

2011 Building FASD State Systems Conference

Collaborative Prevention Across Colorado: Bringing Evidence Based Guidelines and Research into Practice.

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Objectives

1. Participants will acquire increased knowledge about implementing FASD prevention research into practice.
2. Participants will gain greater understanding of collaboration between several agencies in providing evidence based prevention services.
3. Participants will understand methods to quickly help clinical settings implement evidence-based guidelines and acquire basic motivational interviewing techniques.

Understanding the Problem

50% OF ALL WOMEN REPORT DRINKING 3 MONTHS
PRIOR TO KNOWING THEY ARE PREGNANT

COLORADO RANKS **68%**

68% OF COLORADO WOMEN DRANK 3 MONTHS PRIOR TO
KNOWING THEY ARE PREGNANT

CONTRACEPTION USE

49% OF PREGNANCIES ARE UNINTENDED IN THE U.S.

Of these pregnancies

48% occurred during a month when contraception was used

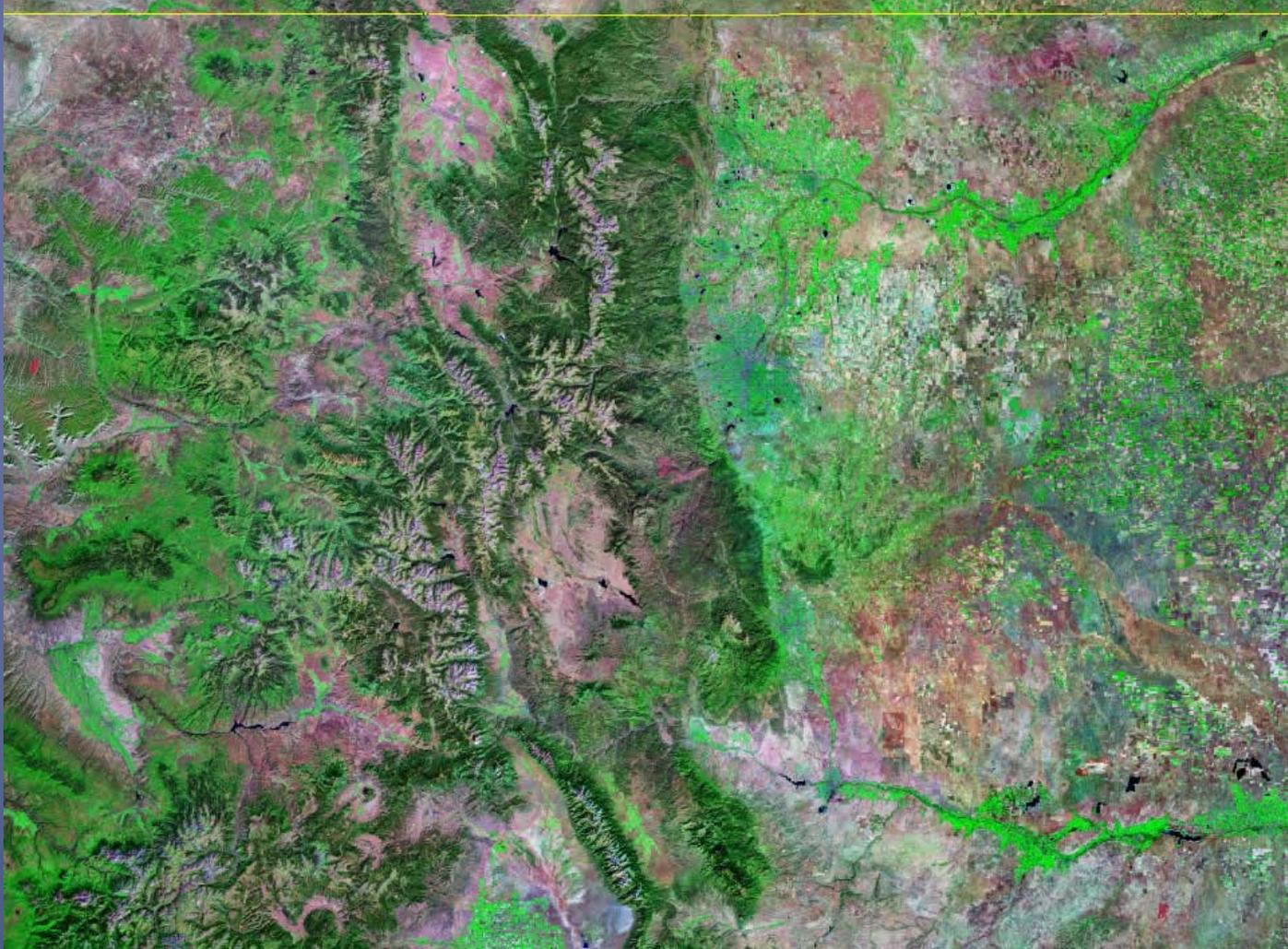
THE US PREVENTIVE SERVICE TASK FORCE (USPSTF) RECOMMENDS ROUTINE ALCOHOL SCREENING FOR ALL PREGNANT WOMEN

- *Yet*
- *1/3 of all pregnancies are screened for alcohol use during routine prenatal care.*

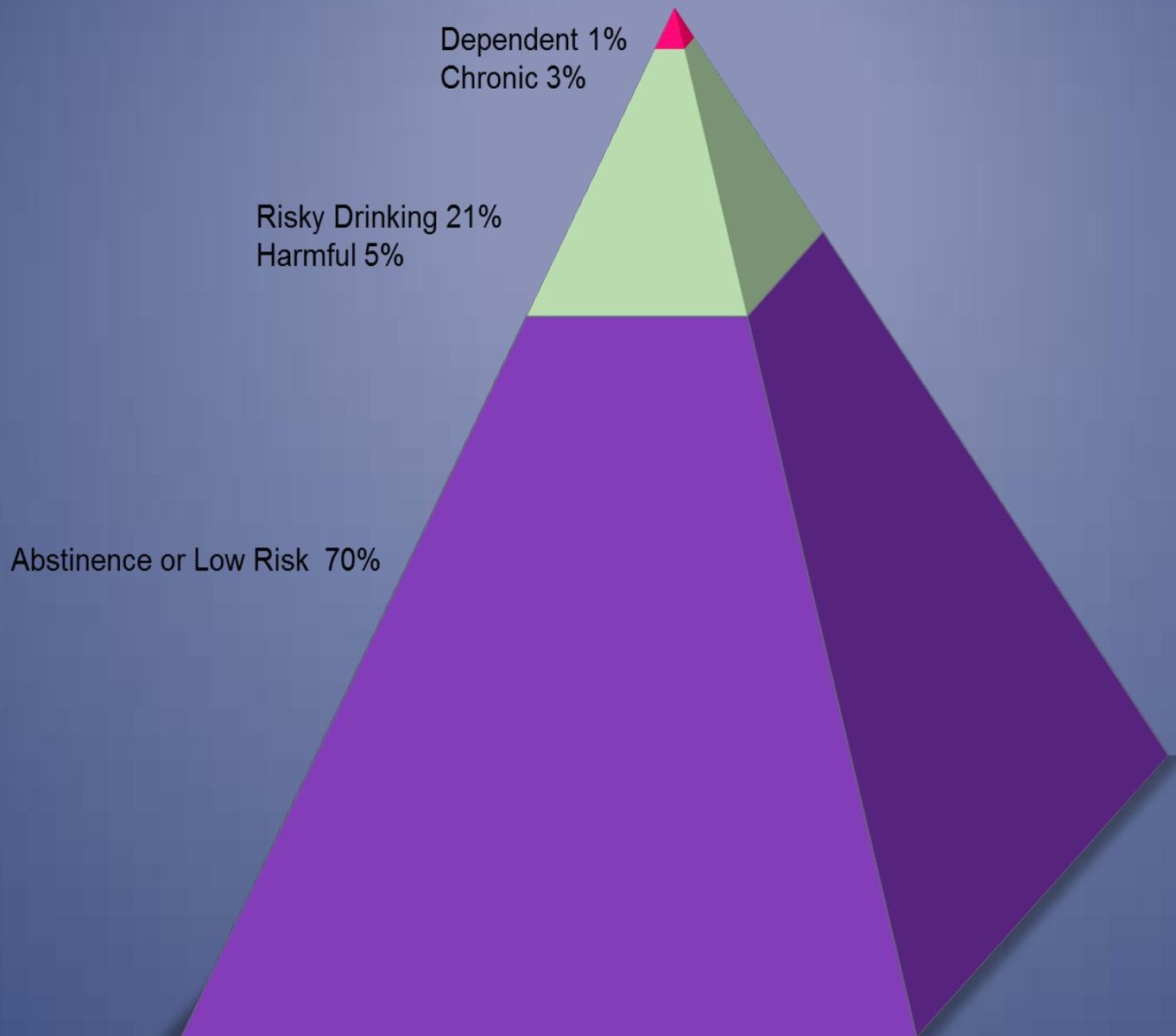
Colorado

- Geography-
 - 103,717 sq mi
 - 64 counties
 - Urban, Rural and Frontier
 - Mountain Range separates west from east

