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

Behavioral Health and Primary Care Integration Conference
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Jeffery L. Wieferich MA, LLP
Michigan Department of Community Health
Bureau of Substance Abuse and Addiction Services
SBIRT Overview

SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for:

- Persons with substance use disorders.
- Those who are at risk of developing these disorders.
SBIRT services are designed to be delivered in settings that provide opportunities for early intervention with at-risk substance users before more severe consequences occur.

- Primary care clinics
- Hospital emergency departments
- Trauma centers
- Community health centers
- College health centers
SBIRT Overview

- SBIRT is part of a larger shift toward a public health model for addressing problems related to behavioral health.
- In the future, substance use disorder, mental health, primary care, and related services will be increasingly integrated in an effort to reach more people and provide them with a seamless recovery-oriented system of care.
Prevalence of the Problem within the Primary Care Population

- At-Risk Drinking (under age 60)
  - 15–20%

- Alcohol Abuse/Dependence (under age 60)
  - 5–10%

- Drug Abuse/Dependence
  - 2–5%
Prevalence and Patterns of Drinking in Subgroups

- Pregnant women
  - Prevalence: 5–15%; depending on definitions of at-risk or problem drinking

- Older Adults
  - At-Risk Drinking: 2–15% depending on definitions of at-risk or problem drinking

- Psychoactive Medication Misuse: 1–5% (few good studies)
What's a "standard" drink?

Many people are surprised to learn what counts as a drink. In the United States, a "standard" drink is any drink that contains about 0.6 fluid ounces or 14 grams of "pure" alcohol. Although the drinks below are different sizes, each contains approximately the same amount of alcohol and counts as a single standard drink.

12 fl oz of regular beer = 8-9 fl oz of malt liquor (shown in a 12-oz glass) = 5 fl oz of table wine = 3-4 oz of fortified wine (such as sherry or port; 3.5 oz shown) = 2-3 oz of cordial, liqueur, or aperitif (2.5 oz shown) = 1.5 oz of brandy (a single jigger or shot) = 1.5 fl oz shot of 80-proof spirits ("hard liquor")

The percent of "pure" alcohol, expressed here as alcohol by volume (alc/vol), varies by beverage.
Relationship between Alcohol Use and Alcohol Problems

- Low Risk
- At Risk
- Problem
- Dependent

- None
- Small
- Moderate
- Severe

- Alcohol Use
- Alcohol Problems
SBIRT Overview

SBIRT Components:

- **Screening**: provides a quick determination of the presence and/or severity of substance use and identifies the appropriate level of service need. The screening is universal. The target populations are all screened as part of the standard intake process.
SBIRT Components (cont.):

- **Brief intervention:** Focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change. (1 to 5 sessions/appointments). These individuals typically have an identified mild to moderate problem with substance use.
BI can reduce alcohol use for at least 12 months; new work on drug use reductions
Effect size is similar for men and women
Effects are similar for persons over age 18
SBIRT Components (cont.):

- **Brief treatment**: A time limited highly structured clinical service directed at implementing change strategies. (Up to 12 sessions/appointments). This service is provided by a behavioral health professional.
Referral to treatment: Those identified as needing more extensive treatment have a seamless transition to specialty care services in the community.
Synopsis

- How much drinking/psychoactive med use/drug use is too much?
  - Depends on the substance and on individual characteristics, medical issues, other medications, pregnancy. Guidelines are only ‘guidelines’

- Screen for use/misuse/abuse in the context of health issues

- Brief interventions are effective

- Brief interventions are one of a spectrum of approaches to reduce or stop alcohol/drug consumption, and reduce consequences

- Patients benefit from a nonjudgmental, motivational, supportive approach
What is the Impact of SBIRT

- Healthcare providers are already screening for behavioral health issues – by adding a few questions, another billing code can be used.
- Improving health reduces the cost of treating patients – SBIRT is an evidence-based model that has recognized health improvement benefits and has demonstrated net-cost savings.
What is the Impact of SBIRT

