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CENTER for INTEGRATED
HEALTH SOLUTIONS

SBIRT: Opportunities and Possibilities

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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

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Poll Question # 1

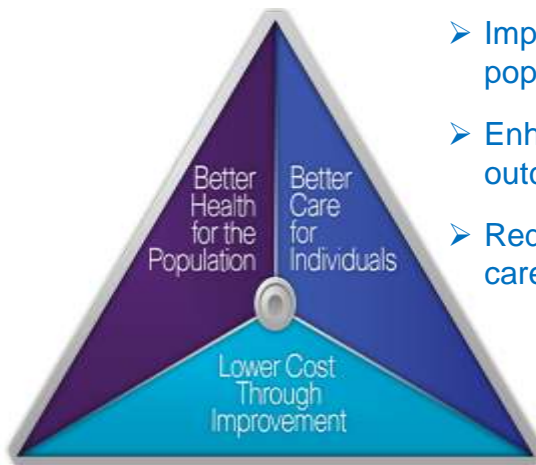
Poll Question: Do you currently screen for alcohol or drug use in primary care settings?

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



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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

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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.



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Service Delivery Changes

Prevention and early intervention services are a key component of the future of health care...

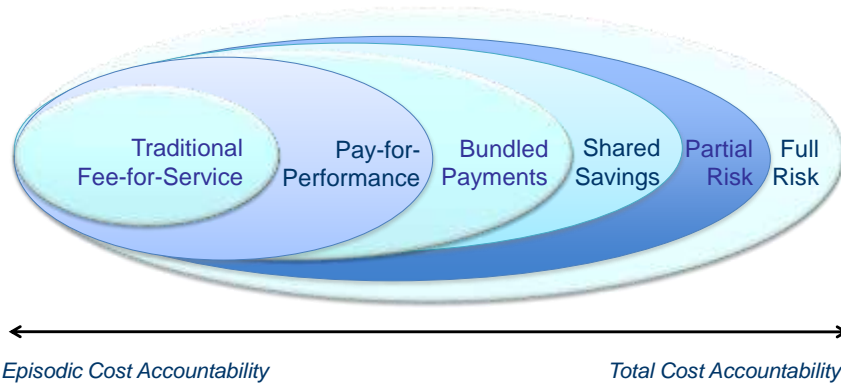
Recommended screens from USPSTF

- 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)**



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Shifting risk & accountability to providers

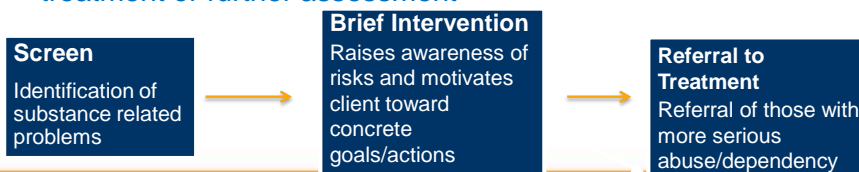


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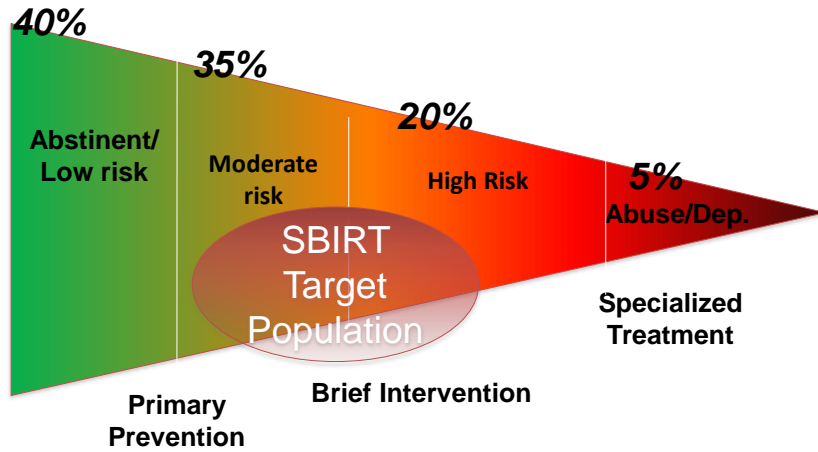
What is SBIRT?

