Washington | Medicaid

Screening Brief Intervention Referral to Treatment (SBIRT)

Medicaid Network Growth and Strategy

Wellpoint℠

What is SBIRT?

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

- Should last 5-10 minutes.
- Reimbursement requires use of validated screening instruments.

Brief Intervention (BI)
A short (5-20 minutes) counseling session that raises awareness of risks and motivates the client toward acknowledgement of the problem:

- Uses motivational interviewing techniques to encourage lifestyle change.

Referral to Treatment (RT):

- Warm hand-off to a provider who can provide specialized treatment to the patient.

Potential benefits for patients

Positively affects

- Patients with substance use disorders (SUDs)
- Patient morbidity and mortality rates

Reduces

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

Improves

- Access to treatment
- Neonatal and post-partum outcomes

Source: Substance Use and Mental Health Services Administration (SAMHSA). *Screening, Brief Intervention, and Referral to Treatment (SBIRT).* 2023. https://www.samhsa.gov/sbirt

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-$4

Source: Substance Use and Mental Health Services Administration (SAMHSA). *Screening, Brief Intervention, and Referral to Treatment (SBIRT)*. 2023. https://www.samhsa.gov/sbirt

Who can provide SBIRT?

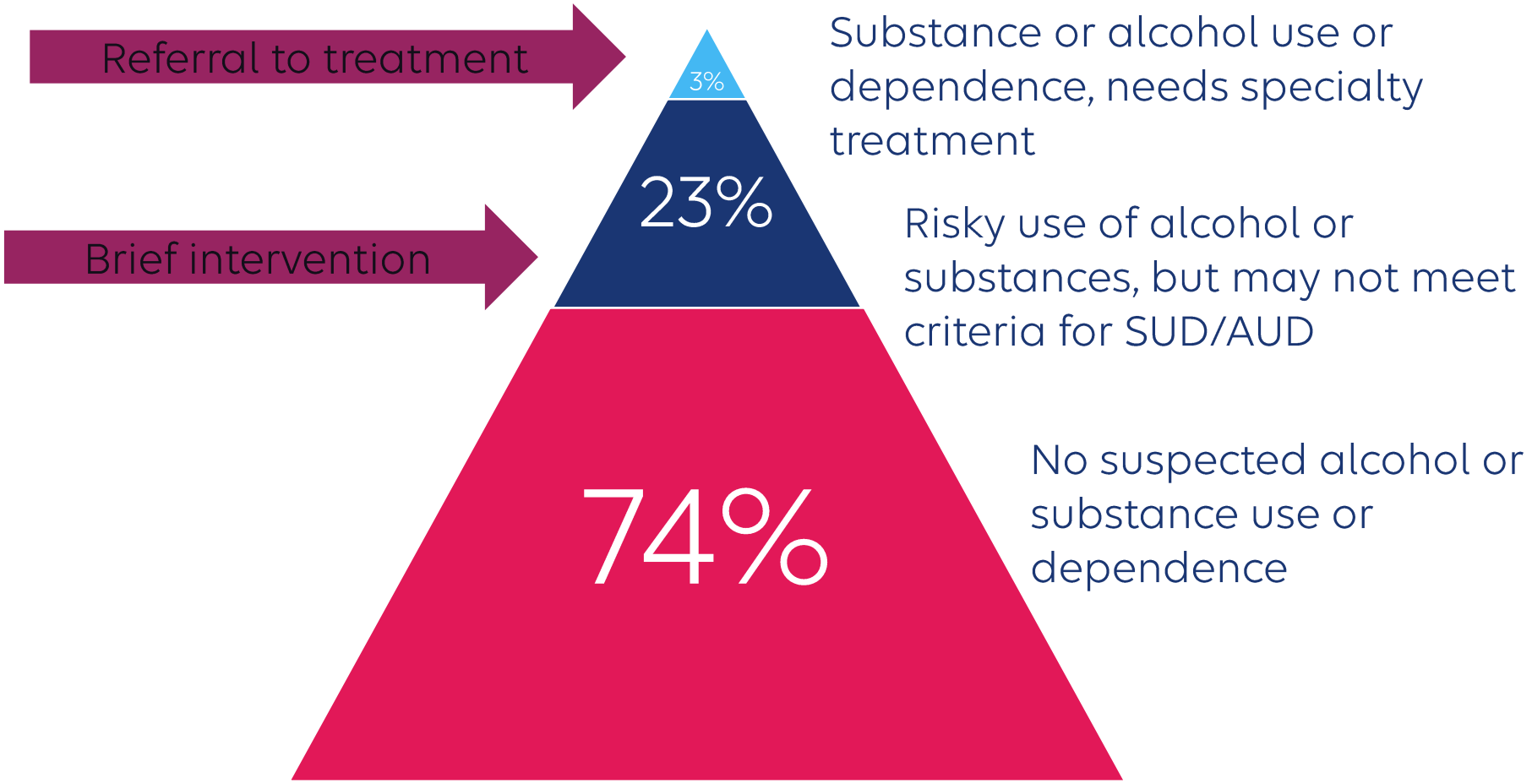
Most effective in:

- Primary care centers
- Emergency rooms (ER) and trauma centers
- Community health settings

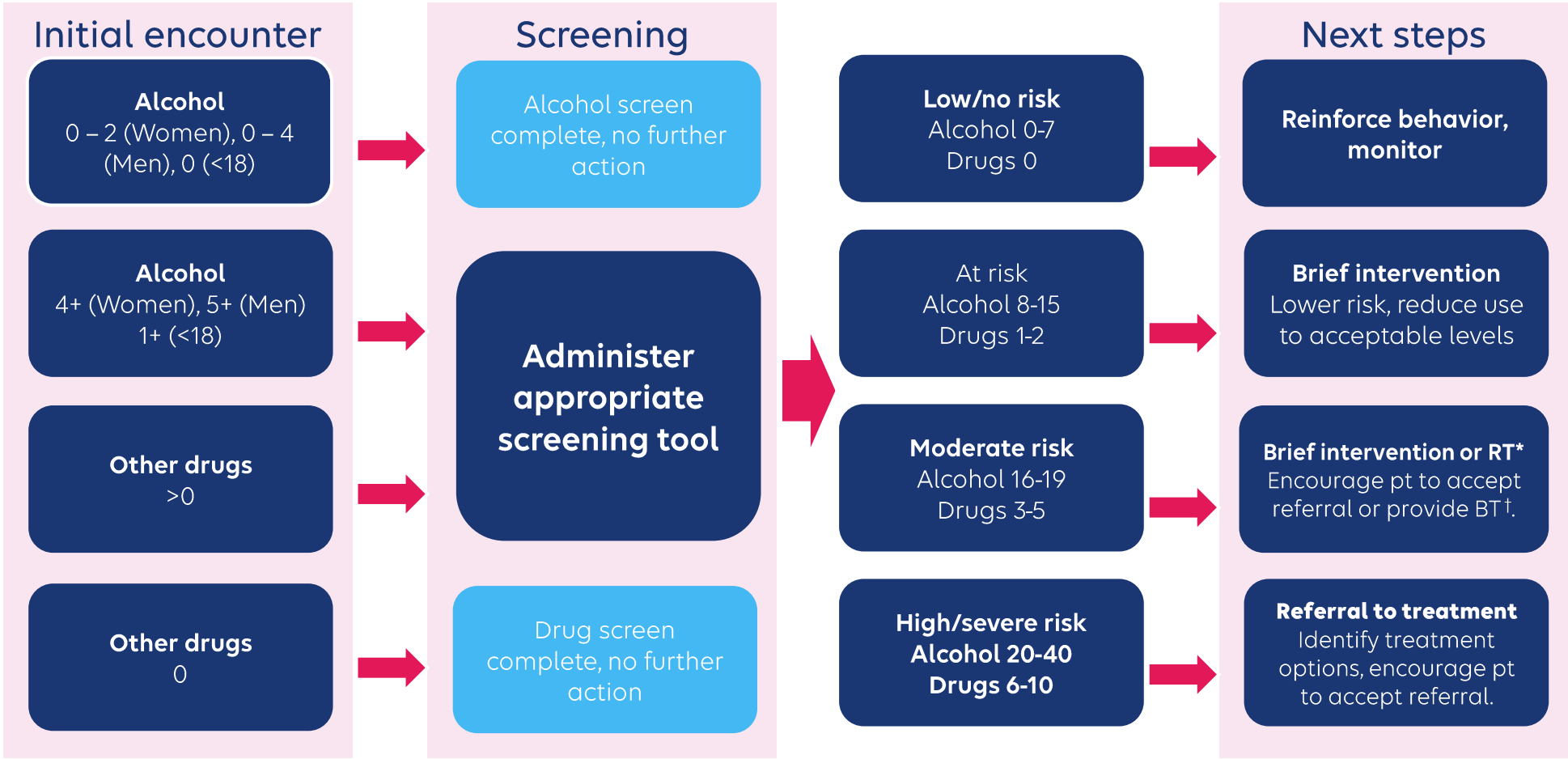
Healthcare workers who can provide SBIRT:

- Primary care providers (MD/DOs, PAs, ARNPs)
- Behavioral health providers (therapists, counselors, psychiatrists, clinical social workers)
- OB/GYNs and midwives
- Pediatricians
- Nurses
- Any provider in nearly any setting!

Example ratios



Decision Tree (example)



*Referral to Treatment; †Brief treatment

Does SBIRT work?

Yes! SBIRT is an evidence-based practice.

Project TrEAT: Trial of Early Alcohol Treatment

The program included 17 primary care practices comprised of 64 physicians.

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 10-15-minute sessions by a primary care physician (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 Statistics

Utilization (post-intervention)	SBIRT	Control
ER visits	302	376
Days of hospitalization	420	664
Patients considered *heavy drinkers*		
Baseline	46.7%	49.2%
12 months post-intervention	20.1%	33.5%
Patients reporting binge drinking		
Baseline	85.0%	86.9%
36 months post-intervention	57.4%	71.5%

SBIRT components

Prescreening

Prescreening is a very quick approach to identifying people who need a longer screen or brief intervention or treatment.

Self-report:
- 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	> 4	> 3	> 1
Per week	> 14	> 7	> 7

Any illicit substance use reported should be followed by a full screening.

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

Screening tools guidelines

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.)

Screening tool	Age range or population	Overview
Alcohol Use Disorder Identification Test (AUDIT)[1]	**All patients**	**Developed by the World Health Organization (WHO). Appropriate for all ages, genders, and cultures.**
Alcohol, Smoking, and Substance Abuse Involvement Screen Test (ASSIST)[2]	Adults	Developed by the WHO. Simple screener for hazardous use of substances (including alcohol, tobacco, other drugs).
Drug Abuse Screening Test (DAST-10)[3]	**Adults**	**Screener for drug involvement, does not include alcohol, during last 12 months.**
Car, Relax, Alone, Forget, Family or Friends, Trouble (CRAFFT)[4]	**Adolescents**	**Alcohol and drug screening tool for patients under 21 Recommended by American Academy of Pediatrics.**

Bold indicates our recommended screening tools.

1.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+.
2.Group, W.A.W. (2002), The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): development, reliability and feasibility. Addiction, 97: 1183-1194.
3.Skinner, Harvey A. (2002), The drug abuse screening test. Addictive Behaviors, 7(4): 363-371.
4.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

Screening tools (cont.)

Screening tool	Age range or population	Overview
Screening to Brief Intervention (S2BI)[1]	Adolescents	**Assesses frequency of alcohol and substance use, for patients ages 12-17.**
NIAAA Alcohol Screening for Youth[2]	Adolescents and children	Two-item scale to assess alcohol use (self and friends/family), for patients ages 9-18.
Tolerance, Worried, Eye Opener, Amnesia, K/Cut Down (TWEAK)[3]	**Pregnant women**	**Five-item scale to screen for risky drinking during pregnancy. Recommended for OB/GYNs.**
Substance Use Risk Profile-Pregnancy (SURP-P)[4]	**Pregnant women**	**Three-item scale to screen for drug use during pregnancy. Recommended for OB/GYNs.**

Bold indicates our recommended screening tools.

1.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
2.National Institute on Alcohol Abuse and Alcoholism. (2011). Alcohol Screening and Brief Intervention for Youth: A Practitioners Guide. NIH Publication No. 11-7805
3.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.
4. Yonkers KA, Gotman N, Kershaw T, Forray A, Howell HB, Rounsaville BJ. Screening for prenatal substance use: development of the Substance Use Risk Profile-Pregnancy scale. Obstet Gynecol. 2010 Oct;116(4):827-833.

