

# Introduction to Adolescent and Adult SBIRT for Busy Primary Care Settings

**Richard L. Brown, MD, MPH**

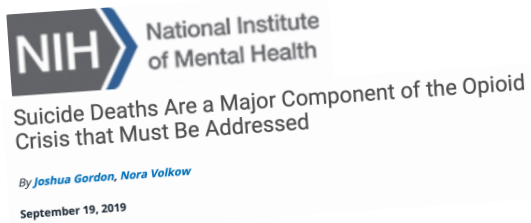
Trainer & Consultant on SBIRT, Motivational Interviewing, and Primary Care/Behavioral Health Integration

Former Professor of Family Medicine, University of Wisconsin School of Medicine and Public Health

Former Senior Medical Director for Population Health Management, ConcertoHealth



# Preventable Deaths Are Rising



# Outline

## **S**creening, **B**rief **I**ntervention, and **R**eferral to **T**reatment

- ✧ Continuum of substance use
- ✧ What is SBIRT?
- ✧ How to implement SBIRT in primary care settings
- ✧ Additional resources



# Working with communities. Contact the Opioid Response Network

- ✧ The SAMHSA-funded *Opioid Response Network (ORN)* assists states, organizations and individuals by providing the resources and technical assistance they need locally to address the opioid crisis and stimulant use.
- ✧ Technical assistance is available to support the evidence-based prevention, treatment and recovery of opioid use disorders and stimulant use disorders.
- ✧ The *ORN* provides local, experienced consultants in prevention, treatment and recovery to communities and organizations to help address this opioid crisis and stimulant use.
- ✧ *ORN* accepts requests for education and training.
- ✧ Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS), who is an expert in implementing evidence-based practices.

✧ To ask questions or submit a request for technical assistance:



Visit [www.OpioidResponseNetwork.org](http://www.OpioidResponseNetwork.org)



Email [orn@aaap.org](mailto:orn@aaap.org)

