MO HealthNet Managed Care
(Medicaid)

Healthy Blue

Screening Brief Intervention Referral to Treatment (SBIRT)

Medicaid Network Growth and Strategy

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

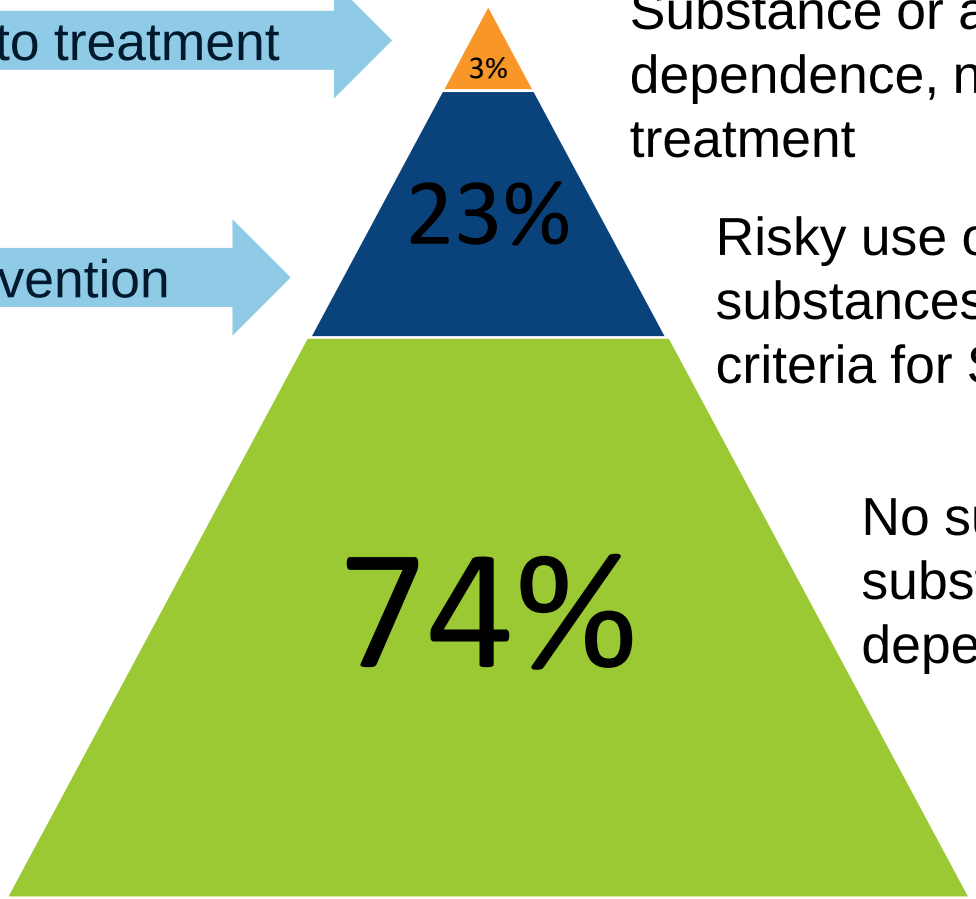
Healthcare workers who can provide SBIRT:

- 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

Referral to treatment

Brief intervention

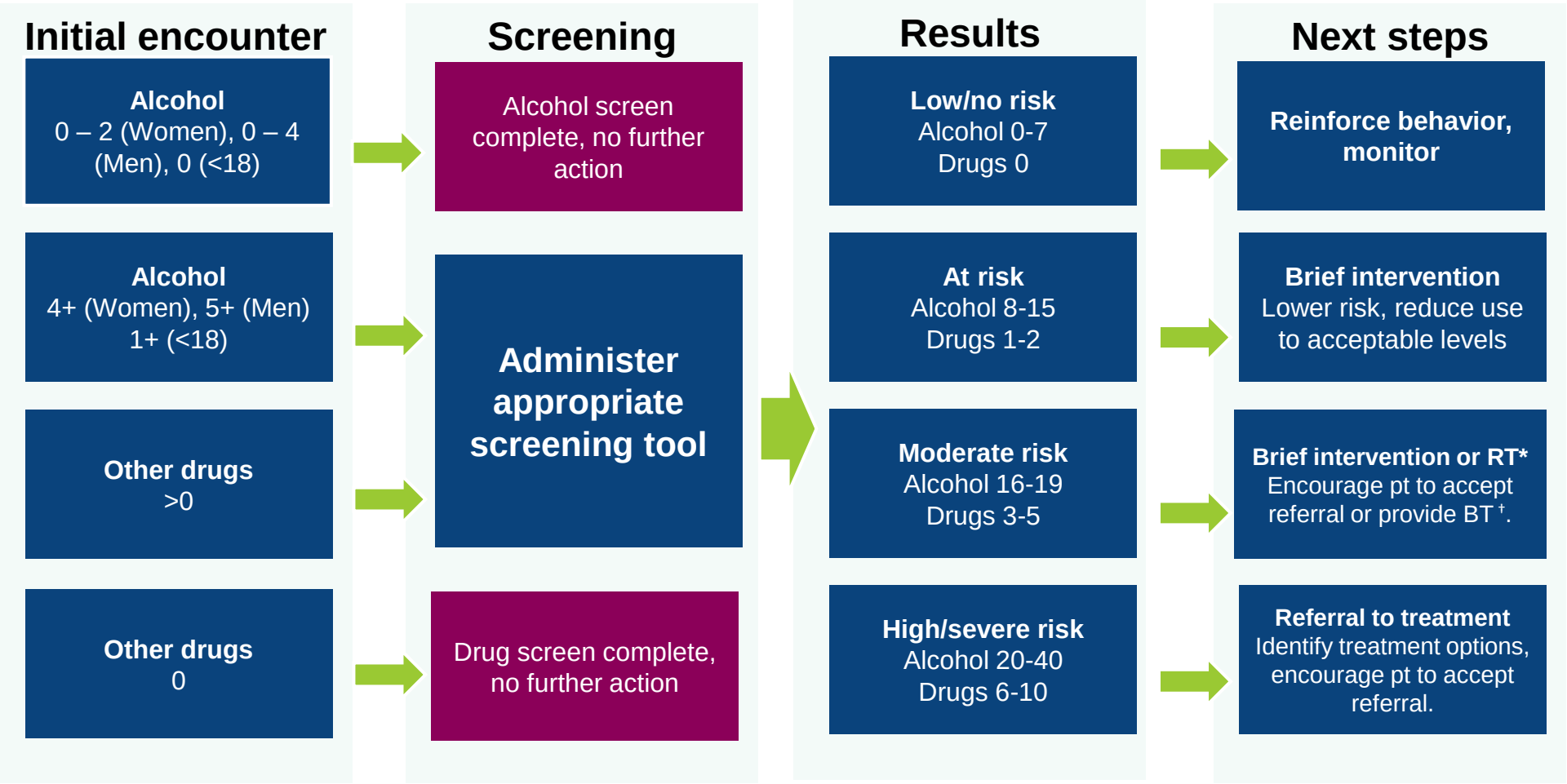


Substance or alcohol use or dependence, needs specialty treatment

Risky use of alcohol or substances, but may not meet criteria for SUD/AUD

No suspected alcohol or substance use or dependence

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

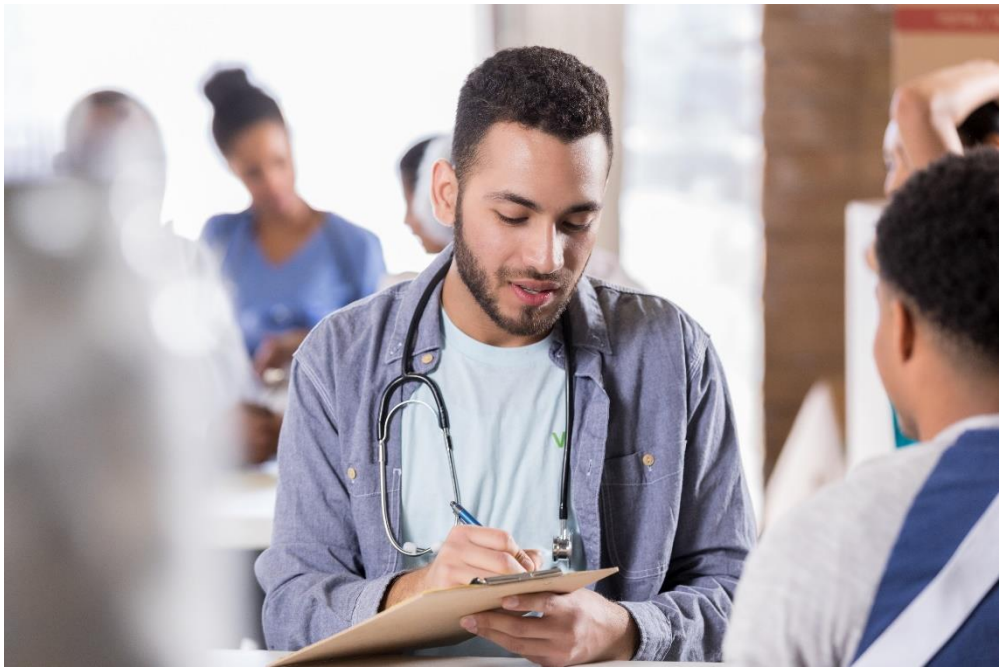
Any illicit substance use reported should be followed by a full screening.

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

Screening tools guidelines

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.)

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

Both brief intervention and brief therapy are often provided by allied health professionals (nurses, social workers, etc.) rather than physicians.

Brief treatment process

Understand use	Discern goals and 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, 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.

https://provider.healthybluemo.com

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