

MEDICAID



# Screening, Brief Intervention, and Referral to Treatment (SBIRT)

## Provider Network Strategy

# What is SBIRT?

## **Screening**

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

- It should be 5 to 10 minutes long.
- Reimbursement requires use of validated screening instruments.

## **Brief intervention (BI)**

A short (5 to 30 minutes long) counseling session that raises awareness of risks and motivates the client toward acknowledgement of the problem.

## **Referral to treatment**

Procedures to help the patient access specialized treatment.

# Potential Benefits for Patients



Positively effects

- Patients with SUDs
- Patient morbidity and mortality rates



Reduces

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



Improves

- Neonatal outcomes
- Access to treatment

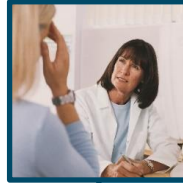
# Potential Benefits for Providers

## Awareness



- Increases clinicians' awareness of substance use issues

## Better approach



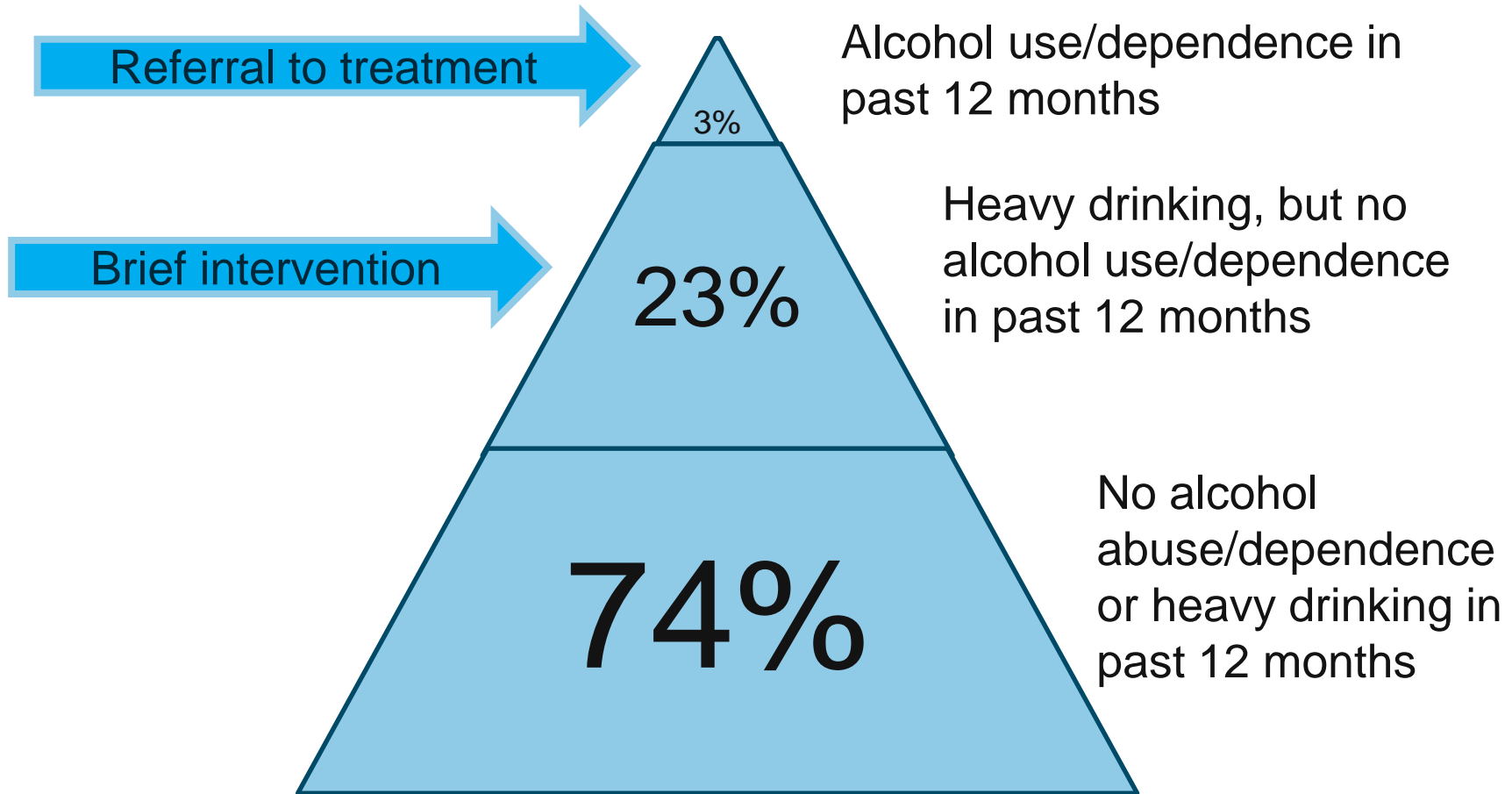
- Offers clinicians a more systematic approach to addressing substance use, identifying more hidden cases

