

Establishing and Sustaining an SBIRT Policy Advisory Committee



Having a strong and engaged Policy Advisory Committee (PAC) takes time and commitment. Leadership to support the efforts is essential along with dedication from the agency and staff members.

Practice 1: Understand SBIRT and identify how it will fit

The New York State Office of Alcoholism and Substance Abuse Services (OASAS) recognized early that Screening, Brief Intervention, and Referral to Treatment (SBIRT) was an evidence-based strategy that could be used to achieve agency goals. After several years of internal discussions, SBIRT was recommended by the New York State Medicaid Redesign Team as an opportunity to identify risky substance use behavior and intervene early to avoid more costly levels of care and ensure better results for patients. The Medicaid billing codes were activated in 2010 and encounter data is monitored regularly.

In 2011 OASAS was awarded a five-year federal grant by SAMHSA to implement SBIRT. One of the requirements of the grant was to establish a steering committee to assist with oversight and guidance for sustaining SBIRT. Understanding the implementation of SBIRT requires a systems change and multi-level decision-making process: OASAS undertook a cross systems effort to encourage stakeholders to participate in this PAC.

2011-2016

NYSBIRT 1 was awarded in 2011 to deliver services in Jefferson County emergency departments near the Fort Drum location and STD clinics in New York City. This grant was recently expanded to include tuberculosis (TB) chest centers in NYC and a federally-qualified health center (FQHC) in Jefferson County.

In 2012, OASAS worked with Morris Heights Health Center (Bronx) and Winthrop University Medical Center (Long Island) to deliver SBIRT in five school-based health centers (SBHC).

Practice 2: Establish the Committee with strong and diverse members and agree to a mission statement and goals

A State Policy Advisory Committee (PAC) was planned in 2011 with agency leadership serving as co-chairs:

- Steven S. Kipnis, MD, FACP, FASAM, NYS OASAS Medical Director
- Guthrie Birkhead, MD, MPH, Deputy Director, Office of Public Health, NYS DOH

Membership representing authorities in public health, mental health, substance abuse treatment, veterans and military affairs, health insurance policies and practices and research and evaluation was identified and invited to participate with the first meeting taking place in 2012. A mission statement was presented and accepted by the committee:

To provide strategic policy guidance on the establishment of SBIRT as a permanent and inseparable element of primary care services offered across the state in a wide array of settings for the full spectrum of patients across all social and economic groups.

Practice 3: Keep the Committee fresh and alive with new members and new ideas

Membership increased since the original establishment of the committee. The original premise continues to include representatives that will assist with moving SBIRT forward.

- SBIRT Grant Leadership
- SBIRT Early Adopters
- Hospital Associations
- Behavioral Health Coalitions
- Family Physician Coalitions
- National Screening, Brief Intervention and Referral to Treatment Addiction Technology Transfer Center (National SBIRT ATTC)
- Managed Care Organizations/Insurance Companies
- State Agencies
- Research Organizations
- Behavioral Health Organizations
- Medical Staff

During the first two years, the PAC met on three occasions. An OASAS internal team with agency cross representation met monthly to review SBIRT grant and agency SBIRT activities and plan for the PAC agenda. During each PAC meeting, information was provided to inform and educate the committee. Regular updates included:

- introductions of new members,
- highlights from the co-chairs,
- grant updates and milestones,
- federal update provided by SAMHSA,
- educational presentation, and
- Every meeting concluded with an evaluation of the meeting to assist and advise for future planning and meeting agendas.

Practice 4: Keep the Committee engaged with activities that contribute toward overall PAC goals

Workgroups were established to assist with promoting SBIRT. Each workgroup is co-chaired by a staff member and an outside stakeholder from the PAC. The groups meet via conference call and share information with regular updates provided at the PAC meetings.

- Marketing Workgroup
- Implementation Workgroup
- Leadership Workgroup
- Billing and Reimbursement Workgroup
- Managed Care Workgroup
- Primary Care Physicians Workgroup
- Broad Based Behavioral Health Screen Workgroup
- Adolescents and School-Based Health Centers (SBHC) Workgroup

Practice 5: Be willing to adjust to new opportunities

At the beginning of the third year, SAMHSA awarded New York a second five-year SBIRT grant.

2013-2018

NYSBIRT 2 was awarded in 2013 to work in partnership with CASAColumbia and the North Shore – Long Island Jewish Health System to deliver services to populations impacted by Hurricane Sandy in four emergency departments and three internal medicine clinics in Long Island, Staten Island, and Lower Manhattan.

