SBIRT

Implementation

Implementation Site Visit Report

Cohort IV State Grantee: Tennessee SBIRT

Cohort IV Implementation Site Visit

Final Report

State of Tennesse

Prepared by JBS International, Inc., and Alliances for Quality Education, Inc.
Prepared for the Department of Health and Human Services,
Substance Abuse and Mental Health Services Administration,
Center for Substance Abuse Treatment

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Implementation Site Visit: Tennessee

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Introduction

On June 12 and 13, 2012, the SBIRT site visit team met with State of Tennessee SBIRT implementation team. The purpose of the site visit was to engage the State grantee in a discussion to identify the current status of its SBIRT program implementation, its strengths, and its possible challenges. An additional purpose was to engage the grantee in identifying any potential enhancements that might be supported by technical assistance, as approved by SAMHSA. The site visit process included several components, including the following:

- Meeting onsite with the principal investigator/project director, core senior faculty, key partners, project evaluator, project coordinator, and State agency senior leadership
- Reviewing curriculum components and materials
- Visiting SBIRT implementation sites and site interviewing staff
- Reviewing materials
- Meeting with key implementation partners
- Meeting with the Policy Steering Committee co-chair

On June 12, 2012, the site visit team met first with TN SBIRT project implementation staff and the East Tennessee State University (ETSU) implementation team. After introductions, the team received a project overview and discussed the service delivery model. The team discussed project implementation, including the implementation approach, sites and settings, and work-flow plan. In the afternoon, the team met with the evaluation team from Centerstone Research Institute to discuss the evaluation plan. Topics included GPRA and other data collection, implementation of the Web-based reporting system (Allscripts), and quality improvement activities.

On June 13, 2012, the team toured the Bristol, Tennessee, primary care clinic, a residency training site for ETSU, and discussed SBIRT implementation, including successes and challenges, with health center staff. In the afternoon, the site visit team engaged in a discussion with the Policy Steering Committee, addressing key program areas, including the following: grantee organization and leadership; grantee program implementation; practice site implementation; evaluation; training and workforce development; and cultural competence. The afternoon concluded with debriefing the SAMHSA/CSAT project officer via teleconference.

