

**SBIRT Success:  
Clinical and patient success coexist**

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MediCenter Executive Director  
President of Primary Care National

# WARNING

Medical billing and/or clinical acronyms might be used during this presentation.



# A Little Foreshadowing

SBIRT stands for screening, brief intervention, and referral to treatment.

Visit OHSU Family Medicine Oregon SBIRT webpage at <http://www.sbirtoregon.org/>



Our SBIRT approach was centered in outpatient primary care then expanded to include hospitals services and emergency departments.

## Project Objectives:

- Improve the individual well being of each resident within YOUR STATE challenged with alcohol or drug addiction misuse or abuse.
- Reducing the overall cost of healthcare within YOUR STATE by performing your SBIRT initiative
- Create an initiative that is self-funded with an ROI of improved patient health and reducing healthcare costs.
- Build greater provider advocacy
- Improve private payer partnership
- Create private payer reimbursement
- Create a trainable platform that is efficient, integrates payer and state support, and reduces barriers to treatment.

# What is OHSU

- Oregon Health & Science University is a leading health and research university that strives for excellence in patient care, education, research and community service.
- Beyond providing critical health care services, quality health care education, and cutting-edge research, OHSU also is a key economic and social force in the Northwest. With an annual budget of \$1.4 billion and more than 13,600 employees.

# Visit

<http://www.ohsu.edu/xd/health/index.cfm>



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## Best Hospitals

For 17 straight years, OHSU has been named in U.S. News & World Report's ranking of American hospitals - and the only one in Oregon. The knowledge of all for the care of one.



# What is OHSU Family Medicine

- U.S. News & World Report ranks our department among the nation's best academic family medicine departments, and we're very proud of the programs that have led to this national reputation.
- In the last 40 years, we've gone from a tiny two-doctor clinic to a nationally-ranked major department in the medical school.
- We are a true integrated primary care location with a hospital structure.
  - Meaning if we can do it, so can you.....

# What is OHSU Family Medicine

- Today we have four clinics, three hospital services at OHSU Hospital, residency programs in Portland and in Klamath Falls
- We have more than 50 residents, a required third-year medical school clerkship and a faculty of 95 clinicians, educators, and researchers
- In addition, we have over 250 volunteer faculty located throughout Oregon
  - Again if we can do it, so can you....

# What is OHSU Family Medicine

We have five Oregon State Tier 3 Primary Care Model Homes.

We have integrated our primary care model home care teams into In-Patient teams.

We are also a complex health organization with various ways of billing and performing services.

Yes again, if we can do it, so can you.

# Usual Approach to SBIRT



**"First we'll find out if your insurance covers the magic wand treatment."**

# Our Approach to SBIRT

Let providers do what they do best,

**TREAT PATIENTS!!**

Create a system that maximizes your  
Electronical Medical Record (EMR) or  
Health Information Technology (HIT)

Many enlightened states have taken the torch to improving the well-being of it's population.

- Primary care centers, hospital emergency rooms, trauma centers, safety-net clinics, state payers, and other community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur.
  - Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment.
  - Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
  - Referral to treatment provides those identified as needing more extensive treatment with access to specialty care.

Following other states in successful SBIRT integration.

- Colorado
- Oregon
- Wisconsin
- HRSA Grantee's

## SBIRT Colorado:

- An initiative of the Office of the Governor, began in 2006 with federal grant assistance from the Substance Abuse and Mental Health Services Administration.
- Through the initiative, SBIRT was implemented in 22 settings in 12 different sites throughout Colorado.
- Screens more than 3,000 people each month.
- Six-month follow-up interviews of those patients screened indicate that alcohol use fell by 51 percent and overall illegal drug use fell by 36 percent—results consistent with national data.

# Benefits of SBIRT

SBIRT reduces healthcare costs:

Multiple studies have shown that investing in SBIRT can result in healthcare cost savings that range from \$3.81 to \$5.60 for each ONLY \$1.00 spent.

Fleming, M. F., Mundt, M. P., French, M. T., Manwell, L. B., Stauffacher, E. A., & Barry, K. L. (2000). Benefit-cost analysis of brief physician advice with problem drinkers in primary care settings. *Medical Care*, 38(1), 7-18.

- People who received screening and brief intervention in an emergency department, hospital or primary care office experienced 20% fewer emergency department visits, 33% fewer nonfatal injuries, 37% fewer hospitalizations, 46% fewer arrests and 50% fewer motor vehicle crashes.
- Studies on brief intervention in trauma centers and emergency departments have documented positive effects such as reductions in alcohol consumption, successful referral to and participation in alcohol treatment programs, and reduction in repeat injuries and injury hospitalizations.

Gentilello, L. M. (2007). Alcohol and injury: American College of Surgeons Committee on Trauma requirements for trauma center intervention. *Journal of Trauma*, 62, S44-S45

13. Gentilello, L. M., Rivara, F. P., Donovan, D. M., Jurkovich, G. J., Daranciang, E., Dunn, C. W., et al. (1999). Alcohol interventions in a trauma center as a means of reducing the risk of injury recurrence. *Annals of Surgery*, 230, 473-483

What is SBIRT in your state?

Screening, Brief Intervention and Referral to Treatment (SBIRT) is an evidence-based approach to identifying patients who use alcohol and other drugs at risky levels.

SBIRT initiative's goal is in reducing and preventing related health consequences, disease, accidents and injuries.

# Oregon Approach to SBIRT



- EHR Integration
- Epic Smart Phrases
- Epic Smart Sets

# OHSU FM SBIRT Documentation

Billing Requirements: PAYER INTERACTION

Imbed SBIRT billing logic with our OHSU Epic EHR/Practice Management System.

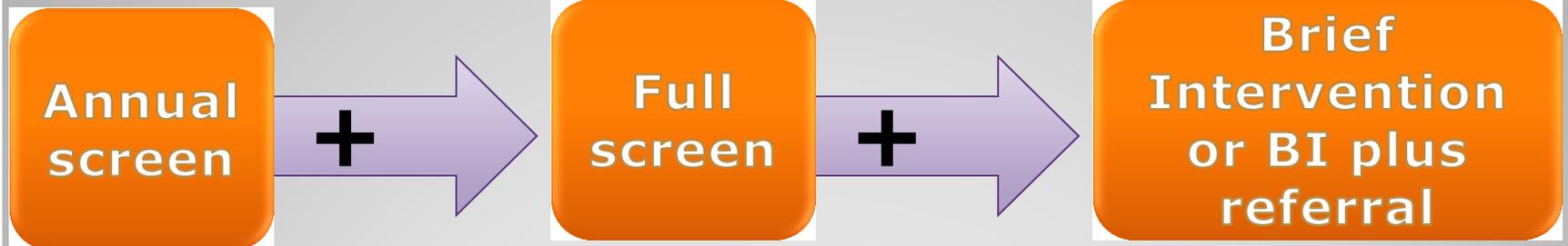
Create documentation that flows with Clinicians responses.

Focus on front-end training and use follow-up to teach clinicians/staff.

Clinical Champion.