Practice 6: Conduct organized meetings and assess your committees interest. Most importantly, listen to the committee

During the third year, the PAC membership increased with the addition of the SBIRT 2 new grant partnerships. Membership remained strong and meetings evolved making general education about SBIRT unnecessary. Rather the committee has requested to be engaged with topics for discussion to assist with overcoming challenges and barriers. Prior to each meeting, the workgroup co-chairs assist with the agenda and identify a topic(s) for discussion along with questions for a pre-survey. The constant meeting updates include:

- Introductions of new members,
- Highlights from the co-chairs,
- Federal Update provided by SAMHSA,
- Challenge or barrier presented for discussion,
- Grant updates provided via email prior to the meeting with time allowed at the end of the meeting to highlight activities and answer questions.

Practice 7: Share and Celebrate Successes

POLICY ADVISORY COMMITTEE SUCCESS

- The major focus for the PAC has been to increase awareness of and ensure commitment to SBIRT among a variety of stakeholders. Expanding the SBIRT model into primary care settings has been recommended by the Governor's Medicaid Redesign Team as an element for patient assessment and enhanced quality care which will lead to improved population outcomes.
- A SBIRT logo was developed and is utilized on all SBIRT communications.
- Three marketing pieces were developed to introduce and provide necessary information to providers exploring and considering SBIRT.
- OASAS is working to increase awareness with managed care organizations and physicians as critical stakeholders to promote and encourage the use of this model to provide better quality care and address alcohol and substance use before it becomes an issue.
- OASAS is partnering with the NYS Department of Health to raise awareness with more than 58,000 physicians as they are instrumental in having this discussion with patients.
- Discussions with managed care organizations are underway to raise awareness of SBIRT as a fundamental approach for improving quality of care by focusing on safety, effectiveness, patient-centeredness, and root causes of many health issues.
- In addition to reaching primary care providers, we are working with SBHC on demonstration projects to reach adolescents.
- In a recent survey of the PAC membership, the interest and understanding of SBIRT has grown.
 - 80% noted they are more knowledgeable about SBIRT and consider themselves to be champions of SBIRT.
 - 80% of the respondents are planning to present SBIRT to senior staff in the near future.
 - 60% are currently planning to adopt SBIRT.
 - Over 80% have been successful including SBIRT information in a communication vehicle to a wider audience.
 - Participants agree that the SBIRT model is beneficial for raising awareness of the consequences of use, reducing the likelihood of addiction and improving health
- Additional members were added to the PAC to support efforts in school- based health centers.
- Meetings with SBHC were coordinated, receiving favorable response with attendance and interest in learning more about integrating SBIRT into this setting.

Practice 8: Be creative to assist your champions with sustainability

- A standard communication script was developed for participants to readily promote and champion SBIRT:

When you are asked about SBIRT, remember PREP:

Public Health, Research, Evidence-Based, Performance Measure.

- **PUBLIC HEALTH:** Screening Brief, Intervention, and Referral to Treatment is a public health approach for identifying risky but non-dependent substance users in health care and other community settings, and providing early intervention to prevent more severe consequences.
- **RESEARCH:** Research has shown that SBIRT effectively reduces substance use among a variety of populations and provides the fourth greatest return on medical investment, behind only aspirin, childhood immunizations and tobacco cessation.
- **EVIDENCE BASED:** SBIRT is an evidence based practice that is reimbursable by Medicaid, Medicare and private insurance.
- **PERFORMANCE MEASURE:** Screening and Brief Intervention was recently endorsed by the National Quality Forum (NQF), a gold standard for healthcare quality.

CONCLUSION

Having a strong and engaged PAC takes time and commitment. Leadership to support the efforts is essential along with dedication from the agency and staff members. Identifying key stakeholders and making the connection for them as to the benefit of SBIRT is important. Regular assessments of your committee through communication and evaluations will help to identify strengths and weaknesses and assist with identifying the need for additional members.

For more information,
visit the OASAS webpage at www.oasas.ny.gov/AdMed/sbirt/index.cfm
or call (518) 457-5989



The Screening, Brief Intervention and Referral to Treatment (SBIRT) Policy Advisory Committee (PAC) was established as part of the New York State Office of Alcoholism and Substance Abuse Services Cooperative Agreement with the Substance Abuse and Mental Health Services Administration (SAMHSA, TI023470 and TI025102)