

# Screening, brief intervention, and referral to treatment (SBIRT)

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## Provider network strategy

Amerigroup members in the Medicaid Rural Service Area and the STAR Kids program are served by Amerigroup Insurance Company; all other Amerigroup members in Texas are served by Amerigroup Texas, Inc.

# What is SBIRT?

- **Screening:**
  - A very brief set of questions that identifies risk of substance use disorder-related problems:
    - It should be 5 to 10 minutes long.
    - Reimbursement requires use of validated screening instruments.
- **Brief intervention (BI):**
  - A short counseling session (5 to 30 minutes long) that raises awareness of risks and motivates the client toward acknowledgement of the problem
- **Referral to treatment (RT):**
  - Procedures to help the patient access specialized treatment



# Potential benefits for patients

## Positively effects:

- Patients with and at risk of SUDs
- Patient morbidity and mortality rates

## Reduces:

- Healthcare costs
- Work impairment and incidents of driving under the influence

## Improves:

- Neonatal outcomes
- Access to treatment



# Potential benefits for patients (cont.)

## Awareness:

- Increases clinicians' awareness of substance use issues

## Better approach:

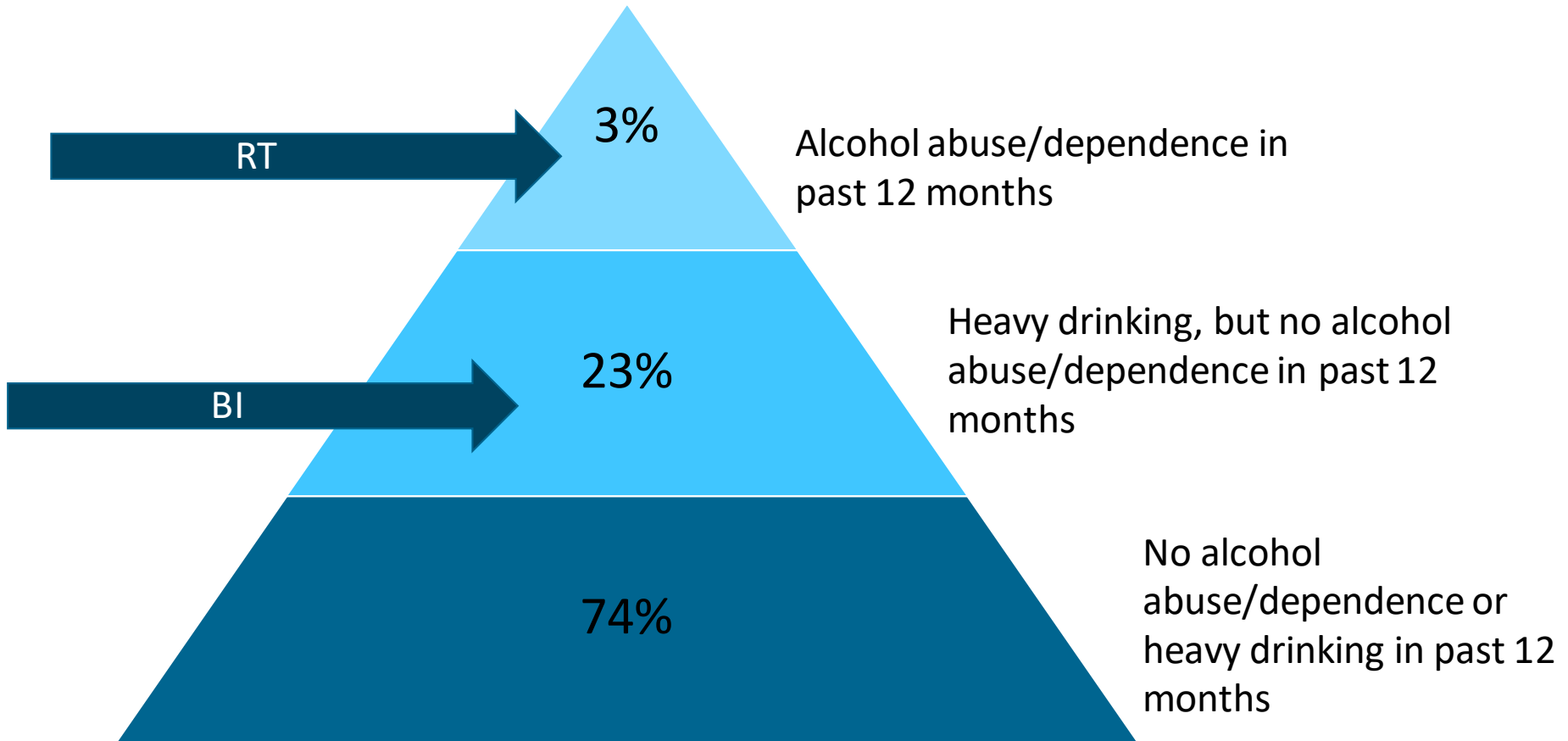
- Offers clinicians a more systematic approach to addressing substance use, identifying more hidden cases

