



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

TeleBehavioral Health Center of  
Excellence

Indian Health Service (IHS)  
Division of Behavioral Health



# SBIRT

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# Disclosure

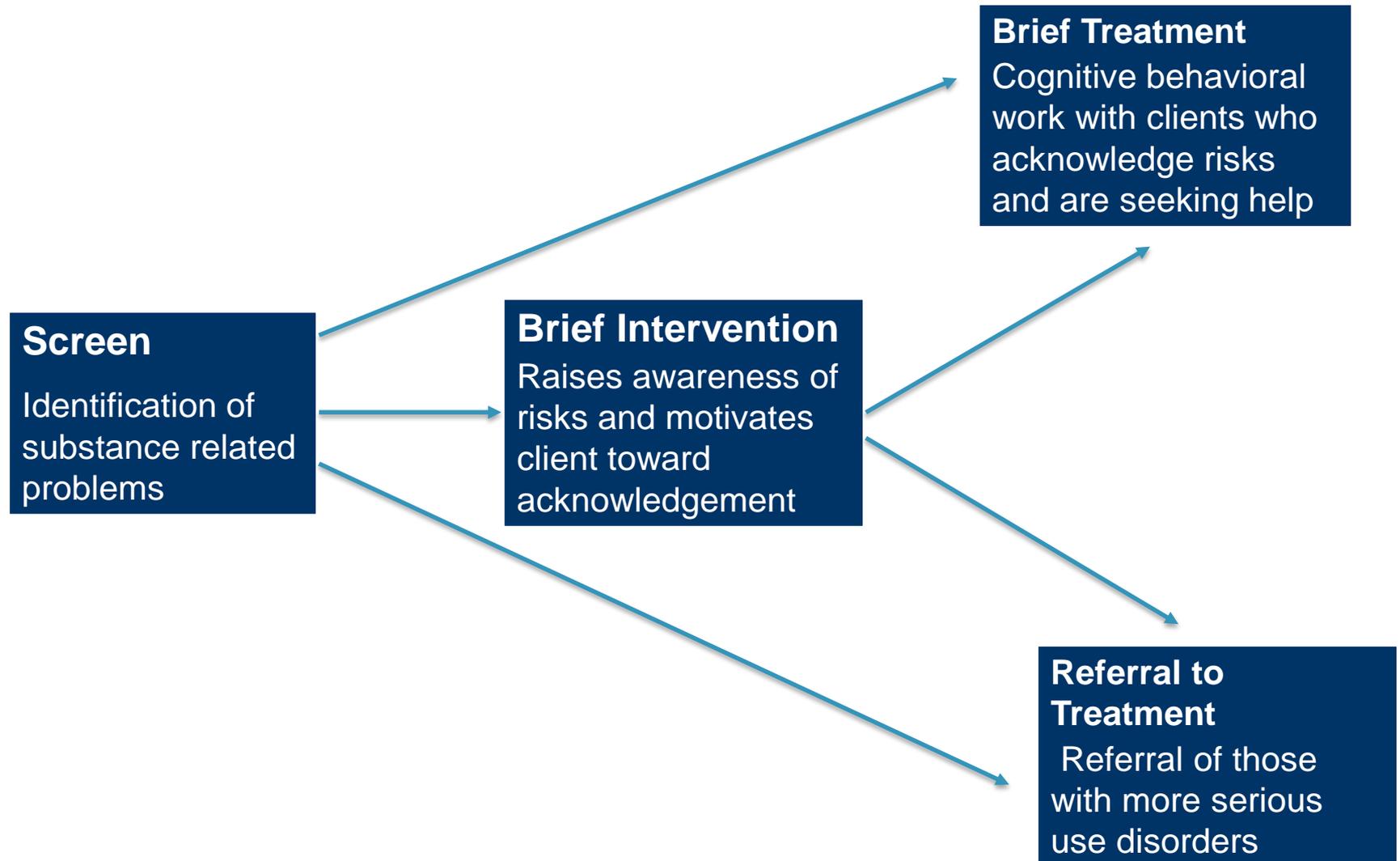
- The presenters have no financial relationship to this program.

