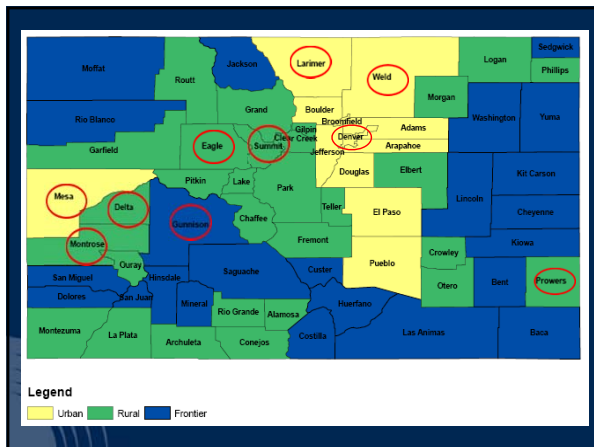


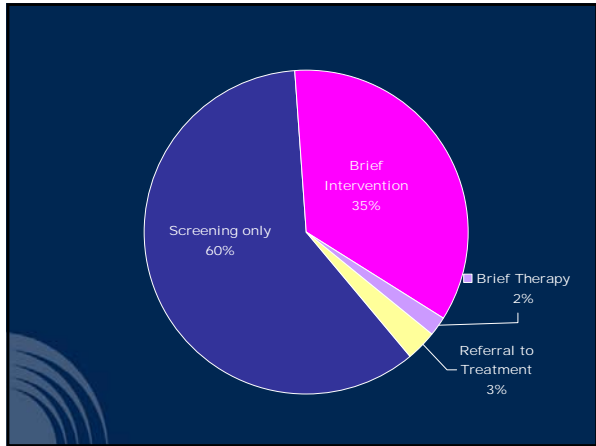


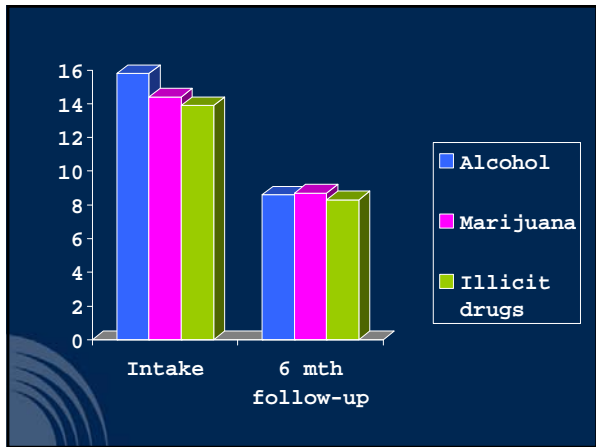


History of SBIRT in Colorado

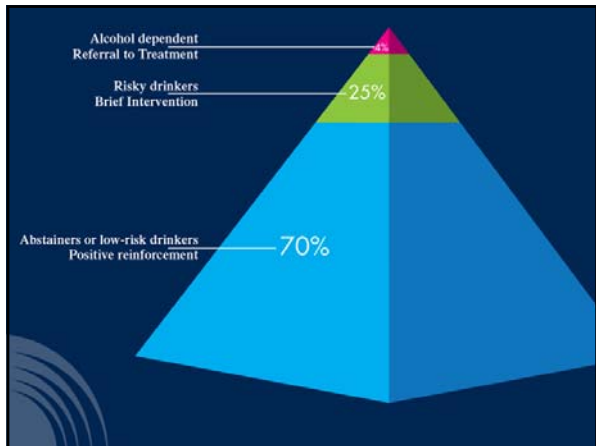
SBIRT at Denver Health







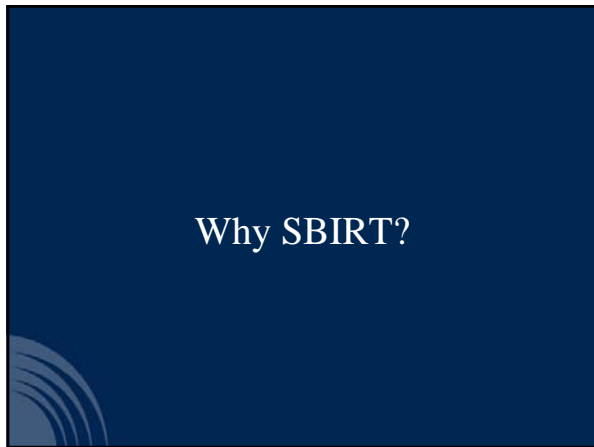




More than
72
 medical conditions have risk factors attributed to substance use

Excessive alcohol consumption is the
3rd
 preventable cause of death in the US.





