

Deconstructing SBIRT (Screening, Brief Intervention, Referral to Treatment)

Workflows, Tools, and Techniques from Screening to Treatment

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Training Manager,
MASBIRT TTA
Boston Medical Center



Panelists: Lynn Kerner, LICSW
Director, Outpatient Services
Advocates

David Roll, MD
Cambridge Health Alliance

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AGENDA

- INTROS
- SBIRT CONCEPTS
- IMPLEMENTATION MODELS
 - David Roll: Cambridge Health Alliance
 - Lynn Kerner: Marlborough Hospital, Advocates
- IMPLEMENTATION PLANNING
- WRAP-UP

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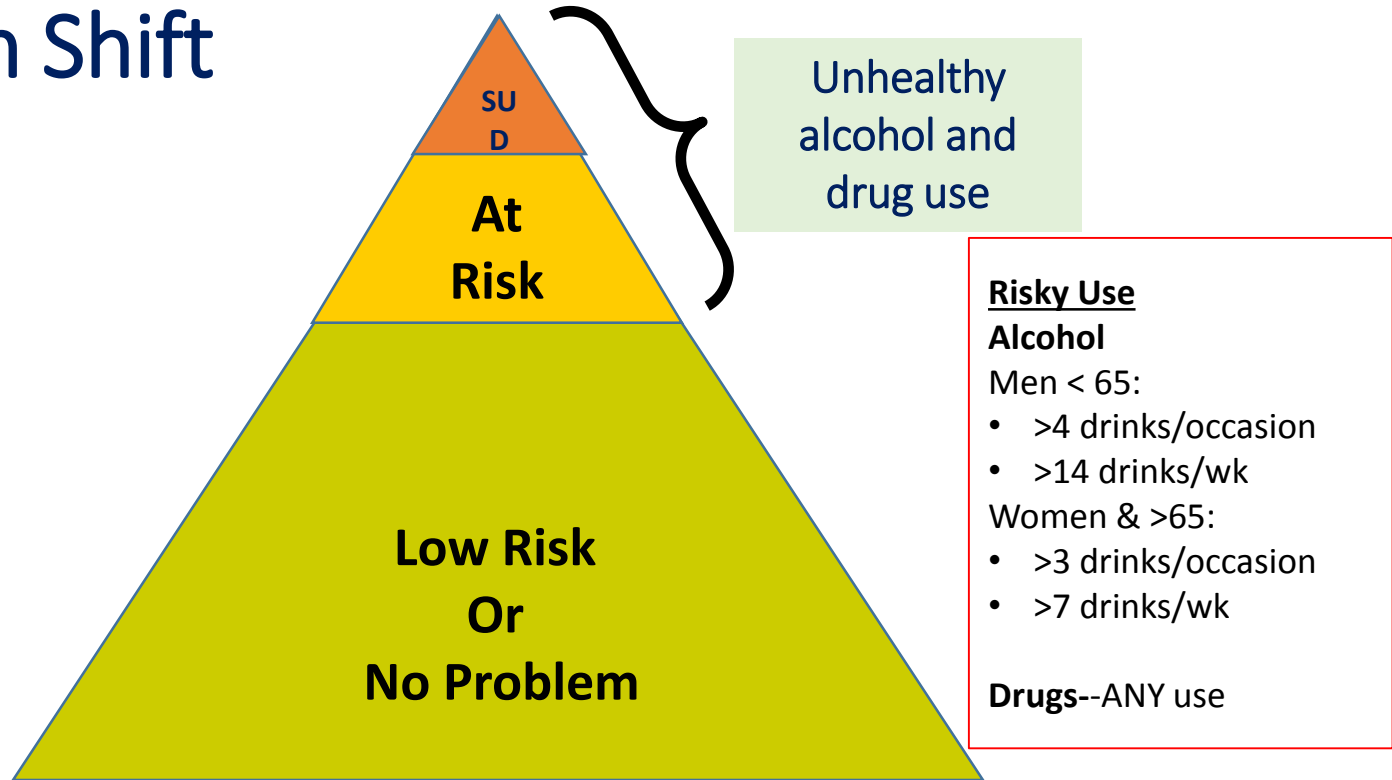
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What is SBIRT?

