Screening in Primary Care

Letter of Intent Workshop
September 23, 2013
Why Screening & Brief Interventions in Primary Care

- Primary care is the hub of treatment
- Evidence supports it
- Can be implemented by various primary care professionals
- Stigma is avoided
- Intervention is in the context of an ongoing relationship
- Guidance from primary care professionals is likely respected
Evidence

- Improvement in anxiety and depression
- Improvement in access to treatment
- Improvement in treatment adherence
- Increased self-management
- Improvement in quality of life
- Reduction in substance use
- Earlier identification of behavioral problems
- Reduction in somatization
SBIRT Resource Information

www.integration.samhsa.gov/clinical-practice/sbirt
SBIRT

Three core components

1. Screening

2. Brief intervention

3. Referral to treatment
Screening

- Alcohol
- Drugs
- Alcohol and drugs
- Tobacco
- Depression
- Trauma
- Multiple conditions
Screening Instruments

Alcohol
• AUDIT-C – Alcohol Use Disorders Identification Test (prescreen)
• AUDIT
• CAGE

Drugs
• NIDA Quick Screen V1.0 (prescreen)
• DAST-10 – Drug Abuse Screening Test
Screening Instruments

Alcohol & Drugs
  • CAGE – AID – Adapted to Include Drugs

Tobacco:
  • NIDA Quick Screen V1.0 (prescreen)

Alcohol, Smoking and Substance Use
  • ASSIST – Alcohol, Smoking, Substance Involvement Test
Screening Instruments

Depression

- PHQ-2 – Patient Health Questionnaire (2 questions) (prescreen)
- PHQ-9 – Patient Health Questionnaire (9 questions)
- Beck Depression Inventory for Primary Care

Trauma

- BTQ – Brief Trauma Questionnaire
Screening Instruments

Multiple Conditions – tobacco, depression, alcohol, drugs, partner violence, nutrition & exercise

• Wisconsin Initiative to Promote Healthy Lifestyles
Framework for Brief Interventions

The 5 A’s

1. Assess
2. Advise
3. Agree
4. Assist
5. Arrange
Effective Brief Interventions

- Relaxation skills
- Cognitive therapy strategies
- Exercise
- Problem solving skills
- Motivational interviewing
- Goal setting
- Mindfulness strategies
- Stimulus control
Referral to Treatment

Provide the care internally

- Primary care provider
- Specialists on-staff
- Specialists on-site from an external provider

Refer to care externally

- Specialty care
Eligibility Criteria

• Provide services in at least one county of Interact for Health’s 20-county service area

• Be public or private nonprofit or governmental organizations

• Include low-income people among those served

• Be a healthcare (primary care) organization
Our Service Area
Timeline

Letter of Intent (LOI) deadline
  Noon, Thursday, **October 31, 2013**
Notification of LOI acceptance
  Monday, November 18, 2013
Full proposal workshop (if invited)
  2-5 pm, Tuesday, December 3, 2013
Grant proposal deadline
  Noon, Tuesday, January 7, 2014
Grant Award Notification
  March 2014
Type of grant

Planning

Implementation
Planning Activities

- Establishing relationships with referral sources
- Designing workflow
- Developing protocols
- Investigating billing opportunities
- Writing an implementation plan
Grant Award

Planning

Average amount: $10,000

Average grant period: 3-9 months
Implementation Activities

• Educating staff members
• Adding a field for screening and results to electronic records
• Purchasing educational material for patients
• Evaluating program impact
Grant Award

Implementation

Average amount: $50,000

Average grant period: one year
Grant funds may be used for:

- Personnel (salaries and benefits)
- Consultants
- Professional fees
- Local travel
- Conferences (travel and fees)
- Office equipment
- Supplies
- Printing and copying
- Meeting facilitation costs
- Evaluation expenses
Letter of Intent

1. Cover sheet REQUIRED

2. Narrative: no more than two single-spaced pages, 12 point font only

3. Email cover sheet and letter of intent to: proposals@interactforhealth.org

Due date: October 31, 2013 by 12:00 noon
Letter of Intent

Cover Sheet:
1. Go to
2. Download to your own computer
3. Fill out
4. Attach to the transmission email

This is a required form
Letter of Intent - Planning

- Identify the problem, opportunity or need
- Describe the project
  - What is being planned?
  - What is the planning process?
  - What is the anticipated timeframe?
  - What is the expected work product?
- Identify collaborators or partners
- Identify existing resources or other funding
Letter of Intent - Implementation

- Identify the problem, opportunity or need
- Describe the project
  - Description of projects
  - Target population
  - Model being used
  - Anticipated timeframe
  - Expected outcomes
  - Evidence of a completed planning process
- Identify collaborators or partners
- Identify in-kind contributions and other funding
- Discuss how the project will be sustained
Hints

• Keep it to two pages

• Watch jargon and acronyms

• Don’t twist your project out of shape if it doesn’t really fit

• Contact a program officer if you are not sure – we like to help
Other Hints

• Use simple language & short sentences
• Be realistic
• Have others read the letter prior to submission
• Meet the deadline
How We Look at Letter of Intent

• Is the grant seeker eligible to receive a grant?

• Is it within the scope of what we have requested?

• Is it competitive with other letters of intent?

• How likely is it to improve health?
Competitive Projects

- Use a screening, brief intervention and referral to treatment process
- Are a healthcare organization
- Have collaborators or partners
- Have a realistic funding request
- Have a sustainability plan (implementation projects)
- Leverage existing resources
- Leverage other funding
Most Important Step

• Email your application to: proposals@interactforhealth.org

• Subject line must include:
  Screening in Primary Care + your organization’s name

DUE DATE:  October 31, 2013 by 12:00 noon
Questions & discussion

So happy you could join us today!