

ATSH Virtual Learning Session 3: SBIRT Breakout



Introductions



Today's Speakers



David Tian, MD, MPP

Interim Chief, Division of Primary Care

Attending Physician, Buprenorphine Induction Clinic

Department of Internal Medicine, Highland Hospital, Alameda Health System



Wendi Vierra, PhD

Director of Operations – Behavioral Health

Neighborhood Healthcare

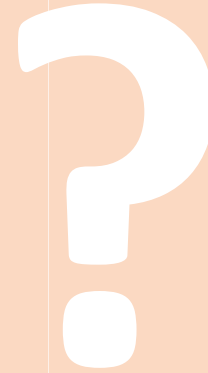
Disclosures

Speakers have no financial disclosure or conflicts of interest with the topic or material in this presentation.

Screening



How are you screening
in your clinic and how
has that changed during
COVID?



Helping More People Access Care for Substance Use

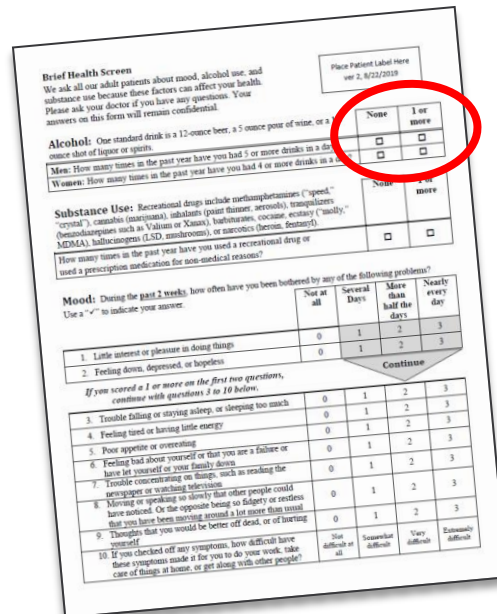
Of the **21 million** people in the United States who need treatment for substance use disorders...



Only **1 out of 10** got the needed treatment! **We can do better.**

Together, we can:

1. Screen



Brief Health Screen
We ask all our adult patients about mood, alcohol use, and substance use because these factors can affect your health. Please ask your doctor if you have any questions. Your answers on this form will remain confidential.

Alcohol: One standard drink is a 12-ounce beer, a 5 ounce pour of wine, or a one shot of liquor or spirits.

Men: How many times in the past year have you had 5 or more drinks in a day?
Women: How many times in the past year have you had 4 or more drinks in a day?

| | None | 1 or more |
|--|--------------------------|--------------------------|
| Men: How many times in the past year have you had 5 or more drinks in a day? | <input type="checkbox"/> | <input type="checkbox"/> |
| Women: How many times in the past year have you had 4 or more drinks in a day? | <input type="checkbox"/> | <input type="checkbox"/> |

Substance Use: Recreational drugs include methamphetamines ("speed," "crystal"), cannabis (marijuana), inhalants (paint thinner, aerosols), tranquilizers (benzodiazepines such as Valium or Xanax), hallucinogens (LSD, mushrooms), or narcotics (heroin, fentanyl).

How many times in the past year have you used a recreational drug or used a prescription medication for non-medical reasons?

| | None | 1 or more |
|--|--------------------------|--------------------------|
| How many times in the past year have you used a recreational drug or used a prescription medication for non-medical reasons? | <input type="checkbox"/> | <input type="checkbox"/> |

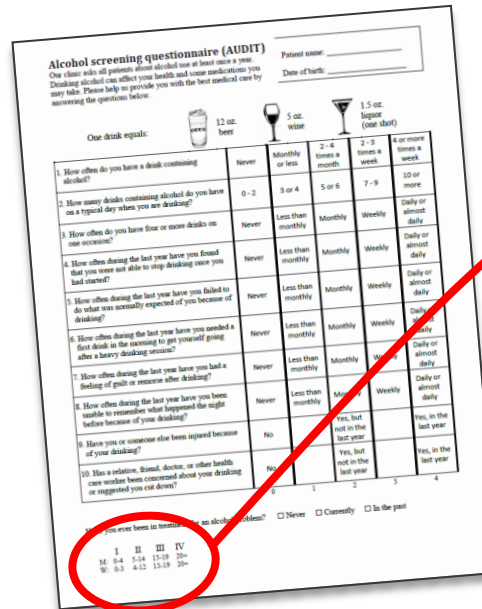
Mood: During the past 2 weeks, how often have you been bothered by any of the following problems? Use a "+" to indicate your answer.

