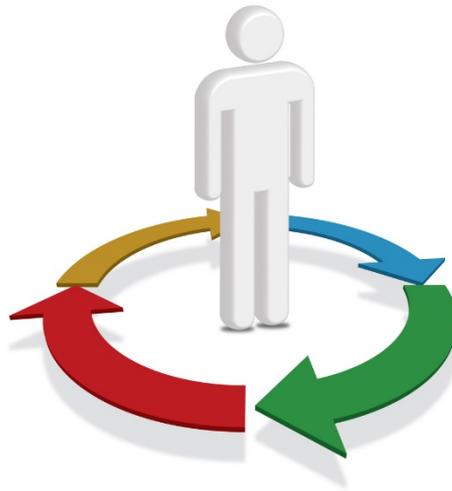


SBIRT: AUDIT-C and Care Pathways



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National Council for Behavioral Health
June 7, 2018

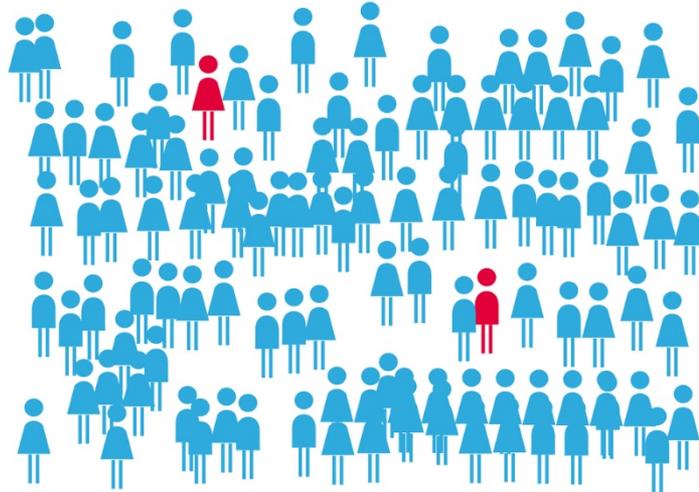
SBIRT is a comprehensive, integrated public health model

Screening to identify patients at-risk for developing substance use disorders.

Brief Intervention to raise awareness of risks, elicit internal motivation for change, and help set healthy goals.

Referral to Treatment to facilitate access to specialized services and coordinate care between systems for patients with highest risk.

A Paradigm Shift



- Not looking for addiction
- Looking for unhealthy substance use patterns
- Looking for opportunities for early intervention
- Meeting people where they are

Service bundle provided

to patients based on

Level of need/care

Patient readiness

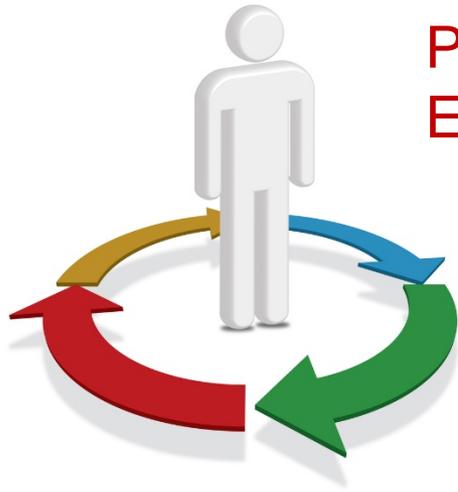
Evidence

This is how we do

Diabetes

Tobacco cessation

Substance Use



Care Pathways

Standardized so staff can concentrate on

The art of medicine

Patient engagement

Crises as they arise

Not recreating the wheel

Grounded in Continuous Quality

Improvement because

Evidence changes

Processes need refining

Codes, billing, reimbursement changes

Programs and staff change/evolve

A care pathway **workflow** is a **sequence** of connected clinical and administrative process steps diagramed to explain the movement of materials, information, or people through a process that has clearly defined start and stop points.



Promotes understanding of each **team** member's role(s).
Supervisors are responsible for monitoring use and fidelity.
Are we doing it the way we said we were going to do it?
(Data guides this.)