## Cost-effectiveness:

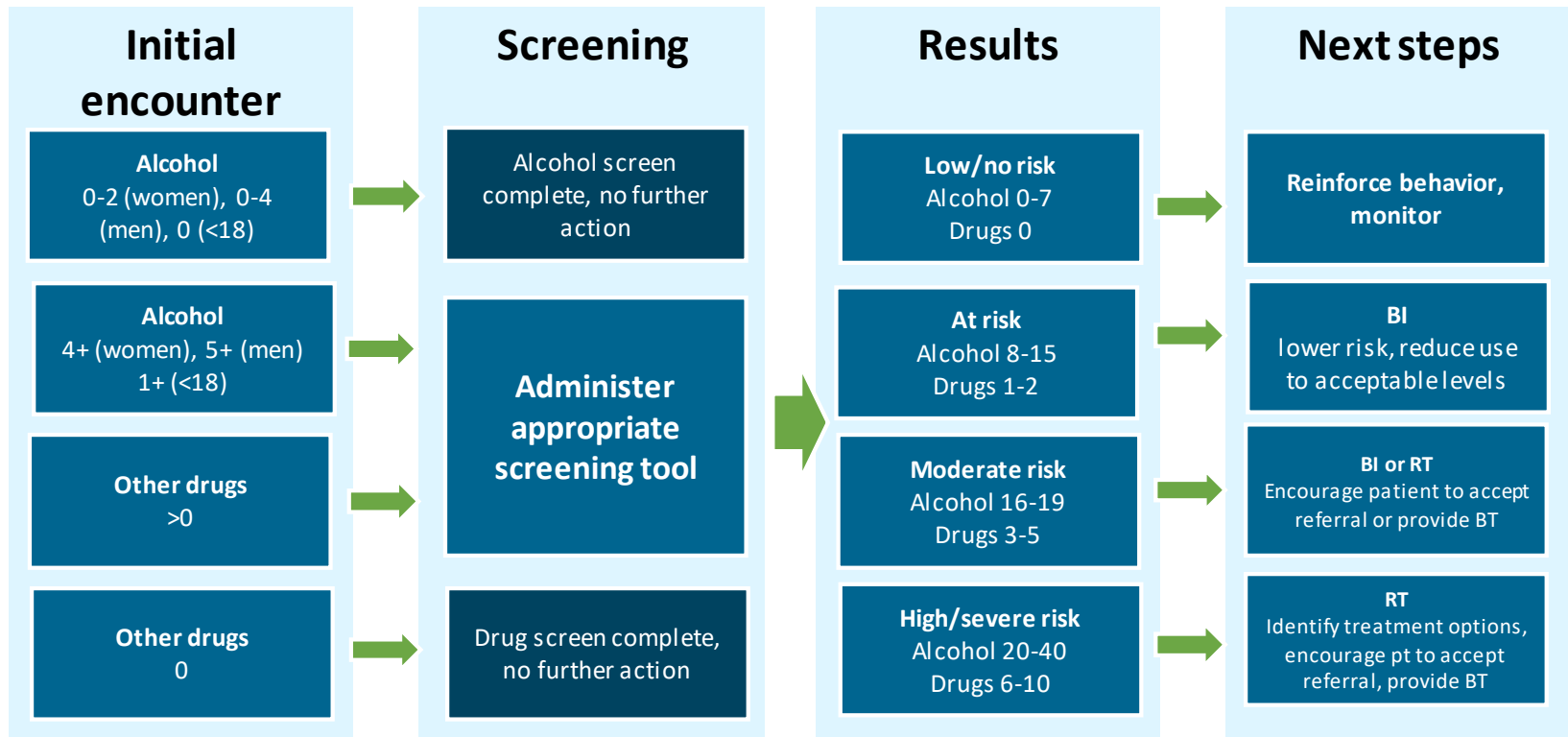
- Studies have shown that for every \$1 spent on SBIRT for alcohol use, \$2 to \$4 is saved



