

# PNQIN AIM Initiative MA OUD Bundle

AIM OUD Wave 2 Introductory Webinar  
February, 2020



# Today's Agenda

- Welcome/Attendance
- What is AIM?
  - Implementation: Rolling Out a Bundle
- Onboarding
  - Hospital Engagement- What is It?
  - Teaming Up for AIM
  - AIM Data Flow
  - Data Agreements
  - Next Steps
- Partnership with MASBIRT
  - Introduction to SBIRT

# “Leadership” Team

## PNQIN

- Fifi Diop (DPH)
- Audra Meadows (BWH)
- Ron Iverson (BMC)
- Breanna Chachere (BMC)
- Mary Houghton (BIDMC)
- Munish Gupta (BIDMC)
- Bonnie Glass

## Neonatal Folks

- Elisha Wachman (BMC)
- Larry Rhein (UMass)
- Rachana Singh (Baystate)
- Davida Schiff (MGH)
- Alan Picarillo (Maine)
- Eileen Costello (BMC)

## Maternal Folks

- Katherine Callaghan (UMass)
- Leena Mittal (MCPAP for Moms)
- Laura Sternberger (Moms Do Care)
- Nicole Smith (BWH)
- Donna Jackson-Kohlin (Baystate)
- Linda Jablonski (Baystate)

## Academic and Organizational Partners

- Patrice Melvin (BCH)
- Karla Damus (BU)
- Christina Gebel (MOD)

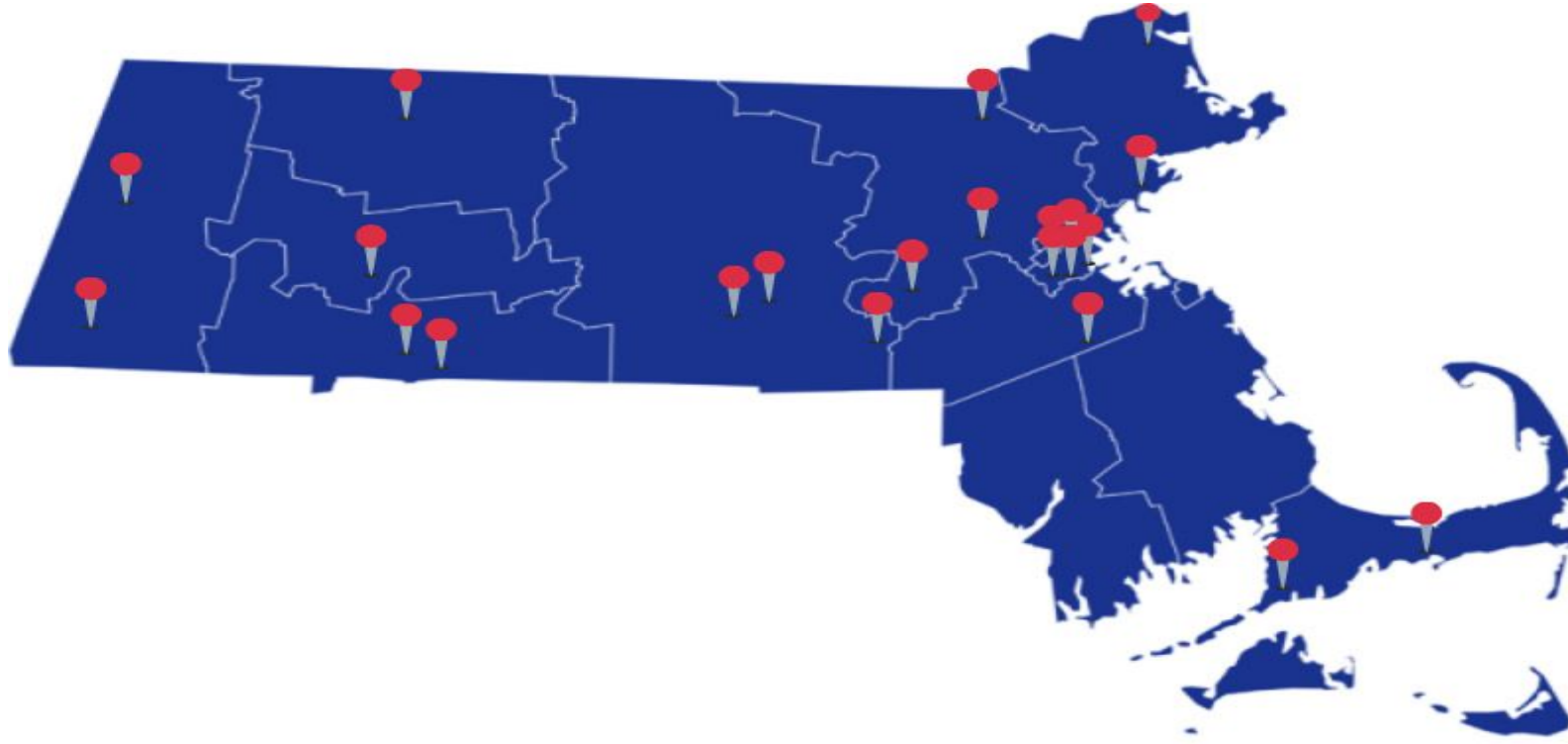
## State Partners

- Fifi Diop (DPH and PI of PNQIN Grant)
- Griffin Jones (HPC)
- Michael Kelleher (OHHS)
- Debra Bercuvitz (DPH)
- Abby Taylor (AGO)
- Karen Pressman (BSAS)
- Julia Reddy (BSAS)
- Mary Lutz (DCF)
- Alissa Cruz (MassBIRT)
- Colleen Labelle (BMC)
- Julia Prentice (BLC)

## Families

- Patricia McDonnell (Baystate)
- Julie Maida
- Meghann Perry
- Ceara McManus (Moms Do Care)

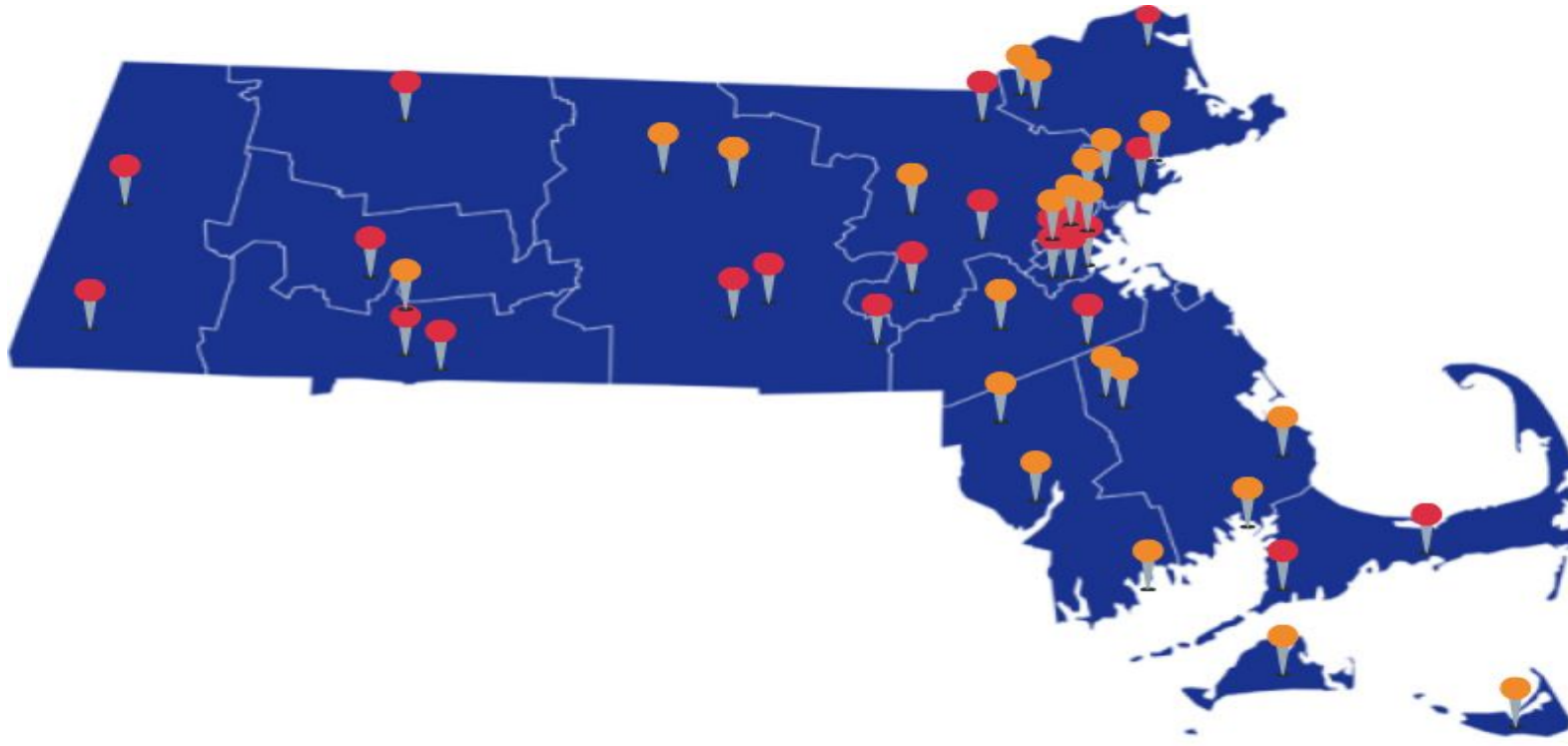
# POP AIM Wave 1 Hospitals



## PNQIN AIM OUD Wave 1 Hospitals

- Anna Jaques Hospital
- Baystate Franklin Medical Center
- Baystate Medical Center
- Berkshire Medical Center
- Beth Israel Deaconess Med Center
- Boston Medical Center
- Brigham & Women's Hospital
- Cape Cod Hospital
- Cooley Dickinson Hospital
- Fairview Hospital
- Falmouth Hospital
- Lowell General Hospital
- Mass General Hospital
- Mercy Medical Center
- Metrowest Med Center
- Milford Regional
- Newton-Wellesley
- North Shore Medical
- Saint Vincent Hospital
- South Shore Hospital
- Tufts Medical Center
- UMASS Memorial