- A behavioral health provider in the office will allow substance use issues to be addressed by them and save physician and nurse time.
- The percent of patients who enter specialized substance use disorder treatment has increased.
- Fewer hospitalizations & ED visits:
  - For every $1 used for SBIRT, there is a savings of at least $4 in reduced ED and hospital use
- Overall has been shown to decrease the frequency and severity of substance use.
Michigan’s Programs

- The Bureau of Substance Abuse and Addiction Services has accepted four proposals for projects that will implement a Michigan specific SBIRT model (MI–SBIRT)
- All projects are modeled after the federally funded SBIRT program criteria.
Locations of the projects:

- Genesee county
- Kent county
- Livingston and Washtenaw counties
- Monroe and Wayne counties
MI–SBIRT Expectations

- Expand/enhance the continuum of care for substance misuse services and promote behavioral health and primary care integration efforts.
- Identify and sustain systems and policy changes to increase access to prevention and treatment services in generalist and specialist settings.
MI–SBIRT Expectations

- Increase abstinence and reduce costly health care utilization.
- Promote sustainability and improve treatment outcomes.
- Reduce alcohol and drug consumption and their negative health impact.
- Engage the substance use disorder prevention system for the screening and brief intervention components.
MI–SBIRT Expectations

- MI–SBIRT is designed to expand/enhance the continuum of services in primary care and a mix of other community health settings, and support the use of clinically appropriate services for persons at risk for, or diagnosed with, a substance use disorder.
- A MI specific component is to also address prescription and over-the-counter drug use and abuse.
The MI–SBIRT process supports the overall goal of the Michigan Department of Community Health to integrate behavioral health and primary care in Michigan while promoting recovery, wellness, and a fulfilling quality of life.
MI–SBIRT Project Presentations

- Kristie Schmiege – Genesee County Community Mental Health
- Mark Witte – network180 (Kent County)
- Ruth Sebaly – Southeast Michigan Community Alliance (Monroe and Wayne Counties)
- Marci Scalera – Washtenaw Community Health Organization
Genesee County SBIRT Project

Kristie R. Schmielege
Genesee County Community Mental Health
The Genesee County SBIRT Project
Mental Health and Substance Use Task Force of Greater Flint Health Coalition (GFHC)

- GCCMH founding member along with all 3 hospital systems
- Task Force role is to integrate mental health and addiction medicine into the vision and activities of the GFHC
- Strategic planning resulted in consensus to focus on coordination of care and physician education via a brief intervention project
- SBIRT identified as strategy when MDCH/BSAAS opportunity presented
Target Specialties

Four Clinics:

- 2 Family Medicine clinics
- 1 OB/GYN clinic
- Urban Health & Wellness Center

- McLaren Flint
- Genesys Regional Medical Center
- Hurley Medical Center
- University of Michigan–Flint
Research

- Considered to be research by hospital IRBs
- Had hoped for exempt ruling as quality improvement
- Required to obtain informed consent from patients
- Evaluation:
  - 6 month follow up on patients
  - Reapply screening instruments
  - Follow-up on physicians
  - Satisfaction
Target Population

- All patients, age 18 years and older, at the pilot clinics
- Screen each patient annually – 20,000
- Written informed consent will be obtained to include patient data in evaluation
  - All data will be reported in aggregate form
  - Patients will be identified by a study identifier number on data collection sheets
- Six-month follow-up will be sought for every patient receiving brief intervention, brief treatment, or referral to treatment
How often do you have a drink containing alcohol?
How many drinks containing alcohol do you have on a typical day when you are drinking?
Women: How often do you have 4 or more drinks on one occasion? Men: How often do you have 5 or more drinks on one occasion?
How many times in the past year have you used a recreational drug?
How many times in the past year have you used a prescription medication for nonmedical reasons?
How many times in the past year have you used an over-the-counter drug for nonmedical reasons?
AUDIT (alcohol)

