Objectives

• Increase knowledge and awareness of SBIRT as a prevention and early intervention tool

• Understand the opportunities available for PBHCI programs to reduce the negative consequences of substance use and improve care through SBIRT

• Explore how SBIRT can be used to create and leverage partnerships with primary care

• Understand the function and purpose of each component of SBIRT

• Understand the relationship between the use of SBIRT and changes in the health care delivery system
Poll Question # 1

Poll Question: Do you currently screen for alcohol or drug use in primary care settings?

a. Yes  
b. No  
c. Not sure  
d. We really need to do this

The Triple Aim Framework

- Improving the health of the population
- Enhancing the experience and outcomes of the patient
- Reducing the per capita cost of care
Substance Use Disorders

- 20.7 million adults (8.8%) have substance use disorders
- Almost 20% of those with substance use disorders have co-occurring mental illnesses
- 52.2% of Americans report being current drinkers; of those, nearly 13% meet criteria for Alcohol Use Disorder
- In 2013, an estimated 1.8 million people had an opioid use disorder related to prescription pain relievers and an estimated 517,000 had an opioid use disorder related to heroin use.

Service Delivery Changes
Prevention and early intervention services are a key component of the future of health care…

Recommended screens from USPSTF
- Alcohol Misuse Screening and Behavioral Counseling Interventions (B rating for adults)
- Screening for Depression (B rating)
- Tobacco Use and Tobacco-Caused Disease, Counseling and Intervention (A rating)
- HIV screening (A rating for those at increased risk and pregnant women)
- Alcohol Misuse Screening and Behavioral Counseling Interventions (I rating for adolescents)
Shifting risk & accountability to providers

What is SBIRT?

An early intervention and prevention protocol with three components:

- **Screening** - universal screening for substance use and impact of use
- **Brief Intervention** - use of motivational interviewing concepts to reduce problematic substance use
- **Referral to Treatment** - referral to specialty substance use treatment or further assessment

Screen
Identification of substance related problems

Brief Intervention
 Raises awareness of risks and motivates client toward concrete goals/actions

Referral to Treatment
Referral of those with more serious abuse/dependency
Distribution of Alcohol Use

- **40%** Abstinent/Low risk
- **35%** Moderate risk
- **20%** High Risk
- **5%** Abuse/Dep.

**Target Population**

Primary Prevention

Brief Intervention

Specialized Treatment

Dawson, Alcohol Clin Exp Res 2004; Grant, Drug Alcohol Dep 2004

Effects of Alcohol

Alcohol dependence, Memory loss

Premature aging, Drinker’s nose

Cancer of throat and mouth

Frequent colds, Reduced resistance to infection, Increased risk of pneumonia

Liver damage

Trembling hands, Tingling fingers, Numbness, Painful nerves

Uterus

Impaired sensation leading to falls

Numb, tingling toes, Painful nerves

Alcohol dependence, Memory loss

Premature aging, Drinker’s nose

Cancer of throat and mouth

Frequent colds, Reduced resistance to infection, Increased risk of pneumonia

Liver damage

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Uterus

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SBIRT Effectiveness

- Primary care, FQHCs, hospitals, community health centers, trauma centers, ED, school-based clinics
- Peer health educators, substance abuse professionals, general health care staff, licensed BH counselors, community health workers, case managers
- More than 450,000 people screened
- Alaska Natives, American Indians, African-Americans, Caucasians, Hispanics

- Self-report at 6 months = Heavy alcohol use was 38.6% lower, drug use was 67.7% lower (marijuana biggest decrease)


Benefits

- Addresses prevalence of co-occurring disorders and meets the individual where they are
- Lessen complications from medical conditions such as diabetes, heart disease, hypertension
- Reduce hospital and ER visits
- Cost savings to the health care system
- Model for health care integration, whole-health viability
Getting Started

SBIRT Model

Screening

Negative Screen 77%  Positive Screen 23%

Mild/Moderate use 15.9%  Mild/High use 3.2%  Dep 3.7%

Brief Intervention 1 session  Extended Intervention up to 4 sessions  Referral to Treatment

Madras et al, Drug and Alcohol Dependence, 2009
Screening

A systematic way of asking questions to determine the presence or absence of symptoms or risky behaviors using standardized, reliable and valid tools.