| | Not at all | Several days | More than half the days | Nearly every day |
|--|------------|--------------|-------------------------|------------------|
| 1. Little interest or pleasure in doing things | 0 | 1 | 2 | 3 |
| 2. Feeling down, depressed, or hopeless | 0 | 1 | 2 | 3 |

If you scored a 1 or more on the first two questions, continue with questions 3 to 10 below.

| | 0 | 1 | 2 | 3 |
|--|----------------------|--------------------|----------------|---------------------|
| 3. Trouble falling or staying asleep, or sleeping too much | 0 | 1 | 2 | 3 |
| 4. Feeling tired or having little energy | 0 | 1 | 2 | 3 |
| 5. Poor appetite or overeating | 0 | 1 | 2 | 3 |
| 6. Feeling bad about yourself or that you are a failure or have let yourself or your family down | 0 | 1 | 2 | 3 |
| 7. Trouble concentrating on things, such as reading the newspaper or watching television | 0 | 1 | 2 | 3 |
| 8. Moving or speaking so slowly that other people could have noticed. Or the opposite being so fast that you have been moving around a lot more than usual | 0 | 1 | 2 | 3 |
| 9. Thoughts that you would be better off dead, or of hurting yourself in some way | 0 | 1 | 2 | 3 |
| 10. If you checked off any problems, how difficult have these symptoms made it for you to do your work, take care of things at home, or get along with other people? | Not difficult at all | Somewhat difficult | Very difficult | Extremely difficult |

2. Assess



Alcohol screening questionnaire (AUDIT)
Our clinic asks all patients about alcohol use at least once a year. Drinking alcohol can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

Our drink equals: 12 oz. beer, 5 oz. wine, 1.5 oz. liquor (one shot)

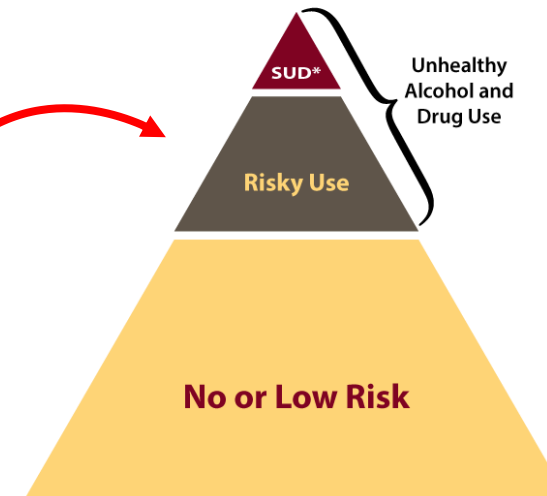
| | Never | Monthly or less | 2-4 times a month | 5 or 6 times a month | 7-9 times a month | 10 or more times a month |
|--|-------|-------------------------------|-----------------------|-----------------------|-----------------------|--------------------------|
| 1. How often do you have a drink containing alcohol? | Never | Monthly or less | 2-4 times a month | 5 or 6 times a month | 7-9 times a month | 10 or more times a month |
| 2. How many drinks containing alcohol do you have on a typical day when you are drinking? | 0-2 | 3 or 4 | 5 or 6 | 7-9 | 10 or more | 10 or more |
| 3. How often do you have five or more drinks on one occasion? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | 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 | Daily or almost daily |
| 5. How often during the last year have you been unable to do what you normally expect of you because of drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | 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 | 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 | 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 | 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, in the last year | Yes, in the last year | Yes, in the last year | Yes, in 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, in the last year | Yes, in the last year | Yes, in the last year | Yes, in the last year |

Score: 0-4, 5-19, 20-24, 25-39, 40-45

Results: I II III IV
M: 0-4 5-19 20-24 25-39 40-45
W: 0-3 4-12 13-19 20-24

3. Treat!

- Behavioral Interventions
- Medications
- Support



*Substance Use Disorders

Pre-COVID Screening Workflow

Patient Service Representative

- Gives **Behavioral Health Screening** form to all patients who speak English and Spanish at registration, at every visit.
- If single-question screening question alcohol and/or other substance use is positive, PSR provides **AUDIT** and/or **DAST** forms to patient.