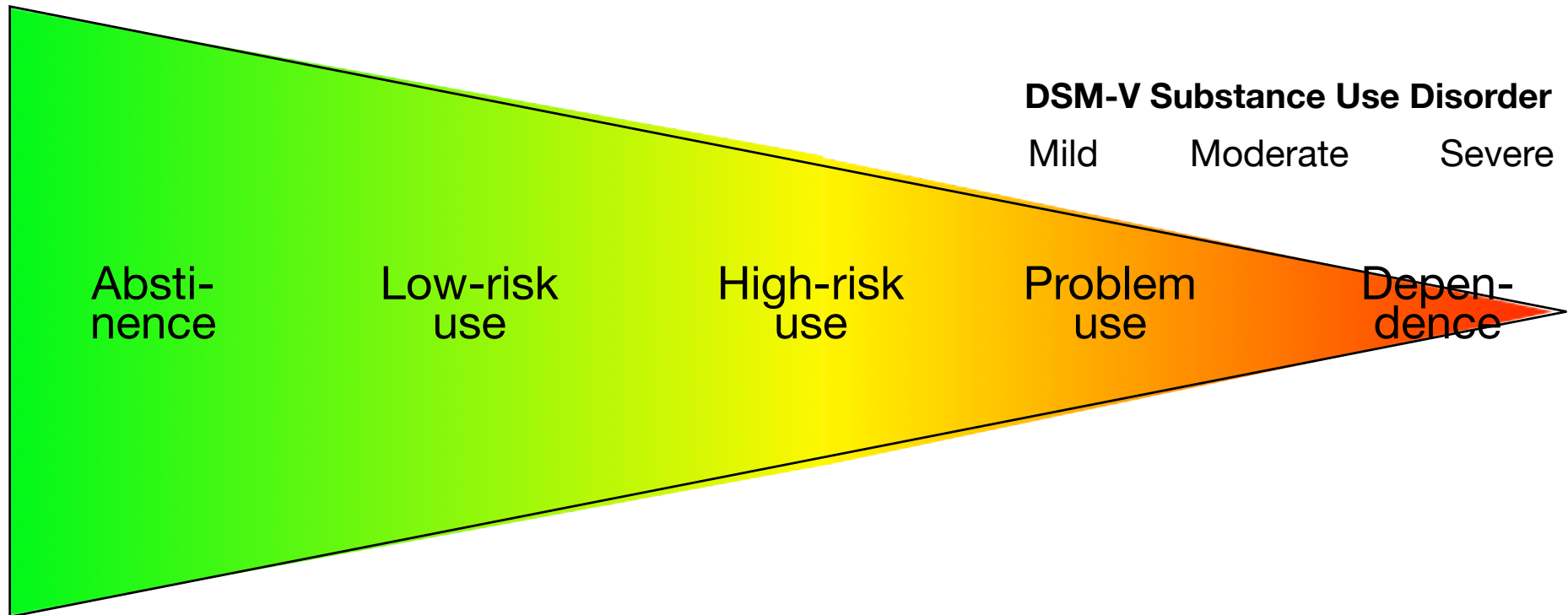


Call 401-270-5900

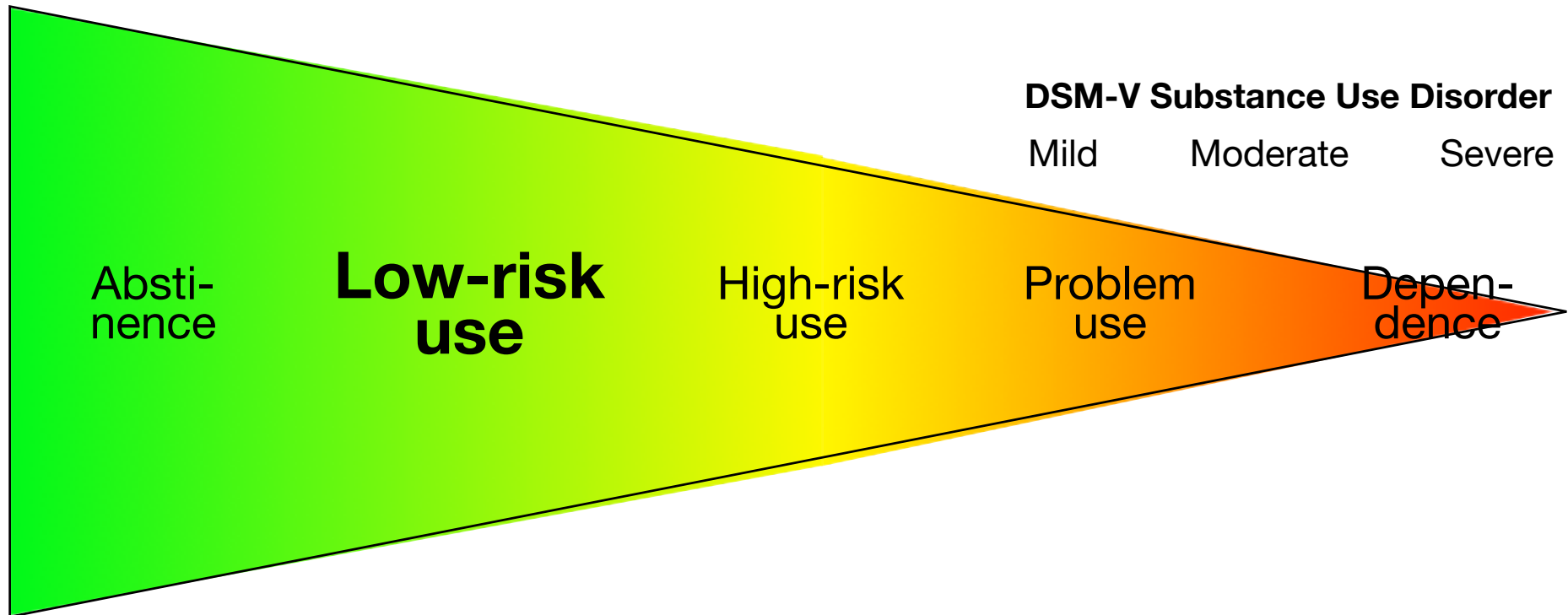


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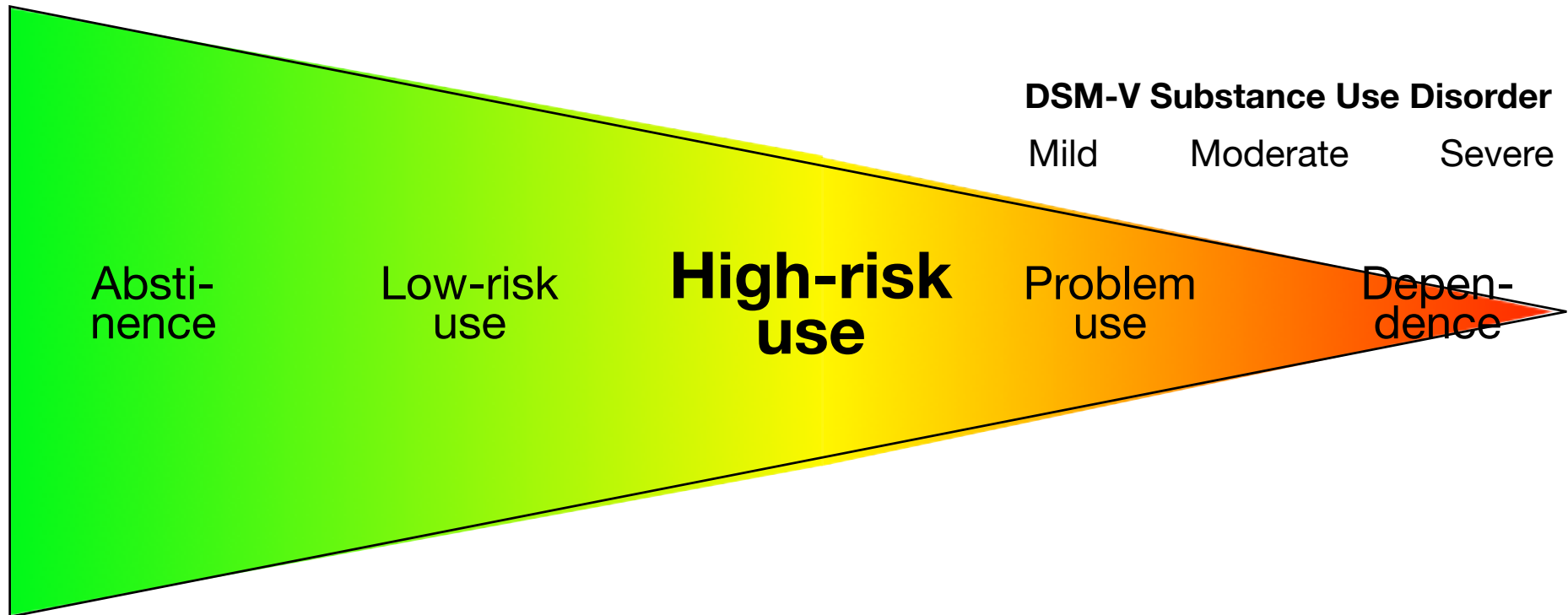
# SBIRT and the Substance Use Continuum



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# Low-Risk vs. High-Risk Use

## ✦ High Risk Drinking

	Men	Women
Per week	> 14 standard drinks	> 7 standard drinks
In any occasion	> 4 standard drinks	> 3 standard drinks

### Standard Drinks

12 fl oz of  
regular beer



About 5%  
Alcohol

8-9 fl oz of  
malt liquor  
(shown in a  
12 oz glass)



About 7%  
Alcohol

5 fl oz of  
table wine



About 12%  
Alcohol

1.5 fl oz shot of  
80-proof spirits  
("hard liquor"—  
whiskey, gin, rum,  
vodka, tequila, etc.)



About 40%  
Alcohol





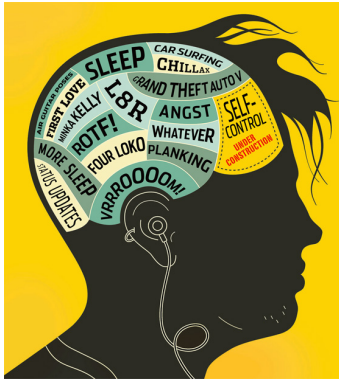
# Adolescents: All Drinking is High-Risk

## Common negative consequences of drinking suffered by teens:

- ✧ School problems: lower grades or absences
- ✧ Social problems: fighting, lack of participation in activities
- ✧ Legal problems
- ✧ Hangovers
- ✧ Unwanted, unplanned, and unprotected sexual activity
- ✧ Physical and sexual violence
- ✧ Increased risk of suicide and homicide
- ✧ Motor vehicle crashes and other injuries
- ✧ Overdoses



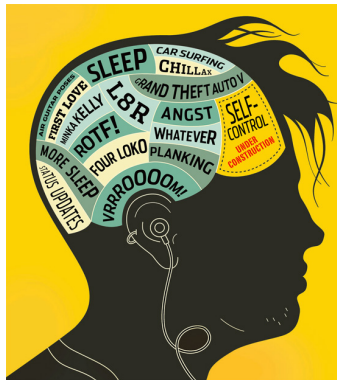
# Adolescent Neurobiology



✦ The part of the frontal lobe that inhibits risky behaviors is not yet mature in teens



# Adolescent Neurobiology



✧ The part of the frontal lobe that inhibits risky behaviors, is not yet mature in teens

✧ Early initiation of drinking is associated with higher risk of severe alcohol use disorder

**ARTICLE**

**Age at Drinking Onset and Alcohol Dependence**

Age at Onset, Duration, and Severity

Ralph W. Hingson, MD, MPH; Timothy Herren, PhD; Michael B. White, MPH

**Objective:** To examine whether starting to drink at an early age is associated with developing alcohol dependence at a younger age and heavier drinking levels. Specific aims are to examine whether starting to drink at an early age is associated with drinking dependence, severity of alcohol dependence, alcohol dependence behavior and dependence, and heavy alcohol dependence.

**Design:** Cross-sectional survey.

**Settings:** Nationwide, face-to-face survey with a multi-year probability sample.

**Participants:** A total of 43,093 adults were surveyed in 2002-2003.

**Main Results:** Starting to drink at an early age (14 years or younger) was associated with a higher risk of drinking dependence, severity of alcohol dependence, alcohol dependence behavior and dependence, and heavy alcohol dependence. The risk of developing alcohol dependence was 2.5 times higher for those who started drinking at 14 years or younger compared with those who started drinking at 21 years or older. The risk of developing severe alcohol dependence was 3.5 times higher for those who started drinking at 14 years or younger compared with those who started drinking at 21 years or older. The risk of developing heavy alcohol dependence was 4.5 times higher for those who started drinking at 14 years or younger compared with those who started drinking at 21 years or older. The risk of developing alcohol dependence behavior and dependence was 2.5 times higher for those who started drinking at 14 years or younger compared with those who started drinking at 21 years or older. The risk of developing heavy alcohol dependence was 4.5 times higher for those who started drinking at 14 years or younger compared with those who started drinking at 21 years or older. The risk of developing alcohol dependence behavior and dependence was 2.5 times higher for those who started drinking at 14 years or younger compared with those who started drinking at 21 years or older. The risk of developing heavy alcohol dependence was 4.5 times higher for those who started drinking at 14 years or younger compared with those who started drinking at 21 years or older.

**Conclusion:** There is a need to screen and counsel adolescents about the risks for alcohol dependence and programs that delay alcohol consumption.

*Arch Pediatr Adolesc Med. 2006;160:739-746.*

**Introduction:** There is a need to screen and counsel adolescents about the risks for alcohol dependence and programs that delay alcohol consumption.

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# Low-Risk vs. High-Risk Use

