

S•BI•RT Works:

Putting Patients at the Center -
Integrating Behavioral Health and
Primary Care:
The CHaD/DHMC experience

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Background

Behavioral health disorders are **common**

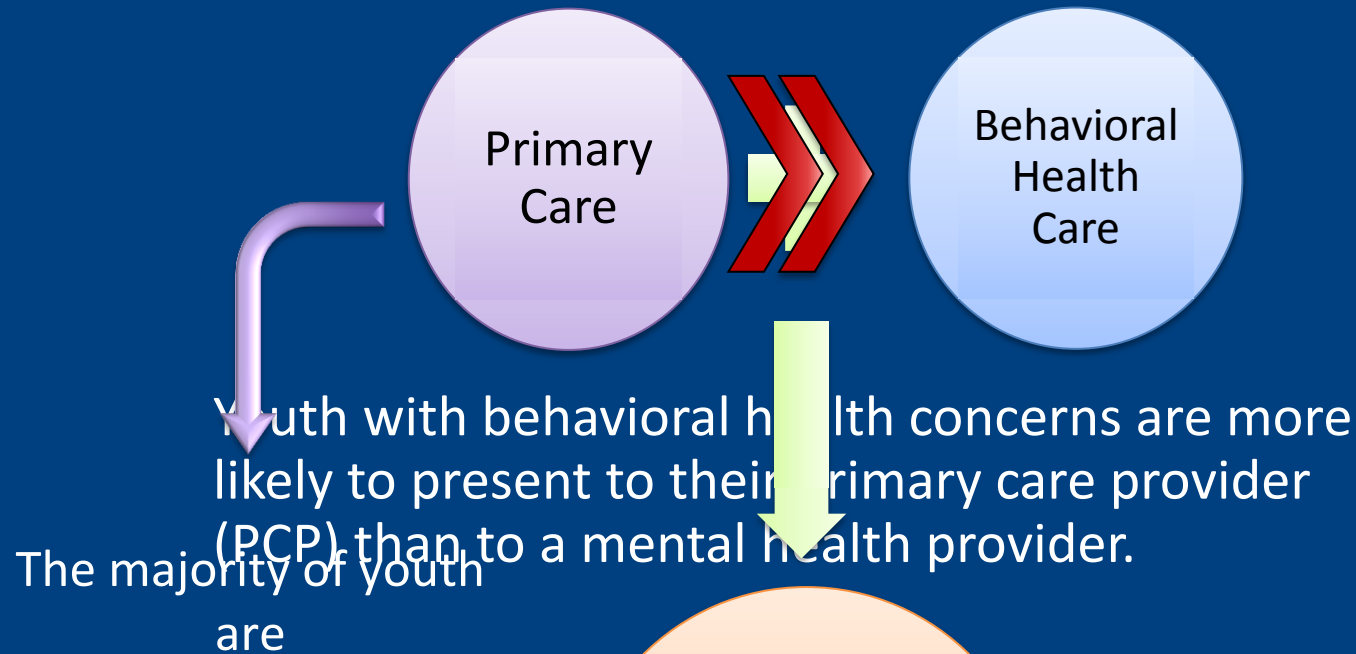
Adolescents 13-17

	Prevalence	
	12-month	Lifetime
Mood disorder	10%	25%
Anxiety disorder	25%	41%
Behavioral disorder	16%	23%
Substance disorder	8%	11%
Any disorder	40%	51%

Kessler *et al.* Arch Gen Psych 2012;69:372-80.

Kessler *et al.* Psychol Med 2012;42:1997-2010.

