PAS
SBIRT in Colorado

Screening, Brief Intervention, Referral to Treatment

SBIRT & Telehealth

COVID-19 RELATED TELEHEALTH INFORMATION

- American Academy of Family Physicians (AAFP) Guidance on Telehealth Services During the COVID-19 Pandemic
- Centers for Medicare & Medicaid Services (CMS) SBIRT Factsheet
- Health First Colorado Emergency Authorization-Telehealth (March 2020)

For the duration of the COVID-19 pandemic, Health First Colorado, Colorado's Medicaid program is allowing telemedicine visits to qualify as billable encounters for Federally Qualified Health Centers (FQHCs), Rural Health Clinic (RHCs), and Indian Health Services (IHS). Services allowed under telemedicine may be provided via telephone, live chat, or interactive audiovisual modalities for these provider types. The same SBIRT CPT codes as outlined in the SBIRT billing manual should be used and place of service should be coded as 02. Senate Bill (SB) 20-212 makes some of these changes permanent, excluding telephonic options only.

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TEAM BASED CARE AND CONSIDERATIONS IN PRIMARY CARE

GENERAL BEST PRACTICES

Ensure that all organizational policies and procedures clearly and thoroughly address and document the following:

- Ethical considerations meeting the same expectations as in-person care
- Consent from the patient for telehealth video visits
- Expectations of meeting all HIPAA compliance and privacy practices
- Meeting the needs of specific populations (e.g. geriatric, child/adolescent, multicultural, rural, incarcerated or transitioning population, unhoused population)
- Meeting the linguistic needs of patients (ensuring availability of translators/language line services or sign language services which can be partnered during video visits and/or calls with patients)
- Extended participation of family members or other trusted adults
- Discussion of telehealth care practices and clinician availability with partner organizations
- Preparation of a tested and ready back up plan in the event the telehealth platform (including any apps) is not working (have a phone back up plan)
- Appropriate documentation of all telehealth visits (include names of all call participants and their roles in relation to the care of the patient); include attestation statements regarding patient agreement to telehealth visits and the presence of any participants in a visit
- Preparation to support patients, providers, or any care team participant with technical issues during a visit
- Development of a safety plan for emergencies such as dealing with a patient who is suicidal or self-harming
- Patient preparation for the telehealth visit by sharing hand-out or phone coaching regarding location, dress, privacy, etc.

VIRTUAL VISIT PREPARATION

- Consider conducting a chart review process the day prior to patient visits in order to determine which patients will need to be screened
- Provide the patient with education regarding a telehealth visit using handouts (accessed by way of mail, email, or patient portal) such as How to Prepare for an Appointment
- Have visual aids available: for example, Lower-Risk Drinking poster; patient wallet card, NIAAA Rethinking Drinking (physically share materials or screen share)

WORKFLOW CONSIDERATIONS

- In general, the same in-person visit staff roles and responsibilities may apply to the SBIRT telehealth process. For example:
    - The front desk staff or MA initiates screening in the virtual waiting room
    - The MA reviews brief screening results and flags a positive screen for the medical provider to follow-up
    - The medical provider reviews screening results and engages patient in a brief intervention
    - The medical provider facilitates a warm hand-off to a behavioral health provider (BHP) in the clinic or a referral to an outside substance use treatment professional or mental health clinician in the community
    - The back-office billing specialist completes the billing process for SBIRT reimbursement
- The workflow may vary depending on whether some or all of the clinic team members are in the clinic vs. working remotely.
- Health care teams could explore new ways of using the EHR for team communication.
- Teams could arrange virtual huddles at the beginning of a clinic shift to discuss patient visits and plan coordination of care related to SBIRT and mental health screening.
- Medical and behavioral health providers (and other team members) could arrange virtual case conferences to discuss specific patient care issues.
- Clinic teams could implement approaches to compiling and organizing patient resources and referral information on a clinic website or another platform for all staff to access and help support patient education and referrals.