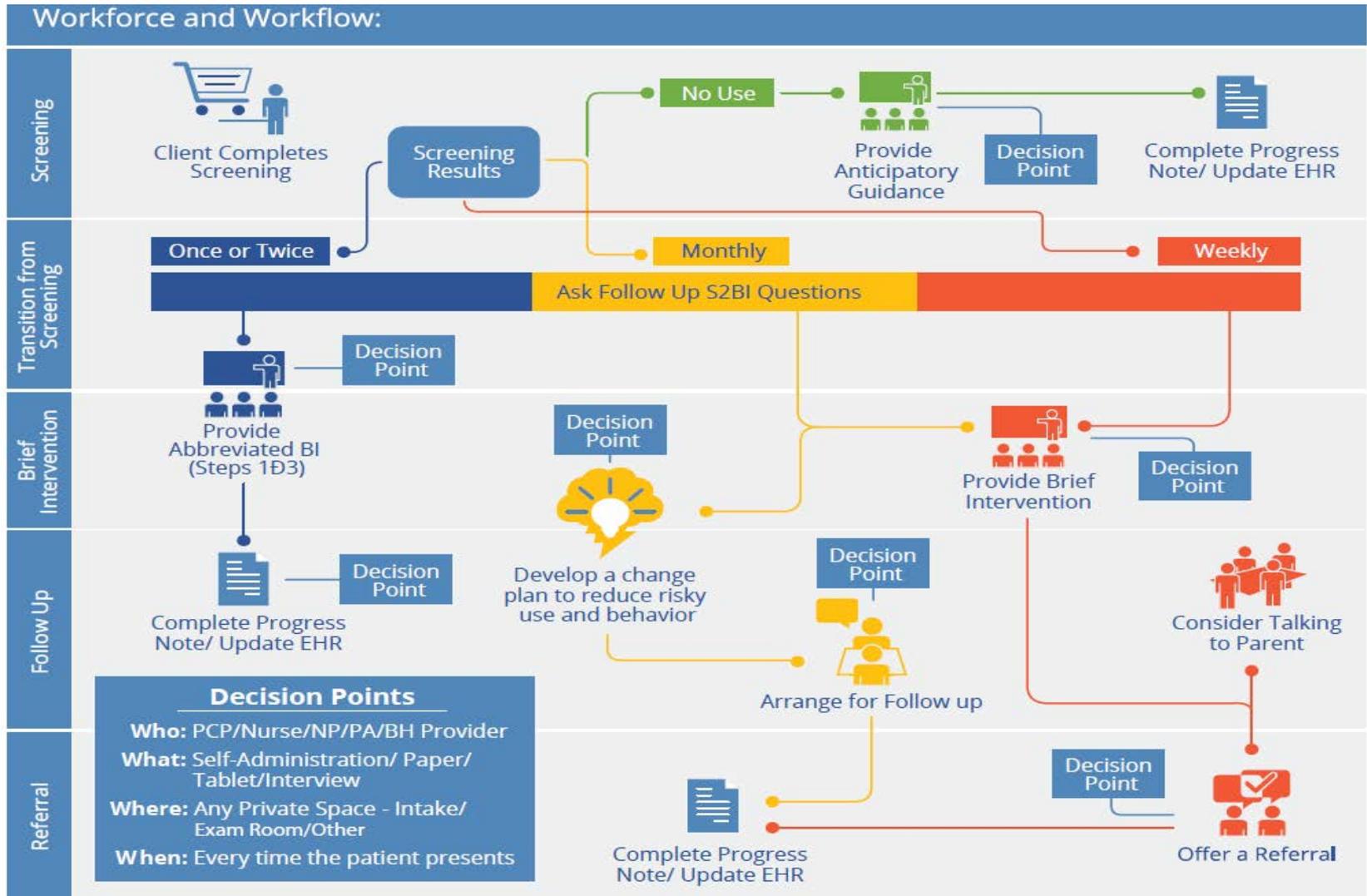
Clarifies the process and outcome **measures** being used to collect **data** and report findings as part of a population health management and risk stratification approach?