SBIRT is an evidence-based practice used in health care settings to identify, reduce, and prevent problematic use, of alcohol and illicit drugs

- **Screening:** Universal, 2-3 questions to identify unhealthy substance use in past year
 - Assessment: additional validated tool to determine severity and consequences of use
- **Brief Intervention:** Brief conversation (5-15“) to raise awareness of risks and build motivation to change
- **Referral to Treatment:** Referral for those with more serious problems, when appropriate

Paradigm Shift




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Initial Presentation April 3 2015 - PowerPoint

FILE HOME INSERT DESIGN TRANSITIONS ANIMATIONS SLIDE SHOW REVIEW VIEW DRAWING TOOLS FORMAT

Clipboard Font Paragraph Drawing Editing


13  **The Full Bottle Wine Glass. Lifetime Guarantee**
Although it holds up to 750ml, the glass allows users to assure that they, in all honesty, had only one glass of wine.

14  **Are your drinking patterns safe, risky or dependent?**

	MAXIMUM OCCASION LIMITS	MAXIMUM WEEKLY LIMITS
WOMEN	3	7
MEN	4	14
MEN (OVER 65)	3	7

LESS IS BETTER

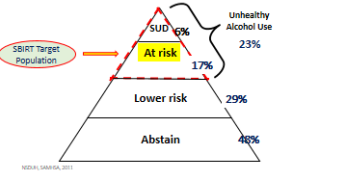
WHAT IS A STANDARD DRINK?
1 drink that contains about 14 grams of alcohol



12 OZ. BEER 5 OZ. WINE 1.5 OZ. LIQUOR

WHEN SHOULD YOU NOT DRINK? WHEN YOU ARE pregnant or trying to become pregnant, taking medications that interact with alcohol, have a health condition made worse by drinking, undergoing or planning to drive a vehicle or operate machinery.

15 **Data: Spectrum of Alcohol Use**




Category	Percentage
Unhealthy Alcohol Use	23%
At risk	17%
Lower risk	29%
Abstain	46%

SUD 6%
SBIRT Target Population

16 **SBIRT Paradigm Shift**

- Not looking for addiction
- Looking for individuals with unhealthy substance use patterns



SLIDE 14 OF 30

NOTES COMMENTS

110%

1:08 PM 4/3/2015

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Why Is SBIRT Important?

- Pts don't understand impact of AOD use on their health and are not aware of risky drinking guidelines.
- SBIRT opens dialogue between provider and pt. that can improve overall health.
- Recommended by USPSTF (public benefit 4 out of 5; higher than screening for high BP, cholesterol and for breast, cervical, or colon cancer)
- **Paradigm Shift:** Looking for individuals with unhealthy substance use; Not addiction



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Sample SBIRT Screening Form

Basic Workflow

- Front desk gives patient screening tool to fill out in waiting room
- Medical assistant collects and scores

2. One drink =  12 oz. beer  5 oz. wine  1.5 oz liquor (one shot)

For men under 65: How many times in the past year did you have 5 or more alcohol drinks in a day?	
For men over 65 and all women: How many times in the past year did you have 4 or more alcohol drink in a day?	

≥ 1 → MA gives AUDIT

3.

How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?	
--	--

≥ 1 → MA gives DAST 10

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Assess

- Determine goal of assessment (i.e., reimbursement, quality measure). May be part of larger health screening survey.
- Choose validated assessment tool that fits well with your clinical practice
 - AUDIT & DAST-10
 - CAGE-AID (may not meet criteria for reimbursement in some settings)
 - DSM diagnostic criteria
 - ASSIST

What's a Brief Intervention?

...a non-judgmental, non-confrontational, directive, conversation, using Motivational Interviewing (MI) principles and techniques to enhance a patient's motivation to change their use of alcohol and other drugs.



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Implementation Models

	Dedicated staff	Team-based	PCP
Screen	Self-administered, MA reviews	MA or Nurse	PCP
Brief Intervention	Social Worker (Physician reinforces)	Nurse or Physician	PCP
Referral	Social Worker	Social Worker	PCP

- Fidelity to SBIRT model should be incorporated into clinical quality assurance practices

Six (6) Implementation Challenges To Consider

1. *Getting "buy-in"*

- from administration
- from staff on all levels

2. *Training prior to implementation*

- Who gets trained?
- Who does the training?
- When, how long?

3. *Maintaining fidelity to the model and monitoring*

4. *Documentation and data collection*

- What gets documented in pt EMR
- What data is collected, how? Who?

5. *Referrals*

- Where are people referred to?
- Who refers and follows?