# The SBIRT method

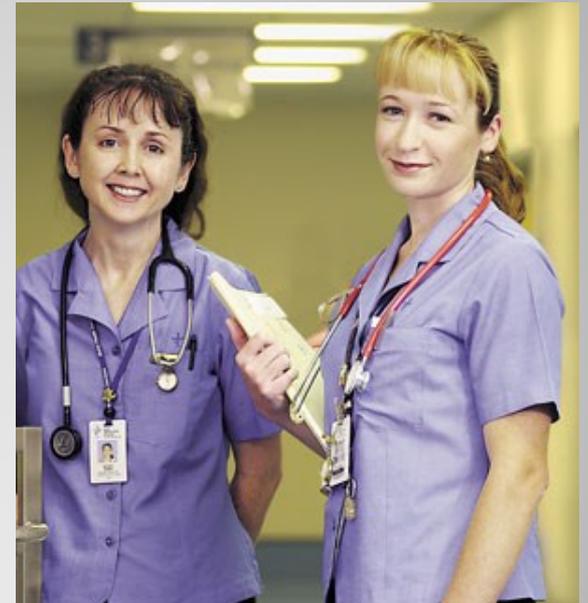


<http://www.sbirtoregon.org/method.php>

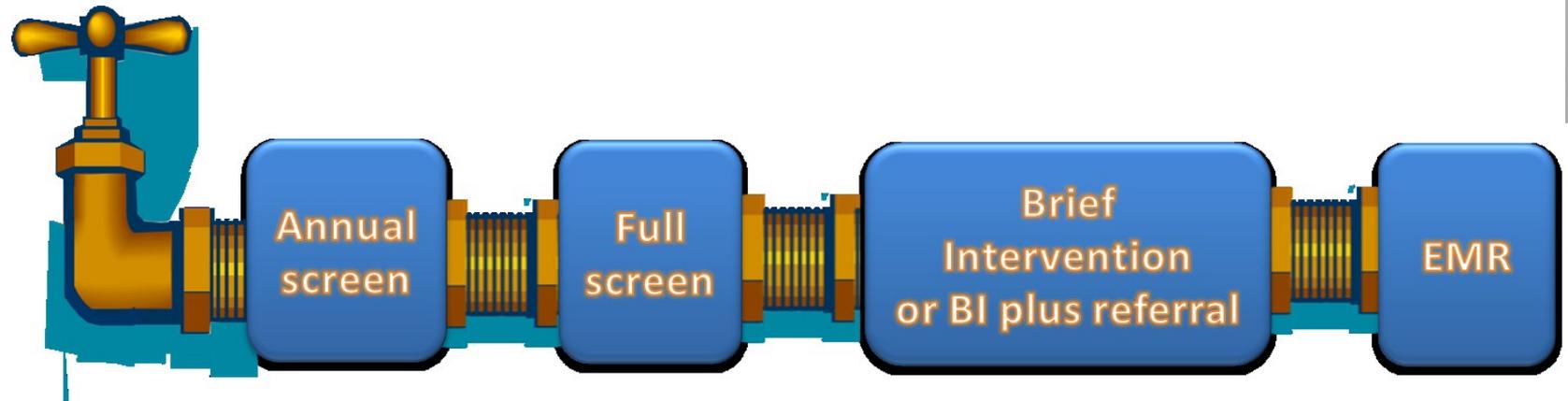
# The SBIRT method

# Reasons behind method

- **Clinicians more likely to intervene:**
  - **Burden of assessment removed**
  - **Evidence behind model**
- **Reinforces team approach of Medical Home model.**



# Clinic pipeline



# Installing the pipeline

- **Screening forms**
- **Training**
  - **Residents**
  - **Reception and MAs**
  - **Faculty**
- **Clinic champions**
- **Clinic tools**
- **EMR tools**
- **Evaluation**



# Screening forms

- Chose validated questionnaires
- Formatted for clinic use
- Translated into six languages

**Alcohol screening questionnaire (AUDIT)**  
 Drinking alcohol can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

One drink equals:  12 oz beer,  5 oz wine,  1.5 oz liquor

1. How often do you have a drink containing alcohol?  Never  1-2  3-4  5-6  7-9  10 or more

2. How many drinks containing alcohol do you have on a typical day when you are drinking?

3. How often do you have six or more drinks on one occasion?

4. How often during the last year have you found that you were not able to stop drinking once you had started?

5. How often during the last year have you failed to do what was normally expected of you because of drinking?

6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

7. How often during the last year have you had a feeling of guilt or remorse after drinking?

8. How often during the last year have you been unable to remember what happened the night before because of your drinking?

9. Have you or someone else been injured because of your drinking?

10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?

**Annual questionnaire**  
 Once a year, all our patients are asked to complete this form because drug use, alcohol use, and mood can affect your health as well as medications you may take. Please help us provide you with the best medical care by answering the questions below.

Are you currently in recovery for alcohol or substance use?  Yes  No

Alcohol: One drink =  12 oz beer,  5 oz wine,  1.5 oz liquor (one shot)

None 1 or more

MEN: How many times in the past year have you had 5 or more drinks in a day?  None  1 or more

WOMEN: How many times in the past year have you had 4 or more drinks in a day?  None  1 or more

**Drugs:** Recreational drugs include methamphetamines (speed, crystal), cannabis (marijuana, pot), inhalants (paint thinner, aerosol, glue), tranquilizers (Valium), barbiturates, cocaine, ecstasy, hallucinogens (LSD, mushrooms), or narcotics (heroin).

None 1 or more

How many times in the past year have you used a recreational drug or used a prescription medication for nonmedical reasons?  None  1 or more

**Mood:**

During the past two weeks, have you been bothered by little interest or pleasure in doing things?  No  Yes

During the past two weeks, have you been bothered by feeling down, depressed, or hopeless?  No  Yes

**Drug Screening Questionnaire (DAST)**  
 Using drugs can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

Which recreational drug...  Cocaine  Narcotics (heroin, oxycodone, methadone, etc.)  Hallucinogens (LSD, mushrooms)  Other

0 1 2 3 4 5 6  
 I II III IV

# Example:

- Brief intervention given?  Raised subject  Not given  Referral recommended
- Provided feedback  Referral phone number: 1-800-923-4357
- Enhanced motivation
- Negotiated plan

1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
3. How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured because of your drinking?			Yes, but not		Yes, during the last year

AUDIT or DAST

# Training clinicians in SBIRT

## Faculty

- **About 30% trained**
- **20 – 30 min. training**

## Residents

- **3-hour training**
- **More than 90% trained**
- **Training sometimes months after begin seeing pts**



# Clinician training curriculum

Sections	Module I Goals (1 hour)	Method
<b>Why SBIRT?</b>	<ul style="list-style-type: none"> <li>• Describe the prevalence and morbidity of drug and alcohol misuse</li> <li>• Understand that SBIRT is efficacious and cost-effective.</li> <li>• Recognize the missed opportunities of primary care practices to address substance misuse with patients.</li> </ul>	Lecture, discussion
<b>Overcoming barriers</b>	<ul style="list-style-type: none"> <li>• List barriers to addressing substance misuse in primary care, as well as strategies to overcome them.</li> </ul>	Lecture, discussion
<b>Screening</b>	<ul style="list-style-type: none"> <li>• Describe the role of clinic personnel in carrying out the SBIRT clinic method under the Medical Home model of primary care.</li> <li>• Score the annual screen and full screens, as well as understand how each is administered in the clinic.</li> <li>• Define the low-risk, risky, harmful, and dependent zones of use and correlate screening scores</li> </ul>	Lecture, discussion, Exercise, Video demonstration

<b>Sections</b>	<b>Module II Goals (2 hours)</b>	<b>Method</b>
<b>Communication styles</b>	<ul style="list-style-type: none"> <li>• Understand the limits of the directive style of communication on eliciting behavior change.</li> <li>• Recognize how the guiding style of communication and principles of motivational interviewing apply to eliciting behavior change with patients.</li> </ul>	Lecture, Discussion, Exercise, Video
<b>Brief intervention</b>	<ul style="list-style-type: none"> <li>• Perform the four steps of the brief intervention.</li> <li>• Understand the Stages of Change model.</li> <li>• Use the readiness ruler to assess patient's readiness to change.</li> </ul>	Lecture, Discussion, Role play, Exercise, Video
<b>Referral to treatment</b>	<ul style="list-style-type: none"> <li>• List different levels of substance abuse treatment.</li> <li>• Recommend a referral for further assessment and treatment.</li> <li>• Recognize medications used for substance dependence.</li> </ul>	Lecture, Discussion

# Training clinicians in SBIRT

- **How long?**
- **How often?**
- **Fidelity?**
- **Lone Ranger, team-based approach, or warm handoff?**



# Training clinic staff

## Reception and Medical Assistants:

- **30-minute training, annually**
- **EMR data entry**
- **Administering screening forms**

