Technical Assistance Collaborative
Community Learning Series Webinar Highlights
Integrating Tech and Treatment for Perinatal Substance Use | June 12, 2024

Why Technology?

Screening, Brief Intervention, Referral to Treatment (SBIRT) is lacking, causing treatment gaps for **Substance Use Disorder** and mental illness

Benefits of Digital Tools

Brief, *engaging* tools can reach people not actively seeking treatment

Ability to conduct SBIRT *prior to appointments* or in *waiting areas*, with *minimal provider training*

Providers can promptly receive *summary reports* and *alerts*

Supports ongoing research with *minimal burden*

Allows for *continuous support* with tailored *text messages* and personalized content through *patient portals*

Key Tool: Computarized Intervention Authoring System (CIAS) v.3.0

What is CIAS 3.0?
- A system to develop digital health apps **without coding**
- **Open-source, easy to use**, designed for **collaboration**

Key Features
- **Animated talking narrator** in 45 languages
- Tailored **texts** and **reports**
- Translates instantly into **100+ languages**
- Meets **health privacy** and **accessibility standards**
- Integration with **Epic**

How are Digital Tools Being Used?

Technology-based screening and brief intervention programs (e-SBI) have been implemented at **14 Henry Ford Hospital Women's Health and Primary Care** clinics
- Patient completes program on their own via link in **MyChart** or on iPads in clinic **waiting rooms**
- Targeting **new/annual GYN** and completed **OB intake** visits
- **Telehealth-based follow up** by a licensed behavioral health clinician

To implement the statewide *High-Touch, High-Tech program*
- 10 minute pregnancy checkup
- Key components:
  - **Depression**
  - **Anxiety**
  - **Substance use**
  - **PTSD**
  - **Partner violence**
  - **Social determinants of health**
  - **Infant safe sleep**
  - **Personalized motivational feedback**
  - **Educational materials** and **referrals**
- Administered by clinics in 3 ways:
  - iPad or tablet in **waiting rooms**
  - QR codes on **flyers**
  - Links included in **emails/messages prior to appointments**
- **Summary report** of responses sent to provider
- Patients receive **brief intervention tailored to individual responses** and are connected to **local resources**

Trial Findings

- **High acceptance** and **ease of use**
- Increased **abstinence** and **patient engagement**
- **Cost-Effective**