Integrating SBIRT into Family Planning Visits

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What is SBIRT?

- Tool for substance and alcohol abuse **S**creening, **B**rief **I**ntervention and **R**eferral to **T**reatment
- Brief intervention conversation happens only if the screening is positive
- Early intervention approach
  - Targets those with nondependent substance use to provide effective strategies for intervention prior to the need for more extensive treatment
  - Referral is not the goal for most patients

What is SBIRT? From OASAS:

What Is SBIRT?

An intervention based on "motivational interviewing" strategies:

- **Screening:** Universal screening for quickly assessing use and severity of alcohol; illicit drugs; and prescription drug use, misuse, and abuse
- **Brief Intervention:** Brief motivational and awareness-raising intervention given to risky or problematic substance users
- **Referral to Treatment:** Referrals to specialty care for patients with substance use disorders

Office of Alcoholism and Substance Abuse Services

Why are we using SBIRT?

- To improve the health of our patients, many of whom do not have a PCP or other provider
- To identify patients with risky alcohol or substance use
  - AND provide brief interventions to raise their awareness of risky use
  - AND to help motivate them to make behavior changes
  - If screening is high and patient is willing, we will refer to Substance Use providers
- Risky substance use is a health issue that often goes undetected

Why are we using SBIRT?

According to OASAS:

SBIRT is ranked as number 4 (out of 20) in cost-effective preventive services according to the US Preventive Services Task Force (USPSTF, 2017).

SBIRT is ranked as more cost-effective than screenings for hypertension, depression, HIV, cholesterol and multiple types of cancer.

What is it NOT?

It's not a diagnosis: Identifies patients who are at risk

It's not treatment for substance use disorders

It's not just a way to identify patients who need to be referred for treatment: A referral to specialized treatment will only be warranted for approximately 5% of the population.

It is not telling the patient what to think or do: it's supporting the patient to make changes if/when/how they wish

It's not abstinence-only: Abstinence from alcohol and other substances is not the only answer. Reduction in quantity and/or frequency of alcohol/drug use can significantly reduce risk for short and long term consequences. (OASAS)

It's not a quick fix!

Implementation Planning

- Learn about referral resources in our communities
- Get buy in from staff
- Plan for workflow and documentation
- Set clear expectations about when/how it will be done
  - Consider writing out a Policy & Procedure
- Provide staff training
- Audit and give feedback

Implementation Timeline

- Spring 2017: SBIRT Implementation team
  - 2 planning meetings with small group of clinic staff
  - Clear that this was too much to add at that time- delayed for another year!
- Fall 2017: Pilot at 1 health center
  - Tried out different training modalities with this smaller group
  - Tried out different ways of completing the AUDIT and DAST tools
- March 2018: Clinical Advisory Group
  - Staff from different job roles and health centers
  - Got input on roll out, workflow and training needs
  - Presented training to this group first for feedback
- April 2018: Training and roll out to other 8 health centers

Who was involved in preparation?

- Director of Clinical Services
- Clinical Trainer
- Staff in the Clinical Advisory Group
- All staff and health center manager at our Pilot site
- Revenue Cycle staff

What does SBIRT look like?

#1: Brief Screen (If negative, screening is complete.)

	None	1 or more
MEN: How many times in the past year have you had 5 or more drinks in a day?	○	○
WOMEN: How many times in the past year have you had 4 or more drinks in a day?	○	○

	None	1 or more
How many times in the past year have you used a recreational drug or used a prescription medication for non-medical reasons?	○	○

#2: If positive, complete Full Screen for drug use (DAST) and/or alcohol use (AUDIT)

