

# NJ SBIRT Project



**QUARTERLY PROVIDER MEETING  
MARCH 9, 2017**

**SUZANNE BORYS, ED.D.**



**Division of Mental Health & Addiction Services**  
wellnessrecoveryprevention

# SBIRT stands for...



**SCREENING**

**BRIEF INTERVENTION**

**REFERRAL TO TREATMENT**

# SBIRT Defined



SBIRT is a comprehensive, integrated, public health approach to identifying substance misuse, and delivering early intervention services for persons *at risk* of developing substance use disorders. (SAMHSA)

# SBIRT



**SBIRT is an evidence-based public health model.**

**SBIRT has been identified as a “best practice” by the Institute of Medicine since 2001.**

**SAMHSA has funded nationwide SBIRT projects since 2003.**



# SBIRT



SBIRT is typically conducted in medical settings (e.g. primary care offices, emergency departments, trauma centers, community health settings).

SBIRT for substance use is a *preventative health service*, much like routine screening for hypertension, cancer, diabetes.

Recommended by the US Preventive Health Services Task Force.



# Billing Codes



Substance use screening and intervention is covered by Medicare, NJ Medicaid, and many commercial health plans.

Codes	Service	M'cd Fee Schedule
<b>99408</b>	Alcohol and/or substance use structured screening and brief intervention (15-30 minutes)	\$15.21 specialist \$12.93 non-specialist/clinic
<b>99409</b>	Alcohol and/or substance use structured screening and brief intervention (greater than 30 minutes)	\$29.84 specialist \$25.36 non-specialist/clinic
<b>G0396</b>	Alcohol and/or substance use structured screening and brief intervention (15-30 minutes)	\$19.35 specialist \$16.45 non-specialist/clinic
<b>G0397</b>	Alcohol and/or substance use structured screening and brief intervention (greater than 30 minutes)	\$37.10 specialist \$31.54 non-specialist/clinic

New Jersey



# NJ SBIRT Project



- **Funded by SAMHSA**
- **5 year project (July 2012 through June 2017)**
- **Administered by Division of Mental Health & Addiction Services**
- **Focused on Primary Care and Community Health Settings**



# NJ SBIRT Project Goals



1. Reduce alcohol and drug consumption and its negative health impact
2. Increase abstinence
3. Reduce costly healthcare utilization among patients seeking care at NJ SBIRT project sites
4. Promote policy and system changes to overcome barriers to treatment access



# Historically...



Substance use services have focused in two areas:

1. Primary Prevention – delaying onset of substance use
2. Specialty Treatment – time, cost and labor intensive services to persons who are acutely or chronically ill

# Historically...



There was a significant gap in service systems for at-risk populations – ***until SBIRT.***

# NJ SBIRT is a New Paradigm



Unlike primary substance use prevention and treatment services, SBIRT aims to:

Identify and effectively intervene with patients who are at moderate or high risk for psychosocial or health care problems related to their substance use – *in healthcare settings.*

# Rethinking Substance Use Problems from a Public Health Perspective



Dependent Users



At risk and  
binge drinkers

# SBIRT Impact on Public Health



SBIRT provides opportunity for primary care, emergency service providers, and other community health providers to take proactive measures for patients engaged in risky use of substances – but who are *not* currently in need of, or seeking addiction treatment.

SBIRT demonstrates a rapid and simple set of procedures has the potential for impacting the public health burden of substance abuse.

# The SBIRT Concept



**SBIRT uses a public health approach to universal screening for substance use problems in healthcare settings.**

**SBIRT provides:**

- **Immediate rule out of non-problem users;**
- **Identification of levels of risk;**
- **Identification of patients who would benefit from brief advice; and**
- **Identification of patients who would benefit from higher levels of care**

# SBIRT Nuts & Bolts



**Screening:** Quickly assesses the severity of one's substance use/misuse

**Brief Intervention:** Increases one's insight and awareness of substance use/misuse; motivates toward behavioral change

**Referral to Treatment:** Referral to specialty care for further assessment of those at high substance use risk

# NJ SBIRT in Healthcare Settings



1. Routine and universal pre-screening at patient intake
2. Full screening if patient pre-screens “at risk” (using validated screening tools)
3. Progressive, score-based interventions based on patient risk score
4. Referral to specialty care, as indicated