# Example ratios



# Decision tree (example)



# Prescreening

Prescreening is a very quick approach to identifying people who need to do a longer screen and BI.

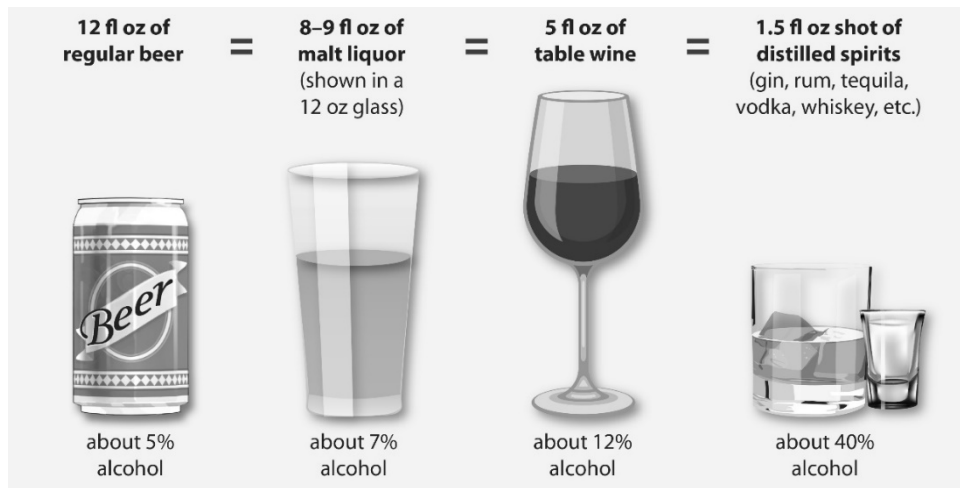
- Self-reported:
  - “How many times in the past year have you had [X] or more drinks in a day?”
  - “How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?”
- Biological:
  - Blood alcohol level test
  - Urine screening for drugs



# How is risk defined?

At-risk alcohol use is defined as:

Drinks	Men	Women	65+
Per occasion	> 4	> 3	> 1
Per week	> 14	> 7	> 7





# Screening tools

Screening tool	Age range or population	Overview
Alcohol Use Disorder Identification Test	All patients	Developed by the WHO; appropriate for all ages, genders, and cultures
Alcohol, Smoking, and Substance Abuse Involvement Screen Test (ASSIST)	Adults	Developed by the WHO; simple screener for hazardous use of substances (including alcohol, tobacco, other drugs)
Drug Abuse Screening Test (DAST-10)	Adults	Screener for drug involvement; does not include alcohol, during last 12 months
Car, Relax, Alone, Forget, Family or Friends, Trouble (CRAFT)	Adolescents	Alcohol and drug screening tool for patients < 21; recommended by American Academy of Pediatrics

1. Car, Relax, Alone, Forget, Family or Friends, Trouble, via Children’s Hospital of Boston
2. Cut down, Annoyed, Guilty, Eye-opener, via American Psychiatric Association.
3. Tolerance, Worried, Eye Opener, Amnesia, K/Cut down, via Marcia Russell, Prevention Research Center.