Behavioral Health Integration



undiagnosed and
undertreated

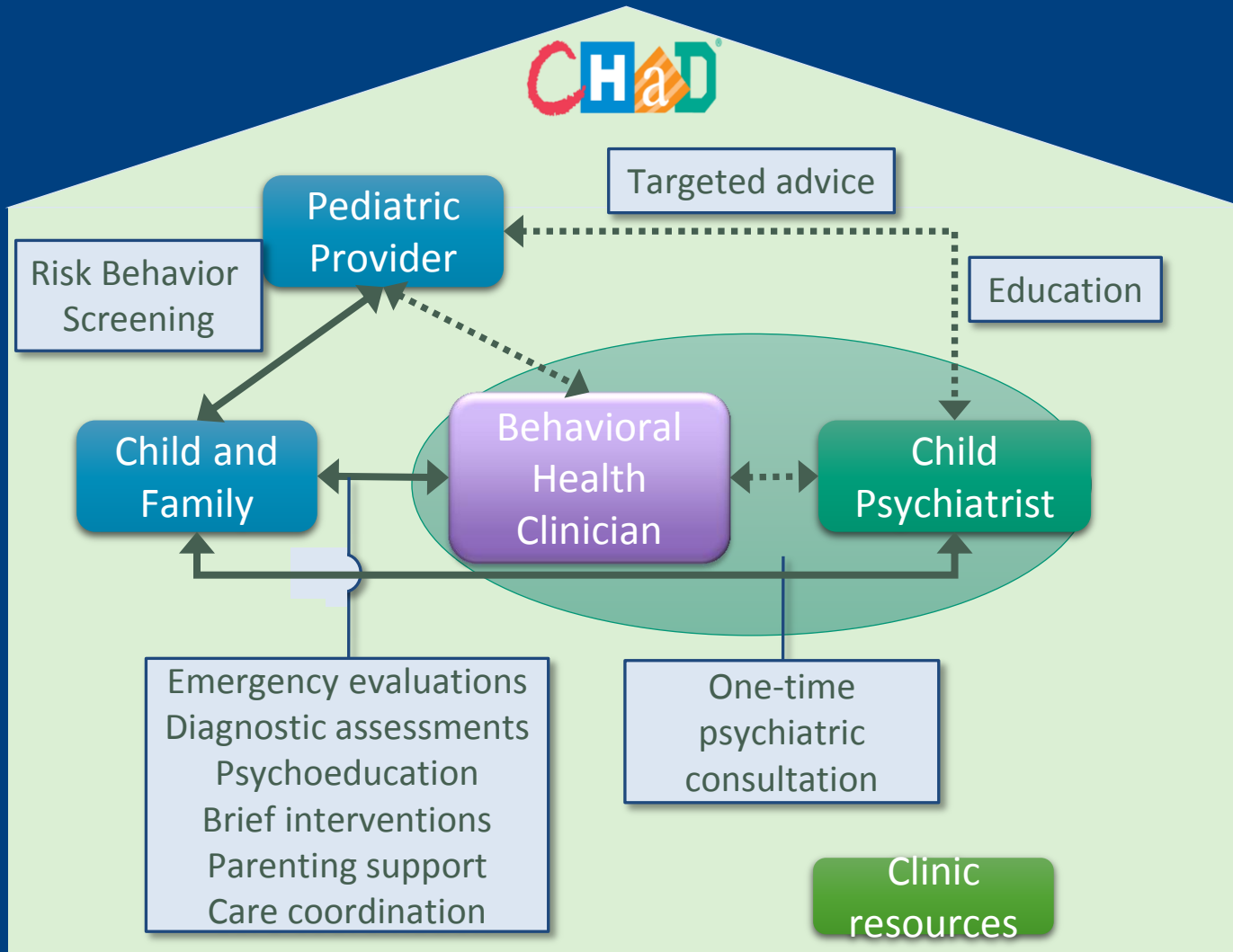


improves
identification and
clinical outcomes

**Integrated
behavioral
health**

Green *et al.* JAACAP 2013;52:501-10.
Costello *et al.* Psychiatr Serv 2014;65:359-66.
Richardson LP *et al.* JAMA 2014;312:806-816.
Asarnow J *et al.* JAMA 2005;293:311-319.

Integrated Pediatric Behavioral Health (IPBH)



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Integrated Pediatric Behavioral Health
October 2014 – ongoing

Pilot Project
August-September 2014

Lebanon Go-Live
October 2014

Organizing for Improvement
October 2013 – July 2014

EMR Programming and Staff Training
August-September 2014

Hilton Foundation/NH Charitable Foundation Grant Initiation & Team Identification
May-July 2014

S•BI•RT Project

Multidisciplinary Implementation Team

- Secretaries, flow staff, nurses, providers, administrators, EMR liaison
- Embedded Behavioral Health Clinician
- Parents: Qualitative interviews
- Adolescents: Qualitative interviews
- Substance Misuse Continuum of Care Coordinator

Use of Inexpensive Technology to Enhance Adolescent Health Screening and Counseling

Ardis L. Olson, MD; Cecelia A. Gaffney, MEd; Viking A. Hedberg, MD, MPH; Gwendolyn R. Gladstone, MD

Arch Pediatr Adolesc Med. 2009;163(2):172-177

Results: Multiple risk behaviors (n=3-9) were reported by 30% of 11- to 14-year-olds and 45% of 15- to 19-year-olds. Exit surveys showed that, with PDA use, the proportion of visits that included discussions of health risk behaviors increased for fruit/vegetable intake (60.4% vs 41.7% without PDA use; $P=.03$), tobacco use (54.9% vs 40.0%; $P=.07$), and alcohol use (53.9% vs 38.0%; $P=.05$). With PDA use, more adolescents rated the visit as confidential (83.7% vs 61.5%; $P=.002$), more thought they were listened to carefully (87.8% vs 64.6%; $P<.001$), and more were very satisfied (87.8% vs 63.1%; $P<.001$).

Conclusion: Use of a PDA-based screening tool enhances physician counseling and improves adolescents' perceptions of the well visit.

Current Generation: DartScreen

- Programmed into Epic, the DHMC Lebanon EMR
- Survey is taken pre-visit on a tablet
- Results enter directly into the EMR
 - Saves nursing/flow/physician time for data collection and data entry
 - Focuses the encounter

DartScreen: Substance Use Screen PLUS

- CRAFFT, Frequency, Readiness to Change
- Depression
- Anxiety
- Sexual Activity/Orientation
- Sports/Concussion
- Diet/Activity
- School/Connections

Surveys are assigned prior to visit

Navigation bar: Show Orders, Orders, Enter/Edit Results, Enc Summary, Close Enc, Preview AVS, Print AVS, **2** Kiosk Questions, Imm Clinic

Patient: ANYAL, SHELLEY - TEST, AIS [Leb 3L]

Patient Name/Age/Sex	Kiosk Code	Qtr Details	Questionnaire(s)	Pat HX	myD-H	Provider	Checked In	Type
Test, B (14 y.o. F) 1	35396267 5	In	Q - Progress: DARTSCREEN		Active	Test, Ais, MD		SAME

Kiosk Questions

Kiosk Questionnaires

Health history questionnaire:

Questionnaire:

1	Q - DARTSCREEN [140648] 3
2	

Barcode copies:

Tablets are assigned to tween/teen and handed over...

Dartmouth-Hitchcock

?

X

Please answer the following questions.

