sbirt vt

Screening, Brief Intervention & Referral to Treatment

Moving forward on **population health**, **wellness**, and **prevention**.

Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

VERMONT DEPARTMENT OF HEALTH

THE University of Vermont HEALTH NETWORK
Central Vermont Medical Center

SBIRT VERMONT

Integrated Behavioral Health: Building an SBIRT Program at CVMC

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VERMONT
DEPARTMENT OF HEALTH

Scope of the Problem

- 1 out of 6 people report 1 episode binge drinking in past 30 days
- 1 out of 12 people meets criteria for a diagnosis of alcohol use disorder*
- 1 out of 50 meets criteria of for a diagnosis of a drug use disorder*
- Trauma Centers report that 30-50% of trauma visits are alcohol related

*According to the DSM-5, a "substance use disorder describes a problematic pattern of using alcohol or another substance that results in impairment in daily life or noticeable distress."

Scope of the Problem

It is obvious to most people that alcohol misuse impacts acute health risk, as seen in an ER:

- Trauma
- Acute toxicity
- Acute atrial fibrillation after binge drinking
- Sexual abuse

Scope of the Problem

But more insidiously and over time, alcohol misuse impacts the risk & course of more chronic diseases:

- Heart & liver disease
- Hypertension & diabetes
- Gastritis & ulcer disease
- Seizures, stroke
- Sequelae of deconditioning
- Psychiatric disorders

Correlating health risk to substance misuse: using the AUDIT-C as a measure

The AUDIT-C is SBIRT's standardized three question initial screen for alcohol misuse (score 0 min-12 max)

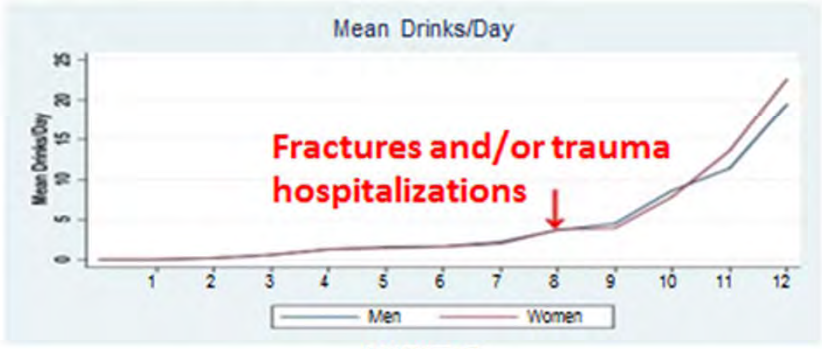
Current tobacco Y N					
1Alcohol: How often	N(0)	Monthly or less(1)	2-4/m(2)	2-3/w(3)	4/w or more(4)
2Alcohol: How many/day	1-2(1)	3-4(2)	5-6(3)	7-9(3)	10>(4)
3Alcohol: How often 6 or >	N(0)	< 1/m(1)	Monthly(2)	Weekly(3)	Daily/almost daily(4)
AUDIT-C score (1A+2A+3A) =					
D1Marijuana times in last yea	N(0)	Monthly or less(0)	2-4/m(0)	2-3/w(1)	> 4/w(1) Medicinal(0)

AUDIT-C and Health Risks

AUDIT-C

Chew, JBHSR 2011;

AUDIT-C and Health Risks

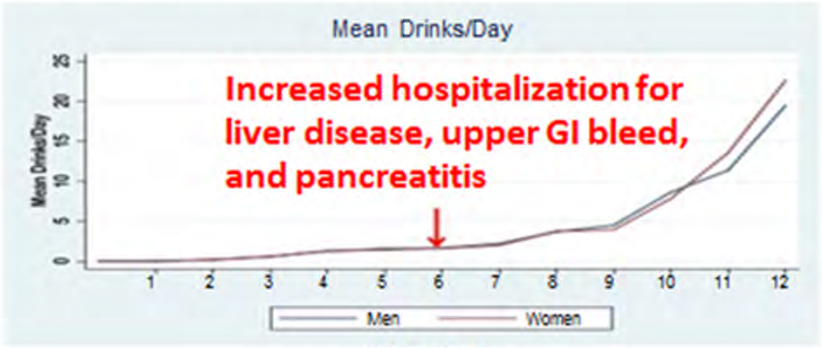


AUDIT-C

Harris SUM 2007; Williams AJDAA 2011; Harris ASCP 2012

Kathy Bradley MD, MPH Departments of Medicine and Health Services, Univ. of Washington

AUDIT-C and Health Risks



AUDIT-C

Lemke JGIM 2011; Au ACER 2007

AUDIT-C and Health Risks

AUDIT-C

Thomas Fam Med 2012

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AUDIT-C and Health Risks

AUDIT-C

Bryson Ann Intern Med 2008; Bradley JGIM 2010

AUDIT-C and Health Risks

AUDIT-C

Bradley JGIM 2011; Harris J Bone Joint Surg Am 2011

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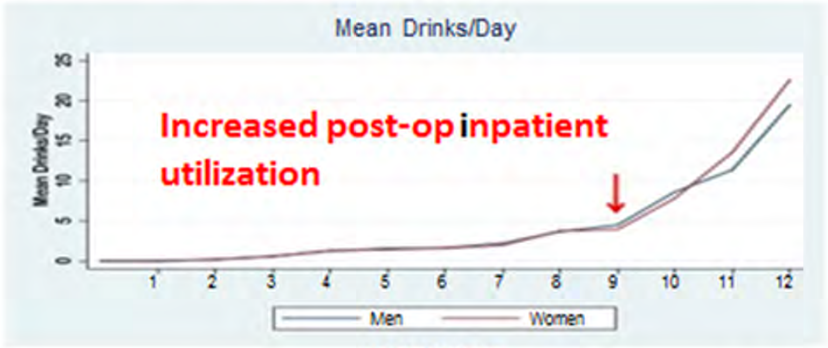
AUDIT-C and Health Risks



AUDIT-C

Rubinsky Am J Coll Surg 2012

AUDIT-C and Health Risks

AUDIT-C

Bradley 2001; Kinder 2009; Harris 2009

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Chronic medical conditions → move towards population based management

Substance abuse and misuse→ move towards population based management

- ✓ Significant morbidity/mortality?
- ✓ High prevalence?
- ✓ Long asymptomatic period?
- ✓ Valid, feasible screening test?
- ✓ Early intervention better (than later)?