WARM HANDOFFS

- Ensure that the patient knows that the new provider is a trusted colleague and that they will now become a part of their care team.
- Confirm that the partner provider is available and ready for the warm handoff telehealth session to prevent conflicts or no-shows.
- Discuss with both patients and collaborating providers/care team members the procedures and expectations of handoffs via telehealth platforms.
- Consider conducting a visit with a patient and inviting the other provider (e.g. Primary care provider (PCP), social worker, psychiatrist, other care team provider) to provide introductions and transition care.
- Be ready to add the patient's family members or other caregivers to the warm handoff visit. (Know the technological functionality to do this if it is unplanned).
- Consider a trial run test visit to ensure that staff/providers are competent with technical features of adding multiple participants to a warm handoff tele-visit. This will ensure a smooth transition for all team members. (Have a "handoff" team huddle call to practice and become familiar with the technology.)
- Develop a script to help staff/clinicians prepare for warm handoffs in the telehealth visit; include scripting for COVID-related procedures. (e.g. "Thank you for your willingness to meet and work with our care coordinator. You will still have appointments with me to continue working with your medications, and you will be working with a care manager whose job it is to help you improve your day to day function, while we work on your medications if you choose to take them…").
- Anticipate a list of FAQs which patients may ask and have answers readily available – also make these FAQs available on patient portals and/or clinic websites where patients may be able to learn more about the process of the telemedicine visit.
- Have a backup plan in the event the video-based telehealth technology fails – have a plan to do a three-way/multiple-way phone call to engage all parties with the patient. Ensure that the patient has sufficient instructions and awareness of this plan in the event of a telehealth platform failure.

SBIRT-TELEHEALTH WORKFLOW STEPS

SCREENING

STEP 1 BRIEF SCREENING (e.g., AUDIT-C) 1-5 questions to help assess substance use risk

- A practice team member may need to determine if the patient is due for screening – this is often accomplished by reviewing the charts for a PCP's patients a day or two before their appointment
- Self administered strongly encouraged if feasible
- If screening tool is administered by the provider, the questions should be read exactly as written on the validated screening tool
- Verbal consent required to proceed with screening via telehealth
- Can be embedded into existing patient portal platform
- When: Pre-visit or in the virtual waiting room
- Who: Ideally initiated by front desk or medical assistant
- Other considerations: Provide visuals of standard drink sizes if feasible
- Documentation: Directly transmitted to Electronic Health Record or manually entered
- If privately completing the screen is not possible, consider a call-back to provide the patient an opportunity to self-administer the brief-screen

STEP 2 FULL SCREENING (e.g., full AUDIT, DAST, CRAFFT) Full screen/assessment tools administered after a positive brief screen. Find downloadable and fillable PDF screening tools here.

- Self-administered screening/assessment strongly encouraged if feasible
- If screening tool is administered by the provider, the questions should be read exactly as written on the validated screening tool
- Can be embedded into existing patient portal platform
- May be automatically triggered by a positive brief screen (e.g., on patient portal) or initiated by MA, nurse, or a medical or behavioral health provider
- Documentation: Directly transmitted to EHR or manually entered
- If privacy for completing the full screen is not possible, consider a call-back to ensure the full-screen is completed in private

BRIEF INTERVENTION

BRIEF INTERVENTION (BI): (e.g., Brief Negotiated Interview) Guided conversation with the patient about their substance use while exploring opportunities for behavior change.

- Verbal consent required to proceed with BI via telehealth
- Ask patient about privacy for the conversation and telehealth comfort:
  - If another person is present for the visit, explain that you would like to spend some time speaking with the patient alone
- Gauge patient's experience with telehealth (e.g. familiarity with technology) If a private conversation is not possible, consider scheduling a call-back time
- Ideally arrange to be able to see the patient in order to pick up on visual cues
- Documentation: As usual in the EHR

REFERRAL TO TREATMENT

REFERRAL TO TREATMENT: In collaboration with the patient, facilitate treatment options and coordinate referral.

- The approaches to verbal consent and privacy utilized for the brief intervention also apply to referral to treatment
- If clinic is integrated with behavioral health, perform a virtual warm handoff to a BHP using a communication strategy with the PCP (e.g. tasking or inbox feature in EHR or text/email with the PCP)
  - If scheduling allows, this can be done after the brief intervention, or the provider may have the BHP reach out to patient post virtual visit
- Refer to an external substance use treatment provider or mental health counselor as needed (provider or appropriate staff can arrange for a BHP to contact patient)
- Initiate Medication for Addiction Treatment discussion and induction by medical provider, including follow-up visits
- Provide community support and self-help information: May be provided by medical provider, behavioral health provider, or another practice team member via secure email or patient portal
- Schedule a follow-up appointment to assess progress
- If privacy for a warm handoff is not possible, consider scheduling a call-back time when the introduction can be private

SAMPLE WORKFLOW

BRIEF SCREENING

Patient completes the following brief screen questions on the patient portal (or by telephone or other means if not registered with the portal) prior to virtual visit:

1. How many drinks do you have per week?
2. When was the last time you had 4 or more drinks per day?" (Asked of men and women over age 65)

Patient responses indicate a positive screen for alcohol and triggers a full screen (AUDIT) on the patient portal. Note: a positive brief screen could trigger a full AUDIT or another type of assessment.

FULL SCREENING

Patient completes the Alcohol Use Disorders Identification Test (AUDIT) via the patient portal and scores an 18 (Harmful Use).

