Amerigroup
An Anthem Company

Substance Abuse with Screening, Brief Intervention, and Referral to Treatment (SBIRT) in Action:

Improving Patient Lives

Table of contents

Focusing on Risky Behavior 3

What is SBIRT?.. 4

SBIRT Process Flow 4

The Core Components of SBIRT................................ 5

Where can SBIRT be implemented? 6

Who can perform SBIRT? 6

Is SBIRT effective?.. 7

Why is SBIRT effective? 8

Prescreens 9

- Adult Screening 9
- Adolescent Screening 10
- Pregnant Women Screening 10

Focusing on risky behavior

Because of the role alcohol and drug misuse plays in contributing to illness, injury, and even death, it is crucial to have protocols in place to take advantage of teachable moments, implementing screening and brief intervention as part of routine care.

The *National Survey on Drug Use and Health* estimates that of the 22.6 million people who harbor a substance use disorder, only 10% to 11% are treated. The population of at-risk users far exceeds those with substance use disorders. For every one person who is dependent on alcohol, six or more are at-risk or have already experienced problems as a result of their use.[1] Approximately 40% of patients admitted to trauma centers have a positive blood alcohol content. Approximately 60% of patients seen in trauma centers are under the influence of alcohol or drugs when admitted.[2] Also, among patients who have screened positive for alcohol or other drug misuse, abuse, or dependence, 26% have a negative toxicology screen.[2] McGlynn and her colleagues at RAND found that only 16% of traumatically injured inpatients had any medical record indication that substance use had been assessed. They found that 7% are intoxicated at admission and another 20% screen positive for alcohol misuse or abuse.[3]

What is SBIRT?

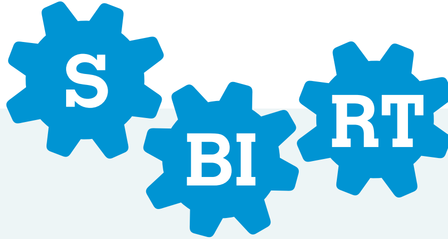
SBIRT is an evidence based approach to identifying substance misuse and reducing excessive use of substances and substance use disorders. SBIRT is unique in that it screens for all types of substance use, not just substance dependence. Each part of the SBIRT process provides information and assistance tailored to the individual patient and their needs. The SBIRT model begins with a focus on risk and targets individuals at risk for developing a substance use disorder. SBIRT focuses on opportunities to educate individuals about hazardous use, while helping them to reduce or dismiss it.

SBIRT process flow

1. **Conduct screening**
2. **Determine level of risk and dependency**
3. | Risk level | Action |
   | --- | --- |
   | **Low risk?** | No further intervention |
   | **Moderate risk?** | Brief intervention |
   | **Moderate to high risk?** | Brief treatment |
   | **Severe risk or dependency?** | Referral to specialty treatment |

The core components of SBIRT

About 20% of patients screened will require a brief intervention, while 5% will need a referral to specialty treatment. The remaining 75% includes abstainers and low-risk alcohol users who will simply require positive reinforcement for continuing to abstain or to reduce use further.



Screening: universal screening using a brief, validated questionnaire to determine the use and severity of alcohol, illicit drug, and prescription drug use to inform the appropriate intervention level; no blood or urine test is administered

Brief intervention: brief motivational and awareness-raising intervention (5 to 30 minutes); given to those whose substance use is putting their health and well-being at risk; the intervention is performed on-site following the screening

Referral to treatment: referral to specialty care for patients with high risk substance use (and patients with a possible substance use disorder); the practitioner helps patients access specialized treatment, select treatment facilities, and obtain authorizations from insurance; after a referral is made, follow-up phone calls with the patient or treatment staff are part of the collaboration to ensure care

Where can SBIRT be implemented?

Primary care centers, physicians' offices, hospitals, emergency departments (EDs), trauma centers, sexually transmitted disease clinics, colleges, and schools

Who can perform SBIRT?