# POP AIM Wave II Hospitals



## PNQIN AIM OUD Wave 2 **Targeted** Hospitals

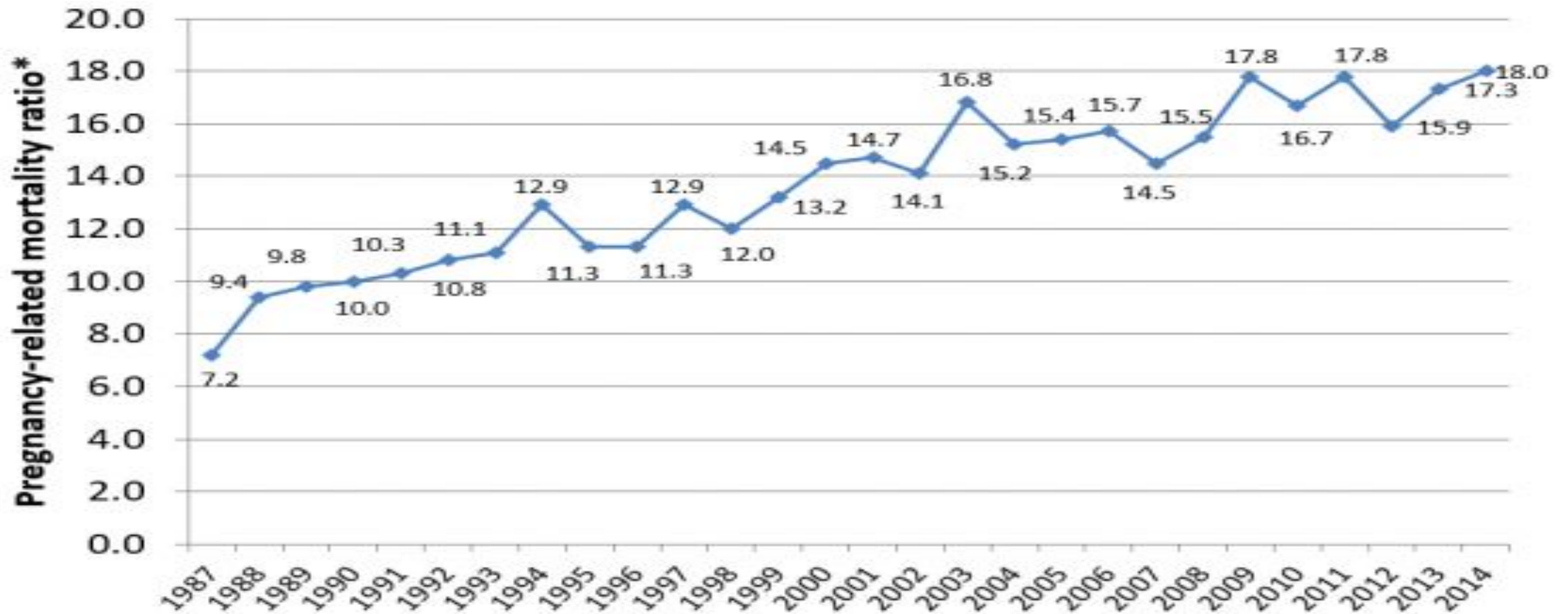
- Beth Israel Deaconess Plymouth
- Beverly Hospital
- Brockton Hospital
- Cambridge Hospital/CHA
- Charlton Memorial Hospital
- Emerson Hospital
- Good Samaritan Medical Center
- Health Alliance Hospital
- Heywood Hospital
- Holy Family Hospital
- Holyoke Medical Center
- Lawrence General Hospital
- Martha's Vineyard Hospital
- Melrose- Wakefield Hospital
- Mount Auburn Hospital
- Nantucket Cottage Hospital
- Norwood Hospital
- St. Elizabeth's Medical Center
- St. Luke's Hospital
- Sturdy Memorial Hospital
- Tobey Hospital
- Winchester Hospital

# CDC SEVERE MATERNAL MORBIDITY (SMM)

- Acute myocardial infarction
- Aneurysm
- Acute renal failure
- Adult respiratory distress syndrome
- Amniotic fluid embolism
- Cardiac arrest/ventricular fibrillation
- Conversion of cardiac rhythm
- Disseminated intravascular coagulation
- Eclampsia
- Heart failure/arrest during surgery or procedure
- Puerperal cerebrovascular disorders
- Pulmonary edema / Acute heart failure
- Severe anesthesia complications
- Sepsis
- Shock
- Sickle cell disease with crisis
- Air and thrombotic embolism
- Blood transfusion
- Hysterectomy
- Temporary tracheostomy
- Ventilation

<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/smm/severe-morbidity-ICD.htm>

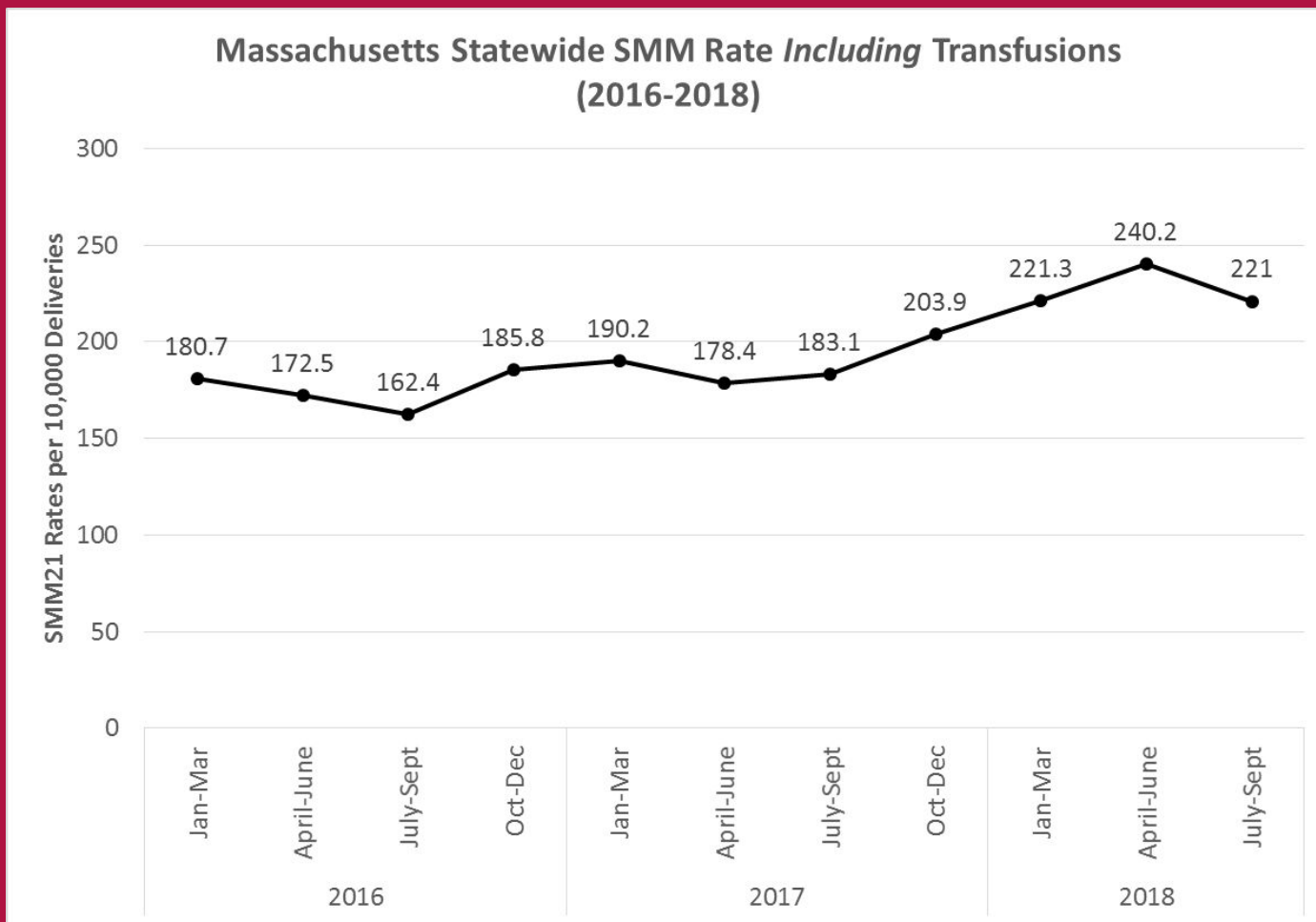
## Trends in pregnancy-related mortality in the United States: 1987–2014



\*Note: Number of pregnancy-related deaths per 100,000 live births per year.

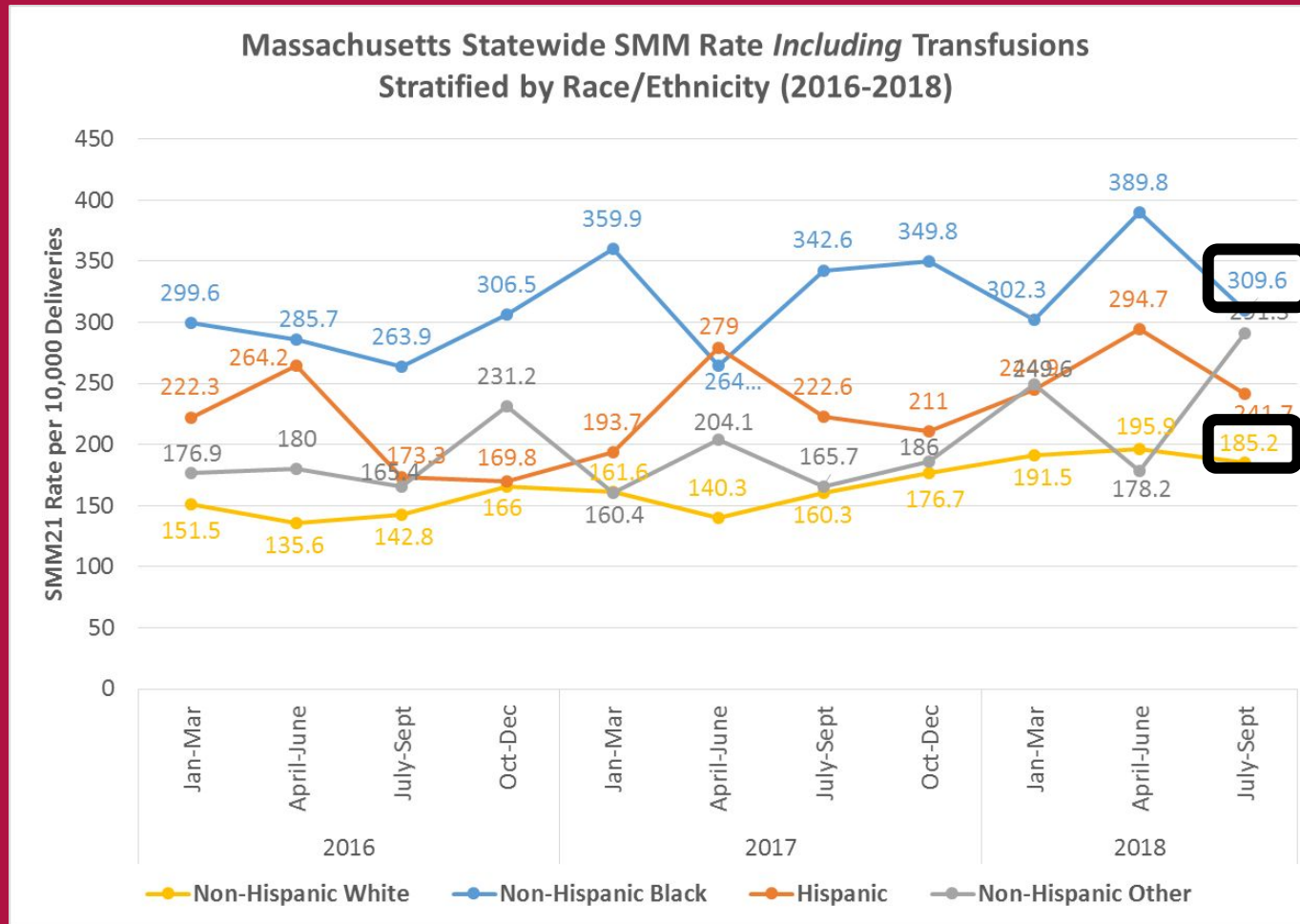
<https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-mortality-surveillance-system.htm>