The DartScreen health screener is a questionnaire that helps us to review your health and advise you of the steps you can take to improve your health. The screener will take about 5-10 minutes to complete. Your answers are completely voluntary and you can skip questions, but we would very much encourage you to answer all of them honestly so that we can take care of you in the best way possible. Thank you.

Please click on the "Continue" button to begin to complete the questionnaire.

▶

Please answer the following questions.

Do you have any friends who drank beer, wine or any drink containing alcohol in the past year?

Yes

No

Do any of your close friends use marijuana, drugs, or other things to get high?

Yes

No

Please answer the following questions.

During the PAST 12 MONTHS, did you drink any alcohol (more than a few sips)?

Yes

No

Please answer the following questions.

In the past year, how many days have you had more than a few sips of beer, wine or any drink containing alcohol?

0 days

1-5 days

6-11 days

12-23 days

24-51 days

52+ days

Have you ever had 5 or more drinks in a couple of hours?

Yes

No

Please answer the following questions.

Do you ever use non-prescription drugs to get to sleep, stay awake, calm down or get high?

Yes

No

How often do you use energy drinks such as Red Bull and/or 5 Hour Energy?

Never

Rarely

A few times a
month

A few times a
week

Everyday

Please answer the following questions.

During the PAST 12 months, did you smoke any marijuana or hashish?

Yes

No

During the PAST 12 months, did you use anything else to get high?

("anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff")

Yes

No

Please answer the following questions.

Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?

Yes

No

Do you ever use alcohol/drugs to RELAX, feel better about yourself or fit in?

Yes

No

Do you ever use alcohol/drug while you are by yourself, or ALONE?

Yes

No

Please answer the following questions.

Do you ever FORGET things you did while you were using alcohol or drugs?

Yes

No

Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?

Yes

No

Have you gotten into TROUBLE while you were using alcohol or drugs?

Yes

No

“Quick text” Summary Pulls in


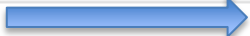


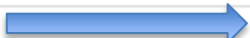
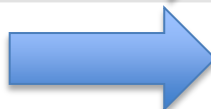
Kelly Xi-Poc completed the DartScreen (comprehensive health screener) today. The full list of questions are on file. The following area(s) were assessed and issues of concern are noted below:

DartScreen	7/17/2014
Health Concerns	Breasts, Menstruation or periods, Bullying
Nutrition Score	4 (Nutrition Risk)
Sports Cardiac Score	0 (No Sports Cardiac Risk)
Activities Score	3 (Activity Risk)
School Score	4 (School Risk)
Safety Score	4 (Safety Risk)
Tobacco Score	3 (Tobacco Risk)
CRAFFT Score	5 (Potential of a significant problem ; Assessment required)
Social Life Score	3 (Social Life Risk)
Abuse Score	1 (Abuse Risk)
Mental Health Score	17 (Moderately Severe Depression)
Anxiety Score	6 (Anxiety Risk)
Suicidal Score	4 (Suicidal Risk)
Family Score	0 (No Family Risk)
Strengths Score	4 (Strengths Risk)






Questionnaire Responses

DARTSCREEN-CRAFFT PART B

Question		7/17/2014 10:07 PM
In a car when driver was using drugs/alcohol		Yes
Use alcohol/drugs to relax, feel better		Yes
Use alcohol/drugs when alone		Yes
Forget things while using alcohol/drugs		Yes
Family/friends tell you to cut down on drinking/drugs		No
Gotten in trouble while using alcohol/drugs		Yes
CRAFFT Score (range: 0 - 6)		5 (Potential of a significant problem ; Assessment required)

DARTSCREEN - DRUG SCREENING

Question		7/17/2014 10:08 PM
Interested in changing drug use		No
Important to change drug use (scale 1-10)		3
Confident to change drug use (scale 1-10)		3

DARTSCREEN - PHQ2

Question		7/17/2014 10:08 PM
Down, depressed, hopeless		Several days
Little interest or pleasure		Nearly every day

BPA Alert if CRAFFT is 2 or more

Best Practice Alert for Positive CRAFFT Screen:

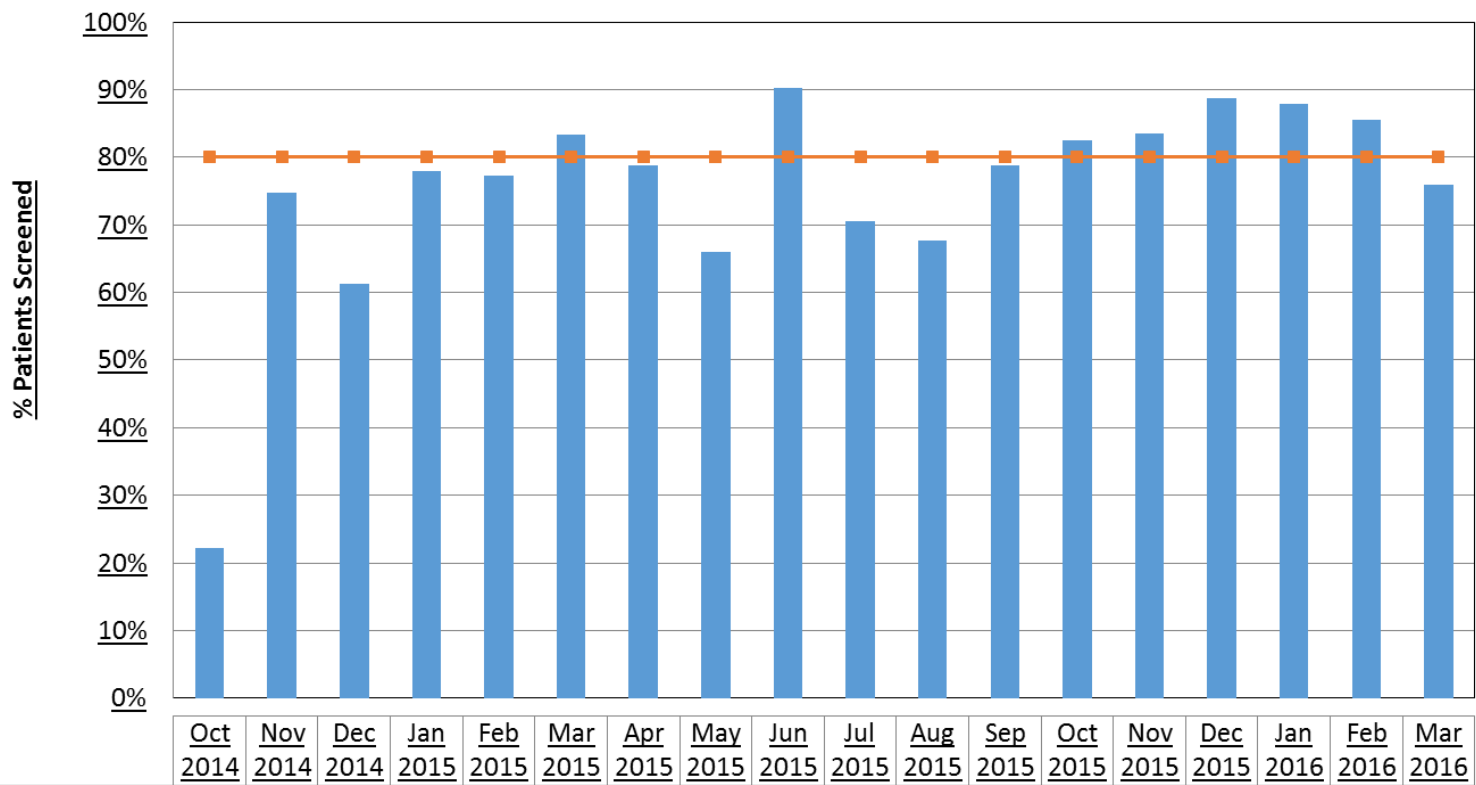
The screenshot shows a software window titled "BestPractice Advisories". At the top, there is a yellow banner with a warning icon and the text: "Action Taken in response to Positive CRAFFT. Please note: BI = Brief Intervention. (BPA 986)". Below this banner is a text input field labeled "Acknowledge reason:" with a red exclamation mark icon and a search icon. Underneath the input field are five buttons with the following text: "BI done, no follow-up.", "BI done, no readiness.", "BI done, follow up in primary care.", "BI done, referral to BH clinician.", and "BI done, already in substance care." To the right of these buttons is another button labeled "Not addressed today.". At the bottom of the window, there is a "Refresh" button, a status indicator "Last refreshed on 6/2/2015 at 7:53 AM", and an "Accept" button with a green checkmark icon. The bottom-most bar contains several navigation buttons: "Restore", "Close F9" (with a green checkmark icon), "Previous F7" (with an up arrow icon), and "Next F8" (with a down arrow icon).

You will get the above alert at the close of your encounter with a patient who has a positive CRAFFT screen. You must choose one in order to close the encounter. Here is a more detailed description of the above options.

