



SBIRT:
Talking to patients about their alcohol and other drug use

Southbridge Hotel & Conference Center
Southbridge, MA
December 5, 2014

Agenda

- Welcome & Overview
- SBIRT Checkup: Where Are We?
- State of the State: MA Department of Public Health Perspectives
- Skills Sessions:
 - Brief Intervention Using the Spirit of Motivational Interviewing
 - Administrative Focus on SBIRT Integration
- Lunch
- Facilitated Roundtable Discussions:
 - Addressing Challenges in Brief Intervention Encounters
 - Models of Integrated Care in Practice
 - Focus on RT
 - Managing SBIRT Implementation

SBIRT: Talking to patients about their alcohol and other drug use

Overview

December 5, 2014

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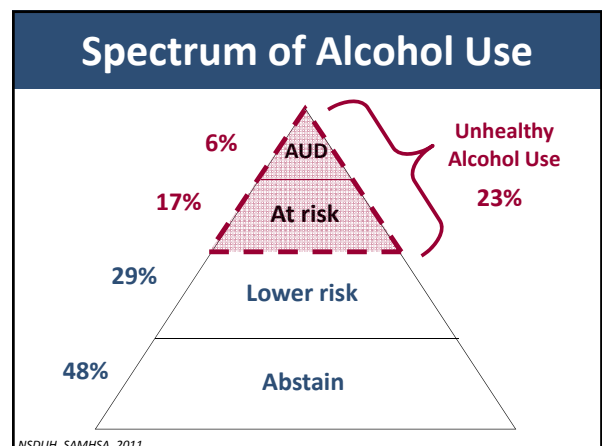
The Divide...

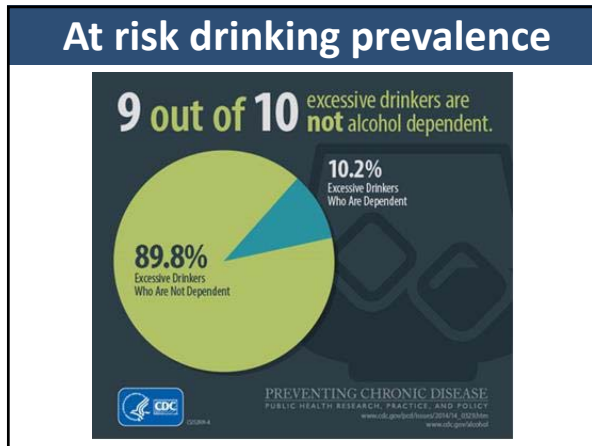
Healthcare Concerns	Addiction Care Concerns
<ul style="list-style-type: none"> • Referral system too complicated – not medically oriented referrals • Patients often don't follow through on referrals • Isn't addiction specialty care like medical settings (e.g., staffing, supplies, etc.)? • Why can't I get FU information on my patient after I refer them to addiction treatment? 	<ul style="list-style-type: none"> • Healthcare provides often refer patients who are too medically ill • Why do medical providers prescribe controlled substances to patients in MH treatment? • Why can't I get a primary care appointment for my patient?

Unhealthy substance use in 1° care

- *Spectrum of use that risks health consequences*
 - Cardiovascular disease, cancer, trauma, infection, etc.
 - Alcohol: 3rd leading preventable cause of death in US¹
- Costly:
 - Societal costs of \$416.5 billion annually²
- Underdiagnosed
 - 16% of patients ever discussed alcohol with provider³
- Undertreated
 - 14% with substance use disorders (SUD) in MA get treatment⁴

¹ <http://www.prevent.org/National-Commission-on-Prevention-Priorities/Rankings-of-Preventive-Services-for-the-US-Population.aspx>; ² Bouchery, Am J Prev Med 2011;41:516-524; ³ CDC Vital Signs Report 2013 <http://www.cdc.gov/vitalsigns/>; ⁴ Brodin, MA Health Policy Forum 2005