Doors are ajar in the medical community

- Only about 20% of physicians reported that they were very prepared to discuss drug and alcohol issues with their patients[1]
- One national study estimated that only about 56% of residency programs require training in substance use disorder, and that when required, the median hours of training ranged from 3 to 12 hours[2]
- Despite the expanding awareness of the importance of substance abuse as a chronic health condition, education about substance abuse remains disproportionately low, when compared to other chronic conditions[3]

1. Center for Addiction and Substance Abuse Missed Opportunity: A national survey of primary care physicians and patients on substance abuse. 2000 NY: Columbia University. 35 | Page
2. Isaacson, JH, Fleming M, Kraus M, Kahn R, Mundt M. A national survey of training in substance use disorders in residency programs. J Stud Alcoho 2000, l61:912-915.
3. Polydorou S, Gunderson EW, Levin FR. Training physicians to treat substance use disorders. Current Psychiatry Rep 2008, 10:399-404.

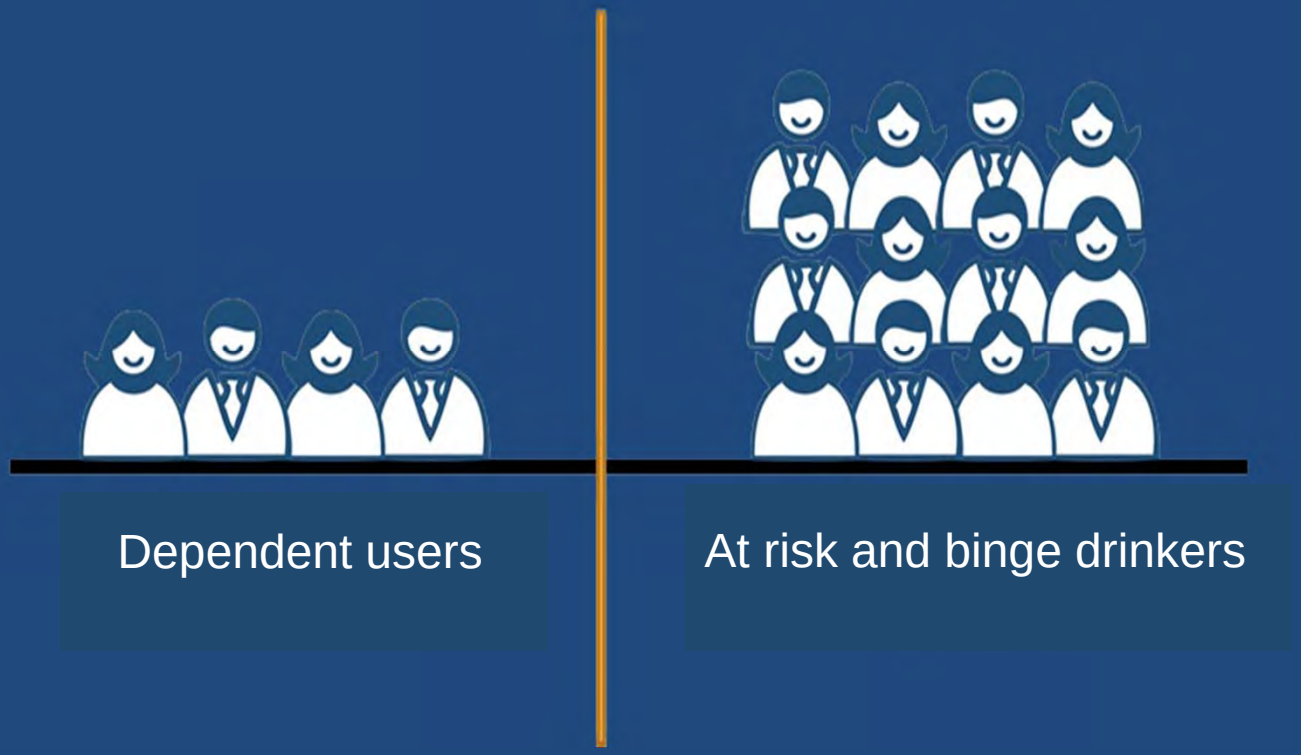
Patients are Receptive to Discussing their Substance Use[4]

Survey on Patient Attitudes

	Agree/Strongly Agree
"If my doctor asked me how much I drink, I would give an honest answer."	92%
"If my drinking is affecting my health, my doctor should advise me to cut down on alcohol."	96%
"As part of my medical care, my doctor should feel free to ask me how much alcohol I drink."	93%
	Disagree/Strongly Disagree
"I would be annoyed if my doctor asked me how much alcohol I drink."	86%
"I would be embarrassed if my doctor asked me how much alcohol I drink."	78%