# Objectives

At the end of this presentation, participants will be able to:

1. Describe the process flow using the SBIRT Model.
2. Identify the 4 client intervention outcomes for SBIRT following the screening.
3. Describe how to accurately document the SBIRT components in RPMS.

# SBIRT Core Components



# SBIRT Components

- Screening, Brief Intervention, Brief Treatment & Referral to Treatment

## SCREENING

Incorporated into the normal routine in medical and other community settings, screening provides identification of individuals with problems related to alcohol and/or substance use. Screening can be through interview and self-report. Three of the most widely used screening instruments are AUDIT, ASSIST and DAST



## BRIEF INTERVENTION

Following a screening result indicating moderate risk, brief intervention (BI) is provided. This involves motivational discussion focused on raising individuals' **awareness** of their substance use and its consequences, and motivating them toward behavioral change. Successful BI encompasses support of the client'



## BRIEF TREATMENT

Following a screening result of moderate to high risk, Brief Treatment (BT) is provided. Much like BI this involves motivational discussion and client empowerment. BT however is more comprehensive and includes assessment, education, problem solving, coping mechanisms, and building a supportive social environment.



## REFERRAL TO TREATMENT

Following a screening result of severe or dependent use, a referral to treatment is provided. This is a proactive process that facilitates access to care for those requiring more extensive treatment than SBIRT provides. This is an imperative component of the SBIRT initiative as it ensures access to the appropriate care for all who are level screened.

# What Is SBIRT

- SBIRT Components: Screening
  - Screening, Brief Intervention and Referral to Treatment = upstream, public health approach.
  - Screening: asking a short series of validated questions pertaining to current and past substance use which can provide a reliable guide for making recommendations.

# What Is SBIRT

- SBIRT Components: Brief Intervention (BI)
  - Following a screening score indicating moderate risk.
  - Teachable Moment
  - Empowering client.

# What Is SBIRT

- SBIRT Components: Brief Treatment (BT)

A screening score indicating moderate to high risk suggests the provider refer the individual to Brief Therapy (BT)

# What Is SBIRT

- SBIRT Components: Referral to Treatment (RT)

Screen scores indicating severe substance use disorder require a referral to the specialty treatment field.

# SBIRT

- SBIRT Screening Tools:
  - There are a wide variety of screening tools with different sensitivity and specificity to varying levels of substance use involvement.
  - For SBIRT practice the trend is toward screening tools that identify the large risky and hazardous drinking population versus the smaller pool of abuse and dependency.
  - Website: [www.projectcork.org](http://www.projectcork.org) (except ASSIST)

# SBIRT

- SBIRT Screening Tools: most common
  - AUDIT (Alcohol Use Disorder Identification Test)
  - CRAFFT (adolescents)
  - DAST (Drug Abuse Screening Test)
  - MAST (Michigan Alcohol Screening Test – Brief & Short vrs)
  - T-ACE (Tolerance, Annoyed, Cut Down, Eye Opener)
  - TWEAK, Trauma Index, etc.
  - Project Cork site supplies clinical copies.

# The Alcohol Use Disorders Identification Test (AUDIT), developed in 1982 by the WHO is a simple way to screen and identify people at risk of alcohol problems.

## 1. How often do you have a drink containing alcohol?

- (0) Never (Skip to Questions 9-10)
- (1) Monthly or less
- (2) 2 to 4 times a month
- (3) 2 to 3 times a week
- (4) 4 or more times a week

## 2. How many drinks containing alcohol do you have on a typical day when you are drinking?

- (0) 1 or 2
- (1) 3 or 4
- (2) 5 or 6
- (3) 7, 8, or 9
- (4) 10 or more

## 3. How often do you have six or more drinks on one occasion?

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

# AUDIT

**4. How often during the last year have you found that you were not able to stop drinking once you had started?**

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

**5. How often during the last year have you failed to do what was normally expected from you because of drinking?**

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

**6. How often during the last year have you needed an alcoholic drink first thing in the morning to get yourself going after a night of heavy drinking?**