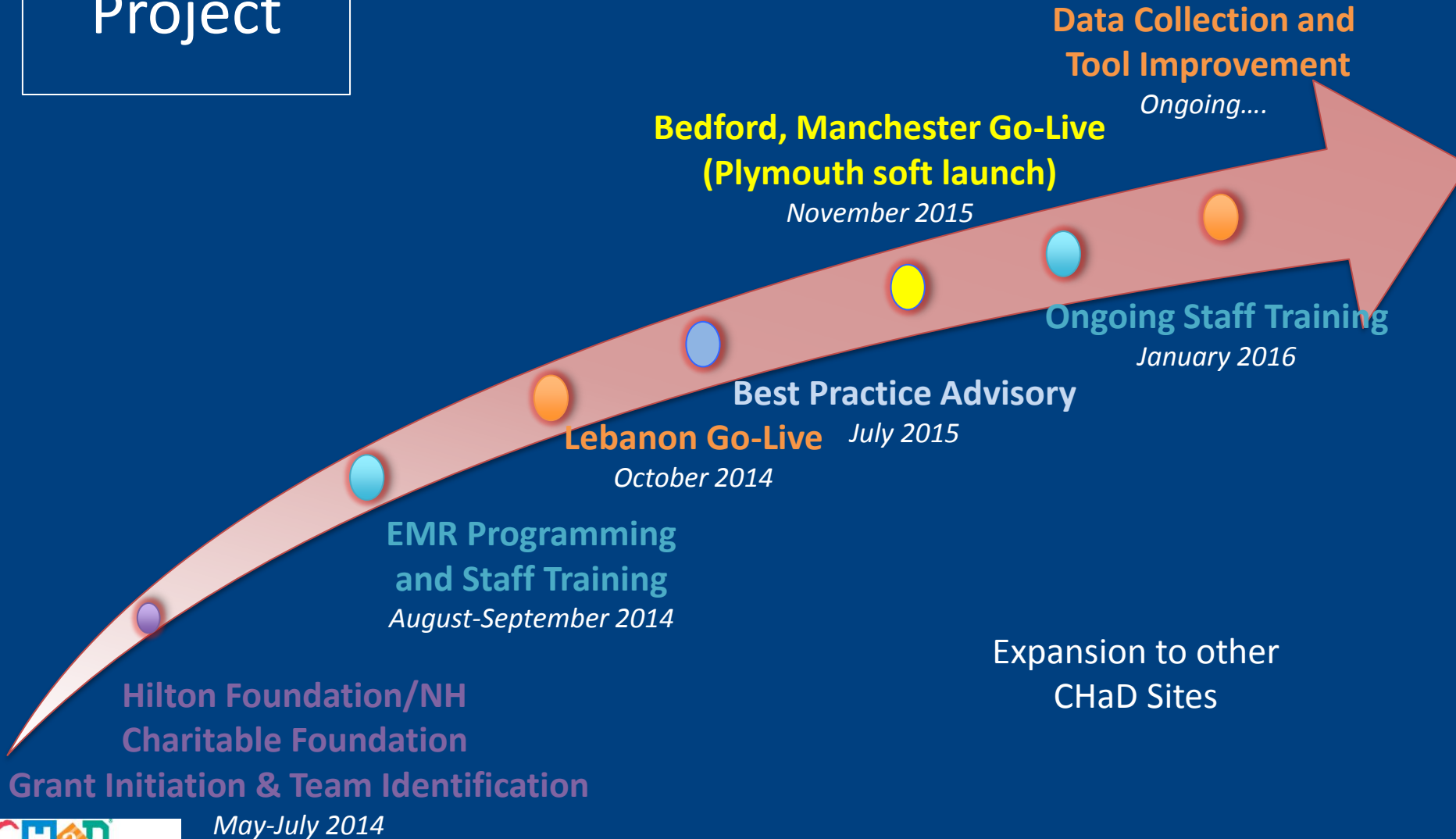
Training on BI

- ½ Day Training, Including Preceptors
- Case Based
- OARS Framework
- Iterative – Circle back with cases

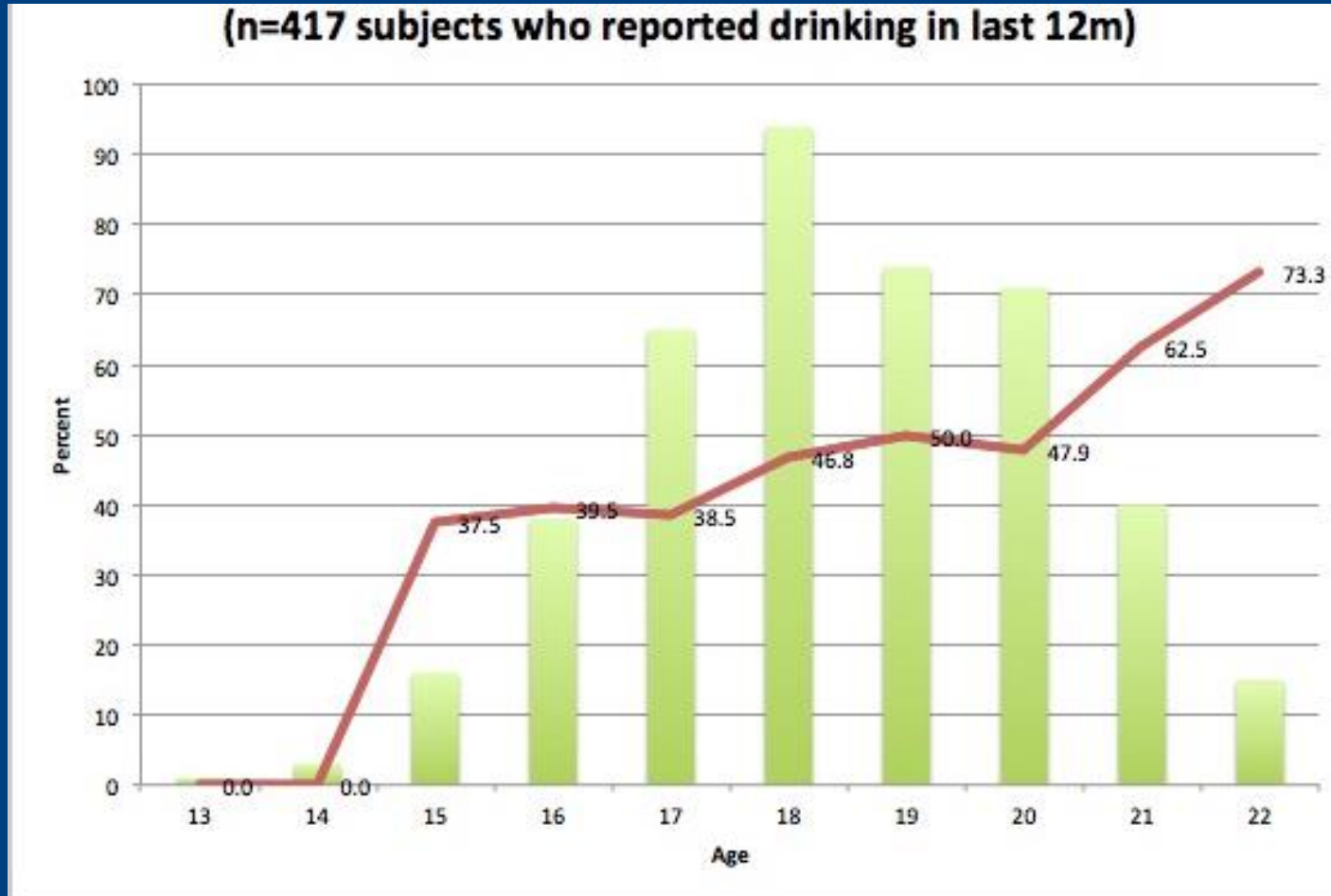
Substance Abuse Screening Rates: If you make it systematic... it works