While the patient is in the "virtual waiting room", the MA reviews the AUDIT responses with the patient. As it is a positive screen, the MA notifies the clinician and the social worker via messaging through the EHR.

BRIEF INTERVENTION

Via a telehealth platform, the clinician discusses the patient's positive AUDIT screen. The clinician may do further assessment if indicated and asks the patient's permission for the social worker to talk to the patient. *If the patient agrees, the social worker either joins the virtual visit or arranges another time within the next couple of days to meet with the patient.

**If integrated care is not available (e.g. social worker), clinician would provide the brief intervention during the virtual visit.*

REFERRAL TO TREATMENT

If a further assessment indicates that a patient meets criteria for an alcohol use disorder, the medical provider will discuss treatment options with the patient via telehealth. Below is an example scenario.

During the telehealth visit, the patient and medical provider agree to initiate MAT and arrange several counseling sessions with a local behavioral health provider with whom the clinic has a working agreement/relationship. Options available may include:

Option 1: After discussing medication initiation with the patient, ordering labs (if indicated), and ordering the medication, the medical provider informs the patient that the MA will help arrange the referral to the BHP. The medical provider then communicates that step to the MA in the visit follow-up section of the EHR and flags it with a note for the MA.

Option 2: The medical provider places a call to the BHP during the virtual visit with the patient to introduce the patient telephonically to the BHP.

Option 3: The medical provider invites the BHP who is a member of the clinic team to briefly join the virtual visit for a warm hand-off to share information and discuss counseling initiation.

FOLLOW-UP CARE COORDINATION

Options may include:

Option 1: The medical provider meets with the patient virtually as a follow-up to review medication management issues, labs, and discuss any concerns or additional needs the patient may have. During the visit, the medical provider inquires how the counseling sessions are going and offers to communicate with the outside BHP with the patient's consent.

Option 2: The medical provider reviews medication management with the patient then calls the BHP to have that person join the visit to review the overall treatment plan and progress, and adjust as needed.

Option 3: The medical provider and on-staff BHP meet with the patient together to review medication adherence and side effects, counseling visits, and to provide information and encouragement to the patient.

Reminder: A best practice approach is to develop a referral tracking system (e.g. a spreadsheet) to ensure patient connects with external referral source. An example tracking log can be found here.

RESOURCES

PRIMARY CARE ORIENTED RESOURCES

Colorado Specific Information

The following are resources specific to Colorado including the response from the Federal Government regarding Colorado's Request of Waiver/Flexibilities associated with Section 1135 of the Social Security Act, telehealth and nurse line directory, and guidance from the State regarding telehealth and Health First Colorado (Colorado Medicaid).

- Section 1135 Waiver Flexibilities - Colorado Coronavirus Disease 2019
- Colorado Telehealth & Nurselines Directory
- Telehealth for Providers – CDPHE and State Emergencies Operation Center
- CORHIO Health Information Technical Assistance

Training/Technical Considerations

Videos, webinars, and guidance documents for providing telehealth services.

- What to Expect from a Telehealth Visit (patient facing) Video
- Telehealth Best Practices for Providers Video
- Agency for Healthcare Research and Quality (AHRQ): The Guide to Improving Patient Safety in Primary Care Settings by Engaging Patients and Families – Implementation Quick Start Guide – Warm Handoff.
- American Medical Association Quick Guide to Telemedicine in Practice
- Telehealth and the COVID-19 Response: Policy Changes and Implementation Strategies: Health Management Associates
- Women's Preventive Services Initiative FAQ For Telehealth Services
- Southwest Telehealth Resource Center
- How can I help my patients prepare for telehealth visits?
- How to Prepare for Your First Psychiatry, Mental or Behavioral Health Session?

Screening, Brief Intervention Relevant Research

- Systematic Review: Alcohol – Excessive Consumption: Electronic Screening and Brief Interventions (e-SBI): The Community Guide
- National Center for Biotechnology Information (NCBI): The Remote Brief Intervention and Referral to Treatment Model: Development, Functionality, Acceptability, and Feasibility
- Substance Abuse: A Comparison Between Telehealth and Face-to-Face Delivery of a Brief Alcohol Intervention for College Students, October, 2019

BEHAVIORAL HEALTH CARE ORIENTED RESOURCES

Research articles from the American Psychiatry Association (APA) and other guidance documents.

- APA-ATA Best Practices in Videoconferencing-Based Telemental Health, April 2018
- APA Telepsychiatry Toolkit
- Evidence-Based Practice for Telemental Health
- APA: Guidelines for Establishing a Telemental Health Program to Provide Evidence-Based Therapy for Trauma-Exposed Children and Families, 2013
- Telehealth Learning Series for Substance Use Disorder (SUD) Treatment Providers

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