Unhealthy substance use in primary care

- **Spectrum of use that risks health consequences**
 - Cardiovascular disease, cancer, trauma, infection, more
 - Alcohol = 3rd leading preventable cause of death in US¹
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Adverse Events with Alcohol and Other Substances

<ul style="list-style-type: none"> ❖ Crime <ul style="list-style-type: none"> - Homicides - 49-86% - Sexual assaults - ≤60% - Other assaults - 37-40% ❖ Proportion of incarcerated individuals with disorders: <ul style="list-style-type: none"> - Adults - 65% - Juveniles - 67% (41% alc.) ❖ Suicides - 20 - 37% ❖ Falls - 44% 	<ul style="list-style-type: none"> ❖ Drownings - 69% ❖ Fires - 26% ❖ Child abuse & neglect - 70% ❖ Domestic violence - ? ❖ Unintended pregnancies and sexually transmitted infections - ? ❖ Fetal alcohol spectrum disorders - 100%
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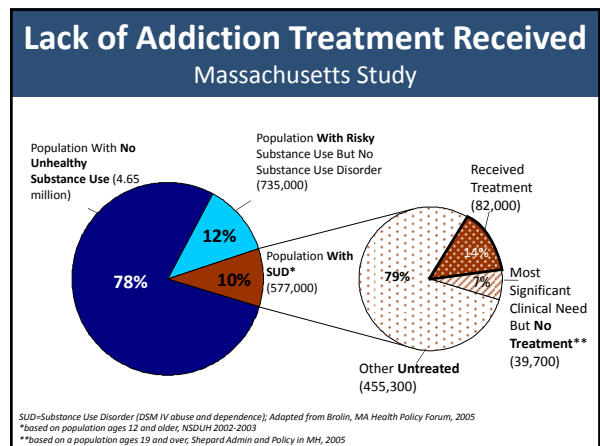
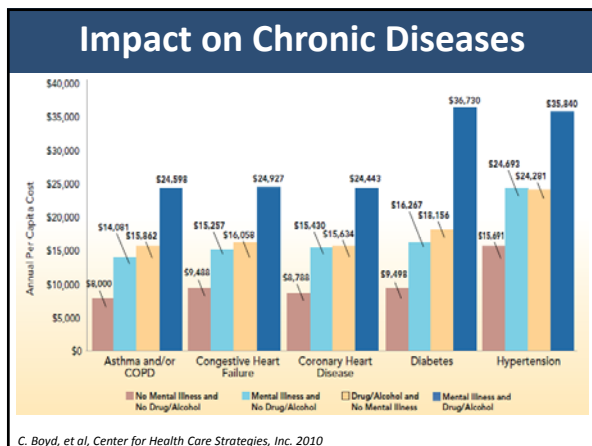
Adapted from: PRHI, ICSI, MHQP, NRHI, WCHQ, and WIPHL. The Partners in Integrated Care Toolkit, 2013. Funded by AHRQ; grant number R18HS019943.

Impact on Medical Care Outcomes

- Medication non-adherence
- Less HIV viral load suppression
- Worse quality diabetes care
- Inability to receive treatment for hepatitis C
- Less preventive services (mammogram, flu vaccine)
- Increases in 30-day hospital readmission

Bryson CL et al. Ann Intern Med 2008
Palepu A et al. J Subst Abuse Treat 2003
Palepu et al. Addiction 2004
Desai MM et al. Am J Psychiatry 2002
Druss BG et al. JAMA 2000

Rathore, S. S. et al. Arch Gen Psychiatry 2008
Nunes et al. Alcohol Clin Exp Res. 2006
Lasser K et al. BMJ Open 2011
Glimmer Ctr for Healthcare Strategies 2010
Walley AY et al J Addict Med 2011



Impact of 1° care

Receiving 1° care ↑ remission or non-problem * use 3-fold for patients with substance use-related medical conditions

Predictor	OR (95% CI)
2-10 1°care visits	3.0 (1.2-7.3)

*Remission or nonproblem use, over 5 years
Mertens et al. Drug Alcohol Depend 2008. n=458