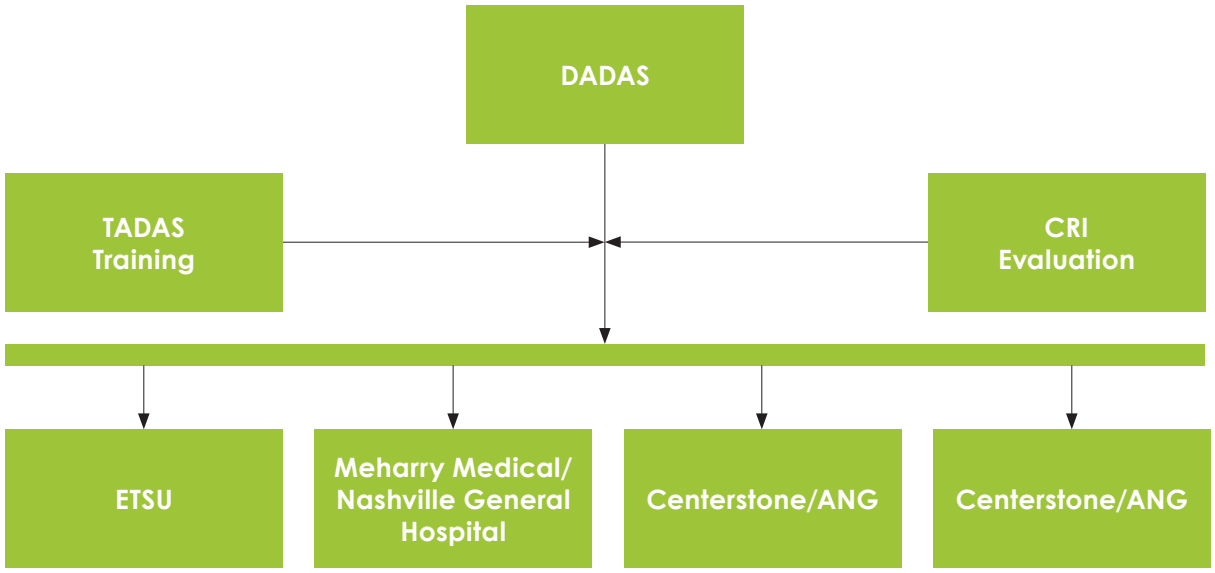
Grantee and Key Partners

The Tennessee Department of Mental Health and Substance Abuse Services, Division of Alcohol and Drug Abuse Services (DADAS) is the Single State Authority (SSA) for substance abuse services and is the administrative entity for SBIRT in the State. The Division of Substance Abuse Services' statewide responsibilities include planning, developing, administering, and evaluating a statewide system of substance use, abuse, and addiction services for the general public, persons at risk for substance abuse, and persons abusing substances. The SSA's manager of Substance Abuse Prevention Services (designated NPN) is the project director for TN SBIRT.

Key partners in the implementation and delivery of TN SBIRT include ETSU, Meharry Medical College in Nashville, the Tennessee Primary Care Association (TPCA), Centerstone Research Institute (CRI), Centerstone Inc. (serving the Army National Guard [ANG]), and the Tennessee Association of Alcohol Drugs and other Addiction Services (TAADAS).

Between the medical residency programs at ETSU and Meharry Medical College, six community health centers will serve as the practice sites for SBIRT. TPCA is the State's primary care association representing health centers, including FQHCs and FQHC "look-alikes" and coordinates training for the health centers. CRI provides evaluation services, including GPRA, as well as process and other outcome evaluations. Centerstone, Inc., has been contracted to deliver SBIRT services onsite at National Guard Armories, and TAADAS provides training and referral support for substance abuse providers in Tennessee. All key partners are represented on the Policy Steering Committee.

TN SBIRT Organization



Grantee Goals and Objectives

TN SBIRT describes two principal goals for this initiative.

1. To successfully implement SBIRT in at least six health centers that will provide routine screening of all patients in these primary care settings; to identify patients at risk for substance use disorders; to provide brief interventions to all at-risk patients; and to facilitate access to brief treatment for patients who screen positive for specific levels of hazardous alcohol or drug use as well as timely referral to specialized treatment
2. To achieve SBIRT dissemination statewide within primary care systems through sufficient infrastructure development, including training, technical assistance, and enhanced communication between primary care physicians and drug and alcohol providers; and to increase use of Medicaid and Medicare codes for the provision of SBIRT services supporting long-term services sustainability

Populations Served

Two distinct populations are served through this initiative. Rural, Appalachian poor patients who are often difficult to reach are served through the ETSU site clinics. In addition, a highly diverse population of urban poor is served at site clinics through Meharry Medical College, an historically Black institution.

Contextual Conditions

ETSU Medical College was created to train physicians to serve patients in rural Tennessee and other parts of the rural south. ETSU staff members have been active in "health literacy" research for patients served in these rural settings. Studies indicate that approximately 25 percent of all adults have challenges with basic literacy. Further challenges include access to services in these remote areas.

Implementation Approach

As part of the project rollout, TN SBIRT has signed contracts with all its key partners. Initial residency training has been delivered at ETSU through an agreement with Mercer School of Medicine/SECAT.

The TN SBIRT strategy for site implementation is first, to implement at one site with significant use of process evaluation for continuous quality improvement (CQI) and then to capture practice-based learning that will support successful implementation at other sites. Initial orientation training has been provided at one clinic site, and future trainings are anticipated. IRB requests have been filed at ETSU and Meharry. ETSU staff members were informed that an IRP approval was not required, as this service is a delivery initiative supporting improved patient care and not a research initiative. The Meharry IRB process is still under review, as the committee members appear undecided whether TN SBIRT is research or service delivery. This continued deliberation has stalled implementation at the Meharry sites.

