

SBIRT

A STEP INTO INTEGRATED CARE

MELODY J HICKS, MC, LPC

Agenda

- What is SBIRT & Why Use it?
- How it works
- SBIRT Grant in Northern AZ
- SBIRT's relationship with Motivational Interviewing
- Challenges & Successes
- SBIRT beyond the Grant
- Questions/discussion

S = screening

B & I = Brief Intervention

R & T = Referral to Treatment

A bit of history about SBIRT

- The role of the World Health Organization (WHO)
- In the 1980s a committee in WHO "stressed the need for efficient methods to identify persons with harmful and hazardous alcohol consumption BEFORE health and social consequences become pronounced."
- In 1982 The *WHO Collaborative Project on Identification & Treatment of Persons with Harmful Alcohol Consumption* was charged with developing a scientific basis for screening and brief interventions in primary care settings.
- The result of this 1982 effort was the creation of the Alcohol Use Disorders Identification Test (AUDIT) which has been translated into several languages and has a 92% effectiveness rate in detecting hazardous or harmful drinking.

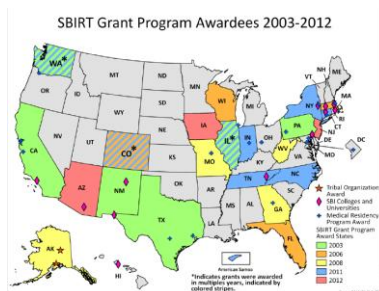
A bit more history

- Unlike some alcohol screening tests, the **AUDIT** has proven to be accurate across all ethnic and gender groups.
- Although its use is widespread it was created for use in primary care settings in part because it is brief, rapid and flexible
- The WHO created the Brief Intervention practice whose aim it is to "identify a real or potential alcohol problem and motivate an individual to do something about it"

SAMHSA & SBIRT

SAMHSA, in 2003 established the SBIRT Grantee Program and has since then funded four different grantees:

- 1 - SBIRT Cooperative Agreements to Single State Authorities (15)
- 2 - SBIRT implementation on college campuses (12)
- 3 - Pilot project for SBIRT implementation within Federally Qualified Health Centers (FQHCs)
- 4 - SBIRT implementation with medical residency programs (17)



Is SBIRT really Effective?



YES...
And evidence continues to grow!

Table 1. EFFECTIVENESS OF SBIRT AND ITS COMPONENTS FOR BEHAVIORAL HEALTH CONDITIONS

	Screening	Brief Intervention*	Brief Treatment*	Referral to Treatment	Evidence for Effectiveness of SBIRT
Alcohol Misuse/Abuse	✓	✓	✓	✓	Comprehensive SBIRT evidence. Category is SBIRT1.
Brief Drug Misuse/Abuse	✓	*	*	✓	Growing but inconsistent evidence.
Tobacco Use	✓	✓	✓	✓	Effective brief approach consistent with SBIRT (ASAP/ST) 2008 U.S. Preventive Health Services (PHS) Clinical Practice Guidelines.
Depression	✓	—	✓	✓	No evidence to date for depression.
Trauma/Anxiety Disorders	✓	*	—	✓	No evidence to date for trauma/anxiety disorders.

Key: ✓ Evidence for effectiveness/utility of component

* Component Demonstrated to show Promising Results

— Not Documented and/or Not Utilized

How It Works

Screening Process – Can involve “prescreening” questions which helps to identify patients with “risky behaviors”

For Arizona and the SBIRT Grant

How many times in the past 12 months have you had 5 or more drinks in one day (4 or more if a woman or over the age of 65)?

How many times in the past 12 months have you used illegal substances or prescribed medications for a non-medical use?

Screening Options

Alcohol Use Disorders Identification Test (AUDIT)

Drug Abuse Screening Test (DAST)

Alcohol, Smoking, Substance Involvement, Screening Test (ASSIST)

Cut Down, Annoyed, Guilty, Eye-Opener (CAGE)

Scoring Options

Negative score: (nothing but positive feedback)

Positive score: Low risk (positive feedback)

Moderate Risk (Brief Intervention is indicated)

High Risk (Brief Treatment or Referral to Treatment)

Brief Intervention

The Goal of Brief Intervention is to "ask permission" to "raise the subject" and educate patients about risky behavior as it applies to their substance of choice and to increase their motivation to reduce risky behavior.

Usually it takes about 5 to 15 minutes. Education materials can be given to patients during the "Intervention"

Brief Treatment

The Goal of Brief Treatment (which usually involves a number of sessions) is to change not only the immediate behavior or thoughts about "risky" behavior but also to address long-standing problems with harmful drinking & drug use.

Brief Treatment is often done by Health Educators and other people who provide case management and/or education to patients. Strong background in Substance Use is recommended.

Referral to Treatment

Many of the patients who score in this range are PRESENTLY IN TREATMENT OR HAVE RECENTLY COMPLETED TREATMENT.

Warm "hand offs" work best for those that score in this range...or doing Brief Treatment to help motivate patients to enter treatment.

SBIRT Grant in Northern AZ

Cooperative Agreement to Single State Authorities - awarded in June 2012 - 5 year Grant for 7.5 million with focus on the 5 Northern Counties in AZ

Route of Funding: Governor's Office for Children Youth and Families (GOCYF) - official Grantee.