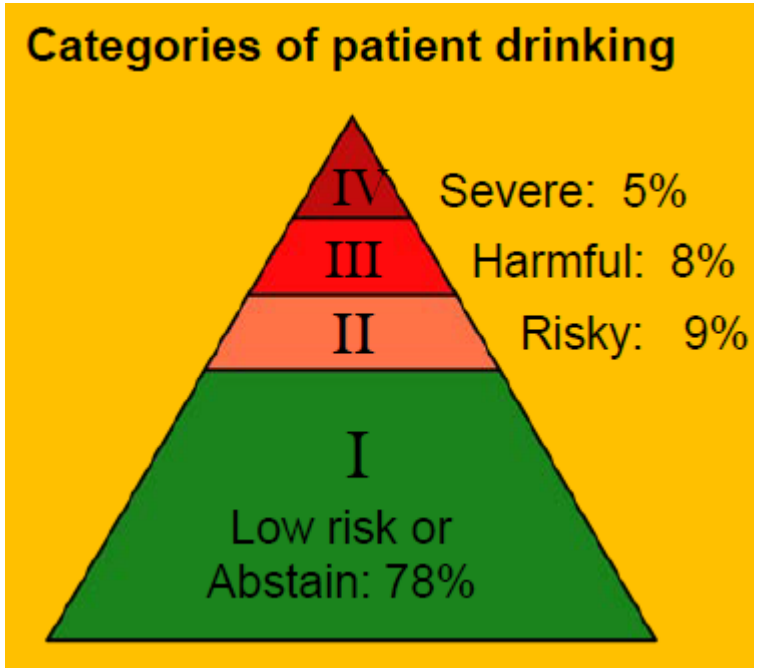
One drink equals:  12 oz. beer  5 oz. wine  1.5 oz. liquor (one shot)

1. How often do you have a drink containing alcohol?	Never	Monthly or less	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	3 or 4	5 or 6	7 - 9	10 or more
3. 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 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, in 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, in the last year
	0	1	2	3	4

1. Have you used drugs other than those required 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 bad or guilty about your drug use?	No	Yes
6. Does your spouse (or parents) ever complain about your involvement with drugs?	No	Yes
7. Have you neglected your family because of your use of drugs?	No	Yes
8. Have you engaged in illegal activities in order to obtain drugs?	No	Yes
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	No	Yes
10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?	No	Yes
	0	1

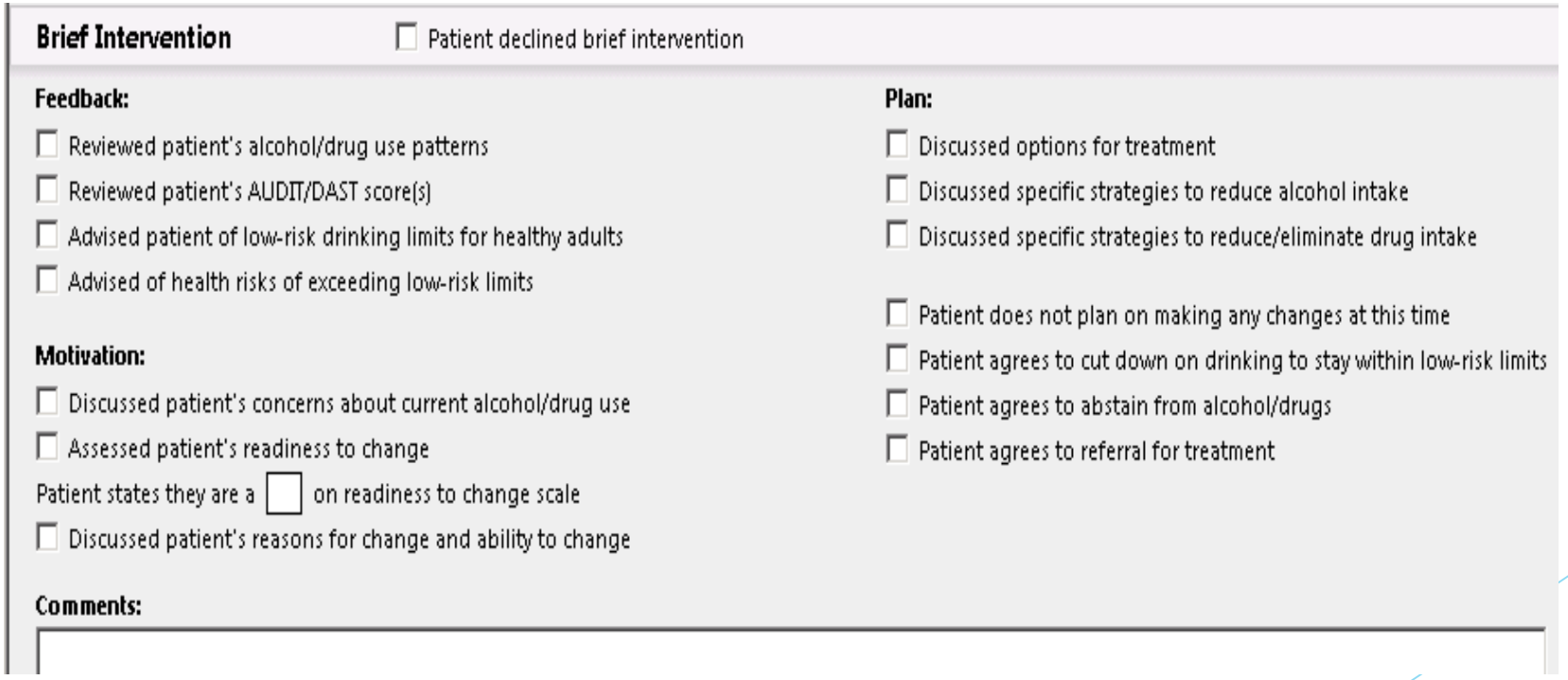
What does SBIRT look like?

