



INTEGRATED CARE DC

ADAPTING EVIDENCE BASED PRACTICES IN AN INTEGRATED SETTING

FACILITATED BY:
Shannon Robinson, MD
Marsha Johnson, MSW, LCSW
Jennifer Frey, PhD

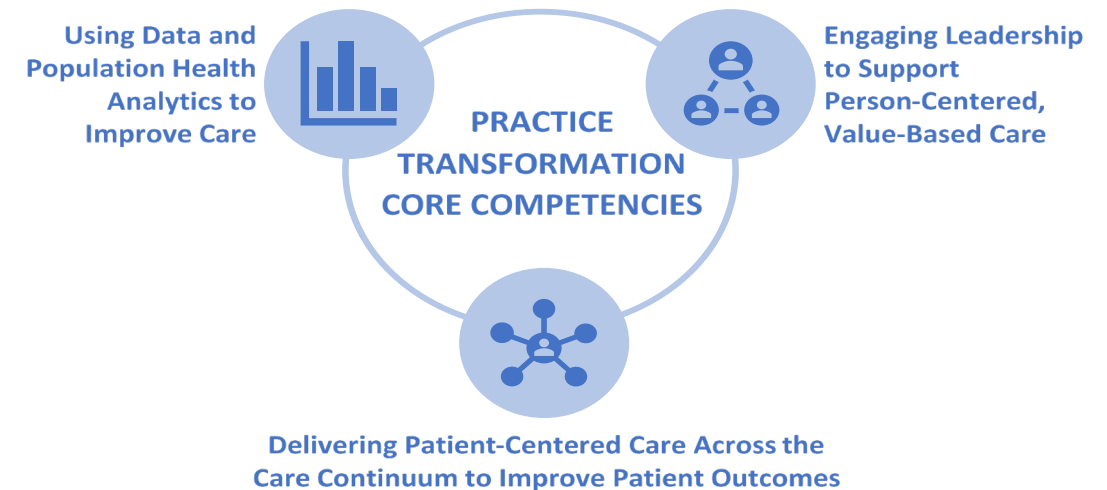
Tuesday,
October 19, 2021
12pm – 1pm EST

The Integrated Care Technical Assistance Program (ICTA) is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH). This project is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$4,616,075.00 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, or an endorsement by, CMS/HHS, or the U.S. Government.

