





# What is screening brief intervention referral to treatment (SBIRT)?

### Screening

A very brief set of questions that identifies risk of substance use disorder (SUD)-related problems:

- It should be 5 to 10 minutes long.
- Reimbursement requires use of validated screening instruments.

### **Brief intervention (BI)**

A short (5 to 30 minutes long) counseling session that raises awareness of risks and motivates the client toward acknowledgement of the problem

### Referral to treatment

Procedures to help the patient access specialized treatment



# Potential benefits for patients



# Positively effects

- Patients with SUDs
- Patient morbidity and mortality rates



# Reduces

- Healthcare costs
- Work impairment and incidents of driving under the influence



# Improves

- Access to treatment
- Neonatal and postpartum outcomes





# Potential benefits for providers



Awareness

Increases
 clinicians'
 awareness
 of substance
 use issues



Better approach

Offers
 clinicians a
 more
 systematic
 approach to
 addressing
 substance use,
 identifying
 more hidden
 cases



Cost-effectiveness

 Studies have shown that for every \$1 spent, SBIRT for alcohol use saves \$2 to \$4





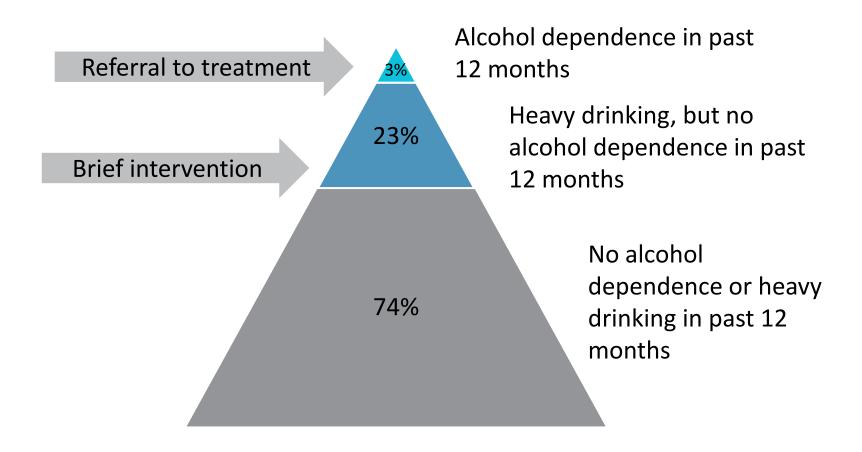
# Who can provide SBIRT?

- SBIRT is most effective in:
  - Primary care centers.
  - Emergency rooms.
  - Trauma centers.
  - Community health settings.
  - Healthcare workers who can provide SBIRT:
    - Primary care providers (doctor of medicine/doctor of osteopathic medicine, physician assistants, advanced registered nurse practitioner)
    - Behavioral health providers (therapists, counselors, psychiatrists, clinical social workers, etc.)
    - Nurses



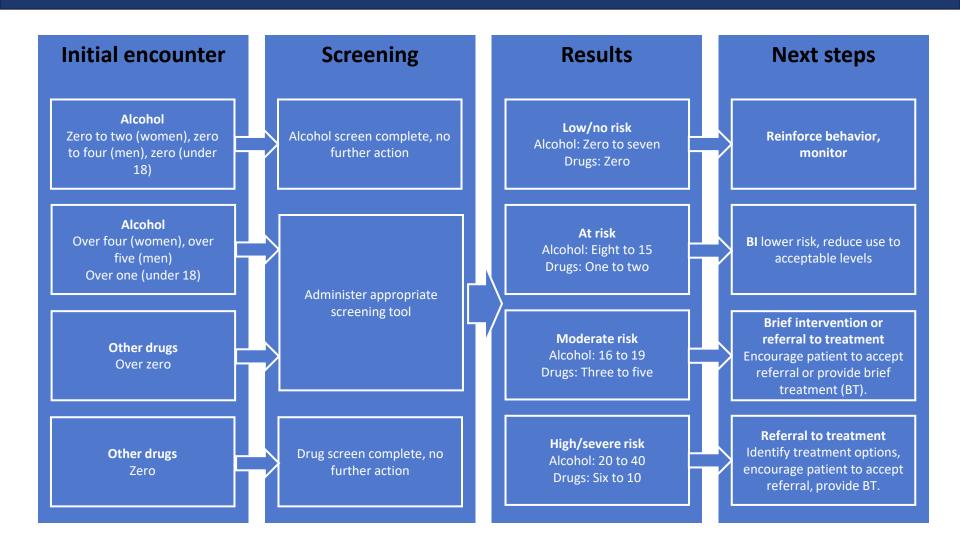


# Example ratios





# Decision tree (example)





# Does SBIRT work?





# Project TrEAT statistics

Healthcare utilization analysis at 48 months:

Utilization	SBIRT	Control
ED visits	302	376
Days of hospitalization	420	664



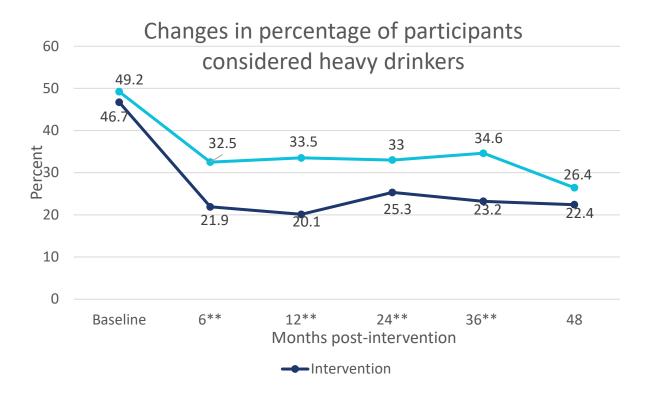
# Project TrEAT: Trial of early alcohol treatment

- The program included: 17 primary care practices comprised of 64 physicians within 10 Wisconsin counties.
- Approximately 18,000 patients were screened:
  - Around 500 men and 300 women screened positive for at-risk drinking.
  - They were randomized into two groups of approximately 400 each and followed for 48 months.
- Both the control and intervention group received a general health booklet with information about seat belt use, immunizations, exercise, tobacco, alcohol, and drugs.
- The intervention group also received two 10- to 15-minute sessions by a PCP using a scripted workbook.

Source: Brief Physician Advice for Problem Drinkers: Fleming MF, Mundt MP, French MT, Manwell LB, Stauffacher EA, Barry KL. Brief physician advice for problem drinkers: long-term efficacy and benefit-cost analysis. Alcohol Clin Exp Res. 2002 Jan;26(1):36-43. PMID: 11821652.



## Project TrEAT (cont.)

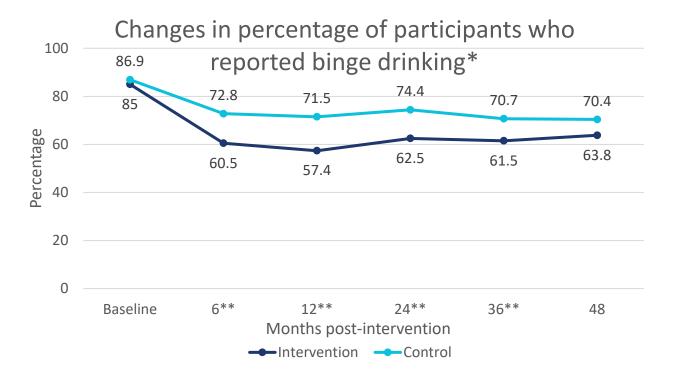


- \* Heavy drinkers were defined as men who drank over 20 standard drinks and women who drank over 13 standard drinks in the previous seven days.
- \*\* Difference statistically significant.