## Barriers:

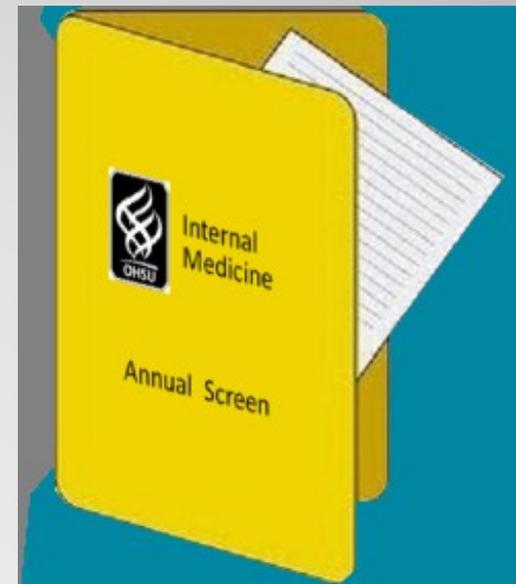
- **Turnover**
- **Full staff meetings**
- **Teaching new roles**



# Clinic tools: clipboards

## Clipboards

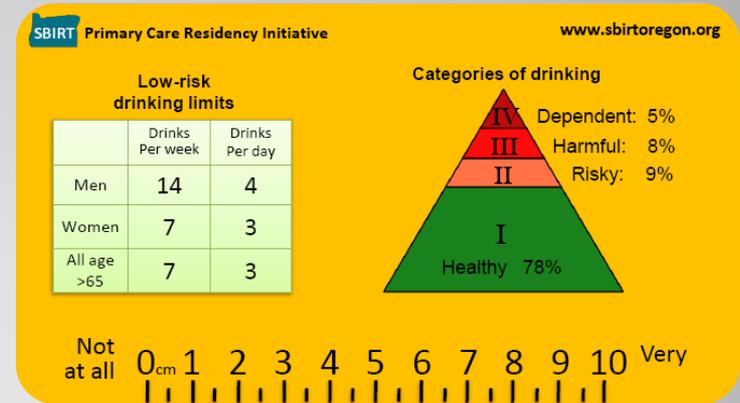
- **Allow pt privacy**
- **Act as flags to staff and clinicians**
- **About \$6.50 each**



# Clinic tools: Readiness Rulers

## Readiness Rulers

- **Assists clinicians when performing BI**
- **Pocket-sized**
- **Front for pts, back for clinicians**
- **About \$2 each for 500**

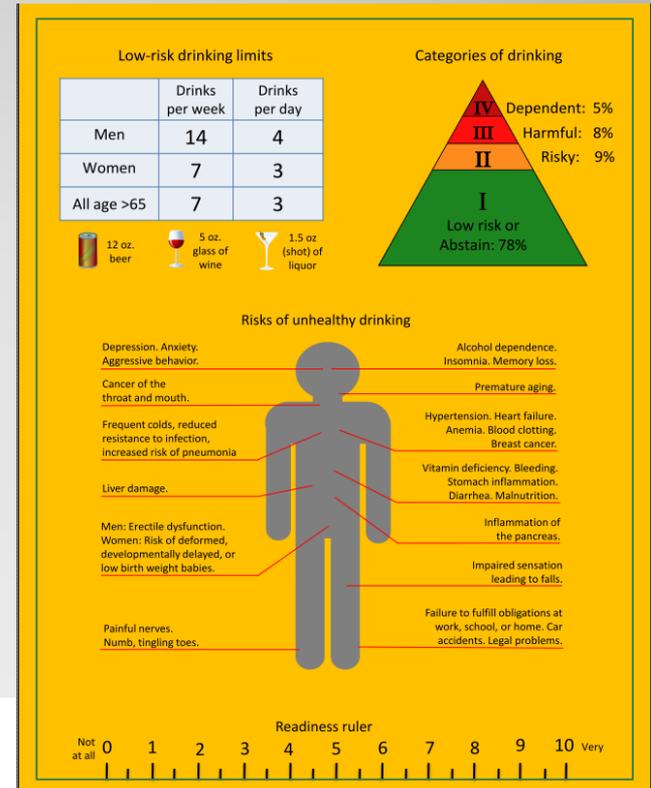


I Healthy AUDIT: 0-7 DAST: 0	II Risky AUDIT: 8-15 DAST: 1-2	III Harmful AUDIT: 16-19 DAST: 3-5	IV Dependent AUDIT: 20+ DAST: 6+
Raise the subject	• "If it's okay with you, let's take a minute to talk about the annual screening form you've filled out today."		
Provide feedback	• "As your doctor, I can tell you that drinking (drug use) at this level can be harmful to your health and possibly responsible for the health problem you came in for today."		
Enhance motivation	"On a scale of 0-10, how ready are you to cut back your use?" <ul style="list-style-type: none"> <li>• If &gt;0: "Why that number and not a ____ (lower one)?"</li> <li>• If 0: "Have you ever done anything while drinking (using drugs) that you later regretted?"</li> </ul>		
Negotiate plan	<ul style="list-style-type: none"> <li>• "What steps can you take to cut back your use?"</li> <li>• "How would your drinking (drug use) have to impact your life in order for you to start thinking about cutting back?"</li> </ul>		

Oregon alcohol & drug referral helpline:  
1-800-923-4357

# Clinic tools: exam room sheet

- **Larger versions of RR**
- **Stocked in exam room**
- **List morbidity associated with alcohol**



# Clinic tools: billing notes

## Billing sticky notes

- **Small signs placed on monitors**
- **Reminders about billing codes and EMR tools**

**Use the SBIRT SmartSet**

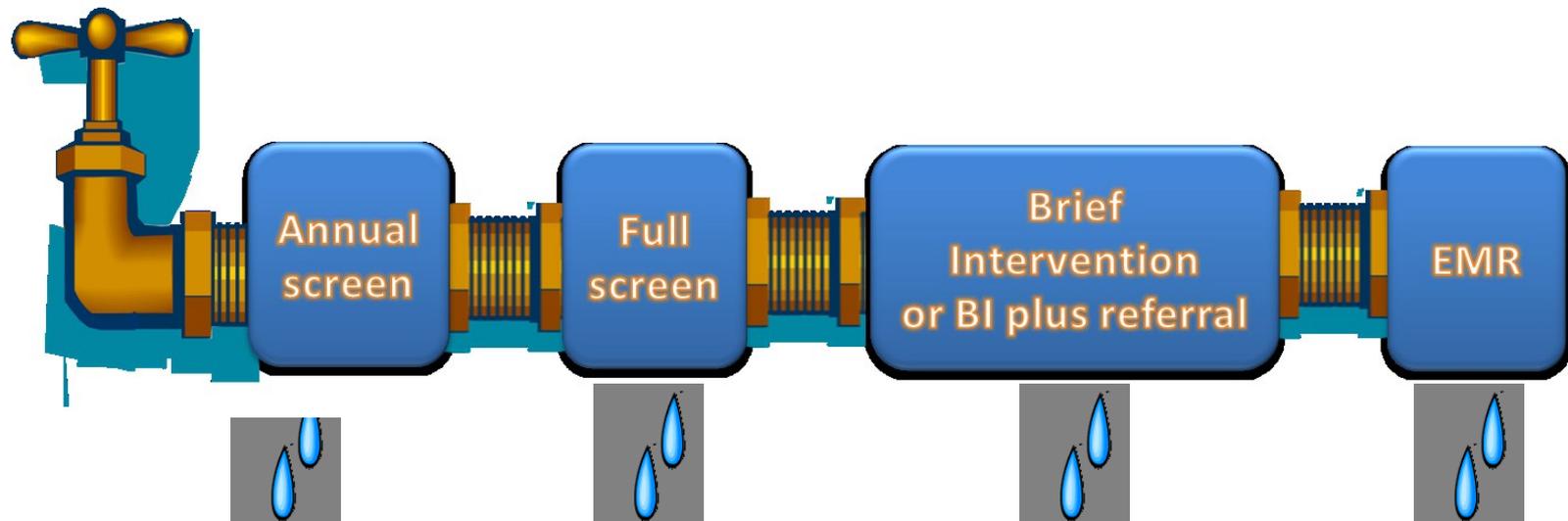
AUDIT or DAST  
plus brief intervention:

Time	15–30 min	>30 min
Procedure code	99408	99409
Additional RVU	.65	1.30

 [www.sbirtore.com](http://www.sbirtore.com)