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

# AUDIT

**7. How often during the last year have you had a feeling of guilt or remorse after drinking?**

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

**8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?**

- (0) Never
- (1) Less than monthly
- (2) Monthly
- (3) Weekly
- (4) Daily or almost daily

**9. Have you or someone else been injured as a result of your drinking?**

- (0) No
- (2) Yes, but not in the last year
- (4) Yes, during the last year

# AUDIT

**10. Has a relative, friend, doctor, or another health professional expressed concern about your drinking or suggested you cut down?**

(0) No

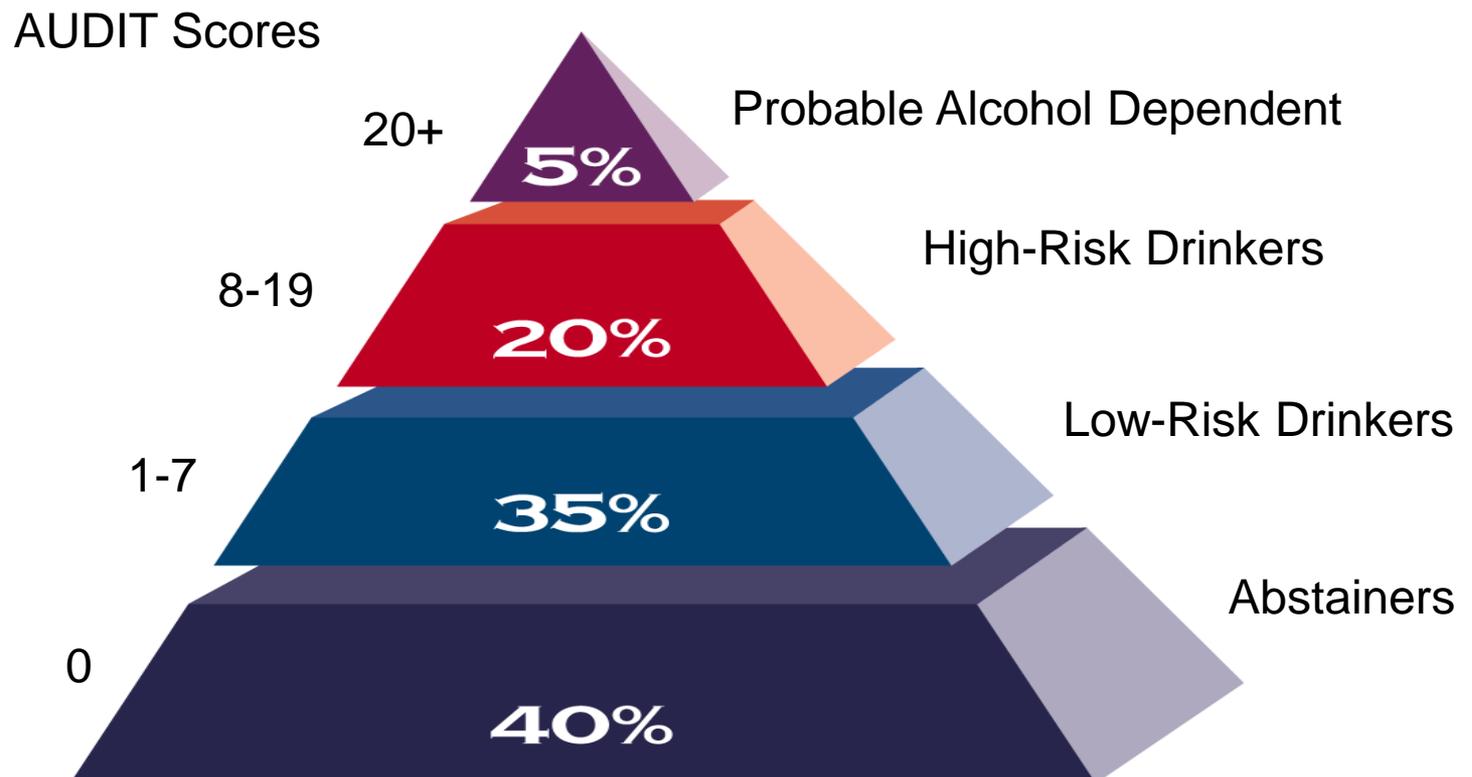
(2) Yes, but not in the last year

(4) Yes, during the last year

**8-15 BI, 16-19 BT and 20 and above RT .**

# Screen Review

## Drinkers Pyramid



# Drug Abuse Screening Test-10 (DAST)

**These questions refer to the past 12 months.**

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

# Challenges

- Getting 'buy-in' from Administration/Directors
- Department turnover
- Time/Scheduling
- IHS unique system
- Implementation/EHR integration
- Tracking training participation
- Lack of training
- Inconsistent screening/tracking
- Lack of interest in SBIRT materials
- Belief that 'it doesn't really work'.
- Other primary care activities pay more.

# Documenting SBIRT in RPMS

# Resource & Patient Management System

- IHS Health Information Solution since 1984
- RPMS is an integrated Public Health information system
- Composed of over 60 component applications/namespaces
- Patient and Population based clinical applications
- Patient and Population based practice management applications
- In use at approximately 400 facilities nationwide, including all Federal IHS facilities and most Tribal programs
- [www.ihs.gov/RPMS](http://www.ihs.gov/RPMS)

# RPMS

## Clinical Reporting System (CRS)

- CRS
- RPMS software application designed for national reporting as well as local and Area monitoring of clinical performance measures
- Intended to eliminate the need for manual chart audits for evaluation and reporting clinical measures that depend on RPMS data
- Reporting tool used by the IHS Office of Public Health Support to collect and report clinical performance results annually to IHS, HHS, and Congress
- <http://www.ihs.gov/crs/>