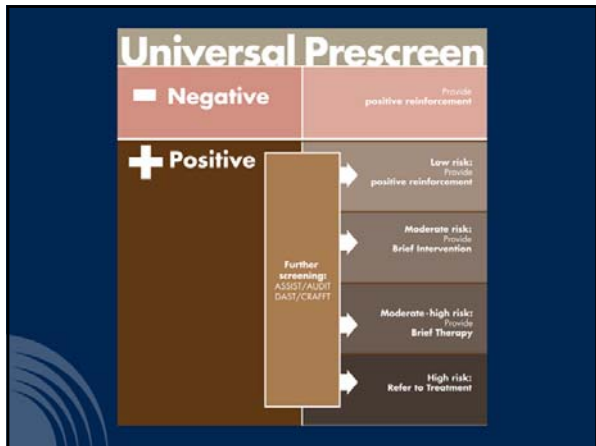
- 1950s: AMA regards alcoholism as a disease
- 1970s: Research begins on SBIRT
- 1995-6: NIAAA and USPSTF recommendations
- 2003: SAMHSA begins grant programs
- 2008: NCPP alcohol SBI designated 4th most effective and cost effective
- 2009: HRSA reporting requirement for FQHCs
- 2010: Medicaid legislation for SBIRT in Colorado
- 2011: Joint Commission pilot measures on SBIRT
- 2011: Emergency Nurses Association SBIRT Mentorship
- 2011: BIG Initiative

#	SERVICE	PREVENTABLE BURDEN	COST EFFECTIVENESS
1	ASPIRIN: MEN-40+, WOMEN-50+	5	5
2	CHILDHOOD IMMUNIZATIONS	5	5
3	SMOKING CESSATION	5	5
4	SBI	4	5
5	COLORECTAL CANCER SCREENING	4	4
6	HYPERTENSION SCREENING AND TX	5	3

BILLING CODES

Payer	Code	Description	Fee
Commercial	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 service, brief intervention, per 15 minutes	\$48.00





SBIRT
 Screening
 Brief Intervention
 Referral to Treatment

Why screen?

Introducing Screen

Brief Screen

“In the past year, how many times have you used the following: alcohol (more than 3 or 4 drinks in a day for women or men, respectively); tobacco products; prescription drugs for non-medical reasons; and illegal drugs?”

- ## Screening Tools
- Brief Screen: Audit-Consumption
 - AUDIT: Alcohol Use Disorders Identification Test
 - DAST: Drug Abuse Screening Test
 - ASSIST: Alcohol Smoking and Substance Involvement Screening Test
 - CRAFFT: Adolescent Screening Tool
 - Patient Health Questionnaire

MODERATE DRINKING GUIDELINES

	MAXIMUM DAILY LIMITS	MAXIMUM WEEKLY LIMITS
WOMEN	3	7
MEN	4	14
MEN (OVER 65)	3	7

LESS IS BETTER

STANDARD DRINK SIZES



AUDIT

AUDIT-C and AUDIT						
Questions	0	1	2	3	4	Score
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4 or more times per week	
2. How many drinks containing alcohol do you have on a typical day of drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 +	
3. How often do you have 5 (for men under age 65)/4 (for women and men over age 65) or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
AUDIT-C Score (add items 1-3) Positive screen = 4 for men/3 for women and men over age 65. If positive, ask the next 7 questions to administer the full AUDIT.						

AUDIT

Questions	0	1	2	3	4	Score
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

AUDIT

Questions	0	1	2	3	4	Score
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	
			AUDIT Score (add items 1-10)			

Scoring the AUDIT

- AUDIT-C
 - Score of 4 for men under 65 and 3 for all women and men over 65 indicates increased risk of alcohol-related problems.
- AUDIT
 - 0 to 7 = low risk
 - 8 to 19 = moderate risk, potential harms
 - 20 to 40 = high risk, possible dependence

Practice Introduction and AUDIT-C

- **Role-play #1:** Partner with someone to practice some of the techniques that you are learning. For this situation, one person will act as the Nurse using the three questions of the AUDIT-C, and one person will act as the patient who has come to the hospital due to an injury.
- **Patient:** You are a 21-year-old woman/man who fell at a concert. You were drinking with your friends and this is a typical occurrence for you on the weekends. You admit that you were drinking when you fell at the conference but state that you were not yet drunk so the alcohol did not cause you to fall.

