

Welcome

SBI|IRT

Screening, Brief Intervention,
and Referral to Treatment

IOWA

The SBIRT Concept

- SBIRT uses a public health approach to universal screening for substance use problems.
 - SBIRT provides:
 - Immediate rule out of non-problem users;
 - Identification of levels of risk;
 - Identification of patients who would benefit from brief advise, and;
 - Identification of patients who would benefit from higher levels of care.
 - Progressive levels of clinical interventions based: level of need and motivation for change.

Learning from Health Care

- The health care system routinely screens for potential medical problems (cancer, diabetes, hypertension), provides preventative services prior to the onset of acute symptoms, and delays or precludes the development of chronic conditions.

Primary Goal

- The primary goal of SBIRT **is not** to identify those who are dependent and need higher levels of care.
- The primary goal of SBIRT **is to** identify those who are at moderate or high risk for psycho-social or health care problems related to their substance use choices

A New Initiative

- Substance use screening, brief intervention, referral, and treatment is a **systems change initiative** requiring us to **re-conceptualize**, how we **understand** substance use problems, **re-define** how we **identify** substance use problems, and **re-design** how we **treat** substance use problems.

Why Is SBIRT Important?

- In 2007, 12.0 million ED visits involved a diagnosis related to mental health and/or substance use. Accounts for 12.5% of all ED visits in the U.S or one out of every eight ED visits.
- MHSA related ED visits-two and a half times more likely to result in hospital admissions than ED visits related to non MHSA conditions. Forty-one percent of MHSA related ED visits resulted in hospitalizations.
- Common disorders: Mood (42%), anxiety (26%) alcohol related (26%).

Continued

- The costs to society are more than \$600 billion annually.
- Effects of unhealthy and unsafe alcohol and drug use have far-reaching implications for the individual, family, workplace, community, and the health care system.
- Iowa- Among the 10 states with the highest rates of past month binge alcohol use for ages 12 and older, individuals 12-20 and populations age 26 and older
- Iowa- rates of alcohol dependence or abuse have been at or above the national rates across all survey years.

Support for SBIRT

- SBIRT is an evidenced based practice that is supported by:
 - Center for Substance Abuse Treatment
 - The World Health Organization
 - The American Preventative Task Force
 - The American Trauma Nurses Association
 - The American Medical Association
 - The American College of Surgeons
 - The Office of National Drug Control Policy

The Moving Parts

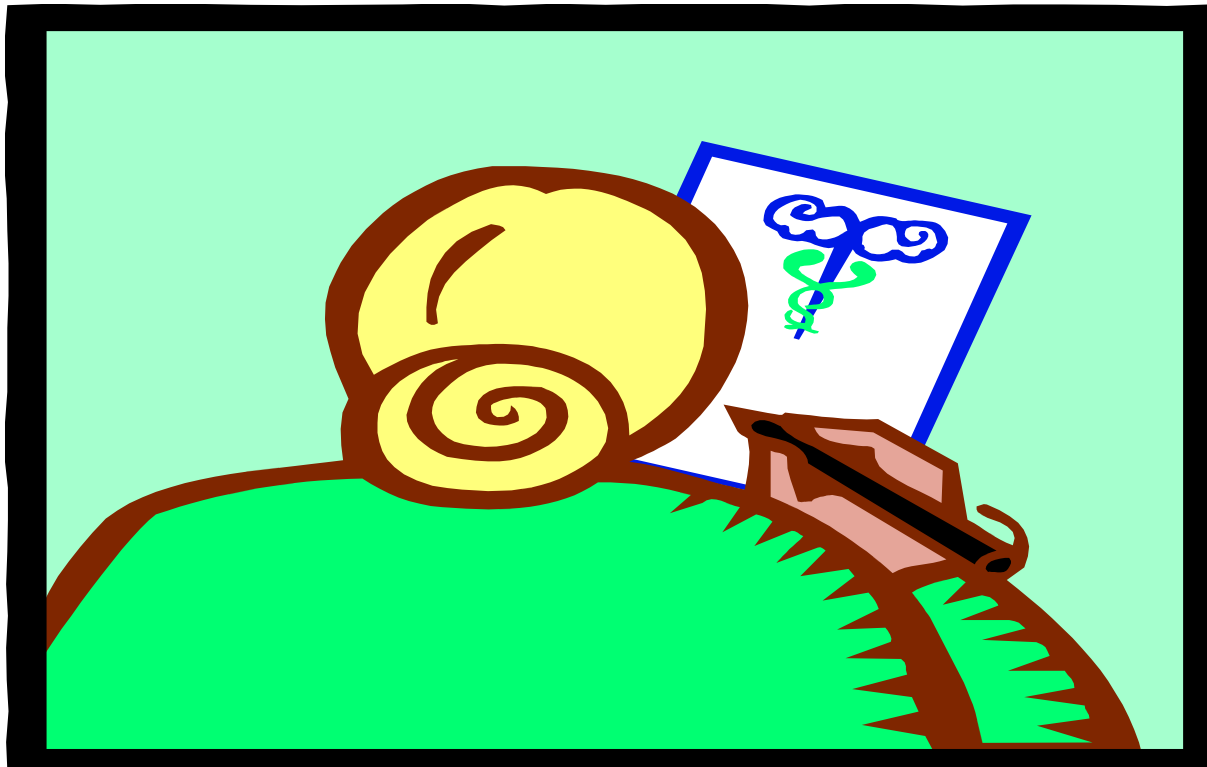
- Pre-screening (universal).
- Full screening (for those with a positive pre-screen).
- Brief Intervention (for those scoring over the cut off point).
- Brief Treatment
- Referral to Treatment

