

SBIRT WEBINAR - RESPONSES TO PARTICIPANTS' QUESTIONS

Rich Brown, MD, MPH – drrichbrown@gmail.com

SCREENING AND ASSESSMENT

Three of you asked about screening and assessment:

DebbyJo Metsker of Bridgeway asked: "Which SBIRT tool would you recommend?"

Lori Guererro of the Volunteers of America in Oregon asked: "Do you have a preference of SBIRT vs DAST?"

Heather Eshleman of the University of Maryland asked: "Where do we get a copy of the best BSI screening tool? Does it include questions on problem gambling?"

First, please allow me clarify a bit about nomenclature. SBIRT is not a tool. It's a process for identifying and managing unhealthy substance (alcohol and drug) use outside of alcohol and drug treatment settings, such as general healthcare settings, schools, social services agencies, and criminal justice settings. The process involves, screening, brief assessment, brief intervention, referral to treatment, and follow-up. Behavioral Screening and Intervention (BSI) is the same process applied to addressing a wider variety of behavioral issues.

Here's my favorite screening and assessment process for SBIRT:

Before we ask the first screening question, we say something like: "Since drinking and drug use can affect your health, I'd like to ask you some questions about that. OK? The first question focuses on how much you drink in terms of standard drinks. A standard drink is the amount of an alcoholic beverage that contains about a half-ounce of alcohol. A standard drink of beer that's 5% alcohol is 12 ounces. A standard drink of wine that's 12% alcohol is 5 ounces. A standard drink of liquor that's 40% alcohol or 80-proof is 1.5 ounces." (Or you might ask what people enjoy drinking and give standard drink definitions only for those beverages.)

1. Men only: Over the past 4 weeks, on how many days a week did you have more than 4 standard drinks?

1. Women only: Over the past 4 weeks, on how many days a week did you have more than 3 standard drinks?

2. All: Over the past 4 weeks, on how many days a week did you use some form of marijuana?

3. All: Over the past 4 weeks, on how many days a week did you use another recreational drug?

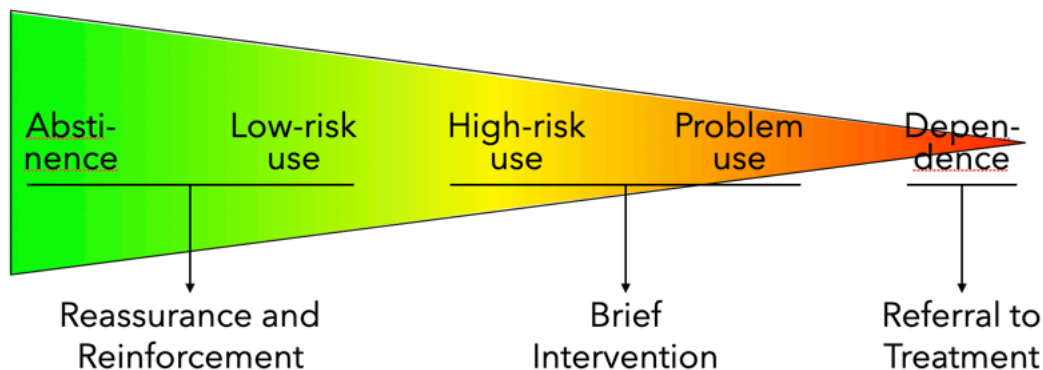
These screening questions can be administered most efficiently in writing. However, some patients may need a staff member to ask the questions orally because of language, literacy, or vision issues. Some may respond more accurately after reassurance that the questions are asked only out of concern for health and well-being and that the answers will be kept confidential.

Appropriate responses for each question are whole numbers between 0 and 7, inclusive. Any response greater than 0 is considered a positive screen, which should prompt brief assessment. The assessment administered as a part of SBIRT is considered brief assessment, because it is far less comprehensive than the assessment conducted by a substance use disorder treatment professional.

For brief assessment, I prefer the Short Index of Problems-Alcohol and Drugs (SIP-AD) and the Severity of Dependence Scale (SDS). The SIP-AD was developed at the University of New Mexico, where motivational interviewing was developed. The SIP-AD contains 15 multiple choice questions on psychosocial consequences of substance use. It is appropriate for adults regardless of their family or employment status. Each of the 15 questions is asked once with regard to all substances the patient has used in the past year. A score of 1 or more suggests that the patient has suffered one or more negative consequences of their substance use. Beware that the SIP-AD does not ask about health consequences of drinking or drug use. You might assess for health consequences by reviewing patients' medical records or asking some additional questions about their health.