Tools are scored and intervention is based on score.



Brief Intervention

- **Raise the subject**
- **Provide feedback**
- **Enhance motivation**
- **Negotiate and advise**



Brief Intervention ☐ Patient declined brief intervention

Feedback:

- ☐ Reviewed patient's alcohol/drug use patterns
- ☐ Reviewed patient's AUDIT/DAST score(s)
- ☐ Advised patient of low-risk drinking limits for healthy adults
- ☐ Advised of health risks of exceeding low-risk limits

Motivation:

- ☐ Discussed patient's concerns about current alcohol/drug use
- ☐ Assessed patient's readiness to change

Patient states they are a ☐ on readiness to change scale

- ☐ Discussed patient's reasons for change and ability to change

Plan:

- ☐ Discussed options for treatment
- ☐ Discussed specific strategies to reduce alcohol intake
- ☐ Discussed specific strategies to reduce/eliminate drug intake
- ☐ Patient does not plan on making any changes at this time
- ☐ Patient agrees to cut down on drinking to stay within low-risk limits
- ☐ Patient agrees to abstain from alcohol/drugs
- ☐ Patient agrees to referral for treatment

Comments:

Brief Intervention: What to Say

FEEDBACK:

Review patient's alcohol/drug use patterns & Review AUDIT/DAST scores

- *From your responses, your drinking (drug use) puts you at a higher risk for many health and emotional concerns than those who drink at lower ranges. Your score was (#) on a scale of (XXX) which places you in a category of (moderate/high) risk.*

Advise of low-risk drinking limits for healthy adults

- *Recommended guidelines for healthy adults are no more than 1 drink/day (or 7 drinks/week) for women and adults over age 65, and no more than 2 drinks/day (or 14 drinks/week) for men.*

Advise of health risks on exceeding low-risk limits

- *Reducing your intake of alcohol (drugs) to safer levels can decrease your risk of health problems*. (such as injury, accidents, depression, diabetes, cancer, insomnia, high blood pressure, stroke, heart and gastrointestinal problems) *as well as social and legal problems.*

- *I advise you to cut back your alcohol (drug) consumption.*

Brief Intervention: What to Say (2)

MOTIVATION:

Discuss patient's concerns about current alcohol/drug use & Discuss patient's reasons for change and ability to change