The focus on dependency is an outdated model of substance use

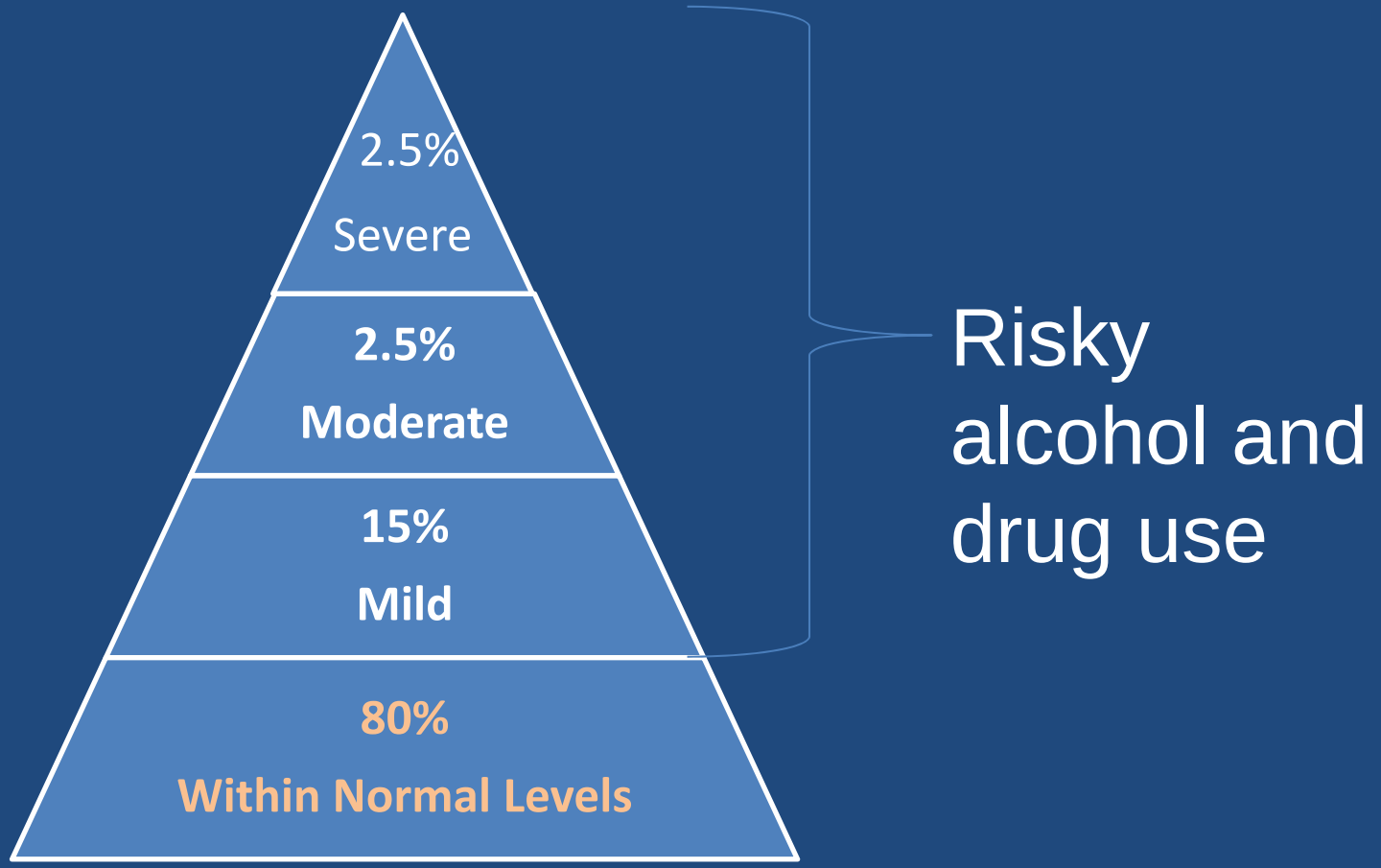
Re-Thinking Substance Use Problems From a Public Health Perspective



What is SBIRT?

SBIRT is an evidence based approach to screen and deliver early intervention and treatment services for people with substance abuse disorders and those at risk of developing these disorders.

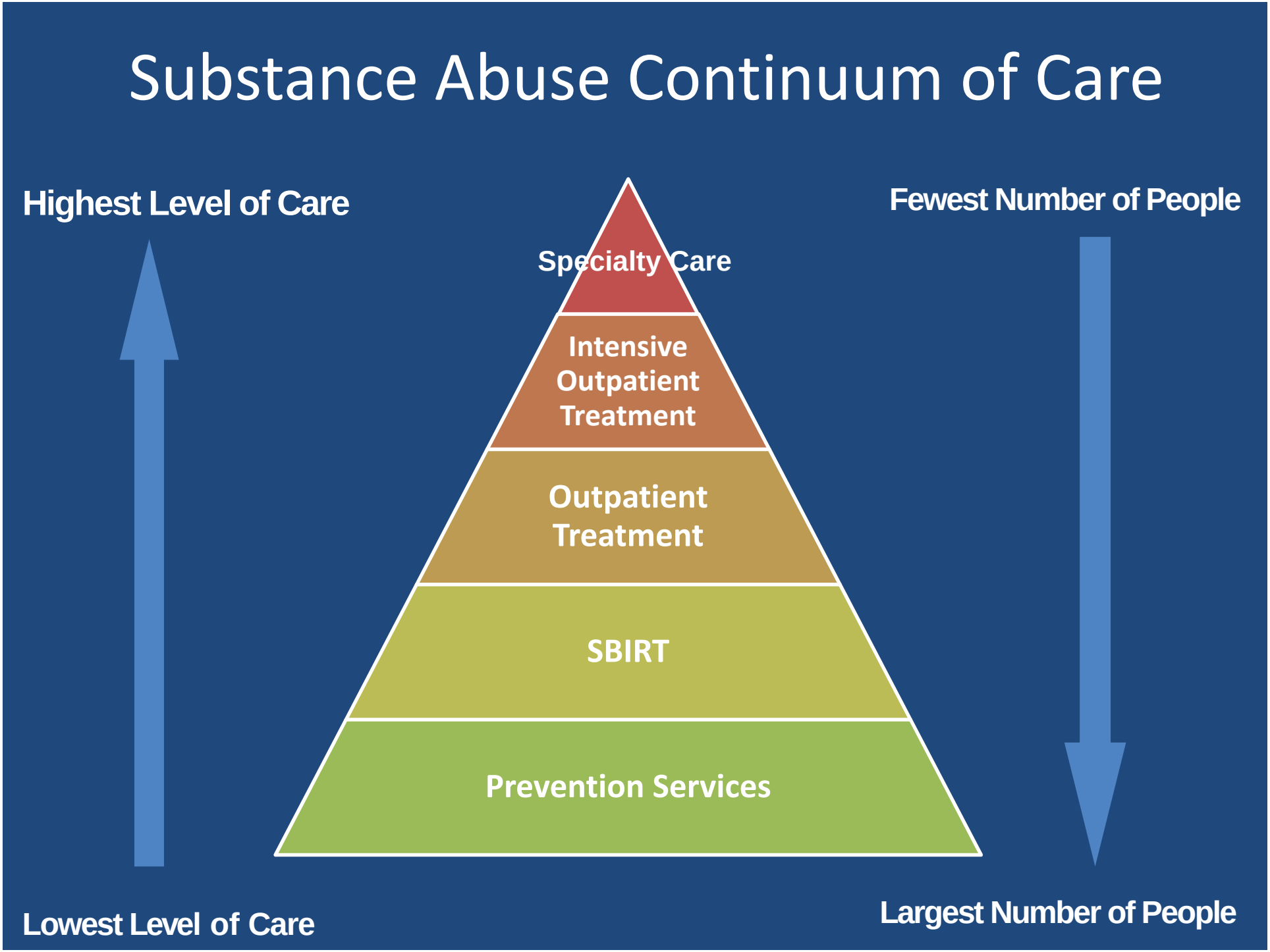
Who Are We Trying to Reach Now?



