



Substance Abuse and Mental Health Services Administration



Screening, Brief Intervention, Referral and Treatment

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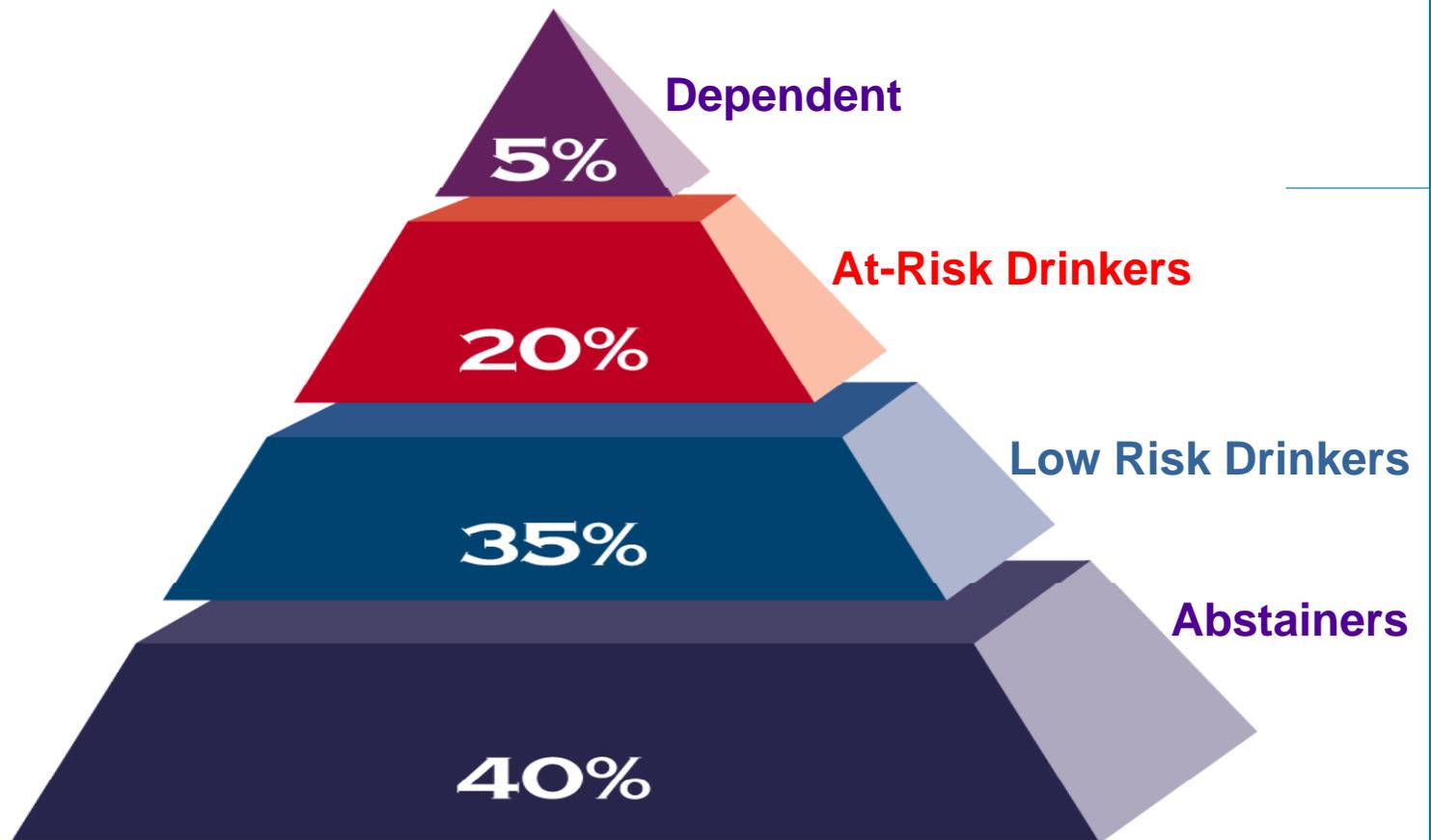


Background

- ❖ Hazardous alcohol and substance use has significant medical, social, and financial consequences
- ❖ Traditional emphasis of substance abuse intervention has been placed on either supply reduction strategies or long term specialized treatment
- ❖ Little attention has been given to of individuals who use alcohol/drugs but are not, or not yet, dependent and could reduce drug use through “early intervention”



