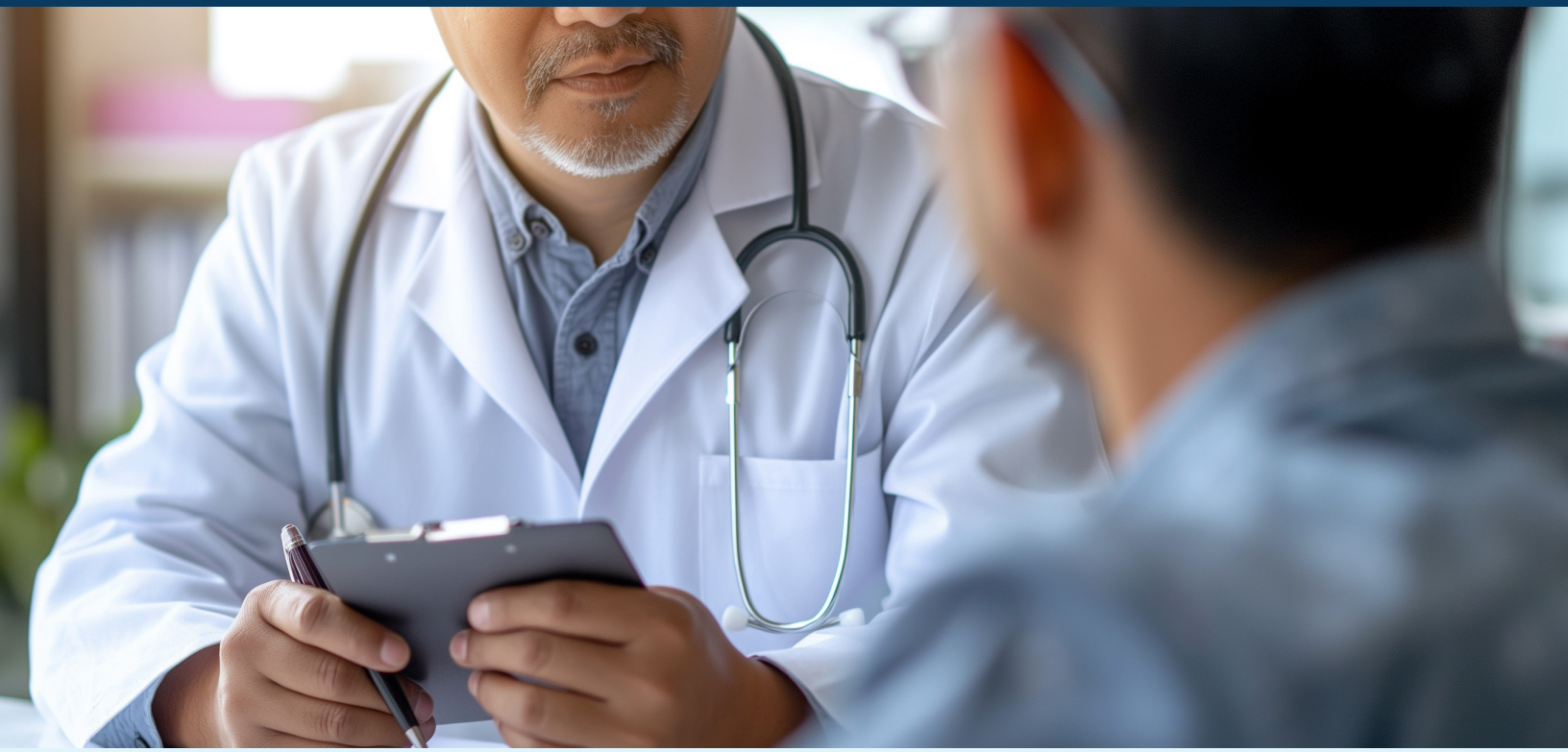
SBIRT IN PRIMARY CARE

Keeping Your SBIRT Workflow Fresh and Effective

mosaic GROUP



SBIRT has been shown time and again to improve outcomes by identifying and addressing risky substance use early in primary care. But implementing SBIRT isn't a "set it and forget it" process. Like any clinical workflow, it requires regular reflection and adjustment to remain effective, sustainable, and valuable for both patients and providers.

This tool offers practical tips to help your team keep SBIRT practices energized, responsive to changing needs, and aligned with your quality goals. By revisiting and refreshing your workflow, you can maintain momentum, address challenges before they grow, and ensure SBIRT continues to be a meaningful part of everyday care.

1. Review Your Workflow Regularly

- **Schedule check-ins** (quarterly or bi-annually at pre-scheduled staff meetings) with staff to discuss what's working and where challenges arise. Making SBIRT a regular agenda item in quality improvement or performance review meetings helps reinforce its role as a key component of the practice's care delivery.
- **Track data trends:** Look at rates of screening completion, positivity, and follow-through on brief interventions or referrals. Develop strategies to improve areas of SBIRT performance that may not be optimized.
- **Adjust roles and responsibilities** as needed to improve efficiency and clarity.

2. Keep Patient-Centered Care at the Core

- **Frame substance use screening and conversations as part of whole-person health**; normalize the discussion as you would any other screening question or discussion about other areas of the patient's overall health.
- **Integrate SBIRT conversations into broader health discussions; try not to silo them.** A patient's substance use is often related to other areas of their care that you are talking to the patient about addressing.
- **Make sure referrals are warm handoffs, when possible,** with clear follow-up steps. Avoid giving the patient the name of a program or list of treatment options with phone numbers and hope that the patient is able to navigate their way to services. Offer help in making the appointment and then task a team member to follow-up with the patient.

3. Keep Staff Engaged and Confident

- **Offer 'boosters' or refreshers annually** so staff remain comfortable with screening tools and brief intervention techniques. Ask staff about topics that they are interested in receiving booster training or offer training to respond to data trends that are concerning.
- **Embed SBIRT training as part of new staff onboarding** and annual competency evaluations. Provide positive reinforcement to staff that deliver quality SBIRT screening and interventions.
- **Celebrate successes** by sharing patient stories or highlighting data improvements.

4. Use Data to Drive Improvements

- **Compare your screening positivity rates to expected community or population benchmarks.**
- **Look for patterns:** Low rates may point to inaccurate, incomplete or reduced levels of screening, while high rates may indicate a higher-risk population.
- **Share findings at staff meetings** to build a culture of data-informed patient care.

5. Update Resources and Connections

- **Refresh your list of community resources every 6-12 months** to ensure referrals are accurate and accessible.
- **Provide patients with updated educational materials** for both alcohol and drug use that are both relatable and understandable.

Think of SBIRT as a living part of your practice, not a one-time project. When you revisit it often, invite staff ideas, lean on your data, and keep patients at the heart of the process, SBIRT stays strong and continues to make a real difference.