The Core Processes of SBIRT

Screening	Brief Intervention	Referral to Treatment: Brief & Specialty
• Quickly identify the severity of substance use and identify the appropriate level of treatment	• Increase insight and awareness of substance use; motivate toward behavioral change	• Provide embedded brief treatment • Refer to specialty care when needed

Substance Abuse Continuum of Care



The Vermont SBIRT strategy
Initial Screening

- Five wellness questions – help to break the ice
- Three alcohol questions–the Audit C– (frequency & amount)
- Three drug questions-(marijuana, prescription drug misuse, illegal drug use)
- Tobacco use

Secondary Screens for those with positive Initial Screens

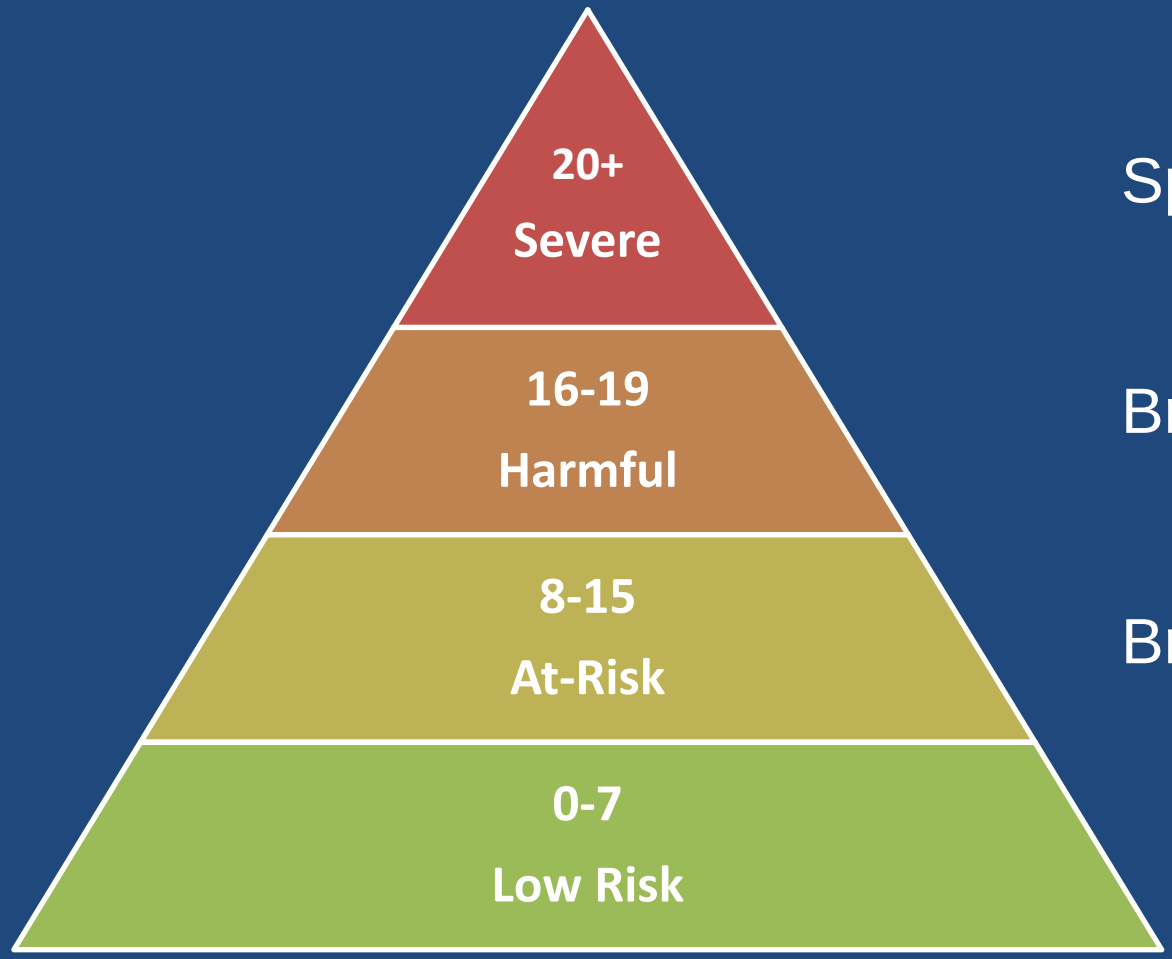
- DAST-10 & AUDIT-10
- Risk stratification and triage to treatment

AUDIT Scoring

Domains and Item Content of the AUDIT

Domains	Question Number	Item Content
Hazardous Alcohol Use	1	Frequency of drinking
	2	Typical quantity
	3	Frequency of heavy drinking
Dependence Symptoms	4	Impaired control over drinking
	5	Increased salience of drinking
	6	Morning drinking
Harmful Alcohol Use	7	Guilt after drinking
	8	Blackouts
	9	Alcohol-related injuries
	10	Others concerned about drinking