Brief intervention/brief treatment

Brief intervention:

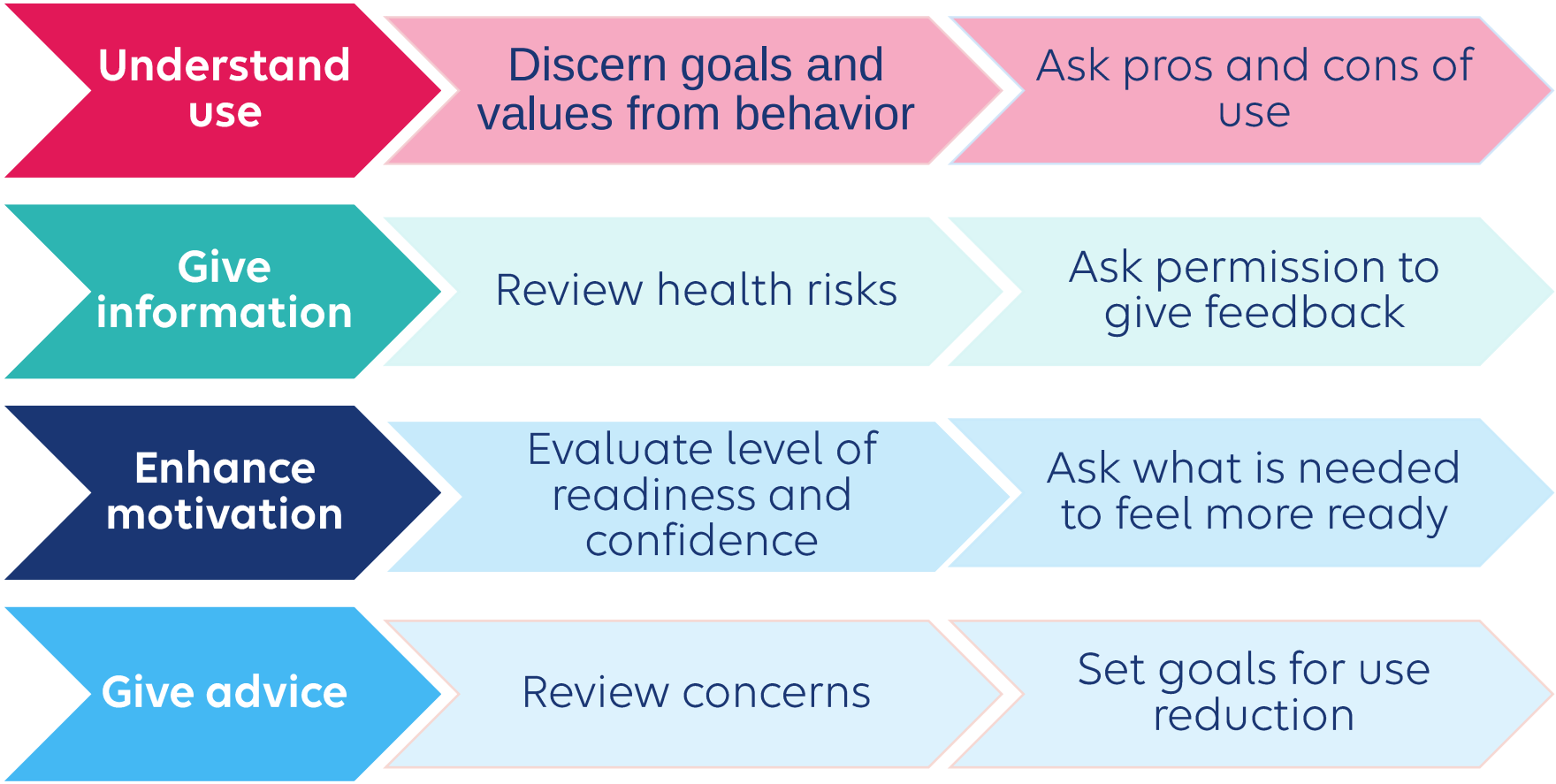
- Provide education for patients on risks of substance use.
- Motivate patients to reduce risky behavior.

Brief treatment

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 referral to treatment

Brief treatment process



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Referral to treatment

Referral is recommended when a patient meets the diagnostic criteria for substance use disorder, but diagnosing is not required for provider performing SBIRT:

- 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)

Key resources

Substance Abuse and Mental Health Services Administration (SAMHSA)
http://www.samhsa.gov/sbirt

Centers for Medicare & Medicaid Services (CMS)
SBIRT Under Medicare and Medicaid

In closing

When applied correctly, SBIRT is very effective:

- Screening and brief interventions 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:

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

provider.wellpoint.com/wa/

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