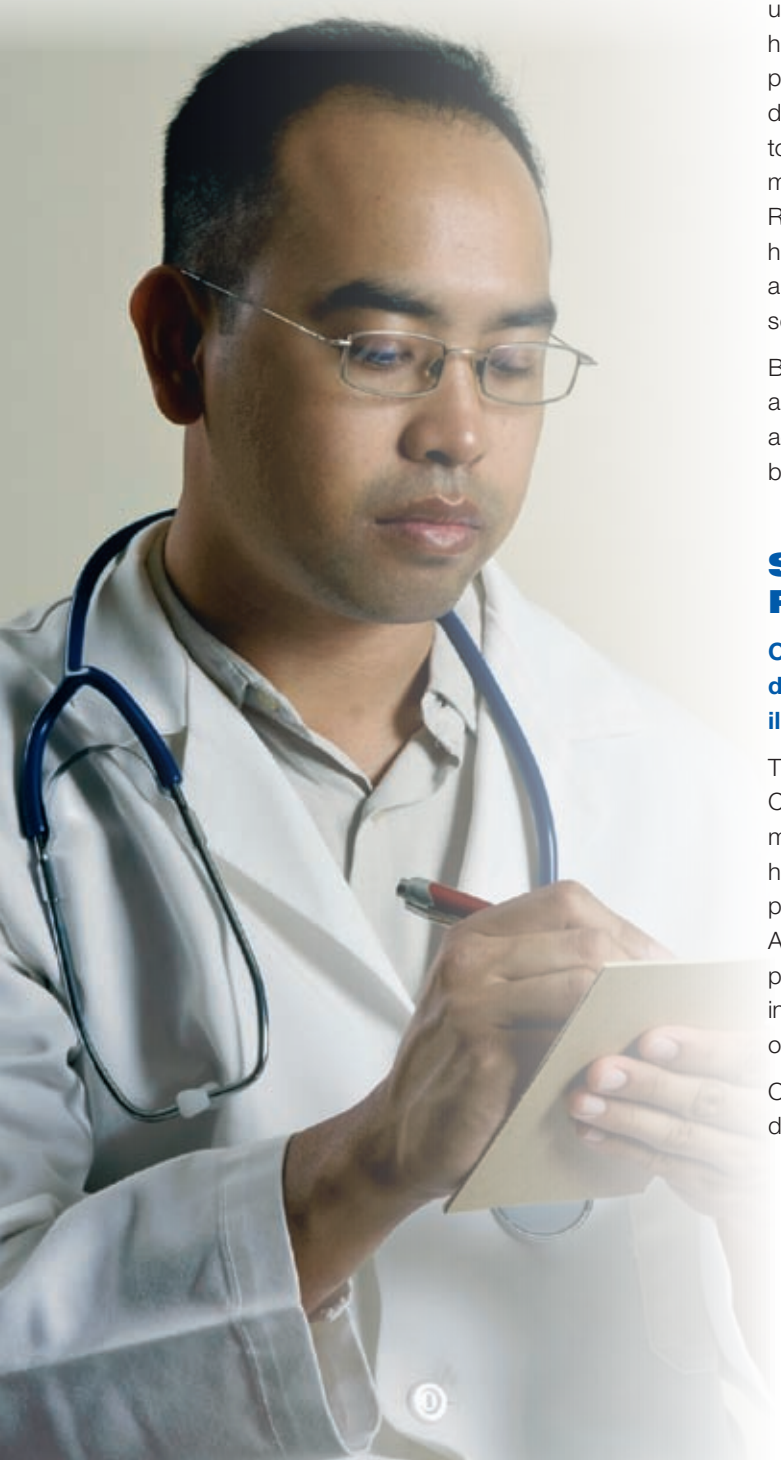
SBIRT

Screening, Brief Intervention and Referral to Treatment

ireta
Institute for Research, Education and Training in Addictions

SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT



Building an SBIRT Program

Alcohol dependence is not the only problem facing many Americans. For every one person that 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 the patients admitted to trauma centers have a positive BAC.[2] If drug use is included, approximately 60% of patients seen in trauma centers are under the influence of alcohol or drugs when admitted.[3] Also, 26% of patients that have a negative toxicology screen have screened positive for alcohol or other drug misuse, abuse or dependence.[2] McGlynn and her colleagues at RAND found that only 15.5% of traumatically injured inpatients had any medical record indication that substance use had been assessed. They found that 7% are intoxicated and another 20% screen positive for alcohol misuse or abuse.[4]

Because of the role alcohol plays in contributing to illness, injury and even death, it is important to have protocols in place to take advantage of a "teachable moment" by implementing screening and brief intervention as part of routine care.