SBIRT is implemented by various providers, including physicians, nurse practitioners, physician assistants, nurses, health or substance use treatment counselors, prevention specialists, care managers, and other health or behavioral health staff.

Is SBIRT effective?

Yes! Several credible research studies have published the results of SBIRT's efficacy, including comprehensive data on individual health outcomes and cost-saving measures. For example, in Drug and Alcohol Dependence (Madras, 2009),[4] SBIRT has been shown to:

- Decrease harmful alcohol use by 39% and lower illicit drug use by 68%.
- Decrease overall healthcare costs by reducing ED visits and inpatient admissions.
- Decrease rates of arrest, homelessness, and mental health problems.
- Increase rates of employment and improve general health.

Research has also shown that among those requiring special treatment, brief interventions have increased the percentage of people who show up for their first substance use disorder treatment appointment from 5% (among controls) to between 55% and 65% (among those receiving SBIRT services). Of those who received SBIRT services, 90% to 95% continued to be involved in some substance use disorder treatment or 12-step meeting on follow-up.[5]

Why is SBIRT effective?

It is a proven approach for better health —
SBIRT is a proven approach to improving patient outcomes and decreasing hospital emergency room/ED and inpatient admissions.

SBIRT expands the continuum of care —
Concentrating on prevention before alcohol and drug use escalates to problematic use or a substance use disorder by identifying otherwise overlooked patients, screening helps detect dangerous use, while relevant interventions are planned for at-risk and risky behaviors.

SBIRT prevents future problems —
By detecting risky behavior and current health problems related to substance use early before more severe problems develop, SBIRT is an essential part of wellness and prevention programs.

SBIRT creates better patient outcomes —
By improving patient care, developing treatment outcomes, and increasing provider and patient satisfaction, SBIRT allows providers to educate patients about the connection between their health issues and their substance use.

SBIRT creates positive financial returns —
As a reimbursable, cost-saving, and cost-effective practice, SBIRT is billable to commercial health plans, as well as Medicare and Medicaid.

Prescreens

A prescreen, also known as a brief screen, is defined by the Substance Abuse and Mental Health Services Administration as "a rapid, proactive procedure to identify individuals who may have a condition or be at risk for a condition before obvious manifestations occur." It involves short questions in standardized language relating to alcohol and drug use. Prescreens are considered part of routine medical management and are not a separately reimbursable service. Depending on the prescreening tool used, one or more yes replies may indicate the need for a full screen.

Adult screening	
Alcohol Use Disorder Identification Test (AUDIT)[6]	Developed by WHO and evaluated over a period of two decades; it has been found to provide an accurate measure of risk across gender, age, and cultures
Alcohol, Smoking, and Substance Abuse Involvement Screen Test (ASSIST)[7]	Developed by the WHO and an international team of substance use researchers as a simple method of screening for hazardous, harmful, and dependent use of alcohol, tobacco, and other psychoactive substances
Drug Abuse Screening Test (DAST-10)[8]	Includes questions about involvement with drugs, not including alcoholic beverages, during the past 12 months; drug use refers to the use of prescribed or over the counter drugs in excess of what's directed and any non-medical and/or illegal use of drugs

Adolescent screening	
Car, Relax, Alone, Forget, Family or Friends, Trouble (CRAFFT)[9]	An alcohol and drug behavioral health screening tool for use with children under the age of 21 and is recommended by the American Academy of Pediatrics' Committee on Substance Abuse for use with adolescents
Screening to Brief Intervention (S2BI)[10]	A seven-item tool is used to assess the frequency of alcohol and substance use (for example, tobacco, marijuana, prescription drugs, illegal drugs, inhalants, herbs, or synthetic drugs) among youth and adolescents from 12 to 17 years of age
NIAAA Alcohol Screening for Youth[11]	Uses a two-item scale to assess alcohol use among youth and adolescents between 9 and 18 years of age; the first question determines the frequency of friends' drinking, and the second question assesses personal drinking frequency