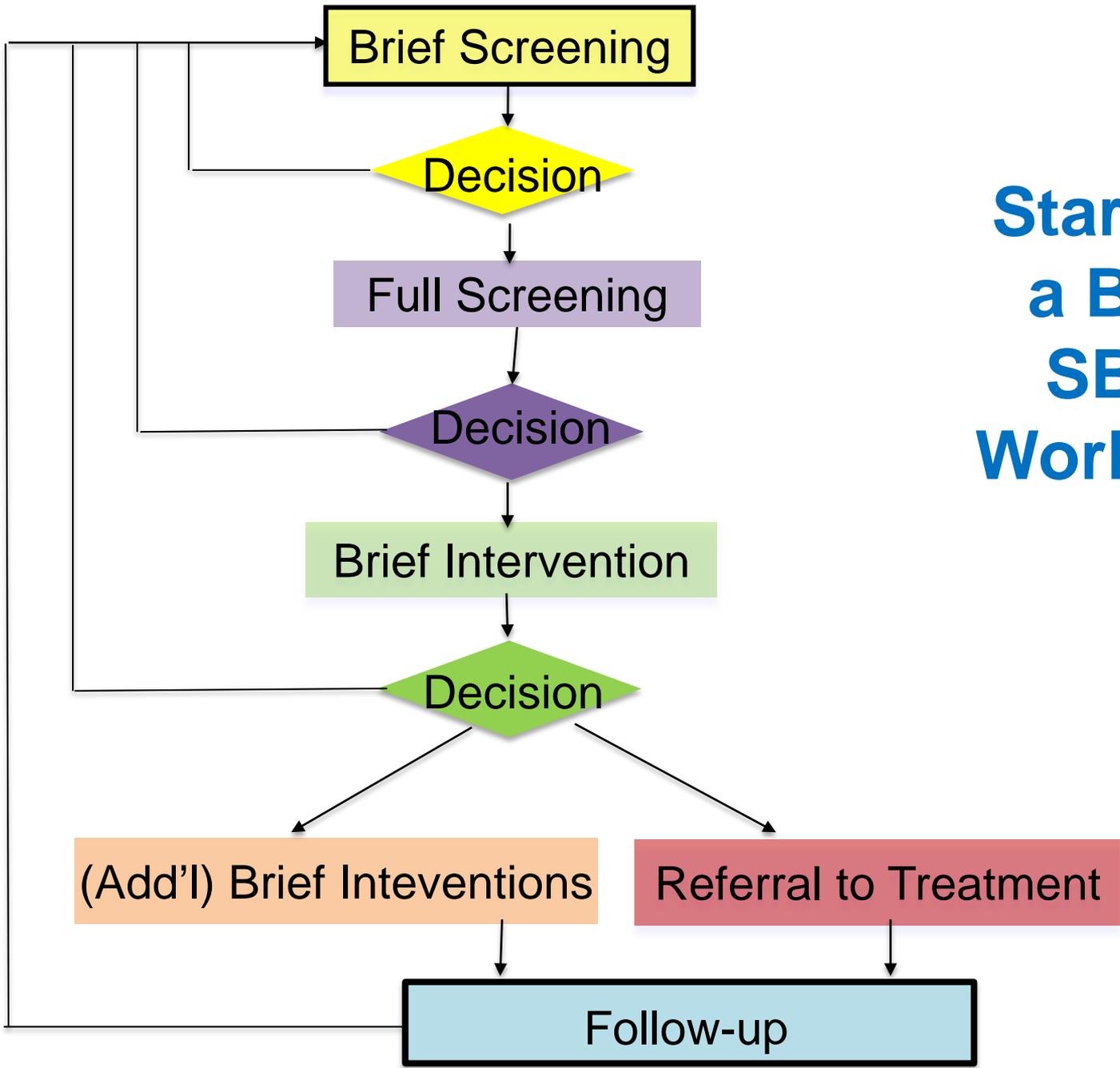
Estimates the **cost** associated with providing the service.



