



Anthem Blue Cross and Blue Shield Medicaid | Ohio Medicaid Managed Care

# **Substance Abuse with Screening, Brief Intervention, and Referral to Treatment (SBIRT) in Action: Improving Patient Lives**

**Anthem**  

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# Focusing on risky behavior

Because of the role alcohol and drug misuse plays in contributing to illness, injury, and even death, it is crucial to have protocols to take advantage of a teachable moment by implementing screening and brief intervention as part of routine care.

The National Survey on Drug Use and Health estimates that of the 22.6 million people who harbor a substance use disorder, only 10% to 11% are treated. The population of at-risk users far exceeds those with substance use disorders. For every one person who is dependent on alcohol, six or more are at-risk or have already experienced problems as a result of their use.<sup>1</sup> Approximately 40% of the patients admitted to trauma centers have a positive BAC.<sup>2</sup> If drug use is included, approximately 60% of patients seen in trauma centers are under the influence of alcohol or drugs when admitted.<sup>3</sup> Also, among patients who have screened positive for alcohol or other drug misuse, abuse, or dependence, 26% have a negative toxicology screen.<sup>2</sup> McGlynn and her colleagues at RAND found that only 16% of traumatically injured inpatients had any medical record indication that substance use had been assessed. They found that 7% are intoxicated at admission and another 20% screen positive for alcohol misuse or abuse.<sup>4</sup>





## SBIRT process flow

1

Conduct screening

2

Determine level of risk and dependency

3

**Low risk?**

No further intervention

**Moderate risk?**

Brief intervention

**Moderate to high risk?**

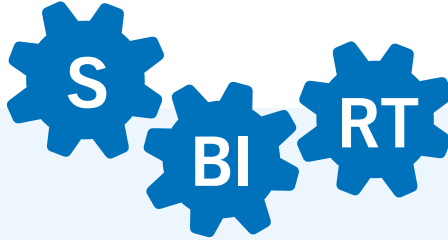
Brief treatment

**Severe risk or dependency?**

Referral to specialty  
treatment

# The core components of SBIRT

About 20% of patients screened will require a brief intervention, while 5% will need a referral to specialty treatment. The remaining 75% will include abstainers and low-risk alcohol users who will simply require positive reinforcement for continuing to abstain, or to reduce use further.



**Screening:** Universal screening using a brief, validated questionnaire to determine the use and severity of alcohol, illicit drug, and prescription drug use to inform the appropriate intervention level. No blood or urine test is administered.

**Brief intervention:** Brief motivational and awareness-raising intervention given to those whose substance use is putting their health and well-being at risk (5 to 30 minutes). The intervention is performed on-site following the screening.

**Referral to treatment:** Referral to specialty care for patients with high-risk substance use (and patients with a possible substance use disorder). The practitioner helps patients access specialized treatment, select treatment facilities, and obtain authorizations from insurance. After a referral is made, follow-up phone calls with the patient or treatment staff are part of the collaboration to ensure care.

## Where can SBIRT be implemented?

Primary care centers, physicians' offices, hospitals, emergency departments (ED), trauma centers, STD clinics, colleges, and schools.

## Who can perform SBIRT?

SBIRT is implemented by various providers, including physicians, nurse practitioners, physician assistants, nurses, health or substance use treatment counselors, prevention specialists, care managers, and other health or behavioral health staff.



# Is SBIRT effective?

Yes! Several credible research studies have published the results of SBIRT's efficacy, including comprehensive data on individual health outcomes and cost-saving measures.

For example, in Drug and Alcohol Dependence (Madras, 2009),<sup>5</sup> SBIRT has been shown to:

- Decrease harmful alcohol use by 39% and lower illicit drug use by 68%.
- Decrease overall healthcare costs by reducing ED visits and inpatient admissions.
- Decrease rates of arrest, homelessness, and mental health problems.
- Increase rates of employment and improve general health.

