Screening, Brief Intervention and Referral to Treatment

RESEARCH into ACTION
A Knowledge Translation Initiative

Inside front cover

Today, there are 23 million people in the United States who are either addicted to or abuse illegal drugs and alcohol. Over 95% of those who need treatment do not receive any, and are unaware that there are programs in place to help them recognize the problem and begin to deal with it (NSDUH 2007). The most comprehensive, integrated public health approach to meeting this need is Screening, Brief Intervention and Referral to Treatment (SBIRT).

SBIRT is a federally-funded program that has already been implemented in 17 states, including Texas. As of February 2009, more than 658,000 patients nationwide have been screened as a result of SBIRT.

SBIRT has been extensively studied and has proved to be both efficient and cost-effective. Using SBIRT, hospital personnel screen and counsel those who may have substance abuse problems, usually while they are being treated in the emergency or trauma department.

Performing this intervention during a "teachable moment" has been shown to dramatically cut the incidence of substance abuse as well as the rate of return visits to the emergency center — sometimes by 50%. During six-month follow-ups, patients were shown to have reduced their illicit drug use by 67.7% and their heavy alcohol use 38.6%. Research also showed that many patients had been directed toward effective tobacco cessation programs through SBIRT.

In addition, every $1 spent on SBIRT results in a savings of almost $4 in health care costs – which can mean up to $2 billion in hospital savings every year.

How Does SBIRT Work?

SBIRT is easy to implement and requires little financial support. Trauma personnel, or even those in outpatient clinics and other areas, are trained to be on the lookout for patients who are brought in to the hospital as a result of accidents that could be attributed to alcohol or drug abuse. Once a patient has been identified, they simply follow the formula:

SCREENING – with the assistance of a proven screening tool, quickly assess the severity of substance use and identify the appropriate level of treatment.

BRIEF INTERVENTION – focus on increasing insight and awareness in the patient regarding substance use and their motivation for effecting a behavioral change.

REFERRAL to TREATMENT – provide patients needing more extensive treatment with access to or information about specialty care.

Screening and brief intervention is required in all level one trauma centers, and screening processes are required in level two centers. But the program is so simple to run and offers such an improved patient outlook that it only makes sense to implement it everywhere — wouldn't your facility be interested in improving patient outcomes while, at the same time, saving (and even making) money?

How to Implement SBIRT

There is a great amount of information about SBIRT and how to implement it at the U.S. Department of Health and Human Service's Substance Abuse and Mental Health Services Administration (SAMHSA) SBIRT Web site, located at http://sbirt.samhsa.gov. The site offers news about SBIRT, tools and resources, information about grants and reimbursement, and publications.

The first step in implementing an SBIRT program is identifying the departments that will do it and staff who will receive training in how to administer the program and monitor and evaluate the program's activities. Some hospitals have even incorporated this effort into hospital performance improvement committee efforts, social worker duties and intake processes, or even during clinic hours.

Next, define the target population of patients who will be screened — trauma centers are expected to screen most of their patients for drug and alcohol use, not just those who are obviously intoxicated.

Develop a protocol for screening that is evidence-based and determine when and where patients will be screened that will take patient confidentiality into consideration. Develop a record-keeping protocol and a reimbursement strategy for once the program begins.

Details on all of these steps, along with everything you need to know about implementing an SBIRT program, are available online via an SBIRT guide developed by SAMHSA at http://sbirt.samhsa.gov/documents/SBIRT_guide_Sep07.pdf.

Challenges in Implementing SBIRT

Developing and implementing a new protocol in a hospital is never easy, and you may encounter some challenges to your SBIRT implementation. But in order for SBIRT to be successful, it needs to be a coordinated team effort at all levels.

Challenge #1 – Competing priorities

Busy trauma staff often don't like being told they have to change how things have traditionally been done, nor do they like having what they see as "extra" duties. How do you combat this attitude?

Make it clear that SBIRT is designed to not only save money and help patients, but also to greatly curtail return visits to the emergency center. This means fewer injuries to treat in the long run.

Challenge #2 – Privacy issues

The trauma/emergency department is a busy place, offering little privacy to talk about a highly sensitive and confidential subject.

To gain some privacy, take the patient — if at all possible — to a small waiting area, an office, or anyplace that offers a little privacy from the rest of the patients and staff. If the patient is bed-bound, arrange to have their bed moved to a quieter area, a corner, or a smaller treatment room. If all else fails, have a social worker follow-up with the patient during a visit.

Challenge #3 – Lack of funding

SBIRT does not cost a lot of money to implement — the training can be done in-house with resources that are available free on the Internet, for instance. There are state block grants available to help facilities institute an SBIRT program, and costs are offset by the program's billability.

Challenge #4 – Generating support

Traditionally, cost-savings data, including decreased emergency department volume, is more effective in communicating the benefits of SBIRT with hopital administrators than patient outcome data. In order for SBIRT to work, facilities must have buy-in at all organizational levels.

Within the trauma/emergency center, it sends a great message when clinical leaders participate in SBIRT training and development and emphasize it regularly, either during staff meetings or through e-mail, personal conversations, etc.