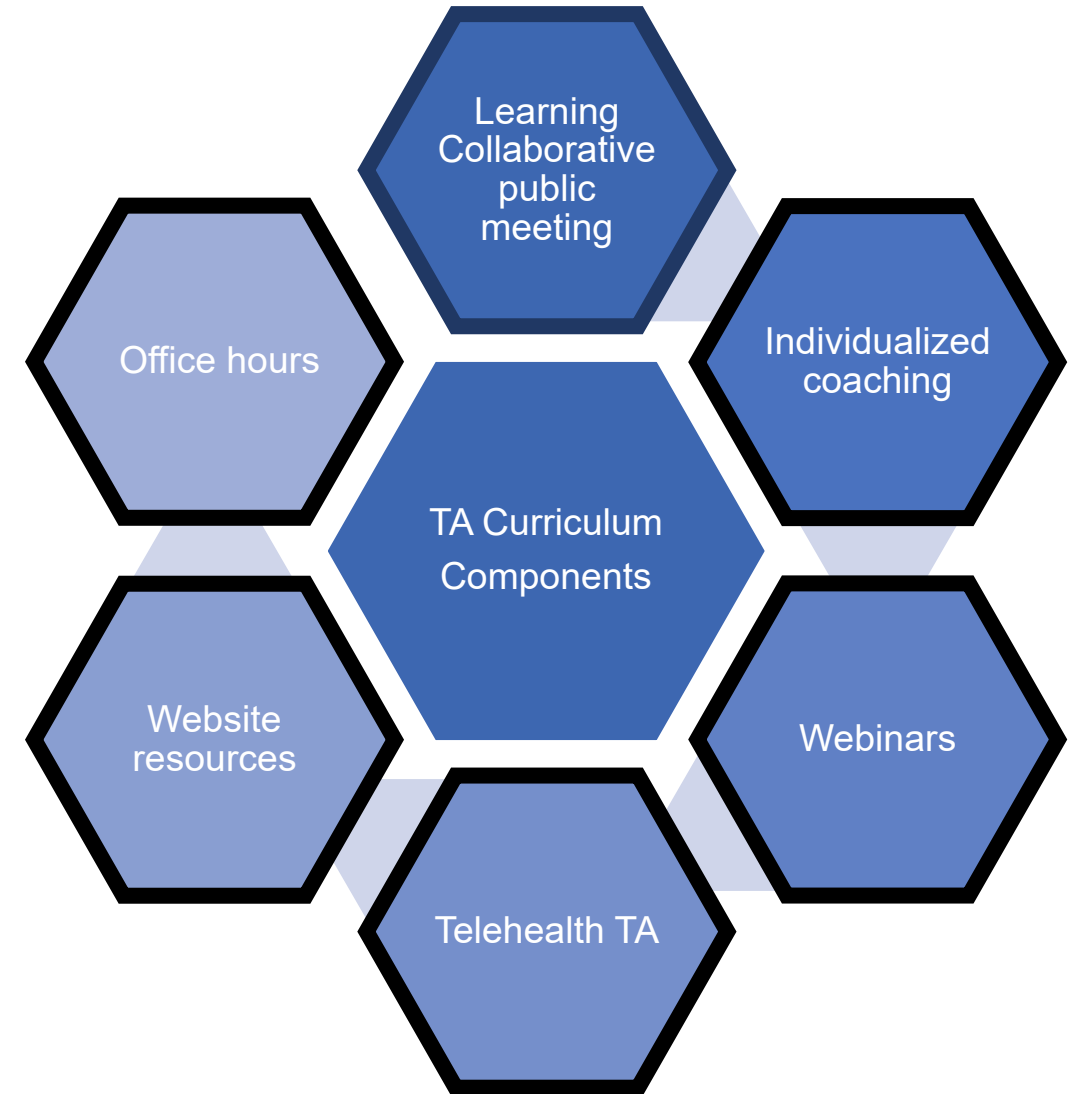
WHAT IS THE ICTA PROGRAM?

- >> The Integrated Care DC initiative is a five-year program aimed to enhance Medicaid providers' capacity and core competencies to deliver whole person care for physical, behavioral health, SUD and social needs of beneficiaries.
- >> The Integrated Care DC Initiative is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH). Health Management Associates will provide the training and technical assistance.

The goal is to improve care and Medicaid beneficiary outcomes within three practice transformation core competencies:



- » The program offers several components of coaching and training. Material is presented in various formats. The content is created and delivered by HMA subject matter experts with provider spotlights.
- » All material is available on the project website: [Integratedcaredc.com](https://integratedcaredc.com)
- » Educational credit is offered at no cost to attendees for select elements.



PRESENTERS



INTEGRATED CARE DC



Shannon Robinson
TA Coach/SME

srobinson@healthmanagement.com



Jennifer Frey, Ph.D.
Presenter

jfrey@unityhealthcare.org



Marsha Johnson, LCSW
TA Coach/SME

mjohnson@healthmanagement.com

DISCLOSURES



INTEGRATED CARE DC

Faculty	Nature of Commercial Interest
Shannon Robinson, MD, FASAM	Shannon Robinson discloses that she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of healthcare clients.
Marsha Johnson, LCSW	Marsha Johnson discloses that she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of healthcare clients.
Jennifer Frey	Jennifer Frey discloses that she is an employee of Unity Health Care, a non-profit health and social services organization providing integrated behavioral health and mental health treatment evidence-based approaches. She also discloses that is involved with the motivational interviewing network of trainers providing motivational interviewing for mental health practitioners.
Elizabeth Wolff, MD, MPA CME Reviewer	Dr. Wolff discloses that she is an employee of Health Management Associates, a national research and consulting firm providing technical assistance to a diverse group of healthcare clients.