The SDS was developed by the World Health Organization. It contains 5 multiple choice questions on dependence symptoms. The 5 questions should be asked for each substance the patient is currently using. If the patient is currently using more than 3 substances, you might ask the questions for the 3 substances that the patient uses most or is having the greatest impact on their lives.

Although some other questionnaires offer some other advantages, the reason I like this battery of screening and assessment questionnaires is that they allow for feedback that seems most meaningful to patients. A positive response to a screening question suggests at least high-risk use. A score of 1 or more on the SIP-AD suggests at least problem use. A score of 3 or more for any substance suggests dependence. I find that patients respond better to this category-based feedback rather than the stark numerical scores generated by most other questionnaires.



I suggest avoiding the Drug Abuse Screening Test (DAST). It has not been well validated for primary care patients, and some of the wording is pejorative.

I'm sorry, I have no experience with screening questionnaires for gambling disorders.

For BSI, I suggest adding questions on fruit and vegetable consumption, physical activity, depression, and anxiety. You can find copies of questionnaires at the end of this document.

INTERVENTION

An anonymous attendee asked: “In your opinion, is BSI better than BNI (Brief Negotiated Interview)? And if so, why?”

BSI and BNI are not directly comparable. BSI refers to a screening, brief assessment, brief intervention, referral, and follow-up process for a wide variety of behavioral issues. BNI is an approach to conducting brief interventions for alcohol and drugs. BNI can be incorporated into BSI.

WHO SHOULD CONDUCT SBIRT?

Several of you asked questions pertaining to who can and should conduct SBIRT.

DebbyJo Metsker of Bridgeway asked: “How can we help get more primary care doctors in rural areas to screen for drugs, alcohol and mental health?”

More and more practices are conducting such screening, but that’s only the first and easiest part of SBIRT/BSI. To institute systematic screening, primary care providers (PCP) need only have their receptionists hand out screening questionnaires once a year when they ask patients to sign their HIPAA forms. The main challenge is helping stressed and under-resourced primary care practices, including those in rural settings, respond to the many patients who will screen positive.

In Wisconsin’s SAMHSA-funded SBIRT project, we worked with 3 rural practices that were affiliated with a regional rural hospital. Each practice was too small to employ a full-time Health Coach. We found that it worked very well to have one Health Coach rotate to each of the practices on certain days of each week. In addition, each primary care clinic was equipped with a telehealth station. When patients screened positive at a practice where the Health Coach was not present, the Health Coach served those patients via telehealth. Perhaps hospitals, county governments, or other rural entities could operate centralized telehealth resources for delivering SBIRT to patients who screen positive in primary care clinics and hospitals in their areas.

Heather Eshleman of the University of Maryland asked: “Can peer recovery support specialists also be health coaches?”

I’d say yes, but be careful. Many peer recovery support specialists have the aptitude to learn SBIRT but cannot overcome important attitudinal barriers. Here are some of the beliefs I’ve encountered among people in recovery:

- We should aim to eradicate all drinking and drug use.
- All people who drink too much or use drugs should attend 12-step groups and/or receive treatment.
- We should never recommend that people reduce their drinking or drug use. We should always recommend abstinence.

These beliefs are in conflict with SBIRT and with ample research showing that non-dependent patients who are risky or problem substance users can respond to brief interventions.

Ty Curtis of Grand Traverse County Health Department asked: “You mentioned comparison of effectiveness for Bachelor vs Master degree Health Coaches. Has there been any review of Sub-Bachelor's degree Health Coaches? I'm thinking as a developmental role for Bachelor Social Work Students?”

When I was at UW, my team and I provided one week of training to senior BSW students, who subsequently delivered SBIRT in ten high schools in Southeastern Wisconsin.

Here's an article on this project:

<https://pubmed.ncbi.nlm.nih.gov/29317825/>

I'm not aware of other projects where BSW students were trained to deliver SBIRT, but my team's experience with most of our BSW students was very positive.

Alison Eriksen asked: “What are your thoughts of School Counselors and Psychiatrists being trained on SBIRT?”

