

Screening, brief intervention, and referral to treatment (SBIRT)

Provider network strategy

What is SBIRT?

- **Screening:**
 - A very brief set of questions that identifies risk of substance use disorder-related problems:
 - It should be 5 to 10 minutes long.
 - Reimbursement requires use of validated screening instruments.
- **Brief intervention (BI):**
 - A short counseling session (5 to 30 minutes long) that raises awareness of risks and motivates the client toward acknowledgement of the problem
- **Referral to treatment (RT):**
 - Procedures to help the patient access specialized treatment



Potential benefits for patients

Positively effects:

- Patients with and at risk of SUDs
- Patient morbidity and mortality rates

Reduces:

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

Improves:

- Neonatal outcomes
- Access to treatment



Potential benefits for patients (cont.)

Awareness:

- Increases clinicians' awareness of substance use issues

Better approach:

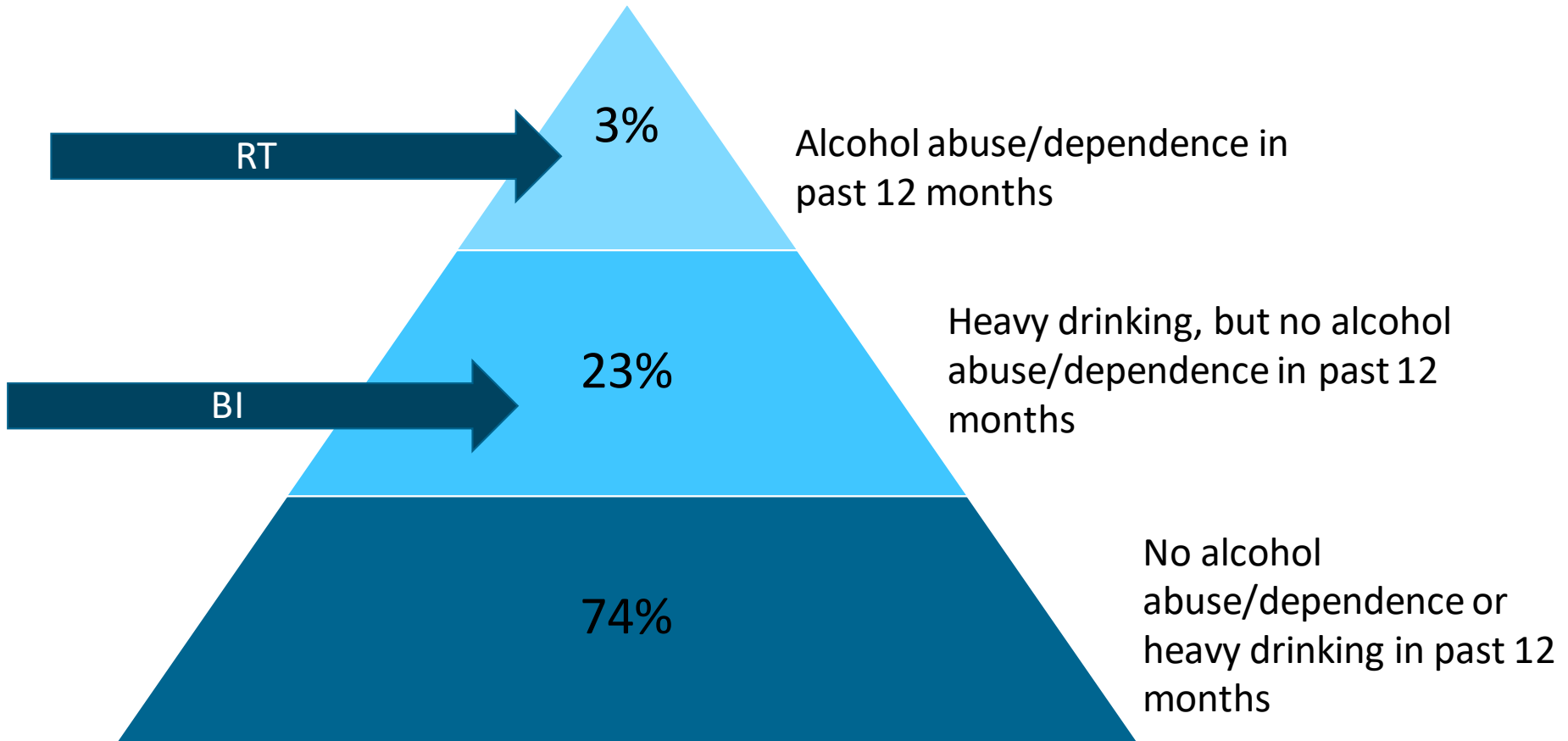
- Offers clinicians a more systematic approach to addressing substance use, identifying more hidden cases