Medical Assistant

- Receives screening forms completed during registration.
- If any forms are missing, medical assistant provides initial screening form, AUDIT, and/or DAST to patient.
- Enters screening results into Epic under the **Rooming** function.
- **Leaves screening forms on top of keyboard** for provider review, on top of Staying Healthy Assessment.



Provider

- Reviews screening results on paper forms and/or Epic **This Visit** tab.
- Assesses and responds to screening results independently or in partnership with integrated behavioral health team.

COVID-19 Impacts on Screening

Patient Service Representative

- Gives **Behavioral Health Screening** form to all patients who speak English and Spanish at registration, at every visit.
- If single-question screening question alcohol and/or other substance use is positive, PSR provides **AUDIT** and/or **DAST** forms to patient.

- Staffing limitations
- Patients no longer physically present to complete forms
- Patients do not routinely speak to PSRs

Medical Assistant

- Receives screening forms completed during registration.
- If any forms are missing, medical assistant provides initial screening form, AUDIT, and/or DAST to patient.
- Enters screening results into Epic under the **Rooming** function.
- **Leaves screening forms on top of keyboard** for provider review, on top of Staying Healthy Assessment.

- Staffing limitations
- Asynchronous confirmation workflow 3 days before visit
- Lack of standard work for positive screens (e.g. suicidality on PHQ-9)
- Health IT issues re: how to document pre-visit screening

Provider

- Reviews screening results on paper forms and/or Epic **This Visit** tab.
- **Assesses and responds** to screening results independently or in partnership with integrated behavioral health team.

- Providers not trained to screen and enter results
- Time constraints of visit given less team-based approach
- BH warm handoff team is remote, not always available

Screening

| Question | Considerations |
|--|---|
| Which screening and diagnostic tools? | <ul style="list-style-type: none">• Single-item screening questions vs. Longer screening tools• Which substances are screened for?• Are certain tools mandated by quality metrics (e.g. PRIME I.I.I)?• Language appropriateness of screening tools for clinic population |
| When is screening performed? | <ul style="list-style-type: none">• Before in-person or telehealth visits• During in-person or telehealth visits |
| Who does performs screening? | <ul style="list-style-type: none">• Self-administered via questionnaire or portal• Staff-administered during pre-visit work (e.g. registration clerk)• Staff-administered during visit (e.g. medical assistant, provider)• How are results documented and communicated? |

Screening for SBIRT

- AUDT (Alcohol) and DAST (Drugs), at Intake & Annually for all patients >18; PHQ2/9 for all patients >12
- PCP provides WHO or referral to SBIRT
- SBIRT team completes additional GPRA screening
- SBIRT covers BH counseling for unfunded patients
- eSBIRT covers counseling, medications for one year, 4 PCP visits, and labs for unfunded patients



Government Performance Results Act (GPRA)

- Required for State Opioid program grantees
- Provides in depth information for treatment team on:
 - SES; Justice System Involvement; Social connectedness; Detailed Drug/Alcohol Use; Family and Living Conditions; Extended Family Military Service; Violence and Trauma History; Detailed Mental and Physical Health Problems
- Interview may take up to 45 minutes
- Treatment options are collaborated with patient and referrals made



Brief Intervention



What do Brief
Interventions look
like in your clinic?



