

How to Leverage Telehealth Strategies – for Substance Use – Brief Intervention

Tuesday, May 11th, 2021 3:00-4:00pm ET

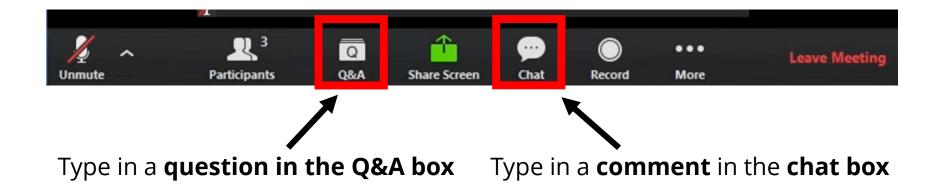


Center of Excellence for Integrated Health Solutions

Funded by Substance Abuse and Mental Health Services Administration Operated by the National Council for Behavioral Health



How to Ask a Question/Make a Comment



Located at the bottom of your screen.

We'll answer as many questions as we can during today's session.







Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).



Services Administration

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Poll #1: What best describes your role?

- Clinician
- Administrator
- Policy Maker
- Payer
- Other (specify in chat box)







Poll #2: What best describes your organization? (check all that apply)

- Behavioral Health Provider
- Primary Care Provider
- Mental Health Provider
- Substance Use Disorder Provider
- Other (specify in chat box)







Poll #3: Where is your organization in the process of integration?

- Learning/Exploring
- Beginning Implementation
- Advanced/Full Implementation
- Ongoing Quality Improvement
- Other (specify in chat box)





Introduction



Jim Winkle, MPH SBIRT Oregon

I have no relevant financial relationships with commercial interests to disclose.







Objectives

After this webinar, participants will be able to:

- Identify telehealth strategies that help engage patients and encourage privacy.
- Understand how to deliver substance use screening tools via telehealth platforms.
- **Identify** four steps of a brief intervention appropriate for adolescent telehealth visits.









Substance Use and the Pandemic in the U.S.

- 13% of Americans reported starting or increasing substance use as a way of coping with stress or emotions related to COVID-19 (as of June, 2020).
- 18% increase in overdoses in 2020 compared with same months in 2019.

Source: Czeisler et al, 2020.



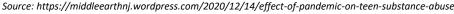




Possible Negative Impacts of the Pandemic on Substance Use

- Increased depression, anxiety, and boredom
- Unemployment, stress, and sickness at home
- For people who still socialize in person: former entertainment options are closed
- People in treatment: Lockdowns may trigger relapse











Possible Positive Impacts of the Pandemic on Substance Use



- More time at home = less opportunity to obtain substances
- Less access to peers who use (strong risk factor)
- Remote learning can reduce stress for teens with social anxiety

Source: https://middleearthnj.wordpress.com/2020/12/14/effect-of-pandemic-on-teen-substance-abuse/







Adolescents and the Pandemic

Sheltering at home, virtual school, social distancing may impact:

- Development of social skills, empathy, identity
- Future self-worth, management of anxiety and depression
- Access to other adult supports
- Separation from family



Source: Volkin, 2020. Narr et al, 2019.







Estimated Prevalence of Unhealthy Alcohol Use Among Adolescents and Adults, 2018, U.S.

	Any drinking in last 30 days	Binge drinking in last 30 days	Heavy drinking in last 30 days	AUD in last 12 months
Age 12 - 17	9.0%	4.6%	0.5%	1.6%
Age 18 - 25	55.1%	34.9%	9.0%	10.1%
Age 26+	55.3%	25.1%	6.2%	5.1%

Binge drinking defined for males as drinking five or more drinks on the same occasion. For females, four or more drinks. Heavy alcohol use is defined as binge drinking on 5 or more days in the past 30 days.

