# SBIRT – Wrapping it Up

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# Agenda

- Look at Sample Workflows for SBIRT
- Explore Options for “Referrals to Treatment”
- Putting it together and Role Play
- Billing and Coding
- Reflecting on the Training

# Example: Full SBIRT

# Workflow

Waiting room

Brief screen

Exam room

CRAFFT

AUDIT / DAST

Exam room

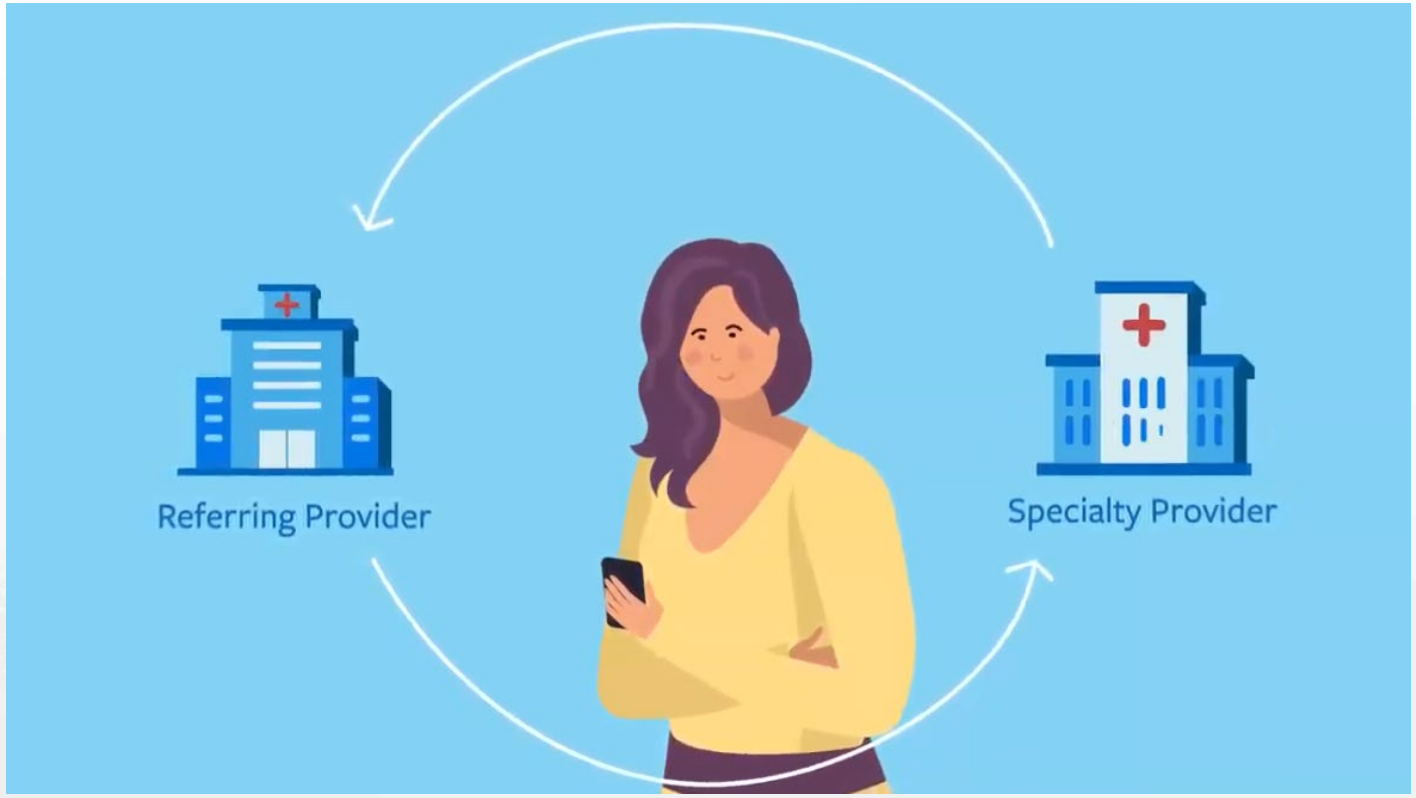
Brief intervention

Reception

Medical assistant

Clinician

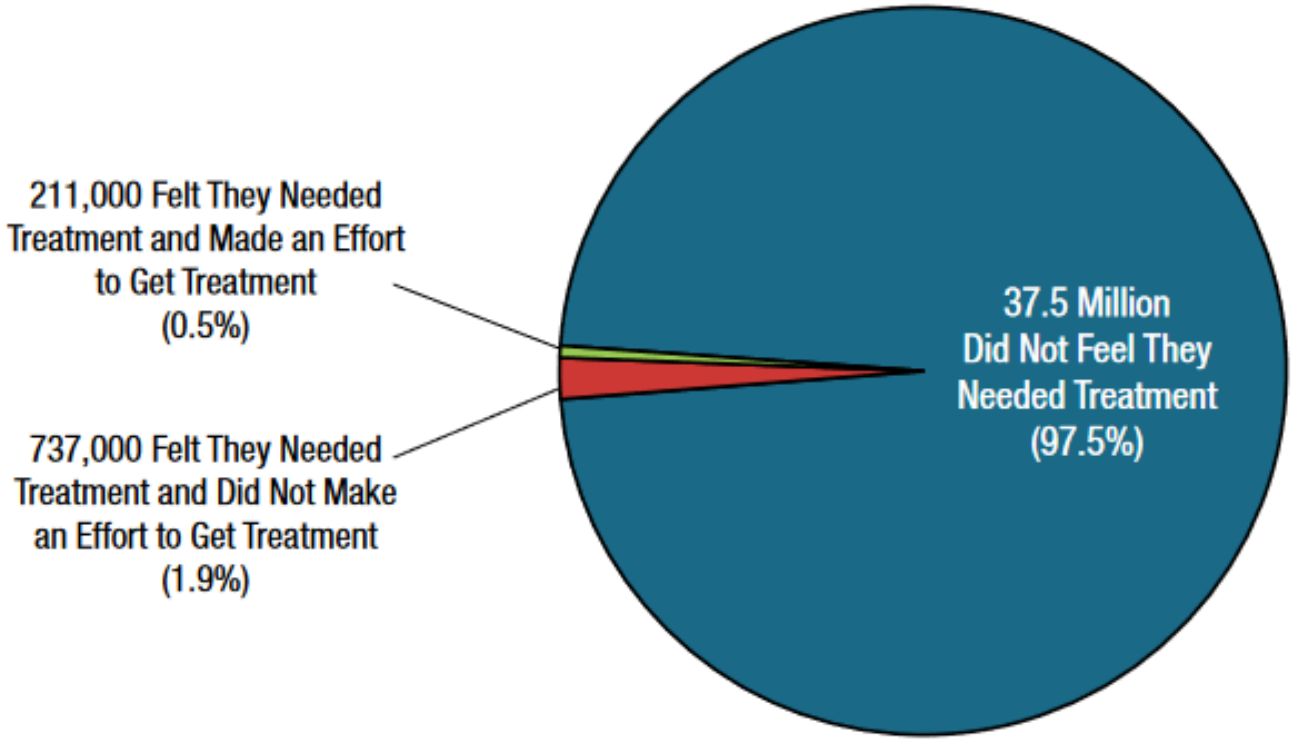
# Referral to Treatment:



# Referral to Treatment

- About 5% of patients screened could be referred to SUD evaluation and treatment.
- An appropriate referral is when the patient's responses to the screening reveals serious medical, social, legal, interpersonal consequences associated with their substance use
- Know local and state resources.
  - Have a well-developed workflow that is easily accessible to your patient!
  - Use the entire team
- Develop relationship with professionals and the patient.

**Figure 45. Perceived Need for Substance Use Treatment: Among People Aged 12 or Older with a Past Year Substance Use Disorder (SUD) Who Did Not Receive Substance Use Treatment at a Specialty Facility in the Past Year; 2020**




38.4 Million People with an SUD Who Did Not Receive Substance Use Treatment at a Specialty Facility

Note: People who had an SUD were classified as needing substance use treatment.

Note: The percentages do not add to 100 percent due to rounding.