What Is SBIRT?

- **Screening**: Universal screening for quickly assessing use and severity of alcohol, illicit drugs, and prescription drug abuse- Two Question Pre-Screener. If positive, full screens.
- **Brief Intervention**: Brief motivational and awareness-raising intervention given to risky or problematic substance users. Focus: change of behavior. Feedback concerning use
- **Referral to Treatment**: Referrals to specialty care for patients with substance use disorders
- **(Brief Treatment)**: Offered on site at clinic by Substance Professional- Up to 12 sessions.

Screening Does **Not** Provide

- **A Diagnosis**



Why Screen Universally?

- Detect current health problems related to at-risk alcohol and substance use at an early stage, before they result in more serious disease or other health problems.
- Detect alcohol and substance use patterns that can increase future injury or illness risks.
- Intervene and educate about at-risk alcohol and other substance use.

Screening Provides

- A context for a discussion of substance use.
- Information on the level of involvement in substance use.
- Insight into areas where substance use is creating problems.

Annual Pre-screen-2 questions

- How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?
- How many times in the past year have you had 5 or more drinks (men) or 4 or more drinks (women and 65 and older) in a day?

AUDIT

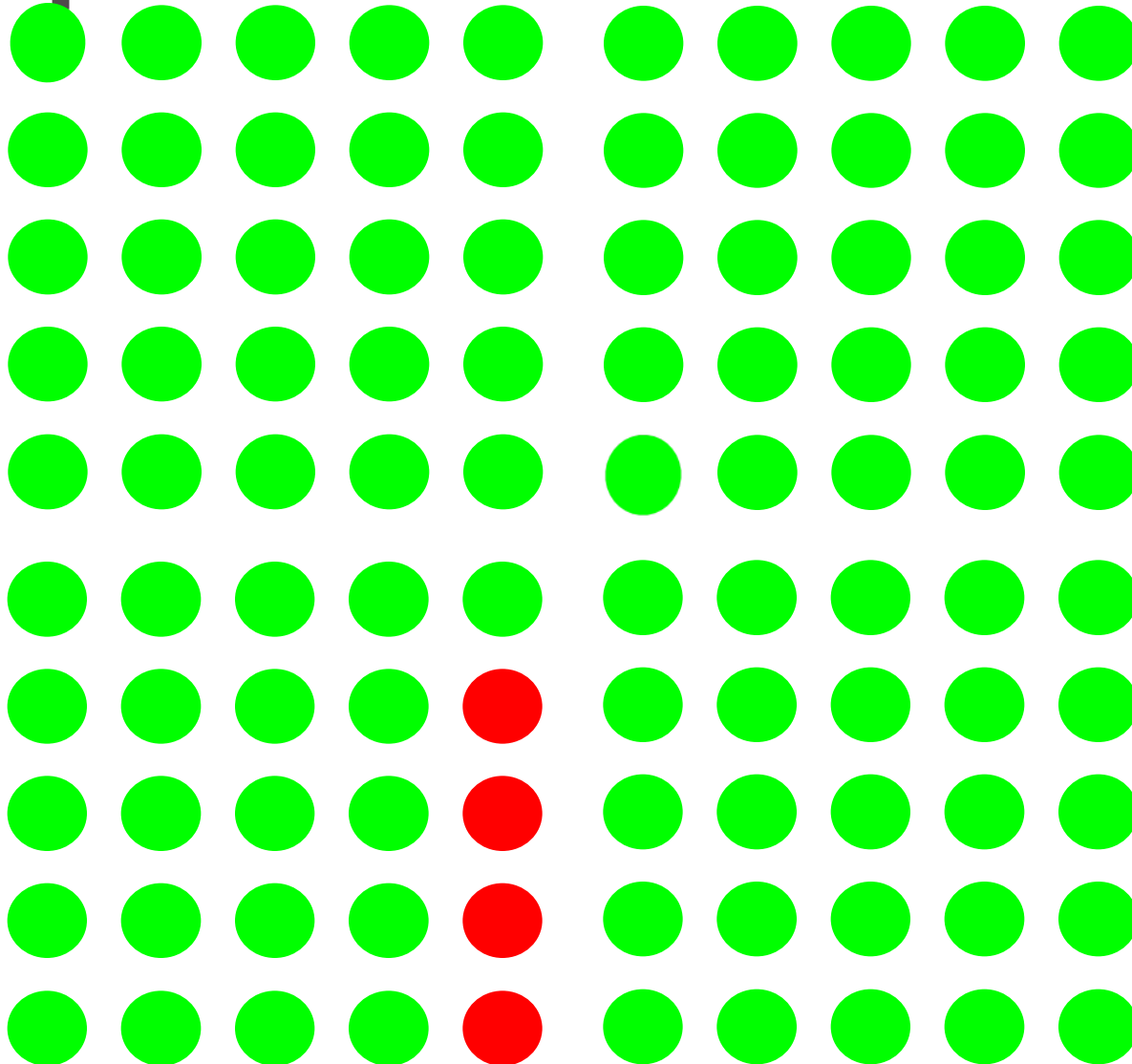
- 10 Questions, self-administered or through Interview, address recent alcohol use, alcohol dependence symptoms, and alcohol-related problems
- Strengths- public domain, free, validated in multiple settings (including primary care), brief and flexible, focuses on recent alcohol use, consistent with DSM IVR definitions
- Limitations- Only alcohol screener
- Provides information on level of use.
- Provides abuse and dependence symptoms.
- Preface: In the past 12 months.....

- 10 Questions, self-administered or through Interview, addresses drug use
- Strengths- public domain, free, validated in multiple settings, brief and flexible, consistent with DSM IVR definitions
- Limitations- Only drug screener
- The DAST-10 was designed to provide a brief instrument for clinical screening and treatment evaluation and can be used with adults and older youth. Provides information on frequency of use.
- Provides information on level of use.
- Provides abuse and dependence symptoms.
- Preface: In the past 12 months.....