## ✦ High Risk Drinking

### TEENS

Any drinking

### ADULTS

Per week

In any occasion

Men

Women

> 14 standard drinks

> 7 standard drinks

> 4 standard drinks

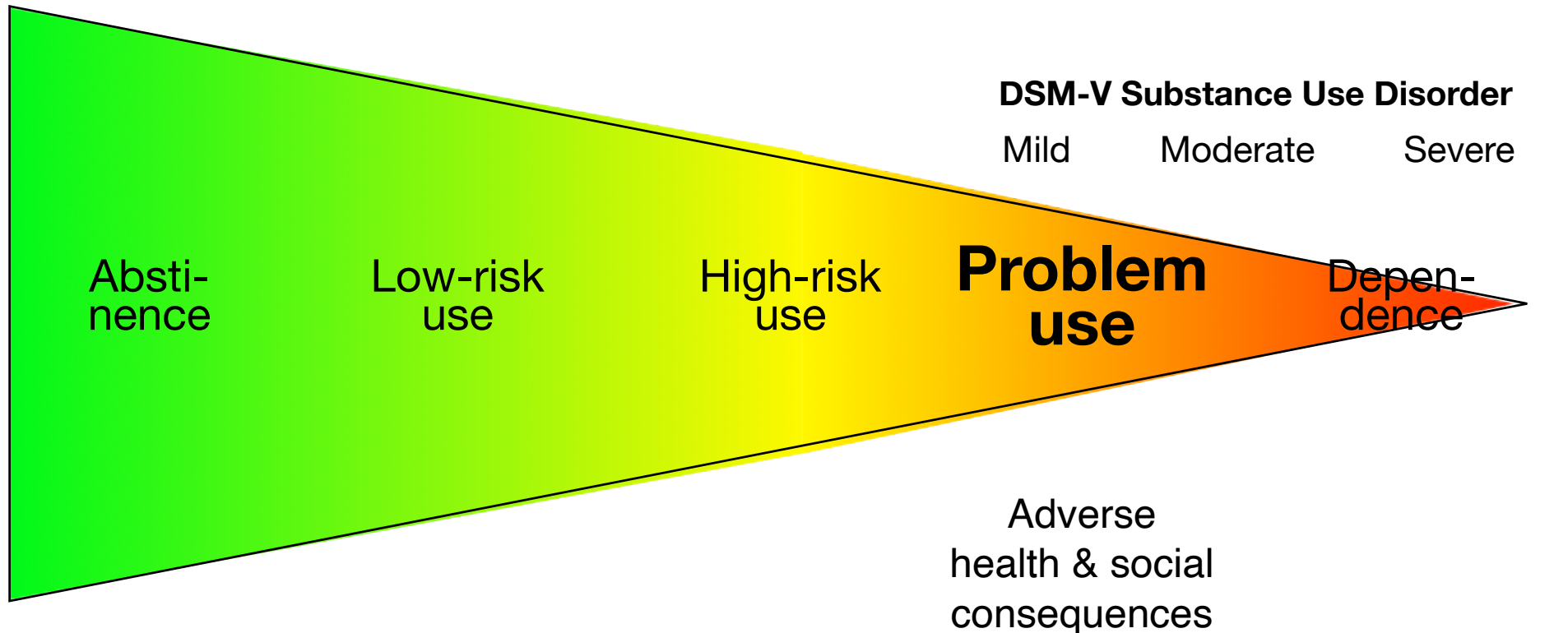
> 3 standard drinks

## ✦ High Risk Drug Use

- Daily marijuana use
- Any use of other illegal drugs



# SBIRT and the Substance Use Continuum

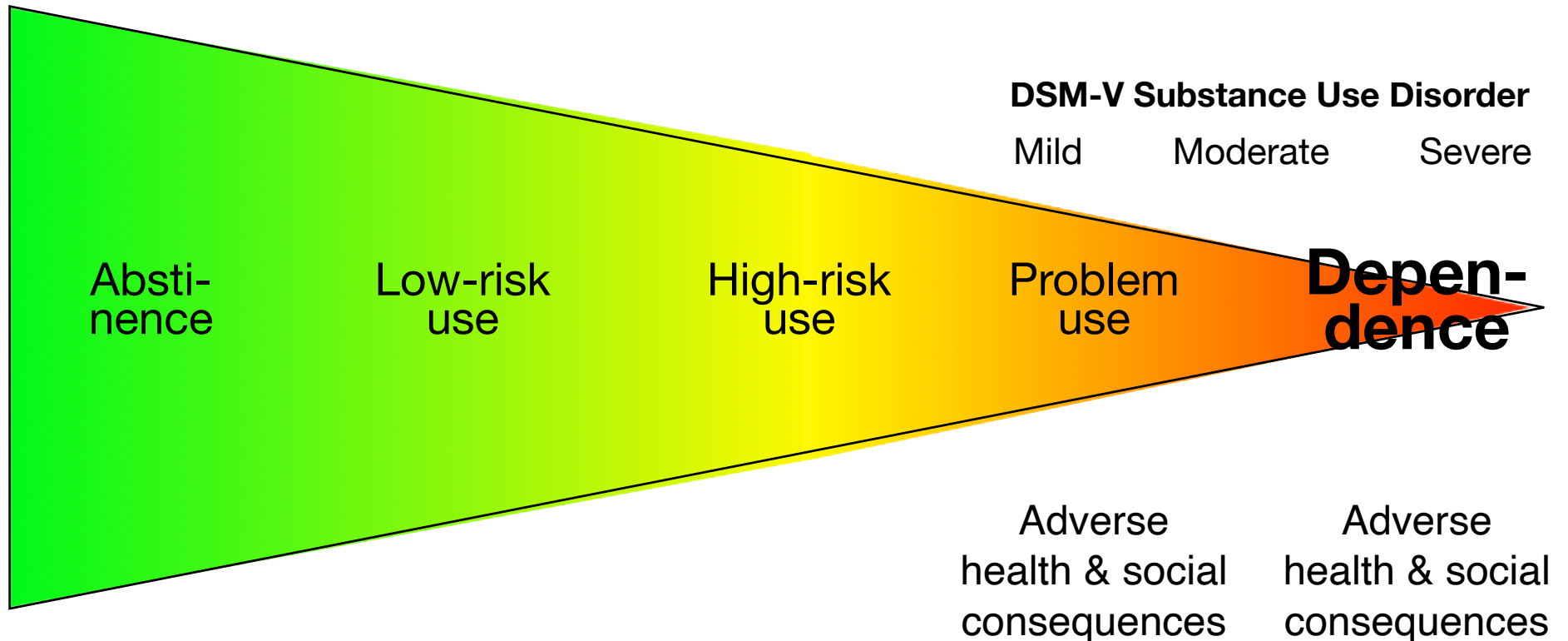


## Categories of Adverse Consequences

- Physical Health
- Mental Health
- Family relationships
- Other relationships
- Work or school
- Financial
- Legal
- Religious/Spiritual



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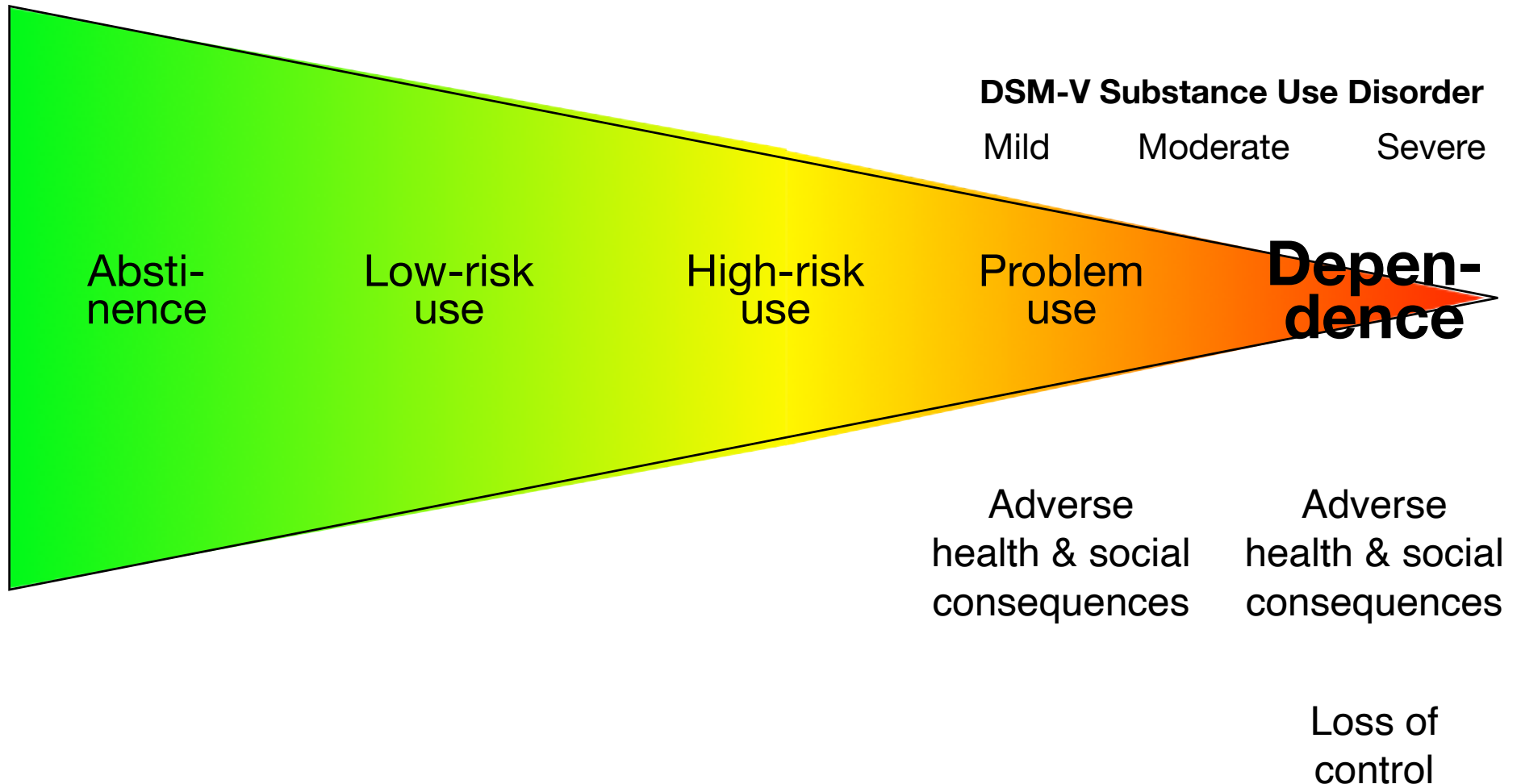


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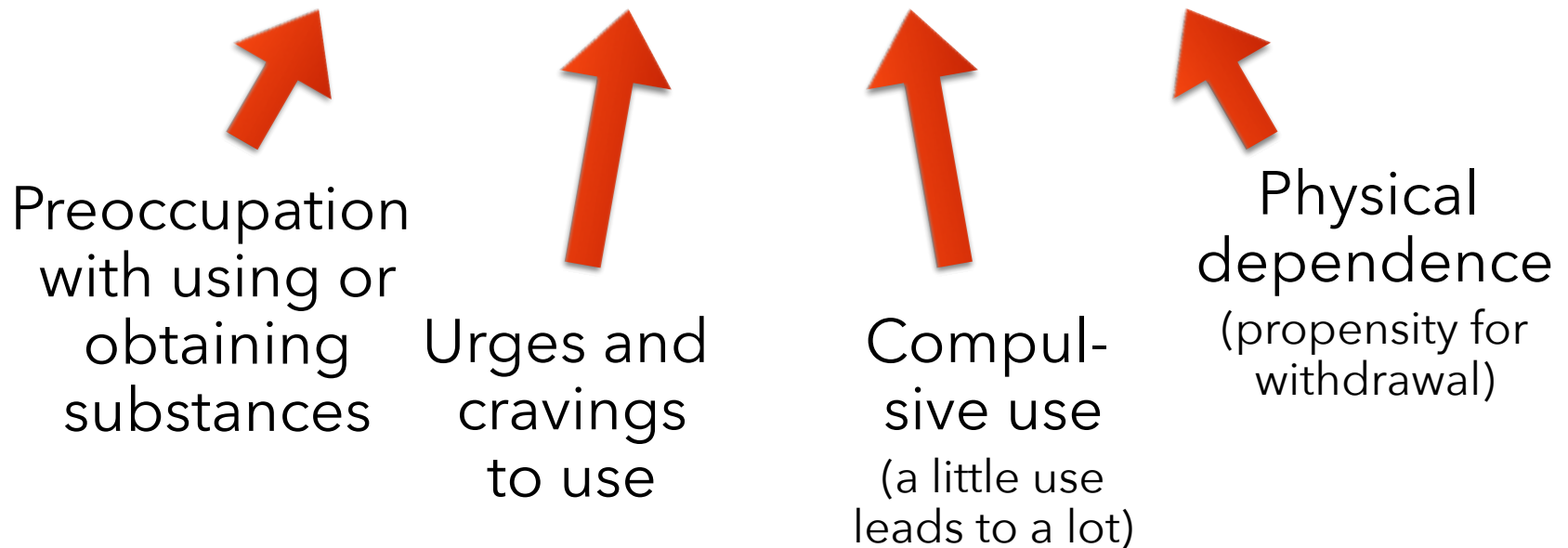