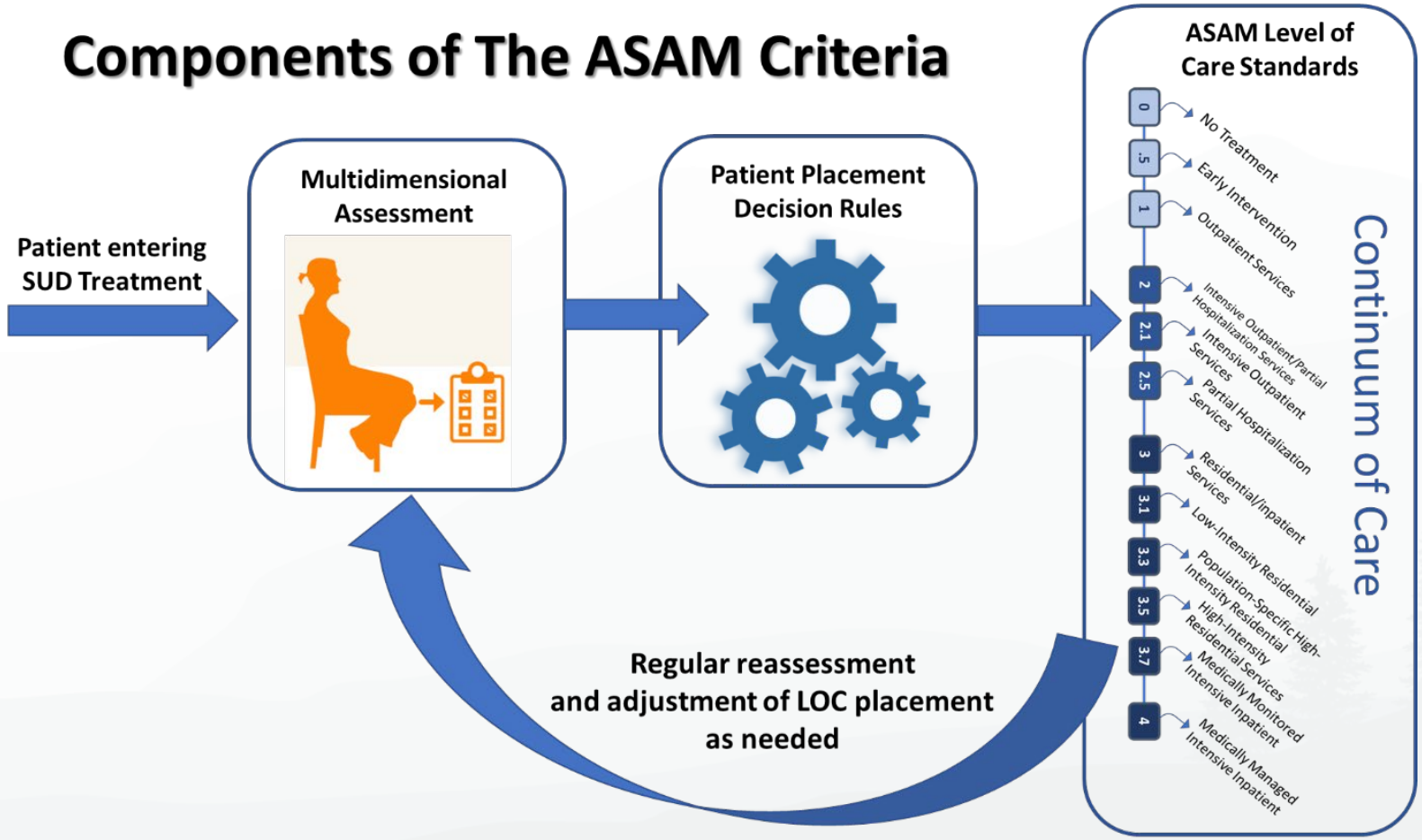
# Most people with SUDs don't believe they need in-patient treatment!