AUDIT-10 Scores & SBIRT Stratification



Referral to Specialty Care

Brief Treatment

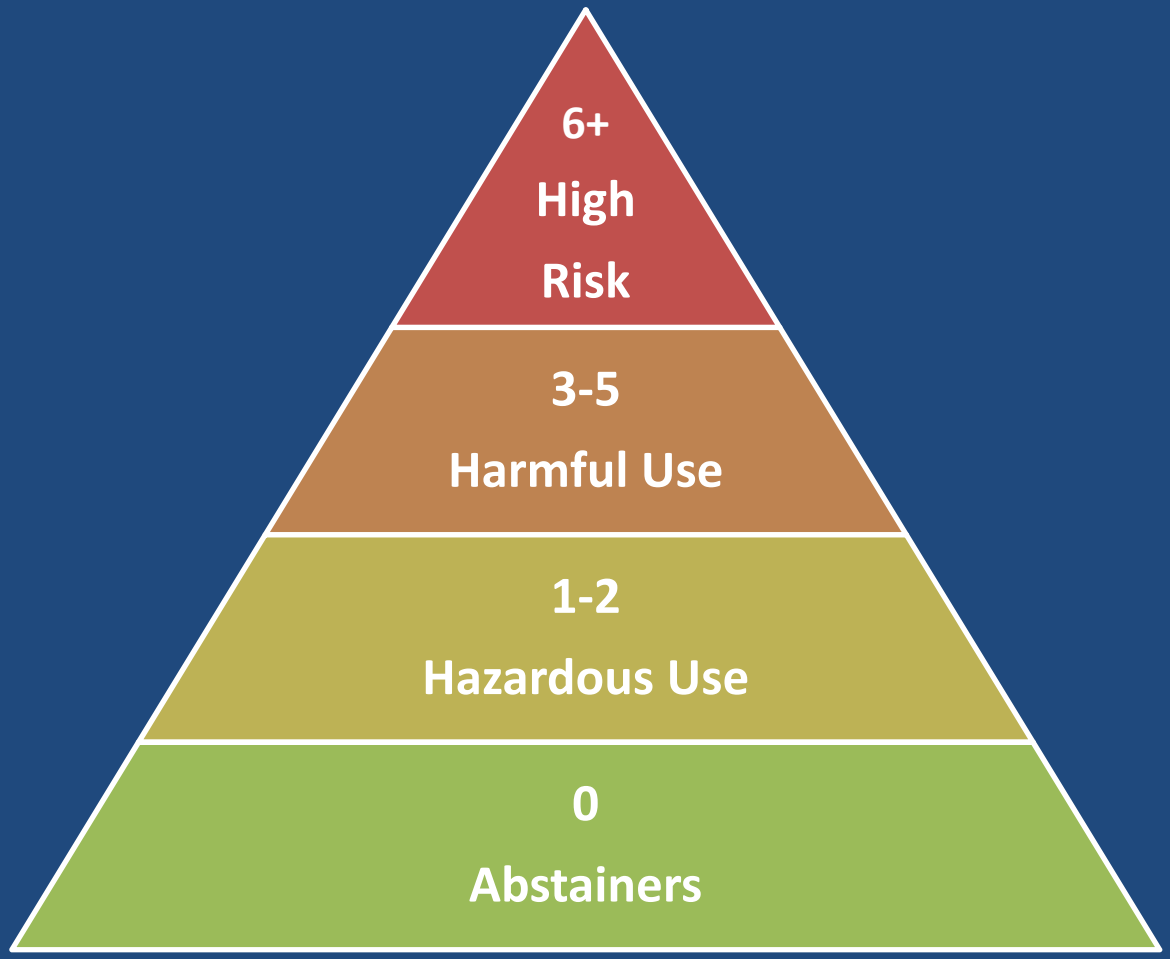
Brief Intervention

Praise

DAST-10

These Questions Refer to the Past 12 Months			
1.	Have you used drugs other than those required for medical reasons?	Yes	No
2.	Do you abuse more than one drug at a time?	Yes	No
3.	Are you unable to stop using drugs when you want to?	Yes	No
4.	Have you ever had blackouts or flashbacks as a result of drug use?	Yes	No
5.	Do you ever feel bad or guilty about your drug use?	Yes	No
6.	Does your spouse (or parents) ever complain about your involvement with drugs?	Yes	No
7.	Have you neglected your family because of your use of drugs?	Yes	No
8.	Have you engaged in illegal activities in order to obtain drugs?	Yes	No
9.	Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	Yes	No
10.	Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding)?	Yes	No

DAST-10 Scores & SBIRT Stratification



Referral to Specialty Care

Brief Treatment

Brief Intervention

Praise

Brief Intervention

What

- Brief motivational discussion to enhance awareness of problem & increase motivation and commitment to behavior change

When

- Patient screens positive for risky alcohol/drug use

Who

- Health educator, nurse, doctor, psychologist, social worker, medical assistant

Where

- Exam room, bedside, private room/office

Key Components of Brief Interventions

1. Ask permission
2. Express concern
3. Ask about pros & cons of AOD use
4. Provide feedback on link between drinking and health
5. Advise
6. Elicit patients response
7. Summarize & negotiate a plan
8. Monitor if necessary

Embedded Brief Treatment

What

Warm hand-off to a behavioral health clinician embedded in the medical setting for a series off immediately scheduled visits (up to 12 typically); could be same clinician as performed the BI

When

Patient scores in the harmful risk category on the secondary screening and patient wants (and is good match for) additional services.

Who

Social worker, psychologist, psychiatric nurse practitioner, licensed alcohol and drug counselor

Where

Private room/office

Assertive Referral to Treatment
or other services

What

Calling service providers including specialty outpatient, specialty IOP, residential, MAT & detoxification to schedule an appointment, getting medical clearance (for detox), calling about insurance, arranging transportation, giving information: handouts, brochures, contact info., safety supplies

When

Patient scores in the Severe /Hazardous risk category on the secondary screening and patient wants (and is good match for) additional services.