- *What are some of the good things about _____ ?*
- *What are some of the less good things?*
- *What concerns do you have about _____ ?*
- *If you were to change, what would it be like?*
- *Where does this leave you now?*

Assess readiness to change on scale of 0-10

- *Why are you at x and not at y? (always start with higher number- why are you at 2 and not at 1?)*
- *What would have to happen for you to feel more ready to change?*

Brief Intervention: What to Say (3)

PLAN:

Discuss options for treatment & Discuss specific strategies to reduce/eliminate alcohol/drug intake

- *Are there any ways you know about that have worked for other people?*
- *Is there anything you found helpful in any previous attempts to change?*
- *What is your next step? How will you do that?*

If Offering Referral:

- *Based on the information you provided, I would encourage you to consider getting additional help for dealing with issues related to alcohol (drugs). I would like to refer you to a specialist in these issues…*

Close on good terms:

- *Thank you for taking a few minutes to talk with me about your alcohol (drug) use. I appreciate your openness and sharing your experiences/thoughts with me today.*

Reference: Goplerud & McFeature. (2011). SAMHSA-HRSA Center for Integrated Health Solutions: Implementing SBIRT in Community Health and Community Behavioral Health Centers.

Workflow: Which visit types include SBIRT screening?

When do we screen for substance abuse?

- Annual Preventative Visits
- If substance use may be relevant to the primary complaint or when a patient reports issues with substance abuse and is not already being treated for substance abuse

Workflow: Who does what?

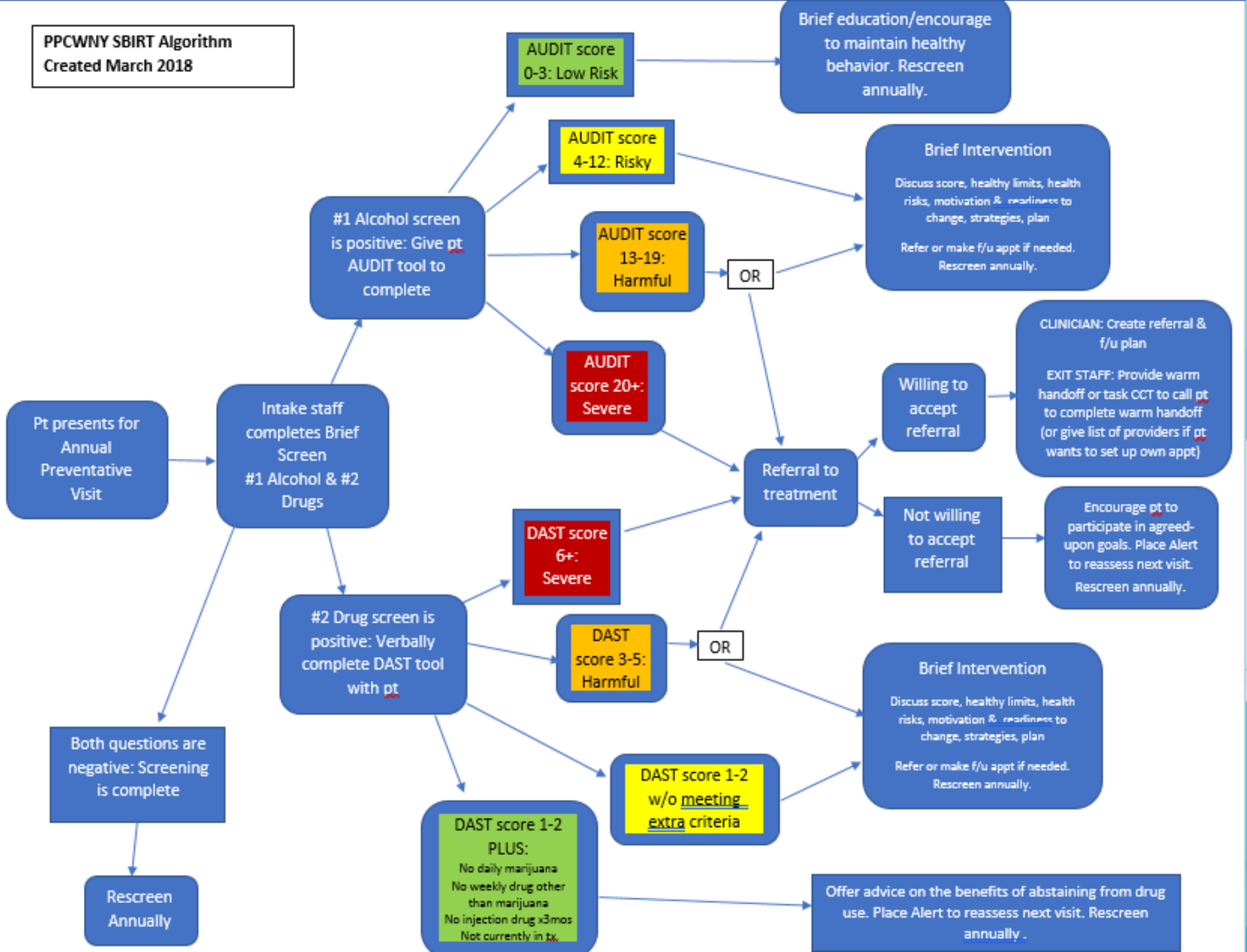
Who does what during the visit?