SAMHSA, 2021

# SUD Criteria

1. Taking the substance in larger amounts or for longer than you're meant to.
2. Wanting to cut down or stop using the substance but not managing to.
3. Spending a lot of time getting, using, or recovering from use of the substance.
4. Cravings and urges to use the substance.
5. Not managing to do what you should at work, home, or school because of substance use.
6. Continuing to use, even when it causes problems in relationships.
7. Giving up important social, occupational, or recreational activities because of substance use.
8. Using substances again and again, even when it puts you in danger.
9. Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance.
10. Needing more of the substance to get the effect you want (tolerance).
11. Development of withdrawal symptoms, which can be relieved by taking more of the substance.

- Purpose: determine diagnosis and appropriate level of care:
- Level I: Outpatient treatment
- Level II: Intensive outpatient treatment
- Level III: Residential/inpatient treatment
- Level IV: Medically managed intensive inpatient treatment



# Referral to Traditional Treatment

- Delivered through motivational interviewing in the brief intervention.
- Often, this is clinician driven…not patient driven.
- Patient-centered is not the same as patient-driven.
- **Traditional Treatment should be offered as an option, not a recommendation.**
- **Use your MI! and Harm Reduction Skills!**

# Warm Hand Off

- "I have a co-worker, Jamie, who is great at helping people plan for how they want to make lifestyle changes and cut back on alcohol use. I'm going to have her visit with you for just a few minutes. Then I'll be back to finish up our appointment."
- "You have a lot on your plate right now, and it seems like using is your only option. My coworker, Camille, is an expert at helping people manage their stress and improve their health. She is going to visit with you for a minute, then I'll be back."

# Primary Care Behavioral Health

- Ideally, your PCBH Team will engage the patient.
- Aim for at least 3 touches with the patient in the 1st week.
  - Use the entire team.
  - Care Management, PCP, Nurse, MA, Pharmacy, and BH
- The BHC will deliver their “Elevator Speech” and Intervention
- And schedule follow up as needed!

# Follow up

Negotiating a time frame for follow-up with the patient may enhance the likelihood that the patient returns.

Studies indicate that just one additional visit can significantly improve the effectiveness of your intervention (Rubak et al., 2005).

# Monitoring

- At a minimum, monitor the frequency of use with AUDIT-C +2 every three months.
- Repeated visits should include repeated brief intervention with MI, tracking symptoms, and patients' self assessment.
- Plant a seed and show you accept the person as they are!

# Example:

# Harm Reduction

- We don’t assume that abstinence is the patient’s goal.
- Increases access for us to help patients!
  - No need to wait until patients are “ready” to abstain to treat SUD.
- “Meet the patient where they are.”




Hawk et al, 2017.