# SBIRT and the Substance Use Continuum



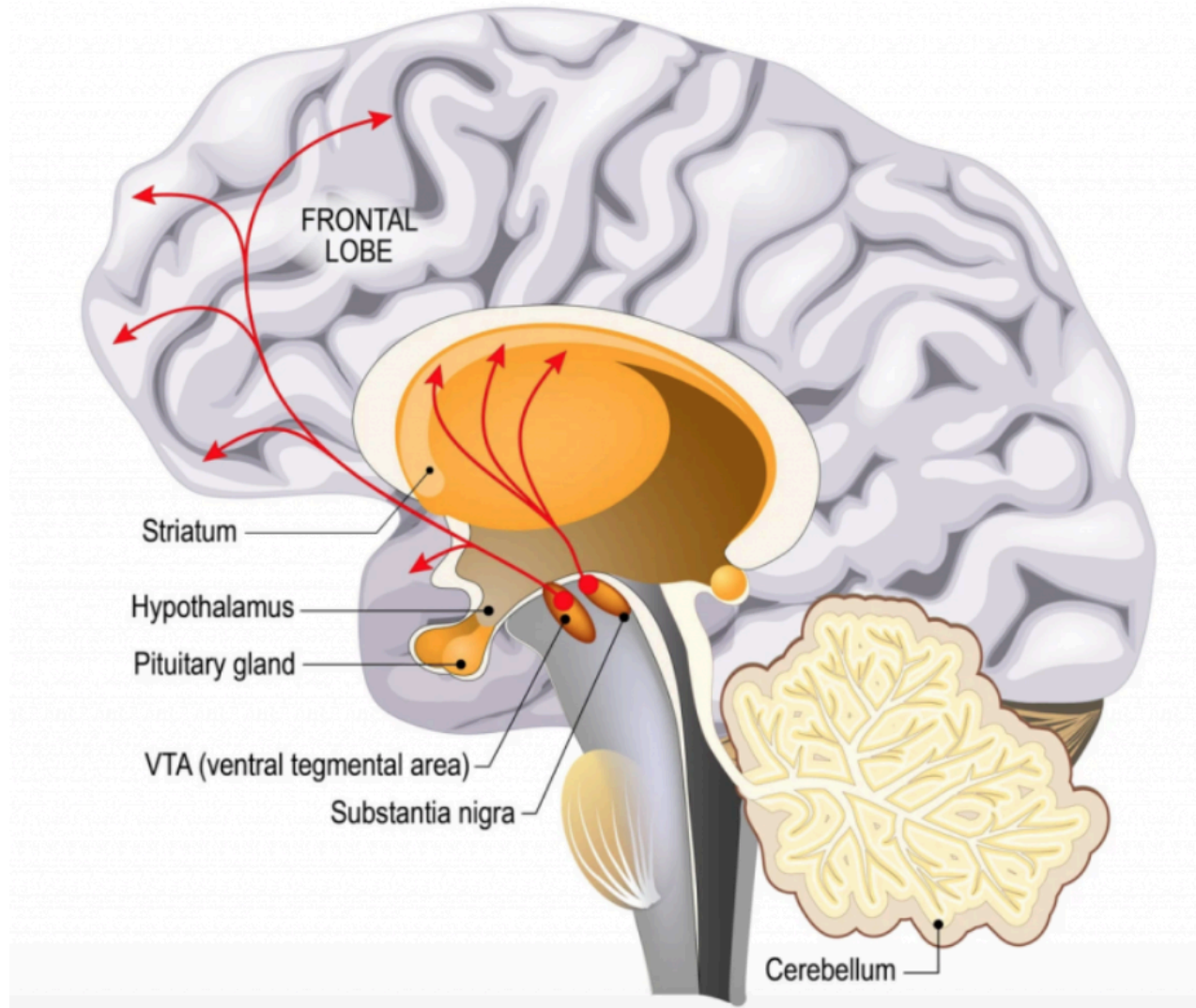
# Dependence Symptoms

## Loss of Control over Substance Use

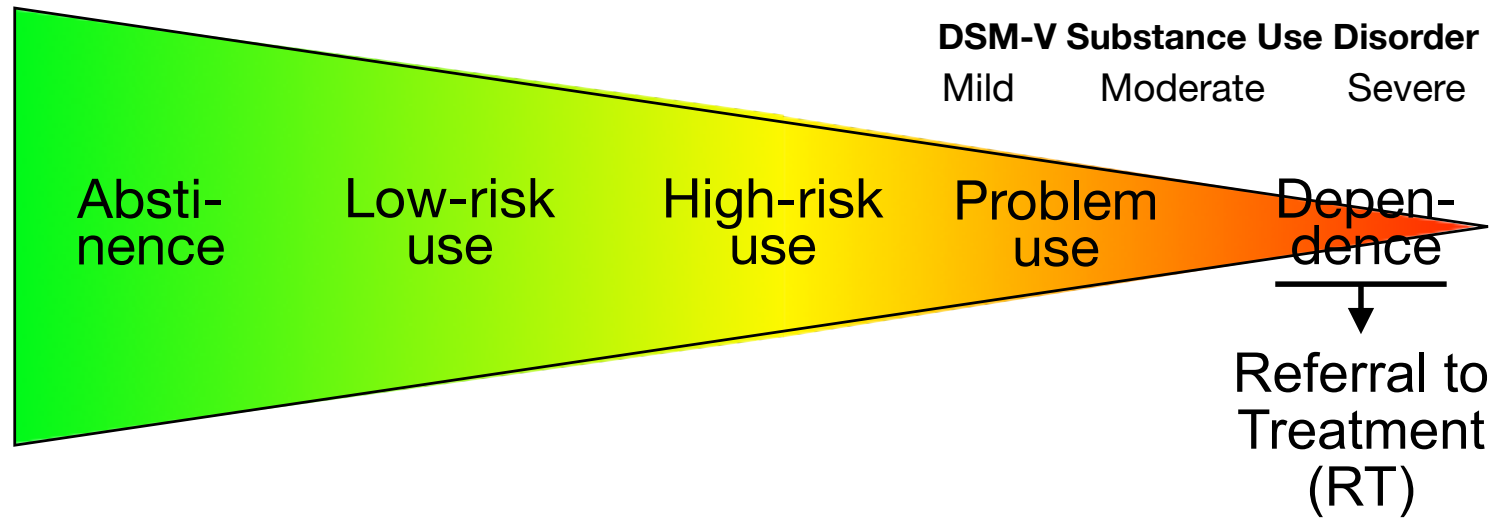




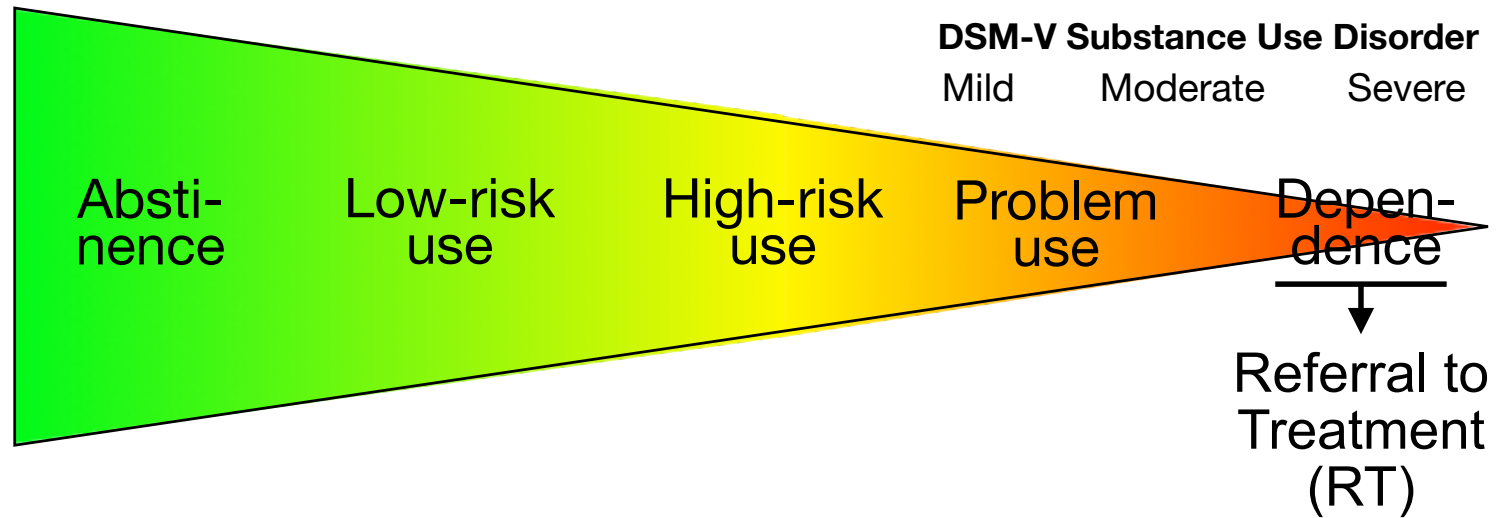
# Loss of Control



# Substance Use Categories and Clinical Management



# Substance Use Categories and Clinical Management



## Counseling



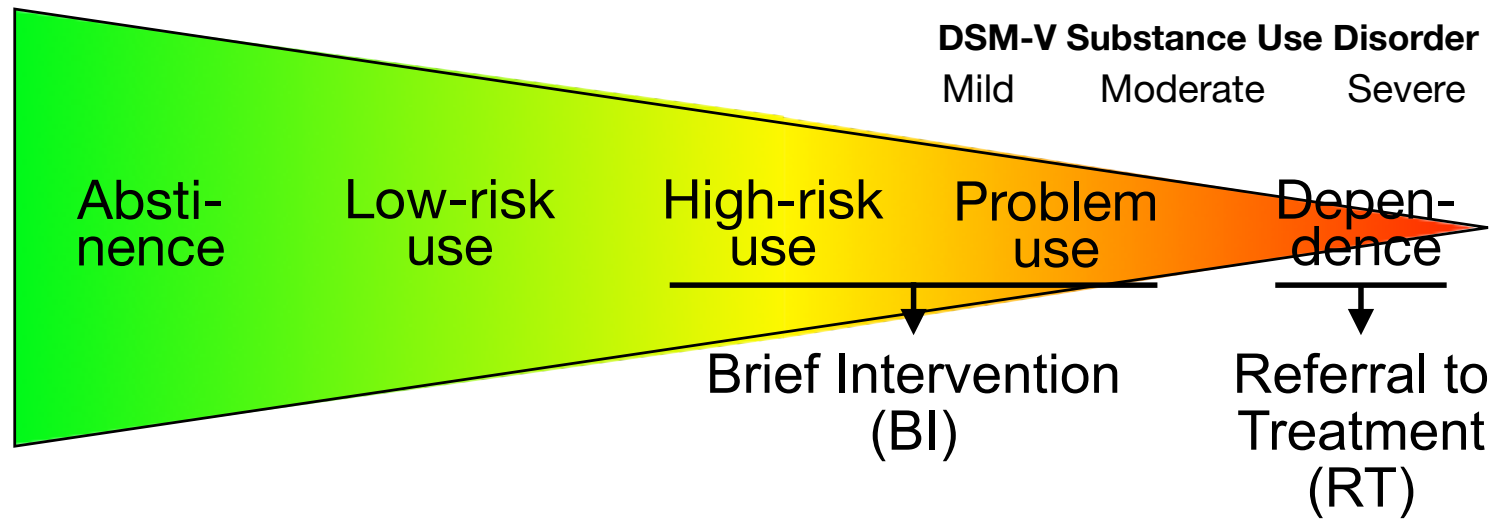
## 12 Step or Other Mutual Support Groups



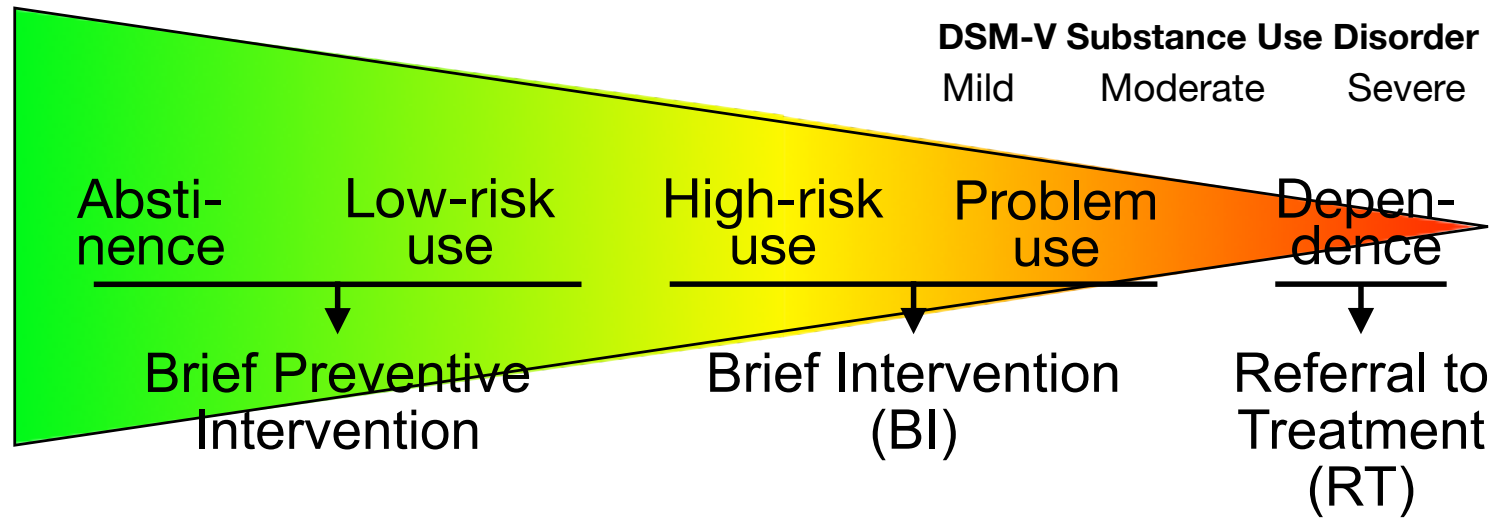
## Pharmacotherapy

<u>Medication</u>	<u>Alcohol Dep</u>	<u>Opioid Dep</u>	<u>Primary Care</u>
Acamprosate	✓		✓
Disulfiram	✓		✓
Naltrexone	✓	✓	✓
Buprenorphine		✓	✓
Methadone		✓	

# Substance Use Categories and Clinical Management



# Substance Use Categories and Clinical Management



# Effectiveness of Brief Interventions

## ALCOHOL



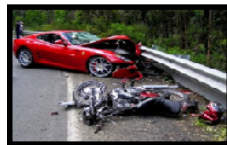