Who

Health educator, social worker, psychologist, nurse, doctor, medical assistant

Where

Bedside, private room/office

Outcomes

- National Studies
- Cost Savings
- Vermont's Findings

Screening & Brief Interventions are Effective

- 360 controlled trials on alcohol use treatments analyzed

- Found that Brief Interventions was among most effective treatment methods of the more than 40 tx approaches studied [7]

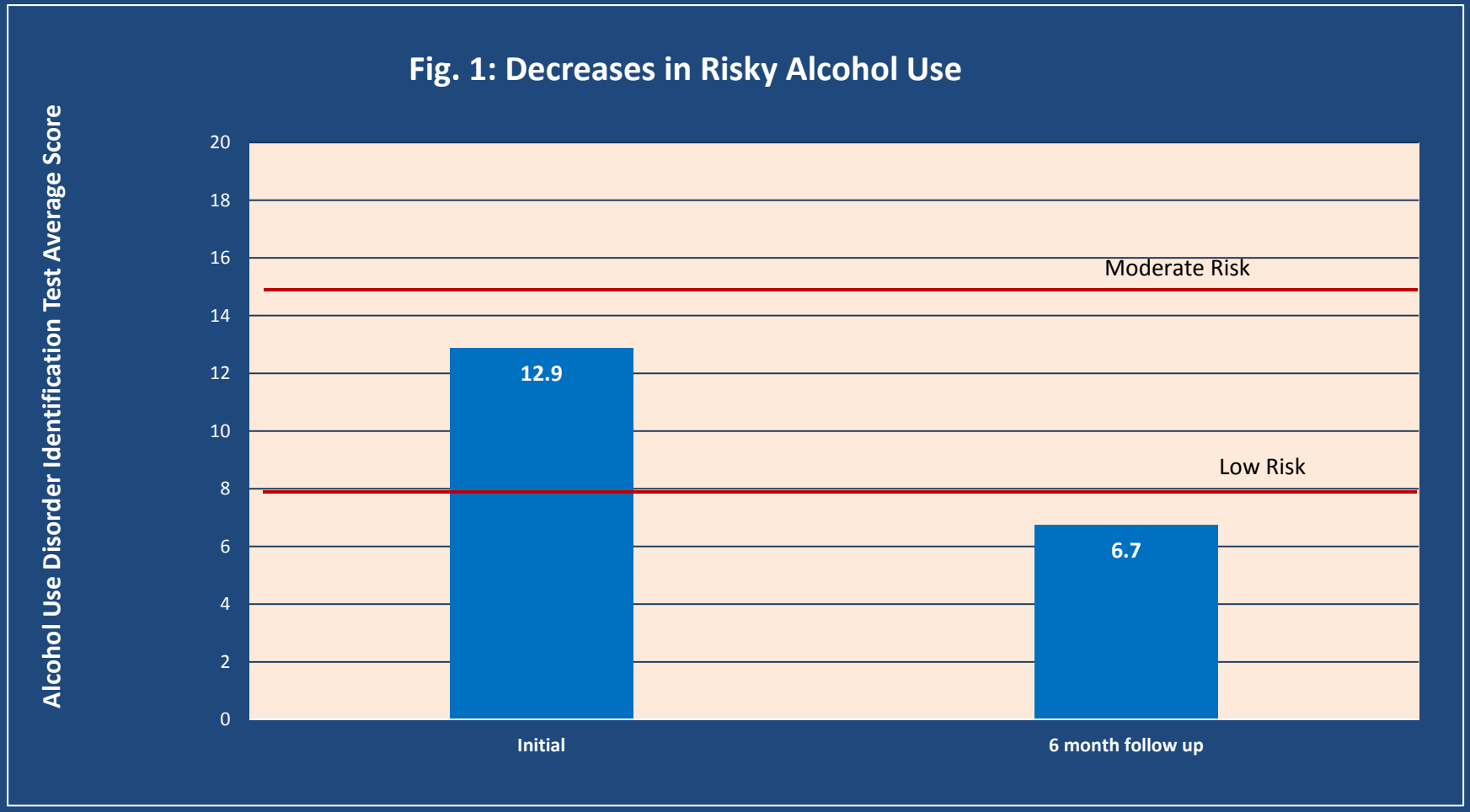
Multi-Site SBIRT Study

- Nearly 460,000 screened
- SBIRT offered in medical settings over six states
- Results:
  - Rates of drug use at 6-month follow-up (4 of 6 sites), were 67.7% lower ($p < 0.001$)
  - Heavy alcohol use was 38.6% lower ($p < 0.001$)
- Those who received BT/RT - functional domains improved across a range of health care settings and patients

