

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

An overview for Primary Care Providers

Partnership HealthPlan of California
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Definition of SBIRT

- * A comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders.
- * Primary care centers provide opportunities for early intervention with at-risk substance users before more severe consequences occur.

-U.S. Substance Abuse Mental Health Services Administration
(SAMHSA)

Three key components

- * **Screening** quickly assesses the severity of substance use and identifies the appropriate level of treatment.
- * **Brief intervention** focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
- * **Referral to treatment** provides those identified as needing more extensive treatment with access to specialty care.

Does SBIRT help?

- * USPSTF Class B Recommendation for Adults:
 - * Counseling interventions in the primary care setting can improve unhealthy alcohol consumption behaviors in adults engaging in risky or hazardous drinking.
 - * Behavioral counseling interventions for alcohol misuse vary in their specific components, administration, length, and number of interactions.
 - * Brief multi-contact behavioral counseling seems to have the best evidence of effectiveness; very brief behavioral counseling has limited effect.

Source: USPSTF

What is covered?

- * USPSTF Class A or B recommendations covered under the ACA, covered by:
 - * Medi-Cal, Medicare, Covered California Insurances
- * SBIRT only covered for Adults, for Alcohol misuse
- * Individual providers may choose to use SBIRT for adolescents or for other substances or for other conditions. This would be considered within the scope of primary care, not separately reimbursable.
- * DHCS draft regulation: only PCPs eligible, not EDs, specialists, mental health only providers.

Pre-screen

- * Part of routine primary care, not separately reimbursed.
- * Integrated into the Staying Healthy Assessment for adults, required health maintenance questions for Medi-Cal patients
- * Integrating the pre-screen with other health assessment questions normalizes the question

Pre-screen Questions

- * Men under age 65:
 - * In the past year, have you had 5 or more alcoholic drinks in a day?
- * Seniors and Women:
 - * In the past year, have you had 4 or more alcohol drinks in one day?

Expanded Screening

- * If pre-screening question is positive, a follow-up expanded screening should be administered.
- * Separately reimbursed, on fee-for-service basis.
- * Validated screening options:
 - * Alcohol Use Disorder Identification Test (AUDIT) – 10 questions
 - * AUDIT-C (shorter, 3 question version)

AUDIT-C questions

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 six or more drinks on one occasion?

Score range possible 0-12

Positive score for women: score >3

Positive score for men: score >4

If Expanded Screen Positive

- * Inform patient that, based on score on screening questions, you are concerned that his/her alcohol use may be unsafe
- * Option 1: Convince patient to return for another office visit to explore this further, either with PCP or another provider
- * Option 2: Jump into brief intervention at the same visit at the expanded screen, either by PCP, or by other staff (commonly known as a “warm handoff”)

Brief Intervention

- * Up to 3 sessions of 15 minutes each are covered, per year
- * May be performed on the same day as the expanded screening
- * May be performed sequentially on the same day (30-45 minute visit) or may occur at 2-3 different visits.
- * Separately reimbursed, fee-for-service

Components of Brief Intervention

- * Motivational Interviewing methodology
- * Tailor approach to patient's stage of readiness to make a change
- * Interventions may include:
 - * Personalized feedback
 - * Education and description of resources
 - * Negotiated action plans
 - * Drinking use diaries
 - * Stress management

Referral to Treatment

- * Refer patients
 - * Found to have alcohol use disorder (defined by DSM4)
 - * If diagnosis is unclear
- * Referral should be documented in the medical record.

Finding Referral Resources

- * Medi-Cal: Substance abuse treatment covered by state (not PHC) through counties.
 - * Contact phone numbers available on PHC website: http://www.partnershiphp.org/Members/MC_MbrEN.htm#mental toward the bottom of the page under the heading “HELP FOR SUBSTANCE ABUSE”
 - * Some counties have multiple options for more specific referrals (including potential contracting with FQHCs); contact your local county health department for details.
- * Medicare: Private counselors may also be covered

Who may perform SBIRT

- * Directly:
 - * Physicians, NP, PA, LCSW, Psychologists
- * Under supervision of above:
 - * Licensed and Registered providers: MFT, RN, CNM, LPCC
 - * Other providers: MA, health educators, substance abuse counselors

Training Options for SBIRT

- * Each site should have a list of individuals trained and capable of performing
 - * Expanded screening
 - * Brief Intervention
- * Available for review at PHC Medical Record Review visit

SBIRT in Electronic Health Records

- * Work with vendor or user groups
- * Integrate Staying Healthy Assessment (includes pre-screening questions)
- * Integrate AUDIT-C (including scoring) into EHR
- * Create brief template for documenting follow-up conversation for positive expanded screening
- * Create template for Brief Intervention

Billing for SBIRT

- * Set up codes
- * Set rates

SBIRT Billing Codes – Medi-Cal

- * MediCal

- * H0049 Extended Screening

- * Rate \$29.27

- * H0050 Brief intervention, 15 minutes

- * Rate \$58.54

SBIRT Billing Codes – Others

(FYI only, do not bill these to PHC)

- * Medicare (confirm with your carrier which codes to use, with which modifier; Medicare rules on this are complex.)
 - * G0396 15-30 minute screening or brief intervention
 - * G0397 30 minute screening and/or brief intervention
 - * G0442 Extended Screening
 - * G0443 Brief intervention, 15 minutes
- * Commercial Insurance (confirm with your carrier which codes to use, with which modifier)
 - * 99408 15-30 minute screening or brief intervention
 - * 99409 30 minute screening and/or brief intervention

Variations for PCPs under Prospective Payment system

- * FQHCs, FQHC look-alikes, RHCs, Native Health Care Systems
- * PHC will pay for SBIRT codes on fee-for-service basis
- * If services provided on the same day as other services,
 - * one wrap-around payment per day: on reconciliation of PPS rate, the extra fee-for-service will be balanced by a lower future payment
 - * Doesn't matter what type of provider is used (MRT, patient educator, substance abuse counselor all OK, if trained in SBIRT)
- * If service provided on separate day,
 - * Eligible for PPS wrap payment
 - * Must be done by PPS eligible provider: LCSW, Psychologist, MD, DO, NP, PA

More information

- * Pending: SBIRT policy in PHC policy MCUP3101
- * AUDIT and AUDIT-C:
www.integration.samhsa.gov/clinical-practice/screening-tools
- * Medicare SBIRT Benefit:
http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/sbirt_factsheet_icn904084.pdf

Training Resources

- * SAMHSA funded – Addiction Technology Transfer Center Network:
 - * **“Foundations of SBIRT”**
 - * 1.5 hour course
 - * Free CA CE Certificate Available
 - * \$7.50 to receive 1.5 contact hour units from NAADAC, NBCC, and/or NASW
 - * <http://www.attcelearn.org/>

- * **SBIRT Core Training Program:** Screening, Brief Interventions, and Referral to Treatment
- * Four hour training: \$50 per individual; group rates are available
- * CEUs available
- * <http://www.sbirtraining.com/sbirtcore>

Questions?