Cost-effectiveness:

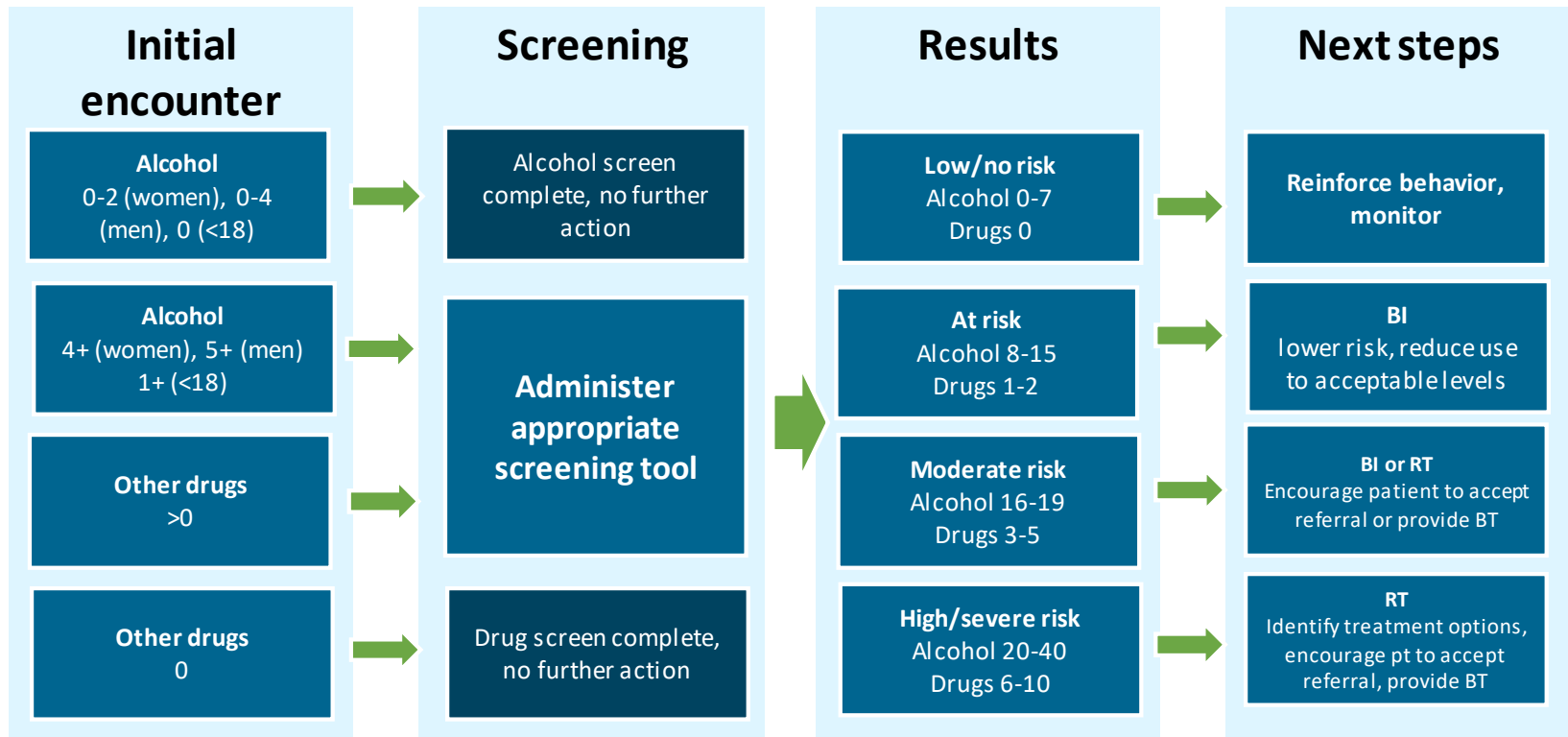
- Studies have shown that for every \$1 spent on SBIRT for alcohol use, \$2 to \$4 is saved



Example ratios



Decision tree (example)



Prescreening

Prescreening is a very quick approach to identifying people who need to do a longer screen and BI.