Drinkers' Pyramid





Findings: SAMHSA 2004 to 2006 National Surveys on Drug Use and Health

- ❖ In 2006, an estimated 30.5 million persons aged 12 or older reported driving under the influence of alcohol at least once in the past year
- ❖ 10.2 million reported driving under the influence of illicit drugs* during the past year
- ❖ Of current drivers aged 18 or older, 15.1% had driven under the influence of alcohol during the past year and 4.7% had driven under the influence of illicit drugs
 - Illicit drugs included marijuana/hashish, cocaine, crack cocaine, inhalants, hallucinogens, heroin, or prescription-type drugs used nonmedically.
 - **MANY OF THESE ARE NON DEPENDENT, RISKY OR HAZARDOUS USERS THAT COULD BENEFIT FROM SBI.**



Problems of Alcohol Misuse

Physical Problems

- Brain Damage
- Withdrawal Fits
- Peripheral Neuritis
- Musculoskeletal System
- Heart
- Hypertension
- Peptic Ulcers
- Cirrhosis, Hepatitis
- Pancreatitis
- Skin Diseases
- Endocrine, Sexual Problems
- Obesity
- Malnutrition
- Dental Problems
- Avitaminosis
- Cancers
- Immune Suppression
- Blood and Bleeding Disorders
- Trauma
- Fetal Damage

Psychological Problems

- Dementia
- Impairment of Impulse Control
- Depression
- Alcohol Dependence
- DTs
- Alcoholic Hallucinosi

Social Problems

- Focus of social activities
- Marital Stress/ Breakdown

Impact on Children

- School Failure
- Behavioral Disorder
- Delinquency

Homelessness

- Unstable living situations
- Dependent on multiple social services

Intersection with Drug Problems

- Two-way Switch From Alcohol to Illicit Drugs
- Rx Med abuse

Lifestyle Issues

Diet, Exercise, Smoking

Public Order and Public Amenities

- Public Drunkenness
- Noise, and Public Disorder

Crime and Public Safety Issues

- Drunk Driving, Assaults, Sexual Assault, and other crime





“Teachable Moment”

- SBIRT takes advantage of the “teachable moment”
- Naturally occurring in medical settings in conjunction with lab results, injury, family/ marital problems, chronic conditions, etc...
- Takes non-judgmental approach (MI)



Ranked in top ten of prevention services

1. Discuss daily use of aspirin
2. Childhood Immunization Series
3. Tobacco use screening and brief intervention
4. Colorectal cancer screening
5. Hypertension screening
6. Influenza immunization
7. Pneumococcal Immunization
8. Problem Drinking Screening & Brief Intervention
9. Vision screening – adults
10. Cervical cancer screening

(Partnership for Prevention – Priorities for America's Health: Capitalizing on Life-Saving, Cost Effective Prev Services, 2006)



