Case #6: Implementation of SBIRT - Lessons from the Field

Synopsis of a recorded webinar

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Presenters:

Aaron Williams, MA

Director of Training and Technical Associate for Substance Abuse for the SAMHSA-HRSA Center for Integrated Health Solutions at the National Council for Behavioral Health

Michael Lardieri, LCSW

Vice President, Health Information Technology and Strategic Development at the National Council for Behavioral Health in Washington, DC (helped develop the materials but did not present)

Nancy A. Roget, MS, MFT

Executive Director of CASAT, PI/Project Director of the National Frontier and Rural Addiction Technology Transfer Center

Overview

This webinar is in two parts. In the first section, Aaron Williams discusses common themes and lessons learned from a multi-site SBIRT implementation project conducted by the National Council for Behavioral Health in Cincinnati, Ohio. In the second section, Nancy Roget presents information about the use of technology-based SBIRT as an effective early intervention strategy.

Patient Population Served:

The Cincinnati project included students seen in school-based programs, patients at health centers, and clients seen through community anti-drug coalitions. Five settings are referenced in the technology-based section: emergency departments, primary care centers, OB-GYN offices, pediatric offices and school-based health programs.

Content Description:

Part one of the webinar focuses on four key areas for SBIRT implementation.

- **Workforce development:** Development of skills important to the delivery of SBIRT services

- **Workflow:** Development of a flow chart for the SBIRT process on the individual agency level, with reference to interfacing with the larger community system of care

- **Partnerships:** Understanding the local network and working with the system of care to develop efficient referral mechanisms and relationships

- **Billing:** A discussion of SBIRT billing codes and how the codes relate to the various elements of the SBIRT process. It is important to realize that the use of the codes is rooted in local conditions. Contacting payers about which codes are in place then testing the system are important steps.

Part two of the webinar focuses on SBIRT as a technology-based intervention.

- Recent research underscoring the advantages of computer-based SBIRT is presented, including a discussion of UC Irvine's CASI project (Computerized Alcohol Screening and Intervention) and studies related to computer-based brief interventions with post-partum women at risk for cannabis use, as well as with adolescents in school-based and primary health care settings.

- Information about IVR (Interactive Voice Response) is also presented. IVR uses touchtone phones to enable a caller to interact with a computer using the telephone keypad as the interface. A study showing the benefits of IVR brief interventions is presented and discussed.

Screens Used:

No specific screens are discussed in this webinar. The UC Irvine CASI project's use of the AUDIT is mentioned.

Billing information:

Information about billing codes and how to use them is presented in the first part of the webinar as outlined above.

Link to Webinar:

http://ireta.org/node/919