10 questions, multiple choice
Each question has 5 answer choices
Answers assigned points & totaled

DAST–10 (drugs)

10 questions, Yes/No
Answers assigned points & totaled
Brief Intervention

Conducted by Medical Residents and Nurse Practitioners

**Brief Treatment**

- Conducted by Behavioral Health Consultants imbedded within the four sites
  - Master’s level clinicians
- Peer Recovery Coaches
- Subcontract with Odyssey House for these staff

**Referral to Treatment**

- Referred to GCCMH Access Center
- Private insurance: Consult carrier to determine what is covered & where they can be referred
Local Findings Supporting Need for SBIRT

Feelings expressed by area physicians in 2008 & 2011 local surveys on substance use:

- Not adequately prepared, and have low feelings of competency to treat patients with alcohol- and drug-related disorders
- Low satisfaction for caring for patients with substance problems
- High skepticism about the probability of influencing or improving outcomes for this group of patients
- ‘Learned feeling of helplessness’ in working with substance abuse patients because there are inadequate services available to meet their patients’ needs
- Lacking knowledge & skills to identify misuse and abuse
Findings Supporting Need for SBIRT

<table>
<thead>
<tr>
<th>Agree/Strongly Agree</th>
<th>92%</th>
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<tbody>
<tr>
<td>“If my doctor asked me how much I drink, I would give an honest answer.”</td>
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<td>“If my drinking is affecting my health, my doctor should advise me to cut down on alcohol.”</td>
<td>96%</td>
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<tr>
<td>“As part of my medical care, my doctor should feel free to ask me how much alcohol I drink.”</td>
<td>93%</td>
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<tr>
<td>Disagree/Strongly Disagree</td>
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<tr>
<td>“I would be annoyed if my doctor asked me how much alcohol I drink.”</td>
<td>86%</td>
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<tr>
<td>“I would be embarrassed if my doctor asked me how much alcohol I drink.”</td>
<td>78%</td>
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Miller, PM, et al. Alcohol & Alcoholism; 2006
Practitioners – Objectives and Methods

- Provide 100 medical resident physicians and nurse practitioners exceptional quality education and training to be more competent in the identification and management of alcohol/substance use problems
- Didactic training
- SIMmersion – State of the art specialized role-play simulations
  - 3 modules: SBIRT, Motivational Interviewing, Rx Drug misuse
# Evaluation

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<thead>
<tr>
<th>Measures Collected:</th>
<th>Intervention</th>
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<tbody>
<tr>
<td></td>
<td>Screening only</td>
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<tr>
<td>Screening tool scores</td>
<td>✗</td>
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<tr>
<td>Demographics</td>
<td>✗</td>
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<tr>
<td>Patient satisfaction with screening/initial visit</td>
<td>✗</td>
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<tr>
<td>Service(s) received</td>
<td>✗</td>
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<tr>
<td>National outcome measures</td>
<td></td>
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<tr>
<td>Screening for co-occurring disorders (ACORN)</td>
<td></td>
</tr>
<tr>
<td>Six-month follow-up (screening tools, satisfaction, national outcome measures)</td>
<td>✗</td>
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Process Outcomes

- Number individuals screened
- Number individuals that received
  - brief intervention
  - brief treatment
  - referral to treatment
- Number of sessions each patient completes
- Number of health care providers trained
Health Care Providers

- Pre- and post-questionnaire on knowledge, attitude, behavior, and satisfaction of SBIRT
- 6-month and 12-month follow-up
- Identify additional training needs, barriers, and sustainability efforts
Measuring Success

- Decreased AUDIT and DAST–10 score at 6-month follow-up
- Positive patient satisfaction
- Increased health care provider knowledge of substance use screening and SBIRT
- Increased number of health care providers screening patients for substance use and intervening
- Positive health care provider attitudes around SBIRT
Implementation Issues