- Intake staff: Brief screen AND if positive -> AUDIT and/or DAST
  - Can read to pt, have pt read on paper or turn computer screen for pt to read from EHR

- Clinician: Brief intervention (if needed)

<u>If referral warranted and desired by patient:</u>

- Clinician: Create referral and follow up plan
- Clinician or Nurse: Warm handoff to referral provider
- Care Coordination team: Reminder about seeking treatment if referral was completed


PPCWNY SBIRT Algorithm
Created March 2018
Pt presents for Annual Preventative Visit
Intake staff completes Brief Screen #1 Alcohol & #2 Drugs
#1 Alcohol screen is positive: Give pt AUDIT tool to complete
AUDIT score 0-3: Low Risk
Brief education/encourage to maintain healthy behavior. Rescreen annually.
AUDIT score 4-12: Risky
AUDIT score 13-19: Harmful
AUDIT score 20+: Severe
OR
Brief Intervention
Discuss score, healthy limits, health risks, motivation & readiness to change, strategies, plan
Refer or make f/u appt if needed. Rescreen annually.
Referral to treatment
Willing to accept referral
CLINICIAN: Create referral & f/u plan
EXIT STAFF: Provide warm handoff or task CCT to call pt to complete warm handoff (or give list of providers if pt wants to set up own appt)
Not willing to accept referral
Encourage pt to participate in agreed-upon goals. Place Alert to reassess next visit. Rescreen annually.
#2 Drug screen is positive: Verbally complete DAST tool with pt
DAST score 6+: Severe
DAST score 3-5: Harmful
OR
Brief Intervention
Discuss score, healthy limits, health risks, motivation & readiness to change, strategies, plan
Refer or make f/u appt if needed. Rescreen annually.
DAST score 1-2 w/o meeting extra criteria
DAST score 1-2 PLUS:
No daily marijuana
No weekly drug other than marijuana
No injection drug x3mos
Not currently in tx
Offer advice on the benefits of abstaining from drug use. Place Alert to reassess next visit. Rescreen annually .
Both questions are negative: Screening is complete
Rescreen Annually

Training, Tools and Supportive Resources

- 4 Hour SBIRT course for clinicians
  - Through the Center for Practice Innovations at Columbia Psychiatry
- Internal Training for all back office staff
  - Live web-based training with Clinical Trainer, Director of Clinical Services, Medical Director 1 week prior to go-live date
  - Asked staff from pilot site to talk about their experiences
- Other training opportunities
  - Case Studies (Yale)
  - Bring in local SUD providers to speak
  - Youtube videos
  - Send staff to NYS/OASAS trainings
  - SBIRT Training of Trainers through OASAS