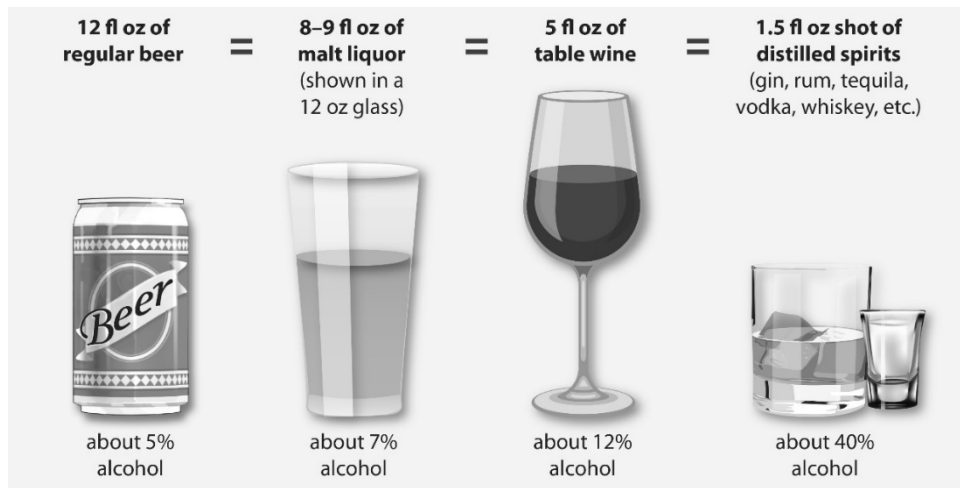
- Self-reported:
 - “How many times in the past year have you had [X] or more drinks in a day?”
 - “How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?”
- Biological:
 - Blood alcohol level test
 - Urine screening for drugs



How is risk defined?

At-risk alcohol use is defined as:

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



Screening tools

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 (CRAFT)	Adolescents	Alcohol and drug screening tool for patients < 21; recommended by American Academy of Pediatrics

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 tools (cont.)

Screening tool	Age range or population	Overview
Screening to Brief Intervention (S2BI)	Adolescents	Assesses frequency of alcohol and substance use; for patients ages 12-17
NIAAA Alcohol Screening for Youth	Adolescents and children	Two-item scale to assess alcohol use (self and friends/family); for patients ages 9-18
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

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 tools (cont.)

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.)

Our recommendations:

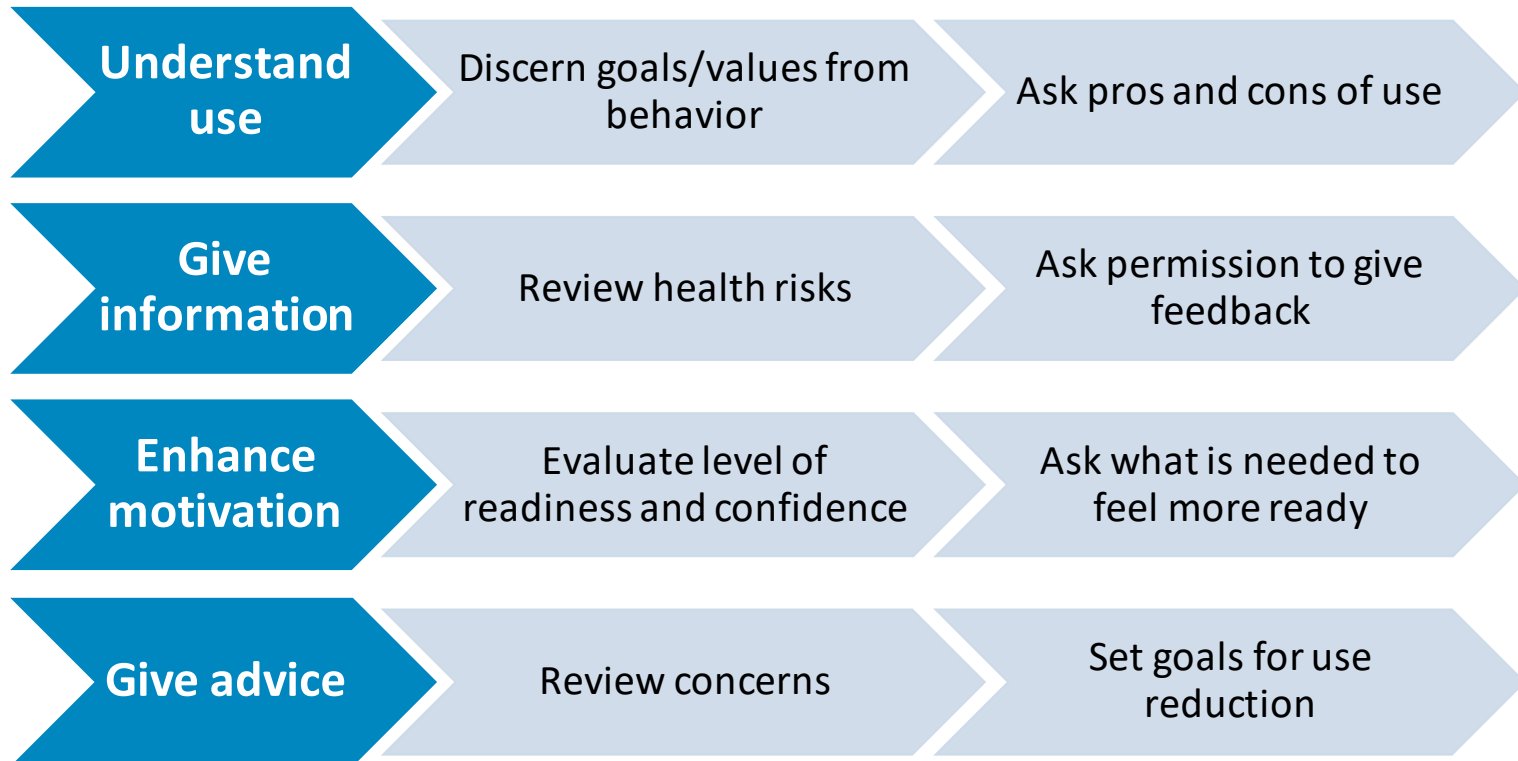
- For adults, alcohol use: AUDIT
- For adults, drug use: DAST
- For adolescents/children: CRAFFT
- For pregnant women: TWEAK



BI/brief treatment (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
 - Brief treatment should generally accompany a RT
- Both BI and BT are generally provided by allied health professionals (nurses, social workers, etc.) rather than physicians.

BT process



- Referral is recommended when a patient meets the diagnostic criteria for substance use disorder:
 - *Diagnostic and Statistical Manual of Mental Disorders, most recent Edition*
- 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 (AA, NA, Al-Anon)



Who can provide SBIRT?

- Most effective in:
 - Primary care centers
 - Emergency rooms
 - Trauma centers
 - Community health settings
- Healthcare workers that can provide SBIRT:
 - Primary care providers (MD/DOs, PAs, ARNPs)
 - Behavioral health providers (therapists, counselors, psychiatrists, clinical social workers, etc.)
 - Nurses



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.