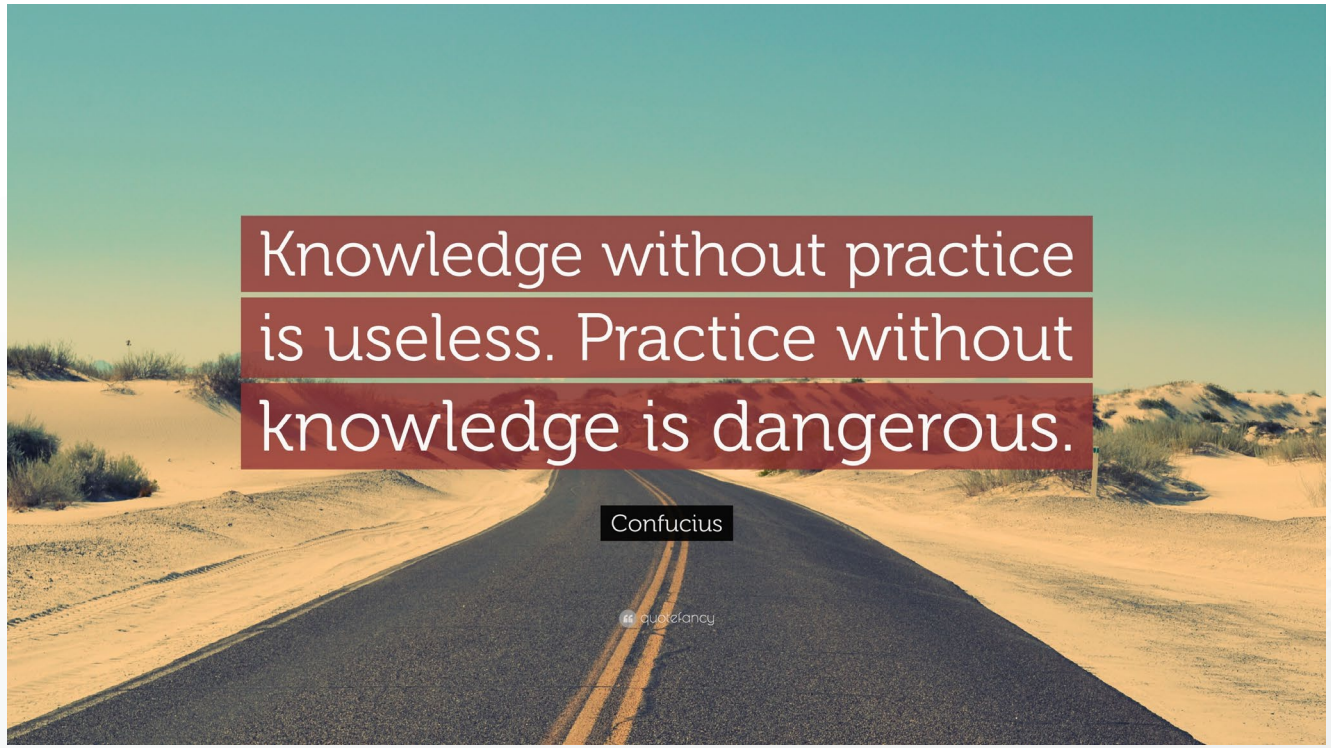
# Putting it Together


- 1. Use a validated Screener
  - Provided at check in by the front desk
  - Completed in Waiting Room
- 2. Brief Intervention
  - Raise the Subject
  - Provide Feedback
  - Enhance Motivation
  - Negotiate a Plan
- 3. Referral to Treatment
  - Patient-Driven

# Role Play

Break Out Groups:

- Select an interviewer and person willing to play as the “patient.”
- Keep it simple. Don’t be the hardest patient you know.
- Pretend you did a screener, raise the topic, provide feedback, enhance motivation, and negotiate a plan.
- ***See Attachment in Chat.***



# Getting Started…

1. Identify a champion
2. Choose screening tool
3. Develop Reasonable Workflow
4. Train Staff
5. Practice
6. Normalize!
7. PDSA
   - Plan, Do, Study Act

# Billing SBIRT

- Time spent face-to-face with the patient conducting SBIRT must be specified.
- SBIRT must be at least 15 minutes.
- There are many, many regulations and caveats so please read carefully.
- Detailed CMS billing guidelines available:
  - https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/SBIRT_Factsheet_ICN904084.pdf

# Billing Codes

| | | | |
|---|---|---|---|
| **Commercial Insurance** | CPT 99408 | Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes | $33.41 |
| | CPT 99409 | Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes | $65.51 |
| **Medicare** | G0396 | Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes | $29.42 |
| | G0397 | Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes | $57.69 |
| **Medicaid** | H0049 | Alcohol and/or drug screening | $24.00 |
| | H0050 | Alcohol and/or drug screening, brief intervention, per 15 minutes | $48.00 |

Coding for Screening and Brief Intervention Reimbursement | SAMHSA

# Reflection Exercise

- Share your reactions to SBIRT.  Use the following questions to guide your discussion.

1. What are your “take-home lessons” for screening and brief interventions?
2. How might SBIRT work best for you?
3. What would make it more effective in your practice?
4. What questions or suggestions do you have regarding brief interventions for patients with possible alcohol or substance use disorder?

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# Resources

- SBIRT Oregon
- Miller, W. Rollnick, S. (2023). Motivational Interviewing; Helping People Change and Grow, 4th Edition
- www.motivationalinterview.net (training tapes, articles, bibliographies, training opportunities)
- www.motivationalinterview.org (MI resources ATTC website)
- Integrated Behavioral Health - Montana Primary Care Association
- MI Videos – Motivational Interviewing - YouTube