In preparation for the above high school SBIRT project, we interviewed administrators and counselors at most of our participating ten high schools. They told us that their counselors and psychiatrists were spread very thin serving students with identified problems and could not take the time to provide SBIRT to all students.

Please remember this key point: In educational settings, an SBIRT program should systematically screen all individuals, so it identifies many individuals with risky or problem substance use who have not come to the attention of teachers, principals, or mental health and social services professionals. We need to design and staff SBIRT programs to serve all students, not just those who exhibit obvious symptoms of mental health or substance use disorders, such as poor academic performance and disruptive behaviors.

HEALTH COACH FUNDING

Two of you asked about health coach funding.

Sarah DiMaio of Beacon Health Options asked: “How are Health Coaches funded? Are they meant to be placed in primary care clinics?”

An anonymous attendee asked: “Some of our county customers interpret Medicaid billing guidelines to exclude SBIRT for SUDs - any advice?”

Health Coaches can be placed in a variety of settings, including primary care clinics and hospitals. Advantages of delivering SBIRT in healthcare settings are that patients regard alcohol and drug use as health issues and generally trust that their responses will be kept confidential, but Health Coaches can also deliver SBIRT in schools, colleges, social services agencies, and criminal justice settings.

The first sources of funding that many of us think of are grants. A grant might be good a way to get started, but what we really need to focus on is SUSTAINABLE funding. In healthcare settings, that means

reimbursement. Unfortunately, the rules for fee-for-service reimbursement tend to be complicated, and they vary across different health plans. Here's a recent summary of Medicare reimbursement for SBIRT:

https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/sbirt_factsheet_icn904084.pdf

Unfortunately, in most circumstances, Medicare does not offer fee-for-service reimbursement for SBIRT when it is delivered by paraprofessionals such as Health Coaches. In most states, Medicaid offers fee-for-service reimbursement for SBIRT, but the rules for reimbursement vary widely by state. Please consult your state's Medicaid program. If you Google "[your state's name] SBIRT Medicaid" you'll find information for each of the six states in DHHS Region 5.

However, fee-for-service reimbursement is not "where the money is." Entities from the smallest primary care clinics to the largest integrated health systems can benefit most from SBIRT and BSI by taking advantage of value-based reimbursement programs, where they are rewarded for improving health outcomes and preventing expensive healthcare utilization, such as hospitalizations and ED visits. Compared to a wide variety of prevention and treatment services, SBIRT generates the quickest positive returns on investment, and Health Coaches can cost-effectively deliver SBIRT/BSI. Here's an overview of these complex but potentially very rewarding programs:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/Value-Based-Programs>

Value-based reimbursement can be rewarding not only in generating a better bottom line but also in aligning financial incentives with healthcare professionals' desires to do the right thing for their patients!

HEALTH COACH TRAINING AND SUPERVISION

Tara Abrams of Barry University asked: "Can Dr. Brown elaborate more on the 'rigorous' training for SBIRT?"

Lisa Fockler of the Genesee County Prevention Coalition asked: "Where do you recommend training for Health Coaches?"

Lisa Fockler also asked: "Who within the primary care setting would the Health Coaches report to?"

Based on 15 years of experience training Health Coaches to conduct SBIRT and BSI, here's what I recommend:

- Rigorous training in motivational interviewing is key. MI is the most effective approach to helping patients decide to quit or reduce their substance use and engage in other healthier behaviors.
- Initial training in the MI approach to SBIRT requires two full weeks. For BSI addressing diet, physical activity, obesity, smoking, alcohol, drugs, depression and anxiety, four full weeks of training are ideal.

- After their initial training, Health Coaches need ongoing support, feedback, and coaching. That requires that Health Coaches audiotape sessions with actual patients and receive accurate, constructive feedback on those sessions. In addition, Health Coaches do best with quick access to clinical supervision and at least weekly one-hour support sessions with clinical supervisor and peers. Such sessions may take place face-to-face or electronically.

In primary care settings, health coaches typically report directly to an on-site head nurse or office manager. It's also essential that Health Coaches have ongoing clinical supervision and support. Typically, an external consultant provides this support, because most healthcare settings lack someone with the necessary expertise.

I should add that a successful SBIRT or BSI program needs more than Health Coach training and support.