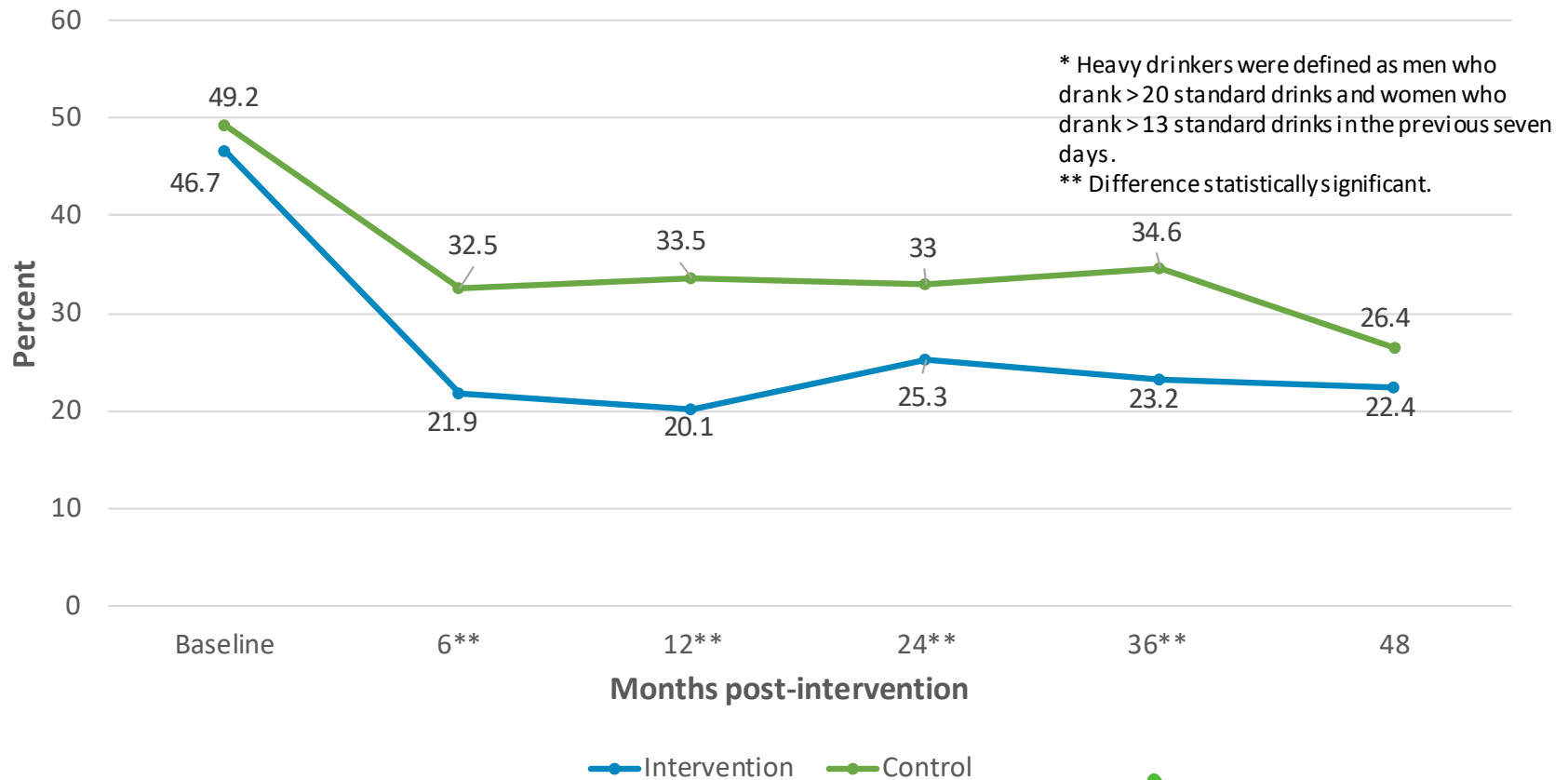
Sources: Brief Physician Advice for Problem Drinkers: Long-Term Efficacy and Benefit-Cost Analysis. Alcoholism: Clinical and Experimental Research. Jan 2002. Vol. 26. No. 1.

Brief Physician Advice for Problem Alcohol Drinkers: A Randomized Controlled Trial in Community-Based Primary Care Practices. JAMA. 1997;277(13):1039-1044.