Example: If we were going to provide excellent care for adolescents using substances, what would it look like?



From “Improving Adolescent Health: Facilitating Change for Excellence in SBIRT”. National Council for Behavioral Health & Conrad N. Hilton Foundation, 2017 draft.



**Start with
a Basic
SBIRT
Work Flow**

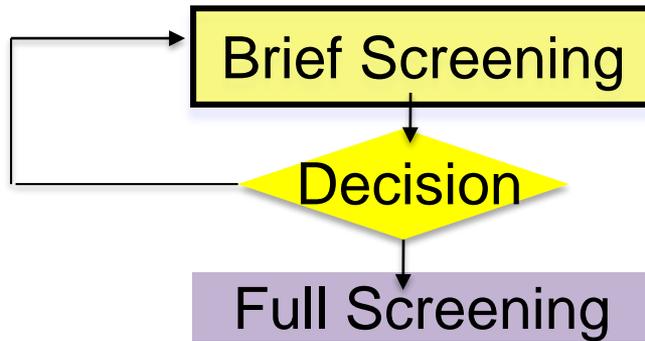
Brief Screen: AUDIT-C, 1 Drug Question

Questions	0	1	2	3	4
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2 to 4 times a month	2 to 3 times a week	4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
3. How often do you have 5 or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily

Alcohol screen is “positive” if (male) 4 pts or more, (female) 3 pts or more

4. In the last 12 months, did you smoke pot, use another street drug, or use a prescription painkiller, stimulant, or sedative for a non-medical reason?

Drug screen is “positive” if (male or female) yes



- Who will do the brief screening? (Paper from front desk, rooming staff paper or electronic)
- Who will review results of the brief screening? (Rooming staff, clinician/provider)
- Brief screen negative? No further action until next routine screen (annual)
- Brief screen positive? Administer full screen
- Who will document results of the brief screen? (Rooming staff, clinician/provider)

Full Alcohol Screen: AUDIT

Questions	0	1	2	3	4	
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2 to 4 times a month	2 to 3 times a week	4 or more times a week	
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
3. How often do you have 5 or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	
					Total	

www.drugabuse.gov/sites/default/files/files/AUDIT.pdf



Risk level	AUDIT Results
Low risk	0-7
Hazardous Use	8-15
Harmful Use	16-19
Possible dependence	20-40

Babor, 2016 IJADR



Full Drug Screen: DAST

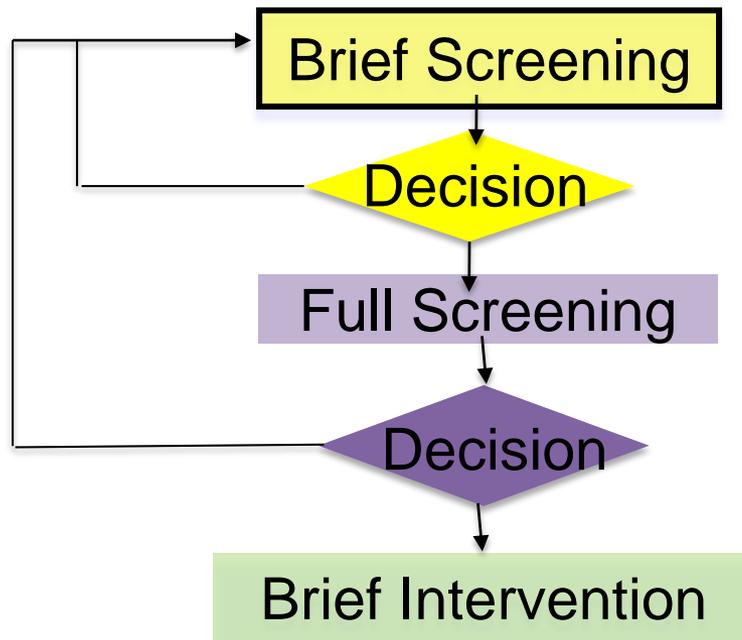
These questions refer to the past 12 months.	No	Yes
1. Have you used drugs other than those required for medical reasons?	0	1
2. Do you abuse more than one drug at a time?	0	1
3. Are you always able to stop using drugs when you want to? (If never use drugs, answer "Yes.")	0	1
4. Have you had "blackouts" or "flashbacks" as a result of drug use?	0	1
5. Do you ever feel bad or guilty about your drug use? If never use drugs, choose "No."	0	1
6. Does your spouse (or parents) ever complain about your involvement with drugs?	0	1
7. Have you neglected your family because of your use of drugs?	0	1
8. Have you engaged in illegal activities in order to obtain drugs?	0	1
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	0	1
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?	0	1