# Clinic pipeline leaks



Performance: **Individual fails to perform step**

Tracking: **Step performed, but not recorded in the EMR**

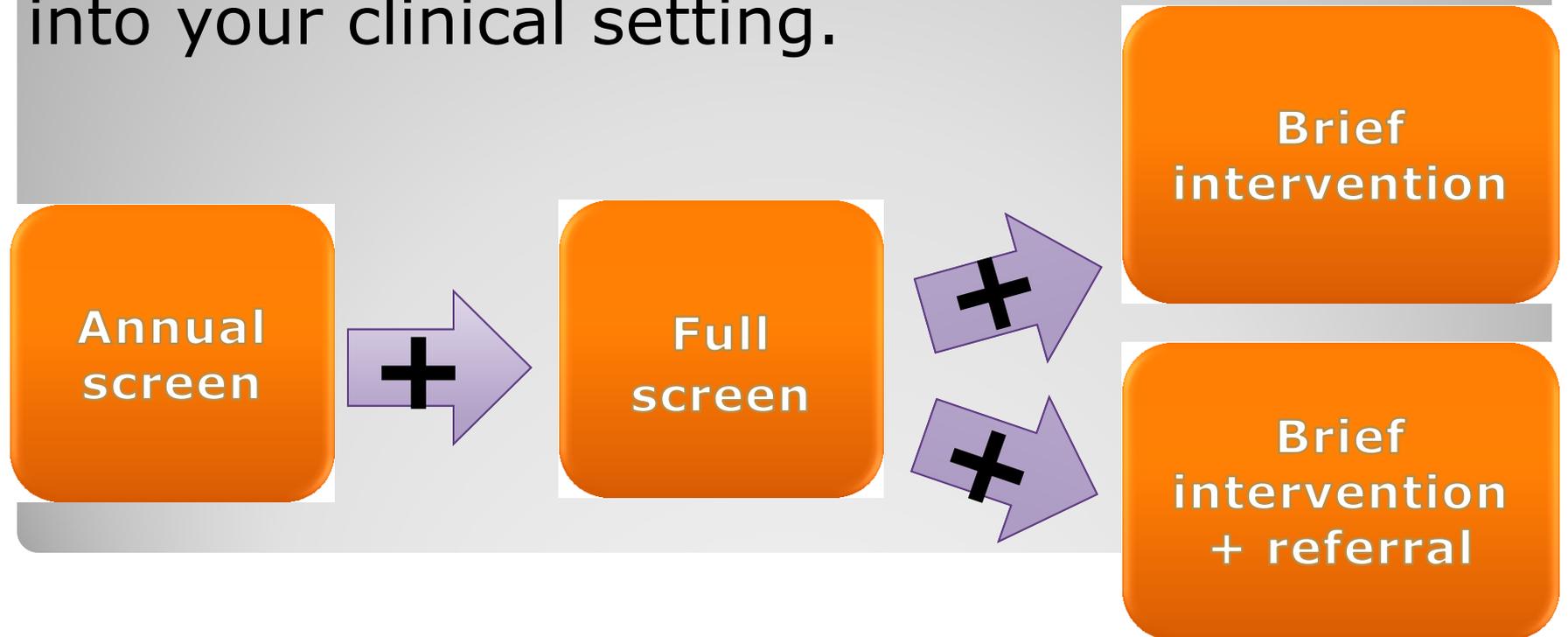
# Challenges to implementation, in general

- **Accountability of staff and clinicians**
- **Advocacy vs. imposition**
- **Limited power to change EMR**
- **Small things can have consequences**
- **Reimbursement is complicated**
- **Preventative services vs. clinic revenue**

- Who's using what?
  - EMR?
  - Which one?
  - Happy with it?

# First Principles

Successful implementation of SBIRT first requires defining the workflows that will best allow adaptation of the core SBIRT principles into your clinical setting.



# First Principles

- The EMR must be changed in ways that will facilitate, not hinder this workflow.

# SBIRT Core Innovation

- **Regular and universal screening in a medical setting**
- **Validated screening tools**
- **Alcohol use as a continuum**
- **Patient-centered change talk**
- **Transition between primary care and treatment services**



# SBIRT Workflow

<b>SBIRT Innovation</b>	<b>Clinic Workflow</b>
<b>Regular and universal screening in a medical setting</b>	Annual tickler for all patients who come for care, leading to
<b>Validated screening tools</b>	Collection of patient screening data leading to
<b>Alcohol use as a continuum</b>	A risk stratification process that will automatically lead to
<b>Patient-centered change talk</b>	A clinician intervention that combines risk level with patient readiness for change that might lead to
<b>Transition between primary care and treatment services</b>	A more intensive intervention from clinic behavioral health personnel OR referral into the AOD treatment system

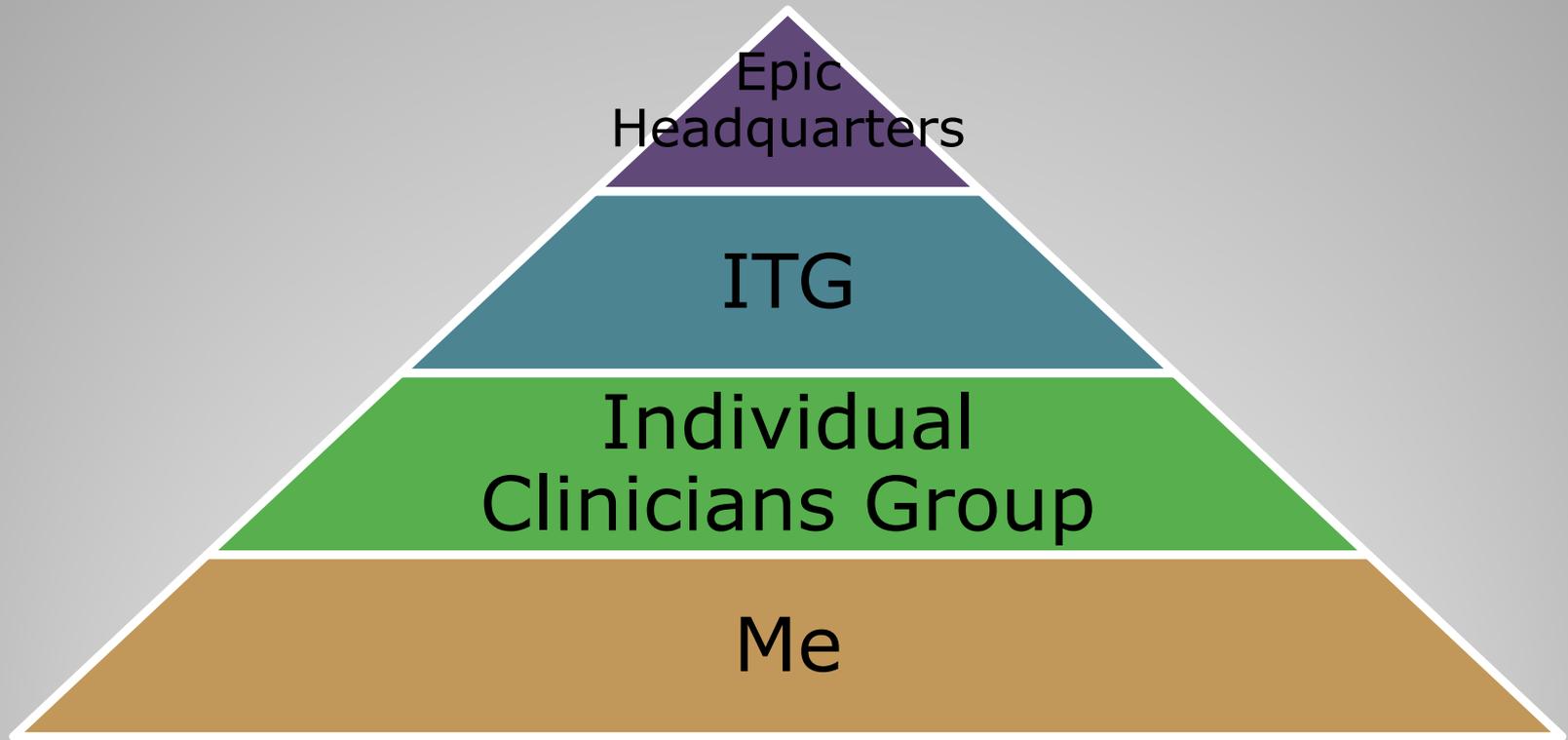
SBIRT Innovation	Clinic Workflow	EMR Overlay
<b>Regular and universal screening in a medical setting</b>	Annual tickler for all patients who come for care, leading to	Clear, automatic tickler, hard stop, that lights up during check-in nine months from the last time
<b>Validated screening tools</b>	Patient direct data input leading to	Direct patient entry into the EMR through a kiosk or tablet
<b>Alcohol use as a continuum</b>	A risk stratification process that will automatically lead to	Automatic summation of risk level communicated to the medical clinician
<b>Patient-centered change talk</b>	A clinician intervention that combines risk level with patient readiness for change that might lead to	Required action (Hard Stop) driven by Smart Text reminding clinician of appropriate change talk given patient risk level
<b>Transition between primary care and treatment services</b>	A more intensive intervention from clinic behavioral health personnel OR referral into the AOD treatment system	Immediate availability of accurate info about referral resources. Automated reminder for follow-up phone call to patient
		Automated tracking and reporting using screening results and clinician progress notes