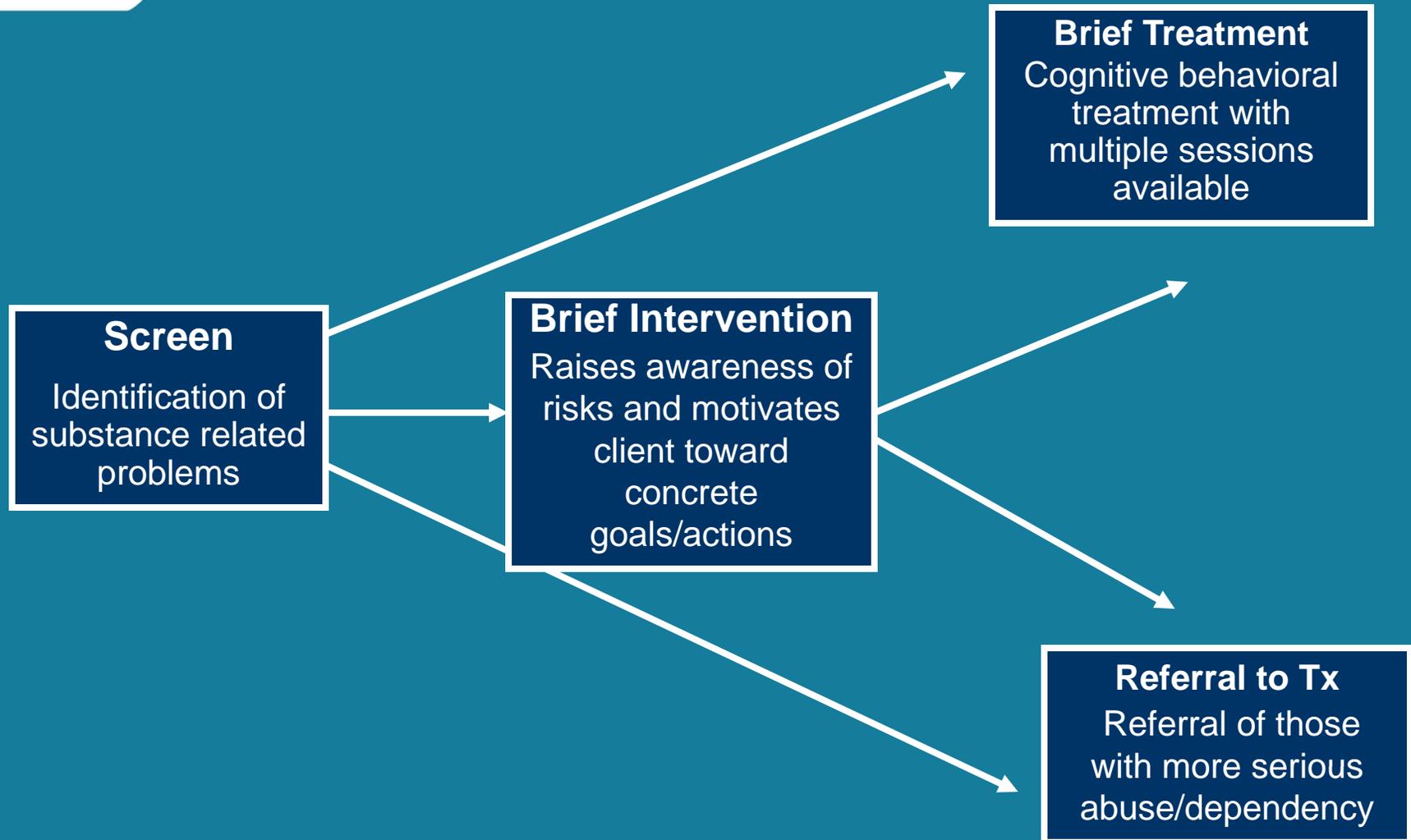
What Is Screening, Brief Intervention Referral and Treatment (SBIRT)?

- ❖ A comprehensive, integrated, public health approach to the delivery of early intervention and treatment for alcohol and substance use.
- ❖ Service for persons with substance use disorders, as well as those who are at risk of developing these disorders.





SBIRT Core Components





SAMHSA SBIRT Program Overview

Expanding the State's continuum of care to include SBIRT in general medical and other community settings:

- ❖ Community health centers
- ❖ Nursing homes
- ❖ Schools and student assistance programs
- ❖ Occupational health clinics
- ❖ Hospitals, emergency departments



Screening Tools

- Four commonly used screening instruments:

Alcohol Use Disorders Identification Test
(AUDIT)

Alcohol, Smoking, and Substance Involvement
Screening Test (ASSIST)

Drug Abuse Screening Test (DAST)

CRAFFT (for adolescents)

All can be found and downloadable on web



Effective Screening Program Typically Yields...



- Approximately 25% of all patients will screen positive for some level of substance misuse or abuse
- Of those, the approximately 70% will be “at-risk” *drinkers*
- Most will be open to addressing their substance abuse problems (if discussed in a non-judgmental manner)