Brief Intervention for SBIRT

- **AUDIT**

- Zone I – low risk Zone II – risky Zone III – harmful Zone IV – likely dependent
- Zones II-IV – provide education handouts and brief counseling
- Zone IV – referral for specialty treatment

- **DAST**

- Zone I – Healthy Zone II – Risky (education) Zone III – Harmful (brief counseling with possible referral for treatment) Zone IV – Severe (referral for specialty treatment)

- **PHQ**

- Any positive score receives educational handout with basic suggestions to feel better and assessment with BHC for treatment options

Brief Intervention

Studies have shown no consistent effects of screening for drug use, and many studies were not conducted in the primary care setting. Thus, the BI and RT steps of SBIRT require some consideration.

| Question | Considerations |
|--|---|
| Who performs the brief intervention? | <ul style="list-style-type: none">• Screening clinician vs. integrated BH staff vs. others• What tools are there for counseling? For harm reduction? |
| What is the duration of intervention? | <ul style="list-style-type: none">• How brief is a “brief” intervention?• How many contacts should there be? |
| What is the best follow-up interval? | <ul style="list-style-type: none">• Especially for those not interested in making a change or receiving treatment, how soon should follow-up be? With whom? |

Referral to Treatment



Referral to Treatment

| Question | Considerations |
|---|---|
| Where is substance use treatment centered? | <ul style="list-style-type: none">• Instead or in addition to referring to specialty care, can treatment be provided within primary care? (SBIT, not SBIRT)• Can treatment be coordinated with navigation (e.g. CA Bridge SUN)? |
| Who is on the treatment team? | <ul style="list-style-type: none">• If in primary care: Primary care provider, behavioral health clinician, substance use counselor, and/or psychiatrist?• If in specialty care: How are co-management and communication structured? |
| What treatment modalities are used? | <ul style="list-style-type: none">• Do local substance use treatment organizations support or promote the use of medications for addiction treatment (MAT)? |

Referrals to Treatment for SBIRT

- Medication Assisted Treatment (MAT)
- Psychiatry
- BH Counseling
- Social Determinants of Health
- SA IOP, SA RTC

What's getting in
the way of the
Referral Process?



---> If we know all the elements of SBIRT, why do we have challenges systematizing them?

---> What implementation challenges have you faced:

- ▷ Strength of the literature
- ▷ Stigma, language and literacy
- ▷ Time/bandwidth/training of providers and staff
- ▷ Patients not accurately self-reporting

---> What about COVID-19?

Discussion

— SBIRT During COVID

- Safety protocol: assessment, triage, masking, cleaning/disinfecting, social distancing, testing
- Providers need to learn empathic skills
- 90% are telephonic visits
- Doxy.Me for video visits
 - Challenges with bandwidth, technology
- Patients without phones come to clinic
- Universal screening has dropped
- GPRA screenings have stopped
- Many staff have been repurposed
- BH Referrals being made directly, bypassing SBIRT Team



Summary: SBIRT During COVID-19

- There is a tremendous treatment gap for substance use disorders
- SBIRT is an approach utilized in many primary care settings to identify patients with risky substance use or substance use disorders
- Even if screening (S) works, there is poor evidence that brief interventions (BI) and referral to treatment (RT) work for non-treatment-seeking patients
- COVID-19 has changed standard SBIRT workflows tremendously
- Organizations have an opportunity to deliberately consider each step of SBIRT to adapt them to COVID-19 and maximize success, especially given limitations in efficacy data

Questions?



Next Steps



The breakout room will close at 1:50 pm and you'll be automatically sent back to the main Zoom room



Please fill out the poll/survey



Thank you!

Appendix



SBIRT Considerations

| Screening | Brief Intervention | Referral to Treatment |
|---------------------------------------|---------------------------------------|---|
| Which screening and diagnostic tools? | Who performs the brief intervention? | Where is substance use treatment centered? |
| When is screening performed? | What is the duration of intervention? | Who is on the treatment team? |
| Who does performs screening? | What is the best follow-up interval? | What treatment philosophies or modalities are used? |