# Screening tools (cont.)

Screening tool	Age range or population	Overview
Screening to Brief Intervention (S2BI)	Adolescents	Assesses frequency of alcohol and substance use; for patients ages 12-17
NIAAA Alcohol Screening for Youth	Adolescents and children	Two-item scale to assess alcohol use (self and friends/family); for patients ages 9-18
Tolerance, Annoyance, Cut Down, Eye Opener (T-ACE)	Pregnant women	Four-item scale to assess alcohol use in pregnant women; recommended for OB/GYNs
Tolerance, Worried, Eye Opener, Amnesia, K/Cut Down (TWEAK)	Pregnant women	Five item scale to screen for risky drinking during pregnancy; recommended for OB/GYNs

1. Car, Relax, Alone, Forget, Family or Friends, Trouble, via Children's Hospital of Boston
2. Cut down, Annoyed, Guilty, Eye-opener, via American Psychiatric Association.
3. Tolerance, Worried, Eye Opener, Amnesia, K/Cut down, via Marcia Russell, Prevention Research Center.



# Screening tools (cont.)

Characteristics of a good screening tool:

- Brief (10 or fewer questions)
- Flexible
- Easy to administer and easy for the patient
- Addresses alcohol and other drug use
- Indicates need for further assessment or intervention
- Has good sensitivity and specificity



# Screening tools (cont.)

Our recommendations:

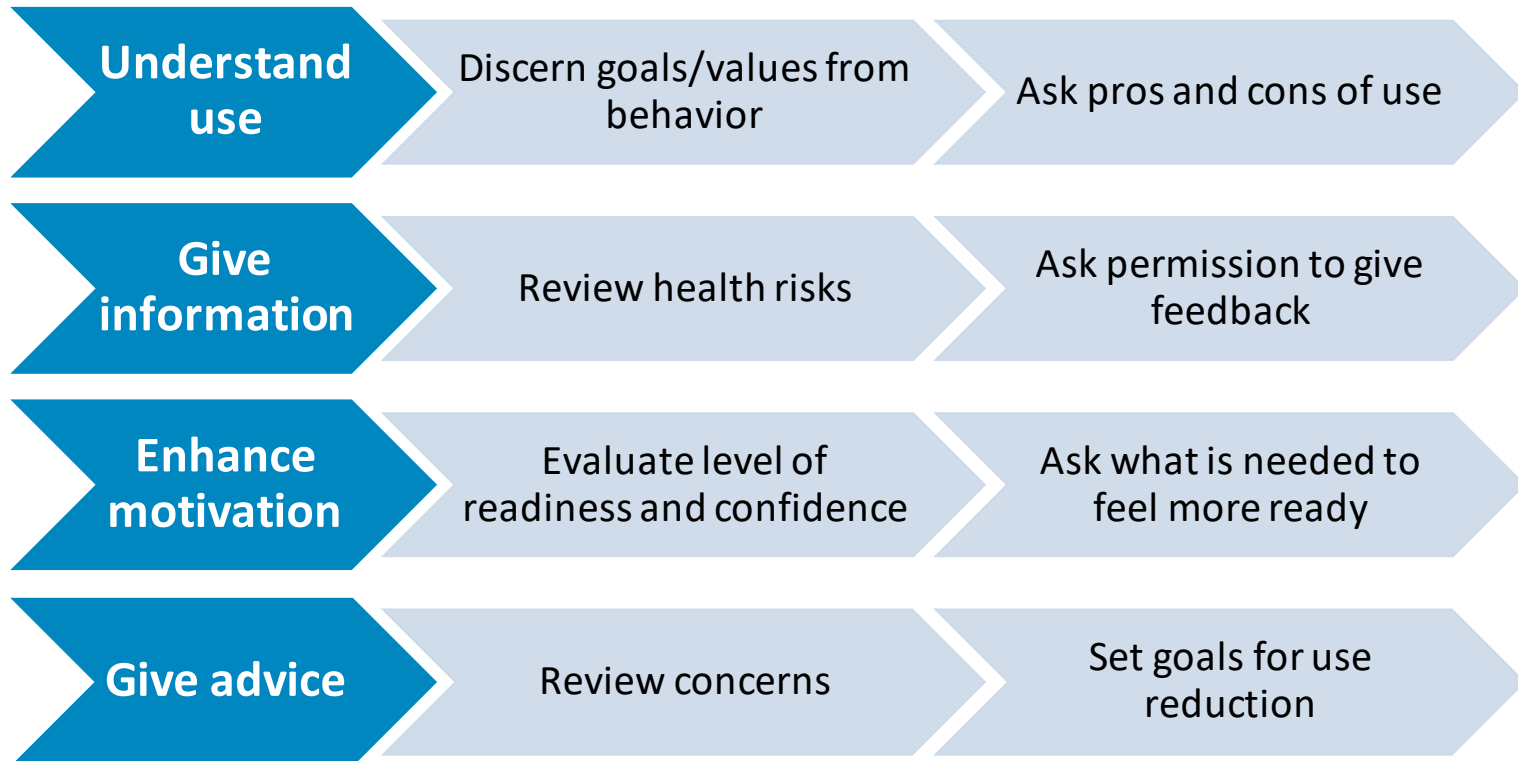
- For adults, alcohol use: AUDIT
- For adults, drug use: DAST
- For adolescents/children: CRAFFT
- For pregnant women: TWEAK