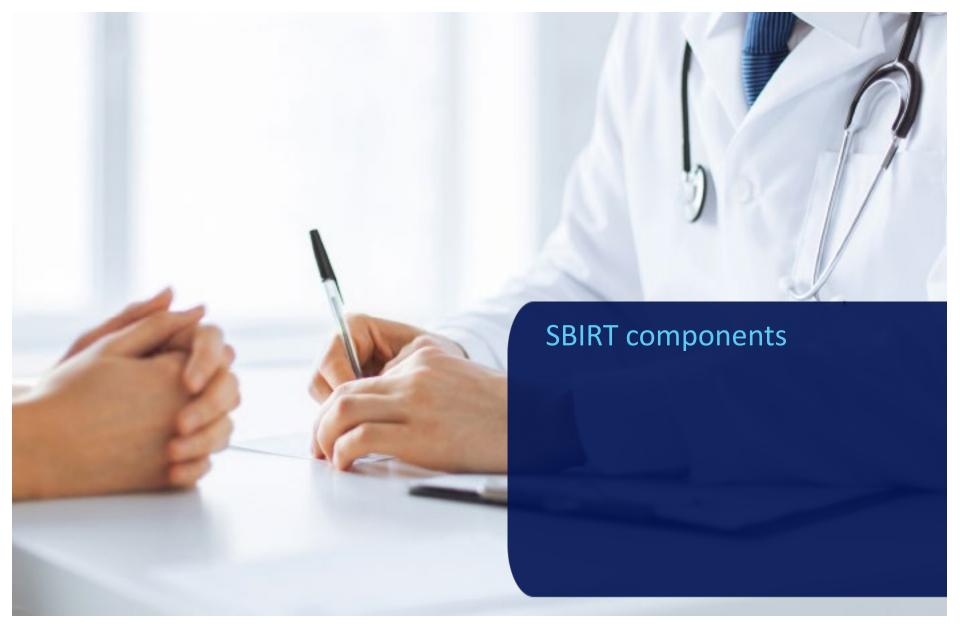
# Project TrEAT (cont.)



- \* Binge drinkers were defined as people who drank over five drinks within one day in the previous 30 days.
- \*\* Difference statistically significant.











# Prescreening

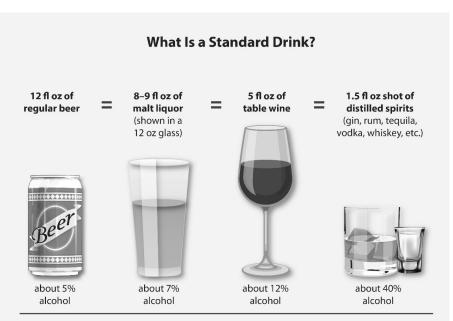
- Prescreening is a very quick approach to identifying people who need a longer screen or brief intervention/ treatment:
  - Self-reported:
    - Patient discloses concern about their alcohol or drug use.
  - Provider questions:
    - "How many times in the past month have you had X or more drinks in a day?"
    - "How many times in the past month have you used an illegal drug or used a prescription medication for nonmedical reasons?"
  - Biological:
    - Blood alcohol level test
    - Urine screening for drugs



## How is risk defined?

### At-risk alcohol use is defined as:

Drinks	Men	Women	65+
Per occasion	Over 4	Over 3	Over 1
Per week	Over 14	Over 7	Over 7



Each beverage portrayed above represents one standard drink (or one alcohol drink equivalent), defined in the United States as any beverage containing .6 fl oz or 14 grams of pure alcohol. The percentage of pure alcohol, expressed here as alcohol by volume (alc/vol), varies within and across beverage types. Although the standard drink amounts are helpful for following health guidelines, they may not reflect customary serving sizes.

Chart and table data via National Institute on Alcohol Abuse and Alcoholism.



# Screening tools

### Characteristics of a good screening tool:

- Brief (10 or fewer questions)
- Flexible
- Easy to administer and easy for the patient
- Addresses alcohol and other drug use
- Indicates need for further assessment or intervention.
- Has good sensitivity and specificity



# Screening tools (cont.)

- 1. Alcohol, Smoking, Substance Involvement, Screening Test, via World Health Organization (WHO).
- 2. Alcohol Use Disorders Identification Test, via WHO.
- 3. Drug Abuse Screen Test, ©1982 Harvey Skinner, PhD and the Centre for Addiction and Mental Health, Toronto, Canada.

Screening tool	Age range or population	Overview
Alcohol Use Disorder Identification Test	All patients	Developed by the WHO Appropriate for all ages, genders, and cultures
Alcohol, Smoking, and Substance Abuse Involvement Screen Test (ASSIST)	Adults	Developed by the WHO Simple screener for hazardous use of substances (including alcohol, tobacco, other drugs)
Drug Abuse Screening Test (DAST-10)	Adults	Screener for drug involvement, does not include alcohol, during last 12 months
Car, Relax, Alone, Forget, Family or Friends, Trouble (CRAFFT)	Adolescents	Alcohol and drug screening tool for patients under 21 Recommended by American Academy of Pediatrics.