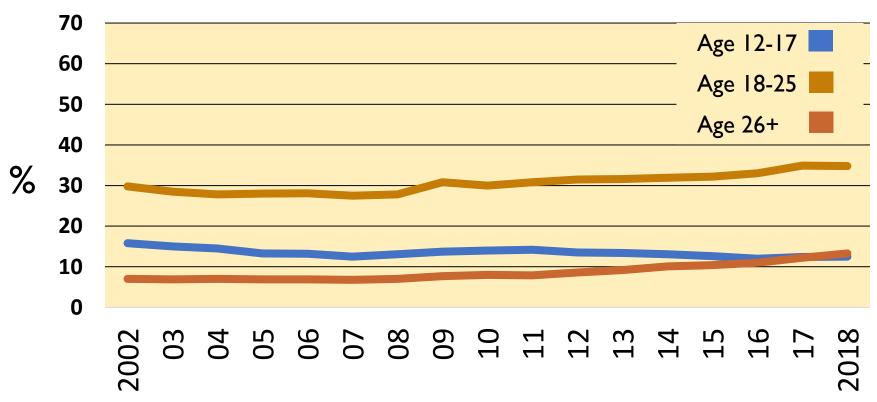
Source: Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health

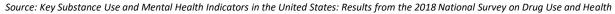






Estimated Prevalence of Past-Year Cannabis Use, Adolescents and Adults, U.S.



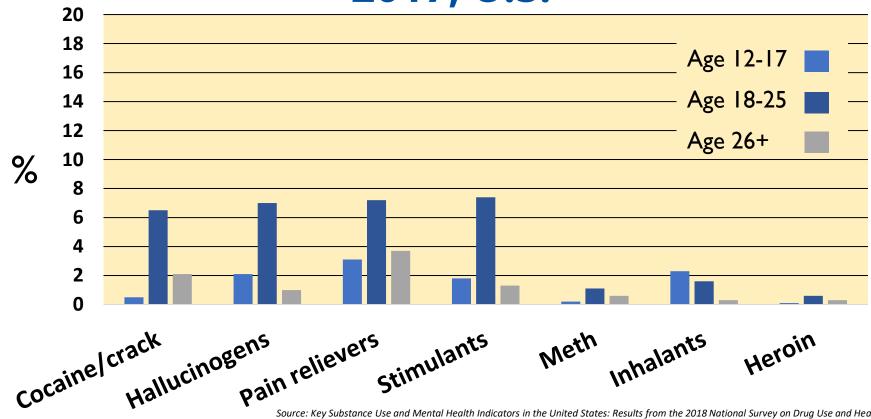








Estimated Prevalence of Past-Year Drug Use, Adolescents and Adults, 2017, U.S.



Source: Key Substance Use and Mental Health Indicators in the United States: Results from the 2018 National Survey on Drug Use and Health







How to Address Substance Use in Primary Care



Source: Free image: https://pixabay.com/

- Screen universally and routinely with a validated tool
- Intervene with a discussion:
 - Motivational interviewing principles
 - Harm reduction philosophy







Telemedicine and Substance Use



Pros:

- Screening & Brief Intervention (SBI) expanded to remote locations
- Access to virtual treatment expanded (Support groups, medication for opioid use disorders
 - MOUDs)
- Virtual tools to improve quality of brief intervention available

Cons:

 Virtual treatment visits may be less helpful for newly diagnosed

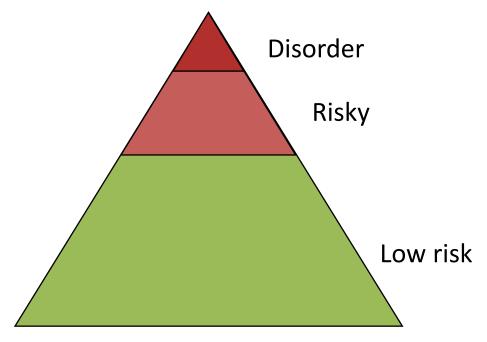






Zones of Substance Use

- Low risk: use below limits, or no use
- Risky: use about limits but without current consequences
- Disorder: ongoing use despite consequences

