Understanding & Applying the SBIRT Model: An Efficient Approach for Primary & Integrated Care (Part 1)

Date: August 17, 2017

Presented by
Tiffany Cooke, MD, MPH, FAPA
Recorded Alliant Quality Behavioral Health Quickinar Events

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► Please forward to your colleagues
Opening Remarks

- Purpose
- Welcoming Dr. Tiffany Cooke
- Q&A

Stacy Hull, LPC  MAC
Behavioral Health Task Lead
Free Technical Assistance

Alliant Quality can offer the following technical assistance to help your primary care practice improve screening rates:

► Expertise in billable screening tools, treatment approaches and referral processes
► Process design and linkages to referral programs
► Training in quality improvement methodologies
► Opportunities to participate in Learning and Action Networks
► Education on best practices, shared successes and lessons learned
Depression Screening Codes

The following clinicians are eligible to bill for the services listed below: General Practitioners; Family Practitioners; Internists; Geriatricians; Nurse Practitioners; Certified Clinical Nurse Specialists; Physician Assistants.

► **G0444** – Annual Depression Screening, up to 15 minutes:
  NC ($18.98); Atlanta ($19.99); Rest of GA ($18.65)

► **G0402** – Initial Preventive Physical Examination
  NC ($175.95); Atlanta ($183.14); Rest of GA ($174.20)

► **G0438** – Annual Wellness Visit
  NC ($181.05); Atlanta ($188.64); Rest of GA ($179.13)

[http://www.alliantquality.org/content/behavioral-health](http://www.alliantquality.org/content/behavioral-health)
Alcohol Misuse Screening & Counseling Codes

► G0442 – Annual alcohol misuse screening, 15 minutes
  \textit{frequency}: annual basis

► G0443 – Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes
  \textit{frequency}: for those with positive screens, 4 times a year.

(For both services the co-payment/co-insurance & deductible are waived.)
Featured Guest Speaker

- Board Certified Adult Psychiatrist
- Fellowship in Community Psychiatry at Emory University
- Behavioral Health Advocate

Tiffany Cooke, MD, MPH, FAPA
Objectives

By the end of today’s session you will be able to:

► Name the (3) components of SBIRT
► Name (4) benefits to universal screening
► Name at least (3) behavioral health screening tools and the conditions they help identify
► Name the (4) steps associated with brief intervention
What is SBIRT?

**SCREENING**
- Assess for risky substance use
- Identify appropriate treatment level

**BRIEF INTERVENTION**
- ↑ Patient awareness of risky substance use
- Motivational interviewing techniques for change

**REFERRAL TO TREATMENT**
- Patients with severe use referred to specialty treatment
Why SBIRT?

► Evidence-based
► Early identification, and prevention for problematic/risky substance use → decreased level of substance use
► Model can be used for any chronic condition
► Settings: clinics, ER, trauma centers, inpatient
Polling Question

What are the benefits of a universal screening?

1. Reduces ER visits
2. Lower healthcare costs
3. Early prevention
4. All of the above
Do We Need Universal Substance Use Screening?

► Risky substance use:
  - preventable cause of morbidity & mortality, leading cause of disability
  - can exacerbate or cause chronic conditions: diabetes, hypertension, CV disease, depression, anxiety, many others
  - occurs frequently in primary care, yet is underdiagnosed

► Less ER visits, inpatient days
► Lowers health care costs
**Time**

- Majority of patients 2-5 minutes
- ~20% : 15 min, not all physician time
- All new patients, and at least annually
- With repeated practice & increasing provider comfort time shortens
SCREENING

NO: Reinforce + behavior

YES: Ask ?’s to assess level of use

HIGH RISK USE

SEVERE USE

REFERRAL TO TREATMENT

BRIEF INTERVENTION
Substance Use Screening Tools

- **AUDIT**: alcohol
- **ASSIST/NIDA Modified ASSIST**: stimulant, sedatives, tobacco, misuse of Rx opioids
- **DAST-10**: drug use excluding alcohol, tobacco
- **CAGE-AID**: alcohol, drugs
Substance Use Screening Tools: Patients Under 21

- CRAFFT (patients under 21): alcohol, drugs
- DAST-20: adolescents
- Hooked on Nicotine Checklist: primary use in teens, can be used in adults
- S2BI: ages 12-17: tobacco, alcohol, drugs
Other Useful Mental Health Screens

► PHQ-9 : depression
► GAD-7: anxiety
Polling Question

The SBIRT Model can only be administered by the physician in the examination room?

1. True
2. False
Screening During a Visit

► Lobby
  - Paper
  - Kiosk
  - Tablet
► Nurse triage
  - Paper
  - EMR
► Physician/PA/CNS/NP visit
  - Paper
  - EMR
Brief Intervention

► Moderate risk
  ► 15-20% of patients
  ► Educate re: moderate drinking limits & health risks if exceeded
► Encourage to change thinking & commit to change
  ► Empower patient to change
  ► Problem solve, build positive coping skills
  ► SUPPORTIVE
**Brief Intervention**

1. Raise subject/Understand patient’s views/Build rapport
   - Ask permission, Ask Pros/cons
2. Provide feedback
   - Review Health Risks
3. Enhance motivation to change
   - Readiness & confidence scales
4. Provide advice, negotiate goal, thank patient
   - Summarize
LOW-RISK DRINKING LIMITS
Source: National Institutes of Health

MEN 18-65
No more than:
4 drinks per day
AND no more than:
14 drinks per week

WOMEN 18-65*
No more than:
3 drinks per day
AND no more than:
7 drinks per week

AGE 66+
No more than:
3 drinks per day
AND no more than:
7 drinks per week

*Women who are pregnant or breastfeeding should not drink.

WHAT COUNTS AS ONE DRINK?
One drink is:
- 12-ounce can of beer
- 5-ounce glass of wine
- A shot of hard liquor (1½ ounces)

Adapted from World Health Organization

RISK ZONE PYRAMID
Severe 5%
Harmful 10%
Risky 10%
Low Risk or Abstain 75%

Not at all
0 1 2 3 4 5 6 7 8 9 10 Very
What Do I Say?

- Open ended questions
- Affirmations
- Reflections
- Summaries
What Do I Say? (Continued)

FRAMES
Feedback
Responsibility
Advise
Menu of Options
Enhance Motivation
Self-Efficacy

FLO
Feedback
Listen
Options
Part 2:
- Referral to Treatment
- Practice Workflow
References


Closing

Thank you!

For more information, please contact:

► Tiffany Cooke, MD, MPH, FAPA at: wellness@innovationsbh.com
Contact Information

Stacy Hull, LPC MAC
Behavioral Health Task Lead
678.527.3464
Stacy.Hull@alliantquality.org
Behavioral Health LAN: Upcoming Event

Understanding & Applying the SBIRT Model: An Efficient Approach for Primary & Integrated Care (Part 2)

September 21, 2017
12:30 to 1:00pm ET

Tiffany Cooke, MD, MPH, FAPA
Making Health Care Better