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

Workflows, Tools, and Techniques from Screening to Treatment

Moderator: Lee Ellenberg, LICSW, Training Manager, MASBIRT TTA, Boston Medical Center

Panelists: Lynn Kerner, LICSW, Director, Outpatient Services Advocates

David Roll, MD, Cambridge Health Alliance
AGENDA

• INTROS

• SBIRT CONCEPTS

• IMPLEMENTATION MODELS
  • David Roll: Cambridge Health Alliance
  • Lynn Kerner: Marlborough Hospital, Advocates

• IMPLEMENTATION PLANNING

• WRAP-UP
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

Unhealthy alcohol and drug use

Low Risk Or No Problem

At Risk

Risky Use
Alcohol
Men < 65:
• >4 drinks/occasion
• >14 drinks/wk
Women & >65:
• >3 drinks/occasion
• >7 drinks/wk

Drugs--ANY use
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
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)

<table>
<thead>
<tr>
<th align="left">For men under 65: How many times in the past year did you have 5 or more alcohol drinks in a day?</th>
</tr>
</thead>
<tbody>
<tr>
<td align="left">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?</td>
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</table>

\[ \geq 1 \rightarrow MA \text{ gives AUDIT} \]

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

\[ \geq 1 \rightarrow MA \text{ gives DAST 10} \]
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.
# Implementation Models

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<thead>
<tr>
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<th>Dedicated staff</th>
<th>Team-based</th>
<th>PCP</th>
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<tbody>
<tr>
<td><strong>Screen</strong></td>
<td>Self-administered, MA reviews</td>
<td>MA or Nurse</td>
<td>PCP</td>
</tr>
<tr>
<td><strong>Brief Intervention</strong></td>
<td>Social Worker (Physician reinforces)</td>
<td>Nurse or Physician</td>
<td>PCP</td>
</tr>
<tr>
<td><strong>Referral</strong></td>
<td>Social Worker</td>
<td>Social Worker</td>
<td>PCP</td>
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- 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

n = 260
Risk Levels

Number of clients in different risk levels, ante and post intervention

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<tbody>
<tr>
<td>ASSIST-Ante</td>
<td>74</td>
<td>51</td>
<td>1</td>
<td>126</td>
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<tr>
<td>ASSIST-Post</td>
<td>103</td>
<td>23</td>
<td>0</td>
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</table>

n=126
Cambridge Health Alliance
SBIRT Initiative

David Roll, MD
Primary Care Lead,
Mental Health Integration
Brief Therapy

“We get in, we get help, and we get out.”

Integrating Care: From Evidence to Operations
Second Annual Statewide Forum on Integration
Pilot

Training

Tools

Workflows

Staffing/roles

Data

- PCMH
- OBOT

Integrating Care: From Evidence to Operations

Second Annual Statewide Forum on Integration
Engage Leadership

**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.”

**Intervention Baseline vs. 48 months**

- # drinks per wk: -35%
- # other daily drinkers: -52%
- # binge in past 30 days: -20%
- ER visits: -37%
- Days of hospitalization: -33%
- Injuries: -40%
- Arrests: -32%

**Savings**

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

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

• Leadership is critical
  – Top leadership
  – Project leadership: Both PC and BH

• Change takes time
  – Keep focused

• Share success stories