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

**Screen**
Identification of substance related problems

**Brief Intervention**
Raises awareness of risks and motivates client toward acknowledgement

**Brief Treatment**
Cognitive behavioral work with clients who acknowledge risks and are seeking help

**Referral to Treatment**
Referral of those with more serious use disorders
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
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

AUDIT Scores

- **0**: 40% (Abstainers)
- **1-7**: 35% (Low-Risk Drinkers)
- **8-19**: 20% (High-Risk Drinkers)
- **20+**: 5% (Probable Alcohol Dependent)
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
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/
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

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<thead>
<tr>
<th>Default Units</th>
<th>Date/Time</th>
<th>Range</th>
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<td>Mini Mental Status Exam</td>
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<td>PHQ-9 Modified For Teens</td>
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EHR Patient Education

Add Patient Education Event

- Education Topic: And Other Drugs-Brief Negotiated Intervention (Alcohol And Other Drugs)
- Type of Training: Individual
- Comprehension Level: GOOD
- Length: 5 (min)
- Comment:
- Provided By: GARCIA, RYAN
- Readiness to Learn: EAGER TO LEARN
- Status/Outcome: Goal Set, Goal Met, Goal Not Met
EHR Alcohol Screening Exam

Examination Details:
- **Exam**: ALCOHOL SCREENING
- **Result**: POSITIVE
- **Comment**: Patient scored 8 on the DAST-10, Substantial level-Intensive assessment
- **Provider**: GARCIA, RYAN
EHR Health Factor

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<tr>
<th>Items</th>
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<tr>
<td>ACTIVITY LEVEL</td>
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<tr>
<td>ALCOHOL/DRUG</td>
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<tr>
<td>CAGE 0/4</td>
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<tr>
<td>CAGE 1/4</td>
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<tr>
<td>CAGE 2/4</td>
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<tr>
<td>CAGE 3/4</td>
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<td>CAGE 4/4</td>
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<tr>
<td>ASTHMA TRIGGERS</td>
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<tr>
<td>BARRIERS TO LEARNING</td>
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<tr>
<td>CONFIDENCE IN MANAGING HEALTH PROBLEMS</td>
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<tr>
<td>DIABETES SELF MONITORING</td>
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<tr>
<td>ECOG PERFORMANCE STATUS</td>
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<tr>
<td>ELECTRONIC NICOTINE DELIV SYSTEM (ENDS)</td>
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<tr>
<td>LEARNING PREFERENCE</td>
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</tbody>
</table>

Comment
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

www.ihs.gov/bh/
AMH Wellness Tab: Patient Education
AMH Wellness Tab: Health Factors
AMH Wellness Tab: Alcohol Screening

- **Alcohol**: POSITIVE
  - **Comment**: Scored 8 on the DAST-10, Substantial level-intensive assessment
  - **Provider**: DEMO, LISA M RN

- **Depression**: NEGATIVE
  - **Provider**: DEMO, LISA M RN
  - **Comment**:

- **IPV/DV**: NEGATIVE
  - **Provider**: DEMO, LISA M RN
  - **Comment**:

- **Suicide Risk**:
  - **Provider**: 
  - **Comment**: 
AMH Measurements Tab: Hardcoded Tools (AUDT, AUDC, CRFT)
Questions?
Contact Information

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