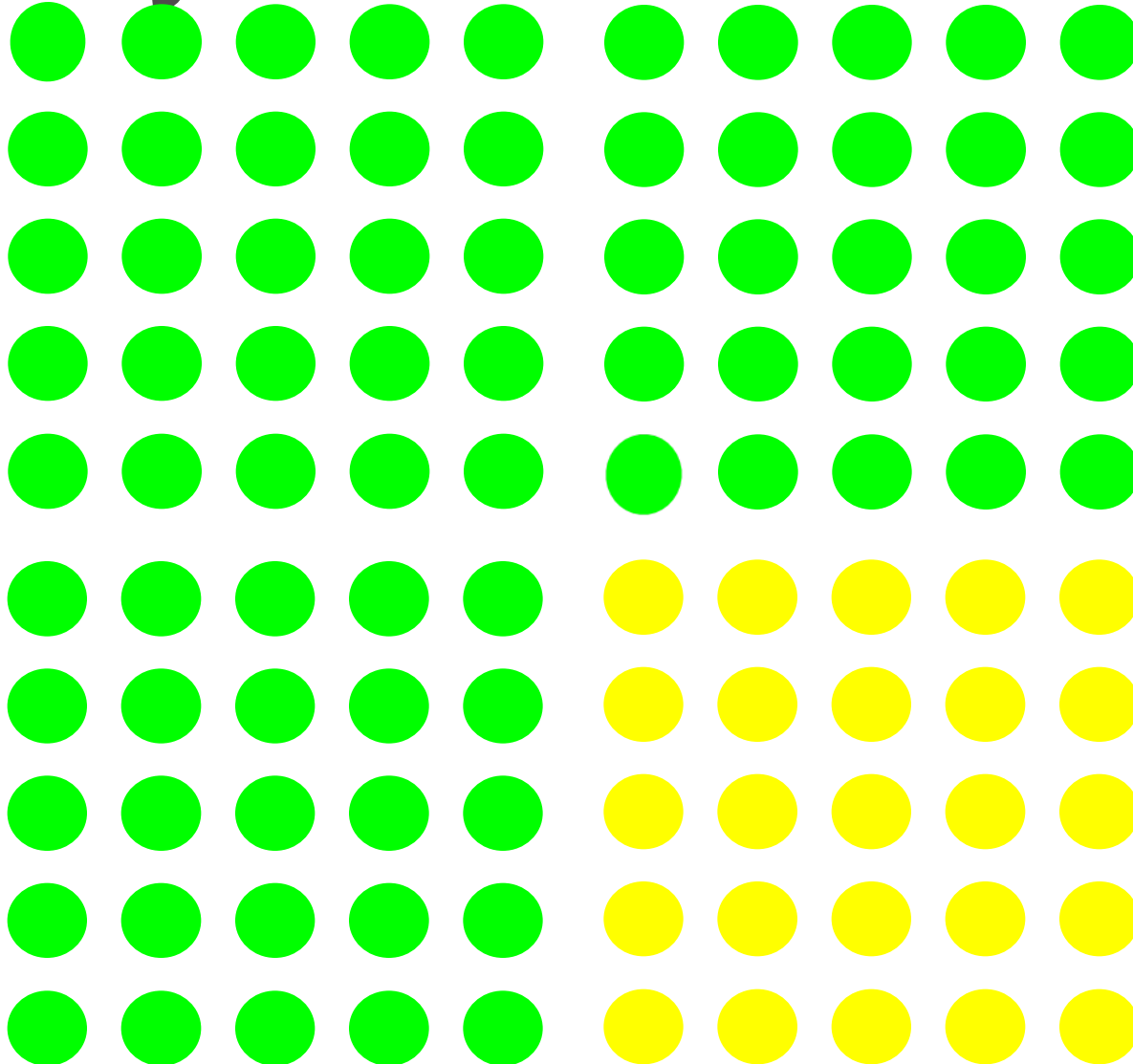
Understanding the Problem



Dependent



Risky or Harmful Use

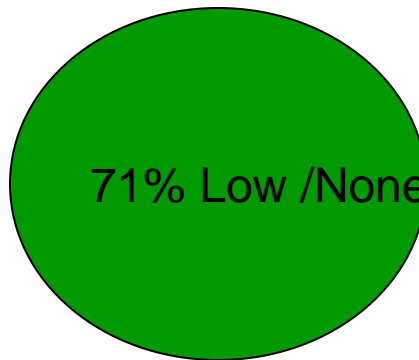
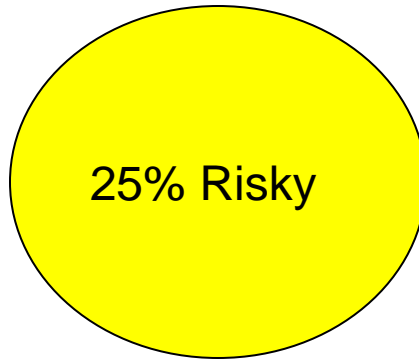
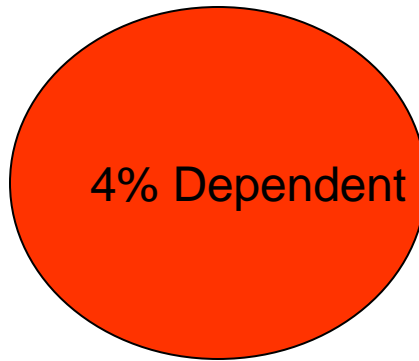


Historically

- Substance use services have been focused in two areas:
 - Primary Prevention – Delaying onset of substance use.
 - Treatment – Providing time, cost, and labor intensive services to patients who are acutely or chronically ill.

What Are We Preventing

- DUI's
- Trauma
- Violence
- Pregnancy
- STD
- Substance Dependence
- Health Care Problems



If we could.....

- provide a 100% cure to every substance dependent person in the United States we wouldn't be close to curing most of the substance related problems in our country.

People don't know how much is too much

- How Does SBIRT define drinking limits?
- What is your definition?
- Budweiser?



NIAAA Maximum Limits

- **NIAAA Maximum Limits**
- Men < 65
 - ≤ 4 drinks per day AND
 - ≤ 14 drinks per week
- Healthy Women & Adults ≥ 65
 - ≤ 3 drinks per day AND
 - ≤ 7 drinks per week