# BI/brief treatment (BT)

- BI
  - Provide education for patients on risks of substance use
  - Motivate patients to reduce risky behavior
- BT
  - Involves setting goals for patient:
    - Changing immediate behavior or thoughts about risky behavior
    - Addressing longstanding problems with harmful drinking and drug misuse
    - Helping patients with higher levels of disorder obtain more long-term care
  - Brief treatment should generally accompany a RT
- Both BI and BT are generally provided by allied health professionals (nurses, social workers, etc.) rather than physicians.

# BT process



- Referral is recommended when a patient meets the diagnostic criteria for substance use disorder:
  - *Diagnostic and Statistical Manual of Mental Disorders, most recent Edition*
- Patients are referred to a specialized treatment provider who can provide more long-term treatment for complex issues related to substance use
- Referrals may be made to several types of services (and more than one, if necessary):
  - Outpatient counseling, individual or group
  - Acute treatment services (detox)
  - Medication-assisted treatment
  - Clinical stabilization services



# Who can provide SBIRT?

- Most effective in:
  - Primary care centers
  - Emergency rooms
  - Trauma centers
  - Community health settings
- Healthcare workers that can provide SBIRT:
  - Primary care providers (MD/DOs, PAs, ARNPs)
  - Behavioral health providers (therapists, counselors, psychiatrists, clinical social workers, etc.)
  - Nurses





# Project TrEAT: Trial of Early Alcohol Treatment

- The program included 17 primary care practices comprised of 64 physicians within 10 Wisconsin counties.
- Approximately 18,000 patients were screened:
  - Around 500 men and 300 women screened positive for at-risk drinking.
  - They were randomized into two groups of approximately 400 each and followed for 48 months.
- Both the control and intervention group received a general health booklet with information about seat belt use, immunizations, exercise, tobacco, alcohol, and drugs.
- The intervention group also received two 10- to 15-minute sessions by a PCP using a scripted workbook.