Project Management and Staffing

TN SBIRT has two tiers of project management. At the State level, DADAS has dedicated the efforts of four staff:

Project Director—Angie McKinney Jones

Project Manager—Dennis Berry

SBIRT Program Specialist—Benito Rosario

Prevention Fellow—Tatum Selin Clinton

The State-level efforts are further supported by TAADAS for training and CRI for evaluation and GPRA management.

At the community level, ETSU and Meharry will deliver SBIRT through their residency clinics in rural Tennessee and greater Nashville. Centerstone will deliver and coordinate services for the ANG sites. TPCA will coordinate training and communication for the health centers and may assist DADAS in future clinic site identification and recruitment. Each clinic will have a full-time case manager funded by TN SBIRT to deliver SBIRT services onsite.

Curriculum and Training

With its startup, TN SBIRT has relied on Mercer University staff to deliver the initial cycle of SBIRT training, as the State has limited infrastructure to support statewide training activities. The grantee recognizes the limitations of this approach and has been encouraged to build internal State training infrastructures as a more sustainable long-term strategy.

At this time, medical residents at ETSU have received core SBIRT training, and allied staff members at one clinic have been oriented to SBIRT. Significant ongoing training needs have been identified for the other sites and for the provider systems. Training for substance use disorder providers will be important to ensure the following:

- Knowledge of the paradigm change inherent in SBIRT is understood.
- SBIRT expands beyond the traditional identification and treatment of substance use disorders to a clinically preventative public health approach recognizing that substance use exists along a continuum.
- Interventions are aligned based on the patient's level of substance use involvement.

Curricula Elements

- Describe the prevalence and importance of alcohol and substance misuse as a health issue
- Examine the evidence base for screening, brief intervention, and referral to treatment (SBIRT)
- Outline the rationale for implementing SBIRT in primary health care
- Describe the procedures of SBIRT
- Practice using and scoring the screening tools (AUDIT and DAST)
- Review the steps of the SBIRT intervention for at-risk drinkers
- Review added steps for intervention with patients who are possibly dependent
- Practice conducting interventions
- Use Motivational Interviewing with Patients who Misuse Substances
- Implement SBIRT in a practice setting

The SECAT training is skills-focused and highly interactive.

Approach to Training

The initial approach to training has been to train residents at ETSU and to orient staff at the first practice site. The grantee has contracted with two entities to coordinate training but has not developed an overall statewide plan for training at this time.

Strategies to Support Fidelity of Implementation

The grantee currently does not have protocols that support fidelity of intervention, such as ongoing coaching/supervision and use of a proficiency checklist, that monitor and support intervention fidelity.

Budget and Funding Allocations

Sub-recipient Funding and Contracting

TN SBIRT has written contracts with all of its key partners. Tennessee has fully activated its Medicaid billing codes for SBIRT. In addition, TN SBIRT has identified eventually billing for SBIRT services as one of its objectives for practice sites. TN SBIRT staff identified training and technical assistance needs for providers to develop the capacities to successfully bill for services. As providers become able to bill for services, the grantee is encouraged to communicate this progress with the project officer and to propose how practice sites will use this added revenue.

Policy Steering Committee

At this time, the Policy Steering Committee is comprised of the previously described key stakeholders and its principle role has been to support project startup. Members have been in frequent communication and meet monthly. As startup concerns subside, the grantee is encouraged to add other stakeholders to the Policy Steering Committee, particularly payers of services such as TennCare. The grantee was also encouraged to initiate workgroups that might include marketing and communication, billing and finance, and sustainability planning.

SBIRT Implementation in Practice Settings

TN SBIRT has proposed plans to implement at six sites, four primary care sites and two ANG sites, including the following:

- ETSU Family Medicine Associates of Johnson City
- The Primary Care Clinic at Nashville General Hospital (Meharry)
- ETSU Family Medicine Clinic-Bristol
- TN ANG Armory, Milan
- ETSU Family Medicine Clinic
- TN ANG Armory, Smyrna

All sites are planned to phase in over 3 years. In the primary care settings, SBIRT will be integrated into routine practice as a key element of the patient-centered medical home.

