

eReferrals to Support SBIRT Service Delivery: Three Case Studies

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Abstract

Research Objective:

The purpose of this project was to develop three case studies examining the eReferral process to support SBIRT service delivery. These case studies explore the concept of eReferrals to increase access to care and to improve the links between primary care and specialty settings. SBIRT is an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs. The primary goal of SBIRT is to identify and effectively intervene with individuals at moderate to high risk for psychosocial or health care problems related to their substance use. SBIRT is typically implemented in primary care settings, with various levels of integration into EHRs and health information exchanges (HIEs). Effective referral relationships are critical for safety net providers, especially those who adopt SBIRT.

These case studies depict how to effectively use eReferrals to provide patients with timely access and follow-up to care, including an eReferral for the treatment of opioid use disorder. The case studies include data flows and work flows; consent and considerations for 42 CFR Part 2: Confidentiality of Substance Use Disorder Patient Records; and a “closed loop” referral process whereby the initiating provider and the specialty provider exchange information about the entire referral process. This outlines how behavioral health, community providers, and HIE organizations can use eReferrals to successfully close referral loops, monitor whether a patient went to the treatment facility, and find out the result of that visit.

Study Design

A brief review of published literature and grey literature supported the author’s initial understanding of the problems associated with providing eReferral services to support SBIRT service delivery. The authors then conducted interviews with sites that either were planning to add eReferral capabilities, or were currently executing them. The intent of these interviews was to (1) gain an understanding of the successful processes by which behavioral health and medical care provider providers and HIE organizations have closed referral loops using HIT technology; and (2) assess opportunities for and challenges to implementing eReferrals in SBIRT.

Population Studied

The authors interviewed four individuals, each representing a somewhat different eReferral paradigm via Screening, Brief Intervention, and Referral to Treatment (SBIRT). They have also been pioneers in their efforts to implement SBIRT.

Principal Findings

The project culminated in a final report which includes three case studies examining the eReferral process to support SBIRT service delivery. The case study topics are as follows:

- Optimal Environment (internal eReferral)
- Typical Environment (external eReferral)
- Opioid Use Disorder (OUD)

These case studies explore the concept of eReferrals to increase access to care and to improve the links between primary care and specialty settings. They also depict how to effectively use eReferrals to provide patients with timely access and follow-up to care, including an eReferral for the treatment of opioid use disorder. They include data flows and work flows, consent and considerations for 42 CFR Part 2: Confidentiality of Substance Use Disorder Patient Records, and a closed loop referral process whereby the initiating provider and the specialty provider exchange information about the entire referral process.

Findings indicate that, for SBIRT service delivery, technical solutions are often unhelpful where issues with communication, education, workflow, and resource constraints still permeate. However, from a policy standpoint, there are opportunities for alternative technical solutions (e.g. more lightweight solutions that could be cloud-based with EHR integration points, rather than embedded EHR components), for standards use and development (e.g. contents of an eReferral library, contents of an eReferral order, information exchange management), and for incentives (e.g., to complete all steps in a transaction, to be able to bill for services).

Conclusions

Next steps for this work would include enumerating these case studies more fully, revising them with input from additional individuals or sites, and refining the recommendations for efforts to support best practices for eReferrals. There are some opportunities for novel efforts, like the crowdsourcing of eReferral libraries and untethered development of lightweight eReferral solutions that provide the required communication support and link to EHR environments but don't require extensive integration.