

Understanding & Applying the SBIRT Model: An Efficient Approach for Primary & Integrated Care (Part 1)



Date: August 17, 2017

Presented by

Tiffany Cooke, MD, MPH, FAPA



Recorded Alliant Quality Behavioral Health Quickinar Events

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Opening Remarks



- ▶ Purpose
- ▶ Welcoming Dr. Tiffany Cooke
- ▶ Q&A

Stacy Hull, LPC MAC
Behavioral Health Task Lead

Free Technical Assistance

Alliant Quality can offer the following technical assistance to help your primary care practice improve screening rates:

- ▶ Expertise in billable screening tools, treatment approaches and referral processes
- ▶ Process design and linkages to referral programs
- ▶ Training in quality improvement methodologies
- ▶ Opportunities to participate in Learning and Action Networks
- ▶ Education on best practices, shared successes and lessons learned

Depression Screening Codes

The following clinicians are eligible to bill for the services listed below: General Practitioners; Family Practitioners; Internists; Geriatricians; Nurse Practitioners; Certified Clinical Nurse Specialists; Physician Assistants.

▶ **G0444** – Annual Depression Screening, up to 15 minutes:

NC (\$18.98); Atlanta (\$19.99); Rest of GA (\$18.65)

▶ **G0402** – Initial Preventive Physical Examination

NC (\$175.95); Atlanta (\$183.14); Rest of GA (\$174.20)

▶ **G0438** – Annual Wellness Visit

NC (\$181.05); Atlanta (\$188.64); Rest of GA (\$179.13)

<http://www.alliantquality.org/content/behavioral-health>

Alcohol Misuse Screening & Counseling Codes

- ▶ G0442 – Annual alcohol misuse screening, 15 minutes
frequency: annual basis
- ▶ G0443 – Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes
frequency: for those with positive screens, 4 times a year.

(For both services the co-payment/co-insurance & deductible are waived.)

Featured Guest Speaker



- Board Certified Adult Psychiatrist
- Fellowship in Community Psychiatry at Emory University
- Behavioral Health Advocate

Tiffany Cooke, MD, MPH, FAPA

Objectives

By the end of today's session you will be able to:

- ▶ Name the (3) components of SBIRT
- ▶ Name (4) benefits to universal screening
- ▶ Name at least (3) behavioral health screening tools and the conditions they help identify
- ▶ Name the (4) steps associated with brief intervention

What is SBIRT?

SCREENING

- Assess for risky substance use
- Identify appropriate treatment level

BRIEF INTervention

- ↑ Patient awareness of risky substance use
- Motivational interviewing techniques for change

REFERRAL TO TREATMENT

- Patients with severe use referred to specialty treatment

Why SBIRT?

- ▶ Evidence-based
- ▶ Early identification, and prevention for problematic/risky substance use → decreased level of substance use
- ▶ Model can be used for any chronic condition
- ▶ Settings: clinics, ER, trauma centers, inpatient

Polling Question

- ▶ What are the benefits of a universal screening?
 1. Reduces ER visits
 2. Lower healthcare costs
 3. Early prevention
 4. All of the above



Do We Need Universal Substance Use Screening?

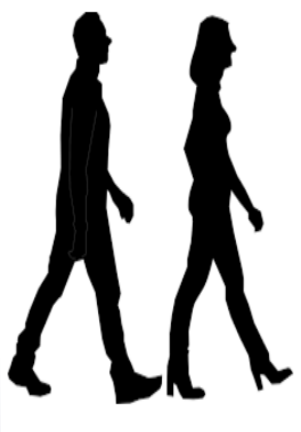


- ▶ Risky substance use:
 - preventable cause of morbidity & mortality, leading cause of disability
 - can exacerbate or cause chronic conditions: diabetes, hypertension, CV disease, depression, anxiety, many others
 - occurs frequently in primary care, yet is underdiagnosed
- ▶ Less ER visits, inpatient days
- ▶ Lowers health care costs

Time

- ▶ Majority of patients 2-5 minutes
- ▶ ~20% : 15 min, not all physician time
- ▶ All new patients, and at least annually
- ▶ With repeated practice & increasing provider comfort time shortens





SCREENING

NO: Reinforce +
behavior

YES: Ask ?'s to
assess level of
use

HIGH RISK
USE

SEVERE USE

BRIEF
INTERVENTION

REFERRAL TO
TREATMENT

Substance Use Screening Tools

- ▶ AUDIT: alcohol
- ▶ ASSIST/NIDA Modified ASSIST: stimulant, sedatives, tobacco, misuse of Rx opioids
- ▶ DAST-10: drug use excluding alcohol, tobacco
- ▶ CAGE-AID: alcohol, drugs