- A systems approach is necessary to make Health Coaches effective. In outpatient settings, that typically means that receptionists are prompted to ask patients to complete screens in waiting rooms, medical assistants (MAs) review questionnaires, and MAs have Health Coaches see most patients who screen positive before or after patients see their PCPs. A continuous quality improvement program should focus on maximizing the number of patients who are screened and the number of patients with positive screens who see a Health Coach at that same visit.
- A systems approach also requires that electronic health record systems are modified to support SBIRT-related documentation and communication between Health Coaches, PCPs, and others.
- Many PCPs need education and encouragement from peers and superiors to support the program and encourage patients' participation.

It's a lot of work to start and manage a successful SBIRT/BSI program, but the benefits are huge!

Resources for seeking training and consultation include your Great Lakes Technology Transfer Center and www.motivationalinterviewing.org.

CURRENT HEALTH COACH POSITIONS

Tara Abrams of Barry University asked: "Does the title 'Health Coach' exist in the workplace and how can one apply for the position?"

Unfortunately, SBIRT and BSI have not yet caught on in most healthcare organizations, so Health Coach positions (sometimes called Health Educators, Health Navigators, Prevention Specialists, and other titles) are not plentiful. Staff at your Great Lakes Technology Center would probably know what healthcare organizations are on the cutting edge of SBIRT/BSI implementation and might have positions available.

PHARMACOTHERAPY

Jon Glover of MetaStar asked: "With the expected increases in the need for behavioral health services will require increased interventions in primary care, and obviously SBIRT will be useful. I'm wondering

what your thoughts are regarding primary care providers offering medications for reducing cravings to patients who may be hesitant to engage in referrals or may be awaiting an appointment that could be weeks away.”

Ample research has documented that FDA-approved medications for alcohol and opioid use disorders are effective and, sadly, vastly underprescribed. Yes, PCPs need encouragement and support from their superiors to develop the competencies and confidence necessary for delivering this care. Most dependent patients never receive specialized treatment. Similarly, most patients with hypertension and diabetes never see specialists for these conditions. PCPs need to be as comfortable and skilled at treating substance use disorders as they are treating other common medical problems that result in ample mortality, morbidity, suffering, and expensive and avoidable healthcare utilization.

BSI – Screening Questions for Men

One serving
of fruits and =
vegetables



How many days a week do you have at least 5 servings of fruits and vegetables?

0 1 2 3 4 5 6 7

How many days a week do you get at least EITHER:

- At least 20 minutes of vigorous exercise, such as jogging, biking uphill, or carrying 50 pounds

OR

- At least 30 minutes of moderate exercise, such as walking fast, biking on a flat surface, or mowing a lawn

0 1 2 3 4 5 6 7

What is your current height?

___ feet + ___ inches

What is your current weight?

_____ pounds

In the past month did you smoke a cigarette - even a puff or two?

Yes No

One
standard
drink =



In the past 4 weeks, how many days a week did you have more than 4 standard drinks?

0 1 2 3 4 5 6 7

In the past 4 weeks, how many days did you use a marijuana or a marijuana product?

0 1 2 3 4 5 6 7

In the past 4 weeks, how many days did you use another recreational drug?

0 1 2 3 4 5 6 7

In the past 2 weeks, have you often been bothered by feeling down, depressed or hopeless?

Yes No

In the past 2 weeks, have you often been bothered by little interest or pleasure in doing things?

Yes No

In the past 2 weeks, have you often been bothered by feeling nervous, anxious, or on edge?

Yes No

In the past 2 weeks, have you often been bothered by not being able to stop or control worrying?

Yes No

BSI – Screening Questions for Women

One serving of fruits and vegetables =

How many days a week do you have at least 5 servings of fruits and vegetables? 0 1 2 3 4 5 6 7






How many days a week do you get at least EITHER:
 - At least 20 minutes of vigorous exercise, such as jogging, biking uphill, or carrying 50 pounds
 OR
 - At least 30 minutes of moderate exercise, such as walking fast, biking on a flat surface, or mowing a lawn

0 1 2 3 4 5 6 7

What is your current height? ___ feet + ___ inches
 What is your current weight? _____ pounds