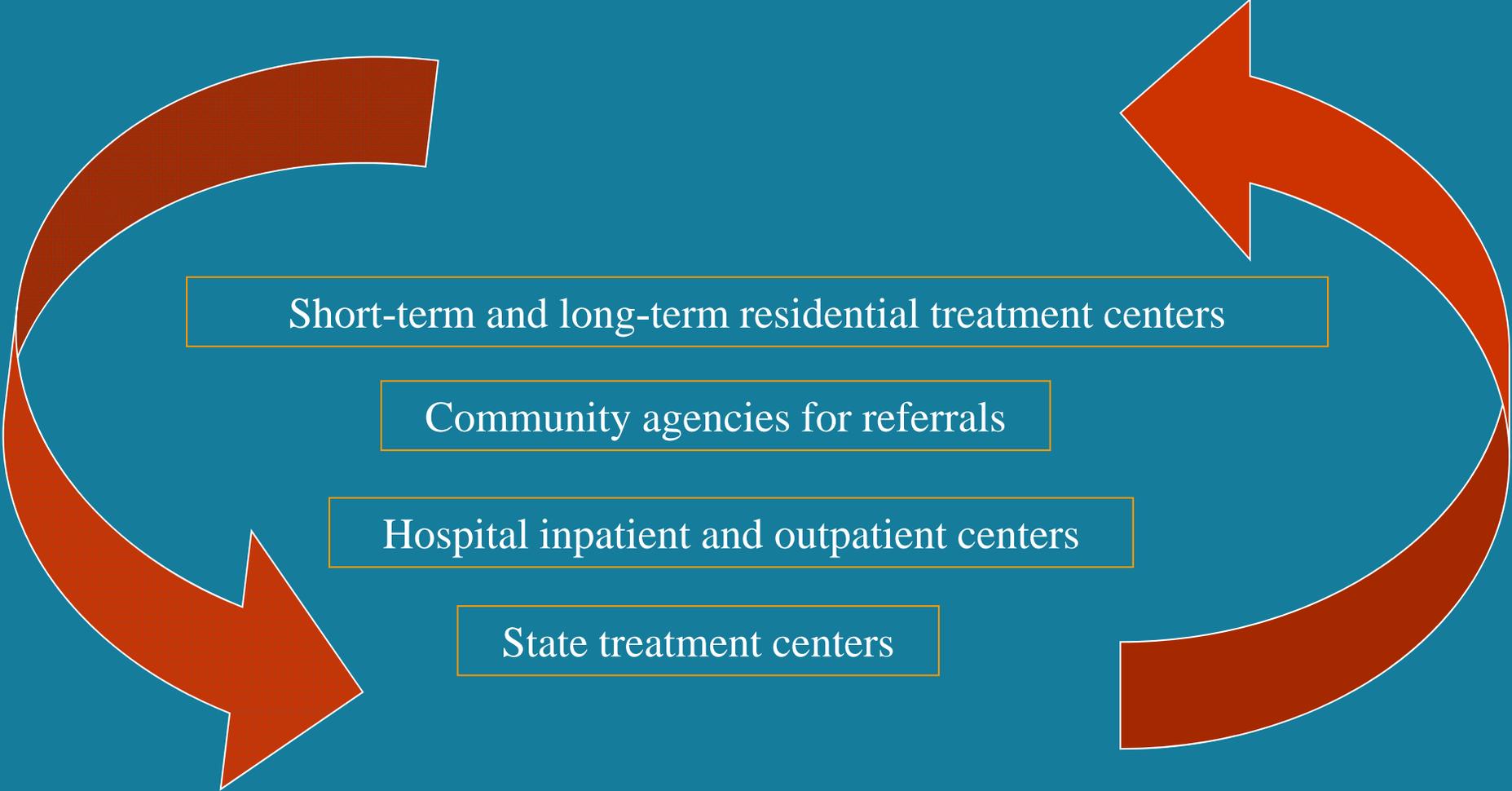


SBIRT: Primary Care Context

- Does not require specialized degree
- Staff at different levels can be involved: physicians, nurses, social workers, medical assistants, para-professionals, chaplains, etc.
- Motivational interviewing approach can be applied to various “behavior” issues (med compliance, weight loss, etc.)