## Cost-effectiveness

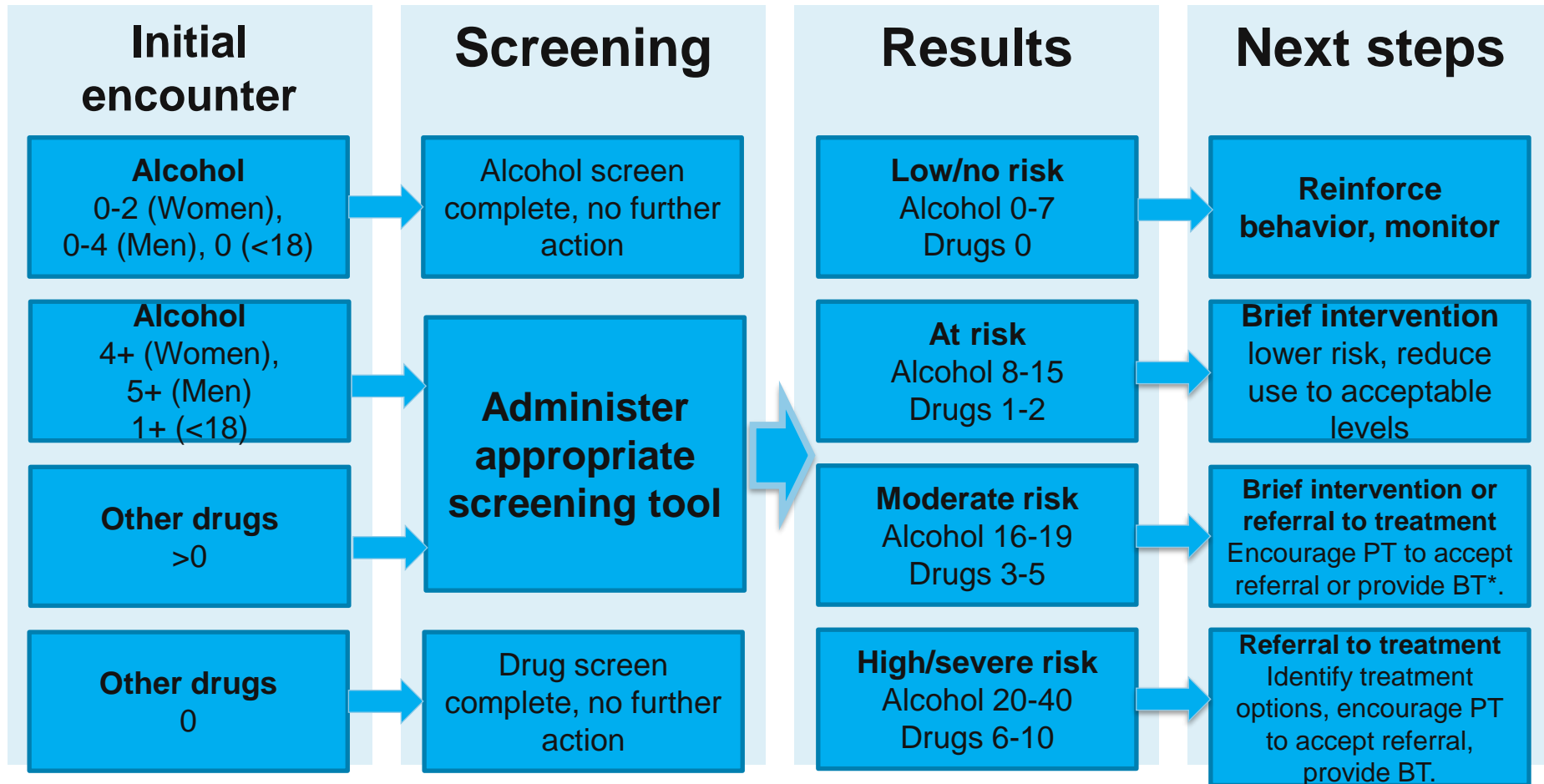


- Studies have shown that for every \$1 spent, SBIRT for alcohol use saves \$2 to \$4

# Example Ratios



# Decision Tree (example)



# Prescreening

Prescreening is a very quick approach to identifying people who need to do a longer screen and BI—brief intervention.