Substance Use Screening Tools: Patients Under 21

- ▶ CRAFFT (patients under 21): alcohol, drugs
- ▶ DAST-20: adolescents
- ▶ Hooked on Nicotine Checklist: primary use in teens, can be used in adults
- ▶ S2BI: ages 12-17: tobacco, alcohol, drugs

Other Useful Mental Health Screens

- ▶ PHQ-9 :depression
- ▶ GAD-7: anxiety



Polling Question

- ▶ The SBIRT Model can only be administered by the physician in the examination room?
 1. True
 2. False



Screening During a Visit

- ▶ Lobby
 - Paper
 - Kiosk
 - Tablet
- ▶ Nurse triage
 - Paper
 - EMR
- ▶ Physician/PA/CNS/NP visit
 - Paper
 - EMR



Brief Intervention

- ▶ Moderate risk
- ▶ 15-20% of patients
- ▶ Educate re: moderate drinking limits & health risks if exceeded
- ▶ Encourage to change thinking & commit to change
- ▶ Empower patient to change
- ▶ Problem solve, build positive coping skills
- ▶ SUPPORTIVE

Brief Intervention

1. Raise subject/Understand patient's views/Build rapport
 - ▶ Ask permission, Ask Pros/cons
2. Provide feedback
 - ▶ Review Health Risks
3. Enhance motivation to change
 - ▶ Readiness & confidence scales
4. Provide advice, negotiate goal, thank patient
 - ▶ Summarize

LOW-RISK DRINKING LIMITS

Source: National Institutes of Health

MEN 18-65



No more than:
4 drinks per day
AND no more than:
14 drinks per week

WOMEN 18-65*



No more than:
3 drinks per day
AND no more than:
7 drinks per week

AGE 66+



No more than:
3 drinks per day
AND no more than:
7 drinks per week

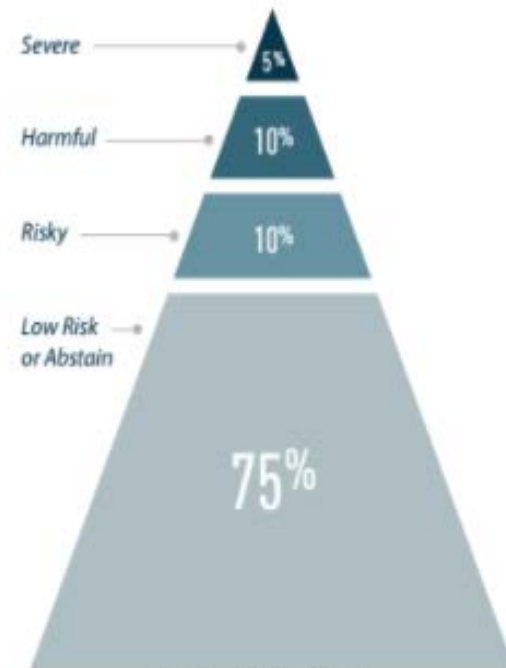
*Women who are pregnant or breastfeeding should not drink.

WHAT COUNTS AS ONE DRINK?

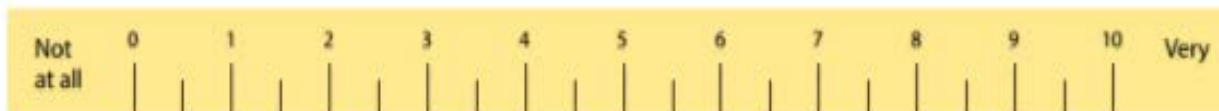


One drink is:
12-ounce can of beer
5-ounce glass of wine
A shot of hard liquor (1½ ounces)

RISK ZONE PYRAMID



Adapted from World Health Organization



What Do I Say?



- ▶ Open ended questions
- ▶ Affirmations
- ▶ Reflections
- ▶ Summaries

What Do I Say? (Continued)

FRAMES

Feedback

Responsibility

Advice

Menu of Options

Enhance Motivation

Self- Efficacy

FLO

Feedback

Listen

Options

To Be Continued...

- ▶ Part 2:
 - Referral to Treatment
 - Practice Workflow

References

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Closing

Thank you!

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Contact Information



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Behavioral Health LAN: Upcoming Event

Understanding & Applying the SBIRT Model:
An Efficient Approach for Primary & Integrated Care
(Part 2)

September 21, 2017

12:30 to 1:00pm ET



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MAKING HEALTH CARE BETTER