Startup

TN SBIRT has initiated services at one site, the Family Medicine Clinic at the Bristol Regional Medical Center, which is part of the Wellmont Health System and a residency training site for ETSU.

Bristol Regional Medical Center

The practice site had initial challenges following startup, with unusually low rates of positive prescreens. In response, the grantee sought technical assistance from CSAT. An analysis of the workflow indicated that the clinic was using a standalone substance use prescreen. Lessons learned from other sites indicate that standalone prescreens have consistently proven to be problematic. They raise patient concerns, there tends to be a higher level of negative responses by patients, and a high number of patients refuse to complete this type of prescreen. However, when prescreening is embedded into a routine wellness screen, the rates of response change dramatically and become consistent with national averages for the population. As part of the CSAT-supported TA, the grantee was coached to pilot embedding the prescreen into a clinic wellness screen that also included questions such as use of seat bells, flu shots, diet, exercise, and other preventative health measures. Their rates of positive responses improved from 4 percent to nearly 15 percent after the standalone questions were embedded into the wellness screen. To date, nearly 1650 patients have been screened.

Two additional sites in the Johnson City area that affiliated with ETSU are scheduled to implement in the coming months.

Nashville General/Meharry has been unable to start up due to challenges with IRB approval, but they have recently promised that they should be able to move forward by August 1, 2012. Site visit staff members discussed with DADAS staff that they may need to pursue alternate strategies if Meharry is unable to resolve its IRB issues.

Site visit staff had the opportunity to interview staff from Centerstone, Inc., regarding SBIRT services for the Tennessee ANG. As currently proposed, the SBIRT screen and associated services will take place as part of the ANG's annual guard members' Physical Health and Readiness assessment. Issues regarding positive screens and privacy and communication with ANG command staff were discussed. Some Centerstone descriptions and understandings appeared inconsistent with Army Alcohol and Substance Use Policy (AR 600-85)—specifically, their understanding that a positive screen and referral to treatment would not impact potential "fit for duty" status. Given the significance of this SBIRT pilot with the ANG, site staff encouraged DADAS to speak directly with Tennessee ANG Command to clarify expectations and understandings. Site staff also encouraged DADAS to provide training for Centerstone on military culture and SBIRT's public health approach to substance use.