Colorado

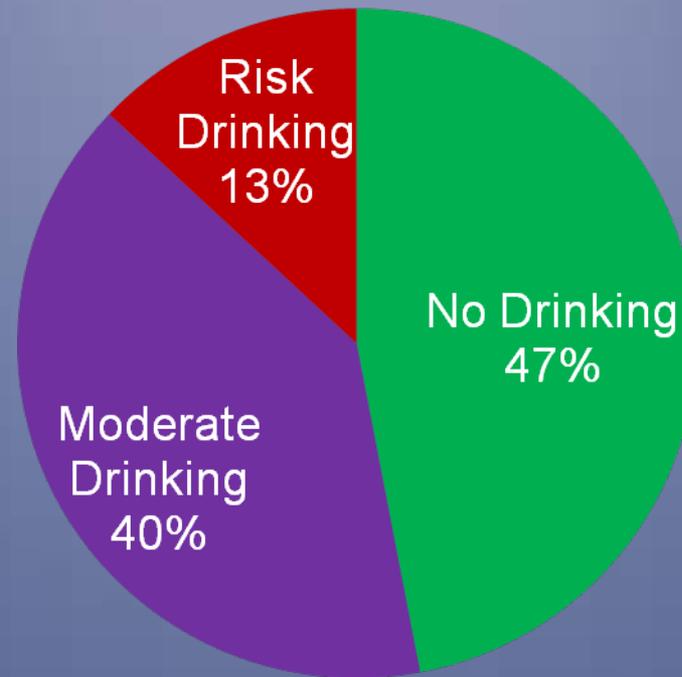


Prevention

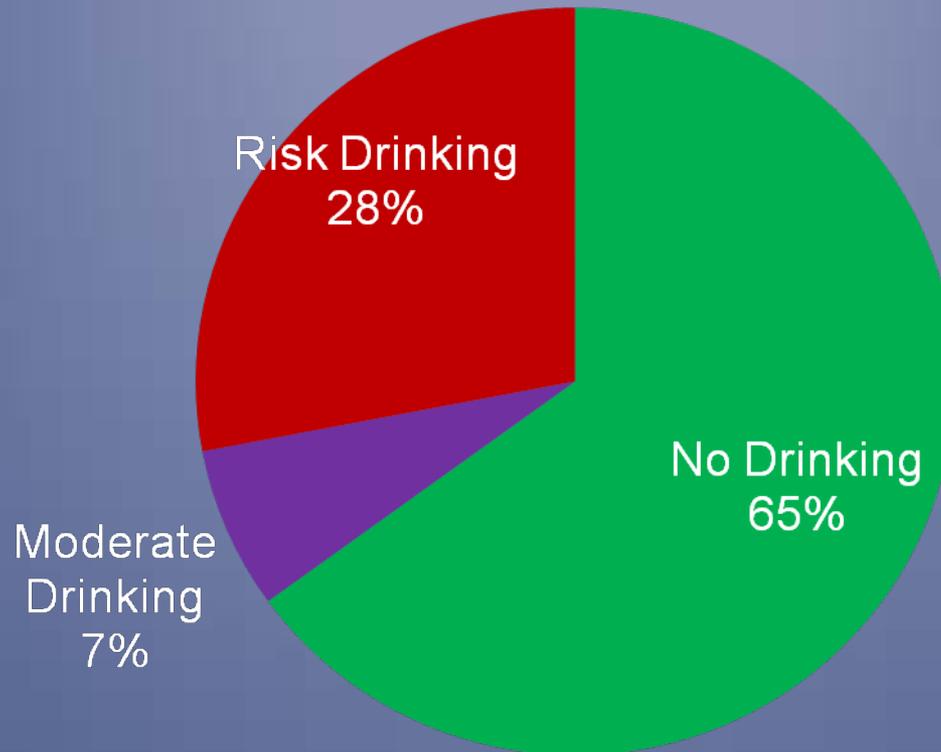


Women Prevalence

Colorado Women Drinking Rates



Colorado Teen Girls Drinking Rates



Substance Use Continuum

Use

Abuse

Tolerance

Dependence

History of SBIRT in Colorado

Garnering Support
The Colorado Providers Association

Projects in Colorado

- SBIRT Colorado
- COFAS
- HealthTeamWorks

SAMHSA Grant

- Goals
 - Universal screening
 - Standard of care
 - 125,000 patients screened
 - 12 sites
 - Linkages between behavioral providers and healthcare
 - Standard of care

SBIRT
Screening
Brief Intervention
Referral to Treatment

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graph LR; A[Screening] --> B[Brief Intervention]; B --> C[Brief Therapy]; C --> D[Outpatient]; D --> E[Hospitalization]; E --> F[Inpatient];
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Screening