In the past month did you smoke a cigarette - even a puff or two? Yes No

One standard drink =

| | | | | | | |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| beer or cooler | malt liquor | table wine | fortified wine <small>(such as sherry or port)</small> | cordial, liqueur, or aperitif | brandy <small>(a single shot)</small> | spirits <small>(a single shot of 80-proof gin, vodka, whiskey, etc.) Shown straight and in a highball glass with ice to show level before adding mixer*</small> |
|  |  |  |  |  |  |  |
| ~5% alcohol | ~7% alcohol | ~12% alcohol | ~17% alcohol | ~24% alcohol | ~40% alcohol | ~40% alcohol |
| 12 oz. | 8.6 oz. | 6 oz. | 3.6 oz. | 2.5 oz. | 1.5 oz. | 1.5 oz. |

In the past 4 weeks, how many days a week did you have more than 3 standard drinks? 0 1 2 3 4 5 6 7
 In the past 4 weeks, how many days did you use a marijuana or a marijuana product? 0 1 2 3 4 5 6 7
 In the past 4 weeks, how many days did you use another recreational drug? 0 1 2 3 4 5 6 7

In the past 2 weeks, have you often been bothered by feeling down, depressed or hopeless? Yes No
 In the past 2 weeks, have you often been bothered by little interest or pleasure in doing things? Yes No

In the past 2 weeks, have you often been bothered by feeling nervous, anxious, or on edge? Yes No
 In the past 2 weeks, have you often been bothered by not being able to stop or control worrying? Yes No

SIP-AD

Over the last twelve months, how often ... / Since our last interview, how often ...

| | Never (0) | Once or a few times (1) | Once or twice a week (2) | Daily or almost daily (3) |
|----------------------------------------------------------------------------------------|--------------|----------------------------------|-----------------------------------|------------------------------------|
| ... have you been unhappy because of your drinking/drug use? | _____ | _____ | _____ | _____ |
| ... lost weight or not eaten properly because of your drinking/drug use? | _____ | _____ | _____ | _____ |
| ... failed to do what is expected because of drinking/drug use? | _____ | _____ | _____ | _____ |
| ... has your personality has changed for the worse when drinking or using drugs? | _____ | _____ | _____ | _____ |
| ... have you taken foolish risks when drinking or using drugs? | _____ | _____ | _____ | _____ |
| ... you said harsh or cruel things to someone when drinking or using drugs? | _____ | _____ | _____ | _____ |
| ... have you done impulsive things you regretted when drinking or using drugs? | _____ | _____ | _____ | _____ |
| ... have you had money problems because of drinking/drug use? | _____ | _____ | _____ | _____ |
| ... has your physical appearance been harmed by drinking/using drugs? | _____ | _____ | _____ | _____ |
| ... has your family been hurt by your drinking or drug use? | _____ | _____ | _____ | _____ |
| ... has a friendship or close relationship been damaged by your drinking or drug use? | _____ | _____ | _____ | _____ |
| ... have you lost interest in activities or hobbies because of your drinking/drug use? | _____ | _____ | _____ | _____ |
| ... has your drinking/drug use gotten in the way of your personal growth? | _____ | _____ | _____ | _____ |
| ... has your drinking or drug use damaged your social life, popularity, or reputation? | _____ | _____ | _____ | _____ |
| ... have you spent too much money or lost money because of your drinking or drug use? | _____ | _____ | _____ | _____ |

Scoring: Add the scores for each response, which are shown in parentheses. A total score of 1 or greater suggests problem use of alcohol and/or drugs.

SDS

During the past twelve months ... / Since our last interview ...

| | Never or almost never (0) | Some- times (1) | Once or twice a week (2) | Always or nearly always (3) |
|-------------------------------------------------------------------------------|---------------------------------------|---------------------------|-----------------------------------|-----------------------------------------|
| ... do you think your use of [substance] was out of control? | _____ | _____ | _____ | _____ |
| ... has the prospect of missing a drink/fix/dose made you anxious or worried? | _____ | _____ | _____ | _____ |
| ... have you worried about your drinking/ use of [substance]? | _____ | _____ | _____ | _____ |
| ... have you wished you could stop drinking /using [substance]? | _____ | _____ | _____ | _____ |
| | Not difficult (0) | Quite difficult (1) | Very difficult (2) | Impos- sible (3) |
| How difficult do you find it to stop or go without [substance]? | _____ | _____ | _____ | _____ |

Scoring: Add the scores for each response, which are shown in parentheses. A total score of 3 or more suggests dependence for adults, 4 or more for adolescents.