# Massachusetts Statewide Severe Maternal Morbidity (SMM2I - including transfusions)





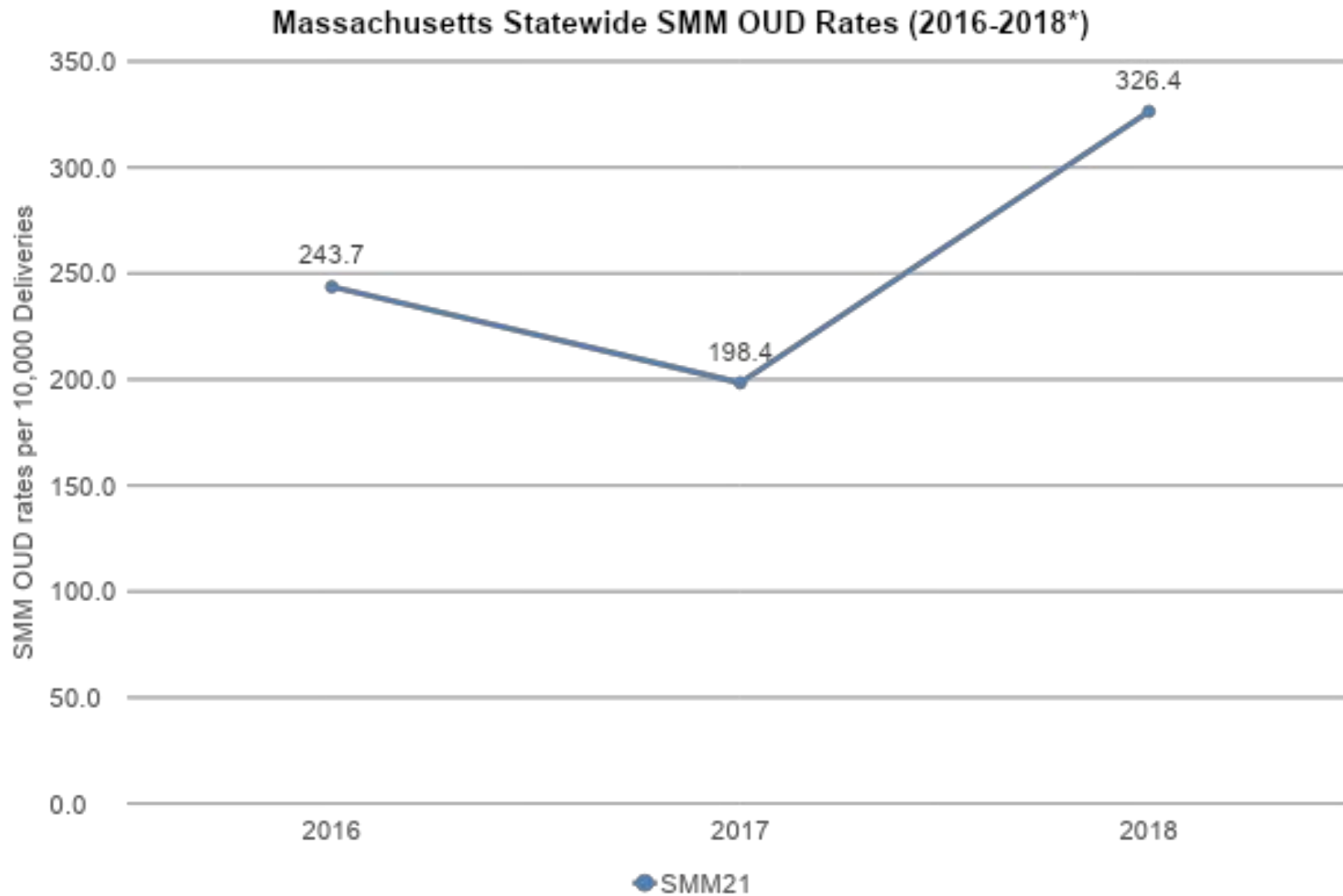
# Massachusetts Statewide Severe Maternal Morbidity by Race and Ethnicity (SMM21 - including transfusions)



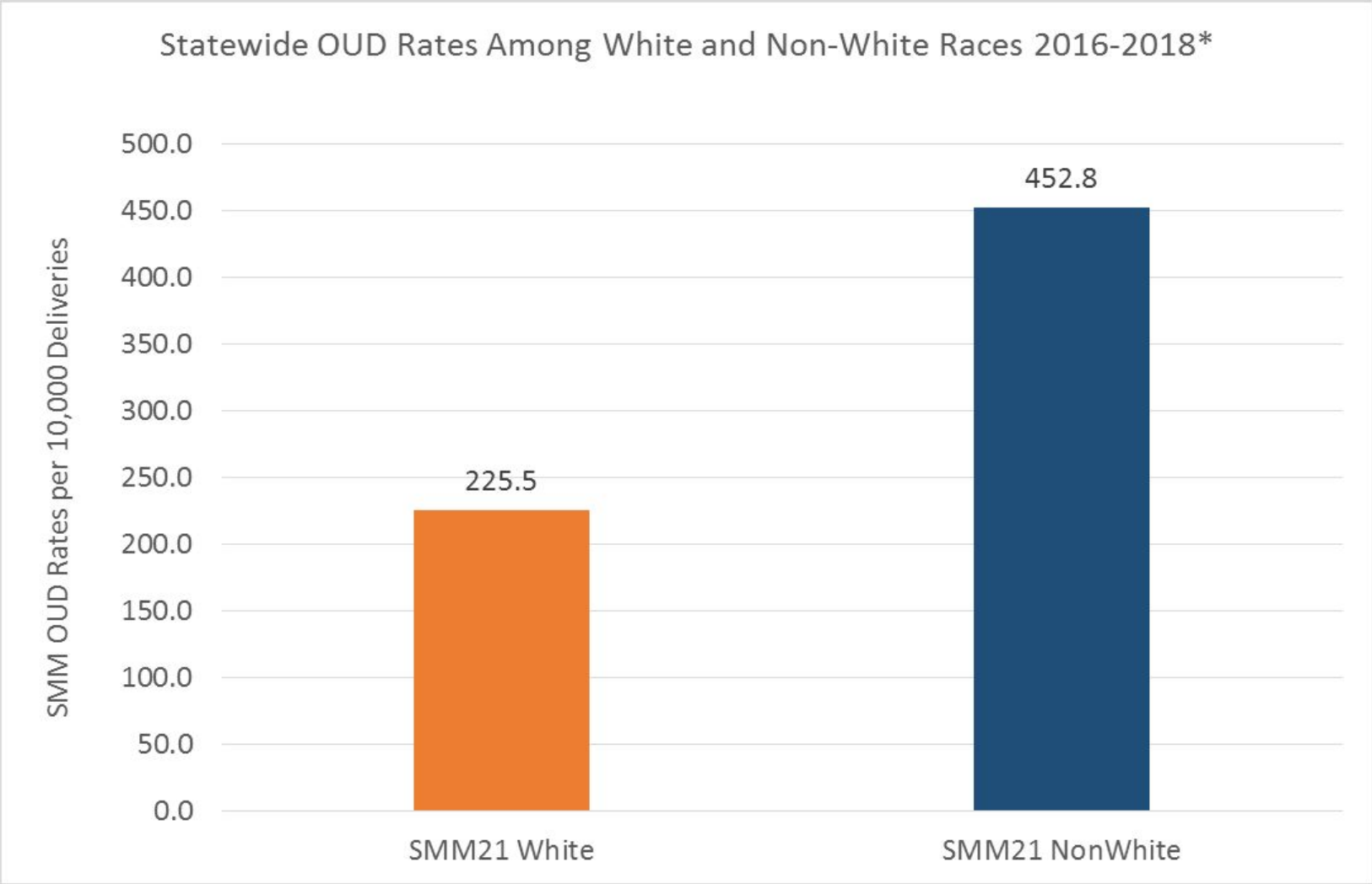
- SMM21 rate for black patients is 1.6 X white patients

- Rates for Hispanic patients are 1.3 X white patients

# Massachusetts SMM2I for OUD



# Massachusetts SMM21 OUD by Race



# Alliance for Innovation on Maternal Health



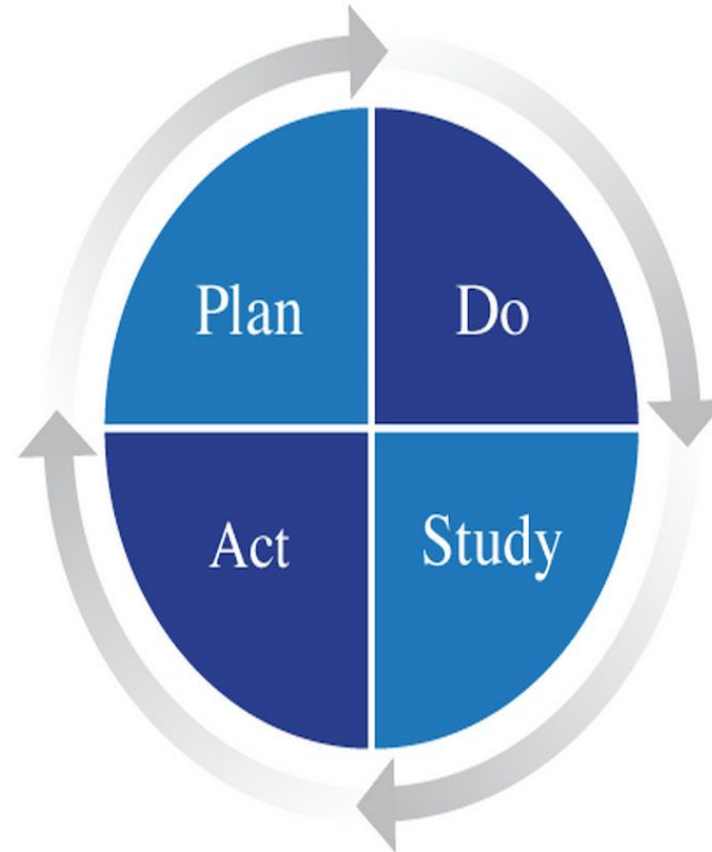
# AIM OB Bundles

- **Severe Hypertension in Pregnancy**
- **Obstetric Hemorrhage**
- **Maternal Venous Thromboembolism**
- Maternal Mental Health: Depression and Anxiety
- Postpartum Care Basics for Maternal Safety From Birth to the Comprehensive Postpartum Visit
- **Reduction in Peripartum Racial/Ethnic Disparities**
- Safe Reduction in Primary Cesarean Birth
- Support After a Severe Maternal Event
- **Opioid Use Disorder in Pregnancy**