Adopting Evidence- Based Practices in an Integrated Setting

- Welcome and Program Announcements
 - Define the components of evidence-based practices (EBPs)
 - Explain how EBPs can be successfully implemented
 - Interview with Jennifer Frey
 - Motivational interviewing
- Closing Remarks/Q&A

OBJECTIVES

- Define the components of evidence-based practices (EBPs)
- Explain how EBPs can be successfully implemented
- Describe the spirit of motivational interviewing (MI)
- Outline the evidence base for MI
- Identify when MI can be used effectively
- Overview the best approaches to learning MI



Image permitted by DC Department of Health Care Finance

EVIDENCE BASED PRACTICE



Photo from Unsplash

- »» What are some evidence-based interventions done at your clinic?
- »» Wait to press enter

DEFINITION OF EVIDENCE BASED PRACTICES (EBP)

The term evidence-based medicine was coined in the early 1990's by David Sackett and colleagues at McMaster University in Ontario, CA.

The definition has been refined as the integration of

- » best research evidence with
- » clinical expertise and
- » patient values
- » to achieve optimal clinical outcomes



Credit: Getty Images/iStockphoto

An evidence-based practice is a practice that has been rigorously evaluated in experimental evaluations – like randomized controlled trials – and shown to make a positive, statistically significant difference in important outcomes.

- Supported by data, not just theory
- Rigorous experimental evaluations
 - Randomized controlled trials
- Repeatedly tested; consistent results
- More effective than standard care
- Reproducible in other settings- generalizable
- Meaningful to patients
 - Improves morbidity, mortality and quality of life



Credit: Marcie Hopkins, U of U Health

EBP ARE GENERATED FROM FOUR STEPS


1. Ask a specific clinical question
2. Find the best evidence to answer the question
 - Cochrane Review
 - American Family Practice Patient Oriented Evidence that Matters (AFP POEMS)
 - US Preventative Task Force
 - Agency for Healthcare Research and Quality (AHRQ)
3. Critically appraise the evidence for its validity and usefulness
 - AHRQ levels
 - Level A- good research-based evidence with some expert opinion
 - Level B- fair research-based evidence with substantial expert opinion
 - Level C- recommendation based primarily on expert opinion
4. Integrate appraisal results with clinical expertise and patient values

>> BH in PC setting

- >> SBIRT for Alcohol Use Disorder
- >> Screening for unhealthy drug use
- >> Motivational Interviewing (MI)
- >> Behavioral Activation (BA)
- >> Cognitive Behavior Therapy (CBT)
- >> Problem Solving Therapy (PST)
- >> Medication for opioid use disorder
- >> Depression treatment guidelines
- >> Collaborative care model of integrated care

>> PC in BH Setting

- >> Screening for cardiovascular/metabolic disease
 - >> DM
 - >> Blood pressure
 - >> Lipids
 - >> Waist circumference
 - >> EKG for specified medications
- >> Tobacco cessation
- >> HIV testing and prevention among people living with substance use disorders
- >> Viral hepatitis testing and treatment in people with substance use disorders



Substance Abuse and Mental Health
Services Administration



Home | Site Map | Contact Us

Search SAMHSA.gov

Search

Find Treatment | Practitioner Training | Public Messages | Grants | Data | Programs | Newsroom | About Us | Publications

[Home](#) » [Programs](#) » Evidence-Based Practices Resource Center



Evidence-Based Practices Resource Center

SAMHSA is committed to improving prevention, treatment, and recovery support services for mental and substance use disorders. The Evidence-Based Practices Resource Center provides communities, clinicians, policy-makers and others with the information and tools to incorporate evidence-based practices into their communities or clinical settings.