# Screening tools (cont.)

- 1. Car, Relax, Alone, Forget, Family or Friends, Trouble, via Children's Hospital of Boston
- 2. Cut down, Annoyed, Guilty, Eye-opener, via American Psychiatric Association.
- 3. Tolerance, Worried, Eye Opener, Amnesia, K/Cut down, via Marcia Russell, Prevention Research Center.

Screening tool	Age range or population	Overview
Screening to Brief Intervention (S2BI)	Adolescents	Assesses frequency of alcohol and substance use, for patients ages 12 to 17
NIAAA Alcohol Screening for Youth	Adolescents and children	Two-item scale to assess alcohol use (self and friends/family), for patients ages 9 to 18
Tolerance, Annoyance, Cut Down, Eye Opener (T-ACE)	Pregnant women	Four-item scale to assess alcohol use in pregnant women Recommended for OB/GYNs
Tolerance, Worried, Eye Opener, Amnesia, K/Cut Down (TWEAK)	Pregnant women	Five-item scale to screen for risky drinking during pregnancy. Recommended for OB/GYNs



# Billing for SBIRT Services in Florida

A participating provider with Simply and CHA can bill for the following codes to receive reimbursement for SBIRT screening:

HCPC code	HCPC code description
H0049	Alcohol and/or drug screening
H0050	Alcohol and/or drug services, brief intervention, per 15 minutes



# BI/BT

- BI:
  - Provide education for patients on risks of substance use.
  - Motivate patients to reduce risky behavior.







- BT:
  - Involves setting goals for patient:
    - Changing immediate behavior or thoughts about risky behavior
    - Addressing longstanding problems with harmful drinking and drug misuse
    - Helping patients with higher levels of disorder obtain more long-term care
- BT should generally accompany a referral to treatment





# Brief treatment process

Understand use

Discern goals/values from behavior

Ask pros and cons of use

Give information

Review health risks

Ask permission to give feedback

**Enhance** motivation

Evaluate level of readiness and confidence

Ask what is needed to feel more ready

**Give Advice** 

Review concerns

Set goals for use reduction



### Referral to treatment

- Referral is recommended when a patient meets the diagnostic criteria for substance use disorder:
  - LINK TO DSM-5
- Patients are referred to a specialized treatment provider who can provide more long-term treatment for complex issues related to substance use.
- Referrals may be made to several types of services (and more than one, if necessary):
  - Outpatient counseling, individual, or group
  - Acute treatment services (detox)
  - Medication-assisted treatment
  - Clinical stabilization services
  - Support groups (Alcoholics Anonymous, Narcotic Anonymous, Al-Anon)



### COVID-19 considerations

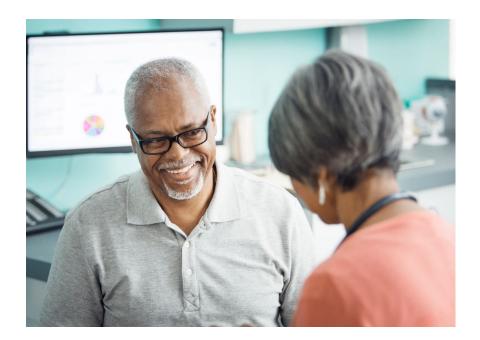
- The COVID-19 pandemic significantly increased the number of deaths associated with substance use, especially alcohol and opioids:
  - 29% increase in overdoses nationwide (September 2019 through September 2020)
  - Up to **69%** increase in some states
- SBIRT is a critical tool in the fight against this secondary pandemic associated with significant harm stemming from substance use:
  - Can also be integrated easily into virtual setting
- Black Americans are disproportionately affected by this increase in overdoses.





# **Key resources**

- Substance Abuse and Mental Health Services Administration (SAMHSA):
  - https://www.samhsa.gov/sbirt
- Centers for Medicare and Medicaid Services (CMS):
  - SBIRT Under Medicare and Medicaid





# Summary

### **SBIRT:**

- Saves lives.
- Saves time.
- Saves money.

When applied correctly, SBIRT is very effective:

- Screening and BIs are both very effective for alcohol use.
- Screening is very effective for identifying illicit drug use.
- Referral to treatment should follow any positive screening for drug use.



# SBIRT Training attestation

Simply and CHA would like you to receive credit for completing this course. Select the **Begin Attestation** button and follow the instructions.

**Begin Attestation** 



# Thank you

### https://provider.simplyhealthcareplans.com | https://provider.clearhealthalliance.com

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