# 1. Pre-screening



- Should be *Universal*. All patients are pre-screened
- Pre-screening for substance use/misuse occurs during *routine* patient intake
- Pre-screen questions are part of wellness survey or social history
- 3 questions about alcohol consumption; 1 question about drug use
- Pre-screen can be self-administered or done by interview



# Why Universal Screening?

*There must be a pony in here somewhere*



([www.extremus.net](http://www.extremus.net))



# Benefits of Universal Screening



- Providers never know who is “at risk” unless they ask
- Provides an opportunity for patient education, early intervention
- Alerts provider to risks for interactions with medications or other aspects of medical care
- Offers an opportunity to engage the patient further
- Has proved beneficial in reducing high-risk behavior of people who are not dependent

# AUDIT – C\* (alcohol pre-screen)



- 1. How often do you have a drink containing alcohol?**
- 2. How many standard drinks containing alcohol do you have on a typical day?**
- 3. How often do you have 6 or more drinks on one occasion?**

Gender-specific scoring

\* Modified version of the AUDIT

# Drug Pre-screen \*



**“How many times in the past year have you used an illegal and/or recreational drug or used a prescription medication for non-medical reasons?”**

\* NIDA Single Item Drug Screen



# Pre-screen Positive



If patient pre-screens positive for alcohol and/or drug use, a full screen is administered.

Under NJ SBIRT Project, on average, 12% of primary care patients pre-screen positive for substance use risk.

## 2. Full Screen (S)



- Use of brief, validated instruments for alcohol and/or drug use (AUDIT for alcohol, and DAST-10 for drugs)
- Full screen is administered either before or immediately following the medical encounter
- Full screen can be administered by varied clinic staff (e.g. Health Educators, Nurses)
- Full screen results are entered into the medical record, and are immediately reviewed with the patient

# Full Screen Results



- Results are objective, and are score-based
- Three categories of risk:
  - 1) No to low risk
  - 2) Moderate risk
  - 3) High risk
- Score-based intervention is offered to patient:
  - 1) Positive feedback (no to low risk)
  - 2) Brief Intervention (moderate risk)
  - 3) Referral to Treatment (high risk)



