


SBIRT
 SCREENING, BRIEF INTERVENTION,
 AND
 REFERRAL TO TREATMENT
 FOR
 TRAUMA PATIENTS



SBIRT PREPARED TEAM

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- ▶ **Screening, Brief Intervention and Referral to Treatment (SBIRT)** is an evidenced-based approach to identify problematic use and to reduce and prevent substance abuse and dependence.



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Morbidity and Mortality


- ▶ >107,000 alcohol related deaths each year
- ▶ 1/3 of adult admissions are alcohol related
- ▶ Attributable risk factor for multiple illnesses
- ▶ Major risk factor for all categories of injury
- ▶ Problem drinkers have 2x injury events/yr and 4x as many hospitalizations for injury
- ▶ A single alcohol-related visit predicts continued problem drinking

PowerPoint presentation by Dr. Gail D'Onofrio on Screening, Brief Intervention, and Referral to Treatment - <http://www.utexas.edu/research/cswr/nida/workshops/D16z7/Onofrio.ppt>

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SBIRT GOAL

- ▶ **The SBIRT GOAL-** Is to focus on those individuals who might be at risk of developing or having a substance use disorder in hopes of eliminating or reducing that risk.



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Developing an SBIRT Program


- ▶ Alcohol plays a significant role in contributing to illness, injury and even death, therefore the ACS (American College of Surgeons) requires protocols to be in place to take advantage of a "teachable moment" by implementing screening and brief intervention as part of routine trauma care.
- ▶ Over 20,000 (7.6 million per year) people enter emergency departments everyday for alcohol-related injuries and illnesses.

Rivara, F.P., Jurkovich, G.J., Gurney, J.G., et al. The magnitude of acute and chronic alcohol abuse in trauma patients. Arch Surg 1993; 128: 907-913.

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ACSCOT Requirement

The American College of Surgeons' Committee on Trauma (ACSCOT) **REQUIRES** trauma centers to have a mechanism in place to identify problematic drinkers and for trauma centers to provide brief interventions for those patients meeting positive screen results.



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STEPS "Building Blocks" of an SBIRT Program

Screening is the *first step* in the SBIRT process.

Nursing Staff- Assess and Screens the patient's condition; evaluate patient risk factors.
(AT BHGP any Trauma Patient 15 years or older should have a substance abuse screening unless a history is known for someone younger and then it should also be obtained on that patient.)

Screening identifies patients **at risk** for drinking / substance related issues while providing specific information and feedback about their substance use.

1 in 3 children starts drinking by the end of 8th grade www.niaaa.nih.gov/YouthGuide

American Academy of Pediatrics Committee on Substance Abuse. (2011). Substance use screening, brief intervention, and referral to treatment for pediatricians. [Electronic version]. *Pediatrics*, 128:e1330-40.



Who we screen....

BHGP screens any Trauma Patient 15 years and older (*especially those admitted or transferred*) should have substance abuse screening & labs (ETOH/UDS) unless a history is known for someone younger and then they should also receive screening.

Social Work Consult is activated for all positive alcohol, and illicit drug screens.

EPIC Substance Abuse Screening

STEPS "Building Blocks" of an SBIRT Program

Next Step-Brief Intervention

Uses 3 components

- 1) Information or feedback,
- 2) Understanding patients view of drinking and enhancing motivations,
- 3) Offers clear respectful professional advice allows for F/U-Referral to treatment.

Brief Intervention (BI)- 5-10 minute brief discussion providing the patient with personalized feedback that shows concern for their substance use, focuses on changing a patient's behavior by increasing awareness regarding substance use.



**Social Work Consult is activated for all positive alcohol, and illicit drug screens.*

Alcohol Brief Intervention Provider Guide

Raise the Subject

- Establish rapport & explain practitioner's role (Avoid a judgmental stance)
- Engage the patient "Would you mind taking a few minutes to talk with me about your alcohol use?" *If resistant occurs- go to step #2*

Provide Feedback

- Review current drinking patterns (use Audit), expressing concern in a non-judgemental fashion. "From what I understand you are drinking [amount]... We know that drinking above certain levels can cause problems such as...[EJ problem, or risk of illness and injury]. I am concerned about your drinking."

Alcohol Brief Intervention Provider Guide

Enhance Motivation

- Assess readiness to change - Have patient self identify readiness to change, on a scale of 1-10 "On a scale from 1-10, how ready are you to change any aspect of your drinking?" Discuss, such pros and cons of drinking. Use reflective listening.