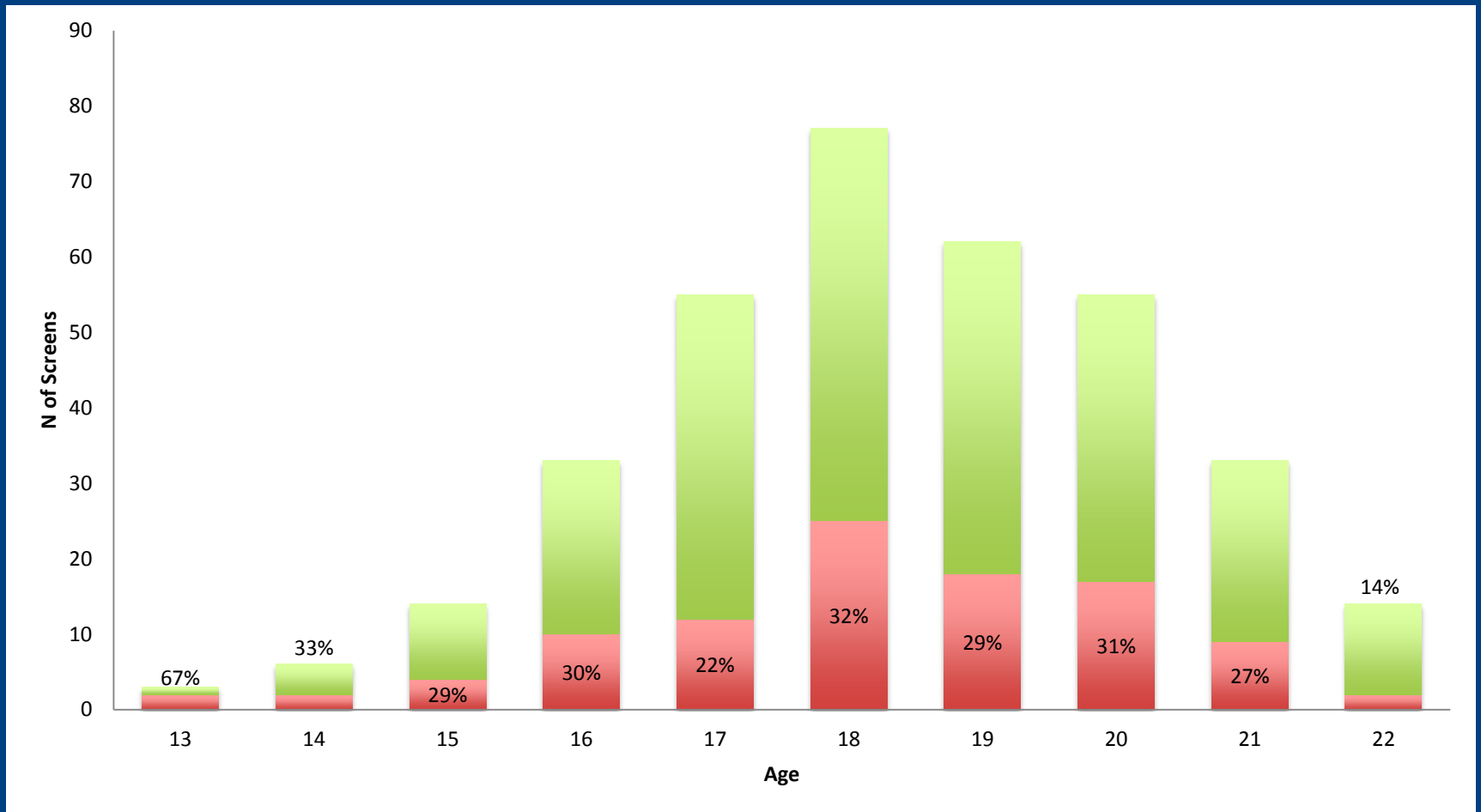
S•BI•RT Project



Feeding back data makes it relevant: Binge Drinking by Age (2015 Leb)