Screening Tool Resources

NIDA: Overview of Evidence-Based Tools

Choose evidence-based screening tools and assessment resource materials

| Tool | Substance type | | Patient age | | How tool is administered | |
|--|----------------|-------|-------------|---------------------------------|---------------------------------|------------------------|
| | Alcohol | Drugs | Adults | Adolescents | Self-administered | Clinician-administered |
| Screens | | | | | | |
| Screening to Brief Intervention (S2BI) | X | X | | X | X | X |
| Brief Screener for Alcohol, Tobacco, and other Drugs (BSTAD) | X | X | | X | X | X |
| Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS) | X | X | X | | X | X |
| NIDA Drug Use Screening Tool: Quick Screen (NMASSIST) | X | X | X | See APA Adapted NM ASSIST tools | See APA Adapted NM ASSIST tools | X |
| Alcohol Use Disorders Identification Test-C (AUDIT-C) (PDF, 41KB) | X | | X | | X | X |
| Alcohol Use Disorders Identification Test (AUDIT) (PDF, 233KB) | X | | X | | | X |
| Opioid Risk Tool (PDF, 16KB) | | X | X | | X | |
| CAGE-AID (PDF, 30KB) | X | X | X | | | X |
| CAGE (PDF, 14KB) | X | | X | | | X |
| Helping Patients Who Drink Too Much: A Clinician's Guide (NIAAA) | X | | X | | | X |
| Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide (NIAAA) | X | | | X | | X |

<https://www.drugabuse.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools>

NIDA Online Tool for Providers

NIDA Drug Screening Tool

NIDA-Modified ASSIST (NM ASSIST)

Clinician's Screening Tool for Drug Use in General Medical Settings*

In the past year, how often have you used the following?

Alcohol (For men, 5 or more drinks a day. For women, 4 or more drinks a day)

Never

Once or Twice

Monthly

Weekly

Daily or Almost Daily

Tobacco Products

Never

Once or Twice

Monthly

Weekly

Daily or Almost Daily

Prescription Drugs for Non-Medical Reasons

Never

Once or Twice

Monthly

Weekly

Daily or Almost Daily

Illegal Drugs

Never

Once or Twice

Monthly


Weekly

Daily or Almost Daily

<https://www.drugabuse.gov/nmassist/>

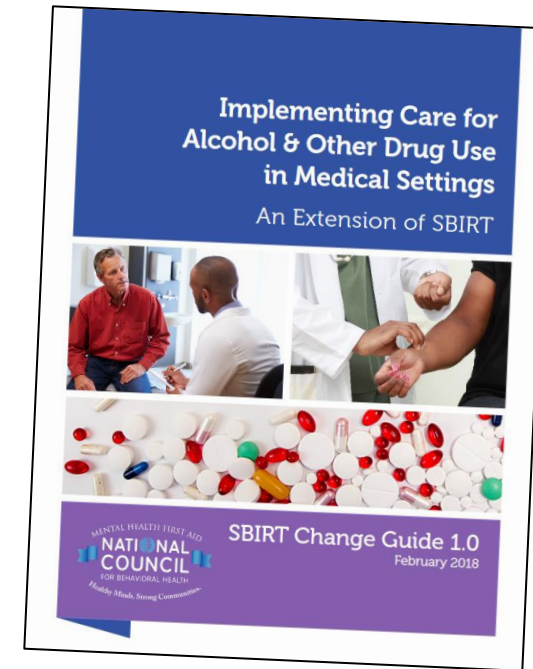
Screening Tool Resources



| Form | Description | Download |
|---|--|---------------------------|
| <p>Brief screen</p>  | <ul style="list-style-type: none">Given to adults ages 18 and older.One validated question for adult alcohol use, and one validated question for adult drug use. Positive responses warrant further screening.Includes the PHQ-2 screening tool for depression.Note: not reimbursable using CPT 96160.More information | <p>Download options ▼</p> |

Screening tools in many languages

<http://www.sbirtoregon.org/screening-forms/>



<https://www.thenationalcouncil.org/consulting-services/screening-brief-intervention-and-referral-treatment/>

AHS Screening Forms

Brief Health Screen
We ask all our adult patients about mood, alcohol use, and substance use because these factors can affect your health. Please ask your doctor if you have any questions. Your answers on this form will remain confidential.