Rankings of 25 Preventive Services Recommended by USPSTF

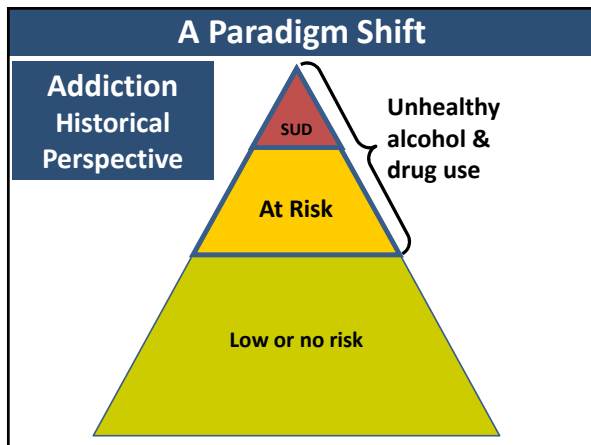
#	Service	Public Benefit	ROI
1	Childhood immunizations	5	5
1	Smoking cessation	5	5
1	Aspirin in high risk patients to prevent heart attack & stroke	5	5
2	Alcohol screening & intervention	4	5

1 = lowest; 5 = highest

Ranked higher than:

- Screening for high BP or cholesterol
- Screening for breast, cervical, or colon cancer
- Adult flu, pneumonia, or tetanus immunization

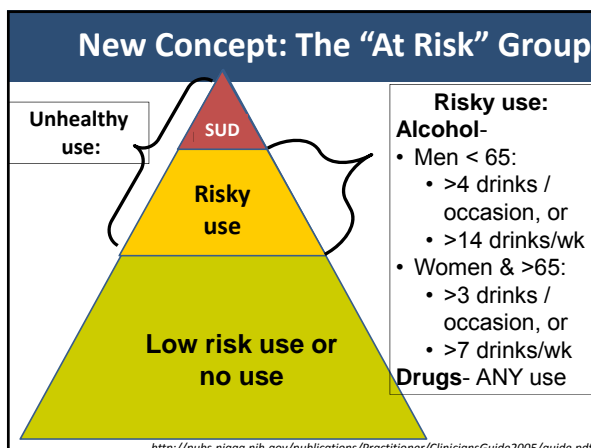
Maciosek, Am J Prev Med, 2006; Solberg, Am J Prev Med 2008; <http://www.prevent.org/content/view/43/71>
Adapted from Partners in Integrated Care



Principles of screening

WHO guidelines (Wilson's Criteria) 1968

- **Condition:**
 - Important **and** Treatable health problem.
 - A latent (Subclinical) disease stage.
 - Natural Hx of disease understood.
- **Test:**
 - Test / examination for condition exists.
 - Acceptable to population.
- **Process:**
 - Facilities for Dx & Tx available.
 - Agreed policy on whom to treat.
 - Continuous process, not "once and for all" project.
- **Economic:**
 - Affordable total cost of case finding.



Why SBIRT is Important

- Clinician suspicion of alcohol problems had poor sensitivity (27%) for identifying patients who had a positive screening test for alcohol problems
- Addiction: A chronic, relapsing brain disease that warrants identification, treatment & relapse prevention
- Cost-benefit & Cost-effectiveness analyses have demonstrated net-cost savings
 - Alcohol SBI in primary care saves **\$5.60** for every \$1 spent

Vinson, D, Annals of Fam Med. 2013; Solberg, L, Am J Prev Med, 2008
Fleming, M, Medical Care. 2000; Volkow, Jour Neuroscience. 2001

SBIRT Effectiveness

- SBIRT has been found:
 - most effective with lower severity alcohol use identified in primary care
 - least effective with most severe cases & those with drug use
 - may increase the percentage of patients who enter specialized care & decrease hospital days
- US Preventive Services Task Force (USPSTF) recommends alcohol SBI (grade B); evidence insufficient for drug
- Ongoing research to define effectiveness of SBIRT for drug, other settings and severities, and adolescents continues
 - Recent research indicates BI for patients with drug use is ineffective in a primary care setting, but research remains ongoing to better understand how to best identify and treat at risk individuals

Kaner, E Drug Alc Review 2009 Saitz, R Ann Intern Med 2007
Krupski, A Drug Alc. Dep 2010 Estee, S Medical Care 2010
Saitz, JAMA 2014 Roy-Byrne, JAMA 2014
Hingson R, JAMA 2014

What is **SBIRT**?