www.drugabuse.gov/nidamed-medical-health-professionals



Risk level	DAST Results
Low	1-2
Moderate	3-5
Substantial	6-8
Severe	9-10

Skinner, 1982 Addictive Behavior



- Who will do the full screening? (Rooming staff paper or electronic, clinician/provider)
- Who will review results of the full screening? (Rooming staff, clinician/provider)
- How will the full screen results determine need for brief intervention? (Anything other than “low”)
- Who will document results of the full screen? (Rooming staff, clinician/provider)

Gather Data to Inform Changes For the Pathway

Screening Questions

1. Are we routinely screening for substance use?

- % eligible screened
- # negative screens
- # low/moderate/high risk

2. Are brief interventions and referrals to treatment resulting in a reduction in or absence from substance use and risky behaviors?

- % eligible re-screened





Brief Intervention

- To raise a person's awareness of risks associated with substance use, elicit internal motivation for change, and help set behavior change goals
- A 5-30 minute conversation depending on setting, procedure codes

Screening Informs Level of Intervention

Negative screen

Low or no use

Positive feedback, reinforce

low risk levels of use

Positive screen

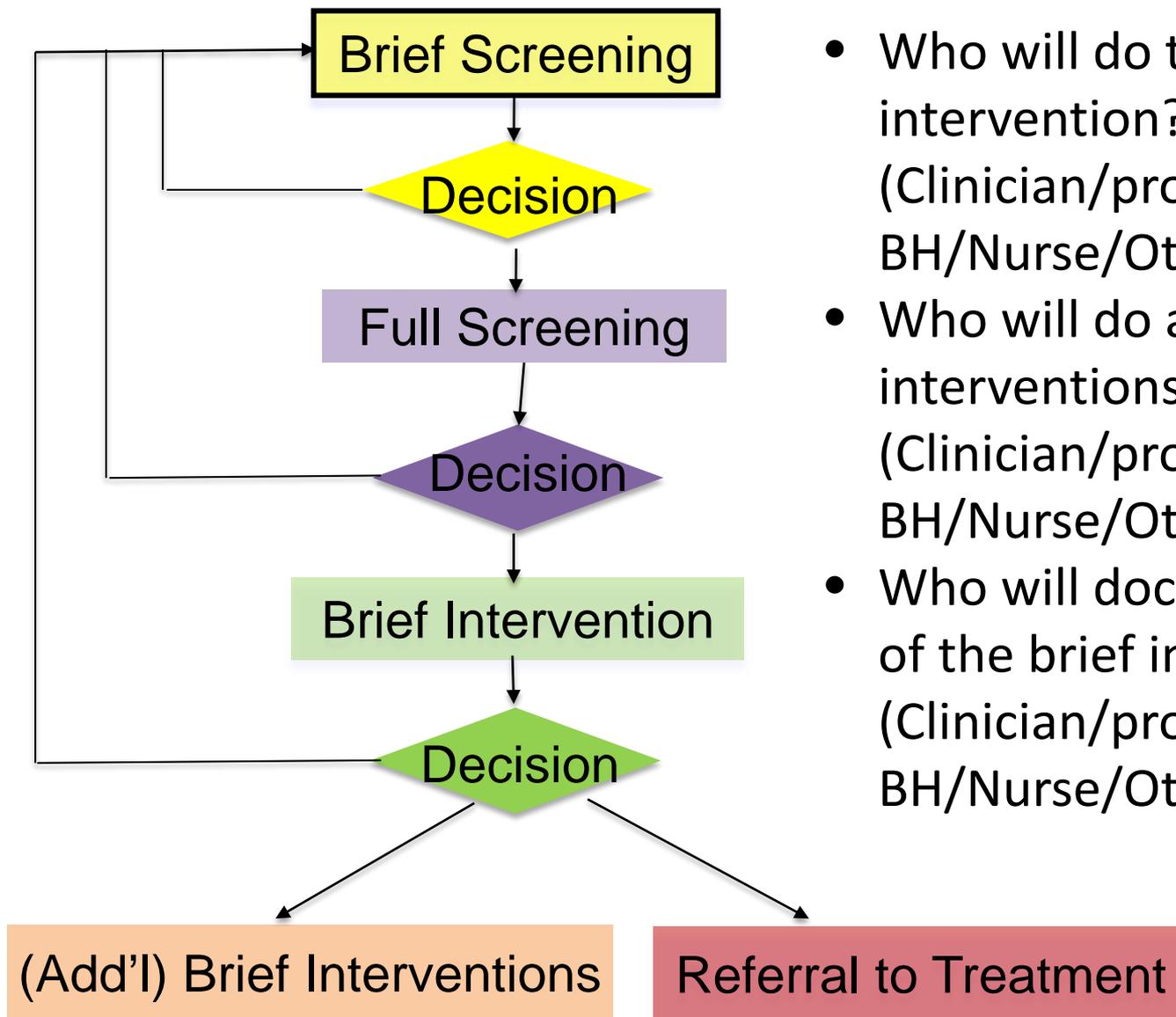
Use at levels that can
impact health

Brief intervention to reduce
use and/or lower risk

High-Positive screen

Use at levels that are most
likely to impact health

Brief intervention to engage
in further assessment



- Who will do the brief intervention?
(Clinician/provider, BH/Nurse/Other)
- Who will do additional brief interventions if warranted?
(Clinician/provider, BH/Nurse/Other)
- Who will document results of the brief intervention?
(Clinician/provider, BH/Nurse/Other)

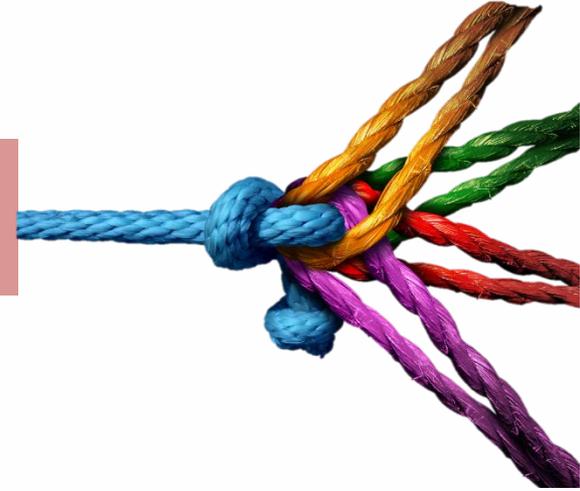
Gather Data to Inform Changes For the Pathway

Brief Intervention Questions

1. Are we providing brief interventions for those at risk?
 - % screened positive for risky substance use that received a brief intervention
 - Number of BI's received per patient



Referral to Treatment



A process involving

proactive and collaborative coordination

between SBIRT providers and those providing

substance use disorder treatment to ensure a person has

access to and engages in an appropriate higher level of care

regarding the consequences associated with their substance use.