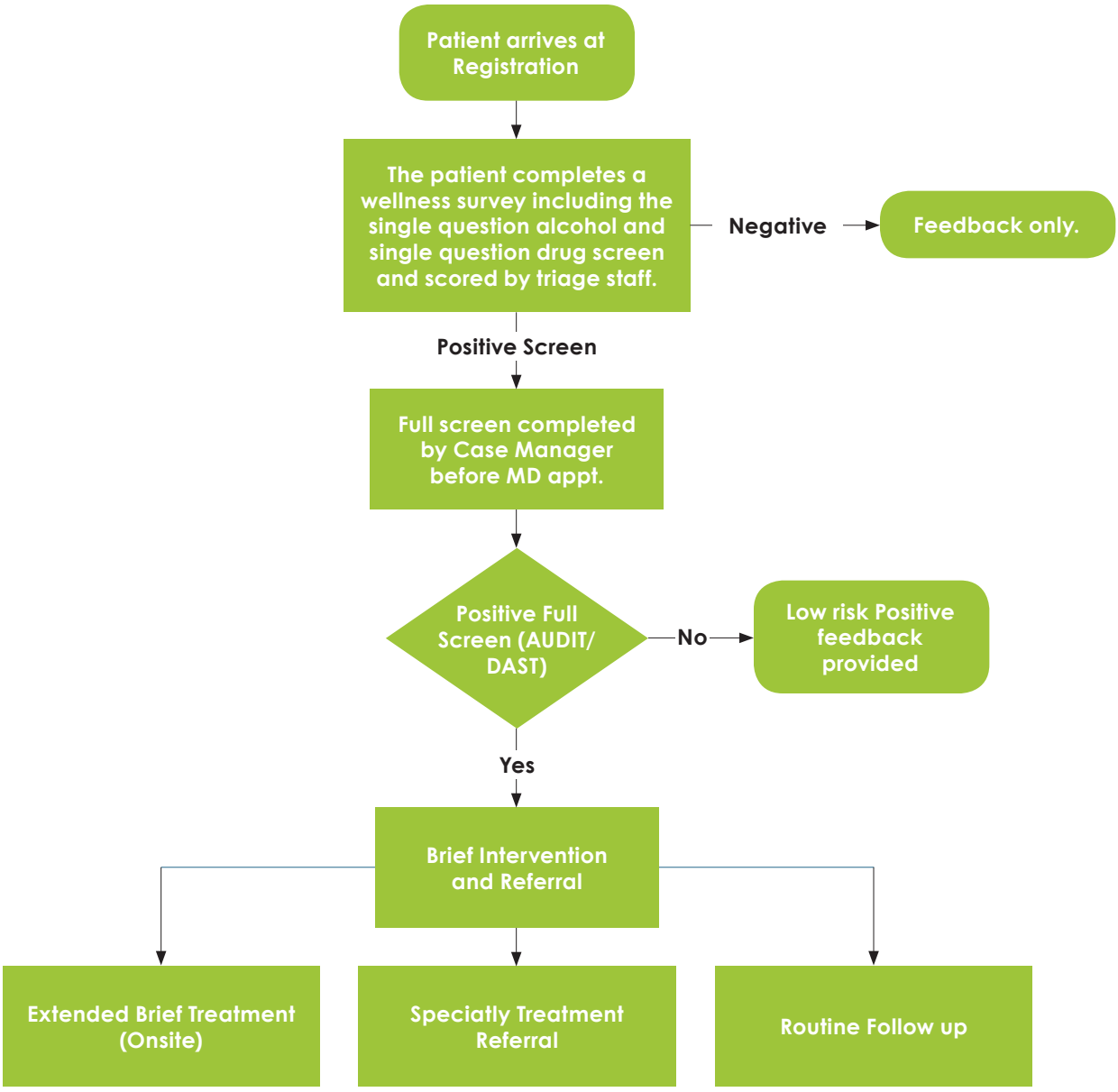
Staffing Profile/Model

The grant funds a full-time case manager at each practice site to deliver the SBIRT intervention. The grant also funds GPRA specialists who collect data at the clinics and conduct followup interviews.

How is SBIRT Implemented?

Informed by its early implementation experiences, the Bristol Clinic has adopted a series of strategies to support successful implementation. Staff members use a teaming approach supported by the case manager and allied health staff. Currently, physicians have limited involvement, but this is anticipated to change as they become better trained and proficient with the SBIRT intervention. The clinic has posted "We Ask Everyone" signage in the patient waiting area and exam rooms to help normalize universal screening. Workflow charts are posted in the nursing stations to remind staff regarding the process. The diagram below illustrates the SBIRT intervention in the setting.

Clinic Workflow



Referral/Relationship With ATOD Treatment

ETSU and Bristol Family Medicine Clinic describe a close working relationship with a local specialty treatment provider to whom they make referrals. Additionally, TADAS provides assistance with treatment access if and when needed. Treatment providers have had limited orientation and training on SBIRT, and increasing their knowledge and skills has been identified as a future training need.

Role of EMR

TN SBIRT staff recognizes the importance of SBIRT integration into the patient electronic medical records for sustainability, monitoring, and insurance billing. As implementation is just beginning at one of the six sites, integration into electronic medical records is a task that is expected to be accomplished at a future date. The grantee described interest in technical assistance in SBIRT integration within EMRs as part of assistance in developing viable business practices for a sustained SBIRT practice.

Billing

The Tennessee Medicaid Office (TennCare) has activated SBIRT Medicaid codes for billing. To date, no billing has occurred, as providers have yet to develop the clinical and business capacities for SBIRT intervention. A grantee objective is to successfully affect practice delivery of SBIRT services and to successfully bill and receive compensation through TennCare. TN SBIRT has identified needs for technical assistance in the business application of SBIRT.