Place Patient Label Here
ver 2, 8/22/2019

Alcohol: One standard drink is a 12-ounce beer, a 5 ounce pour of wine, or a 1.5 ounce shot of liquor or spirits.

| | None | 1 or more |
|---|--------------------------|--------------------------|
| Men: How many times in the past year have you had 5 or more drinks in a day? | <input type="checkbox"/> | <input type="checkbox"/> |
| Women: How many times in the past year have you had 4 or more drinks in a day? | <input type="checkbox"/> | <input type="checkbox"/> |

Substance Use: Recreational drugs include methamphetamines ("speed," "crystal"), cannabis (marijuana), inhalants (paint thinner, aerosols), tranquilizers (benzodiazepines such as Valium or Xanax), barbiturates, cocaine, ecstasy ("molly," MDMA), hallucinogens (LSD, mushrooms), or narcotics (heroin, fentanyl).

| | None | 1 or more |
|--|--------------------------|--------------------------|
| How many times in the past year have you used a recreational drug or used a prescription medication for non-medical reasons? | <input type="checkbox"/> | <input type="checkbox"/> |

Mood: During the **past 2 weeks**, how often have you been bothered by any of the following problems?
Use a "✓" to indicate your answer.

| | Not at all | Several Days | More than half the days | Nearly every day |
|--|------------|--------------|-------------------------|------------------|
| 1. Little interest or pleasure in doing things | 0 | 1 | 2 | 3 |
| 2. Feeling down, depressed, or hopeless | 0 | 1 | 2 | 3 |

Continue

If you scored a 1 or more on the first two questions, continue with questions 3 to 10 below.

| | | | | |
|---|----------------------|--------------------|----------------|---------------------|
| 3. Trouble falling or staying asleep, or sleeping too much | 0 | 1 | 2 | 3 |
| 4. Feeling tired or having little energy | 0 | 1 | 2 | 3 |
| 5. Poor appetite or overeating | 0 | 1 | 2 | 3 |
| 6. Feeling bad about yourself or that you are a failure or have let yourself or your family down | 0 | 1 | 2 | 3 |
| 7. Trouble concentrating on things, such as reading the newspaper or watching television | 0 | 1 | 2 | 3 |
| 8. Moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual | 0 | 1 | 2 | 3 |
| 9. Thoughts that you would be better off dead, or of hurting yourself | 0 | 1 | 2 | 3 |
| 10. If you checked off any symptoms, how difficult have these symptoms made it for you to do your work, take care of things at home, or get along with other people? | Not difficult at all | Somewhat difficult | Very difficult | Extremely difficult |

Single Item Screening Question for Alcohol Use



Single Item Screening Question for Other Substance Use



PHQ-2 for Depressive Symptoms

Remaining PHQ-9 Questions Following






AHS Screening Forms

Alcohol screening questionnaire (AUDIT)

Our clinic asks all patients about alcohol use at least once a year. Drinking alcohol can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

Patient name: _____
Date of birth: _____

One drink equals:

 12 oz. beer
  5 oz. wine
  1.5 oz. liquor (one shot)

| | Never | Monthly or less | 2 - 4 times a month | 2 - 3 times a week | 4 or more times a week |
|--|-------|-------------------|-------------------------------|--------------------|------------------------|
| 1. How often do you have a drink containing alcohol? | | | | | |
| 2. How many drinks containing alcohol do you have on a typical day when you are drinking? | 0 - 2 | 3 or 4 | 5 or 6 | 7 - 9 | 10 or more |
| 3. How often do you have four 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, in 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, in the last year |

0 1 2 3 4

Have you ever been in treatment for an alcohol problem? ☐ Never ☐ Currently ☐ In the past

I II III IV
 M: 0-4 5-14 15-19 20+
 W: 0-3 4-12 13-19 20+

Drug Screening Questionnaire (DAST)

Using drugs can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

Patient name: _____
Date of birth: _____

☐ methamphetamines (speed, crystal)
☐ cannabis (marijuana, pot)
☐ inhalants (paint thinner, aerosol, glue)
☐ tranquilizers (valium)