Standard Drinks

Standard drink amount

Any drink containing about 14 grams of alcohol*

Alcohol: One drink =



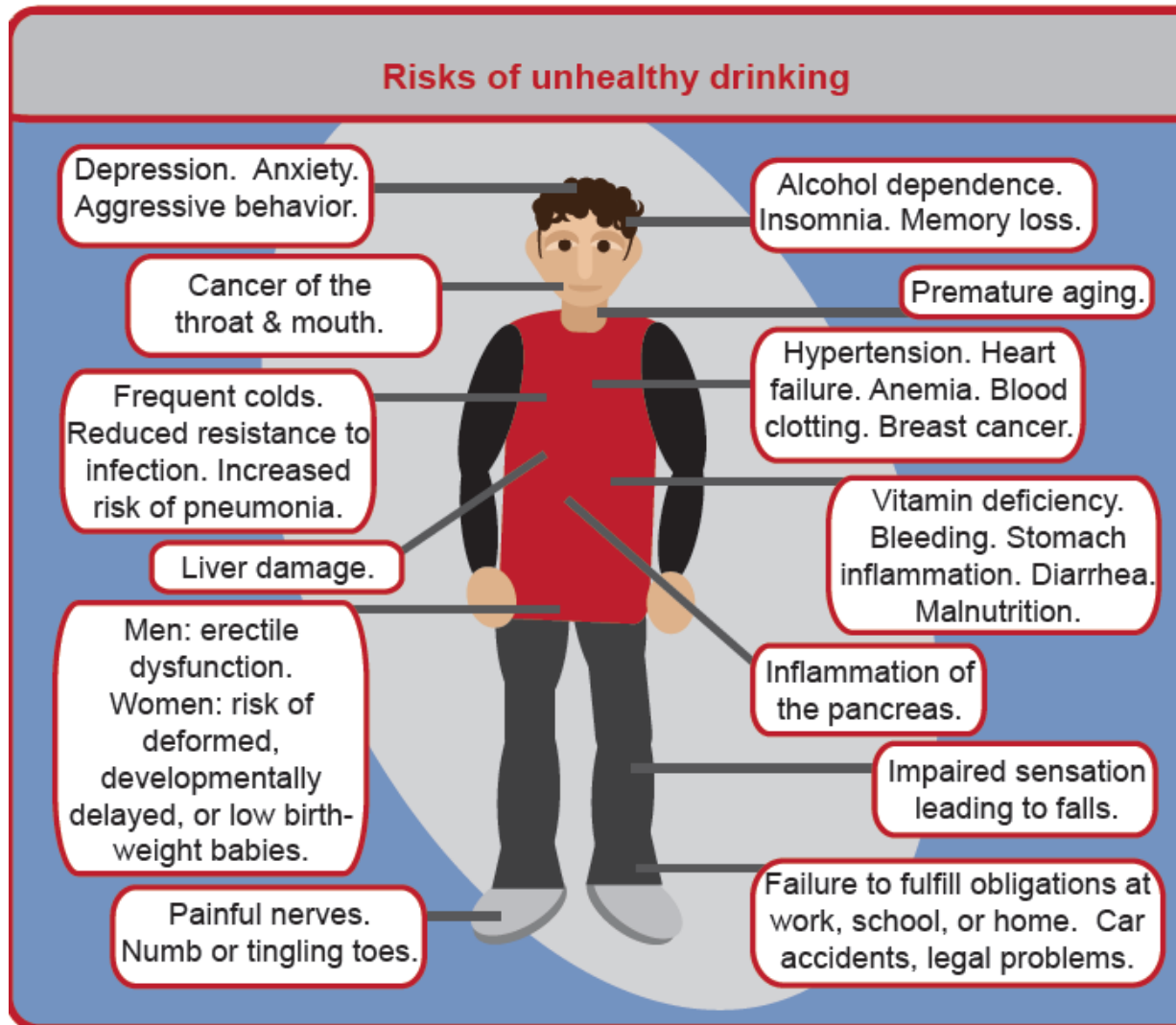
12 oz. beer

6 oz. wine

1.5 oz. liquor
(one shot)

* NIAAA (www.rethinkingdrinking.niaaa.nih.gov)

Medical and Psychiatric Harm of High-Risk Drinking



Patients are open to discussing their use to help their health

- Survey on Patient Attitudes

Agree/Strongly Agree

- “If my doctor asked me how much I drink, I would give an honest answer.”
- 92%
- “If my drinking is affecting my health, my doctor should advise me to cut down on alcohol.”
- 96%
- “As part of my medical care, my doctor should feel free to ask me how much alcohol I drink.”
- 93%

Disagree/Strongly Disagree

- “I would be annoyed if my doctor asked me how much alcohol I drink.”
- 86%
- “I would be embarrassed if my doctor asked me how much alcohol I drink.”
- 78%

Understanding the Problem



Understanding the Problem

- Excessive alcohol use- Third most preventable cause of death
- Commonly abused prescription drugs: Opioids, Central Nervous System Depressants (anxiety and sleep disorders) and stimulants (ADHD)
 - 1991: 4 million prescriptions (methylphenidate)
 - 2010: 45 million prescriptions (methylphenidate)
- Complicates more than 72 medical conditions

Harms Related to Hazardous Alcohol and Substance Use

Increased risk for—

- Injury/trauma
- Criminal justice involvement
- Social problems
- Mental health consequences (e.g., anxiety, depression)
- Increased absenteeism and accidents in the workplace
- ETC.... ETC..... ETC.....

Research Shows

Brief Interventions—

- Are low cost and effective
- Are most effective among persons with less severe problems
- *“Brief interventions are feasible and highly effective components of an overall public health approach to reducing alcohol misuse.”*

(Whitlock et al., 2004, for U.S. Preventive Services Task Force)

Making a Measurable Difference

- Since 2003, SAMHSA has supported SBIRT programs, with over 1.5 million persons screened.
- Outcome data confirm a 40 percent reduction in harmful use of alcohol by those drinking at risky levels and a 55 percent reduction in negative social consequences.
- Outcome data also demonstrate positive benefits for reduced illicit substance use.