# SBIRT GPRA Logic- Patients

- Denominator-Active Clinical Plus BH patients age 9 through 75 years screened positive for risky or harmful alcohol use during the Report Period.
- Numerator-Patients screened in Ambulatory Care for risky or harmful alcohol use
  - Patients screened positive for risky or harmful alcohol use.
  - Patients provided a brief negotiated interview (BNI) or Brief Intervention (BI) in Ambulatory care within 7 days of screen
    - Patients who received a BNI/BI on same day as screen.
    - Patients who received a BNI/BI 1-3 days after screen.
    - Patients who received a BNI/BI 4-7 days after screen.
    - Patients who were referred treatment within 7 days of screen

# SBIRT GPRA Logic-Alcohol Screening

- There are multiple options for documenting screening using structured data
  - Exam 35 (Alcohol Screening)
  - Standardized Measurements (AUDIT, AUDIT-C, and CRAFT)
    - Preferred method of documenting screening results
  - Health Factor (CAGE)
  - CPT Codes: G0396, G0397, H0049, H0050, 99408 (old code), 99409 (old code), 3016F
- This can cause confusion for some users who aren't certain where to document screening
  - Users and sites need to define locally – who does screening, what tools are used, where are they documented
- Sites using EHR Reminders can use Reminder Dialogs to file results of screening in the right location

# SBIRT GPRA Logic-Positive Alcohol Screening

## Positive Screen for Risky or Harmful Alcohol Use

- Exam code 35 Alcohol Screening result of Positive
- Health factor of CAGE result of 1/4, 2/4, 3/4 or 4/4
- Any of the following:
  - AUDT result  $\geq 8$
  - AUDC result  $\geq 4$  (men)
  - AUDC result  $\geq 3$  (women)
  - CRFT result  $\geq 2$  and CRFT result  $\leq 6$

## SBIRT GPRA Logic-BNI/BI

Any of the following documented at the Ambulatory Care visit or within 7 days of the Ambulatory Care visit at a face-to-face visit, which excludes chart reviews and telecommunication visits:

- CPT G0396, G0397, H0050, 99408 (old code), 99409 (old code), 96150 through 96155
- Patient education code containing AOD-BNI, G0396, G0397, H0050, 99408, 99409, 96150 through 96155

# SBIRT GPRA Logic-Referral to Treatment

Can be documented at the Ambulatory Care visit or within 7 days of the Ambulatory Care visit at a face-to-face visit, which excludes chart reviews and telecommunication visits:

- Patient education code AOD-TX

# RPMS Electronic Health Record

- Patient care interface for clinicians, nurses, pharmacists
- Based on VA's CPRS but more flexible and customizable to user preferences and workflow
- Information retrieval, order entry, encounter documentation, notes, and more
- RPMS EHR released in 2005, now in use at over 300 facilities nationwide including Alaska village clinics

[www.ihs.gov/ehr/](http://www.ihs.gov/ehr/)

# Use of the RPMS EHR by BH Providers

- Some BH providers use AMH – some use the EHR
- EHR supports the integrated Primary and Mental Health model of care
- EHR user interface can be configured to support the work flow of BH providers
- Pick lists and clinical note templates specific to BH can be created
- AMH must still be installed and monthly exports done
  - Dependency for Suicide Report Form
  - National BH data from BHS and PCC

# EHR Vital Entry

Vital Entry    Vital Display

Default Units	07-Oct-2016 09:26	Range	Units
Cervix Dilatation			cm
Effacement			
Station (Pregnancy)			
PHQ2			
PHQ9			
Last Known Well			
Audit	20		
Audit-C	7		
<input checked="" type="radio"/> Crafft			
Mini Mental Status Exam			
PHQ-9 Modified For Teens			

New Date/Time    Update    Reset

# EHR Patient Education

The screenshot shows a software window titled "Add Patient Education Event" with a close button in the top right corner. The window is divided into two main sections. The left section contains the following fields and controls:

- Education Topic:** A text box containing "And Other Drugs-Brief Negotiated Intervention" with a dropdown arrow and "(Alcohol And Other Drugs)" below it.
- Type of Training:** Two radio buttons: "Individual" (selected) and "Group".
- Comprehension Level:** A dropdown menu showing "GOOD".
- Length:** A text box with "5" and "(min)" next to it.
- Comment:** An empty text area.
- Provided By:** A text box containing "GARCIA,RYAN" with a dropdown arrow.
- Readiness to Learn:** A dropdown menu showing "EAGER TO LEARN".
- Status/Outcome:** Three radio buttons: "Goal Set", "Goal Met", and "Goal Not Met". Below them is an empty text box.

The right section contains the following controls:

- Add:** A blue button.
- Cancel:** A grey button.
- Historical:** A checkbox that is unchecked.
- Display Outcome & Standard:** A grey button.
- Patient's Learning Health Factors:** A grey button above an empty text box.

# EHR Alcohol Screening Exam

Document an Exam

Exam ALCOHOL SCREENING

Result POSITIVE

Comment Patient scored 8 on the DAST-10, Substantial level-Intensive assessment

Provider GARCIA,RYAN

Current  
 Historical  
 Not Done

Add  
Cancel

# EHR Health Factor

**Edit Health Factor**

Items

- + **ACTIVITY LEVEL**
- **ALCOHOL/DRUG**
  - CAGE 0/4
  - CAGE 1/4
  - CAGE 2/4
  - CAGE 3/4
  - CAGE 4/4**
- + **ASTHMA TRIGGERS**
- + **BARRIERS TO LEARNING**
- + **CONFIDENCE IN MANAGING HEALTH PROBLEMS**
- + **DIABETES SELF MONITORING**
- + **ECOG PERFORMANCE STATUS**
- + **ELECTRONIC NICOTINE DELIV SYSTEM (ENDS)**
- **LEARNING PREFERENCE**

Comment

Save

Cancel

# RPMS Behavioral Health System

- Electronic documentation for Behavioral Health encounters
  - AMH v4.0 – graphical user interface for providers
- Data Entry in AMH includes
  - Client encounters (Individual & Group)
  - Case Management Information
  - Intake/Assessment and Treatment plans
- AMH Reports
  - Workload
  - Problem specific, provider specific, etc.
- Site Manager Utilities
  - Application set-up
  - Data exporting