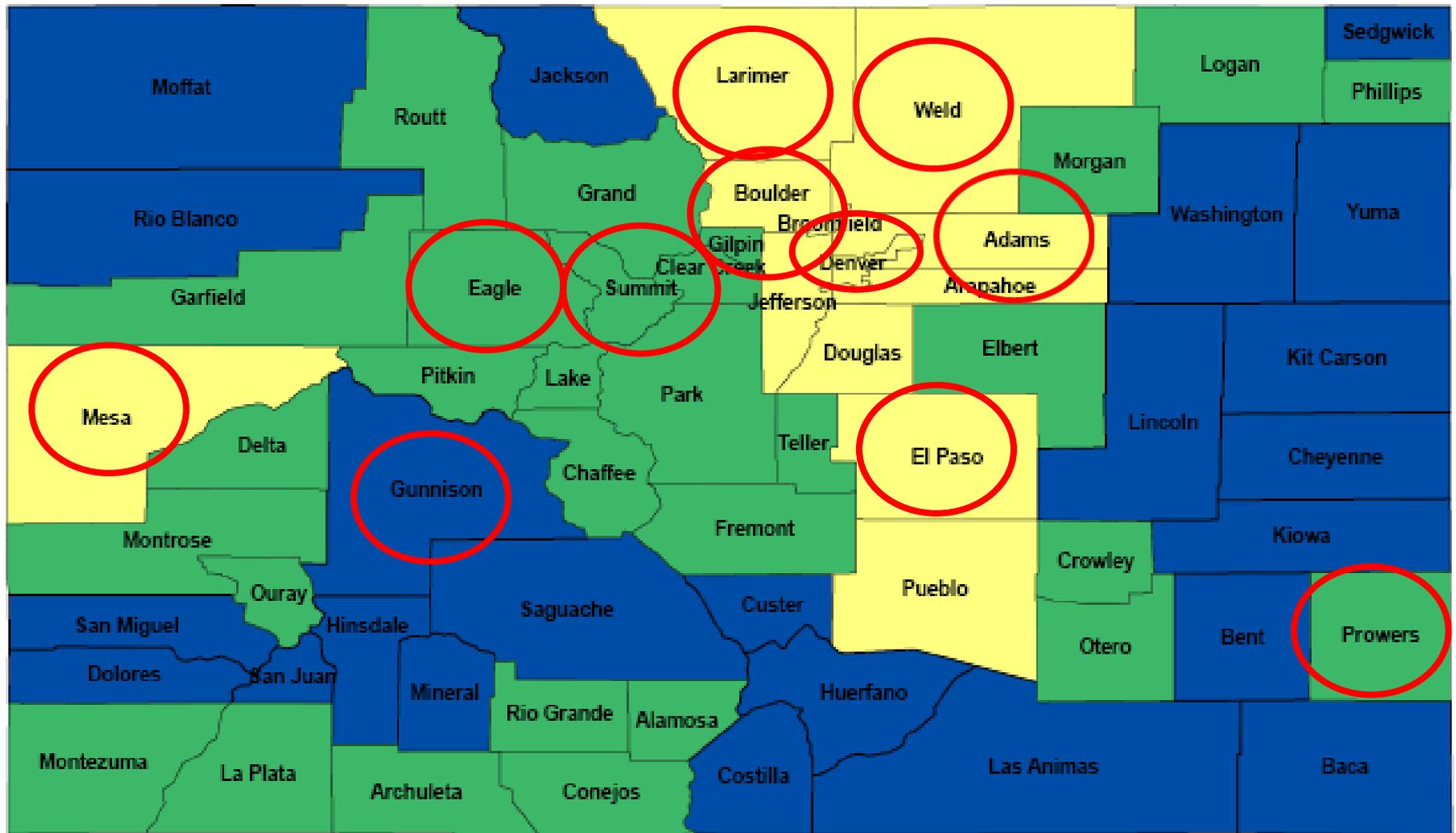
**Brief
Intervention**

**Brief
Therapy**

Outpatient

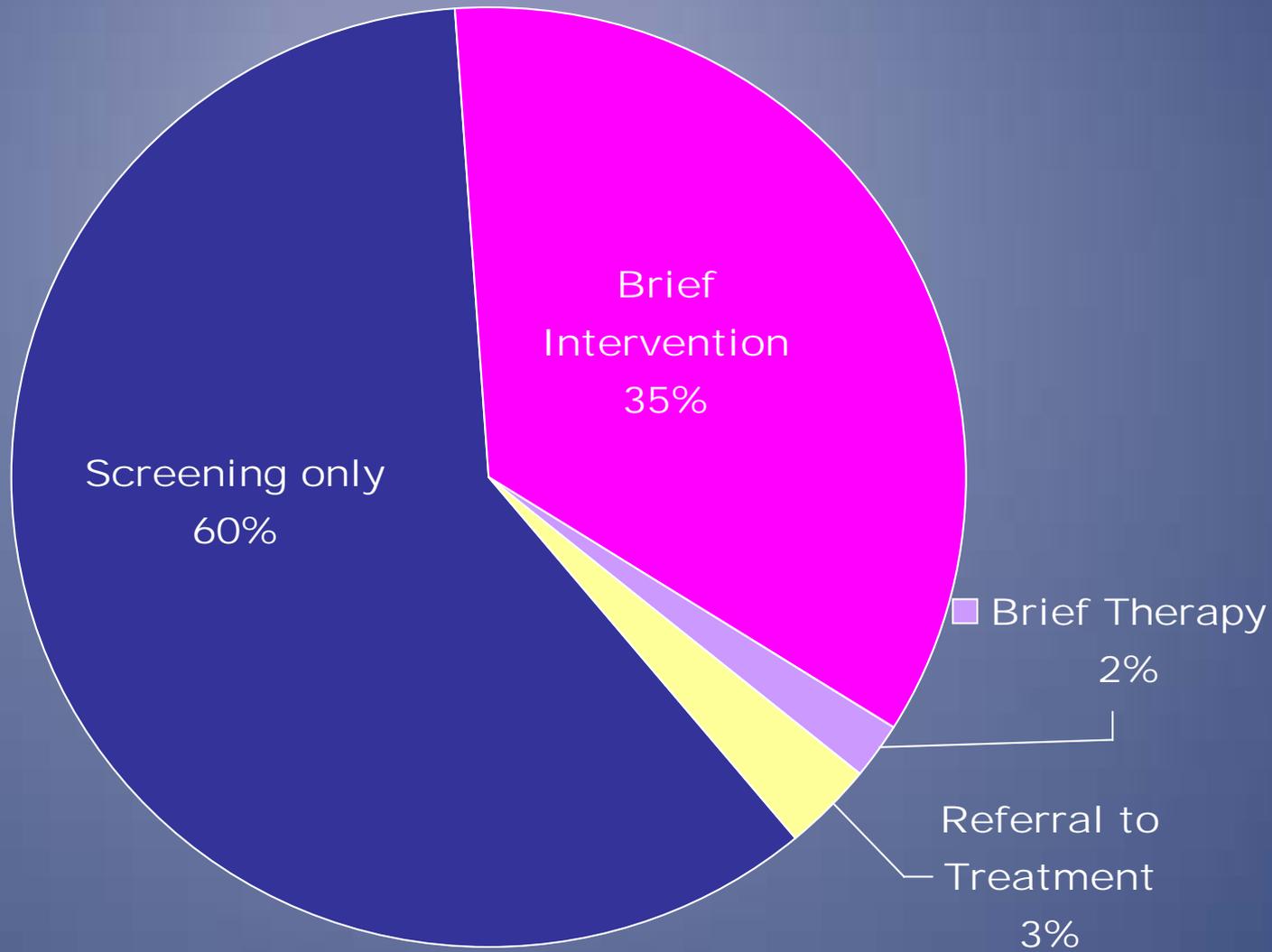
**Hospital-
ization**

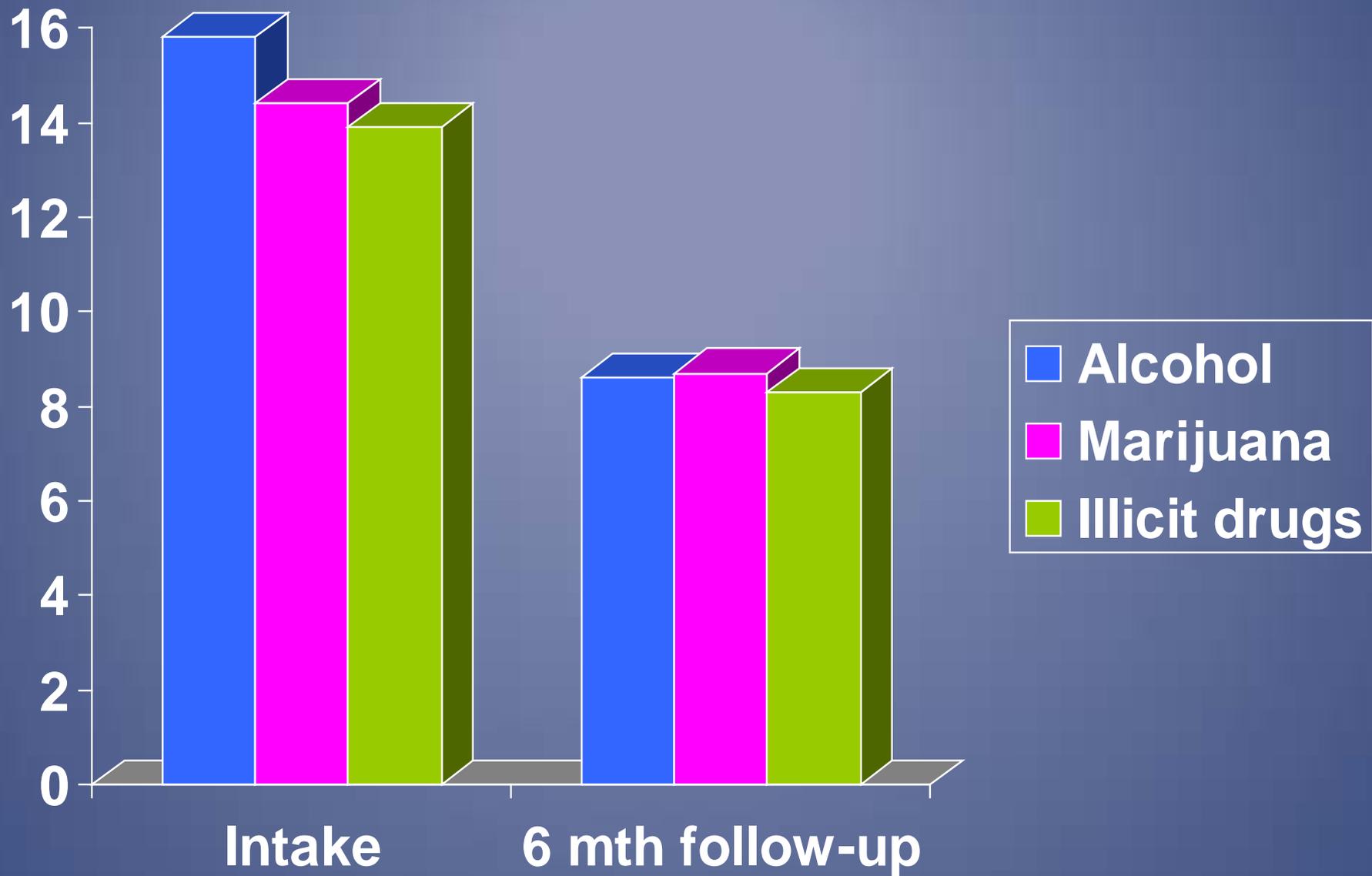
Inpatient



Legend

- Urban
- Rural
- Frontier





Trainings

- Needs assessment
- Implementation planning
- Cultivating champions
- Technical assistance

Implementation Checklist

- Needs assessment
- Inform educate and train staff
- Define your target population
- Develop clear protocols
- Establish relationships
- Develop a charting protocol
- Develop a billing strategy
- Develop a data collection and storage plan
- Develop quality improvement initiatives
- Establish referral network

Lessons Learned

- Don't Assume!
- Buy in from all levels needed
- Review internal and external policies
- Garner support from legislators
- Build relationships with Trx providers
- Billing is important
- Evaluation to promote awareness
- Patient stories make a difference

COFAS

HISTORY OF PROJECT

- *ADAD and CDPHE collaborated in a Fetal Alcohol Syndrome (FAS) Prevention Program with a grant from the CDC in 1992.*
- *ADAD funded Statewide project in 1996 – Prevention Block Grant dollars \$70,000*
- *Continues today funding source the same, \$123,764*

COFAS-POP

- *Based out of the University of Colorado Anschutz Medical Campus, within the Area Health Education Center Program Office*
- *Started in 1996*
- *State Wide Focus*

AHEC Centers

- UCD AHEC, Aurora
- Central AHEC, Denver
- Centennial AHEC, Greeley
- San Luis Valley AHEC, Alamosa
- So Eastern Colo AHEC, Pueblo
- Western Colo AHEC, Clifton
- So Western Colo AHEC, Durango

FAS-PACE

Fetal Alcohol Syndrome –
Prevention Activities, Choices &
Empowerment

Research to Practice: Stepped
Care Intervention
PartyWise



GOAL OF FAS-PACE?