Based on review of SBIRT GPRA data (2003–2011)

Individuals who were provided SBIRT:

- Healthcare savings
- Fewer ER visits -20%
- Fewer Non-Fatal injuries- 33%
- Fewer Hospitalizations- 37%
- Fewer arrests- 46%
- Fewer MVA's- 50%
- Successful reduction in use
- Successful referral to and participation in treatment
- Reductions - repeat injuries and hospitalizations

SBIRT and Costs

- **Wisconsin SBIRT Cost-Benefit Studies**
 - Reduction in hospital costs, emergency department (ED) visits, and associated problems resulted in \$1,000 savings per person screened (Primary care setting, Fleming, M. F., *Med Care*, 2000).
- **Texas SBIRT Cost-Benefit Studies**
 - A net savings of \$4 in ED costs for every \$1 invested in SBIRT screening and brief intervention. ED saw a 50 percent reduction in recurrent alcohol-related injuries (Gentilello, L. M., *Ann Surg*, 1999).
- **Washington State Cost-Benefit Studies**
 - Reduction in Medicaid-specific expenditures \$185 per month per patient who received SBIRT screening and brief intervention (disabled Medicaid patients in emergency room setting. Estee S. Medicaid Cost Outcomes, Interim Report 4.61.1.2007.2, Washington State Department of Social and Health Services

SBIRT Reduces Short- and Long-Term Health Care Costs

- By intervening early, SBIRT saves lives and money.
- Late-stage intervention and substance abuse treatment is expensive, and the client has often developed co morbid health conditions.

Overview

- SBIRT Iowa – five year grant
- Funding by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT)
- Goal- Increase the numbers of individuals screened for substance use/misuse, provide brief intervention and refer to specialty treatment as indicated



Partners

- **Eastern Iowa-Davenport**

Center for Alcohol & Drug Services/Community Health

- **North -Waterloo**

People Health/Pathways

- **West – Sioux City**

Siouxland Health/Jackson Recovery

- **Central – Des Moines**

Primary Care/MECCA

Iowa National Guard- House of Mercy/United Community Services

- **Others:**

Iowa Consortium for Substance Abuse-Iowa City

Iowa Medicaid Enterprise-Des Moines

Iowa Primary Care Association-Des Moines

Iowa Behavioral Health Association

Number of Screenings

- Pre-screening - 35, 595
- Screening - 8,898
- Brief Intervention (BI) – 890
- Brief Treatment (BT) – 890
- Referral to Treatment (RT) – 890
- National Guard – 7000 annual screens



Individual Eligibility

- Patients and soldiers who seek services in Iowa
- Universal pre-screen for everyone 18 and older
- Screen positive for at-risk or hazardous levels
- Receive services at an established, contracted SBIRT provider site

Model

- Co-Location of Substance Abuse and primary care (FQHC's)
- Co-Location of Substance Abuse and Iowa National Guard
- Integrated services- some models may vary from site to site
- Five project sites

Iowa Data

- Key findings to date



Payer Codes- Iowa

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	\$34.20 Non-facility \$32.09 Facility
	G0397	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes	\$65.09 Non-facility \$62.97 Facility
Medicaid	99408	Alcohol and/or drug screening, brief intervention, single test of Audit/DAST. Two per member per year	\$10.00
	99409	Alcohol and/or drug service, both Audit and DAST, brief intervention, per 15 minutes. One per year per member	\$20.00

State Wide Steering Committee

- Quarterly meetings
- Education
- Sustainability
- Policy direction
- Program Issues/updates
- Dissemination
- Recruitment Need- Physicians and Mid-level

Dissemination

- Annual Trainings
- Exploration of On-line training opportunities
- Each site –contract requirements
- Ad-hoc trainings
- Other sites –Allen/Pathways, North Iowa Mercy/Prairie Ridge
- Sustainability Planning through Committee
- Conferences
- Individual implementation work

How Can this work for you?

- Use of Tools/screenings
- Attendance at trainings/future sites
- IDPH support and assistance at implementation
- Other ideas?

Success Stories

- Multiple Success stories!



How to contact us?

- Michele Tilotta at 515-281-4816 or michele.tilotta@idph.iowa.gov
- SBIRT Iowa website is: www.idph.state.ia.us/sbirt