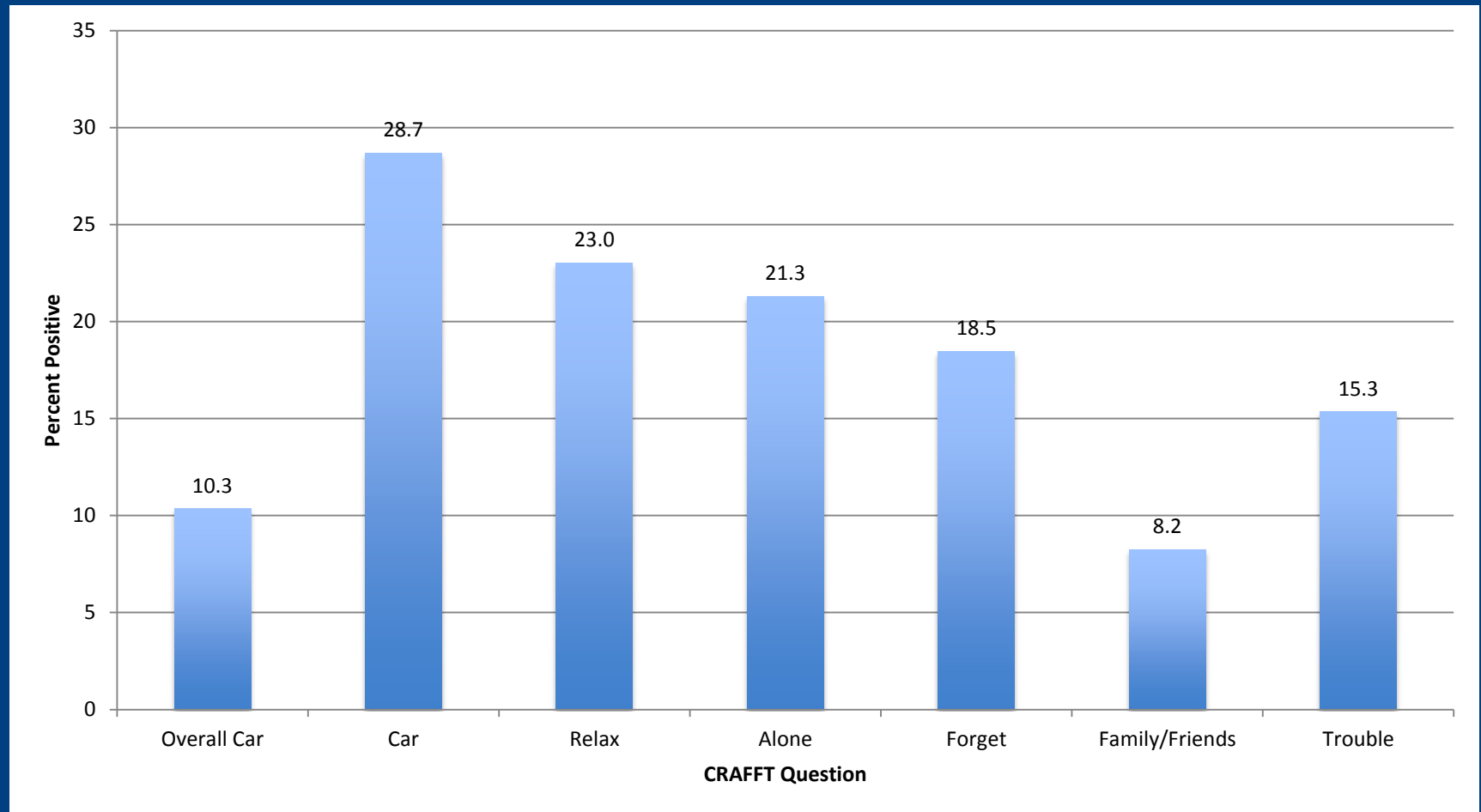


Percent of Positive CRAFFT Scores by Number of Screens by Age

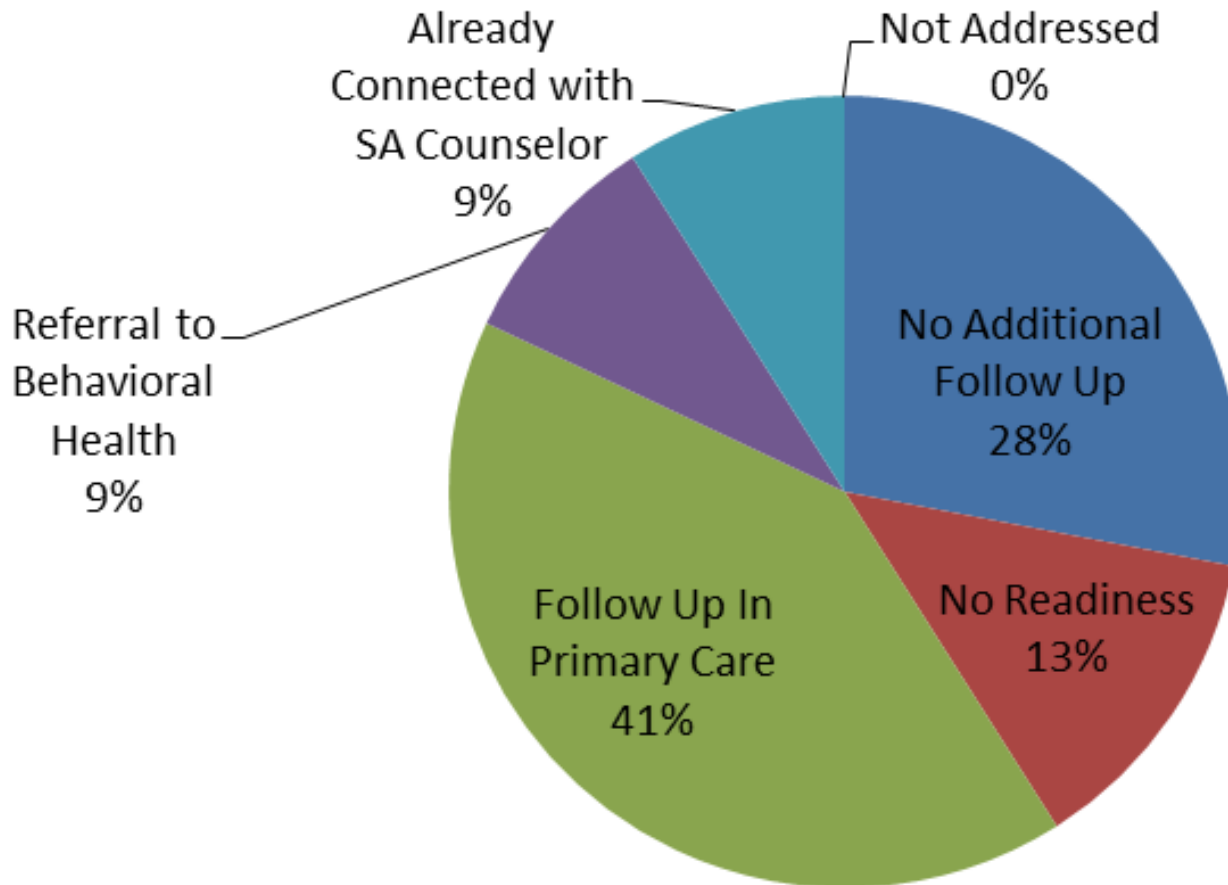


Proportion of Positive Responses by CRAFFT Question

N = 352, (all 2015)



What Happens with a Positive CRAFT?