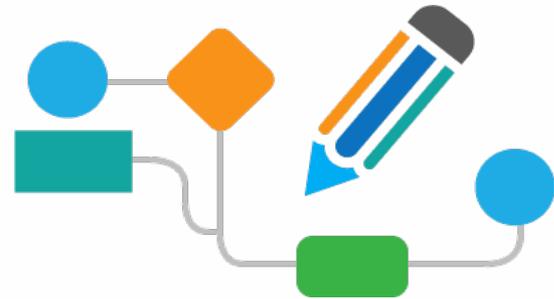
<http://www.integration.samhsa.gov/sbirt/tap33.pdf>

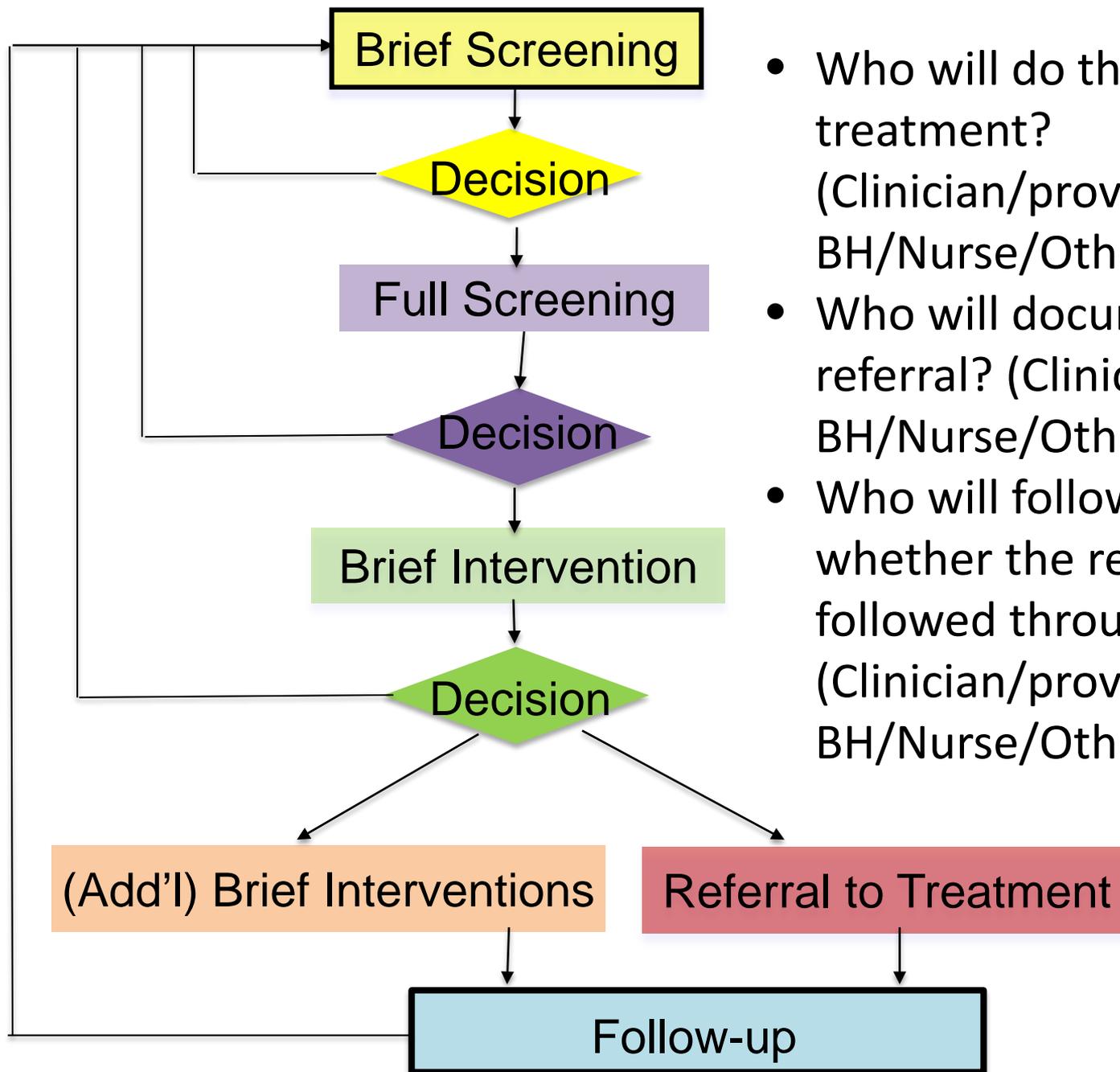


Management & Follow-Up Monitoring (Referral to Treatment 2.0)