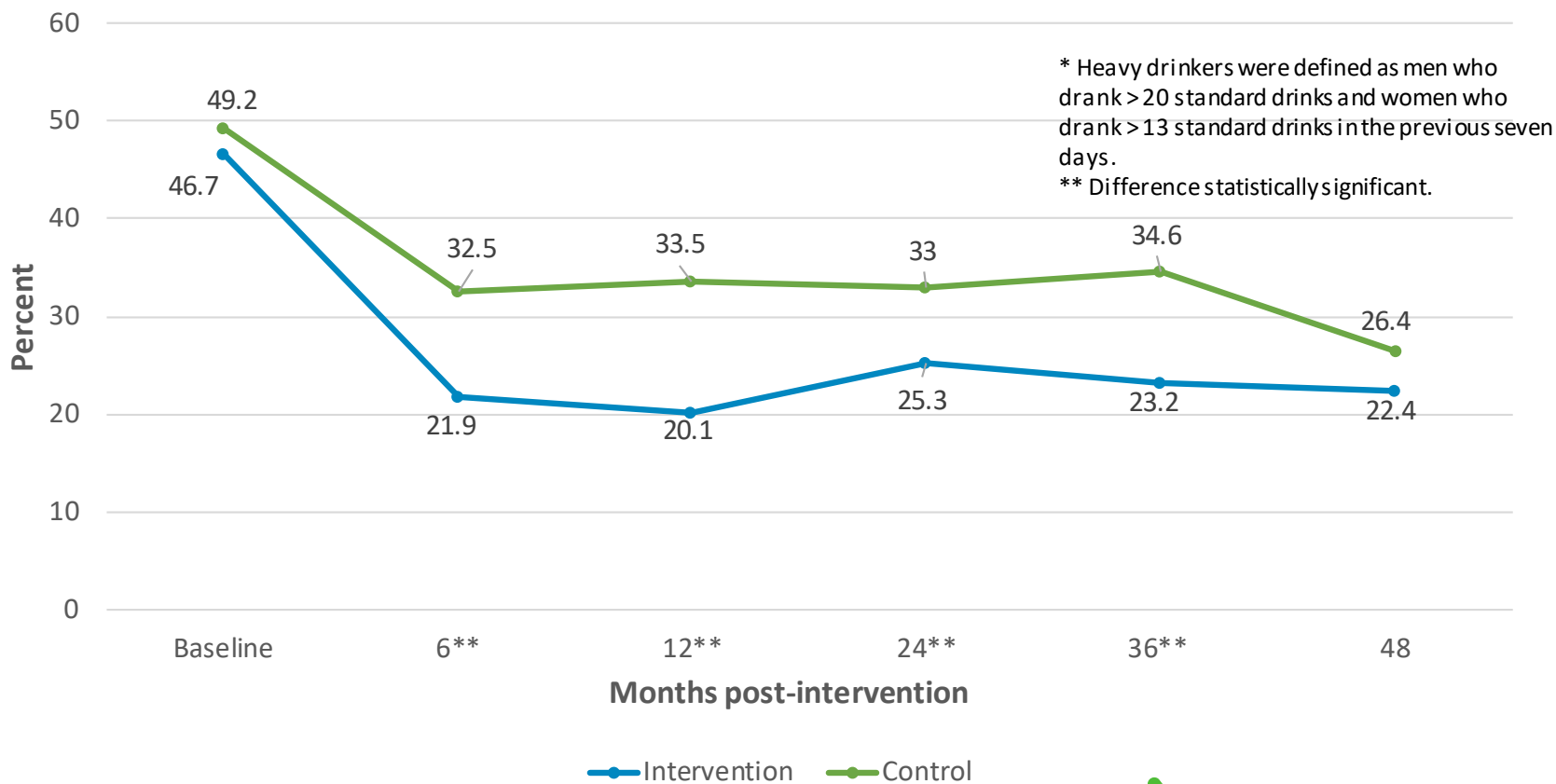
Sources: Brief Physician Advice for Problem Drinkers: Long-Term Efficacy and Benefit-Cost Analysis. Alcoholism: Clinical and Experimental Research. Jan 2002. Vol. 26. No. 1.

Brief Physician Advice for Problem Alcohol Drinkers: A Randomized Controlled Trial in Community-Based Primary Care Practices. JAMA. 1997;277(13):1039-104.