# What is a Bundle?

- Use of **proven** medical interventions
- **Universal** application
- **Multidisciplinary** development of each descriptive component
- **Measurement** of change, with PDSAs for testing prior to implementation

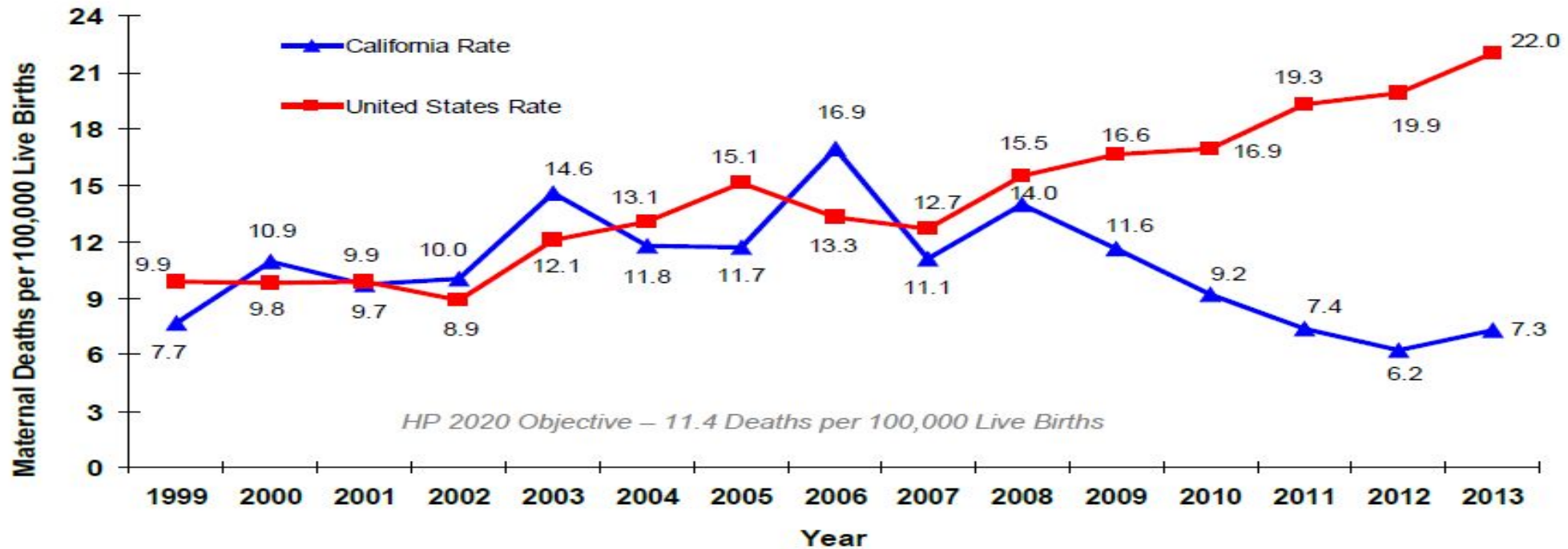


# Equality vs. Equity





# Maternal Mortality Rate, California and United States; 1999-2013



SOURCE: State of California, Department of Public Health, California Birth and Death Statistical Master Files, 1999-2013. Maternal mortality for California (deaths  $\leq$  42 days postpartum) was calculated using ICD-10 cause of death classification (codes A34, O00-O95, O98-O99). United States data and HP2020 Objective use the same codes. U.S. maternal mortality data is published by the National Center for Health Statistics (NCHS) through 2007 only. U.S. maternal mortality rates from 2008 through 2013 were calculated using CDC Wonder Online Database, accessed at <http://wonder.cdc.gov> March 11, 2015. Produced by California Department of Public Health, Center for Family Health, Maternal, Child and Adolescent Health Division, May, 2015.



# The AIM OUD Bundle: How can we complete all of this?

- Readiness
  - Provide clinical and non-clinical staff education on SUDs
  - Establish specific prenatal, intrapartum and postpartum clinical pathways
  - Identify local SUD treatment facilities (for care linkage)
  - Know appropriate laws pertaining to SUD in pregnancy
  - Institute pain control protocols
  - OUD and NAS education for mothers
  - Develop a “plan of safe care” for mom & baby
- Recognition
  - Universally screen all pregnant women for SUDs
  - Screen for commonly occurring co-morbidities for all patients with OUD
- Response
  - Enroll all patients with OUD in a woman-centered OUD treatment program
  - Incorporate key counseling, education and resources into care pathways
  - Coordinate among providers during pregnancy, postpartum and the inter-conception period
  - Engage child welfare services
- Reporting
  - Develop mechanisms to collect data and monitor process and outcome metrics
  - Create multidisciplinary case review teams
  - Develop continuing education and learning opportunities for providers and staff
  - Connect other stakeholders with clinical providers and health systems to share outcomes and identify ways to improve systems of care

# A BUNDLE IS LIKE A GOOD MEAL

Appetizer



Sides



Protein



Carbohydrate



Drinks



Table prep

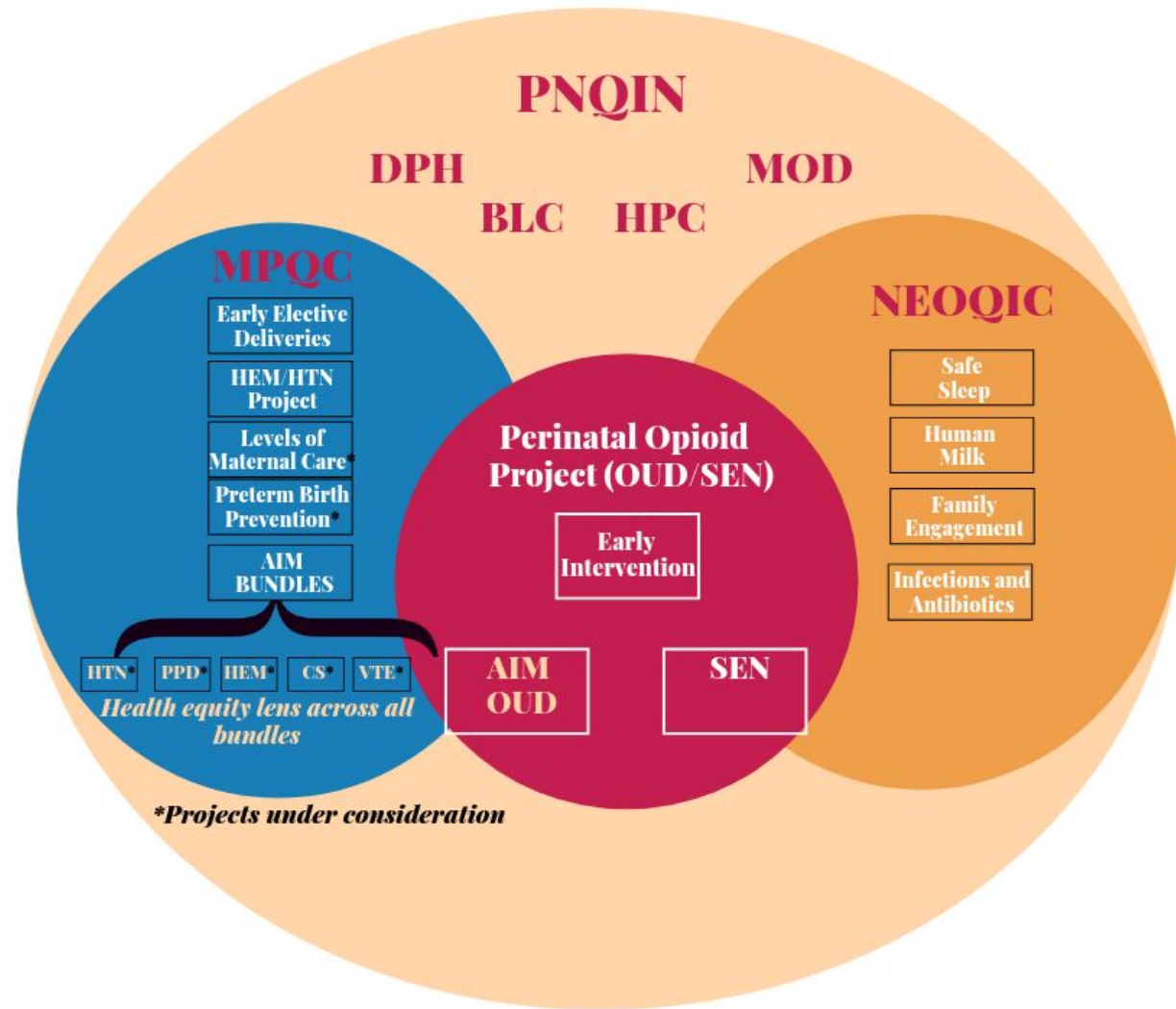


Dessert



# Hospital Engagement – What is it?

- AIM OUD Bundle enhancement of PNQIN Perinatal Opioid Project
- Tool used to increase obstetrical involvement in current efforts