SBIRT IN TRAUMA/EMERGENCY ROOMS

Over 20,000 (7.6 million per year) people enter emergency departments everyday for alcohol-related injuries and illnesses.

The American College of Surgeons' Committee on Trauma (ACS-COT) requires that Level I and Level II trauma centers have a mechanism to identify problem drinkers and that Level I centers have the capability to provide brief interventions for screen-positive patients.[5] New CPT codes created by the American Medical Association allow Medicare and commercial insurers to reimburse physicians for alcohol and drug screening and intervention. Thus, the initiative to have SBIRT a common practice in trauma centers is not only mandated, but also can now be reimbursed.

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What is SBIRT?

Screening, Brief Intervention and Referral to Treatment (SBIRT) is an evidenced-based approach to identify problematic use and to reduce and prevent substance abuse and dependence. 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 that is tailored to the individual patient and their needs.

Traditional substance disorder treatment assists individuals who are struggling with diagnosed conditions such as alcohol or drug dependence or abuse. The SBIRT model begins with a focus on risk and targets individuals who might be at risk of developing or having a substance use disorder. SBIRT concentrates on opportunities to help individuals understand hazardous use while helping them reduce or eliminate it.

The Core Components of SBIRT include:

Screening is the first step in the SBIRT process. Screening provides a simple method of identifying patients who are drinking at at-risk levels as well as those who are already experiencing alcohol-related problems, including alcohol dependence. Screening provides specific information and feedback to the patient about their use of alcohol. Also, it provides the opportunity to educate the patient about their use and the consequences it has/will generate and an opportunity to change their behavior to prevent progression. Once screening has been conducted, the next step is to provide an appropriate intervention tailored to the patient.

Brief Intervention (BI) is a time-limited, patient-centered strategy that focuses on changing a patient's behavior by increasing insight and awareness regarding substance use. A 5 to 10 minute discussion provides the patient with personalized feedback that shows concern for their use. Frequently addressed topics include how substances can interact with medications, cause/exacerbate health problems, or interfere with personal responsibilities. Typically BI's are given to patients that are at low to moderate risk that do not need specialized treatment.

The essential elements of Brief Intervention include:

1. Providing information and feedback about screening results.
2. Understanding the patients' views of their use and then coaching the patients to change their perceptions about their use.
3. Encouraging the patients to discuss their views on how their use led to their injury, their likes and dislikes about use, and how they may consider changing.
4. Advising patients in clear but respectful terms to decrease or abstain from substances.
5. Teaching behavior change skills that will reduce substance use as well as the chances of negative consequences.
6. Establishing a method for follow-up with the patient. Follow up can be done in another visit or by phone.

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 Rivara, F.P., Jurkovich, G.J., Gurney, J.G., et al. The magnitude of acute and chronic alcohol abuse in trauma patients. *Arch Surg* 1993; 128: 907-913.

3 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.

4 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

5 Frei, R. ACS trauma committee takes decisive step against alcohol abuse. *General Surgery News*. http://www.generalsurgerynews.com.

Intensive Intervention consists of multiple sessions to educate and motivate individuals to change risky or harmful behavior. This is designed for individuals who are experiencing negative consequences of substance use that need to connect their substance use with problems in their life and develop a plan for changing their behavior. Patients discuss their substance use and its effects. Motivational interviewing techniques are used to help patients discuss the positive and negative effects of substance use. This process helps them to decide if they would like to make a change in their behavior. Patients are also encouraged to examine how ready they are to reduce or abstain from substance use. If a patient is ready to change, a plan and reasonable goals are set.

The format of Intensive Intervention sessions can be very flexible. As an individual moves through stages of change extra help can be given to the participant that is tailored to their specific goals. Encouragement is provided when goals are met or for whatever attempts are made.

Referral to Treatment for patients that are identified as possibly dependent on a substance consists of assisting patients with accessing specialized treatment, selecting treatment facilities and obtaining authorizations from insurance and transportation. After a referral is made, follow-up phone calls with the participant or treatment staff are part of the collaboration to ensure care.

Is SBIRT Effective? YES

Research has shown that large numbers of individuals at risk of developing serious alcohol or other drug problems may be identified through primary care screening. Interventions such as SBIRT have been found to:

- Reduced healthcare costs,[6]
- Decrease the frequency and severity of drug and alcohol use,[7]
- Reduce the risk of trauma, and
- Increase the percentage of patients who enter specialized substance abuse treatment.

In 2002, researchers analyzed more than 360 controlled trials on treating alcohol use disorders and found that alcohol screening and brief intervention was the single most effective treatment method of more than 40 methods studied. Additional studies and reports have produced similar results showing that substance use screening and intervention is effective at helping people recognize unhealthy patterns and change their behaviors.