# 3. Brief Intervention (BI)



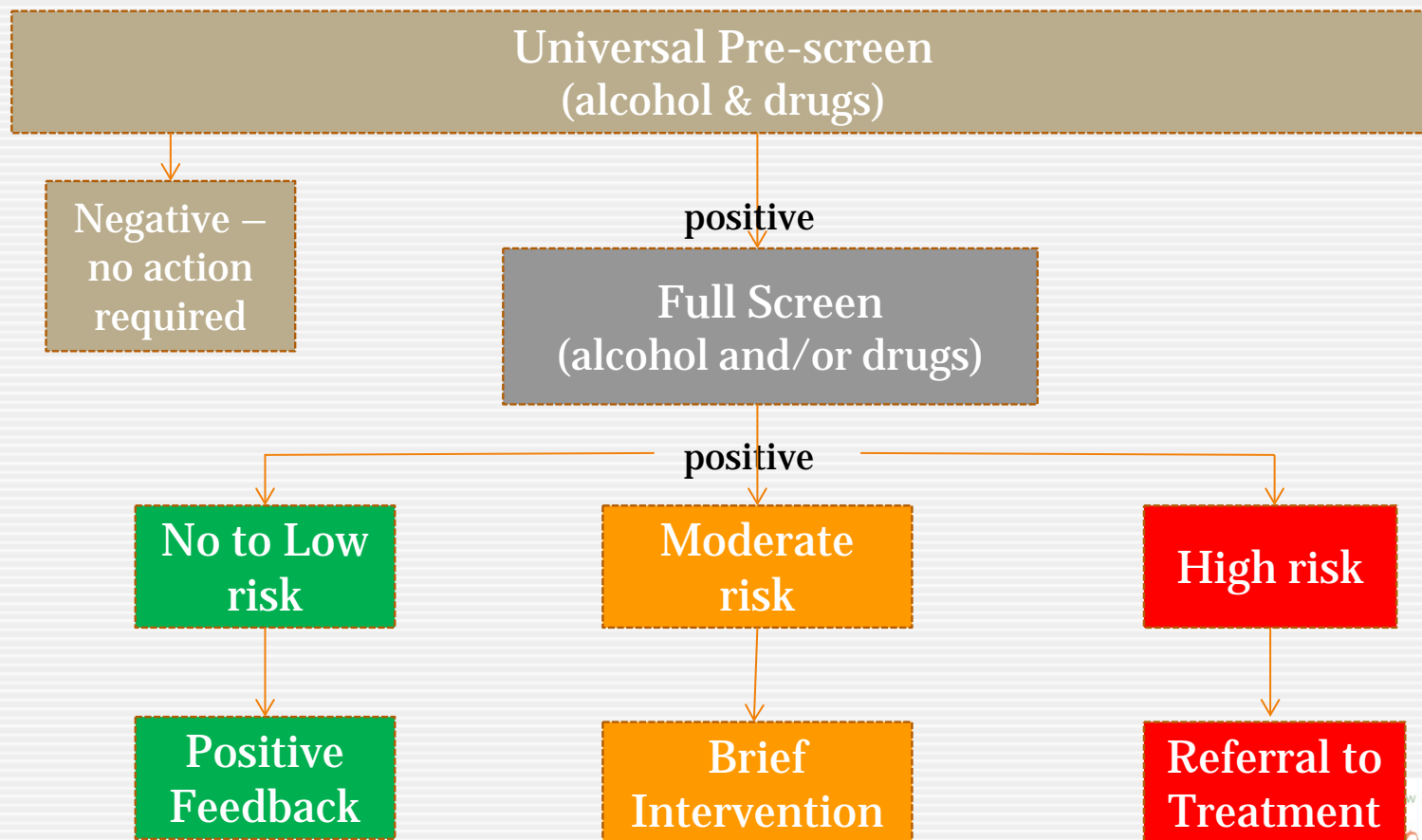
- Offered to patients scoring at moderate substance use risk
- Use of Motivational Interviewing techniques
- Brief conversation (< 5 min) between patient and trained professional to raise patient's insight and awareness of his/her substance misuse
- Risk and consequences of substance use are discussed, behavioral changes are explored
- Assist patient in developing an action plan
- BI is not a clinical service

## 4. Referral to Treatment (RT)



- Offered to patients scoring at high substance use risk
- Use of Motivational Interviewing techniques
- Trained professional discusses [high risk] screening results and offers patient a referral to specialty services for further assessment
- A “warm handoff” is provided if patient accepts the referral
- RT is not a clinical service. No diagnosis is made.