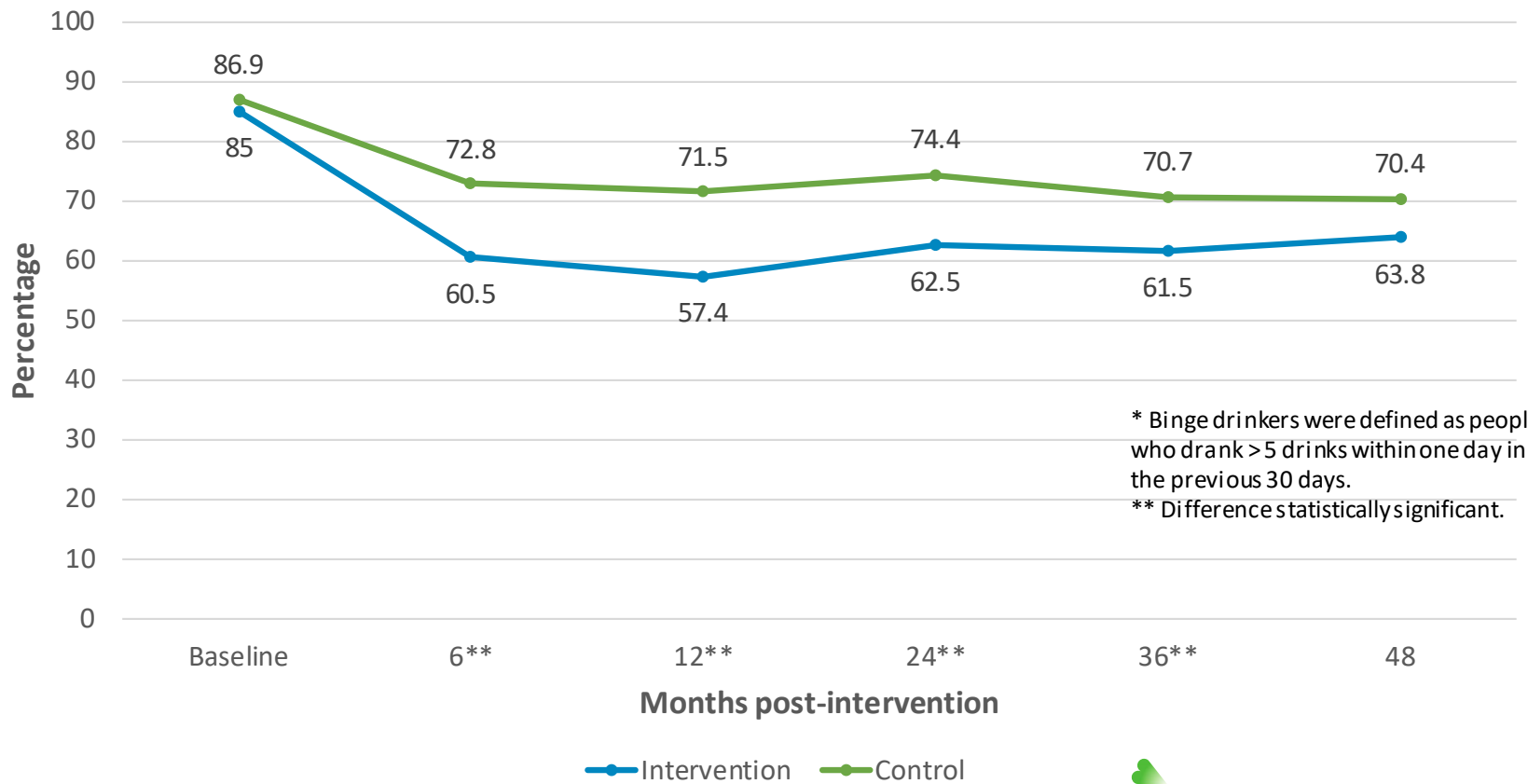
Project TrEAT (cont.)

Changes in % of participants considered *heavy* drinkers



Project TrEAT (cont.)

Changes in % of participants who reported binge drinking*



Project TrEAT statistics

Healthcare utilization analysis at 48 months:

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



COVID-19 considerations

- The COVID-19 pandemic has 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:
<https://www.samhsa.gov/sbirt>
- CMS: [SBIRT Under Medicare and Medicaid](#)



Summary

- SBIRT has shown the potential to reduce mortality, increase efficiency, and decrease costs.
- 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:
 - BI is not effective for drug use.
 - RT should follow a positive screening for drug use.





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