# Functions of the EMR Interface

- **Tickler for a periodic process**
- **Input of patient risk (history)**
- **Messaging between steps**
- **Teaching & promoting best practices**
- **Recording the medical encounter**
- **Facilitating efficient/effective billing**
- **Tracking and report writing  
(administrative requirements like M.U.,  
UDS, JCAHO)**



# Who Can Adapt the EMR?



## SBIRT WRVU: Clinic Setting

Code: 99408, Work RVU: .65 (**in addition to E&M code**)

Clinician must spend at least 15 min

(Compare to .97 for a Work RVU 99213)

Code: 99409, Work RVU: 1.30 (**in addition to E&M code**)

Clinician must spend at least 30 min

(Compare to 1.42 for a Work RVU 99214)

Code: 99420 no W/RVU paid at \$7.23 - \$18.00

## SBIRT WRVU: Professional In-Patient

Code: 99408, Work RVU: .65 **(in addition to E&M code)**

Clinician must spend at least 15 min

(Compare to a low-level 99231 for a work RVU of .76)

Code: 99409, Work RVU: 1.30 **(in addition to E&M code)**

Clinician must spend at least 30 min

(Compare to a mid-level 99232 for a work RVU of 1.39)

Code: 99420 no W/RVU paid at \$7.23 - \$18.00

# SBIRT WRVU: Facility In-Patient

Widely accepted method of using DRG's to increase or provided added reimbursement for in-patient substance or alcohol abuse services.

Revenue can vary from \$50- greater than \$350 respectively.

# The Twist

There are various other ways to bill for SBIRT:

Current literature focused in a Primary Care Private Practice Model.

Out-Patient:

Provider Bases Billing

Facility Billing

Home HealthCare

Residency Program

Urgent Care Facility

FQHC/RHC/TRIBAL/IMM

In-Patient:

ED/ER/Observation

Hospital Admissions

# Coding: Documentation for Billing

Who can bill?

DO; MD; PA; NP; RN; LPN:

- Some states reimburse non-physicians at 85% physician payment schedule.
- Ancillary staff, including health educators, behavioral health councilors, licensed clinical social workers, may perform SBIRT services under the supervision of a credentialed provider. The services should relate to a plan of care and will require billing under the supervising physician.
- Other screening tools eligible for 99420 include the AUDIT-C, ASSIST, CAGE- 4, TWEAK and T-ACE, DAST, CRAFT, DUDIT, and GAIN.
- Reimbursement rates vary depending on payer contracts.

# If we code it wrong....



# Epic Smart-Phrase/Smart-Set



Payer	Code	Description	Fee Schedule
Commercial Insurance	CPT 99408	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes	\$33.41
	CPT 99409	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes	\$65.51
Medicare	G0396	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes	\$29.42
	G0397	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes	\$57.69
Medicaid	H0049	Alcohol and/or drug screening	\$24.00
	H0050	Alcohol and/or drug service, brief intervention, per 15 minutes	\$48.00

OHSU Billing

# SmartPhrase demonstration

Images Questionnaires Admin Benefits Inquiry Scans Open Orders Care Teams Print AYS Outside Records

Charting

- Chief Complaint
- Vitals
- Quick Questions
- Med. Document
- Nursing Notes
- BestPractice
- SmartSets
- Care Everywhere
- Progress Notes**
- Diagnoses
- Orders
- LOS
- Follow-up
- Pt. Instructions
- Close Encounter

MyChart  
MyChart Sign-up

**Progress Notes (F3 to enlarge)**

Arial 11 B I U S A 100%

Insert SmartText

Ms. Zzzduck was given an AUDIT screen today. Her score placed her in the {risk category:10602} zone (see flowsheet for details).  
{alcohol note:10604}

In total, {clinic time:10845} minutes of interpreting the screen, plus performing personnel time was spent administrating and tion

Note status:  Sign at closing of section  Sign at closing of encounter

<http://www.youtube.com/watch?v=xExf47cpCUo&feature=channel&list=UL>

# Tracking the Annual screen

**Edit Patient Messages** [X]

Message text:

Annual Screening next due on 7/9/10

Departments:

**Appointment Desk for Test,Amy [03000073]** [?] Close [X]

Make Appt Quick Appt Classes Pt Wait List Pt Hx Report Itinerary Locate Pt Wk @ Glance Reg

**Patient Demographics for Test,Amy [03000073]**

Preferred Name: PCP:

Pt. Address: **PO BOX**

City/State/Zip: **Portland, OR 97201**

Home Phone: **503-555-5555** Work Phone:

Cell Phone:

E-mail:

ADT Status:

Patient Options

- Demographics
- Preferences
- Patient Flags
- PCP
- Wait List
- Registration
- Benefits
- Referrals
- Patient Messages**
- Pat VI Mods

Future Admissions

	Rtl	IP/DP	Date	Time	Len	Dept	Provider	Visit Type
--	-----	-------	------	------	-----	------	----------	------------

# Tracking the brief intervention

- Brief intervention given?  Raised subject  Not given  Referral recommended
- Provided feedback  Referral phone number: 1-800-923-4357
- Enhanced motivation
- Negotiated plan

1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
3. How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured because of your drinking?			Yes, but not		Yes, during the last year

AUDIT or DAST

# DocFlow sheets in EPIC

Ochin Release System - CEFMC FAMILY MEDICINE

Home Schedules In Basket Chart Encounter Telephone Call Refill Enc Patient Lists Appts Secure Print Log

Zzz, Test Pt

**Zzz, Test Pt** Age Sex DOB MRN Allergies Type PCP Alerts INS MyCha  
24 yea F 7/21/1987 650000011 Cats (None)\* JONES, COLIN\* HM (None) Inacti

Report Viewer

Report History 1 View Pane 1 2 View Pane 2 Split Up/Down Split Left/Right Detach Window

08/24/2011 Office Visit Closed

Back

**Office Visit** Test Pt Zzz (MRN 650000011)

CEFMC FAMILY MEDICINE  
2801 DAGGETT AVE  
KLAMATH FALLS OR 97601-1106  
541-274-2006

<u>Encounter Information</u>	<u>Date &amp; Time</u>	<u>Provider</u>	<u>Department</u>	<u>Encounter #</u>	<u>Center</u>
	8/24/2011 9:44 AM	TESTCEFMC, RESIDENT	Cefmc Family Medicine	24671288	None

**Encounter Status** Closed by TESTCEFMC, RESIDENT on 8/24/11 at 9:59 AM



# SBIRT DocFlow sheet in EPIC

The screenshot displays the EPIC EHR interface for patient 'Zzz, Test Pt'. The patient's demographic information is as follows:

Age	Sex	DOB	MRN	Allergies	Type	PCP	Alerts	INS	MyChart
24 yea	F	7/21/1987	650000011	Cats	(None)*	JONES, COLIN*	HM	(None)	Inactive

The 'Doc Flowsheets' section is active, showing a list of vitals for the encounter on 8/24/11:

Vital	Value
BP	140/85
Pulse	
Resp	
Temp	
Temp src	
SpO2	
Weight	
Height	
Peak Flow	
Pain Score	4-Whole ...
Pain Loc	Back
Pain Edu?	Yes
Excl. in GC?	