[Learn more about EBP Resource Center >>](#) [View additional innovative practices >>](#)

Search Our Resources

Search

Filters

Resources

Resource Topic ▼

Sort by Featured ▼

View 15 ▼

EXAMPLES EBP FOR BH



INTEGRATED CARE DC

<https://www.samhsa.gov/resource-search/ebp>

Disorder/Symptom	# of EBP	Examples		
Opioid Use Disorder (OUD)	34	MAT Models of Care for OUD in Primary Care Settings	A Collaborative Approach to the Treatment of Pregnant Women with OUD	Substance Misuse Prevention for Young Adults
Alcohol Use Disorder (AUD)	16	Pharmacotherapy for Adults with AUD in Outpatient Settings	Incorporating AUD Therapies into Medical Practice	Screening To Brief Intervention (S2BI)
Nicotine Use Disorder	5	Reducing Vaping Among Youth	Comparative Effectiveness of Smoking Cessation	S2BI
Depression	14	Nonpharmacological vs Pharmacological Tx for Major Depression	VA/ DoD Clinical Practice Guidelines for the Management of Major Depression	
Suicide...	14	Preventing Suicide	Ask Suicide Screening ?	



Photo from Unsplash

- » What are the benefits of evidence-based interventions?
- » Wait to press enter

IMPLEMENTATION OF EVIDENCE BASED PRACTICES



“EBP are effective only when implemented faithfully.”

<https://link.springer.com/article/10.1007%2Fs10488-019-00991-6>

EBP implementation requires specific programmatic standards NECESSARY to produce the expected outcomes

<https://pubmed.ncbi.nlm.nih.gov/11157115/>

- » Look for assessments that are not too long and cumbersome
- » Focus on core features of the approach
- » Review clinical notes, direct observation, site visits, data
- » Train and retrain based on results of fidelity assessment
- » If you “modify” or “adapt” for a specific population that has NOT been studied, ensure you are achieving the desired outcomes



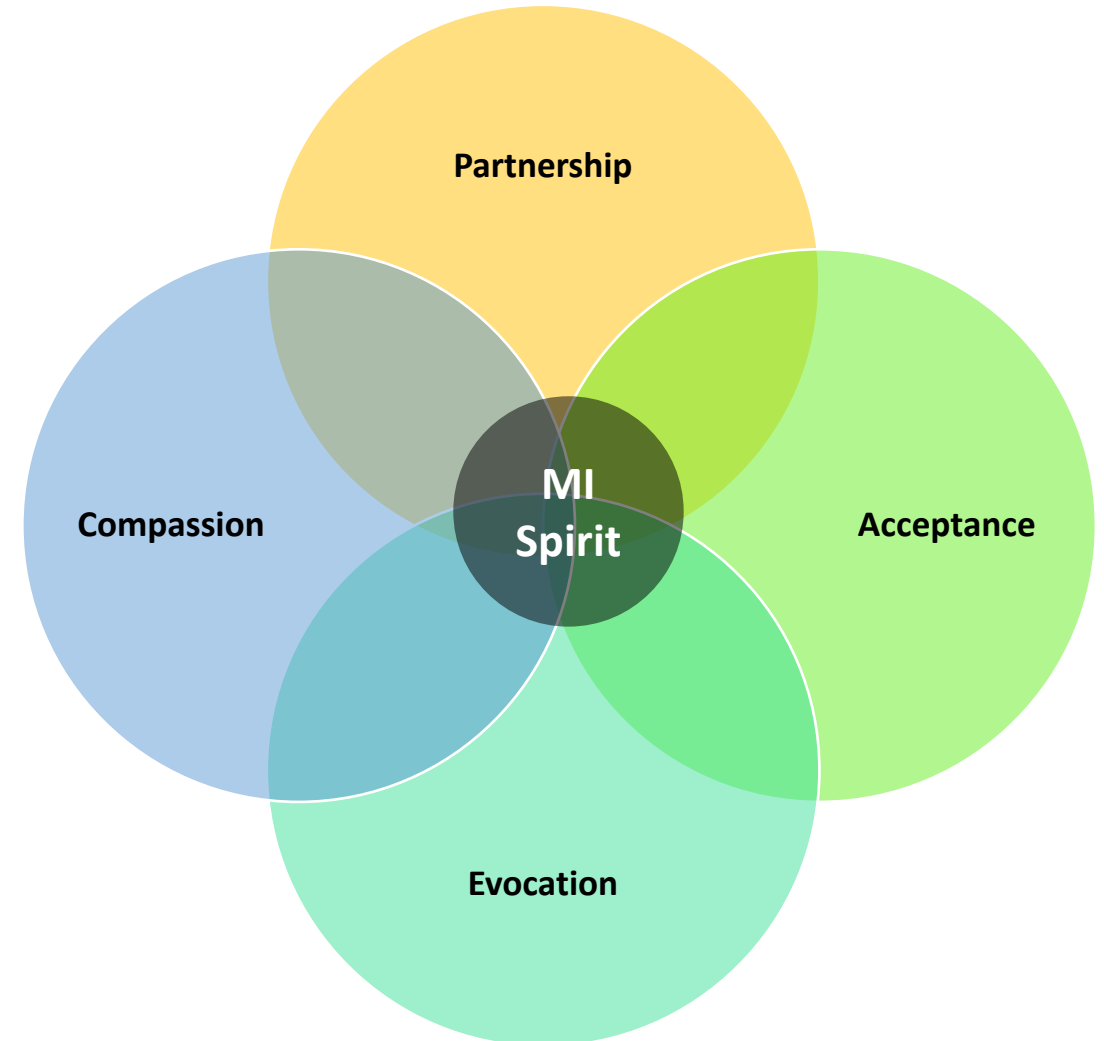
EBP	Is there EB for population getting treatment?	Training conducted or confirmed	Fidelity assessments conducted	Is fidelity assessment home grown or EB?
MI				
Integrated Care				