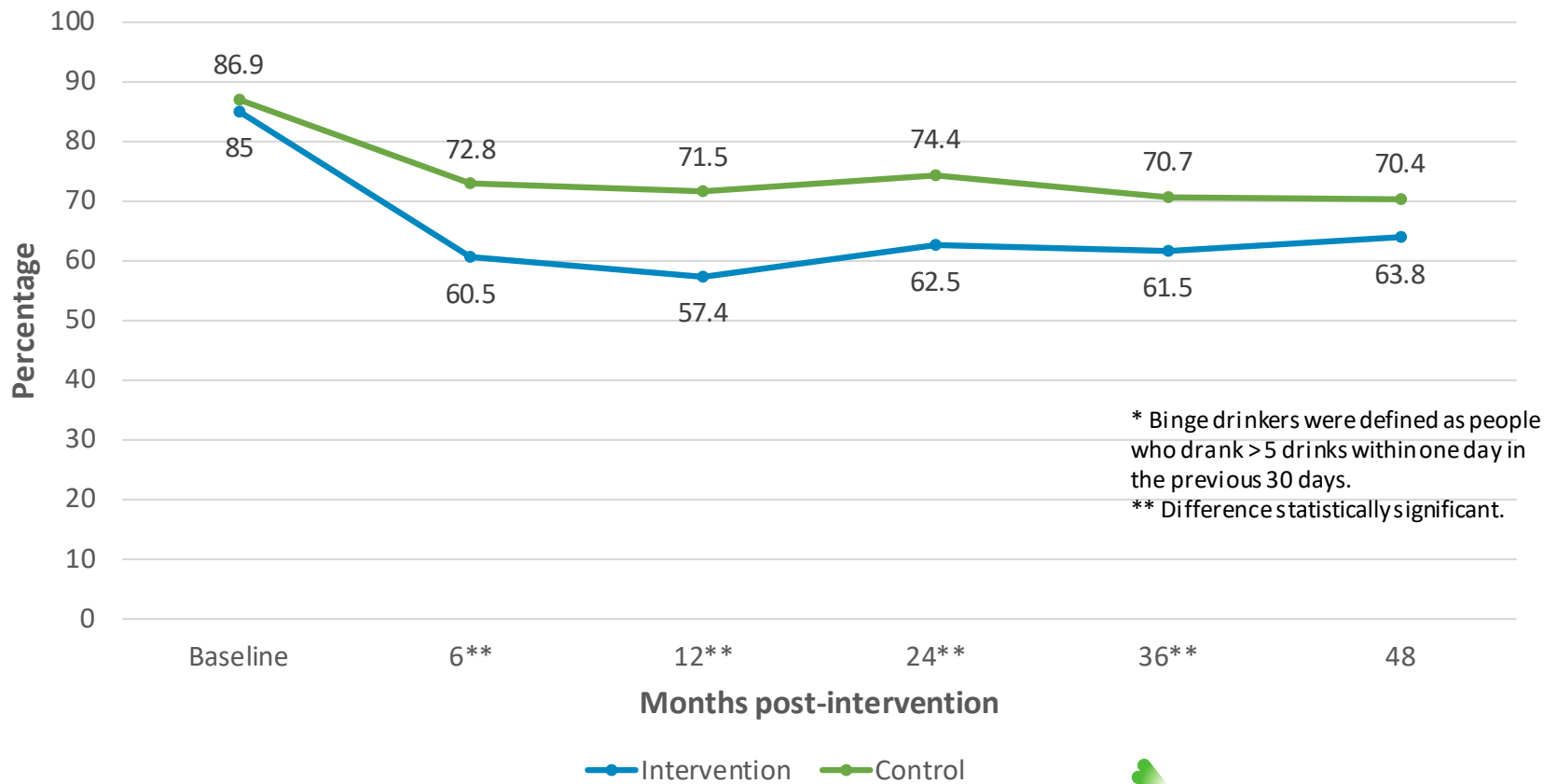
# Project TrEAT (cont.)

## Changes in % of participants considered *heavy* drinkers



# Project TrEAT (cont.)

Changes in % of participants who reported binge drinking\*



# Project TrEAT statistics

Healthcare utilization analysis at 48 months:

Utilization	SBIRT	Control
ED visits	302	376
Days of hospitalization	420	664



# COVID-19 considerations

- The COVID-19 pandemic has significantly increased the number of deaths associated with substance use, especially alcohol and opioids.
  - 29% increase in overdoses nationwide (September 2019 through September 2020)
  - Up to 69% increase in some states
- SBIRT is a critical tool in the fight against this secondary pandemic associated with significant harm stemming from substance use.
  - Can also be integrated easily into virtual setting
- Black Americans are disproportionately affected by this increase in overdoses.



# Key resources

- Substance Abuse and Mental Health Services Administration:  
<https://www.samhsa.gov/sbirt>
- CMS: [SBIRT Under Medicare and Medicaid](#)



# Summary

- SBIRT has shown the potential to reduce mortality, increase efficiency, and decrease costs.
- When applied correctly, SBIRT is very effective:
  - Screening and BIs are both very effective for alcohol use.
  - Screening is very effective for identifying illicit drug use:
    - BI is not effective for drug use.
    - RT should follow a positive screening for drug use.





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