# Teaming Up for AIM OUD

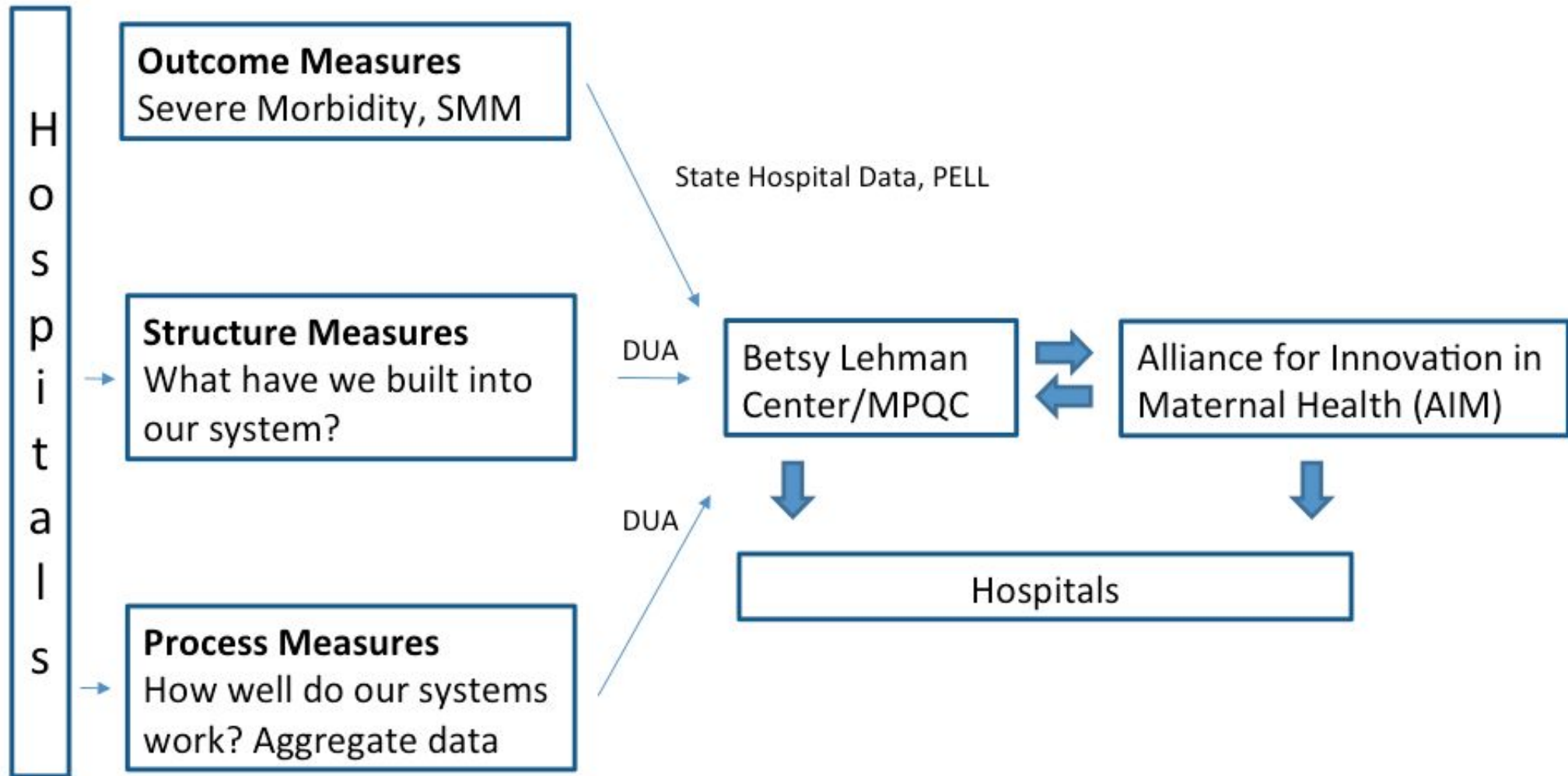
## Hospitals already engaged in PNQIN Opioid Project

- Designate Clinical Leads (MD/DO/CNM) and Nurse Lead (RN)
- Joining collaborative and interdisciplinary teams
- PNQIN will connect you with those teams

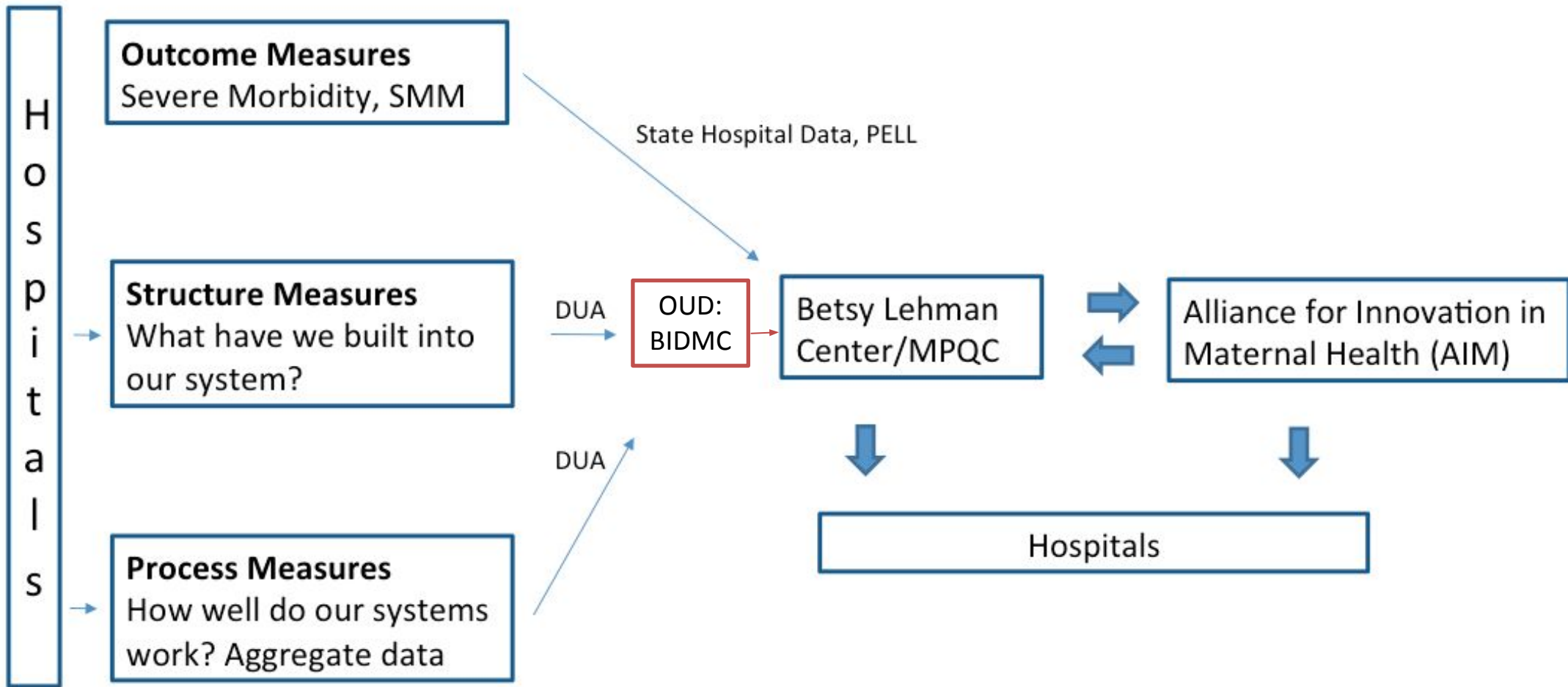
## Hospitals who are newly engaged for PNQIN AIM Opioid

- Designate Clinical Leads (MD/DO/CNM) and Nurse Lead (RN)
- Other team members:
  - ED team member(s)
  - Social Work team member(s)
  - Administrator
  - Resident
  - Nursing and public health students

# AIM Data Flow



# AIM Data Flow for OUD Bundle



# Data Use Agreement

- OUD bundle will require a DUA with BIDMC
- Other future Bundles will require MOU DUA with the Betsy Lehman Center
- PNQIN will coordinate with teams to make sure appropriate person in signing the DUAs and that hospitals are up to date on when they should be signed
- REDCap Data Entry by Team Designee (Process / Structure)
- AIM Participants will begin entering data in February 2020

# PNQIN Perinatal Opioid Use Project – REDCap Database

- Hospitals collect data in a REDCap Database at BIDMC (volunteer!)
  - Opioid-exposed newborns (OENs) and their mothers
  - DUA needed
- PNQIN POP Common data form
  - Core form: about 30 elements, revised 2019
  - Supplemental ESC form: short
  - Supplemental BCH network form
  - **Maternal AIM form**
  - **AIM Structure Measures**
- Monthly statewide and quarterly hospital reports



# Measures

Focus	Measure
Maternal	Medication-Assisted Therapy in Mothers of OENs Exclusive Medication-Assisted Therapy in Mothers of Opioid-Exposed Newborns Illicit Opioid Use in Mothers
Newborn	Pharmacologic Therapy for NAS Non-Pharmacologic Therapy for NAS: Skin-to-Skin Contact Non-Pharmacologic Therapy for NAS: Rooming-in Breastmilk Eligibility in Opioid-Exposed Newborns Per Hospital Guidelines Mother's Milk Use Among Eligible Opioid-Exposed Newborns, Any and at Discharge Mother's Milk Use in All Opioid-Exposed Newborns, Any and at Discharge Length of Hospital Stay Among Term newborns Length of Hospital Stay With and Without Pharmacologic Therapy Length of Pharmacologic Therapy Location of Care for Term newborns
Post-Discharge	Early Intervention Referral Department of Children and Families Referral Discharged Home to Parent

# PNQIN OUD in Pregnancy Webinars for Wave 2

- **3<sup>rd</sup> Tuesday of each month from Noon to 1PM**
- Collaborative learning
- QI Tools
- Coaching and Mentoring

# Monthly OUD in Pregnancy Webinar

## QI Topics

- OUD Bundle Components Overview
- Stakeholders
- Developing a Project AIM
- Measures for Improvement
- Key Driver Diagram
- Developing Interventions
- Understanding Run Charts
- Understanding Data Control Charts
- Using the PDSA Cycle
- PDSA: Making Adjustments
- Scale and Spread Up
- Sustainability

## Topical Presentations

- OUD Screening Options
- Plans of Safe Care
- Linkages to Care
- Caring for Patients with OUD - Using the Checklist
- Centering Patient Voice
- Equity Consideration in OUD Care: Start Where you are
- MAT
- Psychiatric Comorbidities with MCPAP for Moms
- Pain Relief During Pregnancy, Labor, Surgery, Post-op
- Trauma- Informed Care
- Early Head Start
- OUD SMM Data

# Next Steps

- Designate AIM Champion and Contact
- AIM Website: [AIM Hospital Resources](#)
- AIM Baseline Survey
- AIM Structure Measure Survey
- AIM OUD Webinars
  - 3<sup>rd</sup> Tuesday from 12PM – 1PM
- Connection with PNQIN Perinatal Opioid Project Teams

# Bundle Implementation

- **Multidisciplinary** team
- **Agreement** on Aims
- **Implement** Bundle Component
- Follow Process and Balancing **Measures**
- **Incorporate** into the EMR
- **Education/Simulations**
- Incorporate into **Policy**



# BMC's OUD Project Tracker

## OUD in Pregnancy Progress Tracking

<b>Project Leads:</b>		<b>Date:</b>	
<b>Team Members:</b>			

Agenda Items	Discussion	Action/Follow Up	Responsible	Status
<b><u>Readiness</u></b>				
<b>Provide education to promote understanding of opioid use disorder (OUD) as a chronic disease.</b>	<i>Emphasize that substance use disorders (SUDs) are chronic medical conditions, treatment is available, family and peer support is necessary and recovery is possible. Emphasize that opioid pharmacotherapy (i.e. methadone, buprenorphine) and behavioral therapy are effective treatments for OUD.</i>			
<b>Provide education regarding neonatal abstinence syndrome (NAS) and newborn care to patients with OUD.</b>	<i>Awareness of the signs and symptoms of NAS Interventions to decrease NAS severity (e.g. breastfeeding, smoking cessation)</i>			
<b>Engage appropriate partners (i.e. social workers, case managers) to assist patients and families in the development of a “plan of safe care” for mom and baby.</b>				
<b>Provide staff-wide (clinical and non-clinical staff) education on SUDs</b>	<i>Emphasize that SUDs are chronic medical conditions that can be treated. Emphasize that stigma, bias and discrimination negatively impact</i>			