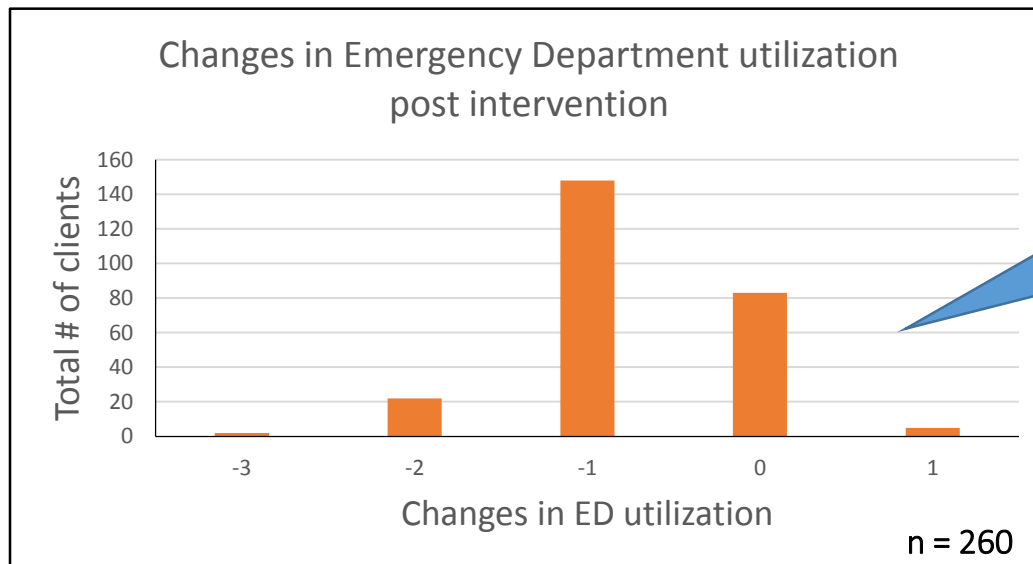
6. *Sustainability*

- Who trains new staff?
- Refresher training for BI offered?

BRITE PROGRAM

The BRITE program at Marlborough Hospital was funded by a grant from the MetroWest Health Foundation.

Emergency Department Utilization

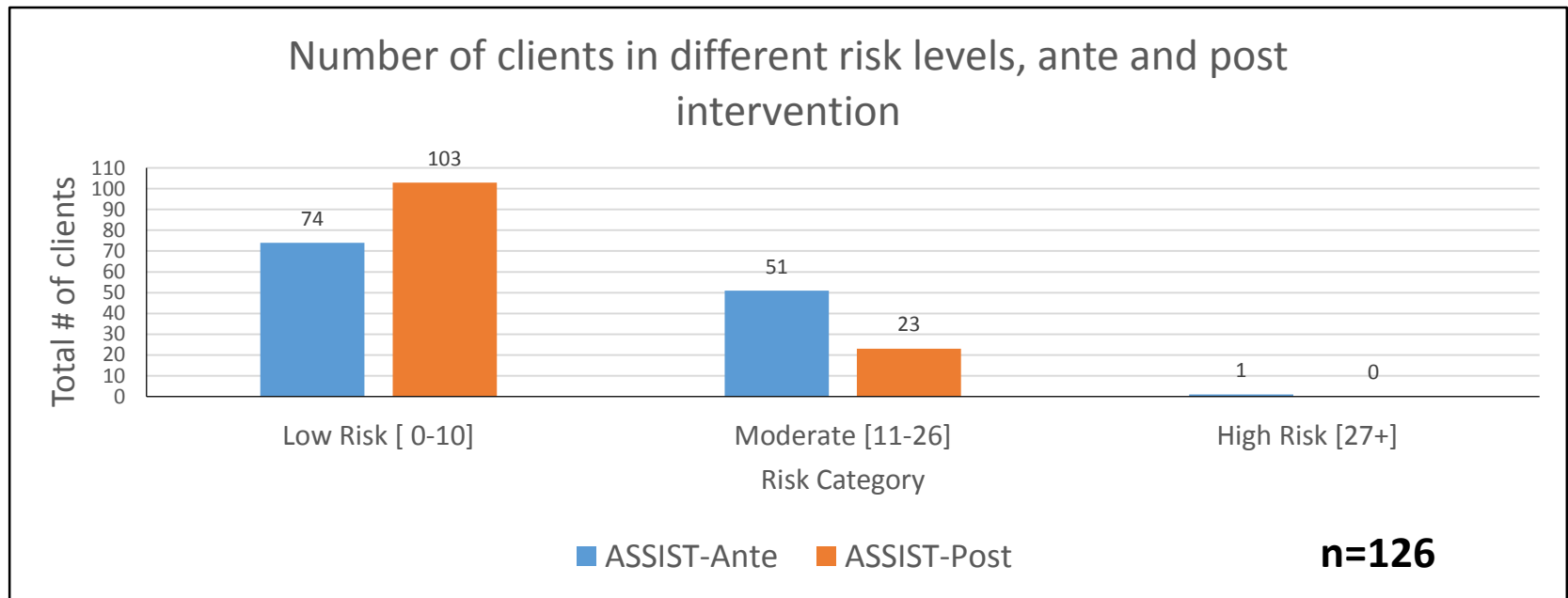


Approximately \$116,000 savings in ED utilization for 260 people or \$445 per person