Resources and Reference Materials

- PPCWNY SBIRT Policy & Workflow
- PPCWNY SBIRT Algorithm
- PPCWNY Brief Intervention reference
- Pocket card (SBIRT Oregon)
- Educational materials for patients (SBIRT Oregon)

Training New Staff

- 4 hour online course required for clinicians during orientation period
- Part of orientation checklist for clinicians and support staff
- New staff observe and practice SBIRT with preceptor during orientation period

Quality Improvement & Monitoring Success

- Data: Look at data on how many SBIRTs are being completed
- Audit: Check if documentation is being done properly
  - Included in our Annual Preventative Visit audit
  - Provided results directly to staff
- Observe: Check if staff are implementing SBIRTs properly
  - Add to yearly skills observation checklists for clinicians and support staff
  - Provide additional training or support as needed

Major barriers

- **Time: How do we fit this into our busy days?**
  - Practice with the tools to use them more smoothly
  - Divide tasks among team members; continuously tweak workflow as needed
  - Create clear protocols so that a positive or unusual response doesn't stop clinic flow

- **Change fatigue: How do we add another task?**
  - Pull staff into decision-making from the beginning
  - We asked patients about drug and alcohol use in past but didn't have a standardized way to respond to positive answers -> SBIRT gives us a tool

- **Referral resources: Where do we send patients who want help?**
  - Seek out behavioral health/substance use providers
  - Consider developing relationships and MOUs

- **Reimbursement: How do we get paid?**
  - Services are covered by NYS Medicaid and commercial payers for SBIRT lasting 15+ minutes

Feedback from Staff

- “The AUDIT tool takes a long time”
- “A lot of patients aren’t honest”
- “I did not believe people would be honest when answering the questions at all, BUT patients are actually shamelessly honest!”
- “The brief screening # of drinks is too low- many people have multiple drinks once in a while”
- “Patients seem annoyed when we ask”
- “Patients seem surprised that we would ask them about this”
- “Going smoothly thus far”

Addressing staff feedback

- Try different ways of using the tools to see what works best. Practice with them.
- It's ok if patients aren't honest! Just asking the questions raised awareness of substance use issues AND lets patients know they can come to us for help if they want.
- We can't change the tools but we can introduce them more effectively: "The next set of questions are about your alcohol and drug use. We ask all of our patients about this since substance use is so common and can have an impact on your health."
- According to a 2006 patient survey referenced by SBIRT Oregon & OASAS:

	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%

Tips & Pearls

- Get yourself motivated first!
- Seek out an OASAS training for SBIRT champions (SBIRT Training of Trainers)
- Make relationships with local substance use providers
- Consider piloting it
- Involve staff in decision-making around protocols & workflow
- Anticipate staff concerns about WHY we're doing this and give staff the tools to answer patients' questions about this too
- Define exactly when and how it must be done
- Integrate into your EMR
- Plan for continuing quality improvement with staff input

Lessons Learned

What would I do differently if I had the chance to do it again?

- Would be nice to roll it out to each site in the same way we did the pilot (much more hands-on training and meetings with staff- this wasn't feasible for us)
- I would revisit the motivation piece – how to help staff feel that this is important as an overall part of reducing the opioid epidemic
- Find a way to "reward" staff who are incorporating it into workflow well

Resources & References

OASAS SBIRT Webpage:
https://www.oasas.ny.gov/AdMed/sbirt/index.cfm

SBIRT Oregon:

www.sbirtorgeon.org

Free 4 Hour SBIRT course:

https://cumc.co1.qualtrics.com/jfe3/form/SV_1MLQ2Ub4uMqzVmB

Yale SBIRT implementation resources (including case studies):

https://medicine.yale.edu/sbirt/

NYS Medicaid Reimbursement:

https://www.health.ny.gov/health_care/medicaid/program/update/2016/2016-04.htm#sbirt