Challenge #5 – UPPL

Despite the availability of this proven, cost-effective treatment, physicians and patients in many states may have to deal with Uniform Policy Provision Laws (UPPL). These laws allow insurers to sell health and accident insurance policies that will not pay for injuries that occur while the insured person is under the influence of alcohol or drugs. When benefits are denied, injured people often can't pay for medical care.

Rather than risk absorbing the cost or bankrupting their patients, many physicians and hospital managers avoid any activity — including measuring blood alcohol levels or screening for substance abuse — that might result in a substance-related diagnosis.

Luckily, the insurance industry has realized the shortsightedness of these policies and is actively working with states across the country to repeal the UPPL laws. They also rarely enforce the policies, where they are still in place.

Challenge #6 – Sustainability

Traditionally, SBIRT has worked best in large, urban hospital settings. But just about any health facility can run a successful SBIRT program with the right preparation and ongoing dedication.

Facilities should always be on the lookout for new grants from other agencies to help them fund SBIRT, as well as opportunities to renew funding from such sources. Screening for substance abuse should be defined within the context of a broader behavioral health screening protocol. Finally, it is important that the staff and leadership recognize that implementing SBIRT requires changing from a "service" to a "training" orientation for a period of time.

Reimbursement for SBIRT

Hospitals have been reimbursed for SBIRT services since 2007. So, while hospitals are saving money in the long run by implementing SBIRT, they are also able to charge back many of the costs of running the program.

The codes are as follows:

Payer	Code	Description	Fee Schedule
Commercial Insurance	CPT 99408	Alcohol and/or drug use structured screening and brief intervention services; 15-30 minutes	$33.41
	CPT 99409	Alcohol and/or drug use structured screening and brief intervention services; greater than 30 minutes	$65.51
Medicare	G 0396	Alcohol and/or drug use structured screening and brief intervention services; 15-30 minutes	$29.42
	G 0397	Alcohol and/or drug use structured screening and brief intervention services; greater than 30 minutes	$57.69
Medicaid	H 0049	Alcohol and/or drug screening	$24
	H 0050	Alcohol and/or drug service, brief intervention, per 15 minutes	$48.00

Graph courtesy of Dr. Larry Gentilello, professor of surgery and adjunct professor of management, policy and community health, The University of Texas-Southwestern

Online Resources

There are many places on the Internet to find information about SBIRT — our goal, with this booklet, is to give you a good basic understanding of the program and ideas on how to implement it in your facility. However, there are more in-depth resources available to you on the Web. Here are some that will help you set up and run a successful SBIRT program of your own:

SBIRT General Overview

The Institute for Research, Education and Training in Addictions
www.ireta.org/sbirt/1_multipart_xF8FF_4_sbirt.pdf

Substance Abuse and Mental Health Services Administration
SBIRT Web site
www.sbirt.samhsa.gov/index.htm

Texas InSight
http://www.utexas.edu/research/cswr/nida/researchProjects/sbirt.html

Funding

SAMHSA Funding in Texas
http://sbirt.samhsa.gov/grantees/statetex.htm

Training

American College of Emergency Physicians
http://acepeducation.org/sbi/media/bni_manual.pdf

Alcohol Screening and Brief Intervention for Trauma Patients
http://sbirt.samhsa.gov/documents/SBIRT_guide_Sep07.pdf

Boston University Medical Center Alcohol Screening and
Brief Intervention Curriculum
www.bu.edu/act/mdalcoholtraining/index.html

Implementation

Alcohol Screening and Brief Intervention for Trauma Patients
http://sbirt.samhsa.gov/documents/SBIRT_guide_Sep07.pdf

Screening and Interviewing

Alcohol Screening.org

www.alcoholscreening.org

NIAAA Alcohol Alert on Screening for Alcohol and Alcohol-Related Problems

http://pubs.niaaa.nih.gov/publications/aa65/AA65.htm

American College of Emergency Physicians

http://acepeducation.org/sbi/media/bni_manual.pdf

Alcohol Screening and Brief Intervention for Trauma Patients

http://sbirt.samhsa.gov/documents/SBIRT_guide_Sep07.pdf

Health Behavior Assessment Worksheet

www.ireta.org/sbirt/pdf/SBIRT_TOOL_KIT.pdf

NIH Pocket Screening Guide for Alcohol

http://pubs.niaaa.nih.gov/publications/Practitioner/PocketGuide/pocket.pdf

World Health Organization Alcohol, Smoking, and Substance Involvement Screening Test

www.who.int/substance_abuse/activities/assist/en/index.html

SAMHSA Substance Abuse Treatment Locator

http://dasis3.samhsa.gov/

Reimbursement

SBIRT Codes and Fee Schedule

www.sbirt.samhsa.gov/coding.htm

Alcohol Screening and Brief Intervention for Trauma Patients

http://sbirt.samhsa.gov/documents/SBIRT_guide_Sep07.pdf

SAMHSA Coding Chart

www.sbirt.samhsa.gov/SBIRT/documents/SBIRT_Coding_Chart2.pdf

Ensuring Solutions SBI Reimbursement Guide

www.ensuringsolutions.org/resources/resources_show.htm?doc_id=385233

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