Tools	Therapy	Pros	Cons
MI Skills Code (MISC)	MI	Multiple trials and good interrater reliability	
MI Treatment Integrity Code (MITI)	MI		
MI Assessment	MI	Multiple trials	Completed by supervisor
Yale Adherence and Competence Scale	MI, CBT...	Scales are specific to different tasks	208 pages
Fidelity Coding Guide for Group CBT Depression & Substance Use Disorder	CBT	Multiple trials with good interrater reliability	Specific to group therapy
Competence & Adherence Scale for CBT	CBT	Multiple trials	
Brief Behavioral Activation Fidelity Scale	BA		

- MI Skills Code (MISC)
 - https://scholarworks.umt.edu/cgi/viewcontent.cgi?article=1010&context=pchs_pubs
- MITI – 4
 - [Reliability study: https://www.journalofsubstanceabusetreatment.com/action/showPdf?pii=S0740-5472%2818%2930311-8](https://www.journalofsubstanceabusetreatment.com/action/showPdf?pii=S0740-5472%2818%2930311-8)
 - [Coding Manual: https://casaa.unm.edu/download/miti4_2.pdf](https://casaa.unm.edu/download/miti4_2.pdf)
- MIA
 - https://www.drugabuse.gov/sites/default/files/MIA-STEP_Factsheet.pdf
- YACS
 - https://www.mirecc.va.gov/visn1/docs/products/Yale_Adherence_and_Competence_Scale_II_Guidelines.pdf
- CBT
 - Harstad S, Bjaastad JF, Hjemdal O, Compton S, Waaktaar T, Aalberg M. Competence and Adherence Scale for Cognitive Behavioural Therapy (CAS-CBT) for anxiety disorders in youth: reliability and factor structure. Behav Cogn Psychother. 2021 May 20:1-13. doi: 10.1017/S1352465821000217. Epub ahead of print. PMID: 34013852.
- Brief Behavioral Activation Fidelity Scale
 - https://eprints.soton.ac.uk/434613/1/Lizzie_Hodgson_Thesis_.pdf