# NJ SBIRT Workflow



**High Risk/possible  
SUD**

**Referral to  
Treatment**

4-5%

**Moderate Risk  
Harmful Use**

**Brief Intervention**

20-25%

**Low Risk or  
Abstinent**

**Positive  
Feedback**

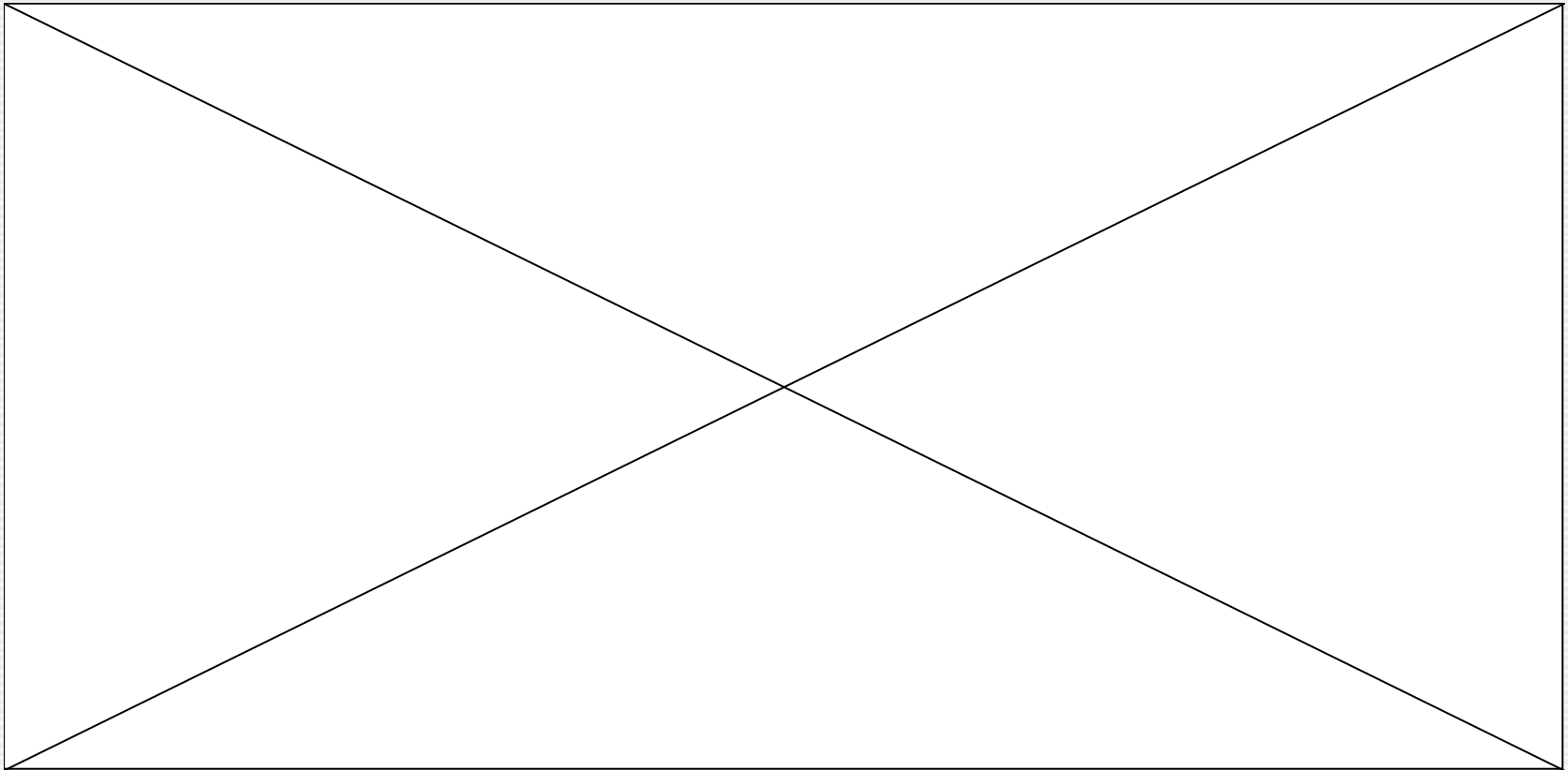
70-75%

**Drinking Behavior**

**Intervention Need**



# SBIRT in a Primary Care Clinic



State of New Jersey



# SBIRT in Action...



## **SBIRT You Tube Videos**

**SBIRT Oregon “SBIRT clinic workflow”**

<https://www.youtube.com/watch?v=KlaCo3zw1PM>

**SBIRT Oregon “SBIRT clinic workflow with behavioral health specialist”**

<https://www.youtube.com/watch?v=ogZX6YiHJzg>

**SBIRT Colorado “The SBIRT Process”**

<https://www.youtube.com/watch?v=hqt2CuvyiXc>

# NJ SBIRT Partners



## Phase One (ended September 2015):

- Henry J. Austin Health Center
- St. Francis Medical Center
- Capital Health Regional Hospital
- Rutgers School of Social Work

## Phase Two (ending June 2017):

- Rowan School of Osteopathic Medicine (SOM)
- Rutgers Robert Wood Johnson Medical School (RWJMS)
- Rutgers School of Social Work
- Rutgers School of Addiction Studies

# 6 NJ SBIRT Project Sites



- Rowan SOM Family Medicine clinics (Atlantic, Burlington, Camden, Gloucester)
- Rowan Student Wellness Center (Gloucester)
- Rutgers RWJMS Family Medicine clinic (Middlesex)

Over 55,000 adult patients screened to date.