Evaluation and GPRA Followup

The evaluation team conducts both GPRA followup and process evaluation in support of successful implementation and process improvement. Three evaluators and GPRA followup specialists are funded to conduct the followup and evaluation.

The TN SBIRT program is required to collect GPRA data at intake, at the 6-month followup, and again at discharge. Followup data are required for 10 percent of clients who receive services in each of the following categories: screening and brief intervention, screening and referral to treatment, and screening and referral to other types of treatment. As of June 2012, no followup GPRA interviews had been conducted. Evaluators will conduct 6-month followups with 10 percent of patients who receive BI, BT, or RT, and select every 10th patient served. As the numbers for RTs are relatively low, the evaluation team is considering oversampling in this sub-category to increase the RT sample size. A patient locator form is completed on each person selected for followup, identifying multiple avenues to contact the person. Patients receive incentives for participation in followup: $10.00 for agreeing and $10.00 for completing followup.

TN SBIRT has actively engaged evaluation at all levels of the implementation, conducting process evaluation in support of implementation success to identify challenges to implementation and to support process improvement.

Grantee Performance to Date: General

- **Staffing:** All grant-funded positions have been filled. A new case manager is being recruited for the next implementation site.
- **Training:** A total of 45 medical residents at ETSU have been trained in SBIRT, and nursing staff at the first site have been oriented to SBIRT.
- **Sites:** The grantee has one site that is currently operational and two others that are opening in the next few months.
- **Patients:** A total of 1,614 patients have been served.
- **GPRA:** No 6-month followup contacts have been initiated to date.

Summary Analysis of Grantee Performance

Grantee Organization and Leadership

Strengths

This team is integrated into and understands the Tennessee health system.

- The implementation team includes a diverse complement of primary health care and behavioral health care staff.
- Evaluation staff is embedded into clinical practice and leadership, allowing for immediate data access and evaluation to support implementation and quality control.
- A well-defined system of formal and informal communication is supporting implementation.

Challenges

- The Meharry Hospital site has IRB issues delaying startup, as its review board has characterized this initiative as research rather than service implementation.
- Other implementation issues at Meharry include a lack of administrative champions and faculty buy-in. These issues could potentially result in Meharry experiencing further delays with implementation.

Potential Enhancements		Grantee	May Request TA From CSAT	Information Requested
1.	The grantee has been encouraged to engage with its Health Center Trade Association, which could prescreen potential site candidates if the Meharry clinic does not become operational.	X		

General Grantee Program Implementation

Strengths

- The grantee has developed a detailed logic model that outlines the SBIRT implementation process.
- Staff and Policy Steering Committee are willing to be flexible, based on lessons learned from implementation. This flexibility supports adapting implementation to the unique needs of individual sites.
- The grantee is working with Mercer University to support resident training.

Challenges

- The SBIRT clinic training is not well established or outlined.
- There is no replicable or ongoing training in place for site staff.
- Fidelity strategies are needed.

Potential Enhancements		Grantee	May Request TA From CSAT	Information Requested
1.	The grantee is encouraged to develop internal capacity for training and may wish to seek technical assistance in training systems development.		X	

Policy Steering Committee

Strengths

- The Policy Steering Committee members are actively involved in supporting implementation.
- Policy Steering Committee members are well respected by the wider medical community and thus have access to conferences and other dissemination activities.
- Policy Steering Committee members understand the business aspects of programs, including billing and coding.

Challenges

- There are no payers (Medicaid/Medicare or private insurance) involved.
- Understandably, at this time the grantee and its activities are focused on startup. In the coming months, the grantee will need to support the Policy Steering Committee members as they begin identifying and addressing long-term sustainability issues..

