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**

2. **Assess**

3. **Treat!**

- Behavioral Interventions
- Medications
- Support

Unhealthy Alcohol and Drug Use

No or Low Risk

*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.

**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.

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

**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

**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

<table>
<thead>
<tr>
<th>Question</th>
<th>Considerations</th>
</tr>
</thead>
</table>
| **Which screening and diagnostic tools?**    | • Single-item screening questions vs. Longer screening tools  
• Which substances are screened for?  
• Are certain tools mandated by quality metrics (e.g. PRIME 1.1.1)?  
• Language appropriateness of screening tools for clinic population |
| **When is screening performed?**              | • Before in-person or telehealth visits  
• During in-person or telehealth visits                                           |
| **Who does performs screening?**              | • 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.

<table>
<thead>
<tr>
<th>Question</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Who performs the brief intervention?</strong></td>
<td>• Screening clinician vs. integrated BH staff vs. others</td>
</tr>
<tr>
<td></td>
<td>• What tools are there for counseling? For harm reduction?</td>
</tr>
<tr>
<td><strong>What is the duration of intervention?</strong></td>
<td>• How brief is a “brief” intervention?</td>
</tr>
<tr>
<td></td>
<td>• How many contacts should there be?</td>
</tr>
<tr>
<td><strong>What is the best follow-up interval?</strong></td>
<td>• Especially for those not interested in making a change or receiving treatment, how soon should follow-up be? With whom?</td>
</tr>
</tbody>
</table>
Referral to Treatment
### Referral to Treatment

<table>
<thead>
<tr>
<th>Question</th>
<th>Considerations</th>
</tr>
</thead>
</table>
| **Where is substance use treatment centered?**| • 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?**             | • 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?**       | • 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?
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?
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!
## SBIRT Considerations

<table>
<thead>
<tr>
<th>Screening</th>
<th>Brief Intervention</th>
<th>Referral to Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Which screening and diagnostic tools?</td>
<td>Who performs the brief intervention?</td>
<td>Where is substance use treatment centered?</td>
</tr>
<tr>
<td>When is screening performed?</td>
<td>What is the duration of intervention?</td>
<td>Who is on the treatment team?</td>
</tr>
<tr>
<td>Who does performs screening?</td>
<td>What is the best follow-up interval?</td>
<td>What treatment philosophies or modalities are used?</td>
</tr>
</tbody>
</table>
Screening Tool Resources

NIDA: Overview of Evidence-Based Tools

Choose evidence-based screening tools and assessment resource materials

![Table of screening tools]

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

NIDA Online Tool for Providers

![Screenshot of NIDA Drug Screening Tool]

https://www.drugabuse.gov/nmassist/
Screening Tool Resources

Screening tools in many languages

[Image 602x129 to 798x361]
[Image 111x156 to 465x290]

AHS Screening Forms

**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 Epic Build for SBIRT

Single Item Screening Questions in MA Rooming Activity

Full Screen “Telescopes” Out if SISQ Positive, e.g. DAST here
AHS Epic Build for SBIRT

Last 3 screening results displayed in same screen as vital signs.

Management guidance stratified by score.

- DAST 10 score of 8-8 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.
USPSTF issues Grade B recommendation in June 2020 for universal screening for adults 18 and older.

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

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