- IRB concerns
- Very active group of community partners – physicians, clinic managers, researchers systematically identified clinic flow, staffing, training and other logistical issues
- Tailored to fit needs of each site –>
- Delayed implementation, but increased buy-in
- First clinic operational this week
- Focus on sustainability

We plan SBIRT use in our GCHC FQHC after GCFC full implementation & Genesee SBIRT evaluation
Kent County – Network 180 SBIRT PROJECT

Mark Witte
Implementation Sites

In Order:

- Metro Health Hospital – Breton Clinic
- Cherry Street Health (FQHC) – PC Clinic
- Spectrum Health – Blodgett ED
- St. Mary’s Hospital ???
Implementation Sites

- Spectrum Health
  - Relationship with Dr. Corey Waller
  - Focus on smaller of two ED’s
  - Story time
Implementation Sites

- Cherry Street Health Services
  - FQHC
  - Product of the 2011 merger of Cherry Street, Proaction Behavioral Health, & Touchstone Innovaré
  - Target: 1 primary care clinic
  - Aiming for 2/1/13 start
Implementation Sites

- Metro Health
  - Network180 clinician in Primary Care Clinic
  - Two-way health care delivery
Implementation Sites

Metro Health

- All patients screened
  - Brief Audit C
  - CAGE questions
  - MI screening – 4 “have you ever” questions
- Positives referred to N180’s onsite LMSW
- Referrals for ongoing treatment as needed
Implementation Sites

- St. Mary’s
  - In early stages of discussion
Approach

- Shifted from proposal
  - Original plan – only Network180 staff
  - Current plan – a mixture:
    - **Cherry Street** – Probably fee–for–service
    - **Metro** – Network180 staff
    - **Spectrum** – TBD, probably *not* fee–for–service
    - **St. Mary’s** – TBD, probably fee–for–service
Concerns

- **Conceptual:**
  - Who is our client?

- **Capacity:**
  - Under full scale implementation, will we have the capacity to serve all those who’ll be referred to our already underfunded/overloaded system of care?

- **Sustainability:**
  - After the grant ends (9/30/2013), will the public SUD system be responsible to continue to fund screening across the entire region?
Southeast Michigan Community Alliance
SBIRT PROJECT: Project FIT

Ruth Sebaly
What is SEMCA

- One of 16 Coordinating Agencies in the State of Michigan

AND

- One of 25 Michigan Works! Workforce Development agencies in the State of Michigan
Two host sites:
- One is a Federally Qualified Health Center (FQHC)
- One is the Emergency Department of a small, independently owned hospital

Two partner agencies:
- One assigned to each of the locations
Program Concepts

- Based our SBIRT service delivery on the Project ASSERT model

- Provide for a missing piece to span the bridge between prevention and treatment using the PRIME for Life curriculum

- Use Peer Recovery Coaches in both settings to assist clients to navigate the service delivery system and to keep clients/patients engaged
We went into the project with a basic concept of the overall flow however we quickly learned that the two settings had very different patient flow

Met with host sites in separate meetings to tailor the customer flow to their setting
Tools Used

Prescreen:
- AUDIT–C
- Single Question Drug Use Questionnaire*
- For mental health: Tool used by host site and/or observation

Screen:
- AUDIT
- DAST**
- Mental Health Screening Form III

Data Collection:
- Intake Form (client demographics)
- Pre–Survey (client use data at time of intake)
- Post Survey (client use data post intervention)

*Adapted to include prescription and OTC medications for non–medical use
**Adapted to include type of recreational drugs i.e. inhalants, OTC, Rx
Intervention Levels

Level 1:
- No further intervention

Level 2:
- Brief Intervention (1–5 sessions)
- May or may not be referred to PRIME for Life
- May or may not be assigned Peer Recovery Coach

Level 3:
- Brief Intervention (1–5 sessions)
- Referral to PRIME for Life
- Assigned Peer Recovery Coach