Identify Referral Resources



Short-term and long-term residential treatment centers

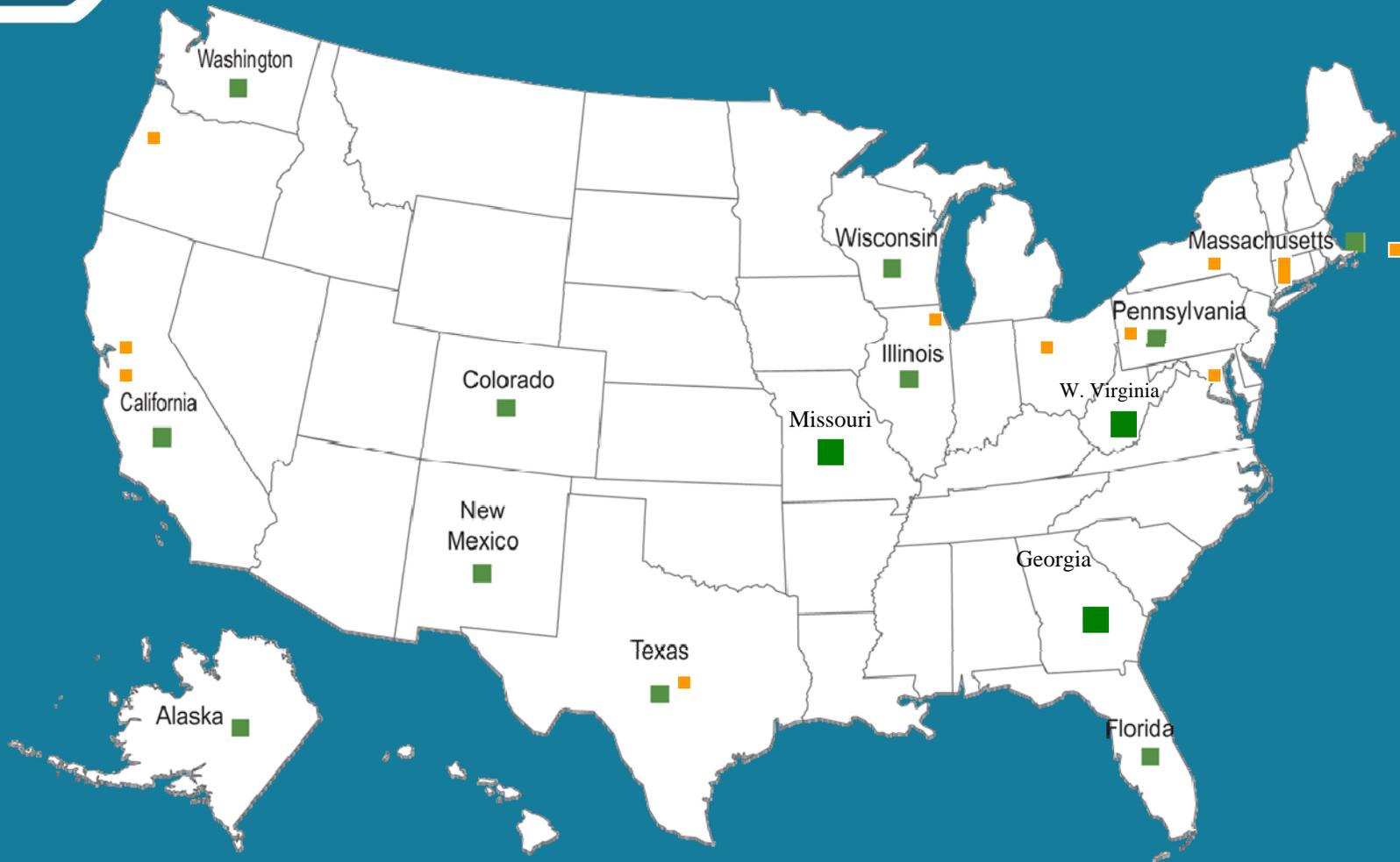
Community agencies for referrals

Hospital inpatient and outpatient centers

State treatment centers



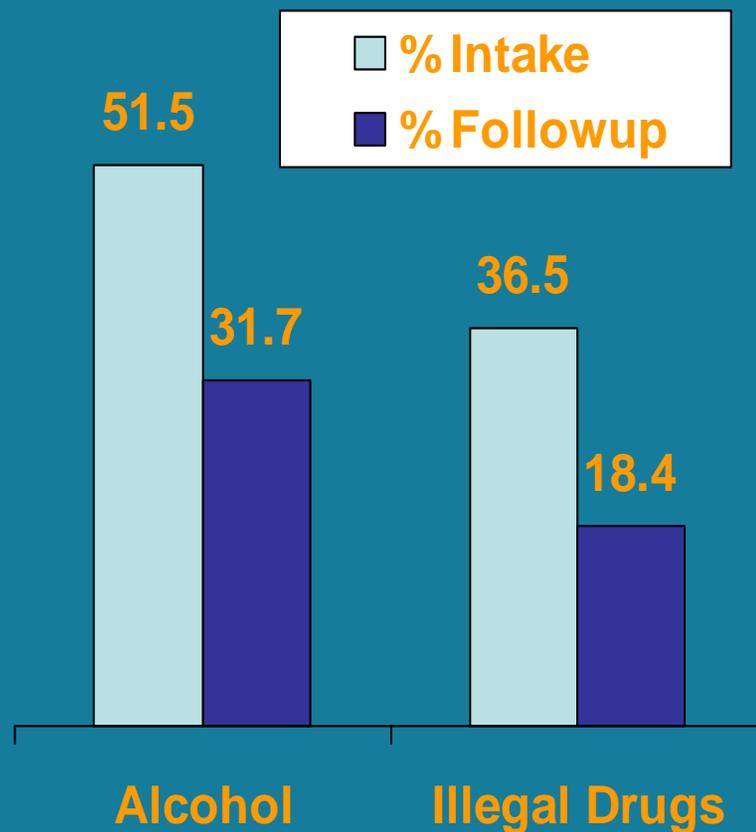
SBIRT Grants by State



■ Screening, Brief Intervention, and Referral to Treatment (SBIRT) Grantees