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Risk Levels



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Cambridge Health Alliance SBIRT Initiative

David Roll, MD
Primary Care Lead,
Mental Health Integration



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Brief Therapy



"We get in, we get help, and we get out."

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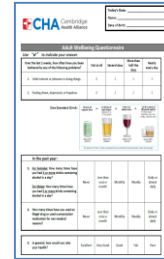
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Pilot

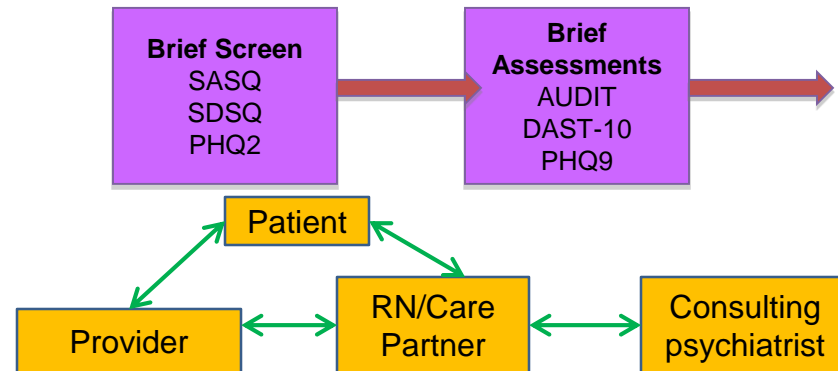
Training



Tools



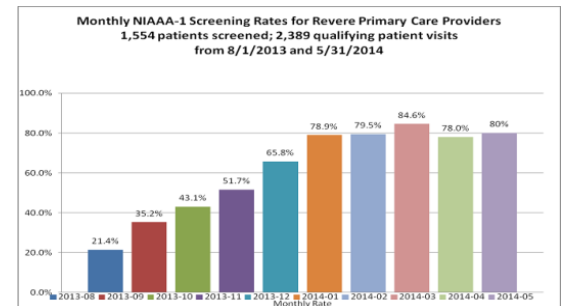
Workflows



Staffing/roles

- PCMH
- OBOT

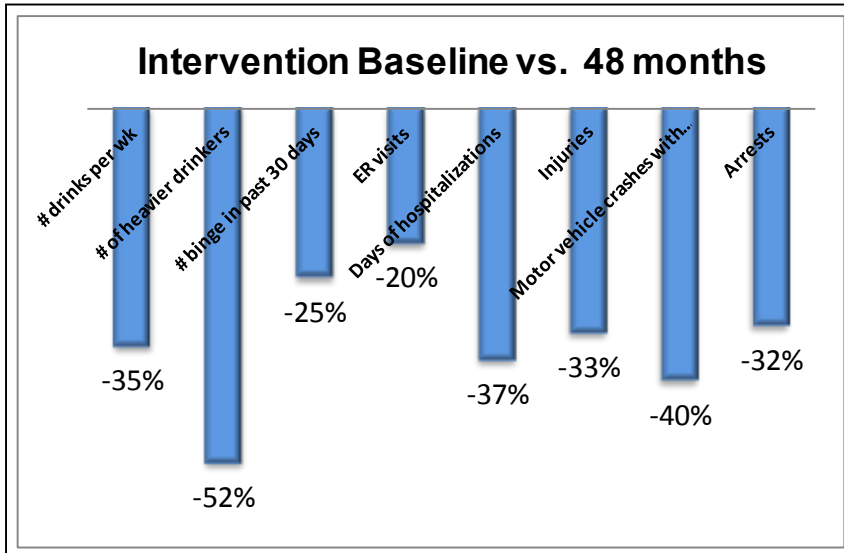
Data