Research has also shown that among those requiring special treatment, brief interventions have increased the percentage of people who show up for their first substance use disorder treatment appointment from 5% (among controls) to between 55% 65% (among those receiving SBIRT services). Of those who received SBIRT services, 90% 95% continued to be involved in some substance use disorder treatment or 12-step meeting on follow-up.<sup>6</sup>

# Why is SBIRT effective?

## **It is a proven approach for better health —**

SBIRT is a proven approach to improving patient outcomes and decreasing hospital ER/ED and inpatient admissions.

## **SBIRT expands the continuum of care —**

Concentrating on prevention before alcohol and drug use escalates to problematic use or a substance use disorder by identifying otherwise overlooked patients. Screening helps detect dangerous use, while relevant interventions are planned for at-risk and risky behaviors.

## **SBIRT prevents future problems —**

By detecting risky behavior and current health problems related to substance use early before more severe problems develop. This makes SBIRT an essential part of wellness and prevention programs.

## **SBIRT creates better patient outcomes —**

By improving patient care, developing treatment outcomes, and increasing provider and patient satisfaction. SBIRT allows providers to educate patients about the connection between their health issues and their substance use.

## **SBIRT creates positive financial returns —**

As a reimbursable, cost-saving, and cost-effective practice. SBIRT is billable to Commercial health plans, as well as Medicare and Medicaid.



# Prescreens

A pre-screen, also known as a brief screen, is defined by The Substance Abuse and Mental Health Services Administration (SAMHSA) as “a rapid, proactive procedure to identify individuals who may have a condition or be at risk for a condition before obvious manifestations occur.” It involves short questions relating to alcohol and drug use and must be administered before beginning a full screening. Many providers ask patients the pre-screening questions first and then ask the complete screening questions if patients score positive on the pre-screening questions. Pre-screens are considered part of routine medical management and are not a separately reimbursable service. Depending on the pre-screening tool used, one or more “yes” replies may indicate the need for a full screen.

| Adult screening   |   |
|---|---|
| <b>Alcohol Use Disorder Identification Test (AUDIT)<sup>7</sup></b>                       | Developed by the World Health Organization (WHO) and evaluated over a period of two decades. It has been found to provide an accurate measure of risk across gender, age, and cultures.   |
| <b>Alcohol, Smoking, and Substance Abuse Involvement Screen Test (ASSIST)<sup>8</sup></b> | Developed by the World Health Organization (WHO) and an international team of substance use researchers as a simple method of screening for hazardous, harmful, and dependent use of alcohol, tobacco, and other psychoactive substances.                       |
| <b>Drug Abuse Screening Test (DAST-10)<sup>9</sup></b>                                    | Includes questions about involvement with drugs, not including alcoholic beverages, during the past 12 months. Drug use refers to the use of prescribed or over-the-counter drugs in excess of what's directed and any non-medical and/or illegal use of drugs. |

## Adolescent screening

**Car, Relax, Alone, Forget, Family or Friends, Trouble (CRAFT)**<sup>10</sup>

An alcohol and drug behavioral health screening tool for use with children under the age of 21 and is recommended by the American Academy of Pediatrics' Committee on Substance Abuse for use with adolescents.

**Screening to Brief Intervention (S2BI)**<sup>11</sup>

A seven-item tool is used to assess the frequency of alcohol and substance use (e.g., tobacco, marijuana, prescription drugs, illegal drugs, inhalants, herbs or synthetic drugs) among youth and adolescents from 12 to 17 years of age.

**NIAAA Alcohol Screening for Youth**<sup>12</sup>

Uses a two-item scale to assess alcohol use among youth and adolescents between 9 and 18 years of age. The first question determines the frequency of friends' drinking, and the second question assesses personal drinking frequency.

## Pregnant women screening

**Tolerance, Annoyance, Cut Down, Eye Opener (T-ACE)**<sup>13</sup>

A four-item questionnaire developed to assess alcohol use in pregnant women. It provides obstetricians and gynecologists with a brief and useful way to identify patients at risk for drinking amounts that may be dangerous to the fetus.

**Tolerance, Worried, Eye Opener, Amnesia, K/Cut Down (TWEAK)**<sup>14</sup>

A five-item scale that was developed originally to screen for risky drinking during pregnancy.

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