■ Medical School Residency Grants



SBIRT Program Accomplishments



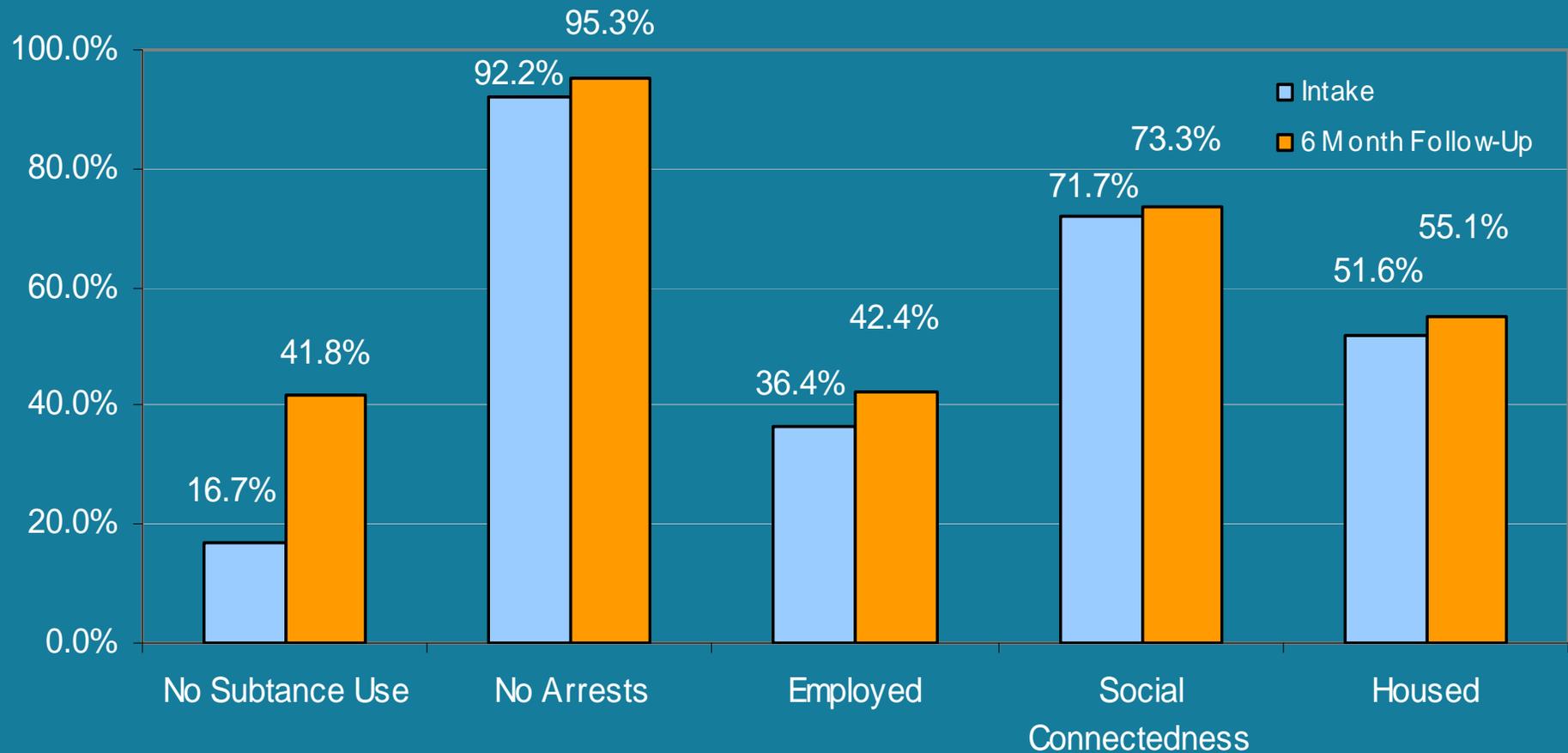
- Alcohol use to level of intoxication (5+ drinks) declined **38.4%**
- Use of any illicit drugs decreased **49.6%**
- Nearly **50%** of those who have a brief intervention changed their patterns of misuse