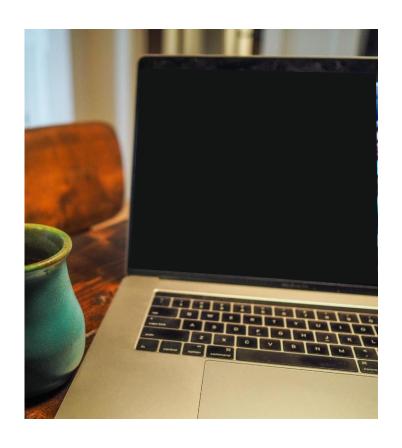








Creating Your Telehealth Space



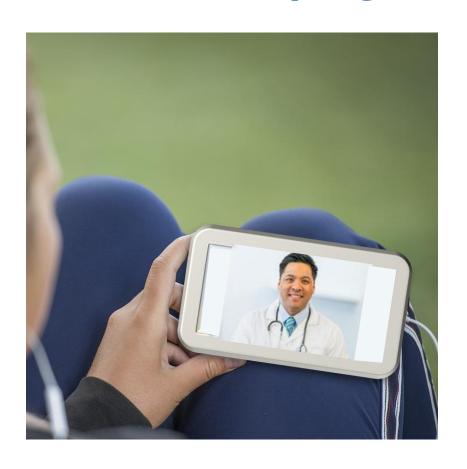
- Prioritize a less formal room set-up
- Ensure your camera is sufficiently "zoomed in" to see your facial expressions
- Maintain a gaze into the screen, rather than frequently looking away at your computer or notes







Helping Ensure Privacy



- Ask if the patient feels comfortable, confirm they are not being overheard
- A phone can be taken into a room or outside the house
- Ask if the patient can use earbuds/headphones







Tips for Engaging A Teen Patient Online

- Make a non-professional connection
- Ask patient to choose your virtual background
- If taking notes during visit, explain how/why
- Use interruptions as opportunities to connect









When a Patient is Not in a Private Setting



- Ask Yes/No questions
- Offer to use text/chat functions
- Give option to reschedule
- Offer alternative methods of asking questions after the visit







Patient Portal Screening vs. During Visit

Before visit:

- Saves time
- Patient completes questions (presumably) in private
- Results may get lost in EHR, or misinterpreted

During visit:

- Takes time during visit
- Can be introduced with explanation, and questions can be clarified immediately
- Opportunity to share screen and review questions together, building rapport







Tips on Screening During Telehealth Visit

- Can be done as part of any visit
- During any portion of the visit
- Raise subject and ask permission
- Use a validated tool
- Don't comment on patient answers
- See it as an opportunity to build rapport



Source: Free google image





Screening Tools: Brief Screen

Annual questionnaire

Once a year, all our patients are asked to complete this form because drug use, alcohol use, and mood can affect your health as well as medications you may take. Please help us provide you with the best medical care by answering the questions below.

Patient name:	
Date of birth:	

Are you currently in recovery for alcohol or substance use? \(\substance \) Yes \(\substance \) No

Alcohol:

One drink =



12 az. beer





1.5 oz. liquor (one shot)

One alcohol question I



		Prone	1 or more
MEN:	How many times in the past year have you had 5 or more drinks in a day?	0	٥
WOMEN:	How many times in the past year have you had 4 or more drinks in a day?	0	0

Drugs: Recreational drugs include methamphetamines (speed, crystal) cannabis (marijuana, pot), inhalants (paint thinner, aerosol, glue), tranquilizers (Valium), barbiturates, cocaine, ecstasy, hallucinogens (LSD, mushrooms), or narcotics (heroin).