**Drinking**



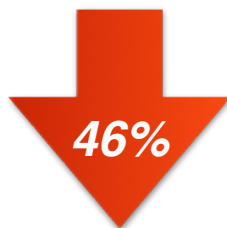
**Hospitalizations**



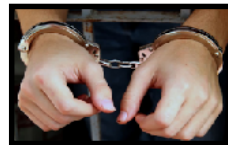
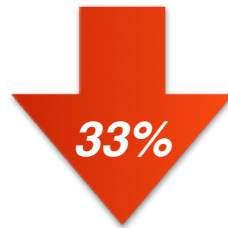
**ED Visits**



**Arrests**



**Injuries**



**Crashes**



## DRUGS

Baseline Days of Drug Use	Reduction After BI
1 to 4	None
5 to 30	40%



Fleming, Medical Care, 2000; Gelberg et al, Addiction 2015: 110; 1777-1790

# Methods of Brief Intervention

## **Patient Education and Advice**

Convinces patient to change

Can elicit defensiveness

Requires training

Effective

## **Motivational Interviewing**

Elicits and strengthens patients'  
arguments in favor of change

Avoids defensiveness

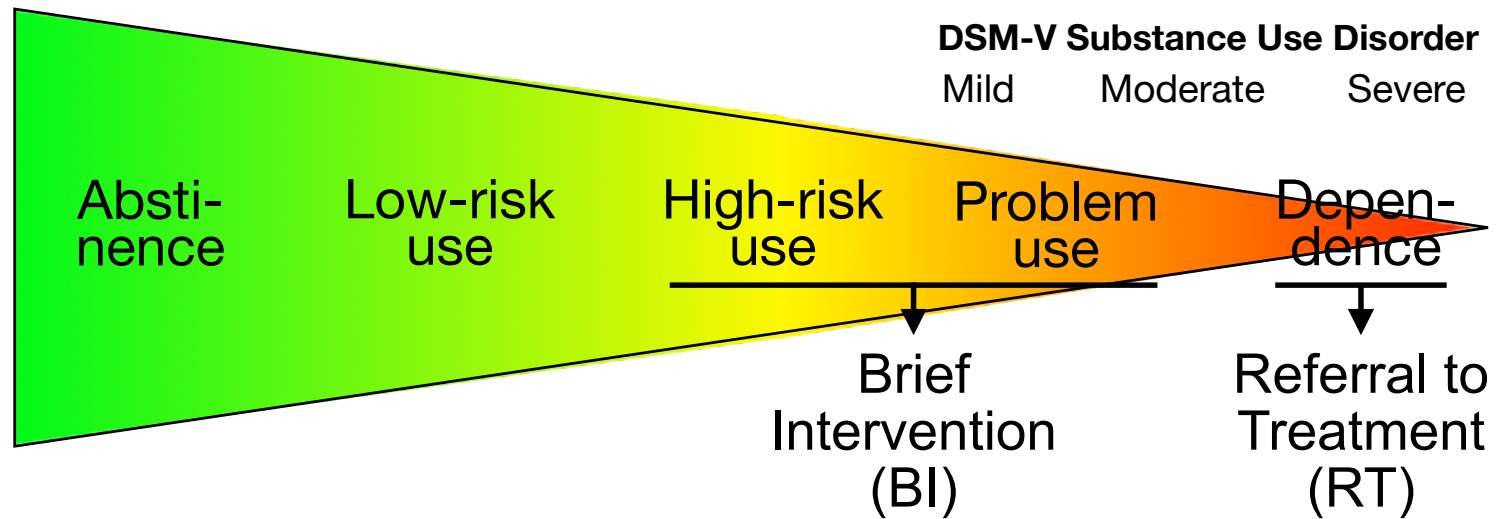
Requires more training

More effective



# Patterns of Substance Use

## - US Teens and Adults, 2020 -



Teens* - Alcohol	74%	—	23%†	3%
Teens* - Drugs	81%	—	14%†	5%
Adults - Alcohol	31%	45%	13%*	11%
Adults - Drugs	71%	—	22%*	7%