Studies also have been completed showing that brief intervention is effective. People who received screening and brief intervention from their physician experienced 20% fewer emergency department visits, 33% fewer nonfatal injuries, 37% fewer hospitalizations, 46% fewer arrests and 50% fewer motor vehicle crashes. Additionally, economic analyses showed that screening and brief counseling of nondependent, risky alcohol users allowed for a cost savings of $4.30 in future healthcare costs for every dollar invested in intervention.

As a result of the above studies, many healthcare organizations, government agencies, and provider associations have chosen to implement guidelines and accreditation standards that mandate, endorse or recommend substance abuse screening and brief intervention. The American Medical Association (AMA), along with seventeen other associations recommend training in screening and brief intervention and demonstration of clinical competency. Likewise, major medical associations that disseminate evidence-based clinical practice guidelines for their members recommend routine use of substance use assessment and intervention. Federal agencies, such as the Veterans Administration (VA), Department of Defense (DoD), White House Office of National Drug Control Policy (ONDCP), and the Institute of Medicine also have made significant recommendations for the adoption of screening and brief intervention.[7]

Can We Be Reimbursed for SBIRT? YES

The American Medical Association has approved two codes (based on time devoted to the service): 99408 and 99409. Use of these codes requires documentation in the clinical record

CPT (Commercial Insurance)*

99408	Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes
99409	greater than 30 minutes

Services provided under codes 99408 or 99409 are separate and distinct from all other Evaluation & Management (E/M) services performed during the same clinical session (i.e., date of service). (Modifier -25, indicating an additional separate and distinct E/M service during the same clinical session, may be coded for some health plans.)

A physician or other qualified health professional uses a validated screening instrument such as the AUDIT or DAST and delivers an intervention as indicated by the score on the screening instrument. The instrument used and the nature of the intervention are recorded in the clinical documentation for the encounter.

If based on the screening instrument, an intervention is not needed, the work effort of performing the survey is included in the selection of the appropriate E/M service. Code 99408 is the most likely service level for most patients.

** Actual reimbursement rates vary due to insurance plan coverages.*

Medicare

The Centers for Medicare & Medicaid Services created codes G0396 and G0397 for reporting comparable services for Medicare fee-for-service schedule (FFS) patients. Medicare does not reimburse for screening, but does pay for assessment.

G0396	Alcohol and/or substance (other than tobacco) abuse structured assessment (AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes
G0397	greater than 30 minutes

Medicaid (currently under review for adoption in Pennsylvania)

CMS has also created SBI codes for Medicaid:

H0049 Alcohol and/or drug screening.

H0050 Alcohol and/or drug services, brief intervention, per 15 minutes.

The Institute for Research, Education and Training in Addictions (IRETA) will work with you and your staff to determine which codes will provide the maximum reimbursement for the specific patient population that uses SBIRT services.

Training and Services Needed to Implement SBIRT

Most physicians and medical staff are not trained in SBIRT. The Institute for Research, Education and Training in Addictions has served as the lead training agency for SBIRT in Pennsylvania since 2003. IRETA has access to seasoned SBIRT trainers and implementation specialists that can provide the expertise to successfully implement SBIRT. From program design to evaluation, IRETA can offer you the best quality training available that ensures fidelity of Evidenced Based Practices. Our commitment to providing quality services is incorporated into the following list of training and assistance offered to implement SBIRT protocols and processes.

6 Gentilello, L.M., Ebel, B.E., Wickizer, T.M., Salkever, D.S. & Rivara, F.P. (2005). Alcohol intervention for trauma patients treated in emergency department and hospitals: a cost benefit analysis. *Annals of Surgery*, 241 (4), 541-550.

7 Miller, W.R., & Wilbourne, P.L. (2002). Mesa Grande: a methodological analysis of clinical trials of treatments for alcohol use disorders. *Addiction*, 97, 265–277. http://www.blackwell-synergy.com/doi/abs/10.1046/j.1360-0443.2002.00019.x

8 Fleming, M.F., Mundt, M.P., French, M.T., Manwell, L.B., Stauffacher, E.A., and Barry, K.L. (2002). Brief physician advice for problem alcohol drinkers: long-term efficacy and benefit-cost analysis. A randomized controlled trial in community-based primary care settings. *Alcoholism, Clinical and Experimental Research*, 26 (1), 36-43. http://www.blackwell-synergy.com/doi/abs/10.1111/j.1530-0277.2002.tb02429.x

In-Depth Organizational Analysis and Implementation Planning

The most important part of implementation is obtaining buy-in from all staff that will be involved in SBIRT. Regardless of the role any one person will play, we recommend that each be involved in our in-depth organizational analysis and consultation.