# MASBIRT: How To Get Started



# SBIRT for Maternity Care

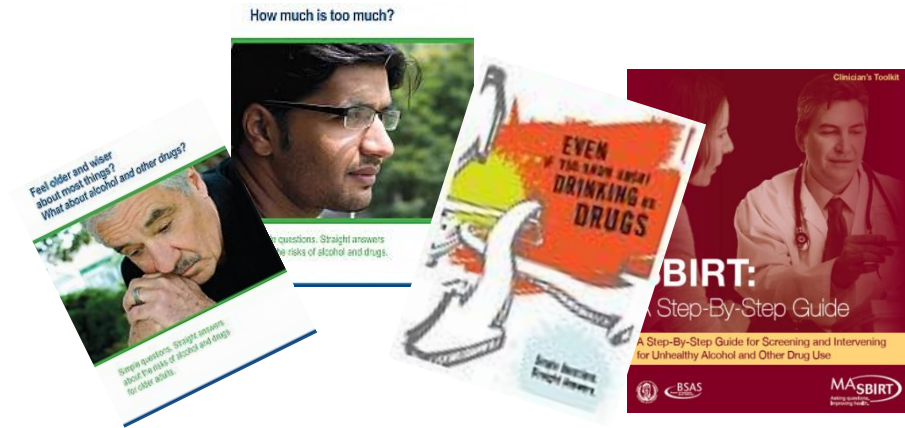
Alexandra Heinz LICSW, MPH  
Alissa Cruz, MPH



# MASBIRT Training and Technical Assistance

Based at Boston Medical Center & supported by MA DPH: Bureau of Substance Addiction Services (BSAS) to build statewide SBIRT awareness and capacity to:

- implement and integrate SBIRT into diverse settings and organizations
- and promote clinician SBIRT skills and competency



# Hello!

**Alex Heinz, LICSW, MPH**

Trainer at MASBIRT TTA

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Program Director at MASBIRT TTA

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# Disclosures

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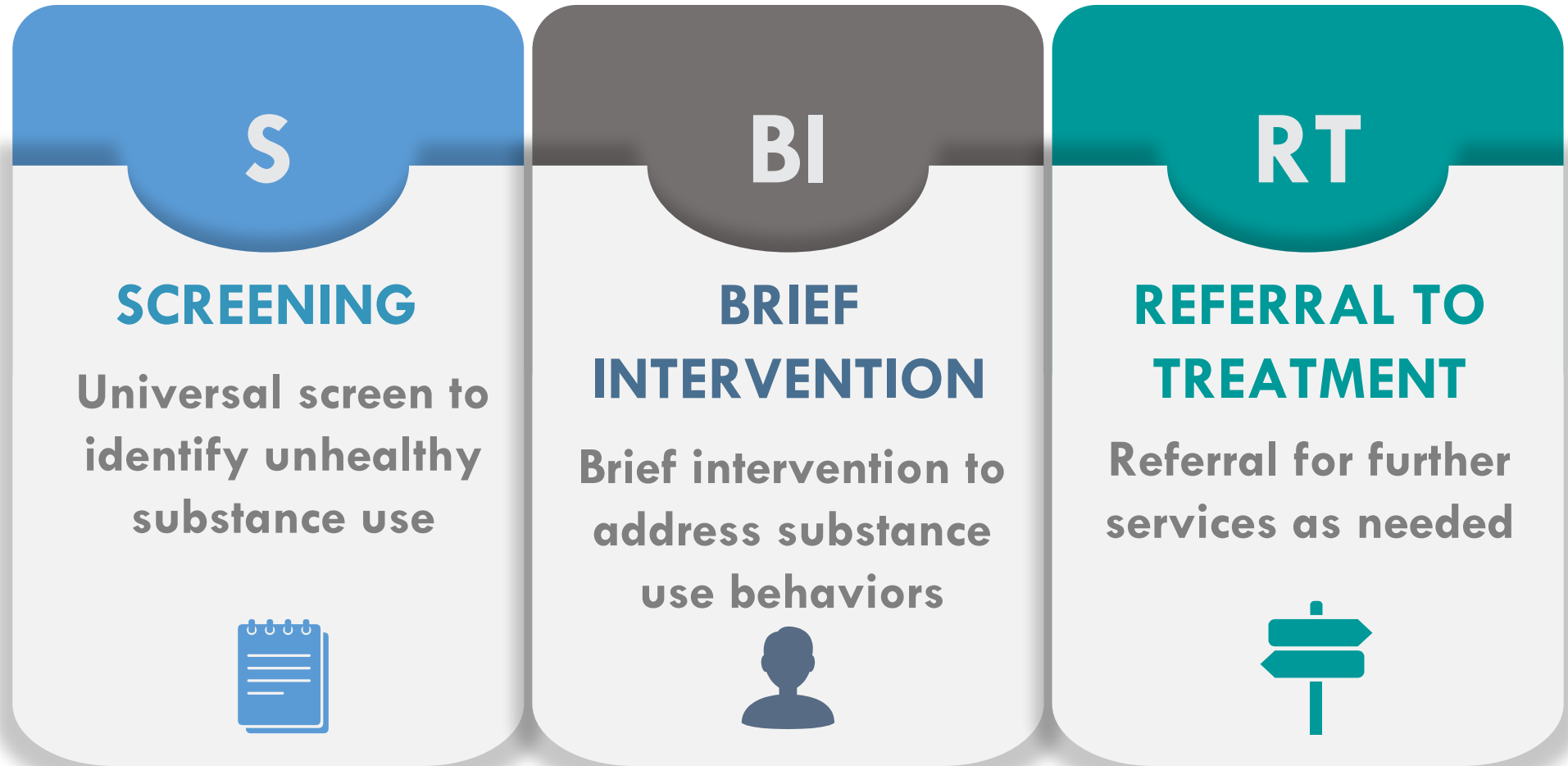
- No financial or other conflicts of interest to disclose
- Salary support from MA DPH BSAS

# Objectives

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1. Describe the basic components of SBIRT
1. Explain rationale for SBIRT integration in maternal perinatal care

# What is SBIRT?



# Scope of Substance Use in Pregnancy

## US Past Month Use of Substances Among Pregnant Women 2018<sup>1</sup>

- Tobacco/Nicotine = 11.6%
- Alcohol = 9.9%
- Illicit/Other Substances = 5.4%

## Massachusetts

- Approximately **1 in 5 pregnancy-associated deaths** (20.6%; n=41) was **related to substance use** in Massachusetts from 2005 to 2014<sup>2</sup>

1. SAMHSA. (2019, September). Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health. Retrieved from [https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/Assistant-Secretary-nsduh2018\\_presentation.pdf](https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/Assistant-Secretary-nsduh2018_presentation.pdf)

2. MDPH. (2017). The 2017 Massachusetts State Health Assessment. Retrieved from <https://www.mass.gov/lists/the-2017-massachusetts-state-health-assessment>

# Impact of Substance Use for Mothers

- **Inadequate prenatal care:**
  - Initiate prenatal care late
  - Attend fewer prenatal visits
  - Poor nutrition
  - Increased complication rates
  - Risk of miscarriage
- **Comorbidities associated with IV drug use**
  - Deep vein thrombosis
  - Pericarditis
  - Overdose
- **Infectious Disease**
  - Needle sharing
  - Pressure to trade sex for drugs

# Impact of Substance Use for Babies

- **Preterm Birth**
- **Low birth weight**
  - Fluctuating opioid concentrations □ unstable fetal environment
  - Tobacco use
  - Impact of maternal stress
- **Increased rate of admission to NICU**
- **Long term effects associated with polysubstance use**
  - Decreased cognitive performance
  - Attention problems
  - Disruptive behavior
  - Motor delays
- **Difficult to determine whether long term effects are result of prenatal exposures or postnatal environmental factors or both**

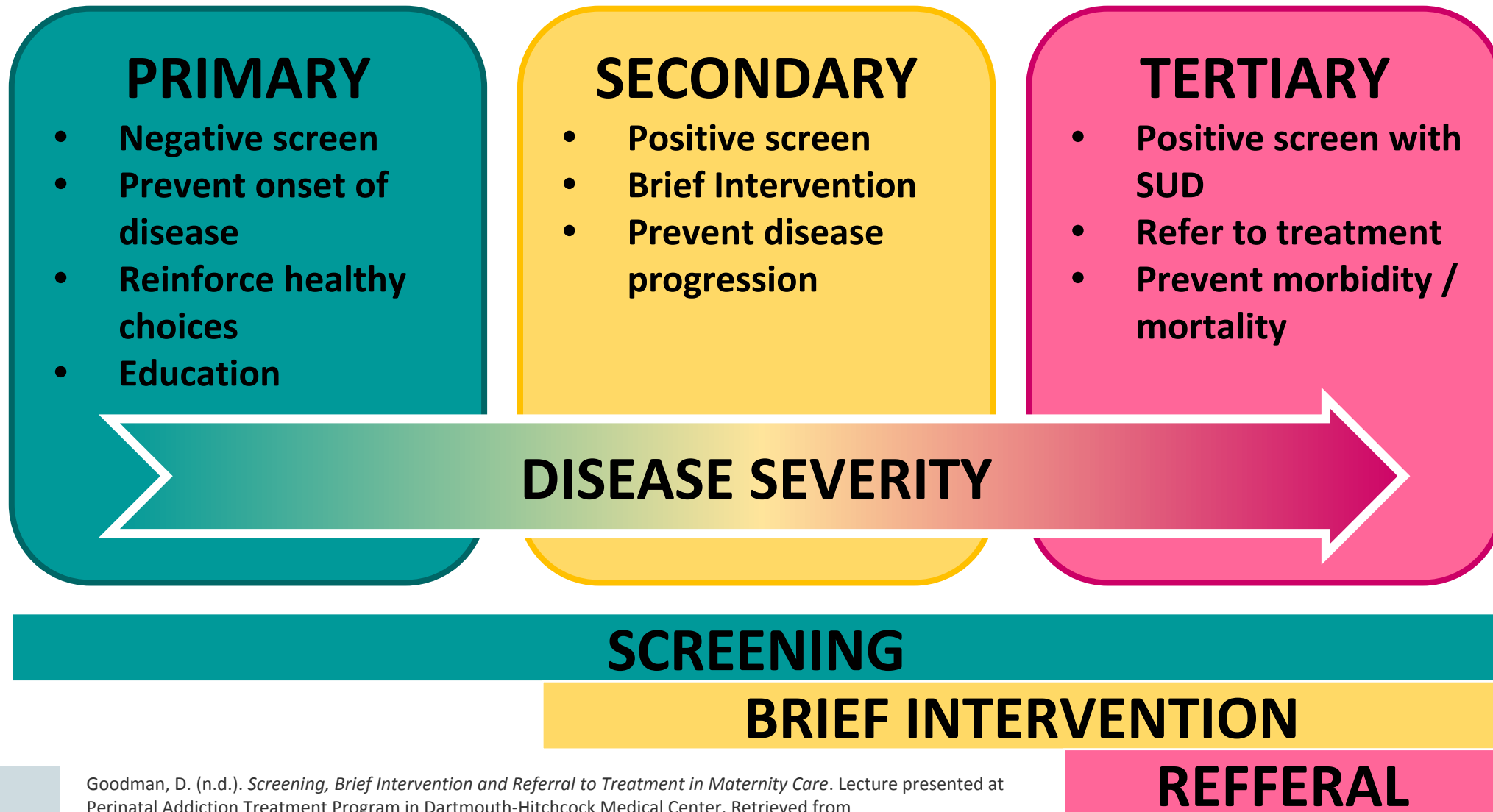


# Two Arms of SBIRT

1. Population health prevention and early intervention opportunity for patients without disease or patients with subclinical pre-symptomatic disease
1. Case finding and appropriate triage for patients with disease