- **Self-reported:**

- *How many times in the past year have you had X or more drinks in a day?*
- *How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?*

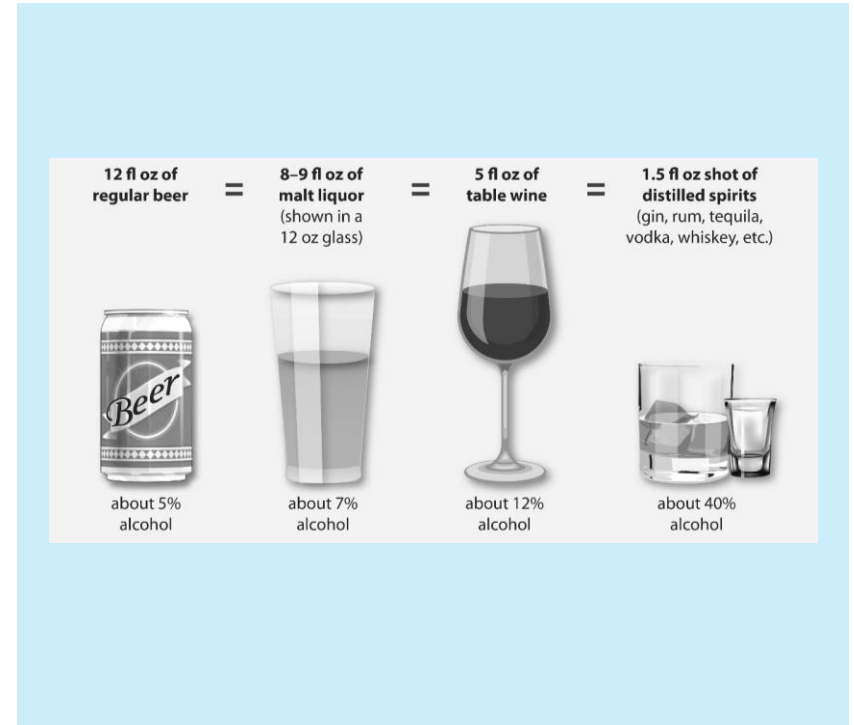
- **Biological:**

- 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



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



# Screening Tools

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

Note: Alcohol, Smoking, Substance Involvement, Screening Test, via World Health Organization (WHO).

Alcohol Use Disorders Identification Test, via WHO.

Drug Abuse Screen Test, ©1982 Harvey Skinner, PhD and the Centre for Addiction and Mental Health, Toronto, Canada.

Car, Relax, Alone, Forget, Family or Friends, Trouble, via Children’s Hospital of Boston

# Screening Tools (cont.)

Screening tool	Age range or population	Overview
Screening to Brief Intervention (S2BI)	Adolescents	Assesses frequency of alcohol and substance use, for patients ages 12-17.
NIAAA Alcohol Screening for Youth	Adolescents & Children	Two-item scale to assess alcohol use (self and friends/family), for patients ages 9-18.
Tolerance, Annoyance, Cut Down, Eye Opener (T-ACE)	Pregnant Women	Four-item scale to assess alcohol use in pregnant women. Recommended for OB/GYNs.
Tolerance, Worried, Eye Opener, Amnesia, K/Cut Down (TWEAK)	Pregnant Women	Five item scale to screen for risky drinking during pregnancy. Recommended for OB/GYNs.