Level 4:
- Referral to Treatment
- Assigned Peer Recovery Coach
Preliminary Data

- Total Screened
- Total Positive 16% of Total Screened
- Total Audit/Dast 63% of Total Positive Screens
Issues Encountered

FQHC:
- Space and Privacy
- Consent Form

Hospital ER:
- Trauma unit
- Consent Form
- Staff reported “sticking out like a sore thumb”
- EMR access
- Physicians not well informed in advance
Lessons Learned

- Map out the process early in the planning stage but be prepared to adapt it.
- Have resources prepared to give to patients (not just SUD but housing, employment, debt counseling, etc.).
- Assess your SUD resources to determine if there are gaps you want to have prepared prior to implementation.
- Involve your evaluation team from the conception stage, they will assure you have your data pieces covered.
- Since we have to strive for 85% follow-up, think about ways to build that in upfront.

BE PREPARED TO BE FLEXIBLE!!
Safety Net Clinics

- Region does not have FQHC
- Two Major Health Systems in the 2 county region – UMHS and St. Joseph Mercy/Trinity Health System
- Selected high volume clinics that serve mostly indigent, low income, and Medicaid recipients
- All clinics have existing integration with mental health workers placed at the site
- Each clinic has high volume patient flow
  - Range is 5,000 – 10,000 patients annually
Program concepts

- Our goal was to build upon the existing relationships with primary care clinics who had integrated services
  - Clinics had joint programs with CMH Staff and Physicians providing direct and consultative psychiatric services
  - Existing supervisory staff could take on SBIRT staff and provide hands on oversight for entire integrated team
  - Primary care staff now have “double” the resources for problem cases
  - Funds help offset clinic costs
Opportunities

- Bring experienced masters prepared clinicians with background in Substance Use Disorder treatment into the primary care clinical team
  - Training in Motivational Interviewing Techniques
  - Brief Intervention
  - Strength Based Services
  - Recovery Focused
  - Stage of Change
  - Multidisciplinary approach
  - Case Management Approach
Opportunities cont’d

- Incorporate Peers in Recovery as part of the clinical team
  - Provide support to persons with higher risk levels
  - Knowledge of the Community
  - Able to link to resources in the community
  - Able to provide warm hand-off to treatment providers
  - Assist primary care team when needed
  - Works hand in hand with the clinician
  - Keeps the patient’s connection to the clinic through outreach and enhanced contacts
Opportunities cont’d

- Use of technology
  - Developed screening electronically using tablets
  - Automatic scoring of screening tools enable clinicians to have instant feedback on level of risk
  - Tracks data for reporting
  - Ease of use for patient – one question at a time
  - Works off clinic wireless network
  - HIPAA Compliant
Tools used – Pre-Screen

- Universal Pre-screens – consist of Audit C, DAST 2, PHQ 2, perception of general health & wellness, and marijuana card holder question
- Easy scoring – if questions have positive response, patient is referred to the clinician for full screening
- Able to refer to mental health clinician where indicated
- Physician/provider alerted before seeing patient
Tools used Screening/Brief Intervention

- **AUDIT** – ten questions  
  ◦ The Alcohol Use Disorders Identification Test
- **DAST** – ten question  
  ◦ Drug Abuse Screening Test
- **PHQ–9** – nine questions  
  ◦ Patient Health Questionnaire

- **Health Promotion Workbook**  
  ◦ Interactive tool for patient and clinician  
  ◦ Substance Use Diary Card  
  ◦ Readiness Ruler
Training and Planning

- Orientation of clinic staff
  - Physicians and residents
  - Nurses and medical assistants
  - Office staff

- Each clinic flow is Different
  - Had to modify process
  - Staff space and intervention points
  - Also pre-screen configuration to match clinic needs
CURRENT DATA

- First patient screening began mid October
- Fully Staffed November
- AS OF 11–28–12

- 409 PRE SCREENS
- 66 POSITIVE SCREENS/INTERVENTIONS

- Rate is 16% of patients prescreened meet criteria for a brief intervention!