☐ cocaine
☐ narcotics (heroin, oxycodone, methadone, etc.)
☐ hallucinogens (LSD, mushrooms)
☐ other _____

How often have you used these drugs? ☐ Monthly or less ☐ Weekly ☐ Daily or almost daily

| | No | Yes |
|--|----|-----|
| 1. Have you used drugs other than those required for medical reasons? | | |
| 2. Do you abuse more than one drug at a time? | | |
| 3. Are you unable to stop using drugs when you want to? | | |
| 4. Have you ever had blackouts or flashbacks as a result of drug use? | | |
| 5. Do you ever feel bad or guilty about your drug use? | | |
| 6. Does your spouse (or parents) ever complain about your involvement with drugs? | | |
| 7. Have you neglected your family because of your use of drugs? | | |
| 8. Have you engaged in illegal activities in order to obtain drugs? | | |
| 9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs? | | |
| 10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)? | | |

0 1

Have you ever injected drugs? ☐ Never ☐ Yes, in the past 90 days ☐ Yes, more than 90 days ago

Have you ever been in treatment for substance abuse? ☐ Never ☐ Currently ☐ In the past

I II III IV
 0 1-2 3-5 6+

Zone I

Zone II

Zone III

Zone IV

AHS Epic Build for SBIRT

The screenshot displays the Epic SBIRT Rooming interface. The top navigation bar includes tabs for various clinical activities: Cha..., Immun..., Snapshot, E-Consult, Roo..., Screenings, Enter/..., PDMP, Flowsheets, Message, and a help icon. The 'Rooming' section is active, showing a list of screening categories: Travel Screening, Visit Info, Tobacco Use, Vital Signs, Hand Dominance, Allergies, Medication Review, Brief Health Screening (highlighted), and BestPractice. Below this, a sub-menu lists various screening series: Qnr Series, History, MyChart Sign-up, Verify Rx Benefits, Interpreter Services, OSW Neck Pain, and OSW Low Back Pain. The main content area is titled 'Brief Health Screening' and contains three sections: 'Brief Health Screen - Alcohol', 'Brief Health Screen - Drugs', and 'Drug Abuse Screening Test'. Each section contains a question and a set of radio buttons for '1=Yes' and '0=No'. The 'Brief Health Screen - Alcohol' section has a question about the number of drinks in the past year, with '0' selected. The 'Brief Health Screen - Drugs' section has a question about recreational drug use, with '0' selected. The 'Drug Abuse Screening Test' section contains five questions about drug use, with '1=Yes' selected for the first three and '0=No' selected for the last two. The left sidebar shows patient information for 'Zzzfour Zzztest', a male, 43 years old, born 4/18/1977, with MRN 30020368. It also lists a 'PDMP Needs Review', 'Controlled Med Agreement', and a list of providers including Robert M Savio, PCP - General. The bottom of the sidebar shows 'LAST 3YR' visits, 'CARE GAPS' (Urine Toxicity Screening, HIV Screening, SO/GI Data Capture, DTaP, Tdap, and Td Vaccines, and 3 more care gaps), 'PROBLEM LIST (2)', and 'SOCIAL DETERMINANTS' (Concern present).

Rooming

Travel Screening Visit Info Tobacco Use Vital Signs Hand Dominance Allergies Medication Review **Brief Health Screening** BestPractice

Qnr Series History MyChart Sign-up Verify Rx Benefits Interpreter Services OSW Neck Pain OSW Low Back Pain

Brief Health Screening

Brief Health Screen - Alcohol

How many times in the past year have you had 5 or more drinks in a day?

☒ 0 ☐ 1+ ☐ ☐

Brief Health Screen - Drugs

How many times in the past year have you used a recreational drug or used a prescription medication for non-medical reasons?

☒ 0 ☐ 1+ ☐ ☐

Drug Abuse Screening Test

In the past 12 months, have you used drugs other than those required for medical reasons?

☒ 1=Yes ☐ 0=No ☐

In the past 12 months, have you abused more than one drug at a time?