Screening

- Brief questionnaire to identify unhealthy substance

Assessment

- Questions to determine severity of unhealthy substance use

Brief Intervention

- Brief (5-10 min) conversation to raise awareness of risks and build motivation to change


Referral to Treatment


- Facilitate referral for treatment of substance use disorders

Evolution of the SBIRT Concept

Basic SBIRT


- Simple
- Case finding focused
- Lacked a public health perspective
- Task oriented





Evolved SBIRT

- Team oriented and implemented
- Public health and education oriented
- Increasingly a preventative approach



Generalizability of SBIRT Concepts


- SBIRT is grounded in best evidence for:
 - Screening
 - Identifying unhealthy behaviors
 - A language to discuss this risk & work with patients
- The language of SBIRT is key
 - Nonjudgmental & Open-ended
- Behaviors extend beyond SUDs including:
 - Medication compliance
 - Behavioral Health
 - Holistic picture of healthy behaviors
 - Diet & Exercise
 - Trauma

The key to SBIRT: Brief intervention

....a *brief*...

non-judgmental, non-confrontational, directive conversation, using Motivational Interviewing (MI) principles & techniques to enhance a patients' motivation to change their use of alcohol & other drugs.

- Non-confrontational
- Collaborative
- PT is the expert on his/her life
- A dialogue - Not a lecture



Brief Intervention

Feedback:

- provide **personalized feedback** based on screening results; state concern regarding medical risks / consequences of use

Advice:

- ask permission;
- then, make **explicit recommendation** for change in behavior; **discuss patient's reaction**

Seal the Deal:

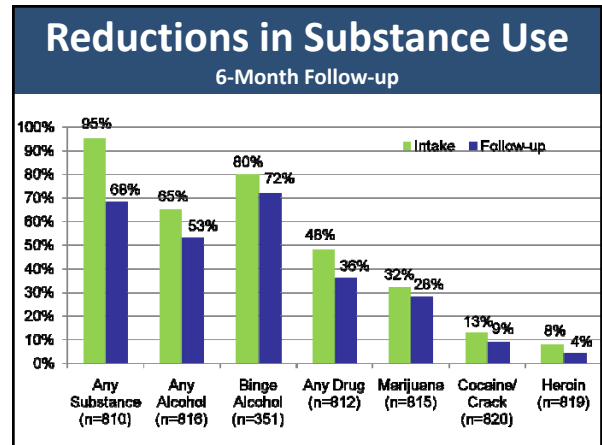
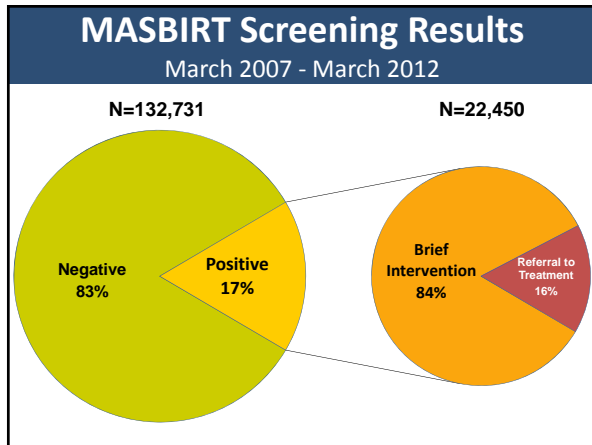
- **enhance motivation** for behavior change; **elicit ideas & negotiate** plan with patient, schedule follow-up

Referral to Treatment

www.helpline-online.com

SBIRT Goals

- With more severe SUD**
 - Facilitate referral for specialty addiction treatment
- At risk or less severe**
 - Educate about risks
 - Decrease risks for negative consequences
- Low or no risk**
 - Educate about risks, promote healthy norms



Integrating SBIRT into Medical Care

AMBULATORY SETTINGS

HOSPITAL AND ED
HE introduces self and delivers services

Adapted from: PRHI, ICSI, MHQP, NRHI, WCHQ, and WIPHL. The Partners in Integrated Care Toolkit, 2013. Funded by AHRQ; grant number R18HS019943.