- *Take researched prevention and intervention and translate into practice*
 - *Brief intervention known as Project CHOICES*
 - *Guided Self Change*
 - *Stepped Care*

TASKS OF INTERVENTION

- *Assessment*
- *Set tone for change*
- *Tailor intervention to stage of change*
- *Choice of treatment goals stays with the client*

METHOD OF INTERVENTION

- *Feedback*
- *Motivational Interviewing (MI)*
- *Stages of Change*

MOTIVATIONAL INTERVIEWING (MI)

- *MI was integrated with other methods of education and skill building*
- *MI is most appropriate when there is a targeted behavior*
- *Clients choose the behavior they want to work on*

PERSONAL CHOICES

- *Point of entry into stepped care*
- *Two sessions one hour each (1-4 weeks apart)*
- *Two follow up phone calls at 3 and 6 months*
- *Incentives \$10 gift card per contact*

PROGRAM ADAPTATIONS

Project CHOICES

- *Binge Drinking = 5 or more drinks*
- *Admitted women 18 and older*
- *Did not enroll pregnant women*
- *Screened for risk drinking and ineffective contraception within 90 days of program*
- *Implemented an intervention consisting of four face-to-face sessions.*

Personal CHOICES

- *Binge Drinking = 4 or more drinks*
- *Admitted women 12 and older*
- *Did enroll pregnant women*
- *Screened for risk drinking and ineffective contraception within year of program*
- *Implemented an intervention consisting of two face-to-face sessions*

STEPPED CARE

Personal Skills

- *Specialized case management and education and skill building*

STEPPED CARE

Personal Support

- Specialized case management and education, skill building and establishing a support system*
- Women who: have had a previous Alcohol Exposed Pregnancy (AEP), Pregnant, Mental Health diagnosis or in need of one, developmental delay, need additional support, and /or are still at risk for an AEP*

VISIT FREQUENCY AND LENGTH

- *The interventionist and the client will mutually decide*

EACH VISIT INCLUDED:

- *A review of previous activities and experiences*
- *Encounters with high risk situations*
- *Activities that address relapse prevention*
- *Assessment of motivation/readiness*
- *Planned skill building activities*
- *Assessment of need for support and resources*
- *Goal setting and plan development*

CURRICULA FOR SKILLS AND SUPPORT

- *Brain Wise*
 - *A guide for building thinking Skills using our knowledge of the brain*
- *Matrix*
 - *Early recovery skills and relapse prevention tools*

OTHER CURRICULA

- *Maternal Mental Health (Pregnant)*
 - *Assessment and Intervention tools to use during pregnancy*
 - *Expectations of motherhood*
- *Finding the Gold*
 - *A Self-Esteem Success book for Women that includes additional self assessment tools and exercises*

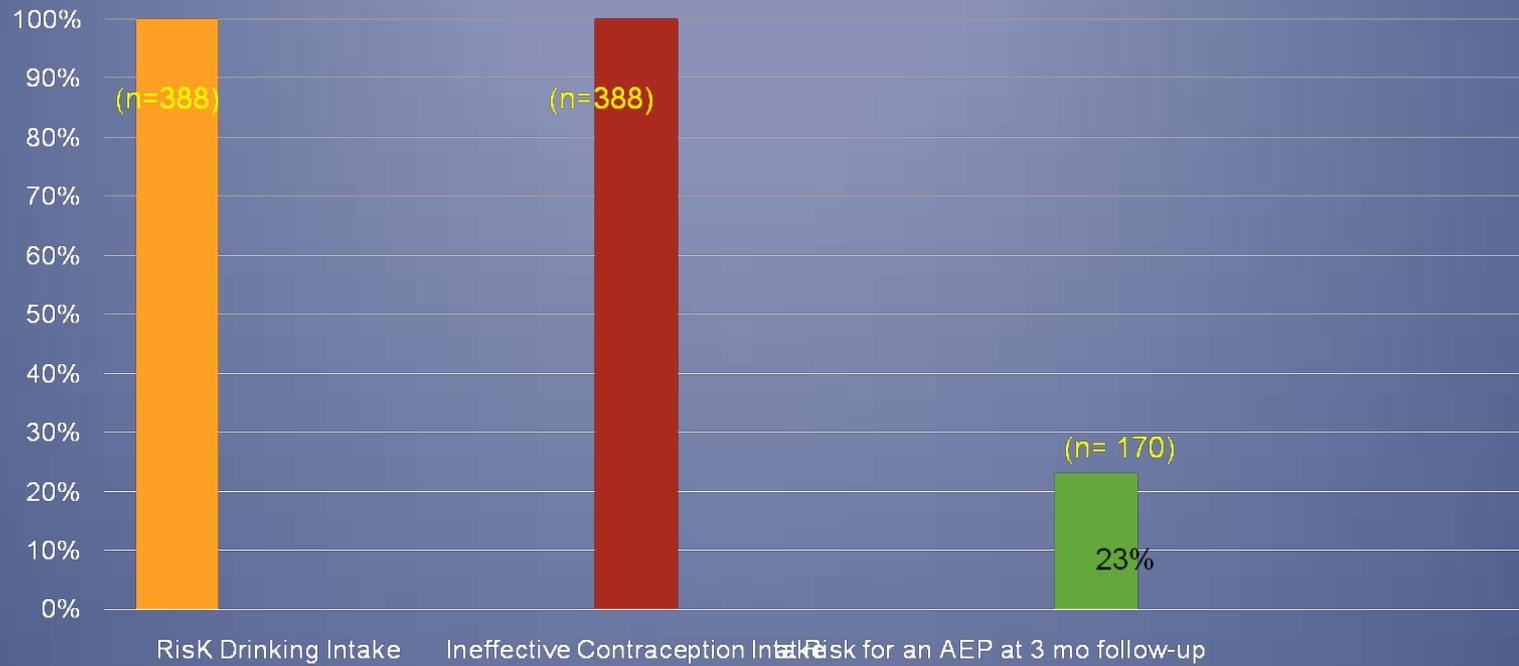
PARENTING SUPPORT

- *Depending on the age of the child or children different parenting resources are used*
- *Attachment activities*
- *Self-efficacy*
- *Special parenting needs for alcohol-exposed children*
- *Nine Month Journey Video to increase the reality of a pregnancy and improve attachment*

LESSONS LEARNED...

- *Difficulty getting providers to refer to programs*
- *We changed the brochure's look and wording with the slogan "Party Wise"*
- *Recruitment took far more time than we initially planned*
- *Very clear that MI (Motivational Interviewing) works*
- *Interventionists found their work to be isolating*
- *Ongoing professional development was a must for the interventionists*

FAS-PACE 3 Month Follow – up Data Collection



FAS-PACE 6 Month Follow – up Data Collection



Service To Science

**A Multi-tiered Approach to Changing
Practice Behavior:**

**Screening and Brief Intervention of
Substances**

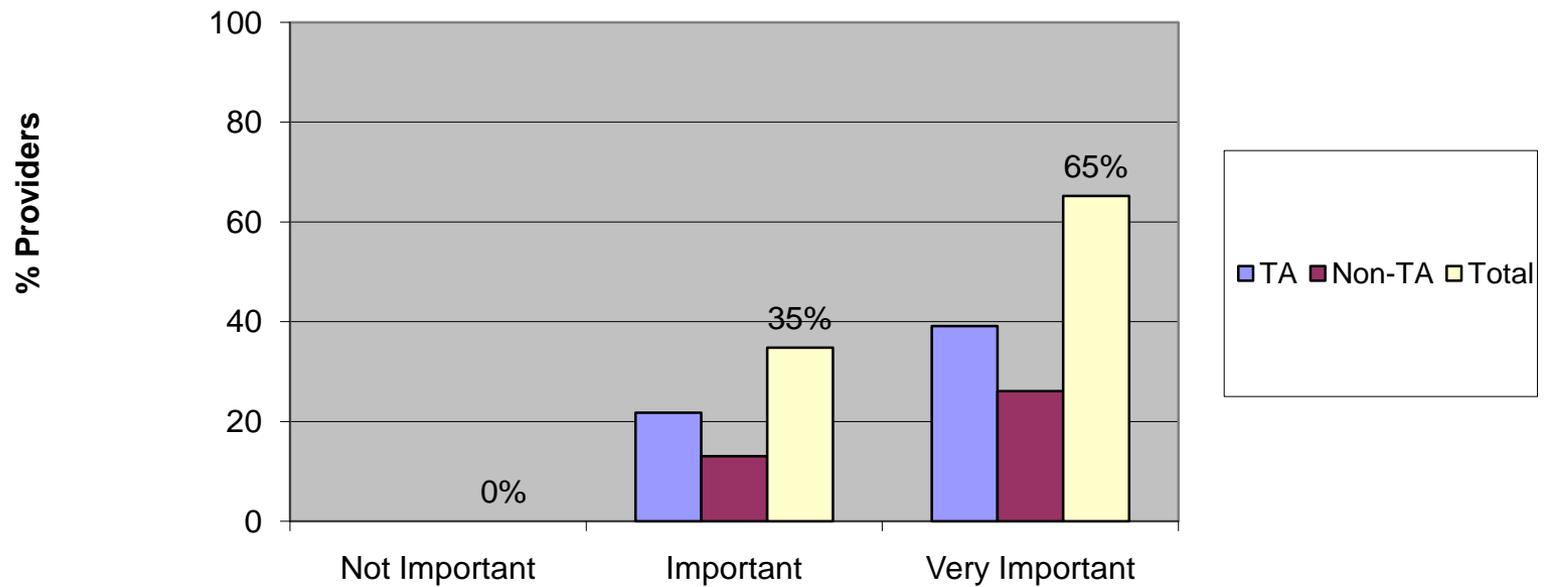
Goal of Research

- Determine if a multidisciplinary skill-based training could change clinical practice behavior around screening/brief intervention of pregnant women for alcohol use
- Increase the ability and comfort in performing a brief intervention
- Increase the knowledge of community resources