N = 60

A Few Lessons

- Most kids with substance use can be followed in the medical home
- Primary care relationships are powerful
- Brief intervention being done is a win!
- Systematic approach leads to culture change

More Lessons/Questions

- Embedding screen in EMR creates multiple useful types of data
- Best practice advisory guides and reinforces quality care
- What is effective brief intervention in adolescents? What happens over time?

QUESTIONS?

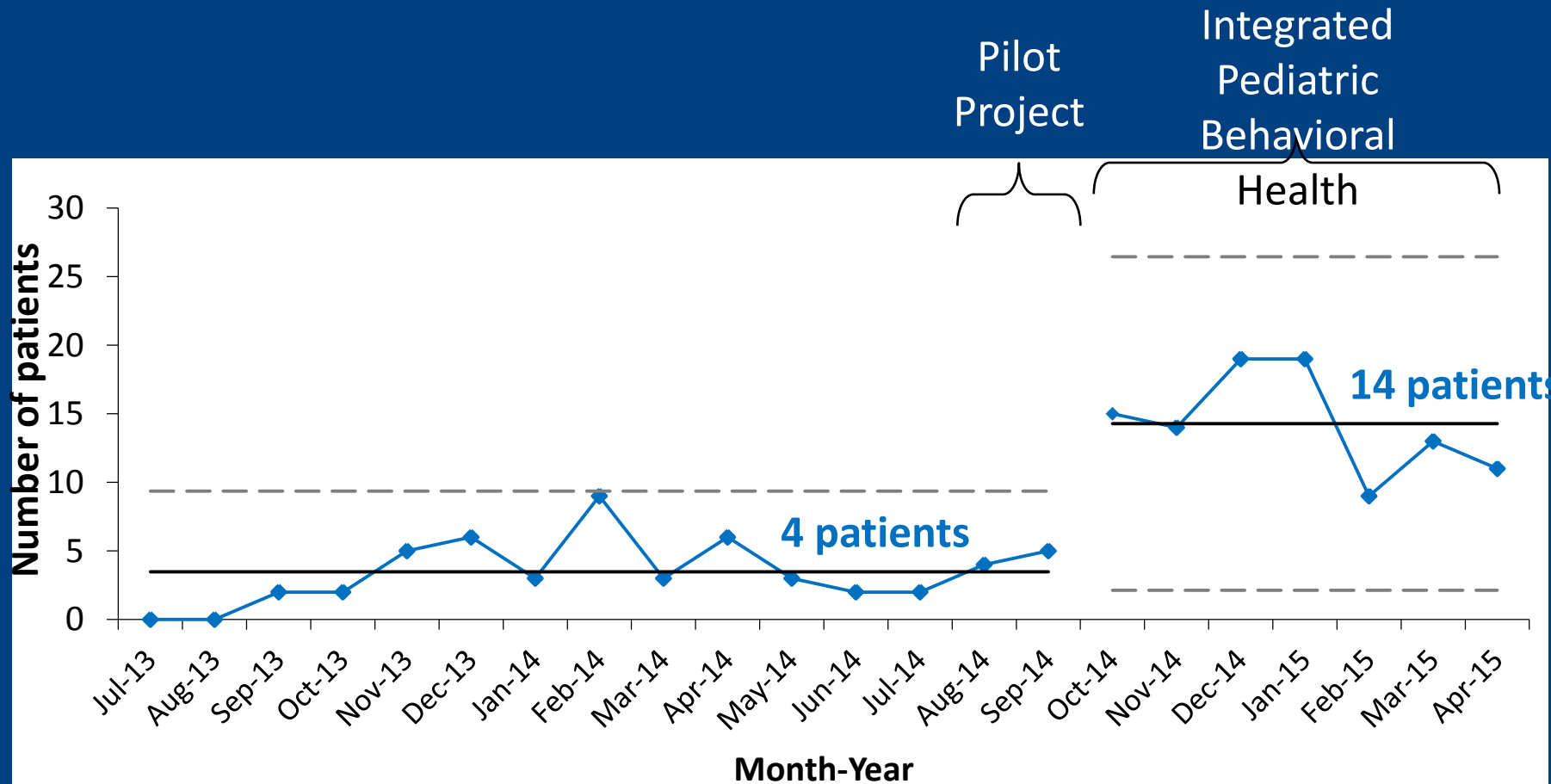
Measures

We used **four measures** to evaluate the impact of our quality improvement initiative:

The number of patients initiating behavioral health care	Referral-to-visit wait times	PCP confidence in diagnosing and treating youth with behavioral health issues	PCP perception of clinic efficacy in caring for youth with behavioral health issues
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Additionally, we assessed pediatric provider and patient & family satisfaction with the new system of care.

Patients Initiating Behavioral Health Care (*XmR chart*)



Referral-to-Visit Wait Time (*XmR* chart)