Implementation - SBIRT *in Action*: BMC Primary Care

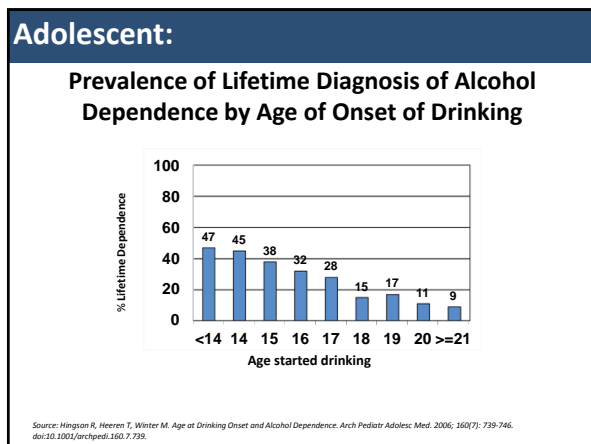
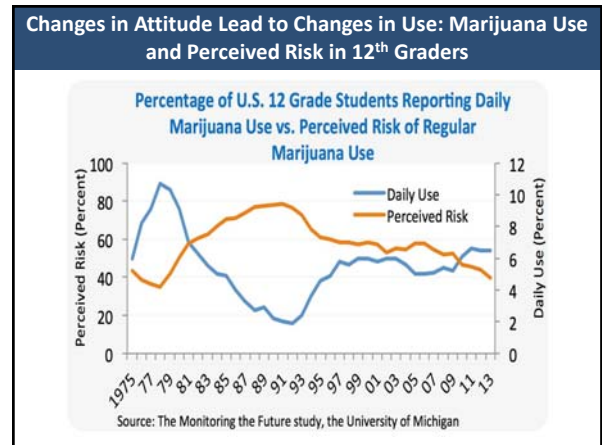
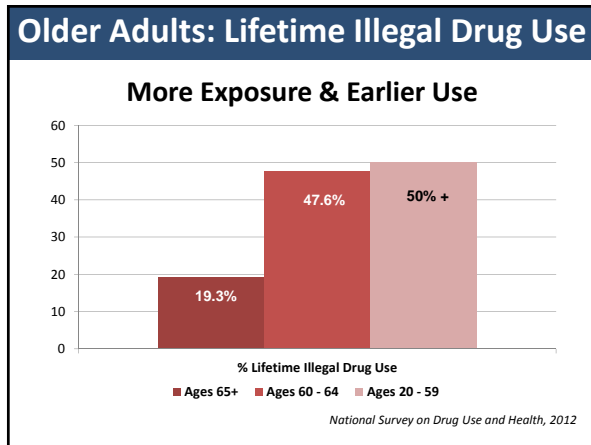
- **Front desk:** Gives screen to patient
 - Single-item alcohol and drug questions
 - PHQ-2 for depression
- **Medical assistant:** Scores screen, gives follow-up tool for any (+) response
 - AUDIT, DAST-10 and/or or PHQ-9
- **Provider:** Scores any follow-up tool; as needed, conducts BI and/or places referral.

Implementing SBIRT: Challenges and opportunities

<u>Challenges</u>		<u>Opportunities</u>
Limited reimbursement	➔	New payment models
Workflow challenges	➔	Team-based care
Training gaps	} ➔	Broad-based behavioral health integration efforts (enhance training opportunities, access)
Poor access to specialty substance use treatment		

SBIRT in Clinical Care

- Special populations for SBIRT
 - Older patients
 - Adolescents
 - Pregnant women



Adolescent: Brains develop back to front

These parts are shouting, but...