\* Ages 12 to 17

† Past year

\* Past month

National Survey on Drug Use and Health



# SBIRT Recommendations



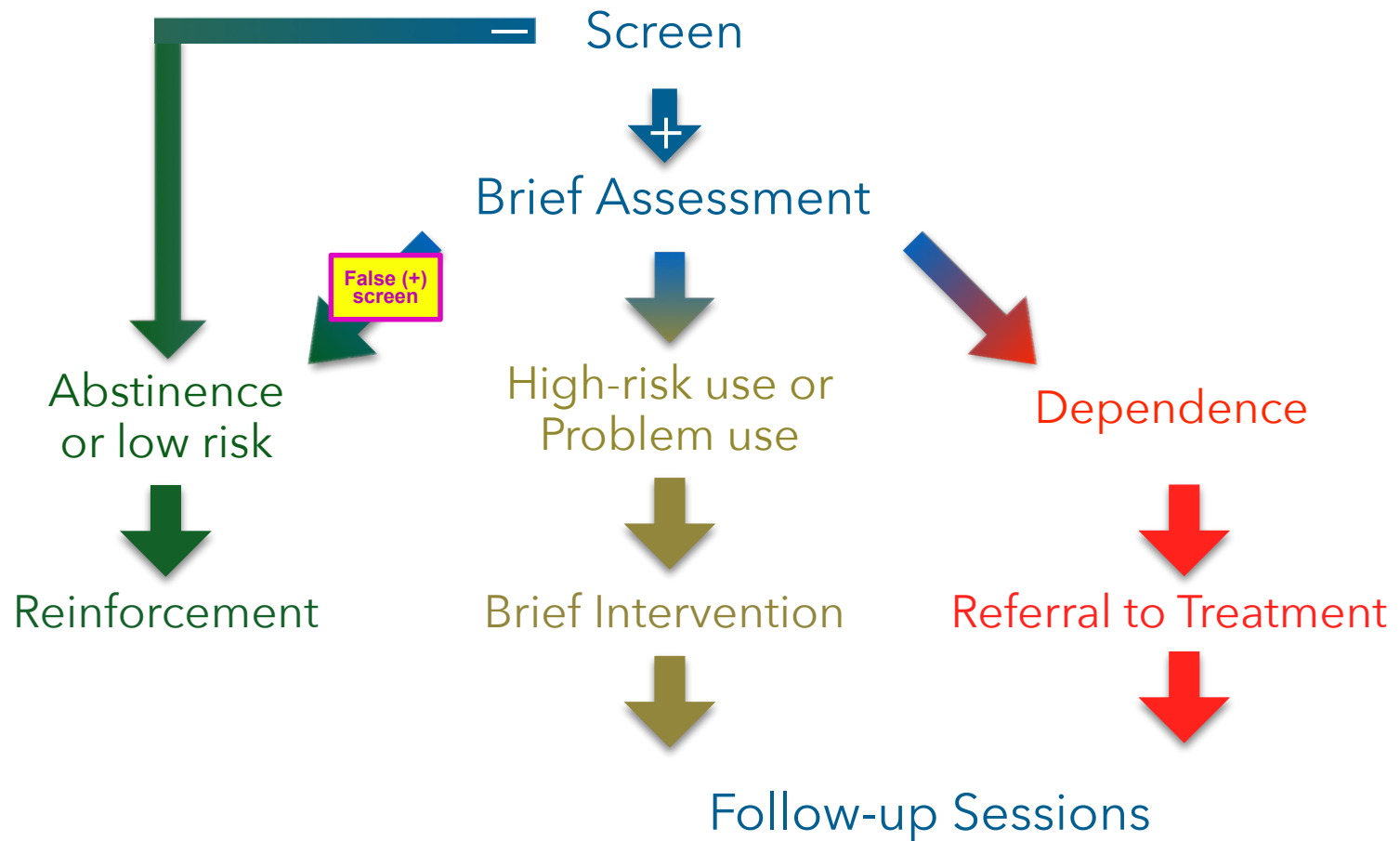
Agency for Healthcare  
Research and Quality



CENTERS FOR DISEASE  
CONTROL AND PREVENTION



# SBIRT Patient Flow



# SBIRT Screening and Assessment Tools

	Screens	Assessments
Adolescents	<ul style="list-style-type: none"> <li>• Brief Screener for Tobacco, Alcohol and Other Drugs (BSTAD)</li> <li>• CRAFFT</li> <li>• S2BI</li> </ul>	<ul style="list-style-type: none"> <li>• CRAFFT</li> <li>• CRAFFT-N (covers nicotine)</li> </ul>
Adults	<ul style="list-style-type: none"> <li>• AUDIT-C</li> <li>• CAGE-AID (CAGE questions Adapted to Include Drugs)</li> <li>• Tobacco, Alcohol, Prescription Medication, and other Substance Use-1 (TAPS-1)</li> <li>• Two-Item Conjoint Screen (TICS)</li> </ul>	<ul style="list-style-type: none"> <li>• Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST)</li> <li>• Alcohol Use Disorders Identification Test (AUDIT)</li> <li>• Drug Abuse Screening Testing-10 (DAST-10)</li> <li>• Severity of Dependence Scale (SDS)</li> <li>• Short Index of Problems for Alcohol and Drugs (SIP-AD)</li> <li>• Tobacco, Alcohol, Prescription Medication, and other Substance Use-2 (TAPS-2)</li> </ul>



# How Best to Implement SBIRT in Primary Care



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Receptionists ask patients to complete an annual health screening form



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Medical Assistants review patients' responses



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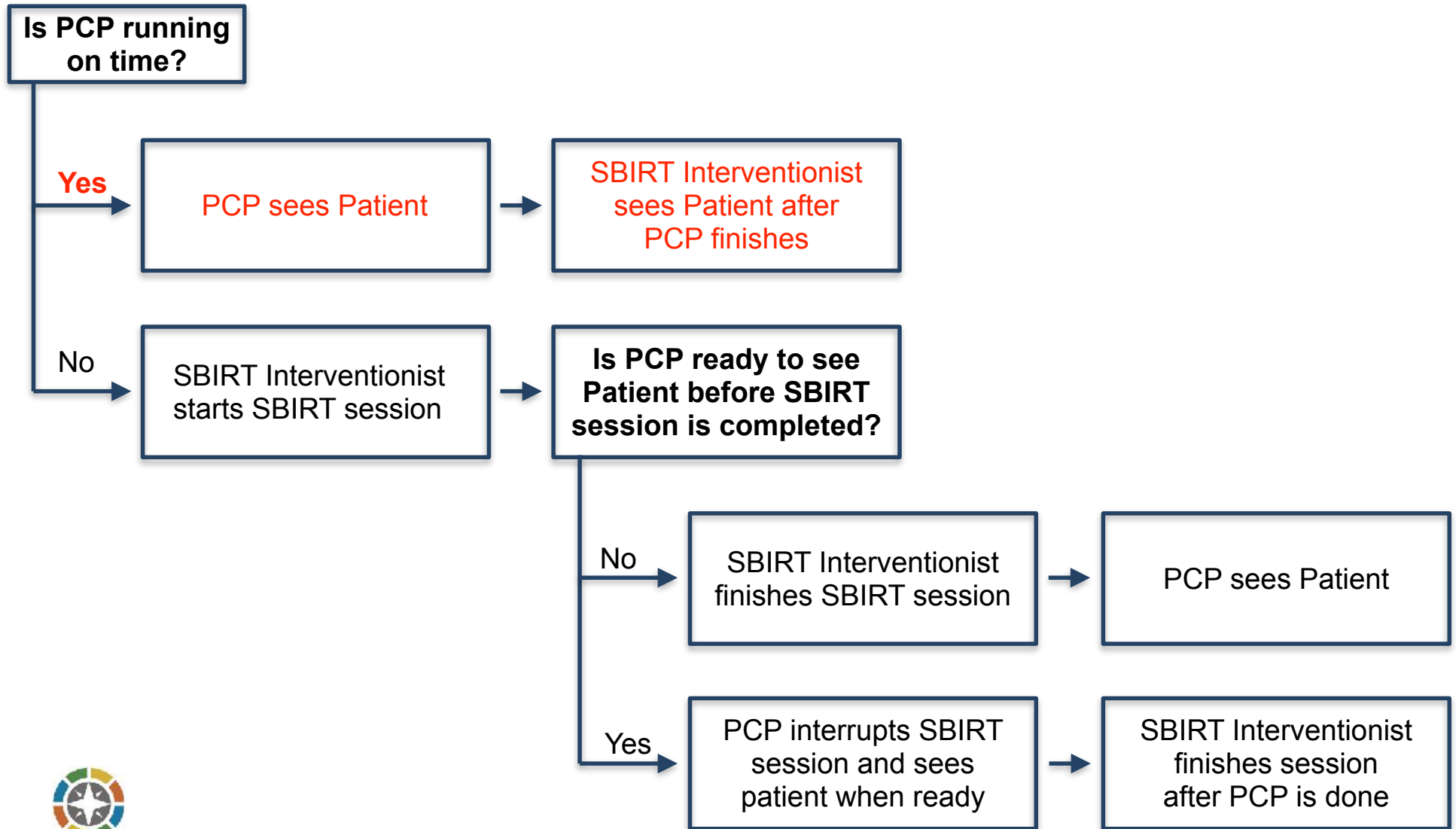
Medical Assistants review patients' responses