One drug question



	None	1 or more	
How many times in the past year have you used a recreational drug or used a prescription medication for nonmedical reasons?	0	0	

Mood:	No	Yes
During the past two weeks, have you been bothered by little interest or pleasure in doing things?	0	0
During the past two weeks, have you been bothered by feeling down, depressed, or hopeless?	٥	0

Audit

- Alcohol Use Disorders
 Identification Test
- Created by WHO, accurate across many cultures/nations
- 10 questions multiple choice
- Addresses alcohol only

Alcohol screening questionnaire (AUDIT)

Our clinic sake all parients about alcohol use at least cace a year. Drinking alcohol can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the operations below.

Patient name:	 l
Date of birth:	

One drink equals:	One	dried	k ear	uals:
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2 oz. heer



1.5 oz. liquer (ene sho

₩					
How often do you have a drink containing alcohol?	Never	Monthly or kna	2-4 times a month	2 - 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?	0 - 2	5 or 4	5 or 6	7-9	10 or more
How often do you have four 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 step 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 then 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 berry 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 remove after durining?	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
Have you or someone che been injured because of your drinking?	No		Yes, but not in the last year		Yes, in the last year
10. Has a relative, fiscald, doctor, or other health care worker been concerned about your dunking or suggested you cut down?	No		Yes, but not in the last year		Yes, in the last year
	0	1	-	4	

Have you ever been in treatment for an alcohol problem? ☐ Never ☐ Currently ☐ In the past

M: 0-4 5-14 15-19 20+ W: 0-5 4-12 13-19 20-

Full screen: DAST

- Drug Abuse Screening Test
- DAST-10 version
- Validated for adults
- Cut-off score of 3 has high validity for drug "abuse"

Drug Screening Questionnaire (DAST)

Using drugs can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

Patient name:	
Date of birth:	

☐ cannabis (marijuana, pot) ☐ inhalants (paint thinner, aerosol, glue) ☐	l cocaine l narcotics (heroin, oxycod l hallucinogens (LSD, mus l other		, etc.)
How often have you used these drugs? ☐ Month	ily or less Weeldy	□ Dealy or also	iost daily
1. Have you used drugs other than those requires	for medical reasons?	No	Yes
2. Do you abuse more than one drug at a time?		No	Yes
3. Are you unable to stop using drugs when you	want to?	No	Yes
4. Have you ever had blackouts or flashbacks as	a result of drug use?	No	Yes
5. Do you ever feel had or guilty about your dru	g saie?	No	Yes
6. Does your spouse (or parents) ever complain a with drugs?	about your involvement	No	Yes
7. Have you neglected your family because of yo	our use of drugs?	No	Yes
8 Have you engaged in illegal activities in order	to obtain drugs?	No	Yes
Have you ever experienced withdrawal sympt stopped talong drugs?	toms (felt sick) when you	No	Yes
 Have you had medical problems as a result of memory loss, hepatitis, convolsions, bleeding 		No	Yes
		0	1
Have you ever injected drugs? □ Never □ Yes Have you ever been in treatment for substance abo		ently 🗆 In the	

CRAFFT Screening Tool

- Validated for ages
 12 21
- Widely implemented
- Self administered or delivered via interview
- Number of "Yes" answers correlate with SUD

Teen health screen (CRAFFT 2.1+N)

We ask all our teen patients about alcohol, drugs, and mood because these factors can affect your health. Please ask your doctor if you have any questions. Your answers on this form will remain confidential.

Nο

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Du	ring the PAST 12 months, on how many days did you:	Number of days
1.	Drink more than a few sips of beer, wine, or any drink containing alcohol? Put "0" if none.	
2.	Use any marijuana (weed, oil, or hash by smoking, vaping, or in food) or "synthetic marijuana" (like "K2," "Spice")? Put "0" if none.	
3.	Use anything else to get high (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff, huff, or vape)? Put "0" if none.	
4.	Use any tobacco or nicotine products (for example, cigarettes, e-cigarettes, hookahs or smokeless tobacco)? Say "0" if none.	

If you put "0" in ALL of the boxes above, ANSWER QUESTION 5, THEN STOP.

If you put "1" or higher in ANY of the boxes above, ANSWER QUESTIONS 5-10.