N = 11 States



SBIRT Program Accomplishments

National Outcome Measures

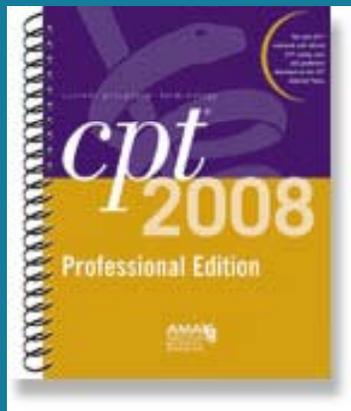
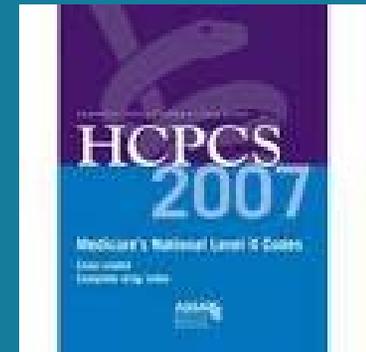


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Reimbursement for SBIRT Services

HCPCS code for reimbursement for alcohol and drug screening and brief intervention for Medicaid recipients. Requires that the State Medicaid Agency chooses to reimburse for the services



CPT codes and two parallel Medicare G-codes to allow for appropriate reporting and payment for commercial insurance and Medicare recipients

Payer	Code	Description	Fee Schedule
Commercial Insurance	CPT 99408	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes	\$33.41
	CPT 99409	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes	\$65.51
Medicare	G0396	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes	\$29.42
	G0397	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes	\$57.69
Medicaid	H0049	Alcohol and/or drug screening	\$24.00
	H0050	Alcohol and/or drug service, brief intervention, per 15 minutes	\$48.00



Challenges & Lessons Learned

- Buy-in issues from existing medical staff (time/work load, don't want to deal with "addicts", now that we've identified them, now what?, etc..)
- Funding
- Need high level admin support
- Consistent training available for new staff



Lessons learned continued -

- Expand to other “motivational” and other health needs (ie – smoking cessation, weight loss, depression, diabetes mgt, med compliance, etc.)
- Track outcomes to show results, health improvements & cost savings
- Use new and existing screening and intervention insurance codes for reimbursement – still much to learn



Helpful Online Resources

- <http://sbirt.samhsa.gov/> & www.samhsa.gov
- http://pubs.niaaa.nih.gov/publications/Practitioner/Clinicians_Guide2005/clinicians_guide.htm
(NIAAA Clinician's guide for SBI for alcohol)
- <http://www.ena.org/ipinstitute/SBIRT/ToolKit/toolkit.asp>
(excellent SBI “toolkit” by emergency nurses assoc.)
- <http://www.projectmainstream.net/>
(variety of educational materials on SBI delivery)
- <http://www.drugabuse.gov/nidamed/>
(various sbirt info developed by NIDA)



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