- AUDIT
- DAST
- ASSIST
- CRAFFT
- S2BI
- PhQ9
- TWEAK/T-ACE
- ACEs
Brief Intervention

“To motivate patients to be aware of their patterns of use, understand the associated risks, and make their own decisions.”

CDC, 2014
Brief Intervention Structure

- Raise the subject
- Provide feedback
- Enhance motivation
- Develop a plan

Referral to Treatment: Considerations

- **Availability** of resources for treatment
- **Knowledge** by staff on available resources
- **Relationships** with treatment providers

Personalize the process:
- Facilitate call to the treatment provider with patient
- Assure the appointment is made
- Assist with barriers to accessing treatment (stigma, access, navigating healthcare system)
- Avoid just handing patient “a piece of paper”
- Document referral source and date of appointment
- Follow-up and provide reminders — release of information to follow-up

What barriers might you face and how will you help develop a plan to overcome them?
Poll Question #2

Poll Question: Do you currently provide behavioral health services in other Primary Care settings (i.e. hospitals, ER, health clinics)?

a. Yes  
b. No  
c. Not sure  
d. We really need to do this

Exploring Opportunities for SBIRT

Bi-Directional Integration

Primary Care  
Acute Care  
Minor Emergency Centers  
Health Departments  
Dental Offices  
Chiropractic Offices  
Schools
**SUD and Hospitals**

- In 2012, 8.6 million inpatient stays (IS) involved at least one mental disorder (MD) or substance use disorder (SUD) diagnosis, accounting for **32.3%** of inpatient stays.

- Nearly 1.8 million inpatient stays were primarily for M/SUDS (6.7% of all stays).

- In 2012, there were 1,457,900 adult, inpatients stays related to SUD alone; accounting for 5.5% of all IP stays and 17.0% of all M/SUD stays.


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**Patient Pathways**

17% leave acute care with a SUD diagnosis (1)

23% screen positive on Audit C

[1] "Acute Care Hospital Utilization Among Medical Inpatients Discharged With a Substance Use Disorder Diagnosis", J Addict Med, Volume 6, Number 1, March 2012
Central Kansas Foundation

CASE STUDY

Central Kansas Foundation

CKF
Community Based
65 Employees
5 locations
Outpatient, Detox, Medication Assisted Withdrawal, Residential Treatment & Prevention/Education

Salina Regional Health Center
300 Bed Acute Care Regional Health Center
Level III Trauma Center
27,000 ED presentations/year
Alcohol/Drug DRG was 2nd most frequent readmission

Salina Family Healthcare
10,000 unique patients
13 Family Medicine Residents
10 dental chairs

Stormont-Vail Health Center
586 Bed Acute Care Hospital
Level II Trauma Center
65,000 ED presentations/year

SUD Providers

PARTNERS
Primary Obstacles to Implementing SBIRT

1. Lack of time for overburdened health care workers
2. Training and motivation of professionals to administer SBIRT
3. Organizational factors including administrative support and competing priorities
Key Considerations

• Who needs to be at the table?
• Where does SBIRT fit in?
• What is the plan?
• How do we pay for it?
• How do we entrench SBIRT into our protocols?
• What staff training is needed?
• How do we track SBIRT and know it’s working?
• How do we know if we need to change course?

Resources

• SAMHSA-HRSA Center for Integrated Health Solutions
  http://www.integration.samhsa.gov/

• SBIRT Training Manual - BNI

• SBIRT Colorado
  http://improvinghealthcolorado.org/

• IRETA
  http://ireta.org/
Questions