	210	100
5. Have you ever ridden in a car driven by someone (including yourself) who was "high" or had been using alcohol or drugs?		
6. Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?		
7. Do you ever use alcohol or drugs while you are by yourself, or alone?		
8. Do you ever forget things you did while using alcohol or drugs?		
Do your family or friends ever tell you that you should cut down on your drinking or drug use?		
10. Have you ever gotten into trouble while you were using alcohol or drugs?		



Tips on Performing a Brief Intervention through Telemedicine

- Should be done immediately following screening result
- Try to make eye contact as much as possible
- Share screen to display the Reference sheet



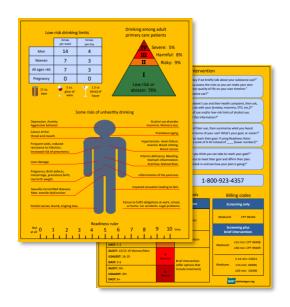
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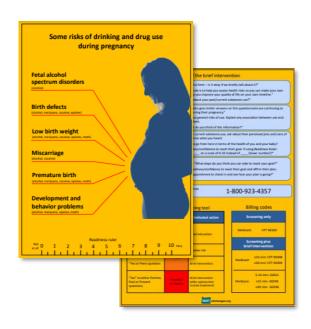




Reference Sheets (Handouts)







Adult Reference Sheet

Adolescent Reference Sheet

Pregnancy Reference Sheet







Steps of the Brief Intervention

Raise subject

Share information

Enhance motivation

Identify plan







Steps of the Brief Intervention

Raise subject

- Ask permission to discuss patient's substance use
- Be transparent about your role







Transparency Example

Thank you for giving me permission to discuss your substance use together. Just so you know, I will not ask or advise you to stop or change your use in any way you do not want to. Instead, my focus is to understand what **your** goals or visions for your future are. I can share information with you so you can improve your quality of life on your own terms and on your own timeline.

How does that sound to you?



NATIONAL COUNCIL



Steps of the Brief Intervention

Raise subject

- Ask permission to discuss patient's substance use
- Be transparent about your role
- Ask the patient to describe their use







Steps of the Brief Intervention

Share information

- Explain any association between substance use and health complaint
- Share information about risks of use, (reference sheet) Ok to express concern
- Ask the patient what they think of the information







Pitfalls of Giving Advice or Recommendations

- Implies judgement, risks furthering stigma
- Clinician-driven rather than patient-driven
- Patients with SUDs may already feel trapped
- Advice is different than offering options







Steps of the Brief Intervention

Enhance motivation

- Ask patient what they like about their use, and what they don't like, then summarize
- Ask what change the patient would like to see







Examples of Questions that Elicit Patient Goals

- "Over the next few (weeks, months) what would you like to see happen for yourself?"
- "What would you like to do about your use?"
- "Is there anything you'd like to change about your drinking/drug use?"
- "Where would you like to go with your drinking/drug use?"









Goals are More Achievable When They Are:



Image: google free

- Well defined
- Focused on reducing harm or improving quality of life
- Doable in a timeframe
- Patient-driven

Source: HaRRT Center







Steps of the Brief Intervention



- Ask patient what they like about their use, and what they don't like, then summarize
- Ask what change the patient would like to see
- Gauge readiness/confidence to reach goal (reference sheet)

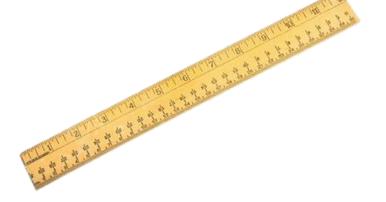






Readiness Ruler

- Gauge readiness by asking, "On a scale of 0 to 10 . . ."
- "Why not a lower number?"
- Answering this question enhances motivation









Steps of the Brief Intervention

ldentify plan

- If patient sounds ready, ask:
 "What would a plan of change look like for you?"
- Affirm patient's readiness to change
- Ask to schedule follow-up





Raise the subject

- "Thanks for filling out this form is it okay if we briefly talk about your substance use?"
- "My role is to help you assess the risks so you can make your own decisions. I want to help you improve your quality of life on your own timeline."
- "What can you tell me about your substance use?"