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



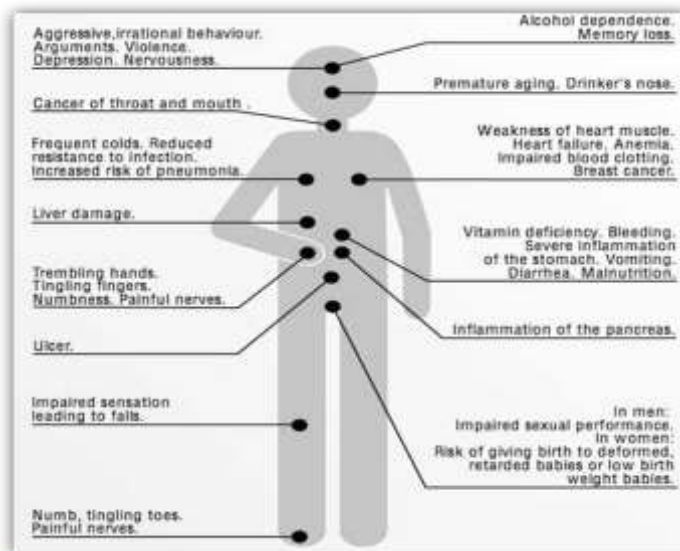
Distribution of Alcohol Use



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

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Effects of Alcohol



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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)

Madras, Drug Alcohol Depend. 2008.

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Benefits

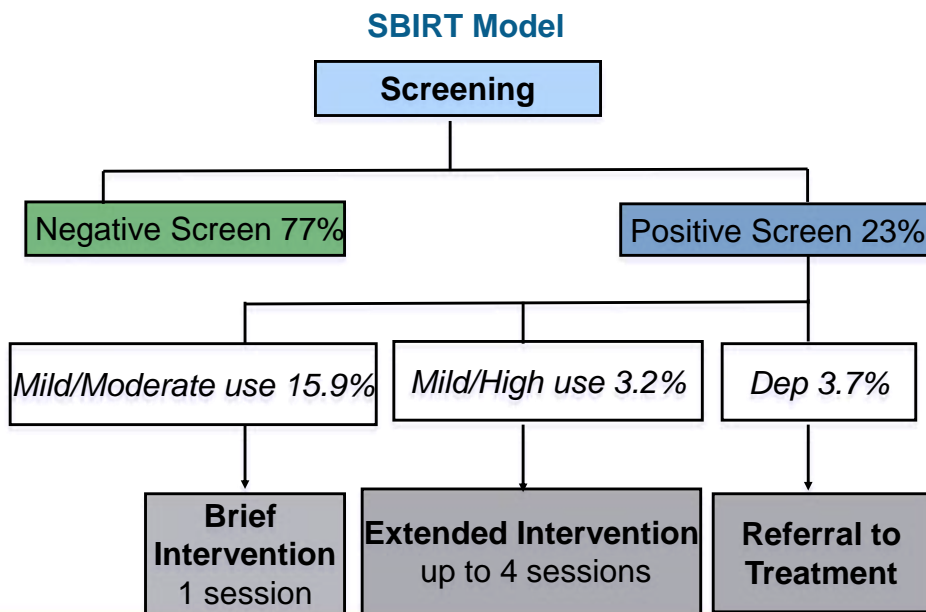
- Addresses prevalence of co-occurring disorders and meets the individual where they are
- Lessen complications from medical conditions such as diabetes, heart disease, hypertension
- **Reduce hospital and ER visits**
- **Cost savings to the health care system**
- **Model for health care integration,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

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Getting Started



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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



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15

Screening

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

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AUDIT

DEFINITION: Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential, so please be honest.

The each question in this chart below, please select 0 or 1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 or 24 or 25 or 26 or 27 or 28 or 29 or 30 or 31 or 32 or 33 or 34 or 35 or 36 or 37 or 38 or 39 or 40 or 41 or 42 or 43 or 44 or 45 or 46 or 47 or 48 or 49 or 50 or 51 or 52 or 53 or 54 or 55 or 56 or 57 or 58 or 59 or 60 or 61 or 62 or 63 or 64 or 65 or 66 or 67 or 68 or 69 or 70 or 71 or 72 or 73 or 74 or 75 or 76 or 77 or 78 or 79 or 80 or 81 or 82 or 83 or 84 or 85 or 86 or 87 or 88 or 89 or 90 or 91 or 92 or 93 or 94 or 95 or 96 or 97 or 98 or 99 or 100

NOTE: In the U.S., a single drink serving contains about 14 grams of ethanol or "pure" alcohol. Although the drinks below are different sizes, each one contains the same amount of pure alcohol and counts as a single drink:

1.2 oz. of beer (5% alcohol) = 4.7 oz. of malt liquor (5% alcohol) = 5 oz. of wine (12% alcohol) = 1.5 oz. of hard liquor (40% alcohol)

Questions	0	1	2	3	4
1. How often do you have a drink containing alcohol?	Never	Almost no time	1 or 2 times a month	2 or 3 times a week	4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 or 8	10 or more
3. How often do you have 5 or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured because of your drinking?	No	Yes, but not in the last year	Yes, during the last year	Yes, during the last year	Yes, during the last year
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No	Yes, but not in the last year	Yes, during the last year	Yes, during the last year	Yes, during the last year

DSF-10 Questionnaire

I'm going to read you a list of questions concerning information about your potential involvement with drugs, including alcohol and tobacco, during the past 12 months.