Negotiate and Advise

- Assist patient to identify a goal from a menu of options. Reiterate what patient says in Step 3 and say, "What's the next step?" or, "Where do you go from here?" **Negotiate a goal** "What would you like to do?" **Suggest primary care follow-up for drinking level/pattern and thank the patient.** "In case you decide you want to talk about this further with someone, here are some local phone numbers." "Thank you for taking the time to talk with me

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STEPS "Building Blocks" of an SBIRT Program

Lastly- Referral to Treatment & F/U

Referral to Treatment - for those whose screening indicates a severe problem or dependence, the next step is referral to substance abuse treatment.

Recommending local treatment organizations: Alcohol Anonymous (AA) ; Brochures etc.

- Determine if the patient's needs exceed a facility's capacity.
- Arrange appropriately for the patient's inter-hospital transfer (who, what, when, and how).
- Assure that optimum care is provided and that the level of care does not deteriorate at any point during the evaluation, resuscitation, or transfer process.

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Trauma Process Improvement Initiative

- Trauma Services at BHGP requested the following objectives:

Physicians

- EC Physicians / Trauma surgeons identify and order ETOH levels / substance abuse screening labs as appropriate
- EC Physicians Consult social work for any admitted trauma patient with positive substance abuse labs.
- Chart Consult and reason for consult in EPIC Example: (SBI) Substance Abuse Intervention

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Trauma Process Improvement Initiative

Nurses

- 1. Encourage nursing staff to have open communication with the physicians & remind the physicians (including the trauma surgeons) to obtain labs & consult social work on ANY trauma patient that test positive for ETOH or drugs. The social worker will then f/u with the patient & provide this information to them and do a more extensive review of their substance abuse.
- 2. Nurse can place the order for social work consult themselves, for ETOH/substance abuse.
- 3. If it is a weekend & they have a trauma patient that is positive for substance abuse (ETOH or drugs) have the nurse print step by step substance abuse resource instructions, give to patient & chart Substance Abuse Discharge Instructions given to patient. If the patient does not want it or refuses, it can be left with them in the room & charted accordingly.

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Reimbursement for SBIRT?

Can We Be Reimbursed for SBIRT? **YES**

The American Medical Association has approved two codes (based on time devoted to the service): 99408 and 99409. Use of these codes requires documentation in the clinical record.

CPT (Commercial Insurance)*

99408 Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes

99409 greater than 30 minutes

http://www.integration.samhsa.gov/sbirt/Reimbursement_for_SBIRT.pdf

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Reimbursement for SBIRT?

Medicare

- The Centers for Medicare & Medicaid Services created codes G0396 and G0397 for reporting comparable services for Medicare fee-for-service schedule (FFS) patients. Medicare does not reimburse for screening, but does pay for assessment.
- G0396 Alcohol and/or substance (other than tobacco) abuse structured assessment (AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes
- G0397 greater than 30 minutes

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Reimbursement for SBIRT?

Medicaid

CMS has also created SBI codes for Medicaid:

H0049 Alcohol and/or drug screening.

H0050 Alcohol and/or drug services, brief intervention, per 15 minutes.

The Institute for Research, Education and Training in Addictions (IRETA) will work with you and your staff to determine which codes will provide the maximum reimbursement for the specific patient population that uses SBIRT services.

Give handouts on Reimbursement for SBIRT

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► Questions?



(Not for an we know, photo is public domain)

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Resources

The American Medical Association (AMA), Reimbursement for SBIRT
(AMA) http://www.integration.samhsa.gov/sbirt/Reimbursement_for_SBIRT.pdf

American College of Surgeons SBIRT Trauma Program, Alcohol Screening & Brief Intervention (SBI)
For Trauma Patients, COT Quick Guide
<http://www.facs.org/trauma/publications/sbirtguide.pdf>

SBIRT Screening, Brief Intervention & Referral To Treatment
<http://www.integration.samhsa.gov/clinical-practice/SBIRT.pdf>

For more information about specific drugs (including prescription medications that can be abused),
commonly-used names, and health effects, please reference
www.drugabuse.gov/DrugPages/DrugsOfAbuse.html, from the National Institute on Drug Abuse.

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Treatment . <http://www.utexas.edu/research/cswr/nida/workshops/D%27Onofrio.ppt>

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RESOURCES

- Pictures found on clip Art or Web
- <http://www.inspirational-quotes-short-funny-stuff.com/very-funny-jokes.html>
- <http://www.verybestoftimes.html>
- <http://hdfunnywallpapers.blogspot.com/2012/09/funny-pictures-of-people-drunk.html>

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