# Population Health Approach



# SBIRT Effectiveness

Special Report ajog.org

## The role of screening, brief intervention, and referral to treatment in the perinatal period

 CrossMark

Tricia E. Wright, MD, MS; Mishka Terplan, MD, MPH; Steven J. Ondersma, PhD; Cheryl Boyce, PhD; Kimberly Yonkers, MD; Grace Chang, MD, MPH; Andreea A. Creanga, MD PhD

JAMA | US Preventive Services Task Force | **RECOMMENDATION STATEMENT**

## Screening and Behavioral Counseling Interventions to Reduce Unhealthy Alcohol Use in Adolescents and Adults

US Preventive Services Task Force  
Recommendation Statement

US Preventive Services Task Force

g pregnancy is at least as common as many of the medical conditions managed during pregnancy. While harmful and costly, it is often ignored or

**CONCLUSIONS AND RECOMMENDATION** The USPSTF recommends screening for alcohol use in primary care settings in adults 18 years or older, including pregnant and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use. (B recommendation) concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening and brief behavioral counseling interventions for alcohol use in primary care settings in adolescents aged 12 to 17 years. (I statement)

CLINICAL OPINION ajog.org

### OBSTETRICS

## Brief interventions for illicit drug use among peripartum women

Sherry L. Farr, PhD; Yalonda L. Hutchings, MD, MPH; Steven J. Ondersma, PhD; Andreea A. Creanga, MD, PhD

We review the evidence and identify limitations of the current literature on the effectiveness of brief interventions for illicit drug use among peripartum women.

Among pregnant women, brief motivational interventions have been shown to reduce illicit drug use and improve maternal and fetal outcomes.

# ACOG Committee Opinion



The American College of  
Obstetricians and Gynecologists  
WOMEN'S HEALTH CARE PHYSICIANS



ASAM American Society of  
Addiction Medicine

## ACOG COMMITTEE OPINION

Number 711, August 2017

*(Replaces Committee Opinion Number 524, May 2012)*

- “Before pregnancy and in early pregnancy, all women should be routinely asked about their use of alcohol and drugs, including prescription opioids and other medications used for nonmedical reasons.”
- “Screening for substance use should be part of comprehensive obstetric care and should be done at the first prenatal visit in partnership with the pregnant woman.”
- “Early universal screening, brief intervention, and referral for treatment of pregnant women with opioid use and opioid use disorder improve maternal and infant outcomes.”

# Why Not Drug Testing?

## Issues with accuracy:

- Issues with alcohol detection
- Short window of detection for most substances
- High false positive rates

## Logistical Issues:

- Easy to falsify unless observed
- Expensive if confirmation required
- Limited scope of substances detected

## May limit access to care (undesirable)

- 14% said this would be a deterrent to attending prenatal care

## OBSTETRIC CARE FOR WOMEN WITH OPIOID USE DISORDER

### Recognition & Prevention

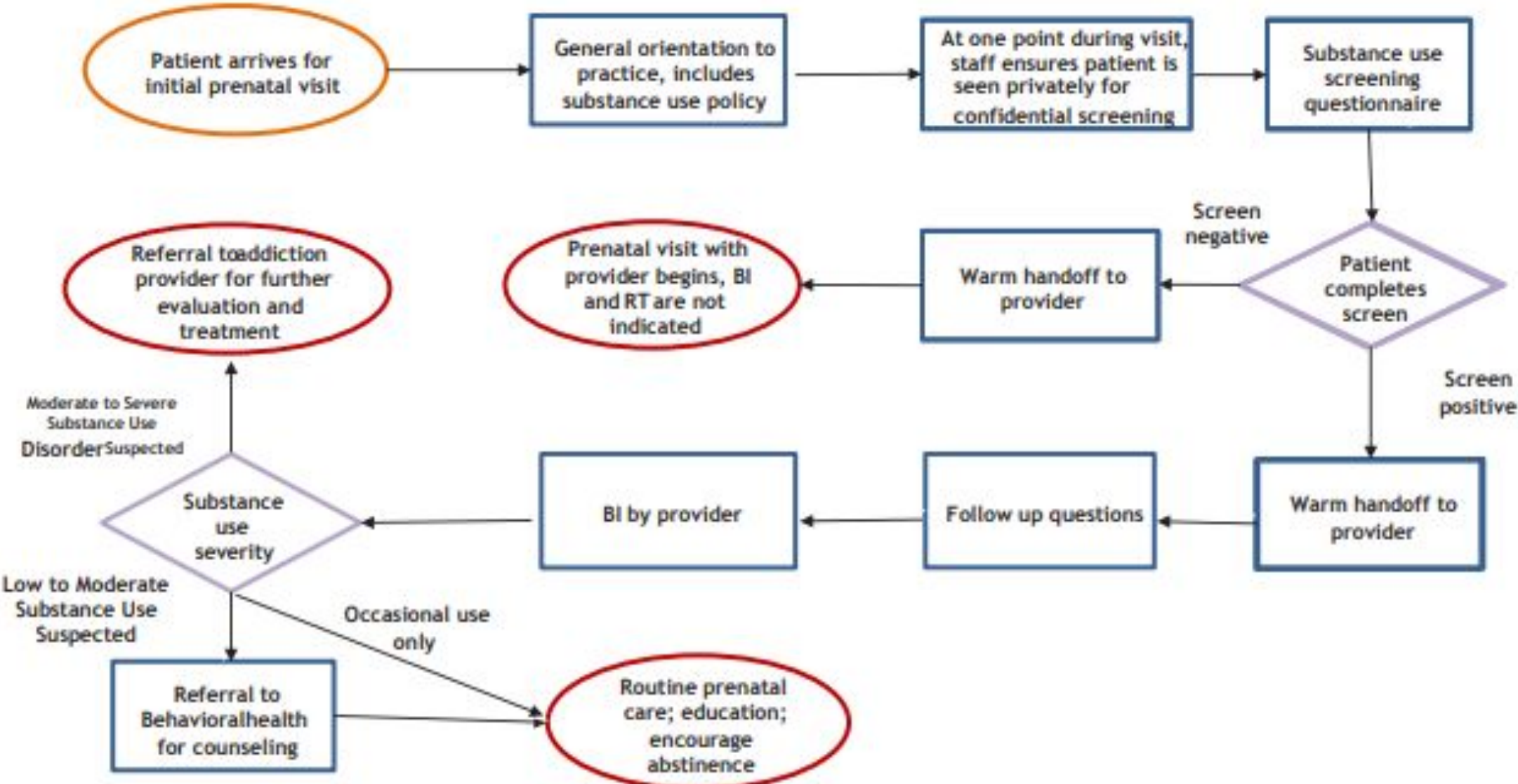
#### *Every provider/clinical setting*

- Assess all pregnant women for SUDs.
  - Utilize validated screening tools to identify drug and alcohol use.
  - Incorporate a screening, brief intervention and referral to treatment (SBIRT) approach in the maternity care setting.
  - Ensure screening for polysubstance use among women with OUD.
- Screen and evaluate all pregnant women with OUD for commonly occurring co-morbidities.
  - Ensure the ability to screen for infectious disease (e.g. HIV, Hepatitis and sexually transmitted infections (STIs)).
  - Ensure the ability to screen for psychiatric disorders, physical and sexual violence.
  - Provide resources and interventions for smoking cessation.
- Match treatment response to each woman's stage of recovery and/or readiness to change.

# Staffing Models

Screening	Brief Intervention	Referral to Treatment
Front Desk	RN	RN
MA	Provider	Provider
RN	Social Worker/ CHW/ Case Manager	Social Worker/ CHW/ Case Manager

# Workflows





# Implementation Checklist

## STEP 1: Formative Planning

- Initial steps when considering implementing SBIRT across the clinic. Formative planning will help lay the groundwork by outlining the scope of work, timeline, systems of communication, and SBIRT team members.

## STEP 2: Process Planning

- Detailed consideration of all of the components of SBIRT. Process Planning supports the development of strategies for every stage of SBIRT implementation.

## STEP 3: Implementation

- Final preparation and SBIRT go-live. Implementation is the process of executing strategies to put SBIRT into effect.

## STEP 4: Refinement and Sustainability

- Fine-tuning SBIRT processes after go-live and considering systems changes to sustain SBIRT long term.

# What is Screening?



## 4Ps / 4Ps Plus

1. Ask patient about various domains of risk
1. If positive, continue assessment with follow up questions
1. Determine risk level
1. Conduct Brief Intervention as needed

Alternatively, The Institute for Health and Recovery adapted this tool into the 5Ps which can be used for free.

# 5Ps Screen

### BEHAVIORAL HEALTH RISKS SCREENING TOOL

For Pregnant Women

Patient/Client Name \_\_\_\_\_ DOB \_\_\_\_\_  
 Is patient pregnant?  YES  NO Gestational Age \_\_\_\_\_ Date \_\_\_\_\_  
 Provider Site \_\_\_\_\_ Screener Name \_\_\_\_\_

Women and their children's health can be affected by emotional problems, alcohol, tobacco, other drug use and violence. Women and their children's health are also affected when these same problems are present in people who are close to them. Alcohol includes beer, wine, wine coolers, liquor and spirits. Tobacco products include cigarettes, cigars, snuff and chewing tobacco.