The 'Select a Flowsheet Template' dialog box is open, showing a search for 'Encounter Vitals'. The 'Database List (F7)' contains the following templates:

ID	Display Name	Record Name
104	Abnormal Pap Tracking	ABNORMAL PAP TRACKING
149	Ambulatory Assessments	AMBULATORY ASSESSMENTS
01	Annual Substance Use Screen	ANNUAL SUBSTANCE USE SCREEN
100	Coordinated Care Doc Flowsheet	COORDINATED CARE DOC FLOWSHEET
1	Data	DATA RECORD
102	Depression Screen	DEPRESSION SCREEN
112	DM HPI Nursing Note	DM HPI
105	Edinburgh Postnatal Depression Screen	EDINBURGH POSTNATAL DEPRESSION...
20	Encounter Vitals	AMBULATORY VITALS FLOWSHEET
103	HIV Health Maintenance	HIV HEALTH MAINTENANCE
10	I/O	INTAKE/OUTPUT
2	IV	SIMPLE IV FLOWSHEET
110	M-CHAT	M-CHAT
121	M-CHAT AUTISM SCREENING	M-CHAT AUTISM SCREENING
848101	OB Prenatal Vitals	OCHIN OB ADULT PRENATAL VITALS
100	PAGE QUESTIONNAIRE	PAGE QUESTIONNAIRE

The 'Annual Substance Use Screen' template (ID 01) is highlighted with a red box. The dialog box also shows 'Accept' and 'Cancel' buttons, and a status bar at the bottom indicating 'Searching the database...22 record(s) found.'

# SBIRT DocFlow sheet

	11/20/09	
	1300	
	<b>Annual screen</b>	
Alcohol annual screen result		
Drug annual screen result		
	<b>Full screen</b>	
AUDIT full alcohol screen score		
DAST full drug screen score		
	<b>Brief intervention</b>	
Brief intervention performed?	yes	
	<b>If yes, which steps?</b>	
Raised subject	yes	
Provided feedback	yes	
Enhanced motivation	no	
Negotiated plan	no	
Referral recommended	yes	 

Negative, Positive, Declined

Zone I, Zone II, Zone III, Zone IV

# Epic Smart-Set

**SmartSets** ↑ ↓

**Opened SmartSets**

Associate Primary Dx New Dx Providers Next

Pharmacy No Selected Pharmacy Remove Pend

**SBIRT** Add Order

**SBIRT**

- Progress Note**
  - SBIRT Progress Note
- Diagnoses**
  - Counseling on substance use and abuse [V65.42]
  - Screening for alcoholism [V79.1]
  - Other specified counseling (i.e. drug) [V65.49]
  - Counseling NOS [V65.40]
- Medication Orders** 0 of 8 selected
- Lab Orders** 0 of 5 selected
- Patient Instructions** 0 of 1 selected
- Referrals for Consult** 0 of 2 selected
- Level of Service**
  - ALCOHOL AND/OR SUBSTANCE STRUCTURE SCREENING 15 MIN [99408]
  - ALCOHOL AND/OR SUBSTANCE ABUSE STRUCTURE SCREENING > 30 MINUTES [99409]

**Ad-hoc Orders** Add Order

Click the Add Order button to add an order in this section

Associate Primary Dx New Dx Providers Next

Pharmacy No Selected Pharmacy Remove Pend

# Epic Smart-Set

## ▼ SBIRT

### ▼ SBIRT

#### ▼ Progress Note

- SBIRT Progress Note

#### ▼ Diagnoses

- Counseling on substance use and abuse [V65.42]
- Screening for alcoholism [V79.1]
- Other specified counseling (i.e. drug) [V65.49]
- Counseling NOS [V65.40]

#### ▼ Medication Orders

- acamprosate (CAMPRAL) 333 mg Oral Tablet, Delayed Release (E.C.) [37383]  
eRx
- Acamprosate (CAMPRAL DOSE PAK) 333 mg Oral Tablets, Dose Pack [38304]  
eRx
- chlordiazePOXIDE 10 mg Oral Capsule [15899]  
eRx
- diazepam 10 mg Oral Tablet [17724]  
eRx
- diazepam 5 mg Oral Tablet [20692]  
eRx
- thiamine 100 mg Oral Tablet [6275]  
eRx
- disulfiram (ANTABUSE) 250 mg Oral Tablet [7528]  
eRx
- Disulfiram (ANTABUSE) 500 mg Oral Tablet [64156]  
eRx

#### ▼ Lab Orders

- COMPLETE METABOLIC SET (NA,K,CL,CO2,BUN,CREAT,GLUC,CA,AST,ALT,BILI TOTAL,ALK PHOS,ALB,PROT TOTAL) [LAB00369]  
Routine, Clinic Collect
- LIVER SET (AST,ALT,BILI TOTAL,BILI DIRECT,ALK PHOS,ALB,PROT TOTAL) [LAB00431]  
Routine, Clinic Collect
- CBC ONLY [LAB0247]  
Routine, Clinic Collect
- LIPASE, PLASMA [LAB00047]  
Routine, Clinic Collect
- DRUG SCREEN PROFILE 5, URINE [LAB00593]  
Routine, Clinic Collect

#### ▼ Patient Instructions

- Refer to Patient Handouts for additional information to add to the AVS
- OREGON ALCOHOL & DRUG REFERRAL HELP LINE

#### ▼ Referrals for Consult

- CONSULT TO FAMILY MEDICINE AT SOUTH WATERFRONT - Behavioral Health Professional  
Routine
- CONSULT TO GABRIEL PARK - Behavioral Health Professional  
Routine

#### ▼ Level of Service

- ALCOHOL AND/OR SUBSTANCE STRUCTURE SCREENING 15 MIN [99408]
- ALCOHOL AND/OR SUBSTANCE ABUSE STRUCTURE SCREENING > 30 MINUTES [99409]

# EPIC SBIRT SmartSet

AUDIT  
DAST  
BOTH

1 low risk  
2 risky  
3 harmful  
4 dependent

Mr. Epic was given a {**SBIRT: 311984**}. Mr. Epic's score placed him into {**RISK:311983**}

Optional: {**NO FURTHER DISCUSS: 311986**}

The patient's low risk did not warrant further discussion  
The patient expressed an unwillingness to do so  
We ran out of time and scheduled a follow-up visit for further assessment  
\*\*\*

abstain

cut back to no more than 4 drinks in one day and nor more than 14 drinks per week  
cut back to no more than 3 drinks in one day and nor more than 7 drinks per week  
\*\*\*

In discussing this issue, my medical advice was that Mr. Epic {**SBIRT MED ADVICE: 311987**}. Patient's readiness to change was {**1-10:310033**} on a scale of 0-10. We explored why it was not a lower number and discussed the patient's own motivation for change. Patient agreed that he should {**SBIRT PT RESPONSE: 311988**}. We agreed that Mr. Epic would benefit from {**SBIRT PT BENEFIT: 311989**}.

participation in a 12-step program  
referral to \*\*\*  
calling the Oregon helpline to explore further  
assessment and treatment (1-800-923-4357)

cut back to advised daily and weekly limits  
abstain from use  
\*\*\*

Patient will return in \*\*\* to discuss how he is doing with this plan.

In total, \*\*\* minutes of personal time was spent administering and interpreting the screen, plus performing a brief intervention.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10

# Language for progress notes

## Progress note for SBIRT reimbursement

Mr. Davis was given a \_\_\_\_\_ screen today.

- a) AUDIT b) DAST c) AUDIT and DAST

His score placed him into the \_\_\_\_\_ zone.