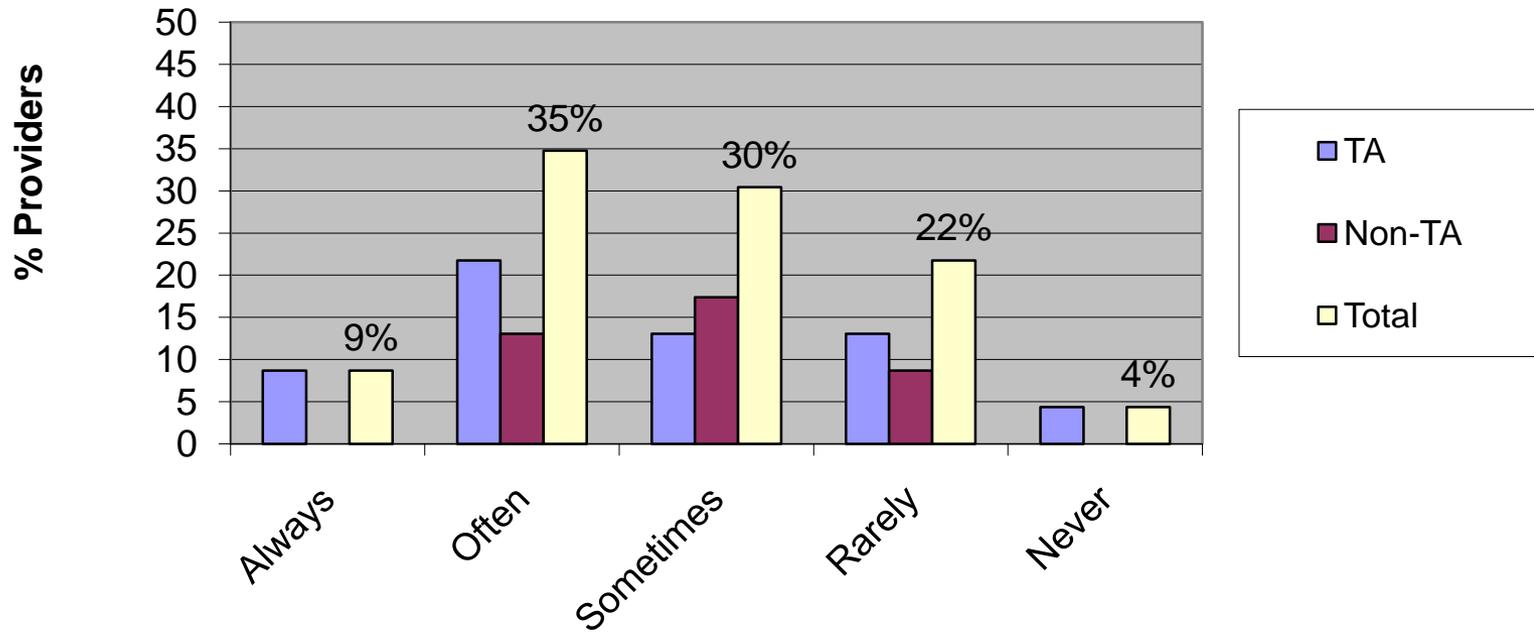
Methods

- KABS Baseline Assessment
- Card study Pre/Post
- Training
- Training and TA
- Follow up Interview

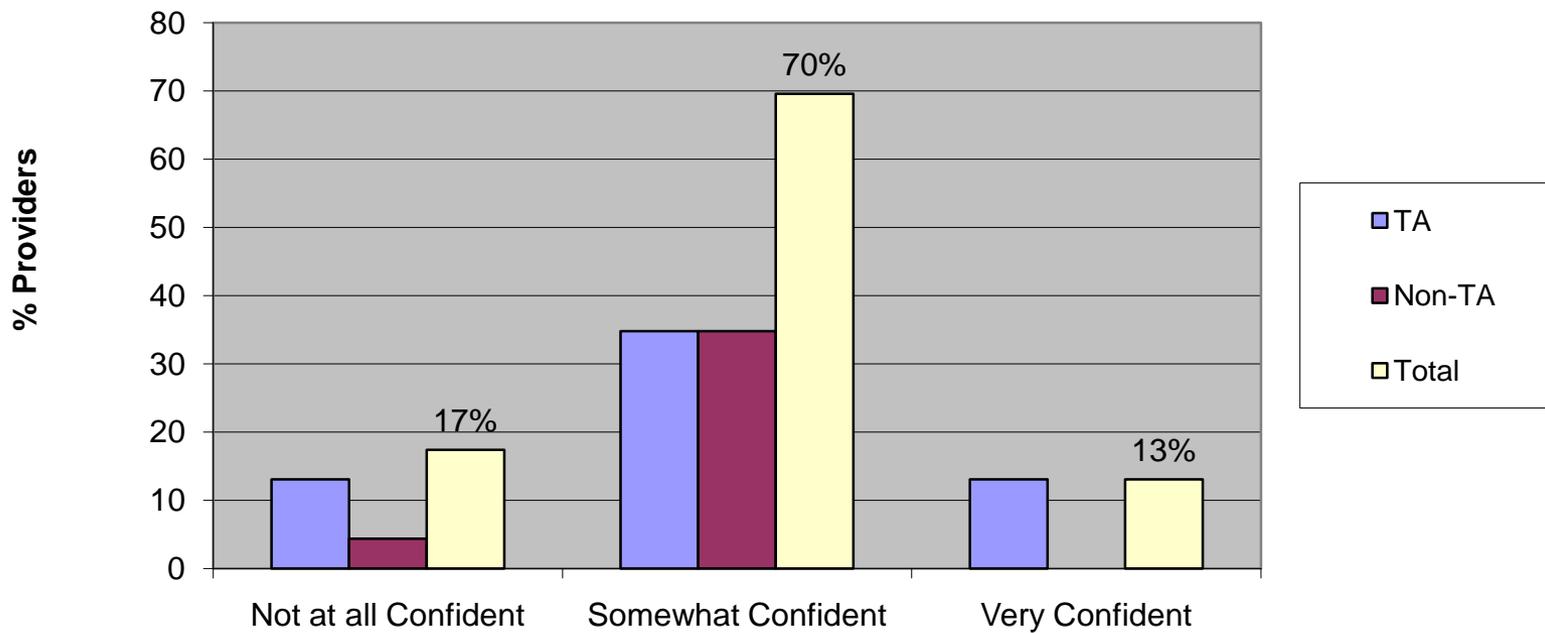
Importance of Screening Every Woman for At-Risk Drinking



