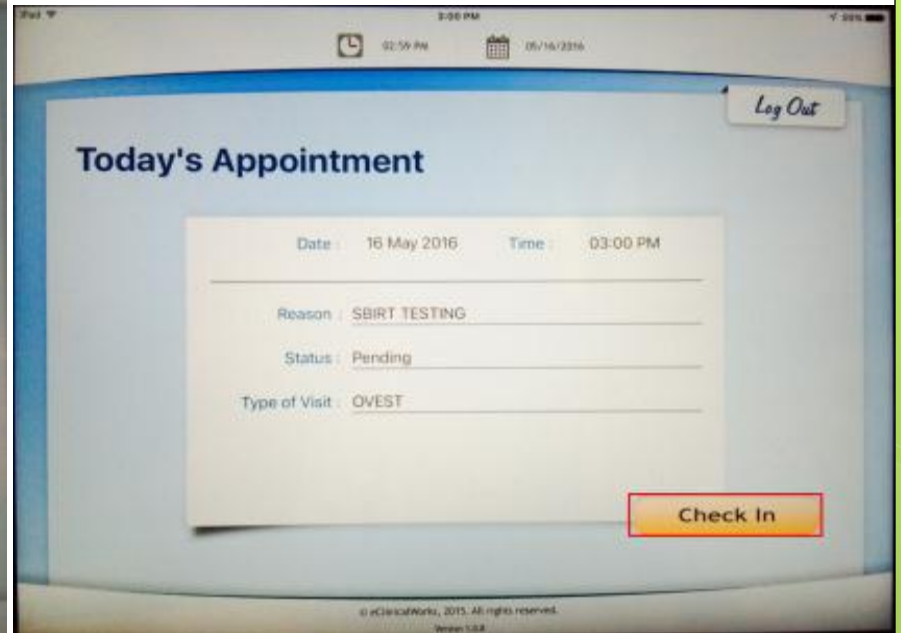
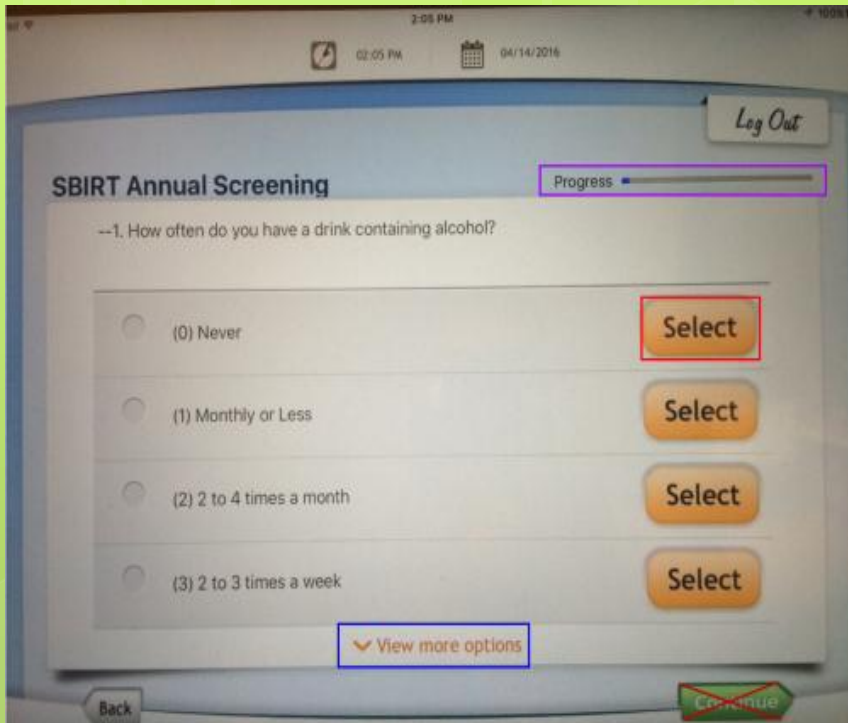
Provider intervention for a positive screen

- [Redacted]
- Open ended discussion about patients use, possible overuse, impact
- Declines referral to LDAC
- Agrees to LDAC referral, referral started
- 15 minutes or more spent on SBIRT screening/intervention during

Add

Cancel

Tablets



Challenges of the Tablets

- They currently have a bug (technical issues)
- The increased security leads to timing out issues.
- The MA's have to remember to bring them into the visit.
- Older adults don't know how to use them
- Quicker to just ask the screener questions.

Benefits of SBIRT

- Decreases the stigma of substance use
- It reinforces that addiction is a disease and that it is important part of your health care.
- It gives patients a place to go to discuss substance use.
- It demonstrates the importance of the patient provider relationship.
- The integration of Behavioral Health into the Primary care setting.