SBIRT

Screening
Brief Intervention
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Brief Intervention

Model Brief Intervention

1. Raise the subject
2. Provide feedback
3. Enhance motivation
4. Negotiate and advise

Step 1: Raise the Subject

- Raise the subject of alcohol use
- “Would you mind taking a few minutes to talk with me about your alcohol use?”

Step 2: Provide Feedback

- Review drinking patterns
 - “From what I understand you are drinking...”
- Make connection to visit if possible
 - “What connection (if any) do you see between your drinking and this visit?”

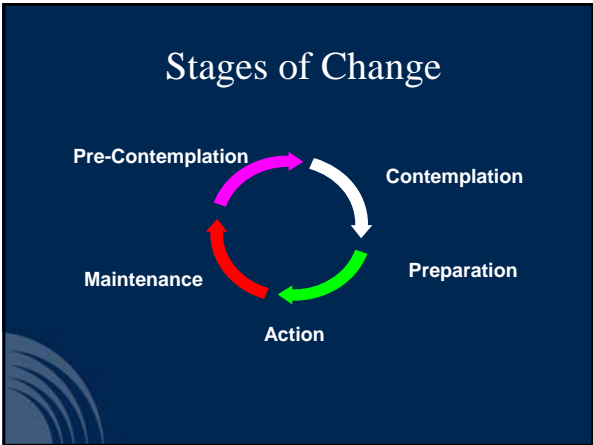
- Offer NIAAA guidelines
 - “These are what we consider to be the upper limits of low-risk drinking for your age and sex. By low-risk we mean that you would be less likely to experience illness or injury.”

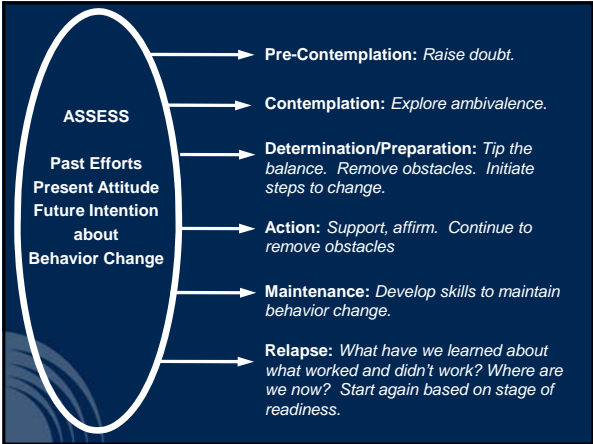
Step 3: Enhance Motivation

- Assess readiness to change
 - “On a scale of 1-10 (1 being not ready and 10 being very ready) how ready are you to change any aspect your drinking?”

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

- Develop discrepancy
 - “Why did you choose that number? What are some reasons why you are thinking about changing?”
 - “What can we do to move you from a ...to a”





Step 4: Negotiate and Advise

- Elicit response = “How does all this sound to you?”
- Negotiate a goal = “What would you like to do?”
- Give advice = “It is never safe to drink and drive...”
- Summarize = “This is what I heard you say...”

Using Motivational Interviewing

- Aims to help identify and encourage behavior change
- Increases person’s awareness of problems, consequences, and risks related to behavior
- Helps person explore and resolve ambivalence toward behavior, increase motivation to change
- Motivation to change elicited from the person, not imposed from outside
- Quiet, eliciting style

Motivational Interviewing Skills

- Open-ended questions
- Affirmation
- Reflective listening
- Summarizing
- Elicit change talk

Motivational Interviewing Skills

- Assess readiness to change
- “On a scale of 1-10 (1 being not ready and 10 being very ready) how ready are you to change any aspect your drinking?”

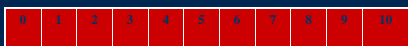


Motivational Interviewing Skills

- Develop discrepancy:
 - “Why did you choose that number? What are some reasons why you are thinking about changing?”
 - “What are some things you like/dislike about your use?”
 - “What can we do to move you from a ...to a”

Motivational Interviewing Skills

- Listen for change talk:
- Move down on the ruler :
 - “why are you a 5 and not a 2?”



Motivational Interviewing Skills

- Negotiate a goal:

- Move up on the ruler :

– “what would it take to move you from a 5 to 7?”



Closing the Intervention

- Show appreciation to your client
- Affirm positive behaviors
- Respect client's decisions
- Offer information
- Arrange for follow up

Model Brief Intervention

SBIRT
Screening
Brief Intervention
Referral to Treatment

Referral
to Brief Therapy and Treatment

Discussion: Why Nurses?

Sustainability

- Internal champion
- Flexibility in implementation
- Combined with other screening
- Involve entire team

www.peerassistanceservices.org
www.improvinghealthcolorado.org
www.healthteamworks.org