You may have noticed some of these effects:

- Difficulty holding back or controlling emotions
- A preference for physical activity
- A preference for high-excitement and low-effort activities (video games, sex, drugs, rock 'n' roll)
- Poor planning and judgment; rarely thinking of negative consequences
- More risky, impulsive behaviors, including experimenting with drugs and alcohol

- **Brain development**
- **Early Regions:**
 - areas responsible for physical coordination, motivation & emotions.
- **Later Regions:**
 - Areas that control judgment
 - take more time to finalize connections
 - more susceptible to be disrupted by substances (e.g. alcohol & drugs).

Image: <http://www.drugfree.org/why-do-teens-act-this-way/adolescent-brain-and-behavior/>

Lasting Damage: Developing Areas Most Vulnerable

- House under construction most vulnerable to environmental damage.
- The same is true of brain structures that are actively undergoing brain development.



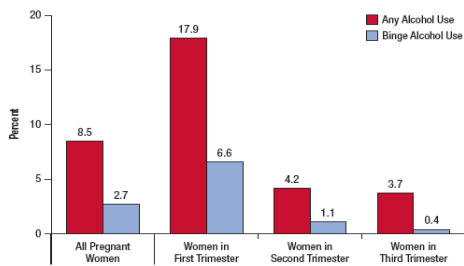
Brain Development: Early Onset Use and Later Substance Use Disorders

- Adolescent brain develops until mid-20's
- Developing brains particularly susceptible to effects of alcohol, marijuana & other substances
- Children beginning drinking <15 yo 40% develop addiction
- Adolescents who start drinking earlier are more likely to develop alcohol use disorders later in life.
 - Risk of addiction drops with increased age of drinking initiation: 47% (13 yo) → 9% (21+ yo) .
- Only 7% of those who begin drinking after age 21 will become addicted.
- Like alcohol: earlier onset of MJ use a/w higher risk for marijuana abuse /addiction later in life.

1. Hingson RW, Heeren T, Winter MR. Age at Drinking Onset and Alcohol Dependence: Age at Onset, Duration, and Severity. Arch Pediatr Adolesc Med. 2006;160(7):739-746.; 2. Substance Abuse and Mental Health Services Administration (2010). Results from the 2009 National Survey on Drug Use and Health Volume 1, Summary of National Findings (Office of Applied Studies, NSDUH Series H-38A, HHS Publication Number SMA 10-4586 Findings). Rockville, MD.

Pregnant Women:

Past Month Alcohol Use and Binge Alcohol Use among Pregnant Women Aged 15 to 44, Overall and by Trimester*: 2011 and 2012



* Pregnant women are defined as women aged 15 to 44 who reported that they were pregnant at the time of the survey interview. Pregnant women aged 15 to 44 not reporting trimester are excluded.

NSDUH 2013

Conclusions

- SBIRT: an evidence-based, cost-saving intervention to identify & reduce unhealthy substance use in primary care patients
- Screening is just the start: SBIRT training & implementation should emphasize brief intervention
- Healthcare reform & behavioral health integration efforts present opportunities for broad implementation of SBIRT
- MASBIRT TTA is a resource to support implementation

www.masbirt.org



www.MASBIRT.org
(617) 414-3749

- **MASBIRT Training & Technical Assistance program**
 - Build statewide SBIRT awareness and capacity
 - Promote SBIRT skills and competency
 - Support integration of SBIRT into diverse settings and organizations
- **Funded by MDPH, Bureau of Substance Abuse Services**
 - Carol Girard, Contract Manager & Coordinator of SBIRT Programs
- **BMC Clinical Addiction Research and Education Unit**
 - Alissa Cruz, Program Manager
 - Lee Ellenberg, Training Manager
 - Christopher Shanahan, Associate Medical Director
 - Daniel Alford, Medical Director
- **Partners**
 - BNI-ART Institute
 - Institute for Health and Recovery

SBIRT Skills – Tools and Resources





MA**SBIRT**TTA
Asking questions.
Improving health.



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