Potential Enhancements		Grantee	May Request TA From CSAT	Information Requested
1.	The Policy Steering Committee is interested in performing a local-level cost-benefit analysis in support of long-term sustainability and may wish to seek technical assistance.		X	
2.	The grantee is encouraged to build a strategy to support SBIRT integration within all practice site EMRs in support of billing and sustainability.	X		

Practice Site Implementation

Strengths

- The grantee plans to start up the second ETSU site in Johnson City by September 1, 2012.
- Implementation is adapted to the unique context of each site.
- The grantee is implementing SBIRT as part of the ANG members' annual heath readiness assessment.
- The grantee has set aside additional State funds to further support its SBIRT/National Guard project.
- SBIRT billing codes have been activated in Tennessee.

Challenges

- The Meharry Clinic is still in the IRB process and has not yet implemented at that site.
- Practice sites are unfamiliar with coding and billing SBIRT. They will require training and technical assistance.
- The contractor who will be implementing SBIRT within the ANG will require implementation training so that clinical staff will understand that SBIRT is a public health approach to substance use that is different from substance abuse services.

Potential Enhancements		Grantee	May Request TA From CSAT	Information Requested
1.	All staff delivering SBIRT at the ANG should be trained and coached in the use of SBIRT to ensure fidelity to the intervention.		X	
2.	The grantee is encouraged to speak directly with the ANG commander to confirm communication and reporting processes.	X		
3.	If the Meharry Clinic does not demonstrate progress within a defined time period, then the grantee is encouraged to engage other potential implementation sites.	X		

Sustainability

Strengths

- The grantee has primary care physician representation in the Policy Steering Committee.
- The State has activated SBIRT billing codes.

Challenges

- Although insurance codes have been activated, providers have barely utilized them to date because they require training and technical assistance in SBIRT delivery as well as in coding, documentation, and billing for the service.
- To date, the Policy Steering Committee has focused primarily on implementation.

Potential Enhancements		Grantee	May Request TA From CSAT	Information Requested
1.	Changing the focus of the Policy Steering Committee in Year 2 toward sustainability will be important for long-range planning.	X		
2.	Building systems capacity for all aspects of SBIRT delivery, documentation, coding, and billing will be essential to long-term sustainability. The grantee may wish to seek technical assistance in this area.	X	X	

Evaluation

Strengths

- The grantee had initial implementation challenges with screening and effectively used evaluation data to identify the issue. The grantee sought and used technical assistance and used their evaluation capacity to monitor and document performance improvement.
- The evaluation team is embedded in clinical practice, and evaluation is a part of the SBIRT process.
- The evaluation team is capable of providing real-time data to monitor performance.

Challenges

None noted

Potential Enhancements		Grantee	May Request TA From CSAT	Information Requested
1.	None noted at this time.			

Training and Workforce Development

Strengths

- The grantee has partnered with ETSU to train medical residents.
- The grantee is working with SECAT/Mercer University to assist with curriculum development for the residency programs.

Challenges

- The grantee does not have a statewide infrastructure to support training and technical assistance.
- The grantee does not have fully developed SBIRT curricula to be delivered to allied health staff and behavioral health clinicians.
- TN SBIRT does not currently have systems in place to support intervention fidelity.

Potential Enhancements		Grantee	May Request TA From CSAT	Information Requested
1.	The grantee is encouraged to establish a training infrastructure to improve the community provider systems capacity to implement SBIRT. The grantee may wish to seek technical assistance in support of training systems and curricula development.	X	X	
2.	The grantee is encouraged to adopt protocols that support fidelity of intervention, such as including ongoing coaching and supervision and use of proficiency checklist that monitor and support intervention fidelity.		X	

Cultural Competence

Strengths

- The grantee is knowledgeable about the rural population needs at the Johnson City and Bristol locations.

Challenges

- Residence staff members from ETSU who have been involved in a rural "Health Literacy" initiative reported that 25 percent of adults served in the rural health centers are not functionally literate.
- The grantee will be providing services to the Tennessee ANG, using clinicians who may not fully understand military culture.

Potential Enhancements		Grantee	May Request TA From CSAT	Information Requested
1.	The grantee is encouraged to train clinicians to better understand military culture.	X		
2.	The grantee may want to adapt materials and strategies to address the needs of persons with limited literacy.	X