- a) Low risk b) Risky c) Harmful d) Dependent

We did not discuss this further because \_\_\_\_\_

- a) the patient's low risk did not warrant further discussion  
b) the patient expressed an unwillingness to do so  
c) we ran out of time and scheduled a follow-up visit for further assessment

In discussing this issue, my medical advice was that he \_\_\_\_\_

- a) abstain  
b) cut back to no more than 4 drinks in one day and no more than 14 per week (men)  
c) cut back to no more than 3 drinks in one day and no more than 7 per week (women or >65)

His readiness to change was \_\_\_\_ on a scale of 0 - 10. We explored why it was not a lower number and discussed the patient's own motivation for change.

He agreed that he should \_\_\_\_\_

- a) cut back to the advised daily and weekly limits  
b) abstain from use  
c) \_\_\_\_\_

AND/OR

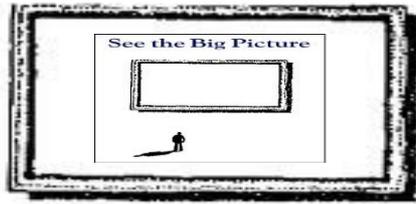
We agreed that he would benefit from \_\_\_\_\_

- a) participation in a 12-step program  
b) referral to X  
c) calling the Oregon helpline to explore further assessment and treatment options (1-800-923-4357)

He will return in X to discuss how he is doing with this plan. In total, \_\_\_\_\_ minutes of aggregate clinic personnel time was spent administrating and interpreting the screen, plus performing a brief intervention.

- a) 15 - 30 b) >30

# See the Big Picture



# Tracking the Annual screen

**Edit Patient Messages** [X]

Message text:

Annual Screening next due on 7/9/10

**Appointment Desk for Test,Amy [03000073]** [?] Close [X]

Make Appt Quick Appt Classes Pt Wait List Pt Hx Report Itinerary Locate Pt Wk @ Glance Reg

**Patient Demographics for Test,Amy [03000073]**

Preferred Name: PCP:

Pt. Address: **PO BOX**

City/State/Zip: **Portland, OR 97201**

Home Phone: **503-555-5555** Work Phone:

Cell Phone:

E-mail:

ADT Status:

Patient Options

- Demographics
- Preferences
- Patient Flags
- PCP
- Wait List
- Registration
- Benefits
- Referrals
- Patient Messages**
- Pat VI Mods

Future Admissions

	Rtl	IP/DP	Date	Time	Len	Dept	Provider	Visit Type
--	-----	-------	------	------	-----	------	----------	------------

# DocFlow sheets in EPIC

Ochin Release System - CEFMC FAMILY MEDICINE

Home Schedules In Basket Chart Encounter Telephone Call Refill Enc Patient Lists Appts Secure Print Log

Zzz, Test Pt

**Zzz, Test Pt** Age Sex DOB MRN Allergies Type PCP Alerts INS MyCha  
24 yea F 7/21/1987 650000011 Cats (None)\* JONES, COLIN\* HM (None) Inacti

Report Viewer

Report History 1 View Pane 1 2 View Pane 2 Split Up/Down Split Left/Right Detach Window

1 08/24/2011 Office Visit Closed

Back

**Office Visit** Test Pt Zzz (MRN 650000011)

CEFMC FAMILY MEDICINE  
2801 DAGGETT AVE  
KLAMATH FALLS OR 97601-1106  
541-274-2006

Encounter Information	Date & Time	Provider	Department	Encounter #	Center
	8/24/2011 9:44 AM	TESTCEFMC, RESIDENT	Cefmc Family Medicine	24671288	None

**Encounter Status** Closed by TESTCEFMC, RESIDENT on 8/24/11 at 9:59 AM

Doc Flowsheets

# SBIRT DocFlow sheet in EPIC

The screenshot displays the EPIC interface for patient 'Zzz, Test Pt'. The patient's demographic information is shown as 24 years old, female, born on 7/21/1987, with MRN 650000011. The 'Doc Flowsheets' section is active, and the 'Encounter Vitals' flow sheet is selected. A dialog box titled 'Select a Flowsheet Template' is open, showing a search for templates. The 'Annual Substance Use Screen' template is highlighted in red in the list.

**Encounter Vitals**

BP	140/85
Pulse	
Resp	
Temp	
Temp src	
SpO2	
Weight	
Height	
Peak Flow	
Pain Score	4-Whole ...
Pain Loc	Back
Pain Edu?	Yes
Excl. in GC?	

**Select a Flowsheet Template**

Search for: [ ] Search

ID	Display Name	Record Name
104	Abnormal Pap Tracking	ABNORMAL PAP TRACKING
149	Ambulatory Assessments	AMBULATORY ASSESSMENTS
01	Annual Substance Use Screen	ANNUAL SUBSTANCE USE SCREEN
100	Coordinated Care Doc Flowsheet	COORDINATED CARE DOC FLOWSHEET
1	Data	DATA RECORD
102	Depression Screen	DEPRESSION SCREEN
112	DM HPI Nursing Note	DM HPI
105	Edinburgh Postnatal Depression Screen	EDINBURGH POSTNATAL DEPRESSIO...
20	Encounter Vitals	AMBULATORY VITALS FLOWSHEET
103	HIV Health Maintenance	HIV HEALTH MAINTENANCE
10	I/O	INTAKE/OUTPUT
2	IV	SIMPLE IV FLOWSHEET
110	M-CHAT	M-CHAT
121	M-CHAT AUTISM SCREENING	M-CHAT AUTISM SCREENING
848101	OB Prenatal Vitals	OCHIN OB ADULT PRENATAL VITALS
122	PAGE QUESTIONNAIRE	PAGE QUESTIONNAIRE

Accept Cancel

Searching the database...22 record(s) found.

# SBIRT DocFlow sheet

	11/20/09	
	1300	
	<b>Annual screen</b>	
Alcohol annual screen result		
Drug annual screen result		
	<b>Full screen</b>	
AUDIT full alcohol screen score		
DAST full drug screen score		
	<b>Brief intervention</b>	
Brief intervention performed?	yes	
	<b>If yes, which steps?</b>	
Raised subject	yes	
Provided feedback	yes	
Enhanced motivation	no	
Negotiated plan	no	
Referral recommended	yes	 

Negative, Positive, Declined

Zone I, Zone II, Zone III, Zone IV

# EPIC SBIRT SmartSet

 **SmartSets**

 **Opened SmartSets**

 Associate

 Pharmacy No Selected Pharmacy

▼ **SBIRT**

▼ **SBIRT**

- ▼ **Progress Note**
  - SBIRT Progress Note
- ▼ **Diagnoses**
  - Counseling on substance use and abuse [V65.42]
  - Screening for alcoholism [V79.1]
  - Other specified counseling (i.e. drug) [V65.49]
  - Counseling NOS [V65.40]
- ▶ **Medication Orders**
- ▶ **Lab Orders**
- ▶ **Patient Instructions**
- ▶ **Referrals for Consult**
- ▼ **Level of Service**
  - ALCOHOL AND/OR SUBSTANCE STRUCTURE SCREENING 15 MIN [99408]
  - ALCOHOL AND/OR SUBSTANCE ABUSE STRUCTURE SCREENING > 30 MINUTES [99409]

# EPIC SBIRT SmartSet, cont.

## Medication Orders

- acamprosate (CAMPRAL) 333 mg Oral Tablet, Delayed Release (E.C.) [37383]  
eRx
- Acamprosate (CAMPRAL DOSE PAK) 333 mg Oral Tablets, Dose Pack [38304]  
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- chlordiazePOXIDE 10 mg Oral Capsule [15899]  
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- diazepam 10 mg Oral Tablet [17724]  
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eRx
- disulfiram (ANTABUSE) 250 mg Oral Tablet [7528]  
eRx
- Disulfiram (ANTABUSE) 500 mg Oral Tablet [64156]  
eRx

## Lab Orders

- COMPLETE METABOLIC SET (NA,K,CL,CO2,BUN,CREAT,GLUC,CA,AST,ALT,BILI TOTAL,ALK PHOS,ALB,PROT TOTAL) [LAB00369]  
Routine, Clinic Collect
- LIVER SET (AST,ALT,BILI TOTAL,BILI DIRECT,ALK PHOS,ALB,PROT TOTAL) [LAB00431]  
Routine, Clinic Collect
- CBC ONLY [LAB0247]  
Routine, Clinic Collect
- LIPASE, PLASMA [LAB00047]  
Routine, Clinic Collect
- DRUG SCREEN PROFILE 5, URINE [LAB00593]  
Routine, Clinic Collect

# EPIC SBIRT SmartSet, cont.

## ➤ Patient Instructions

Refer to Patient Handouts for additional information to add to the AVS

- OREGON ALCOHOL & DRUG REFERRAL HELP LINE

## ➤ Referrals for Consult

- CONSULT TO FAMILY MEDICINE AT SOUTH WATERFRONT - Behavioral Health Professional  
Routine
- CONSULT TO GABRIEL PARK - Behavioral Health Professional  
Routine

# AUDIT alcohol screening questionnaire

Because drinking alcohol can affect your health and interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. If you are uncomfortable filling out this form, please let your health care provider know.