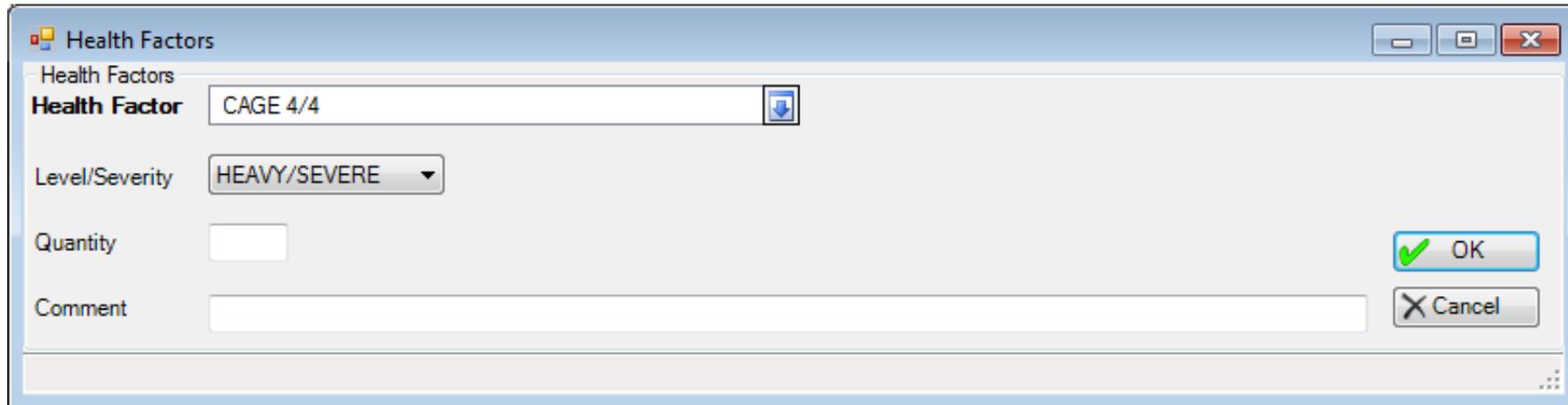
# AMH Wellness Tab: Patient Education

**Patient Education**

Education

<b>Education Topic</b>	AOD-BRIEF NEGOTIATED INTERVENTI...	<b>Time</b>	5
Goal		<b>Status</b>	
Readiness to Learn	EAGER TO LEARN		
<b>Level of Understanding</b>	GOOD		
<b>Provider</b>	DEMO,LISA M RN		
Comment			

# AMH Wellness Tab: Health Factors



The screenshot shows a dialog box titled "Health Factors" with a standard Windows-style title bar (minimize, maximize, close buttons). The dialog contains the following fields and controls:

- Health Factor:** A text input field containing "CAGE 4/4" with a small blue download icon to its right.
- Level/Severity:** A dropdown menu currently showing "HEAVY/SEVERE".
- Quantity:** An empty text input field.
- Comment:** A large, empty text area for notes.
- Buttons:** Two buttons are located on the right side: "OK" (with a green checkmark icon) and "Cancel" (with a red X icon).

# AMH Wellness Tab: Alcohol Screening

Screening

Alcohol  **Provider**  

Comment

Depression  **Provider**  

Comment

IPV/DV  **Provider**  

Comment

Suicide Risk  **Provider**  

Comment

OK  Cancel

# AMH Measurements Tab: Hardcoded Tools (AUDT, AUDC, CRFT)

POV Activity SOAP/Progress Notes Rx Notes/Labs Wellness Measurements Intake Suicide Form

Measurement View

Measurement History

Starting Date: Tuesday, September 29, 2015 Ending Date: Thursday, September 29, 2016  Display

Date	Measurement	Description	Value	Provider

Measurement Data Entry

Measurement	Description	Value	Provider
AUDT	AUDIT	18	DEMO,LISA M RN
AUDC	AUDIT-C	10	DEMO,LISA M RN
CRFT	CRAFFT	5	DEMO,LISA M RN

Measurement Type:  Value:

Provider: DEMO,LISA M RN

DEMO,ALISTER LANE 124625 M 05/20/1980 36 Loaded ..

# Questions?

# Contact Information

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