**Dedicated SBIRT Staff** conduct the remainder of the SBIRT session

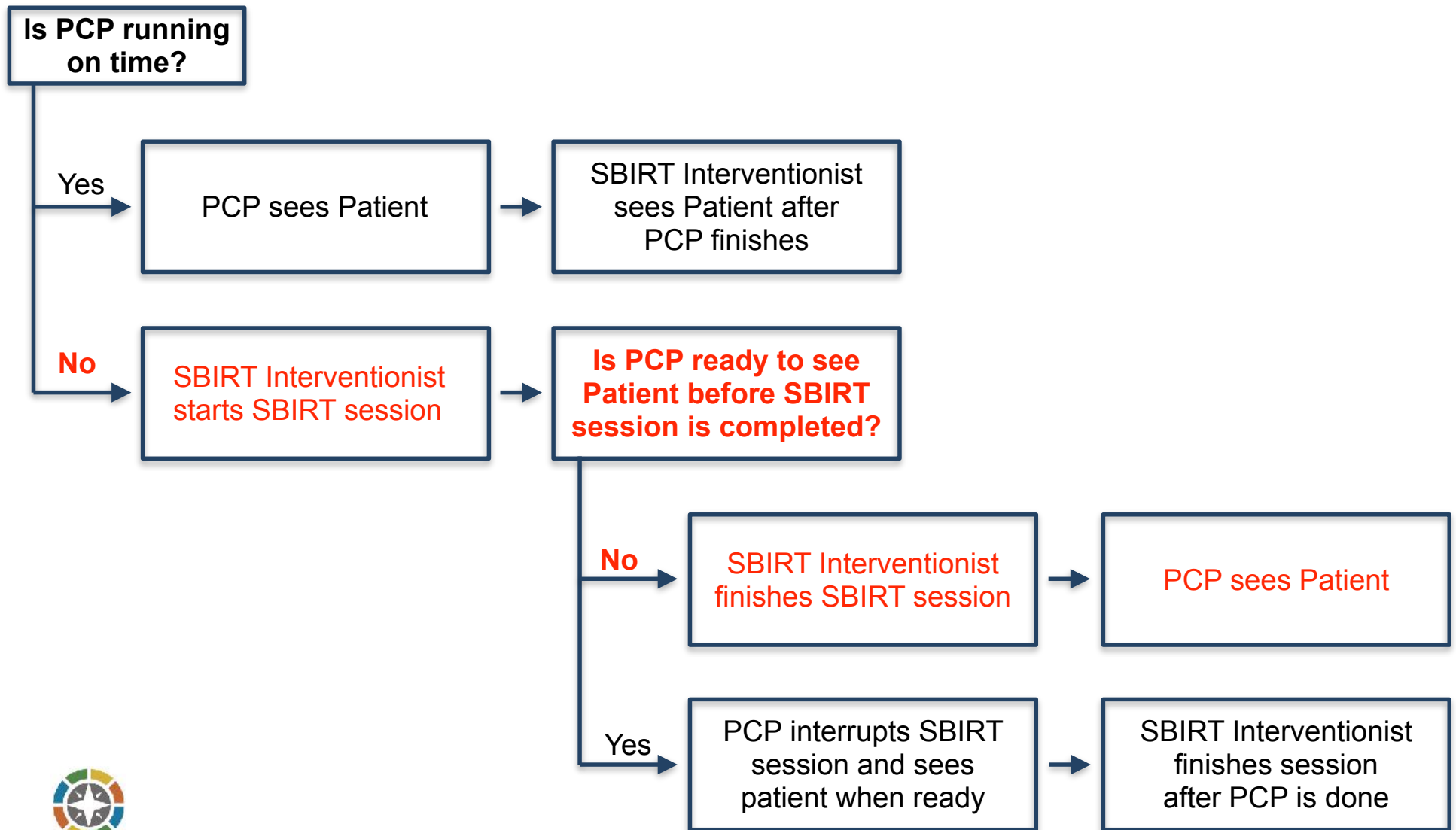


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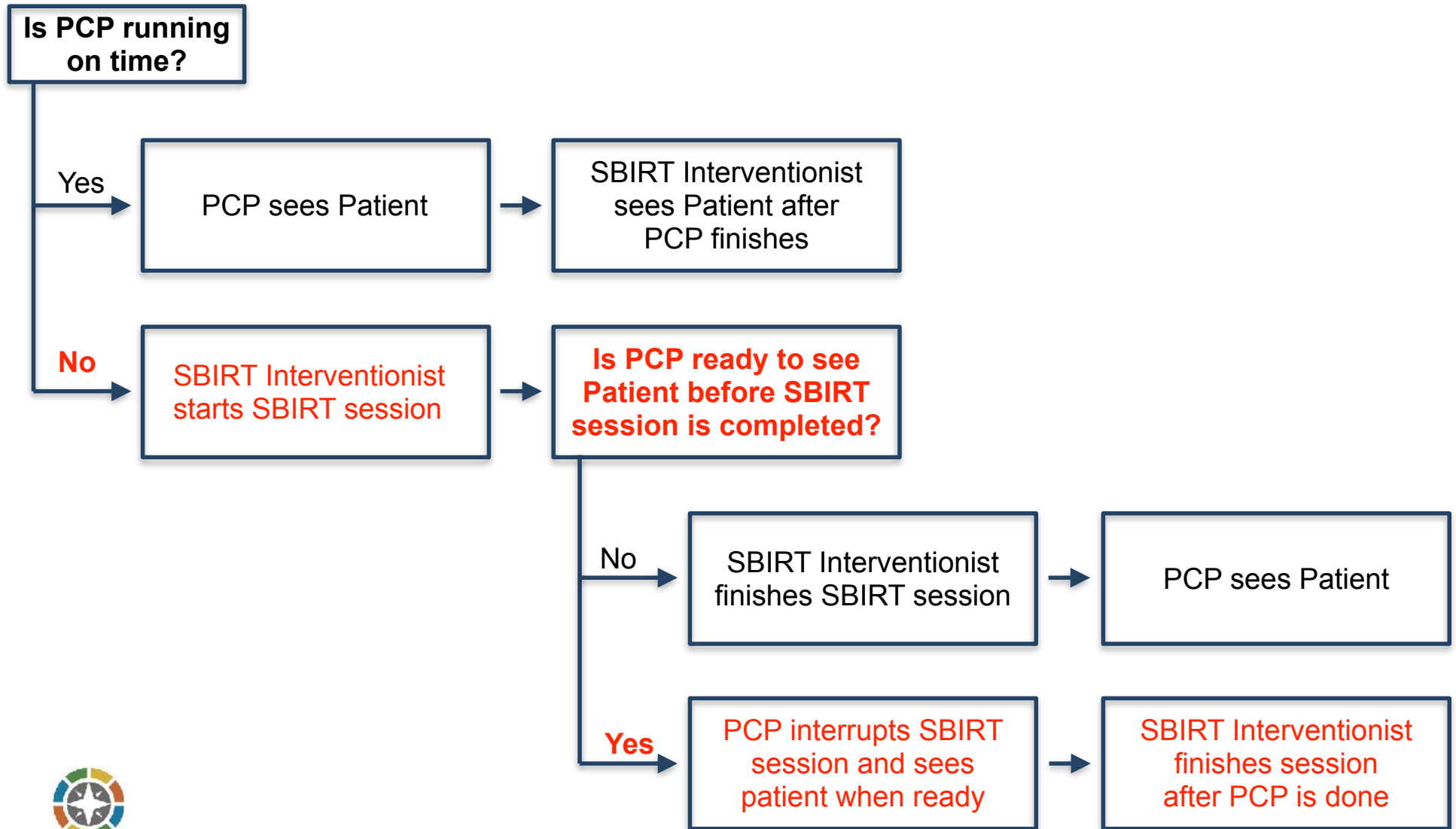