Funds were provided to the AZ Dept. of Behavioral Health who, in turn funded the SBIRT Grant Project at the Northern Arizona Behavioral Health Authority or NARBHA.

Counties	Alcohol as First-Listed Dx		Alcohol-Induced Deaths per 100K	Drug Dependence Abuse, or Misuse as First-Listed Dx		Drug-Induced Deaths per 100K
	ED Visits per 10K	Inpatient D/C per 10K		ED Visits per 10K	Inpatient D/C per 10K	
ARIZONA	23.8	7.3	12	24.6	11.8	16.8
Northern Arizona (GSA 1)						
Apache	35.0	11.3	36.3	8.6	5.9	12.9
Coconino	75.3	8.1	26.6	21.2	6.9	11.1
Mohave	31.1	9.6	16.7	34.0	13.6	28.7
Yavapai	31.0	7.5	13.8	27.1	10.1	19.3
Navajo	57.4	9.1	35.6	20.7	8.3	17.8
Other Counties in the State						
Cochise	28.8	4.4	11.2	35.5	7.9	17.1
Gila	34.7	9.6	15.9	30.5	10.8	22.9
Graham	43.5	15.8	14	53.8	19.1	16.5
Greenlee	10.4	3.5	0.0	13.8	6.9	50.0
La Paz	20.2	6.4	35.4	30.3	8.7	25.2
Maricopa	17.7	6.9	10.6	22.9	12.0	15.8
Pima	33.2	8.8	10.7	30.4	14.2	19.7
Santa Cruz	14.3	5.1	2.1	19.6	6.5	17.9
Pinal	21.1	5.8	10.7	22.9	12.5	13.8
Yuma	17.9	4.9	5.1	16.8	6.6	13.0

The process

First sites were the integrated clinics of the Responsible Agencies that work with NARBHA:

Encompass in Page, AZ

West Yavapai in Prescott Valley

Verde Valley Guidance Center in Cottonwood

North Country Health Care in Flagstaff (non RA)

The process

Medical Assistants given the task of pre-screening and screening patients

Brief Interventions were done by nurses, or Medical Assistants and in one case the Physician Assistant (whoever could do it)

The model was a "fee for service" - reimbursement for Brief Interventions, Brief Treatments & Referrals to Treatment

Target Goal = 38,154 screenings per year



By the end of June (year 1) we had a total of 1,058 screenings!

OOPS...

In June 2013 SAMHSA did a technical Assistance visit and showed us the way

- Dump the fee for service idea
- Fund sites to hire staff dedicated to SBIRT
- Focus on the 6 month follow-up of randomly selected people
- Work in a cooperative model with all the sites and our State of AZ partners (Governor's office for Children, Youth and Families and the Dept. of Behavioral Health Services)
- Focus on sustainability

Changes and Success



We now have dedicated SBIRT staff in:

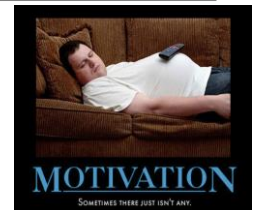
- Northern Arizona University's medical clinic
- North Country Health Care: Show Low, Holbrook, Flagstaff and soon Kingman
- Verde Valley - Integrated and Primary Care Clinic
- And soon... Flagstaff Medical Center

And presently we have completed _____ screenings and _____ follow-up interviews

Motivational Interviewing & SBIRT

Motivational Interviewing is integral to SBIRT:

- Patient Centered
- Empowering for patients
- Uses listening skills to assess the patient's motivation
- New skill for most medical providers and other staff



MI Emphasis with providers



Listening to patients

The 4 processes (fits well with the Stages of Change and with the Brief Intervention model)

Engaging



“the process by which both parties establish a helpful connection and a working relationship”

Focusing

“The process by which you develop and maintain a specific direction in the conversation about change”



Evoking



“having the person voice the arguments for change - people talk themselves into changing”

Planning

"When people's motivation reaches a threshold of readiness, the balance tips and they begin thinking and talking more about when and how to change and less about whether and why".



An Example of Brief Intervention/Processes

<http://www.youtube.com/watch?v=g2CEsBC5UyU>

Challenges & Successes



What's working?

- It is an introduction to Integrated Care & working with non-traditional folks in the clinic (partnership)
- Opening new avenues to discuss substance use and patients' health (current & potential)
- Patients are saying they appreciate someone talking with them about substances in a non-judgmental way

What's working...

- Patients are reporting greater awareness and many are reducing use
- Reaching patients of all ages (18 and older)
- Providing information and education about SBIRT and substances to sites that serve diverse populations

What is Challenging?

- Prevention vs. Treatment
- Getting buy in from all involved
- marketing SBIRT to increase public awareness
- identifying prescription drug misuse



Challenging moments

- medical providers having time and taking time to talk with patients
- medical assistants who live in small towns with the patients
- medical providers and their own history with substances
- medical providers not seeing immediate results with SBIRT
- billing for screenings, brief interventions and brief treatment
- true integration

Beyond the Grant



- Train sites about SBIRT and Motivational Interviewing (Outreach)
- Get AHCCCS on board to pay for SBIRT related services
- Provide information to medical providers about SBIRT
- Increase marketing to public about SBIRT screenings
- Promote the value of this prevention program and the fact that full impact may take time
- Demonstrate how integration is starting to work

Questions?

