



Electronic Screening and Brief Intervention (e-SBI) & Telehealth Counseling with an IMH Clinician

Intro

- Technology based screening takes place in the waiting area
- Clinic staff give patients a privacy screen protected iPad and earbuds

e-SBI

- Patients use the iPad to complete screening. If at risk, a Brief Intervention is offered on the iPad (Motivational Interviewing based, with normed feedback & brief video)
- Patients decide if some screening information is released to their provider/nursing staff

Doc/RN

- Medical staff receive a report immediately after screening is completed
- If desired clinic staff can receive text message alerts regarding urgent information

Patient

- Patient offered tech-based micro-encounter with telehealth counselor via iPad
- Telehealth counselor supports mother in getting her needs met (e.g., connecting to embedded BHC, case manager, mental health services)



90% of new pregnancy intakes are given the iPad (across 2 Northern MI clinics)



91% share all screening information with medical staff (across 3 MI clinics)



1

Regulatory Approvals & Agreements. Identification of appropriate officials at each health system is crucial. The following may be necessary: IRB approval, signed Business Associates Agreement, information technology approval, letter of research support and/or medical board approval, and agree to use technology with every new OB intake.



2

Customization of Screening Tool. Clinics must provide input regarding app content. Examples include:

- PHQ-9 vs. EPDS
- Print vs. Emailed report
- In-house clinician vs. outside clinic
- Reporting and alert preferences
- How clinic plans to use telehealth



3

Key Personnel. Identification of clinic champion and key front desk person for planning and implementation phases. These will serve as the points of contact with the HT2 team. Clinic staff will assist with tracking and sharing non-identifiable data with the lead contact of the regional perinatal collaborative for CQI purpose.



4

Establish Meeting Schedule. Regular meetings by phone or video, and in person for training are crucial during planning and the beginning of implementation (beginning weekly and slowly decreasing to monthly).



5

Set Target Date. A target date for implementation is set after regulatory approvals are in place, clinic staff approve screening and intervention modifications, and training is complete.