

**Models of Integrated Care in Practice  
A Facilitated Discussion of Three Models**

**Technology can facilitate every step of SBIRT practice**, by Edwin D. Boudreaux, PhD

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Dr. Boudreau described how computerized depression and substance use screening can improve standardization, efficiency, and accuracy, especially if it is integrated into the electronic health record, as well as electronic toolkits can help guide motivational interviewing. He also noted that electronic screening can result in referrals that can be tailored more accurately to the individual and made more proactive to help facilitate the initial contact with a provider.

**Medical Assistants and Care Managers Reduce Provider Integrated Care Costs and Time**, by Ana Perez, LCSW

Integrated Care Manager  
Chelsea HealthCare Center  
Massachusetts General Hospital

After Medical Assistants administer pre-screening questions (depression, alcohol and other drugs), the Care Manager reviews them and implements fuller screening of patients who screen in 'at risk.' Providers are notified of those who then screen in for risk from this second screening, and initiate a short Brief Intervention. The Care Manager follows up with patients through a longer Brief Intervention, and develops a plan with patients ready to consider a change. The Care Manager also follows up by phone to support patient change and address ambivalence, barriers, et al.

**Psychiatrist consults with Provider and Care Manager to Support Integrated Care Management**, by Pedro Fernandez, MD

Assistant Professor in Psychiatry  
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Boston MA

After the Practice Assistants complete the initial pre-screening and further screening for patients at risk, the physician provides a brief intervention. The Care Manager is contacted for patients in need of further Brief Intervention (for substance use) or Behavioral Activation Plan (for depression). The psychiatrist is available by page for consultations.

Organization	Setting & Target Population	Screening Tool(s)	Screening	handoff	Brief Intervention	Referral to Treatment	Data Storage
UMass Medical  <b>Edwin D. Boudreaux, PhD</b>	ED patients Tobacco, Alcohol, Drugs, Anxiety Depression PTSD	HIS, AUDIT, DAST, PHQ-9, GAD-7, PC-PTSD	BHS Health Promotion Advocate	n/a	BHS HPA	BHS Health Promotion Advocate	Report scanned into ED- EHR. Patient given personalized report.
Chelsea HealthCare Center- MGH  <b>Ana M. Perez, MSW, LCSW</b>	Primary Care Clinic, Adult Medicine	PHQ-2, ETOH, Drug Use short screens, PHQ-9, AUDIT, DAST	Short Screen by Medical Assistants, Tools by Care Mgr	Page	Primary Care Providers and Care Manager	Page	Visit and/or Telephone Calls documented in LMR; PHQ-2, PHQ-9 and AUDIT entered in PIC excel and LMR and PIC excel sheet; All short screens, PHQ-9, DAST
Boston Medical Center- GIM Primary Care <b>Pedro J Fernandez, MD</b>	Primary Care Clinic, Adults	AUDIT, DAST-10, PHQ-9	Practice Assistants, Primary Care Provider	Warm hand-offs, EMR note, page	Care Manager	LICSW	Screening Tools incorporated into EMR