☒ 1=Yes ☐ 0=No ☐

Are you unable to stop using drugs when you want to?

☐ 0=Yes ☒ 1=No ☐

In the past 12 months, have you had blackouts or flashbacks as a result of drug use?

☒ 1=Yes ☐ 0=No ☐

In the past 12 months, have you felt bad or guilty about your drug use?

☒ 1=Yes ☐ 0=No ☐

In the past 12 months, has your spouse (or parents) ever complained about your involvement with drugs?

☒ 1=Yes ☐ 0=No ☐

Single Item
Screening
Questions in MA
Rooming Activity

Full Screen
"Telescopes" Out
if SISQ Positive,
e.g. DAST here

AHS Epic Build for SBIRT

This Visit

Visit Summary

Current as of: Thursday June 25, 2020 1:58 PM. Click to refresh.

Vitals from encounters over the past 365 days

No data recorded

Behavioral Health Screenings as of 9/26/19

| | |
|--------------------------------|----|
| PHQ2 | 5 |
| PHQ9 | 23 |
| Alcohol Screen (1+ = Positive) | 1+ |
| AUDIT-10 | 24 |
| Drug Screen (1+ = Positive) | 1+ |
| DAST-10 | 8! |

DAST 10 score of 6-8 indicates a substantial level of problems related to drug use. Consider behavioral health warm hand-off and/or pharmacotherapy.

AUDIT score of > 20 indicates severely risky alcohol use. Strongly recommend behavioral health warm handoff and/or pharmacotherapy.

Last 3 screening results displayed in same screen as vital signs

Management guidance stratified by score

SBI RT for Drug Use: Controversy

USPSTF issues **Grade B** recommendation in **June 2020** for universal screening for adults 18 and older

[JAMA. 2020;323\(22\):2301-2309. doi:10.1001/jama.2020.8020](#)

vs

There is very scant evidence that screening, even if it works, helps patients who aren't treatment-seeking.

[JAMA. 2020;323\(22\):2263-2265. doi:10.1001/jama.2019.20152](#)

JAMA | US Preventive Services Task Force | **RECOMMENDATION STATEMENT**

Screening for Unhealthy Drug Use

US Preventive Services Task Force Recommendation Statement

US Preventive Services Task Force

IMPORTANCE An estimated 12% of adults 18 years or older and 8% of adolescents aged 12 to 17 years report unhealthy use of prescription or illegal drugs in the US.

OBJECTIVE To update its 2008 recommendation, the USPSTF commissioned reviews of the

- Editorial page 2263
- Related article page 2310 and JAMA Patient Page page 2356
- Audio and Supplemental content
- CME Quiz at [jamacmelookup.com](#)

Screening for Unhealthy Drug Use

Neither an Unreasonable Idea Nor an Evidence-Based Practice

Richard Saitz, MD, MPH

In this issue of JAMA, the US Preventive Services Task Force (USPSTF) presents a Recommendation Statement¹ and an accompanying Evidence Review² on screening for unhealthy

Related articles [pages 2301](#) and [2310](#) and JAMA Patient Page [page 2356](#)

drug use. “Unhealthy drug use” refers to drugs that are illegal or medications not that demonstrate efficacy among those screened as indicated in the current Recommendation Statement. USPSTF commissioned 2 systematic evidence reviews as part of this updated recommendation.

Implementation Challenges

- Inconsistent screening / Inconsistent referrals
- PCP have extremely limited time / MAs forget to refer
- Lack of education/training
- Perceived lack of effectiveness & Lack of outcome research to support efficacy of program
- Length of GPRA
- Stigma
- Language and literacy
- Accurate self-reported use
- Patients are not requesting treatment when we screen
- eSBIRT program threatened by State program cuts
- COVID

Future Variables Impacting SBIRT

- Social Distancing Requirements
 - Limit number of patients in lobby
 - Limited offices available as PCP's are using BH offices to social distance
- State program budget cuts
- Research to support efficacy and impact of SBIRT treatment outcomes
 - Low treatment rates
 - Low anti-relapse medication prescriptions