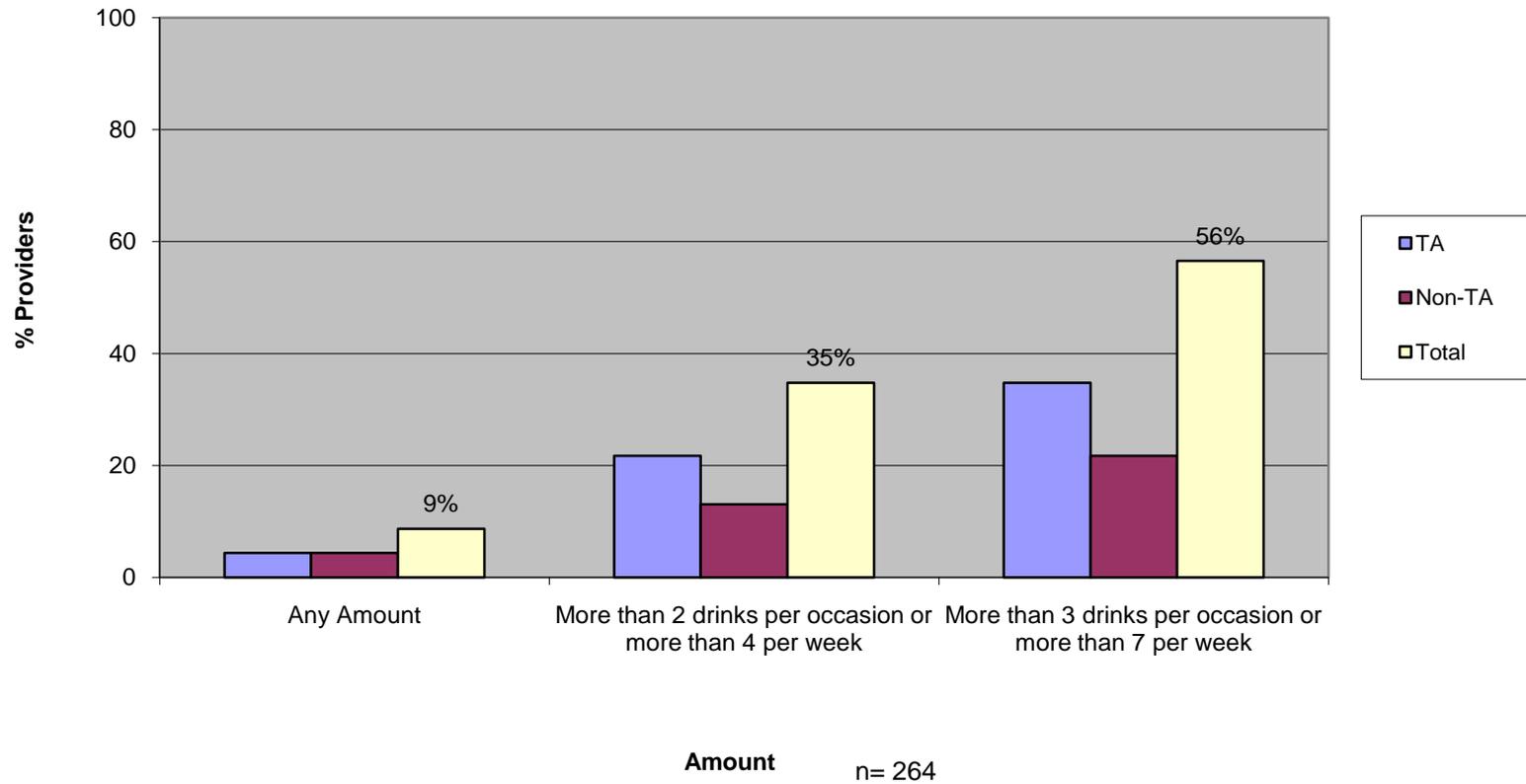
How Often Provider Screening Women for At-Risk Drinking



Provider Confidence in Advising Women About Risk Drinking

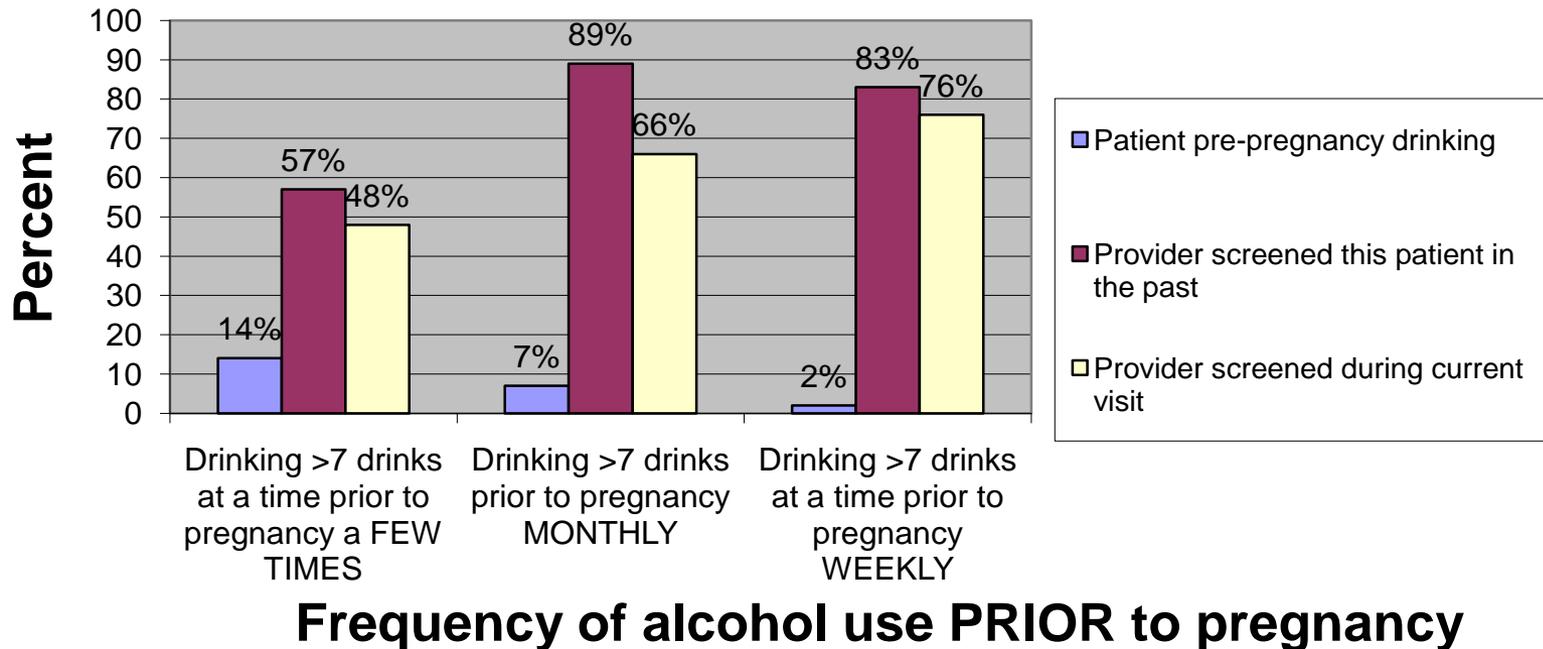


Risk Drinking in Non-Pregnant



Prior to pregnancy how often did you drink more than 7 drinks at one time

Patient Response and Screening



Lessons Learned

- Barriers to change are system based
 - Patient encounter
 - Who screens, counsels patient
 - Primary providers time constraints
 - Resources
 - Reimbursement
 - Staff turnover
 - Scheduling

System Based Barriers

- Require cooperation and a multi-disciplinary approach
- Staff can be overwhelmed by process of:
 - Changing practice
 - Time commitment
 - Confusion that develops regarding next steps and how to implement

Provider Quotes

- “I get it now, I have just been asking the wrong question.”
- “So if after this study, if none of our women are drinking we won’t have to screen.”
- “I just need to screen earlier.”

HealthTeamWorks

HealthTeamWorks...

...is a unique non-profit coalition of health plans, physicians, hospitals, employers, government agencies, quality improvement organizations and other entities working together to reduce fragmentation and implement systems and processes, using evidence-based guidelines, to improve health and healthcare.

Guiding Principals ~ for HealthTeamWorks guideline development

- Target Audience: primary care providers
- Format: one page guideline with accompanying tools e.g. screening questionnaire, care flowsheets, etc.

Why screen for alcohol and drug use?

Brief motivational conversations with patients can promote significant, lasting reductions in risky use of alcohol and other drugs. Nearly 30% of adult Americans engage in risky, problematic use of alcohol and/or other drugs, yet very few are identified or participate in a conversation that could prevent injury, disease, or more severe use disorders.

Brief Screening - Ask

Substance	Questions	Positive Screen
Alcohol*	When was the last time you had more than 3 (for women/men >65 yrs.)/4 (for men) drinks in one day?	In the past 3 months
	How many drinks do you have per week?	More than 14 (men) More than 7 (women, men >65 yrs.)
*Any alcohol use is a positive screen for patients under 21 years or pregnant women. A standard drink in the U.S. is any drink that contains about 14 grams of pure alcohol. One drink = 12 oz. beer, 5 oz. wine, 1.5 oz. liquor		
Drugs	In the past 12 months, have you used drugs other than those required for medical reasons?	Yes
Tobacco	Do you currently smoke or use any form of tobacco?	Yes

(+) Positive on Brief Screen

Assess

- Use a **brief assessment instrument** (see table below) to determine level of risk or assess risk with interview based on DSM criteria for substance abuse and dependence.
- For patients who screen positive for drug use, ask further questions to determine which drug(s) and how often they use.
- Advise tobacco users to quit. Refer to Colorado QuitLine 1-800-784-8669 or www.coquitline.org. Go to www.coloradoguidelines.org/tobacco for specific recommendations.
- Consider co-occurring conditions such as depression, other mood disorders, ADHD, anxiety, pain, and sleep disorders. Go to www.coloradoguidelines.org/guidelines/depression.asp for information about managing depression.