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Engage Leadership

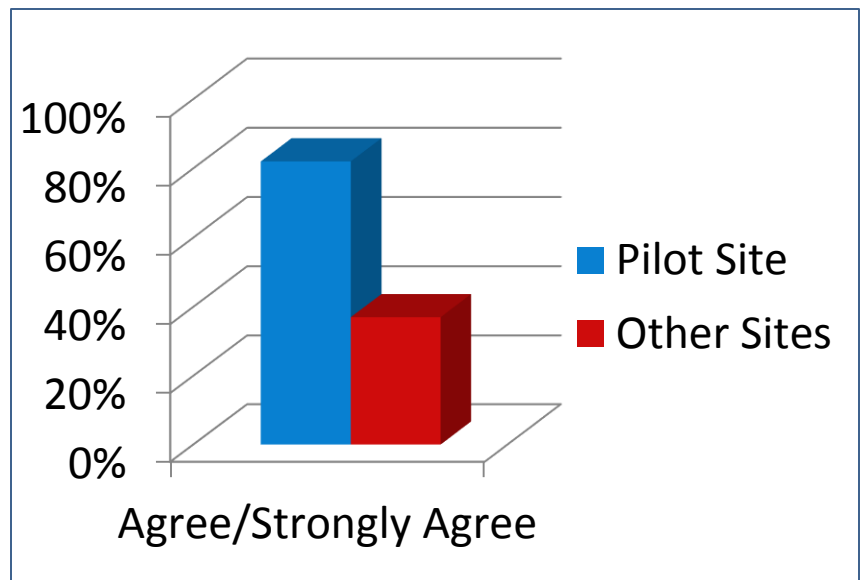


Savings

Medical savings of \$712 per patient and costs \$166 at 48 months (**4.3:1**).

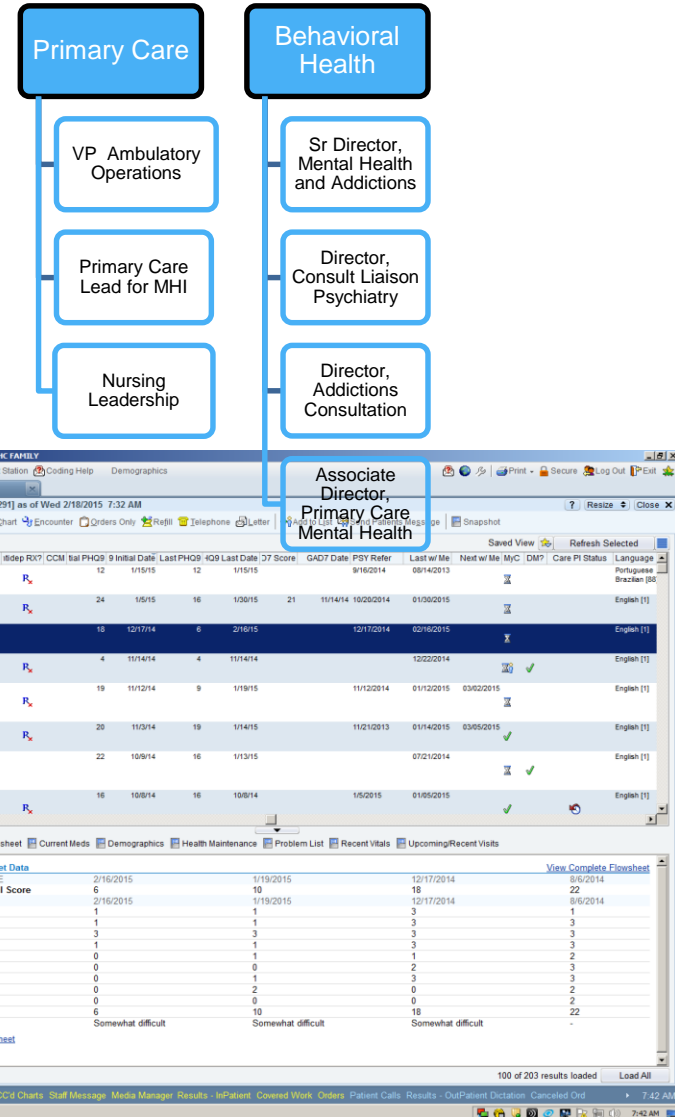
Provider Satisfaction

“If I need help caring for someone with a MH issue, I feel confident I will get the help I need in a timely manner.”



Implement

- Project leadership
- Metrics
- Hiring
- IT infrastructure
- Training plan
- Referral network



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Lessons

- Leadership is critical
 - Top leadership
 - Project leadership: Both PC and BH
- Change takes time
 - Keep focused
- Share success stories