1. Did any of your parents have a problem with alcohol or other drug use?	<b>PARENTS</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Do any of your friends have a problem with alcohol or other drug use?	<b>PEERS</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Does your partner have a problem with alcohol or other drug use?	<b>PARTNER</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. In the past, have you had difficulties in your life due to alcohol or other drugs, including prescription medications?	<b>PAST</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Check YES if she agrees with any of these statements. - In the past month, have you drunk any alcohol or used other drugs? - How many days per month do you drink? - How many drinks on any given day? - How often did you have 4 or more drinks per day in the last month?	<b>PRESENT</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Have you smoked any cigarettes or used any tobacco products in the past three months?	<b>TOBACCO</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. Over the last few weeks, has worry, anxiety, depression, or sadness made it difficult for you to do your work, get along with other people, or take care of things at home?	<b>EMOTIONAL HEALTH</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Are you currently or have you ever been in a relationship where you were physically hurt, choked, threatened, controlled or made to feel afraid?	<b>VIOLENCE</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**PROVIDER USE ONLY**

Brief Intervention/Brief Treatment	Y	N	NA
Did you <b>State</b> your medical concern?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you <b>Advise</b> to abstain or reduce use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you <b>Check</b> patient's reaction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you <b>Refer</b> for further assessment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you <b>Provide</b> written information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Review risk.


Refer to tobacco cessation program or addictions and/or recovery programs.

Refer to domestic violence prevention.

Refer to mental health program.

Develop a follow-up plan with patient.

Place Patient Sticker Here



Please fill this out and give to the medical assistant when he/she takes you to the exam room. Your answers will help your care team take better care of your health and connect you with resources. Thank you!

### Institute for Health and Recovery

#### Integrated Screening Tool

By "alcohol," we mean beer, wine, wine coolers, or liquor. By "drugs" we mean marijuana, prescription medications, and illicit substances (heroin, cocaine, ecstasy, methamphetamines, PCP, LSD, etc.).

- 1) Parents/Caregivers**  
 Do/Did any of your parents/caregivers have a problem with alcohol or other drug use? Yes  No
- 2) Peers**  
 Do any of your friends have a problem with alcohol or other drug use?  Yes  No
- 3) Partner**  
 Does your partner have a problem with alcohol or other drug use?  Yes  No
- 4) Violence**  
 Are you feeling at all unsafe in any way in your relationship with your current partner?  Yes  No
- 5) Emotional Health**  
 Over the last few weeks, has worry, anxiety, depression, or sadness made it difficult for you to do your work, get along with people, or take care of things at home?  Yes  No
- 6) Past**  
 In the past, have you had difficulties in your life due to alcohol or other drugs, including prescription medications?  Yes  No
- 7) Present**  
 In the past month, have you had any alcohol or used other drugs?  Yes  No  
 If yes:  
 7a) How many days per month do you drink? \_\_\_\_  
 7b) How many drinks on any given day? \_\_\_\_  
 7c) How often did you have 4 or more drinks per day in the last month? \_\_\_\_
- 8) Present**  
 Have you smoked any cigarettes in the past three months?  Yes  No
- 9) Comments?**

## NIDA Quick Screen

1. Ask patient about past year use with NIDA Quick Screen
  - Alcohol
  - Tobacco
  - Prescription Drugs for Non-Medical Reasons
  - Illegal Drugs
2. If positive, begin NIDA-Modified Assist
  1. Determine risk level
  1. Conduct Brief Intervention as needed

# NIDA Quick Screen

Quick Screen Question:	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
<b><u>In the past year</u>, how often have you used the following?</b>					
<b>Alcohol</b> <ul style="list-style-type: none"> <li>• For men, 5 or more drinks a day</li> <li>• For women, 4 or more drinks a day</li> </ul>					
<b>Tobacco Products</b>					
<b>Prescription Drugs for Non-Medical Reasons</b>					
<b>Illegal Drugs</b>					

	Alcohol	Tobacco	Prescription Rx	Illegal Rx
<b>Negative Screen</b>	Never	Never	Never	Never
<b>Positive Screen</b>	Over Limits	Any Use	Any Use	Any Use

## CRAFFT or CRAFFT + N (for teens 12+)

1. Ask patient three or four frequency questions and one Car question
1. If positive, follow up with remaining five CRAFFT questions
1. Determine risk level
1. Conduct Brief Intervention as needed

## The CRAFFT+N Questionnaire

To be completed by patient

Please answer all questions **honestly**; your answers will be kept **confidential**.

**During the PAST 12 MONTHS, on how many days did you:**

1. Drink more than a few sips of beer, wine, or any drink containing **alcohol**? Put "0" if none.   
# of days
2. Use any **marijuana** (weed, oil, or hash by smoking, vaping, or in food) or "**synthetic marijuana**" (like "K2," "Spice")? Put "0" if none.   
# of days
3. Use **anything else to get high** (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff, huff, or vape)? Put "0" if none.   
# of days
4. Use **any tobacco or nicotine** products (for example, cigarettes, e-cigarettes, hookahs or smokeless tobacco)?   
# of days

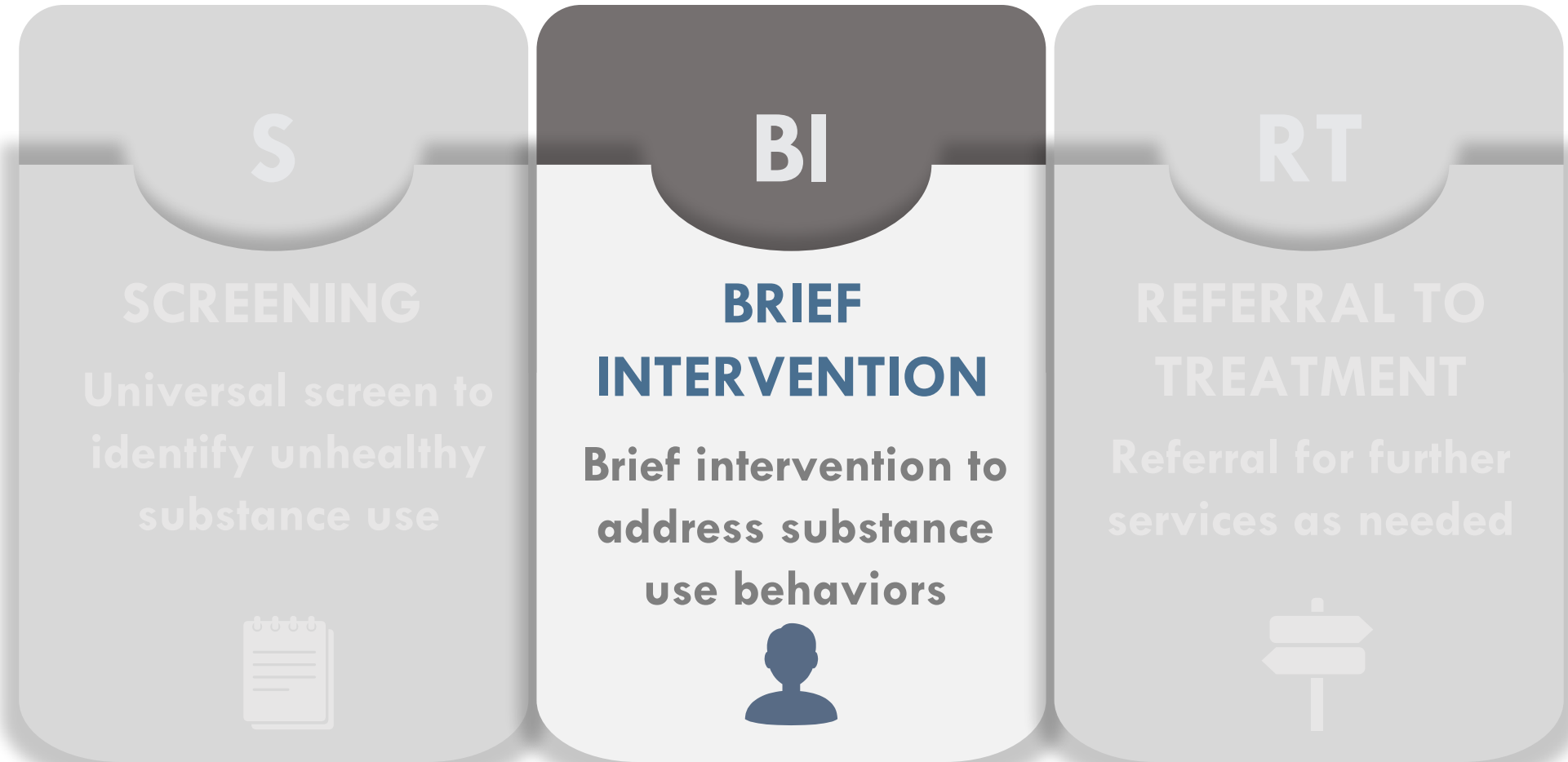
**READ THESE INSTRUCTIONS BEFORE CONTINUING:**

- If you put "0" in **ALL** of the boxes above, **ANSWER QUESTION 5, THEN STOP.**
- If you put "1" or higher in **ANY** of the boxes above, **ANSWER QUESTIONS 5-10.**

- |   | No                       | Yes                      |
|---|--------------------------|--------------------------|
| 5. Have you ever ridden in a <b>CAR</b> driven by someone (including yourself) who was "high" or had been using alcohol or drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you ever use alcohol or drugs to <b>RELAX</b> , feel better about yourself, or fit in?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you ever use alcohol or drugs while you are by yourself, or <b>ALONE</b> ?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you ever <b>FORGET</b> things you did while using alcohol or drugs?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do your <b>FAMILY</b> or <b>FRIENDS</b> ever tell you that you should cut down on your drinking or drug use?                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you ever gotten into <b>TROUBLE</b> while you were using alcohol or drugs?   | <input type="checkbox"/> | <input type="checkbox"/> |



# What is Brief Intervention?



# Brief Intervention

- Brief Interventions are:
  - Brief
  - Non-judgmental
  - Non-confrontational
  - Guided
- A good Brief Intervention adheres to the principles of Motivational Interviewing (MI) and uses MI skills



# What is Referral to Treatment?



- Internal Program Resources
  - IBH Team
  - Psychiatry
  - Addiction Medicine
- Local Resources
- BSAS 24/7 Substance Abuse Helpline
  - Help with finding services for alcohol & drug use
  - 800-327-5050
  - <https://helplinema.org/>
- Institute for Health and Recovery Referral Line
  - For pregnant women and parents affected by substance use disorders
  - 866-705-2807
  - <http://www.healthrecovery.org/our-work/pregnant-women-and-families/>

# How MASBIRT TTA Can Help You

MASBIRT TTA is funded by BSAS to provide:

- Implementation planning
- Skills training
- Technical assistance
- Coaching
- Fidelity monitoring

Other online resources:

- PNQIN <https://www.pnqinma.org/>
- MPQC <https://mapqc.org/>
- New Hampshire SBIRT Implementation Playbook for Perinatal Providers  
<https://sbirtnh.org/playbook/>

# Thanks!

Any questions?

You can find us at:

[www.masbirt.org](http://www.masbirt.org)



**Thank You**