Shared decision making about options, other services:

- Medications
- Individual therapy
- Peer support
- Group-based treatment
- No treatment but possible self-management with continued primary care support and monitoring





- Who will do the referral to treatment?
(Clinician/provider, BH/Nurse/Other)
- Who will document the referral? (Clinician/provider, BH/Nurse/Other)
- Who will follow up on whether the referral was followed through?
(Clinician/provider, BH/Nurse/Other)

Gather Data to Inform Changes For the Pathway

Referral to Treatment Questions

1. Are we initiating a referral when screening indicates moderate to severe risk?
2. Are we using an effective method to successfully coordinate treatment?
3. Are we referring and coordinating treatment in a timely manner?
 - % receiving treatment referral on same day as SBI
 - % referred to treatment who attended the intake appointment
 - % referred to treatment who completed treatment





Levels of Integration

from the Integrated Practice Assessment Tool (IPAT)

Coordinated		Co-located		Integrated	
1	2	3	4	5	6
Minimal Collaboration	Basic Collaboration at a Distance	Basic Collaboration Onsite	Close Collaboration Onsite with some System Integration	Close Collaboration Approaching an Integrated Practice	Full Collaboration in a Transformed / Merged Integrated Practice



SBIRT at Level 1 – Minimal Coordination

- Behavioral health provider from partner organization onsite 2 days a week to screen patients.
- Patients are screened and information is documented in separate system.
- Brief interventions occur and referrals to external provider made when needed.



SBIRT at Level 4 – Close Collaboration

- Behavioral health provider from partner organization is onsite 5 days a week.
- Has adopted the culture of the health center and is in close connection with the team.
- Information is documented in shared medical record.
- Integrated care teams meet regularly to review some cases.



SBIRT at Level 6 – Close Collaboration

- Behavioral health provider is a core member of the practice team
- All patients are screened routinely, information documented shared among the integrated care team
- Screening and brief intervention is not seen as a “burden”
- Data is being collected on health improvement, cost savings, and provider satisfaction and shared regularly
- Training on SBIRT is embedded in onboarding

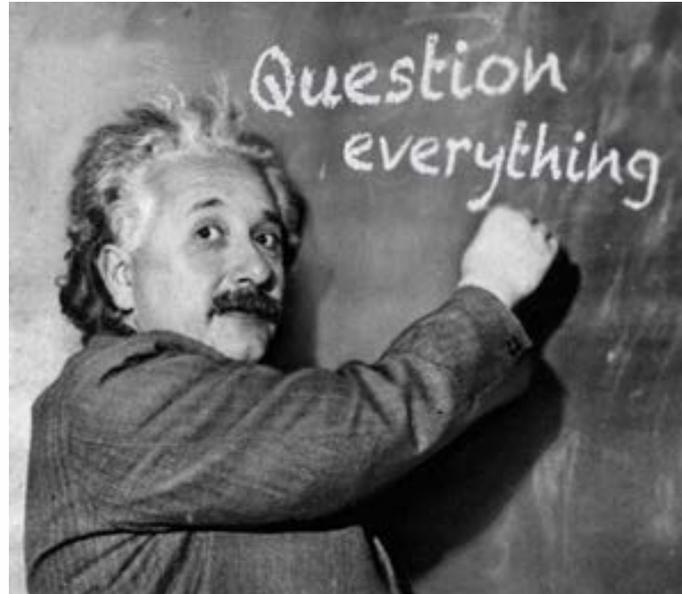
LEVEL 6

Full Collaboration in a Transformed/ Merged Integrated Practice

In same space within the same facility, sharing all practice space, where they:

- » Have resolved most or all system issues, functioning as one integrated system
- » Communicate consistently at the system, team and individual levels
- » Collaborate, driven by shared concept of team care
- » Have formal and informal meetings to support integrated model of care
- » Have roles and cultures that blur or blend

Questions & Comments



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