When the words "drug abuse" are used, they mean the use of prescription or over-the-counter medications/drugs in excess of the directions and any non-medical use of drugs. The various classes of drugs they include: stimulants (e.g., amphetamines, barbiturates, tranquillisers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., heroin). Remember that the questions do not include alcohol or tobacco.

If you have difficulty with a statement, then choose the response that is mostly right. You may choose to answer or not answer any of the questions in this section.

These questions refer to the past 12 months.	Yes	No
1. Have you used drugs other than those required for medical reasons?	0	1
2. Do you abuse more than one drug at a time?	0	1
3. Are you always able to stop using all drugs when you want to? (If never use drugs, choose "No.")	0	1
4. Have you had "blackouts" or "flashbacks" as a result of drug use?	0	1
5. Do you ever feel bad or guilty about your drug use? (If never use drugs, choose "No.")	0	1
6. Does your spouse (or parents) ever complain about your involvement with drugs?	0	1
7. Have you neglected your family because of your use of drugs?	0	1
8. Have you engaged in illegal activities in order to obtain drugs?	0	1
9. Have you ever experienced withdrawal symptoms (such as) when you stopped taking drugs?	0	1
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?	0	1

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Brief Intervention

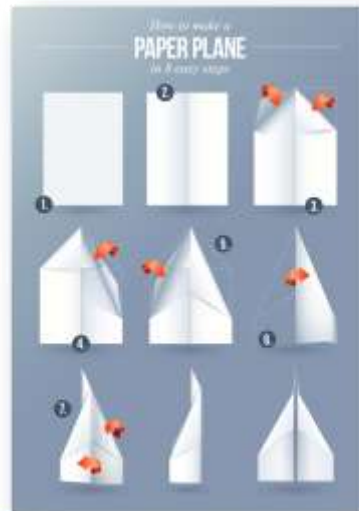
“To motivate patients to be aware of their patterns of use, understand the associated risks, and make their own decisions.”

CDC, 2014

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Brief Intervention Structure

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



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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?

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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



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Exploring Opportunities for SBIRT

Bi-Directional Integration

Primary Care
Acute Care
Minor Emergency Centers
Health Departments
Dental Offices
Chiropractic Offices
Schools

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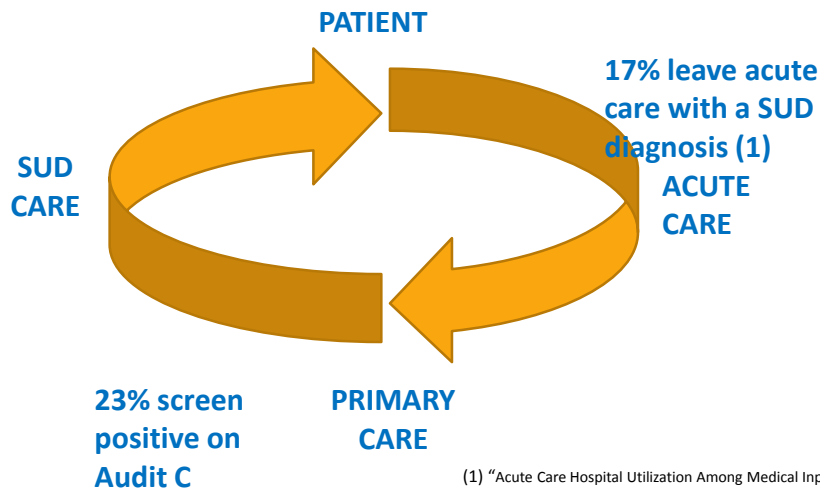
SUD and Hospitals

- 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, inpatient stays related to SUD alone; accounting for 5.5% of all IP stays and 17.0% of all M/SUD stays.