# NJ SBIRT - 6 Month Outcomes



Past 30-Day Alcohol and Illegal Drug Use at SBIRT Intake and Follow-up (n = 257)\*

Substance	Intake %	Follow-Up %	% Change
Any Substances	91.1%	75.1%	-16.0%
Any Alcohol	73.2%	65.0%	-8.2%
Alcohol to Intox. (5+ drinks)	51.8%	31.5%	-20.3%
Alcohol to Intox. (<=4 drinks)	31.1%	26.8%	-4.3%
Illegal Drugs	48.2%	38.9%	-9.3%
Alcohol/Drugs on same day	26.8%	24.9%	-1.9%
Cocaine/Crack	3.9%	5.4%	+1.5%
Marijuana/Hashish	40.9%	35.0%	-5.9%
Heroin	5.1%	1.9%	-3.2%
Benzodiazepines	0.8%	3.1%	+2.3%

\*Table includes clients who responded to each question. The number of clients who responded "refused," "do not know," or for whom data were missing varies for each substance variable.



# SBIRT Sustainability



- All NJ SBIRT Project partners are committed to SBIRT service delivery after the federal grant ends:
  1. Substance use screening is now part of the organizational and clinical culture
  2. Providers and clinic staff are SBIRT-trained
  3. Substance use screening is integral part of annual patient wellness surveys
  4. SBIRT screening tools are embedded in the respective EMRs
- Rowan SOM will develop and embed SBIRT curriculum as part of the ongoing clinical training program for its medical residents and clerkship students

# Research Demonstrates Effectiveness



- A growing body of evidence about SBIRT’s effectiveness—including cost-effectiveness—has demonstrated its positive outcomes.
- The research shows that SBIRT is an effective way to reduce drinking and substance abuse problems.

(SAMHSA Whitepaper, 2011

<http://www.samhsa.gov/prevention/sbirt/SBIRTwhitepaper.pdf>)



# Research Shows



## Brief interventions—

- Are low cost and effective
- Are most effective among persons with less severe problems
- *“Brief interventions are feasible and highly effective components of an overall public health approach to reducing alcohol misuse.”*

(Whitlock et al., 2004, for U.S. Preventive Services Task Force)



# Making a Measurable Difference



Since 2003, SAMHSA has supported SBIRT programs with more than 1.5 million persons screened.

Outcome data confirm a *40 percent reduction* in harmful use of alcohol by those drinking at risky levels and a *55 percent reduction* in negative social consequences.

Outcome data also demonstrate positive benefits for reduced illicit substance use.

Based on SAMHSA review of SBIRT GPRA data (2003 – 2011)

# SBIRT Reduces Short and Long-Term Health Care Costs



By intervening early, SBIRT saves lives and money and is consistent with overall support for patient wellness.

Late-stage intervention and substance abuse treatment is expensive, and the patient has often developed comorbid health conditions



# Lessons Learned



- SBIRT is a brief and highly adaptive evidence-based practice with demonstrated results.
- SBIRT has been successfully implemented in diverse sites across the life span.
- Patients are open to talking with trusted professionals about substance use.
- SBIRT makes good clinical and financial sense.

# References



SAMHSA, Center for Substance Abuse Treatment  
SAMHSA Core Curriculum: Teaching SBIRT (2014)  
SAMHSA, HRSA, Center for Integrated Health Solutions  
Institute for Research, Training and Education in Addictions  
Addiction Technology Transfer Center Network  
National Institute of Alcohol Abuse and Alcoholism  
BIG Initiative, SBIRT Education  
National Institute on Drug Abuse  
World Health Organization  
Centers for Disease Control and Prevention  
Georgia BASICS Project, permission of Stephen O'Neil, MA  
Drinking Pyramid, permission of Daniel Hungerford, Ph.D., Epidemiologist, CDC  
SBIRT Oregon Primary Care (2015)  
SBIRT Colorado





# Questions



For more information contact:

**Kathleen Russo**

**SBIRT Project Coordinator**

Email: [kathleen.russo@dhs.state.nj.us](mailto:kathleen.russo@dhs.state.nj.us)

Phone: 609-984-4053