VOICE OF THE PROVIDER: MOTIVATIONAL INTERVIEWING EXAMPLE

- Goal and purpose of Motivational Interviewing
- Evidence to support Motivational Interviewing
- How and when Motivational Interviewing helps
- Learning Motivational Interviewing



>> Training Resources

- >> MINT: Motivational Interviewing Network of Trainers

>> Articles and Books

- >> Frey, J., Hall, A., *Motivational Interviewing for Mental Health Clinicians: A Toolkit for Skills Enhancement*. PESI Publishing, 2021
- >> Miller, W.R. & T.B. Moyers (2017) Motivational Interviewing and the clinical science of Carl Rogers. *Journal of Consulting and Clinical Psychology*, 85(8), 757-766
- >> Miller, W.R. & Rollnick, S. (2013) *Motivational Interviewing: Helping people to change* (3rd Edition). Guilford Press.
- >> Miller & Rollnick (2017) Ten things MI is not Miller, W.R. & Rollnick, S. (2009) Ten things that MI is not. *Behavioural and Cognitive Psychotherapy*, 37, 129-140.
- >> Salvo MC, Cannon-Breland ML. Motivational interviewing for medication adherence. *J Am Pharm Assoc* (2003). 2015 Jul-Aug;55(4):e354-61; quiz e362-3. doi: 10.1331/JAPhA.2015.15532. PMID: 26161493.
- >> Soderlund PD. Effectiveness of motivational interviewing for improving physical activity self-management for adults with type 2 diabetes: A review. *Chronic Illn*. 2018 Mar;14(1):54-68. doi: 10.1177/1742395317699449. Epub 2017 Mar 21. PMID: 29226694.
- >> Spaeth M, Bleich S, Hillemacher T. Motivierende Gesprächsführung bei Alkoholabhängigkeit [Motivational interviewing with alcohol-dependent patients]. *Fortschr Neurol Psychiatr*. 2017 Sep;85(9):549-565. German. doi: 10.1055/s-0043-115216. Epub 2017 Sep 7. PMID: 28881363.

Q&A

CONTACT US



INTEGRATED CARE DC



Shannon Robinson
TA Coach/SME

srobinson@healthmanagement.com



Jennifer Frey, Ph.D.
Presenter

jfrey@unityhealthcare.org



Marsha Johnson, LCSW
TA Coach/SME

mjohnson@healthmanagement.com

THREE TALKING POINTS

Components of
EBP include
experimental
evaluation with
consistent
meaningful
results

Implementation
of EBP requires
fidelity
assessments be
conducted

Motivational
Interviewing is a
foundation for
behavior change

As a result
of this
webinar:

1. I understand the components of EBP
Yes/No
2. I understand implementation of EBP requires fidelity assessments
Yes/No
3. I can describe the spirit of motivational interviewing (MI)
Yes/No
4. I am familiar with the evidence base for MI
Yes/No
5. I can identify situations in which MI can be used effectively
Yes/No
6. I can describe at least two approaches to learning MI
Yes/No

- >> Please complete the online evaluation! **If you would like to receive CME credit, the evaluation will need to be completed.** You will receive a link to the evaluation shortly after this webinar.

- >> The webinar recording will be available within a few days at: <https://www.integratedcaredc.com/learning/>

- >> **Upcoming EBP Workshops:**
 - >> ***Workshop 1: Cognitive Behavioral Therapy***, October 21, 2021, 3:00-3:30 pm EST ([Register Here](#))
 - >> ***Workshop 2: Behavioral Interventions for Stress***, October 26, 2021, 12:00-12:30 pm EST ([Register Here](#))
 - >> ***Workshop 3: Problem Solving Therapy***, November 1, 2021, 11:30am -12:00pm EST ([Register Here](#))

- >> For more information about the DC Integrated Care Technical Assistance Program, please visit: <https://www.integratedcaredc.com/>