<https://www.hcup-us.ahrq.gov/reports/statbriefs/sb191-Hospitalization-Mental-Substance-Use-Disorders-2012.pdf>

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Patient Pathways

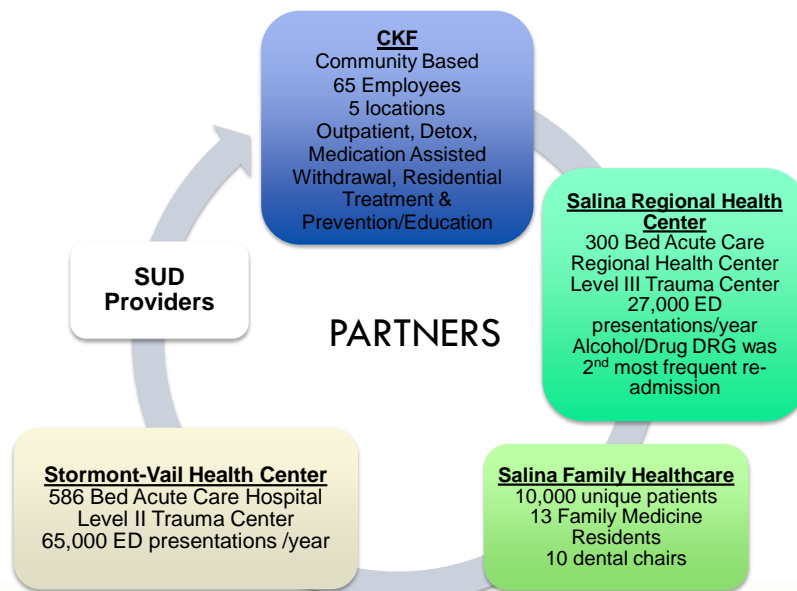


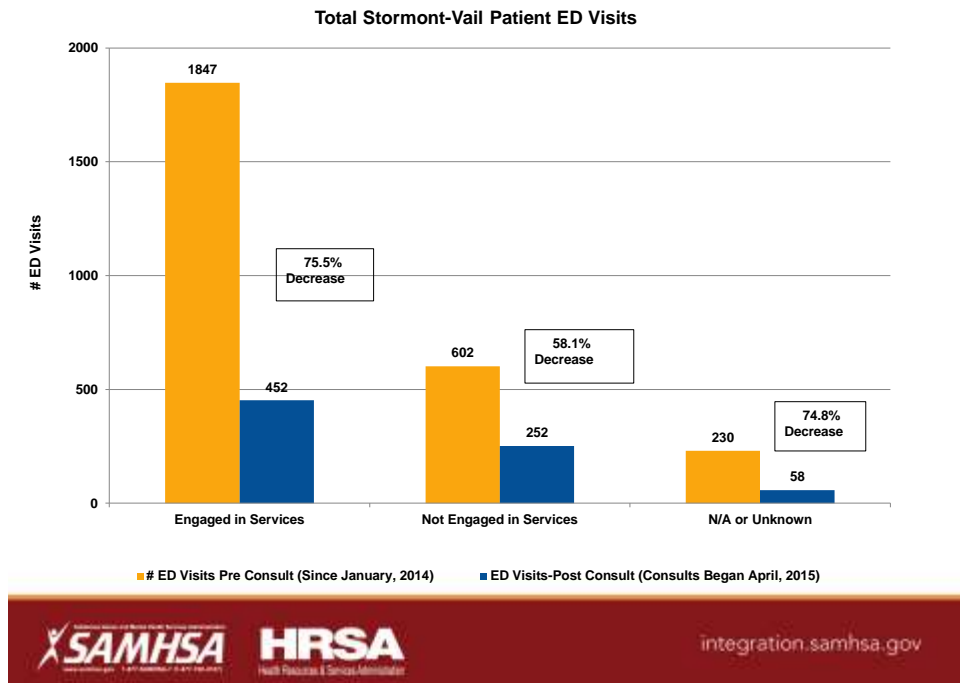
(1) "Acute Care Hospital Utilization Among Medical Inpatients Discharged With a Substance Use Disorder Diagnosis", *J Addict Med*. Volume 6, Number 1, March 2012

Central Kansas Foundation



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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?

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Resources

- SAMHSA-HRSA Center for Integrated Health Solutions
<http://www.integration.samhsa.gov/>
- SBIRT Training Manual - BNI
http://medicine.yale.edu/sbirt/curriculum/manuals/SBIRT%20training%20manual_2012_tcm508-100719_tcm508-284-32.pdf
- SBIRT Colorado
<http://improvinghealthcolorado.org/>
- IRETA
<http://ireta.org/>



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Questions



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