SBIRT Proven Benefits

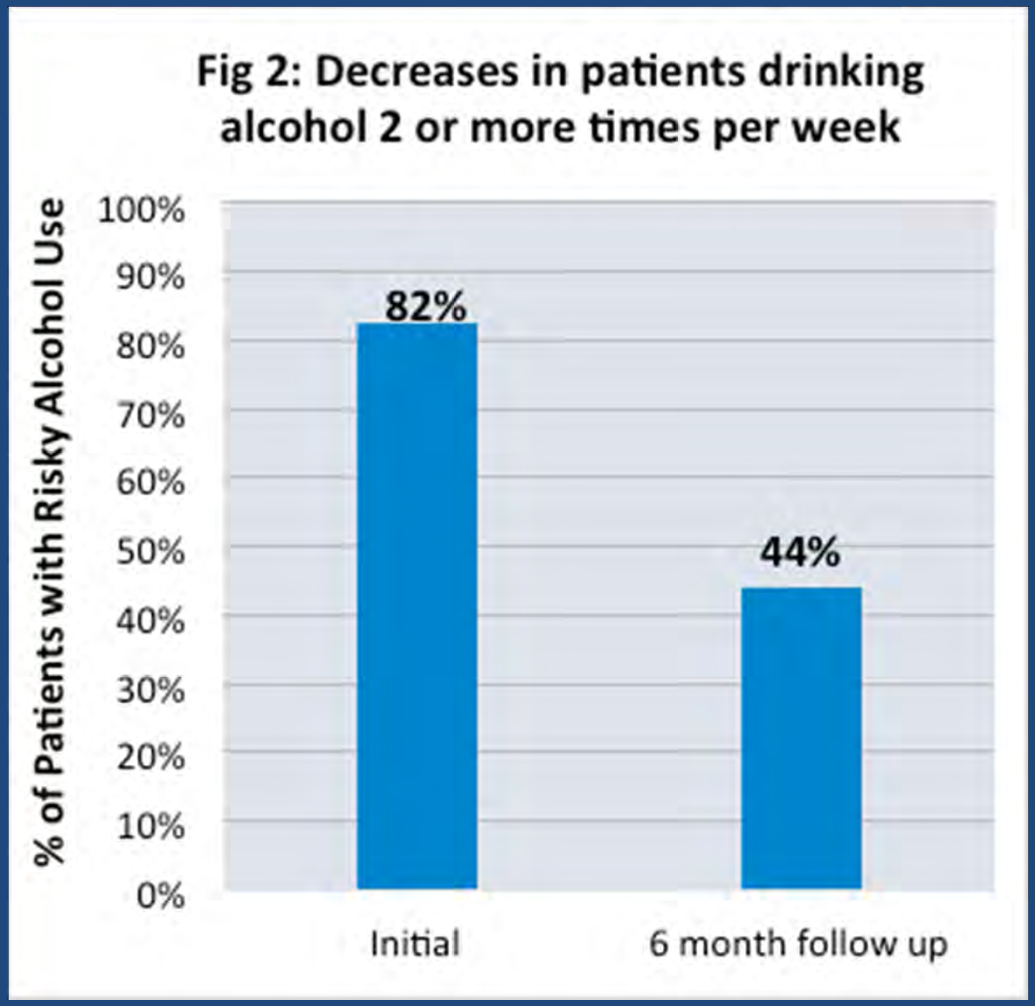
- Savings in healthcare costs between $3.81 and $5.60 for each $1 spent[3]
- 40% reduction in harmful use of alcohol[4]
- 55% reduction in negative social consequences[5]
- Reduction in repeat injuries & hospitalizations[6]