Brief Assessment Instruments

Available at www.coloradoguidelines.org/guidelines/sbirt.asp

	AUDIT (adult alcohol use)	DAST-10 [©] (adult drug use)	CRAFFT (adolescent alcohol & drug use)
Hazardous use (risky use)	Score 8-15 for men Score 7-15 for women	Score 3-5	Score of 2 or more positive items indicates need for further assessment
Harmful use (use plus consequences)	Score 16-19	Score 6-8	
Possible dependence (compulsive use)	Score ≥ 20	Score 9-10	

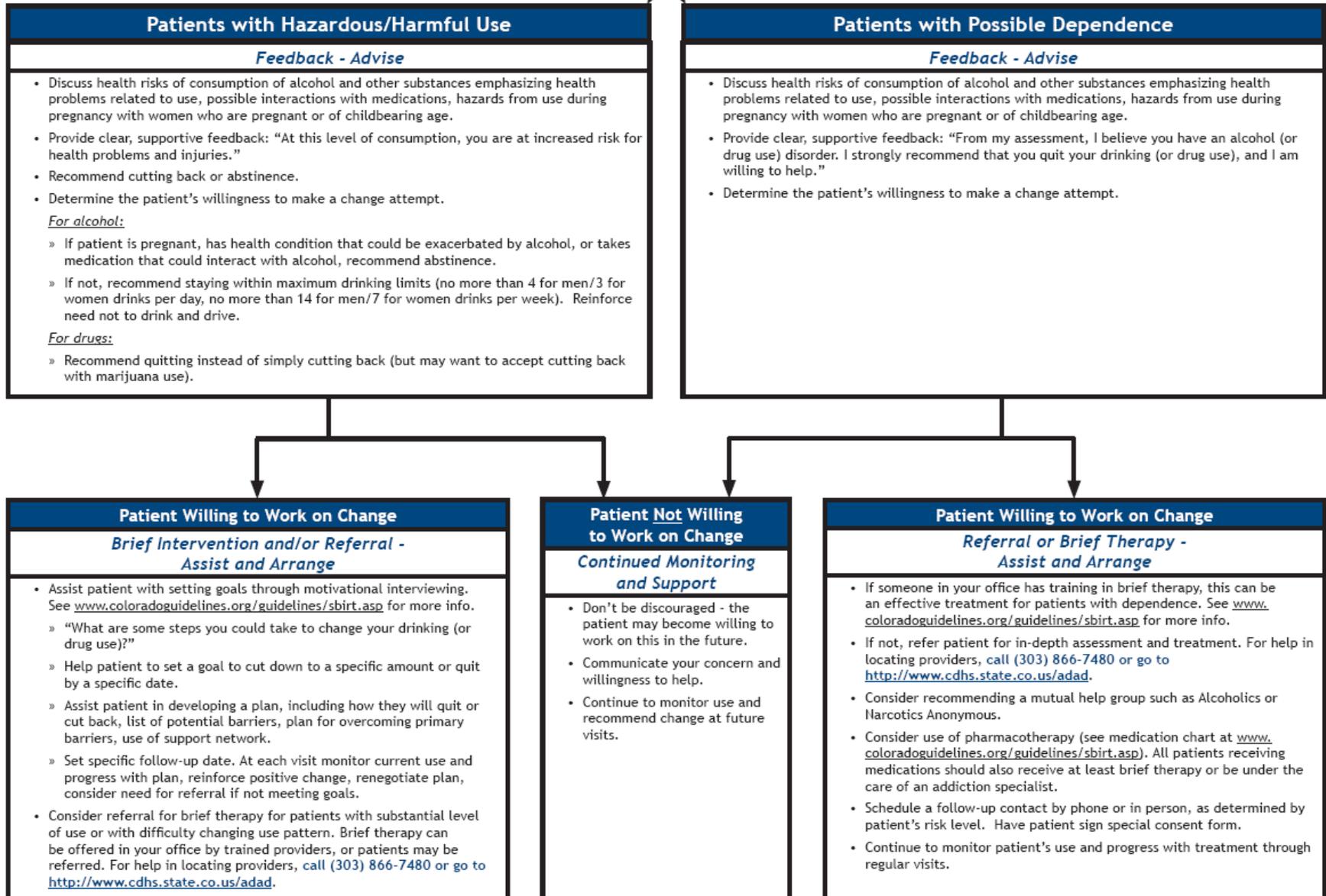
(-) Negative on Brief Screen

Reinforcement and Continued Screening

- Reinforce positive decisions.
- Rescreen at least yearly.
- Consider more frequent screening for:
 - women who are pregnant or contemplating becoming pregnant
 - adolescents (transition to middle school, high school, college)
 - significant increase in psychosocial stressors (e.g., major change in finances, primary relationship/support system)
 - people with substance use problems who have recently changed their behavior

(continue on back for hazardous/harmful use and possible dependence)

(positive Brief Assessment, continued from page 1)



Who to screen? All women of childbearing age.

1) preconception; 2) during pregnancy; 3) at the time of delivery; 4) in postnatal period - especially if breastfeeding; 5) at all GYN and health visits. Rescreen every year or following life changes or increase in stressors. Parental screening by pediatric providers is recommended by the American Academy of Pediatrics.

Why screen?	Definition/Problem:
<ul style="list-style-type: none"> Fetal Alcohol Spectrum Disorders (FASD) are completely preventable. Fetal Alcohol Syndrome (FAS) is the leading preventable cause of mental retardation. FASD occurs in approx. 10/1,000 births: in Colorado that equals ~700 cases/yr. This outranks Down syndrome and autism in prevalence. 50% of pregnancies are unplanned. A woman can expose a pregnancy to alcohol even before she knows she is pregnant. There is no known time or amount of alcohol that is safe during pregnancy. 	<p>Fetal Alcohol Spectrum Disorders (FASD) is an umbrella term that describes the range of effects that can occur to an individual whose mother drank during pregnancy. These include physical, mental, behavioral, and learning disabilities. Fetal Alcohol Syndrome (FAS) is on the severe end of the spectrum and characterized by facial dysmorphia, growth restriction, and CNS abnormalities. However, most individuals affected by prenatal exposure do not display the facial dysmorphia or growth deficits of FAS.</p> <ul style="list-style-type: none"> Alcohol is a teratogen. Adverse effects of alcohol on the fetus may be exacerbated by other teratogens. Maternal factors such as nutrition and mental illness may mitigate or exacerbate effects of alcohol.

1. Assess alcohol use +	2. Assess risk for pregnancy =	3. Alcohol Exposed Pregnancy (AEP) Risk
<p>Use SBIRT Guideline at www.healthteamworks.org.</p> <p>Brief Screen for Alcohol:</p> <p>1. When was the last time you had more than 3 drinks in one day? <i>Positive = in past 3 months</i></p> <p>2. How many drinks do you have per week? <i>Positive = more than 7</i> Recommendation: verify quantity and frequency of <u>usual</u> alcohol intake - do the math!</p> <p><i>Any alcohol use is a positive screen for a pregnant woman, a woman trying to become pregnant, or an adolescent.</i></p> <p>For positive Brief Screen, do further screening using a Brief Assessment Instrument such as the AUDIT.</p>	<ul style="list-style-type: none"> Able to get pregnant? (no = hysterectomy or permanent sterilization) Sexually active with a male or planning pregnancy by other method? Non-use or incorrect use of contraception? Use of non-effective method of contraception? <p>Ask (can be self-administered):</p> <ul style="list-style-type: none"> Are you pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know Are you able to get pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know In the last year have you had sex with a male? <input type="checkbox"/> Yes <input type="checkbox"/> No When you have sex do you use something to prevent pregnancy: <input type="checkbox"/> all the time <input type="checkbox"/> most of the time <input type="checkbox"/> sometimes <input type="checkbox"/> not at all What method(s) do you use to prevent pregnancy? 	<ul style="list-style-type: none"> Did the patient use an effective method of pregnancy prevention? <input type="checkbox"/> Yes <input type="checkbox"/> No Was the method used 100% correctly? <input type="checkbox"/> Yes <input type="checkbox"/> No » If no, was a backup method used every time? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the patient planning to become pregnant in the next year? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the patient at risk for unintended sexual contact due to alcohol and/or drug use? <input type="checkbox"/> Yes <input type="checkbox"/> No <p>Negative AEP Risk:</p> <ul style="list-style-type: none"> Correctly using an effective contraceptive method, not planning a pregnancy in the next year and not at risk for unintended sex -or- Unable to get pregnant -and- Negative alcohol screen -or- No alcohol use in a pregnant woman <p>Do a brief intervention to:</p> <ul style="list-style-type: none"> Address hazardous or harmful use of alcohol and refer to treatment, if indicated. Address pregnancy prevention. <p>COUNSEL: No amount of alcohol is considered safe during pregnancy. Pregnancy should be delayed until individuals are alcohol free.</p>

Myths about alcohol and pregnancy

<ul style="list-style-type: none"> Science is unclear about the effects of alcohol on the developing fetus: FALSE. 3,000+ research studies since 1973 describe the risks of alcohol during pregnancy. The conclusion is overwhelming and clear. Since 1982 the United States Surgeon General has advised women to abstain from alcohol during pregnancy to prevent birth defects. (NOFAS, 2010) Only heavy or binge drinking can harm the fetus: FALSE. Effects of prenatal alcohol exposure occur on a continuum. Rather than a threshold, there is a dose-response effect. Also, harm may occur at all stages of pregnancy. (NOFAS, 2010) 	<ul style="list-style-type: none"> Only hard liquor is harmful. Beer and wine are okay: FALSE. All alcohol acts as teratogen. Since some individuals and cultures do not view beer as alcohol, it is important to specify all forms of alcoholic drinks when screening patients. (NOFAS, 2010) Health professionals infrequently see patients with Fetal Alcohol Syndrome and FASD is no longer a significant health issue: FALSE. Individuals with FASD are in every system of care. As of 2008, only ~6 medical schools offered training on FASD. Many practitioners have not been educated on addiction medicine or trained to diagnose FASD in children or adults. (NOFAS, 2010)
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GOAL:

To encourage behavior change(s) to decrease risk of alcohol exposed pregnancy.