Note:

1. Cut down, Annoyed, Guilty, Eye-opener, via American Psychiatric Association.

2. Tolerance, Worried, Eye Opener, Amnesia, K/Cut down, via Marcia Russell, Prevention Research Center.

# Screening Tools (cont.)

## 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**

## Our recommendations:

- For adults, alcohol use: **AUDIT**
- For adults, drug use: **DAST**
- For adolescents / children: **CRAFFT**
- For pregnant women: **TWEAK**

# Brief Intervention and Brief Treatment

## Brief intervention:

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

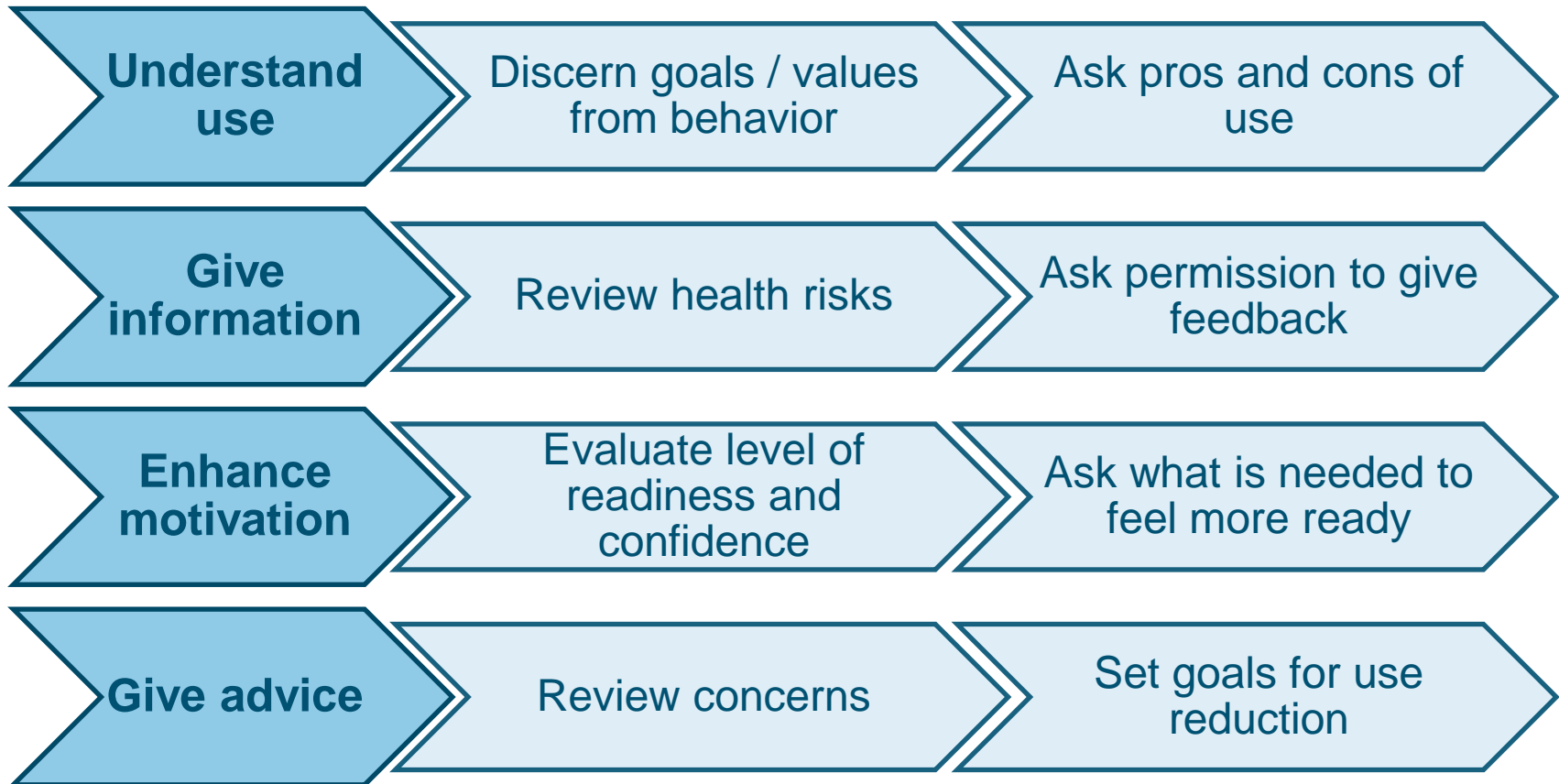


Both BI and BT are generally provided by allied health professionals (nurses, social workers, etc.) rather than physicians.