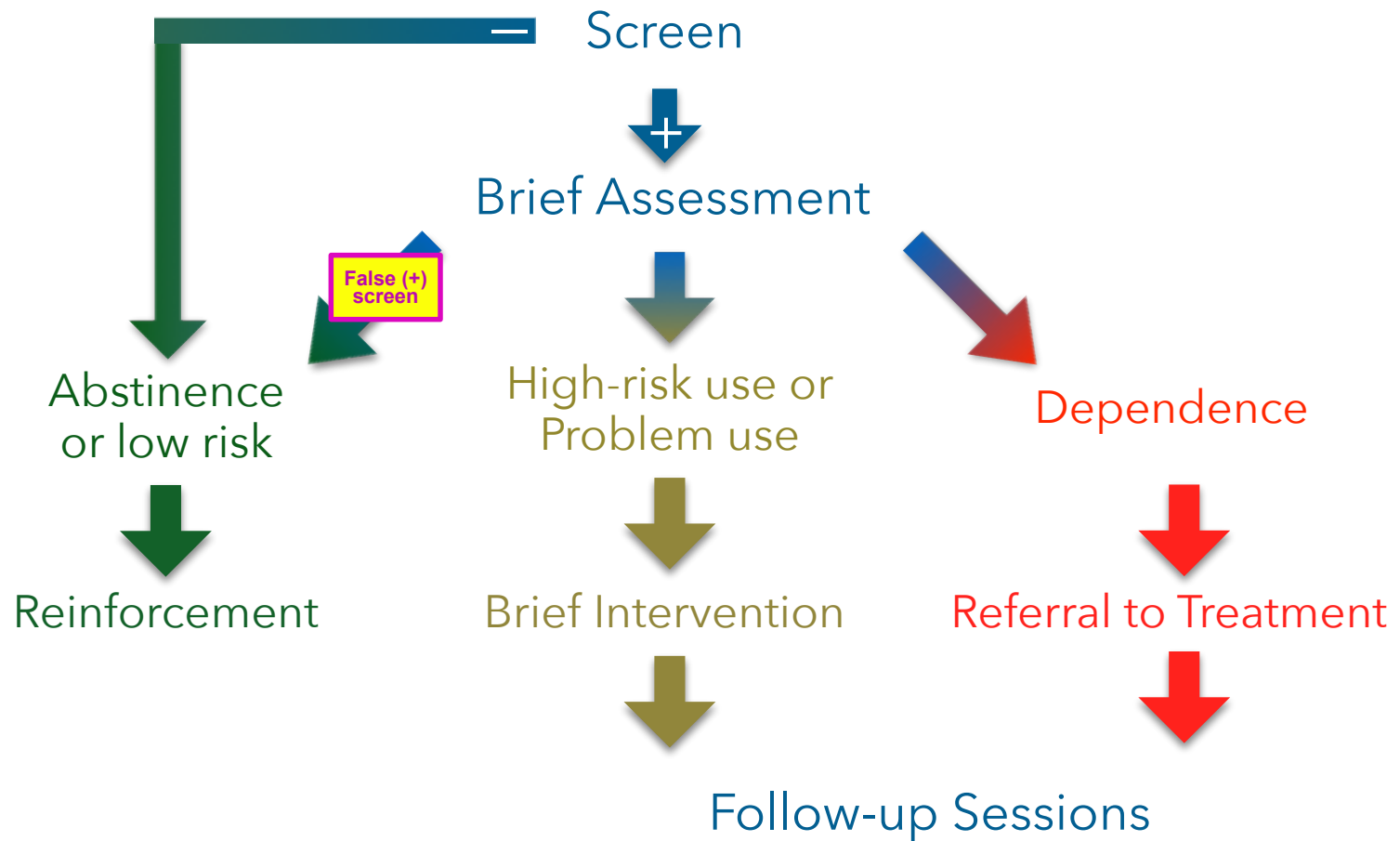
# How Best to Implement SBIRT in Primary Care



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# SBIRT Patient Flow



# SBIRT Reimbursement in Maine

Payer	Code	Description*	Approximate Reimbursement
Commercial Insurance	CPT 99408	Screening and intervention, 15 to 30 min.	varies
	CPT 99409	Screening and intervention, >30 min.	varies
Medicare	HCPCS G2011	Screening and intervention, 5 to 14 min.	\$16.96
	HCPCS G0396	Screening and intervention, 15 to 30 min.	\$29.42
	HCPCS G0397	Screening and intervention, >30 min.	\$57.69
MaineCare (Medicaid)	CPT 99408	Screening and intervention, 15 to 30 min.	\$24.75
	CPT 99409	Screening and intervention, >30 min.	\$47.64

\* In billing parlance, “screening” is synonymous with brief assessment.  
 Typical screening with questionnaires of 2 to 4 items is not reimbursable.



<https://www.samhsa.gov/sbirt/coding-reimbursement>  
[https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/sbirt\\_factsheet\\_icn904084.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/sbirt_factsheet_icn904084.pdf)

# Example

- ✧ Each day, a trained paraprofessional delivers brief interventions (BI) to 12 MaineCare patients
- ✧ Each BI lasts 20 minutes per patient  
Documentation takes 10 minutes per patient  
Each BI takes 30 minutes  
12 BIs take 6 hours
- ✧ Claims submitted per day:  
12 CPT 99408 codes @ \$24.75 generates \$297 per day
- ✧ Assuming 240 workdays per year:  
Total revenue =  $\$297 \times 240 = \mathbf{\$71,280}$



# Value-Based Reimbursement Programs

- ✧ SBIRT is highly profitable for entities at risk for patients' healthcare costs

	<b>Project TrEAT</b>	<b>WASBIRT</b>	<b>WIPHL</b>
<b>Patients and settings</b>	Wisconsin primary care patients	Disabled Medicaid patients in Washington State EDs	Medicaid patients in Wisconsin primary care clinics
<b>Interventionists</b>	Physicians and nurses	Alcohol/drug counselors	Health educators
<b>Intervention cost</b>	\$205	\$15	\$48
<b>Healthcare savings</b>	\$523*	\$4,392*	\$782†

\* One-year savings per patient intervened upon † Two-year savings per patient screened



Fleming, Medical Care, 2000; Estee, Medical Care 2010; Paltzer, JBHSR, 2016

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- ✧ SBIRT improves financial performance under MIPS



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- ✧ SBIRT improves financial performance under MIPS
- ✧ SBIRT helps primary care clinics qualify as Patient-Centered Medical Homes



Fleming, Medical Care, 2000; Estee, Medical Care 2010; Paltzer, JBHSR, 2016



# FQHCs and FQHC Look-Alikes

- ✧ Seek an annual subsidy from nearby hospitals

Uninsured patients screened and, if appropriate, intervened upon ..	1,000
Inpatient days prevented per patient screened* .....	0.437
Total uninsured inpatient days prevented .....	437
Hospital loss per uninsured inpatient day .....	\$1,000
Total loss prevented by SBIRT .....	\$437,000

- ✧ Seek grants from HRSA, SAMHSA, state agencies, and foundations



\*Paltzer, Journal of Behavioral Health Services and Research, 2016; Paltzer, Medical Care, 2019

# Summary

- ✧ SBIRT addresses a major public health problem
- ✧ Ample evidence documents effectiveness and cost savings
- ✧ The sweet spot is primary care-based brief interventions for high-risk and problem use
- ✧ To serve all patients, primary care settings need to employ a team approach with dedicated SBIRT interventionists
- ✧ Dedicated staff can be funded by fee-for-service reimbursement, value-based programs, subsidies from nearby hospitals, grants, or a combination of sources



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## One Final Thought

- ✧ SBIRT can be expanded to address depression, anxiety, smoking, social determinants of health, and other health-related behaviors that increase mortality, morbidity, and healthcare costs.



# Free SBIRT Training and Consultation



<https://www.samhsa.gov/sbirt>



<https://attcnetwork.org/centers/new-england-attc/home>



<https://opioidresponsenetwork.org/>



# Peer-Reviewed Research

- Brown RL et al. A team approach to systematic behavioral screening and intervention. *American Journal of Managed Care* 2014; 20:e113-e119.
- Estee S et al. Evaluation of the Washington State Screening, Brief Intervention, and Referral to Treatment project; cost outcomes for Medicaid patients screened in hospital emergency departments. *Medical Care* 2010; 48:18-24.
- Fleming MF et al. Brief physician advice for problem alcohol drinkers; a randomized controlled trial in community-based primary care practices. *JAMA* 1997; 277:1039-1045.
- Fleming MF et al. Brief physician advice for problem drinkers: long-term efficacy and benefit-cost analysis. *Alcoholism Clinical and Experimental Research* 2002; 26:36-43.
- Gelberg L et al. Project QUIT (Quit Using Drugs Intervention Trial): a randomized controlled trial of a primary care-based multi-component brief intervention to reduce risky drug use. *Addiction* 2015; 110:1777-1790.
- Paltzer J et al. Substance use screening, brief intervention, and referral to treatment among Medicaid patients in Wisconsin: Impacts on healthcare utilization and costs. *Journal of Behavioral Health Services & Research* 2017; 44:102-112.
- Paltzer J et al. Health care utilization after paraprofessional-administered substance use screening, brief intervention, and referral to treatment: a multi-level cost-offset analysis. *Medical Care* 2019; 57:673-679.
- Soberay A et al. Implementing adolescent SBIRT: findings from the FaCES project. *Substance Abuse* 2021; 42:751-759.



# Other SBIRT Resources



Planning and Implementing Screening and Brief Intervention for Risky Alcohol Use: A Step-by-Step Guide for Primary Care Practices. Atlanta, Georgia: Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities, 2014, <https://tinyurl.com/5br5hyfd>



Implementing Care for Alcohol and Drug Use in Medical Settings; An Extension of SBIRT, <https://tinyurl.com/ysu7hyjk>



Recommendation Statement: Alcohol Misuse Screening and Behavioral Counseling Interventions in Primary Care, <https://tinyurl.com/wj7vcyje>

Recommendation Statement: Unhealthy Drug Use Screening, <https://tinyurl.com/8k36hsfw>



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