- » Ask permission before providing feedback.
- » Remain neutral and factual.
- » Elicit reaction before and after each step.

A. Provide feedback about screening results

Alcohol Use **+**
Review moderate and risky drinking levels.

Feedback (2002 BRFSS):

- ~47% of women 18-44 yrs drink at moderate levels
- ~13% of women 18-44 yrs drink at risky levels

Pregnancy Risk **=**
Review effectiveness of current contraception and effectiveness of use.

Feedback, in the United States:

- 50% of all pregnancies in the are unplanned
- 82% of pregnancies in the 15-19 yr. old age group are unplanned

Risk for an Alcohol Exposed Pregnancy (AEP)

Feedback:

- Because you are at risk for pregnancy and using alcohol you are at risk of an AEP
- Many women do not find out they are pregnant until the 6th-8th week
- No known safe time /no known safe amount of alcohol during pregnancy

Offer brochures/fact sheets on AEP and FASD.

B. Discuss options to decrease risk; Patient chooses behavior(s)

**Decrease risk of AEP by changing alcohol use, increasing effective contraception used correctly, or both.*

Options: Pregnant patient

- Stop drinking
- Improve nutrition
- Decrease stress
- Stop other drug use
- Stop tobacco use
- Maintain pre-natal care

Options: Not pregnant/not wanting pregnancy

- Use effective contraception correctly
- Drink below risk levels
- Stop other drug use
- Stop tobacco use

Options: Not pregnant/wanting pregnancy

- Stop drinking
- Stop tobacco
- Stop other drug use
- Improve nutrition
- Decrease stress
- Use effective contraception correctly until pre-conceptual health achieved

C. Assess motivation; Set goals and plan

1. Assess Motivation to change: use 0-10 ruler to assess Importance, Readiness for identified targeted behavior(s), and Confidence. (If pregnant, choose a behavior other than birth control.)

> Ask patient "Why this number and not a lower or higher number?"

> Listen for change talk:

D (desire) **A** (ability) **R** (reason) **N** (need) **C** (commitment) **A** (activation) **T** (taking steps).

> Respond to change talk:

E (elaborate) **A** (affirm) **R** (reflect) **S** (summarize). Probe for anything else.

2. Set Goals and Develop a Plan

Consider referral to treatment if patient is motivated or having difficulty setting/achieving goals.

D. Follow up at every visit for women at risk for an AEP

All patients:

- Assess urges, cravings, high risk situations, and alcohol use
- Develop and review emergency plan for high risk situations.
- Monitor stressful life events and significant life changes
- Assess motivation for treatment or engagement in treatment
- Designate support person

Pregnant patient:

- Monitor need to add other behaviors to the plan
- Engage in activities and information to increase bond with the baby
- Consider need for more frequent visits

Not pregnant/not wanting pregnancy:

- Encourage contraception compatible with lifestyle
- Monitor for correct use, side effects, difficulty in use
- Include back up plan
- Consider whether alcohol/drugs are interfering with plan
- Monitor contraception use monthly until stable

Not pregnant/wanting pregnancy:

- Evaluate importance, readiness, confidence for healthy pregnancy
- Encourage contraception compatible with life style until pre-conceptual health achieved, and alcohol/drug free
- Monitor for correct use, side effects, difficulty in use
- Include back-up plan

Substance Abuse Services for Women

1. Regional Managed Service Organizations (MSOs): Can assist with locating an appropriate treatment agency or with referral to a Division of Behavioral Health (DBH) accredited treatment program:

- Region 1: Northeast region of the state: Signal Behavioral Health Network, Inc. 1-888-607-4462
- Region 2: Denver Metropolitan Area: Signal Behavioral Health Network, Inc. 1-888-607-4462
- Region 2: Boulder County: Boulder County Health Department 303-441-1292
- Region 3: Colorado Springs Service Area: Connect Care 1-719-572-6133 or 1-888-845-2881
- Region 5 & 6: Central Mountain and Western Slope Services: West Slope CASA 1-800-804-5008

2. Personal DECISIONS: Resource for providers and women in the community who are drinking and want to change their behavior. A woman who calls will be assessed for AEP risk and other concerns and then sent a packet of information with resources, referral information, and self-guided change information. Once the woman completes the packet she may share it with her provider for a more focused brief intervention. 1-888-724-3273. The message is in both English and Spanish.

3. Specialized Women's Services (SWS): To learn about funding and services set aside for women in CO who use or abuse substances:

<http://www.cdhs.state.co.us/adad/PDFs/ItemsfortheWomentreatmentWebsite.pdf>

Legal and Confidentiality Considerations

1. Pregnant women have priority status for treatment in Colorado.
2. Confidentiality regulations for substance use/abuse are different than HIPAA, know the law.
3. Drinking during pregnancy in and of itself is not a violation of the law. Women need treatment for substance abuse.
4. Separate and specific release of information is required for alcohol and drugs.

Assessment and Diagnosis of FASD

Colorado FASD Diagnostic Clinics:

- Sewall Child Development Center: Diagnostic & Evaluation (up to age 10): 303-399-1800
- The Children's Hospital Child Development Unit: 720-777-6630

HealthTeamWorks process for new guidelines and revisions

1. Form a committee of primary care and specialty physicians, mid-level providers, agency directors and other disease/prevention experts.
2. Select a committee chair (by consensus); without a conflict of interest.
3. Identify existing evidence-based guidelines and complete a literature review.
4. Identify the top 3-5 key issues that providers need to know to deliver appropriate care.

Guidelines Process ~ continued

5. Develop/revise the core guideline and supporting tools.
6. Organize a focus group of primary care physicians and mid-level providers to review the guideline.
7. Send the guideline to the HealthTeamWorks Board of Directors and Membership for wide distribution, review and approval.
8. Incorporate revisions and create a final draft that goes back to the HealthTeamWorks Board and Membership for final approval.

Guidelines Process ~ continued

9. Acknowledge source(s) of funding, where appropriate.
10. Print the guideline and tools, and post them on the HealthTeamWorks website.
11. Disseminate guideline to providers throughout Colorado.
12. Revise the guideline every 2 to 3 years.
13. Post important guideline updates on the HealthTeamWorks website between revisions.

Putting Guidelines into Practice

Rapid Improvement Activity (RIA)

- Rapid Improvement Activity
 - 1 hour in length over breakfast or lunch
 - Training for the entire practice team
 - Guideline content is outlined
- Team brainstorms ideas on integrating:
 - Content and systems change
- RIA Results – case study:
 - In 69 practices in Colorado
 - 72% of identified goals retained at 3 month follow-up

Testimony from pediatrician in southwest Colorado:

“I entered the (Tobacco) Rapid Improvement Activity thinking we would sit around and talk about what we might be able to do in the future, but instead we actually were able to make decisions to embed the (tobacco) guideline into our office systems over the lunch hour through discussion, brainstorming, assigning responsibility and setting timelines. I was impressed with what we accomplished in just 45 minutes.”

Lessons Learned: Rapid Improvement Activity

- Management support is essential
- Use the systems you have (paper forms, EHRs)
- Use the entire practice team
- Use staff to full capacity (MA, Nurse, front office, health educator)

Lessons Learned ~ continued

- Identify and train specific people to provide brief interventions
- Train on motivational interviewing basics – *but don't make it complicated*
- Designate a practice champion for guideline implementation
- Identify specialty and community referral and support services

Substance Use



OPENING DOORS TO PROVIDERS WITH:

Guidelines

- Evidence-Based
- Optimize Preventive Care
- Practical approach to treatment of Chronic Diseases

Improving Performance in Practice

- Have coached over 700 providers
- Best practices & efficiency systems
- Workflow redesign
- Prepare for upcoming changes and P4P compensation
- Implementation of chronic care model for prevention & healthcare delivery

Patient-Centered Medical Home

- Convening organization for the state's PCMH pilot
- NCQA recognition
- Engaged patients & transformed systems
- Partnership between patients and their healthcare team
- Coordinated, comprehensive care

Meaningful Use

- One of 7 CO-REC partners
- Assist practices in achieving Stage 1 Meaningful Use
- Streamline / Optimize usage of new or existing EHR

Thank you!!