Share information

- Explain any association between the patient's use and their health complaint, then ask, "Do you think your use has anything to do with your [anxiety, insomnia, etc,]?"
- •Share information about the risks of using alcohol, drugs, and misusing prescription drugs. Ask the patient: "What do you think of this information?"

Enhance motivation

- Ask patient about perceived pros and cons of their use, then summarize what you heard.
- "Where do you want to go from here in terms of your use? What's your goal or vision?
- Gauge patient's readiness/confidence to reach their goal. If using Readiness Ruler: "Why do did you pick on a scale of 0-10 instead of [lower number]?"

Identify plan

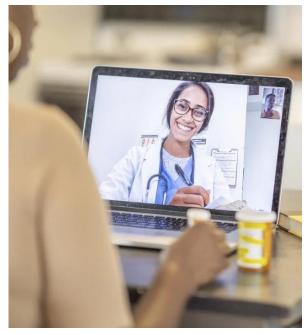
- If patient is ready, ask: "What steps do you think you can take to reach your goal?"
- Affirm the patient's readiness/confidence to meet their goal and affirm their plan.
- "Can we schedule an appointment to check in and see how your plan is going?"



Follow-Up

A continuing cycle of:

- Collaborative tracking of patientselected goals
- Sharing information about risks
- Eliciting patient-driven goals
- Discussing safer-use strategies



Source: HaRRT Center







Remember:

Defer to the patient's decision

The more responsibility, autonomy and respect people feel they have, the more they will step up and forge their own pathway.

Source: HaRRT Center







Case Study 1

- 35-year-old presenting for a telehealth visit
- Complains of migraines
- Injects heroin 2-3 days per week
- Completed the DAST and scored 4









Video Demonstration: Case 1











Case Study 2

- 16-year-old following up after STD screen
- Binge drinks at parties
 3-4 times a year
- No medical complaints









Video Demonstration: Case 2











Questions, Comments?

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Workflows

Resources

sbirtoregon.org

Screening

Online curriculum

Video demonstrations

Billing & documentation Screening

SBIRT (Screening, Brief Intervention, Referral to Treatment) represents an innovative, evidence-based approach to addressing unhealthy alcohol use with medical patients. Its core components include:

- · Regular and universal screening in the medical setting, regardless of medical
- Universal and routine use of validated screening tools.
- . Consideration of substance use as a continuum rather than a dichotomous "addicted versus not addicted" judgment.
- . Use of patient-centered change talk versus directive, prescriptive talk.
- · Facilitating smooth, bidirectional transitions between primary care and specialty addiction treatment.

While SBI towards adult alcohol use ranks among the highest-performing preventive services based on cost effectiveness and health impact, it also remains among the least implemented. Common perceived barriers include limited time during the patient visit, lack of knowledge and training, fearing negative patient reactions, and feeling uncomfortable discussing substance use.

This website presents information and tools designed to counter these barriers, and emphasizes a team-based approach to implementing SBIRT. Our materials cover drug use as well, despite evidence that brief interventions may not impact self-reported drug use among adult patients.

This website was created in the Department of Family Medicine at Oregon Health and Science University and acts as a resource for primary care clinics and emergency departments throughout Oregon and the United States.



- Demonstration videos
- Screening forms
- Reimbursement information
- Pocket cards and tools
- Training curriculum
- Screening app
- Adult Reference Sheet
- Adolescent Reference Sheet
- <u>Pregnancy Reference Sheet</u>







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www.sbirtoregon.org







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Upcoming CoE Events:

CoE Office Hours: Brief Intervention via Telehealth

Register here for Office Hour on May 13, 2021, 3-4pm ET

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