Vermont Findings: AUDIT Scores
Intake vs. Six months



Vermont Department of Health

Vermont Findings: Alcohol Frequency
Intake vs. Six months



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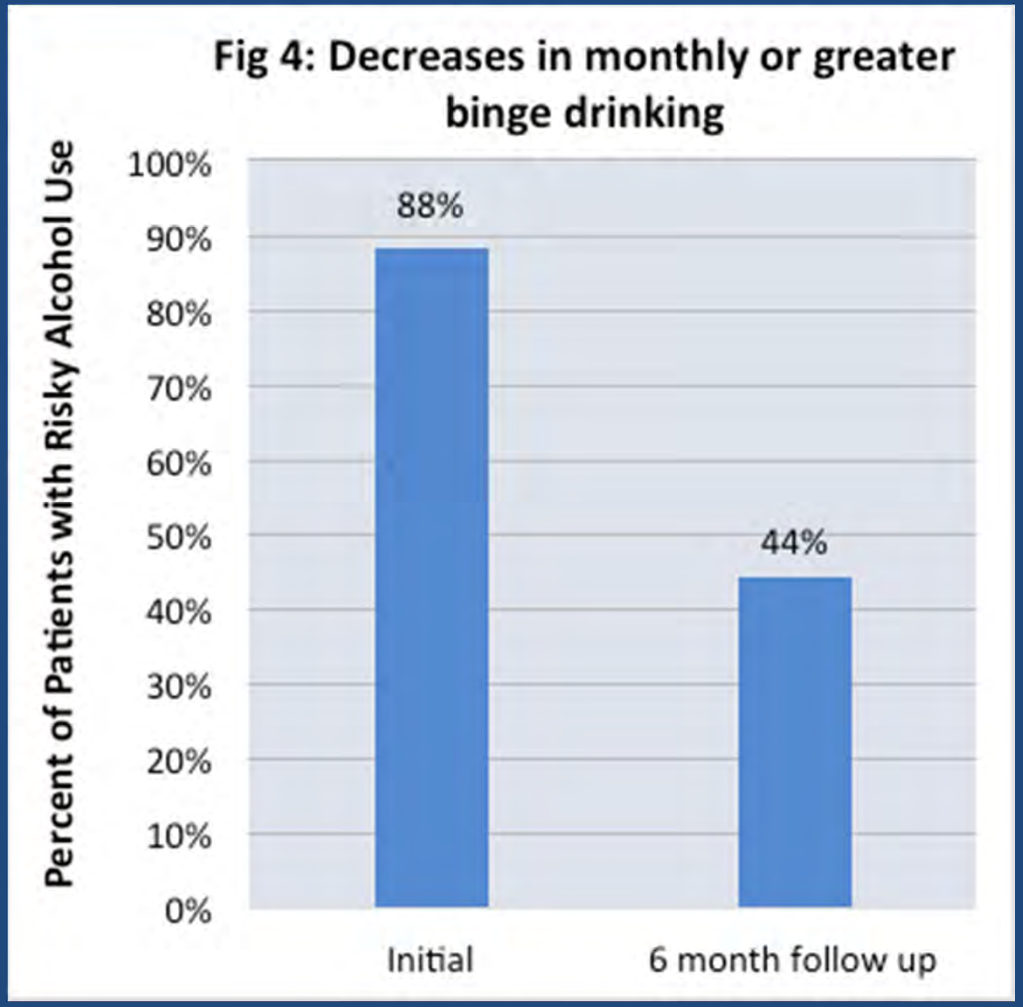
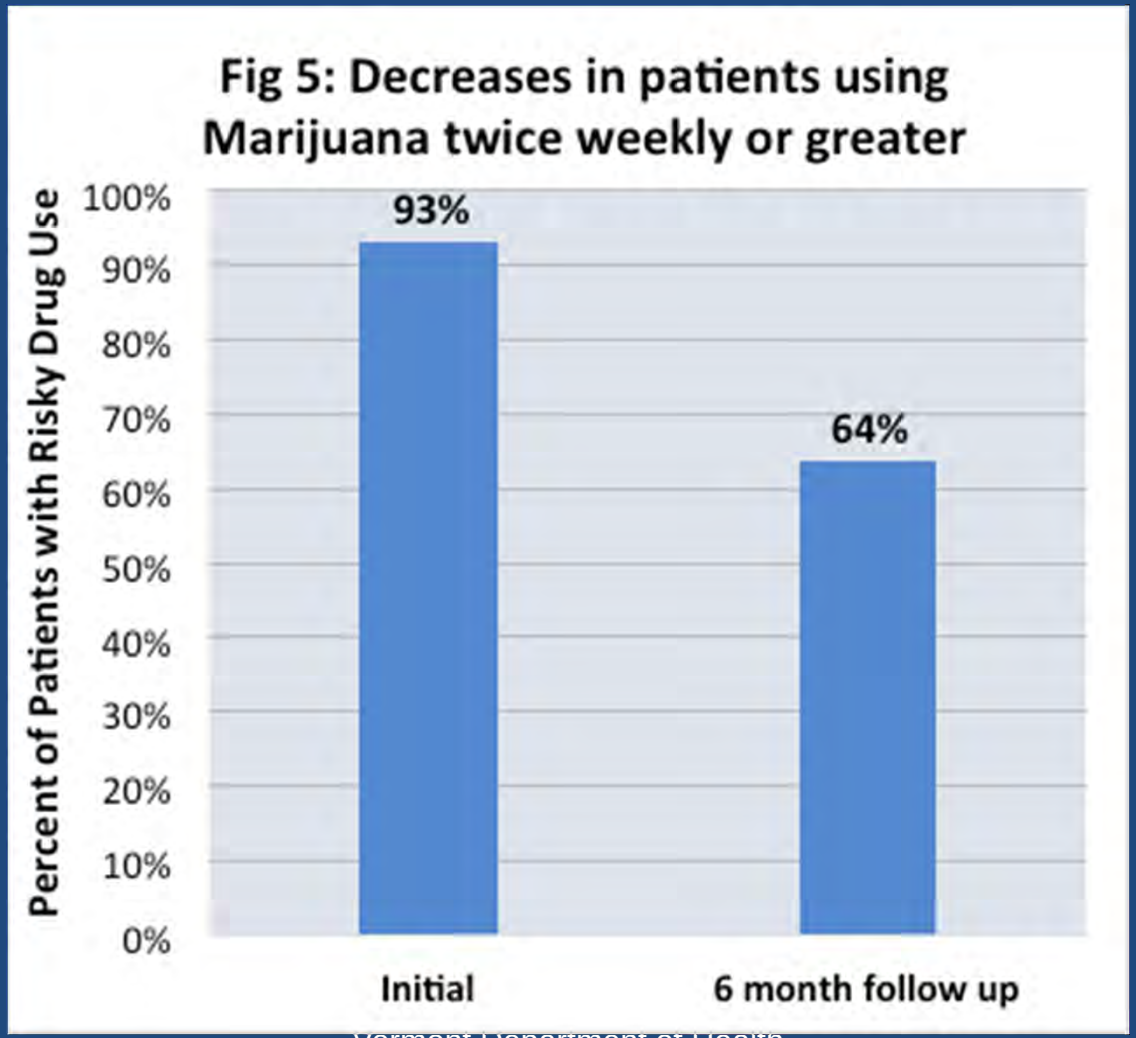
Vermont Findings: Binge Drinking
Intake vs. Six months



Vermont Department of Health

Vermont Findings: Marijuana Risk Intake vs. Six months



Building an SBIRT program at CVMC

- April 2014: ED SBIRT (federal SBIRT grant)
- January 2015: ED medical homes (VHCIP grant)
- September 2015: Washington County SA Regional Partnership
- November 2015: Women's Health/Obstetrics

Building an SBIRT program at CVMC

- Introduction for providers
- IT build: screening tools
- IT build: cross platform communication
- Staff training: administering screening tools
- Staff training: Motivational Interviewing
- Hiring: SBIRT clinicians
- Space for Brief Treatment sessions
- Agreements with outside agencies for higher level care w/42 CFR compliance

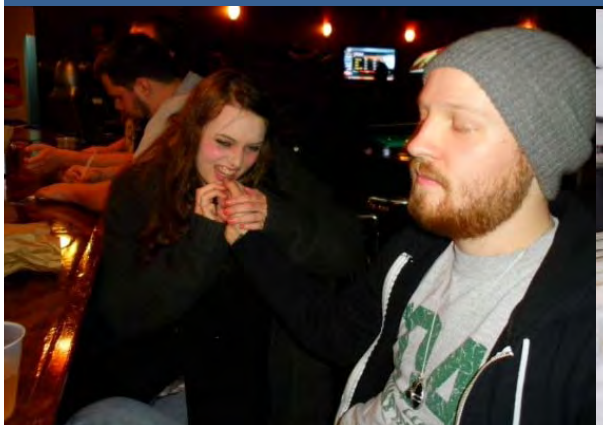


Big step: reframing the question:

Is CVMC building an SBIRT program?

or

Is Washington County building an SBIRT program?



Fragmented services:

Hospital ER/inpatient

Hospital outpatient practices
FQHC

Specialty providers
- Valley Vista
- WCMH (designated agency)
- CVSAS
- CVAM

Community prevention
- Turning Point
- CVYSB
- Faith based groups


CVSAS
Valley Vista
My pastor
CVMC
CVAM
WCMH
MAT providers
The Health Center
FQHC
ED SBIRT
WC
Local AA
Turning Point


CVSAS
ER
SBIRT
CVAM
WCMH
FQHC
Best
practice
MAT
providers
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WCYSB
Valley
Vista
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Point


Questions?