## Brief treatment (BT):

- 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
- BT should generally accompany a referral to treatment

# Brief Treatment Process



# Referral to Treatment

- Referral is recommended when a patient meets the diagnostic criteria for substance use disorder:
  - [LINK TO DSM-5](#)
- 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)

# Who Can Provide SBIRT?

Most effective in:

- Primary care centers.
- Emergency rooms.
- 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, etc.)
- Nurses



# Does SBIRT Work?





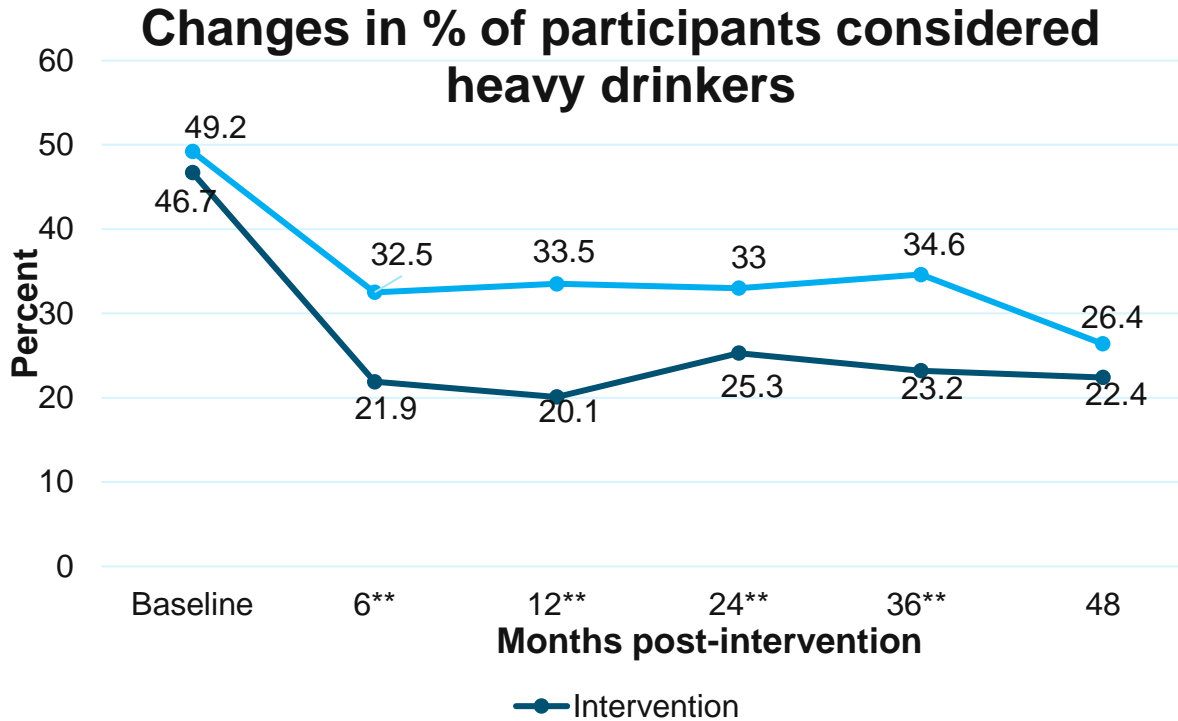
# Project TrEAT: Trial of Early Alcohol Treatment

- The program included: 17 primary care practices comprised of 64 physicians within 10 Wisconsin counties.
- 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 to 15-minute sessions by a PCP using a scripted workbook.

Note: *Brief Physician Advice for Problem Drinkers: Long-Term Efficacy and Benefit-Cost Analysis. Alcoholism: Clinical and Experimental Research.* Jan 2002. Vol. 26. No. 1.

*Brief Physician Advice for Problem Alcohol Drinkers: A Randomized Controlled Trial in Community-Based Primary Care Practices.* JAMA. 1997;277(13):1039-104.

