

Outcomes

At the end of the 12 month cohort, practices will have:

- Operational SBIRT guidelines integrated into their routine clinical setting.
- A toolkit for further spread and sustainability of these clinical and population based guidelines.
- Successful relationships and timely referral pathways to specialty addiction treatment services.
- A simple dashboard to continually hone and improve the population risk outcomes achieved, while managing cost/benefit of effort.

For more information about SBIRT Quality Improvement Learning Collaborative



Contact your Quality Improvement Coach to learn more about the SBIRT Quality Improvement Learning Collaborative.



Register for the two SBIRT Work Sessions at the Quality Counts Patient Centered Medical Home/ Health Home Learning Session.

June 20 | Augusta Civic Center



LEARNING COLLABORATIVE *for the Adoption of*

Substance Use Screening, Brief Intervention, Referral to Treatment (SBIRT)

*in Patient Centered Medical Homes
and Health Homes*



To contact Maine Quality Counts Substance Abuse Technical Assistance:

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Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

SBIRT Learning Collaborative Faculty

The Co-Occurring Collaborative Serving Maine (CCSME), Maine Quality Counts Substance Abuse Technical Assistance Provider, will work with the following expert team on implementation.

Catherine Chichester, APRN, BC, Executive Director, CCSME, NIATx Coach and MI trainer

Eric Haram, LADC, Director, Outpatient Behavioral Health Services, MidCoast Hospital, Master NIATx Coach

Darcy Shargo, MFA, Chief Operating Officer, Maine Primary Care Association

Rebecca Emmons, MPH, Director of Continuous Quality Improvement, Maine Primary Care Association

David Moltz, MD, DLFAPA

This team will continue to work closely with other Maine Quality Counts Behavioral Health Consultants.



Perfectly matched for these requirements and goals:

Screening, Brief Intervention, Referral to Treatment (SBIRT)

SBIRT is an evidence based set of clinical guidelines used for fast, routine screening of a population to determine risk levels for medically related drug and alcohol problems and co-morbidities. SBIRT also is a systematic approach to intervene with individual patients, assisting them to reduce their risk, or to effect referrals to specialty addiction treatment, as appropriate.

The Patient-Centered Medical Home (PCMH) is an approach to providing comprehensive primary care for children, youth and adults.

Within this model, medical practices will conduct Comprehensive Health Assessments, which must include screening of patient and populations at risk for mental health and substance use conditions.

In addition, data must be used for population management practices including implementation of evidence based clinical guidelines for unhealthy behaviors including substance abuse and mental health.¹

What Will We Have to Do?

Your Team

Each practice will be asked to identify a small team to lead and shepherd this effort. Each team will have a **practitioner, practice manager/billing person, data coordinator**, and a **behavioral health clinician**. The team will need to meet regularly to achieve the stated outcomes.

Tracking

Data tracking of a few salient data points. These are reported monthly.

Training

Training sessions on SBIRT clinical guidelines will be web based or scheduled within the pre-existing PCMH learning collaborative schedules.

Coaching

Monthly coaching calls (30–60 minutes). One member from the practice team will participate in monthly coaching calls with all other practices in a given cohort.