Pregnant women screening	
Tolerance, Annoyance, Cut Down, Eye Opener (T-ACE)[12]	A four-item questionnaire developed to assess alcohol use in pregnant women; it provides obstetricians and gynecologists with a brief and useful way to identify patients at risk for drinking amounts that may be dangerous to the fetus
Tolerance, Worried, Eye Opener, Amnesia, K/Cut Down (TWEAK)[13]	A five-item scale that was developed originally to screen for risky drinking during pregnancy

Sources

1. Grant, B.F., Dawson, D.A., Stinson, F.S. et al. The 12 month prevalence and trends in DSM-IV alcohol abuse and dependence: United States, 1991-1992 and 2001-2002. Drug and Alcohol Dependence, 2004; 72; 223-234.
2. Dinh-Zarr, T., Goss, C., Heitman, E., Roberts, I., DiGuiseppi, C. Interventions for preventing injuries in problem drinkers. In the Cochrane Library. Chichester, UK. John Wiley and Sons Ltd, 2004: Issue 4.
3. McGlynn, E.A., Asch, S.M., Adams, J.L., Keesey, J, Hicks, J., DeCristofaro, A.H., and Eve A. Kerr WR-174-1 March 2006 The Quality of Health Care Delivered to Adults in the United States. Retrieved from **http://rand.org/pubs/working_ papers/2006/RAND_WR174-1.pdf.**
4. Madras, B. K., Compton, W. A., Avula, D., Stegbauer, T., Stein, J. B., Clark, H. W. (2009). Screening, brief interventions, referral to treatment (SBIRT) for illicit drug and alcohol use at multiple healthcare sites: Comparison at intake and 6 months later. Drug and Alcohol Dependence, 99(1-3), 280-295. **http://www.ncbi.nlm.nih.gov/pubmed/18929451**
5. Babor, T.F., McRee, B.G., Kassebaum, P.A., Grimaldi, P.L., Ahmed, K,, Bray, J. (2007). SBIRT: Toward a Public Health Approach to the Management of Substance Abuse. Wisconsin Department of Human Services.
6. Babor, T. F., & Grant, M. (1989). From clinical research to secondary prevention: international collaboration in the development of the Alcohol Disorders Identification Test (AUDIT). Alcohol Health & Research World, 13(4), 371+.
7. Group, W.A.W. (2002), The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): development, reliability and feasibility. Addiction, 97: 1183-1194. **https://doi.org/10.1046/j.1360-0443.2002.00185.x**
8. Skinner, Harvey A. (2002), The drug abuse screening test. Addictive Behaviors, 7(4): 363-371. **https://doi.org/10.1016/0306-4603(82)90005-3**
9. Knight JR, Shrier LA, Bravender TD, Farrell M, Vander Bilt J, Shaffer HJ. A new brief screen for adolescent substance abuse. Arch Pediatr Adolesc Med. 1999 Jun;153(6):591-6. doi: 10.1001/archpedi.153.6.591. PMID: 10357299.
10. Levy, S., Weiss, R., Sherritt, L., Ziemnik, R., Spalding, A., Van Hook, S., & Shrier, L. A. (2014). An electronic screen for triaging adolescent substance use by risk levels. JAMA Pediatrics, 168(9), 822-828. **http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4270364/**
11. National Institute on Alcohol Abuse and Alcoholism. (2011). Alcohol Screening and Brief Intervention for Youth: A Practitioners Guide. NIH Publication No. 11-7805 **https://www.niaaa.nih.gov/alcohols-effects-health/professional-education-materials/alcohol-screening-and-brief-intervention-youth-practitioners-guide**
12. Sokol, R.J., Metier, S.S., Ager, J.W. (1989). The T-ACE questions: Practical prenatal detection of risk-drinking. American Journal of Obstetrics and Gynecology, 160(4) 863-870. **https://doi.org/10.1016/0002-9378(89)90302-5**
13. Russell M. (1994). New Assessment Tools for Risk Drinking During Pregnancy: T-ACE, TWEAK, and Others. Alcohol health and research world, 18(1), 55–61.

https://provider.amerigroup.com/WA

WAPEC-3012-21