One standard drink equals:

- 1.5 oz. of liquor (e.g. one shot of whiskey)
- 12 oz. Beer
- 5 oz. Wine



Questions	0	1	2	3	4
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
3. How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year

## DAST Drug Screening Questionnaire

Because drug use can affect your health, we need to ask some questions about your drug use. If you feel uncomfortable completing this form, please let your health provider know.

In the following statements "drug abuse" refers to:

- Using prescribed or over-the-counter drugs in excess of the directions, and
- Any nonmedical use of drugs.

Please check which substances you have used in the past 3 months:

- |  |   |
|--|---|
| <input type="checkbox"/> methamphetamines (speed)  | <input checked="" type="checkbox"/> cocaine                             |
| <input type="checkbox"/> cannabis (marijuana, pot) | <input type="checkbox"/> narcotics (heroin, oxycodone, methadone, etc.) |
| <input type="checkbox"/> solvents (paint thinner)  | <input type="checkbox"/> hallucinogens (LSD)                            |
| <input type="checkbox"/> tranquilizers (Valium)    | <input type="checkbox"/> other _____                                    |

Remember that the questions do not include alcoholic beverages.

Please mark "Yes" or "No" to the following questions:	0	1
1. Have you used drugs other than those required for medical reasons?	No	Yes
2. Do you abuse more than one drug at a time?	No	Yes
3. Are you unable to stop using drugs when you want to?	No	Yes
4. Have you ever had blackouts or flashbacks as a result of drug use?	No	Yes
5. Do you ever feel bad or guilty about your drug use?	No	Yes
6. Does your spouse (or parents) ever complain about your involvement with drugs?	No	Yes
7. Have you neglected your family because of your use of drugs?	No	Yes
8. Have you engaged in illegal activities in order to obtain drugs?	No	Yes
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	No	Yes
10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?	No	Yes

I II III IV  
0 1-2 3-5 >5

ANNUAL SUBSTANCE USE ... | DEPRESSION SCREEN | Encounter Vitals

- ANNUAL SUBSTANCE USE...
- Annual Screen
- Full Screen
- Brief intervention
- If yes, which steps?

Mode: Expanded [View All](#)

	7/14/12	
	1400	
<b>Annual Screen</b>		
Alcohol annual screen score (if score >0, give AUDIT)	Positive	
Drug annual screen score (if score > 0, give DAST)	Positive	
<b>Full Screen</b>		
AUDIT full alcohol screen score	0-7, Zon...	
DAST full drug screen score	3-5, Zon...	
<b>Brief intervention</b>		
Brief intervention performed?		
<b>If yes, which steps?</b>		
Raised subject		
Provided Feedback		
Enhanced Motivation		
Negotiated plan		
Advised to seek treatment		
Follow up arranged		

- Chart Review
- Care Everywhere
- Flowsheets
- Allergies
- Problem List
- History
- Growth Chart
- Letters
- Demographics
- Previous Visit
- Clinical Summary
- Immunizations
- Doc Flowsheets
- Medications
- Order Entry
- Document List
- MAR
- Visit Navigator**

- Documentation
  - Chief Complaint
  - Vitals
  - Allergies
  - Med Documentation
  - Quick Questions
  - Care Everywhere
  - BestPractice
  - SmartSets
- Charting and Orders
  - History
  - Goals
  - Progress Notes**
  - Problem List
  - Visit Diagnoses
  - Meds & Orders
- Discharge
  - Comm Mgt
  - Pt. Instructions
  - LOS & Follow-up
  - Sign/Route Addend...
- MyChart
  - MyChart Sign-up

**Concerns Today Are:**

Head/Neck Lump  
 Feels like a new lump on left of throat, been feeling funny pain in back of head. Been feeling this for about a month or so. Discussed this PCP who ordered an Ultrasound with the following impression:  
*IMPRESSION- Palpable left neck mass is located in the subcutaneous tissues at posterior edge of sternocleidomastoid muscle, and has a nonspecific appearance. Its size and shape are similar to nearby lymph nodes, but it does not have ultrasound features that prove it is a lymph node. Because of its firm texture, consider biopsy. There are mildly enlarged lymph nodes in level II bilaterally, at the same level as the mass. Elsewhere in the anterior neck, the nodes are not enlarged.*

Previous PCP referred to Otolaryngology-but patient never went because he could not afford. Wondering what to do to f/u now.  
 Smoking: Continues to smoke about 1/2ppd but has been working on cutting back, not ready to fully quit

Drug/Alcohol dependence:  
 In treatment program for drug/alcohol: Sober for eight months, Drug Core Program- goes 4x/week  
 Alcohol: Drinking alcohol over 10-15 year  
 Drugs: Cocaine was drug of choice for 10-15 years

**Past Medical History**

Diagnosis	Date
• Myocardial infarction <i>Distal LAD stent placed at Good Sam</i>	2/2012
• History of lumpectomy <i>Behind ear</i>	1990

**History**

Social History

• Marital Status:	N/A
Spouse Name:	N/A
Number of Children:	1
• Years of Education:	N/A

- Create front-end training that will carry forward to successful back-end billing.

**See Demo:**

**<http://www.sbirtoregon.org/reimbursement-clinician-notes.php>**

# Presentation Outcomes

Outcomes include:

- How SBIRT is imbedded and operates within hospital systems.
- Business/billing practices to maintain successful SBIRT integration.
- Use of electronic record integration to secure billing efficiency/training.
  - Making documentation/billing easier for your clinicians.
- How billing practices and workflows can be implemented.

# SBIRT Outlooks

- SBIRT services imbedded within hospital systems have been shown to improve patient healthy outcomes.
- Any Health facility can run a successful SBIRT program with the right preparation and ongoing dedication.
- Use of electronic record integration (Epic, Centricity, NextGen, MediTech) can secure billing efficiency/training.
- SBIRT respectively does not add extraneous overhead to implement and provides revenue.

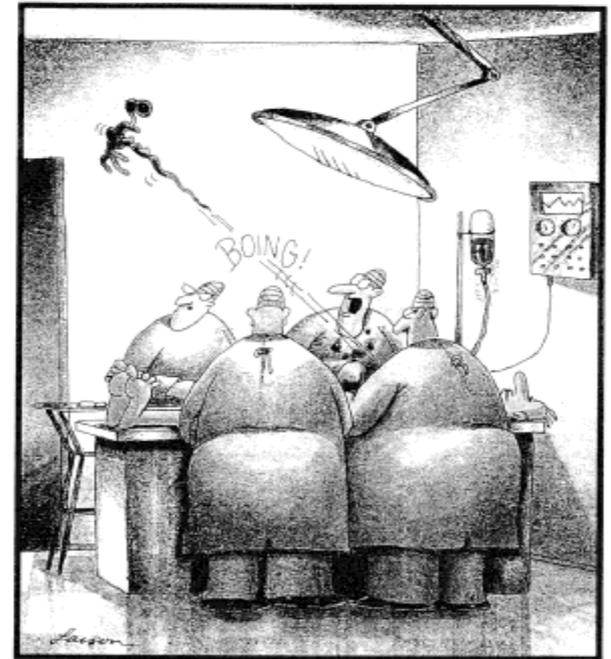
# Comments or Questions?

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*"Whoa! Watch where that thing lands -  
We'll probably need it."*