IRETA will work collaboratively with your organization to collect information about how your practice operates. With input from your staff, we obtain a clear picture of how patients proceed as they receive care to identify the most efficient approach in integrating SBIRT into routine clinic practices. Our goal is to implement SBIRT while avoiding any additional burden on you and your staff.

As part of the walk-through process, our staff consults with each staff member along the way to learn more about the process and the role each will play. Once this is completed, IRETA will develop a proposed implementation plan that will be sent to your office for review. Upon agreement on the plan, the implementation will begin.

The IRETA consultant will then become your coach during the implementation. Your coach will be able to provide you with in-person, phone or email consultation throughout the implementation period. The consultant will address issues that arise and modify the implementation plan as necessary. Because this involves change, it is important to note that not everyone in the practice will embrace it. This is normal for any setting, just as it is normal for any patient to resist change.

In-House Training

Depending on the setting in which SBIRT is being implemented, IRETA can provide specialized training for a variety of settings. All organizations operate differently. Thus, our training, implementation and technical assistance is tailored to fit your setting. IRETA and their seasoned experts have experience in implementing SBIRT into settings such as:

- Emergency Departments
- Trauma Centers
- Internal Medicine Practices
- OB/GYN Practices
- Primary Care Offices
- Medical Residency Programs: OB/GYN, Internal Medicine, Emergency/Trauma and Family Medicine
- Clergy and Community Support Agencies
- Federally Qualified Health Centers

The following is a list of SBIRT Trainings that are recommended for implementation:

- Initial Training
- SBIRT Overview
- Addiction Overview
- Screening and Assessing Patients for Hazardous Use, Abuse and/or Dependence
- Brief Intervention/Intensive Intervention
- Patient Care Management for Those with or at High Risk for Substance Use Disorders
- Making Referrals to Specialized Treatment
- Follow-Up Training
- Motivating Patients to Change/Motivational Interviewing in Healthcare Settings

Our Training Package also includes the following:

Coaching by SBIRT Implementation Experts

Have you ever attended a training, become excited about taking your new knowledge back to your group to try it but then realized nothing had gone according to plan? If so, you are not alone. Initial training will provide you with the basics, the application of what you have learned will prove to be more of a challenge. Your coach understands the complexities of introducing change in an organization. IRETA provides seasoned SBIRT experts who have experience in implementing SBIRT in a variety of settings.

Ongoing Technical Assistance

In the event that a technical issue should arise, your SBIRT coach can provide you with the information and help you need to solve the problem or link you with a professional who can provide additional assistance.

Case Consultation/Supervision

Particularly during the start-up phase of implementation, situations with patients or colleagues may arise where you need additional information. Case consultation is available via SBIRT experts on an ongoing basis for one year after implementation. Consultation can continue for a longer time period if needed.

Access to SBIRT Learning Community (via SBIRT Website)

IRETA has created an online SBIRT repository for your use at any time. In addition, a free online learning community specifically for SBIRT providers is convened monthly. In this community, you can feel free to post your resources, articles or share your SBIRT experiences with others online (forum will be moderated). The forum will provide you with access to national SBIRT experts as well as those within the region.

Additional Services Available

Specialized Training

In addition to SBIRT standardized training, IRETA, in collaboration with the Northeast Addiction Technology Transfer Center (NeATTC) can provide you with information about upcoming trainings in your region. Also, upon request, IRETA can provide you with specialized trainings for your setting as needed.

Program Evaluation

In addition to offering assistance to implement your SBIRT program, IRETA offers evaluation services that can help answer questions about your project such as:

- How cost-effective is our investment in SBIRT training for our practice/setting?

  Recent scientific literature has suggested that SBIRT is very cost effective and may be cost saving (Solberg et al). Depending on the population and site where SBIRT is implemented (e.g., ER, Family Practice, etc), savings between $3.80 (Fleming 2000) and up to $48 (unpublished data) per dollar invested in SBIRT have been observed.

- Are our staff comfortable discussing drug and alcohol use with patients? What does our staff think about SBIRT?
- How does SBIRT improve our clinical care and what are the patient outcomes?

Cost

We will work collaboratively with you to determine what your needs will be to implement SBIRT in your operations. Our fees are based on the number of persons attending the trainings, materials needed for training and the amount of time estimated to provide you with the proper amount of coaching needed to implement and sustain SBIRT. A two-hour on-site orientation and follow-up discussion with the Department head and others is free. Based on the desire to move forward, a line specific proposal will be generated for your consideration.

SBIRT is the future.

A new clinical tool that benefits Physicians, Nurses, Payers, Employers and most of all, the Patient.

ireta

Institute for Research, Education
and Training in Addictions

Regional Enterprise Tower
425 Sixth Avenue, Suite 1710
Pittsburgh, PA 15219

PHONE: 412-258-8565
FAX: 412-391-2528
www.ireta.org