# Project TrEAT (cont.)

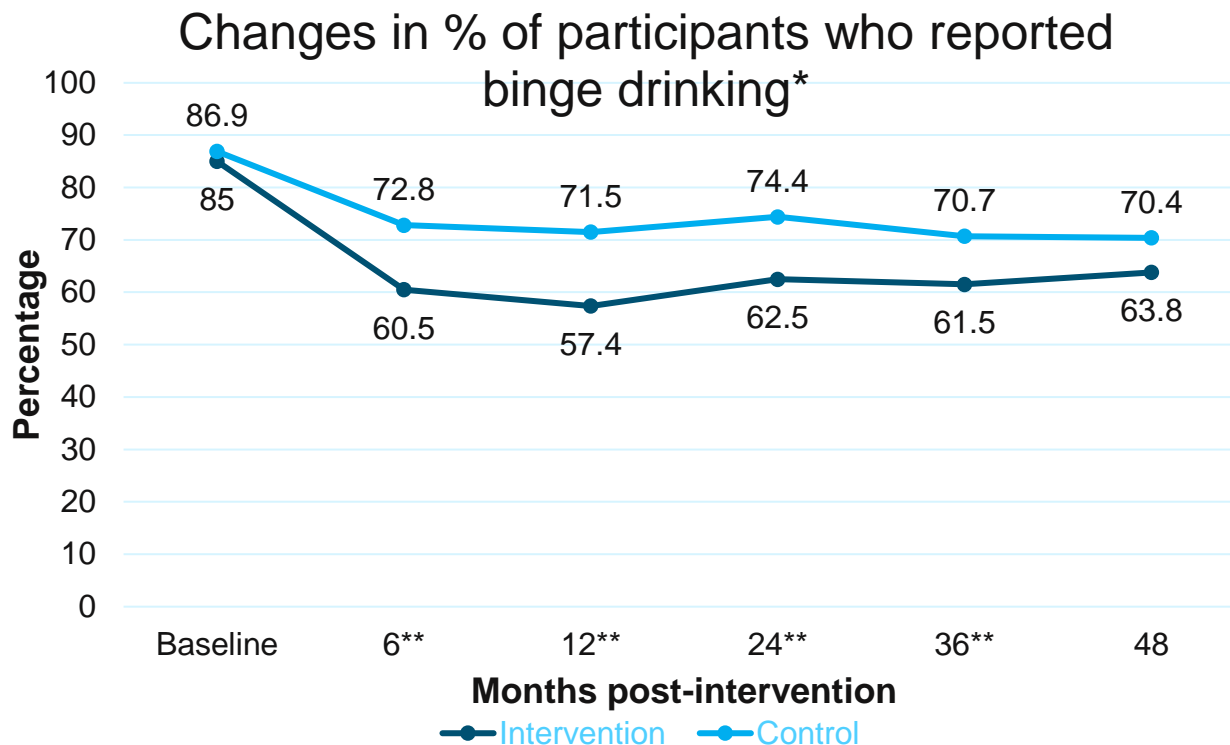


\* Heavy drinkers were defined as men who drank > 20 standard drinks and women who drank > 13 standard drinks in the previous seven days.

\*\* Difference statistically significant.

Footnote: Department of Family Medicine at the University of Wisconsin in 2000-2002.

# Project TrEAT (cont.)



\* Binge drinkers were defined as people who drank > 5 drinks within one day in the previous 30 days.

\*\* Difference statistically significant.

# Project TrEAT Statistics

Health care utilization analysis at 48 months

Utilization	SBIRT	Control
ED visits	302	376
Days of hospitalization	420	664

# COVID-19 Considerations

- COVID-19 pandemic has significantly increased the number of deaths associated with substance use, especially alcohol and opioids:
  - **29%** increase in overdoses nationwide (September 2019 to September 2020)
  - Up to **69%** increase in some states
- SBIRT is a critical tool in the fight against this secondary pandemic associated with significant harm stemming from substance use:
  - Can also be integrated easily into virtual setting
- Black Americans are disproportionately affected by this increase in overdoses.



# Key Resources

- Substance Abuse and Mental Health Services Administration (SAMHSA)
  - <https://www.samhsa.gov/sbirt>
- Centers for Medicare & Medicaid Services (CMS)
  - [SBIRT Under Medicare and Medicaid](#)

# Summary

Screening, Brief Intervention, and Referral to Treatment:

- Saves lives
- Saves time
- Saves money

When applied correctly, SBIRT is very effective:

- Screening and BIs are both very effective for alcohol use.
- Screening is very effective for identifying illicit drug use:
  - BI is not effective for drug use.
  - RT (referral to treatment) should follow a positive screening for drug use.



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