



PRACTICE INNOVATION
PROGRAM COLORADO
*FACILITATING ALCOHOL SCREENING
& TREATMENT (FAST)*

Screening-Brief Intervention-Referral to Treatment (SBIRT) for Unhealthy Alcohol Use

Presenter: Carolyn J. Swenson, MSPH, MSN, RN



Department of
Family Medicine

Objectives

1. Define unhealthy alcohol use and why it is important to address in primary care.
2. Examine approaches to screening for unhealthy alcohol use.
3. Explore how brief interventions help patients change alcohol use.
4. Describe referral to treatment for alcohol use disorders.
5. Examine approaches to team-based care for unhealthy alcohol use.
6. Explore factors that support SBIRT sustainability.

Brief Overview

1. Unhealthy Alcohol Use includes a spectrum of use patterns that increases the risk for many health and social problems.
2. Screening-Brief Intervention-Referral to Treatment (SBIRT) is an evidence-based approach to identify and address unhealthy alcohol use.
3. Brief screening with 1-3 questions identifies most unhealthy alcohol use.
4. Brief Interventions use Motivational Interviewing to help patients change.
5. Treatment for alcohol use disorders is effective and underutilized; primary care is an ideal place to initiate and coordinate treatment.
6. The entire practice team can help implement and sustain care for unhealthy alcohol use.
7. Community interventions to address unhealthy alcohol use are also effective *and* underutilized.

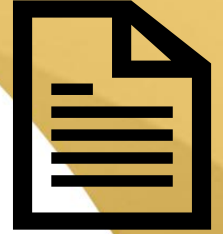
Resources

Throughout this presentation, look for this symbol that indicates that a FAST resource has been developed for practice facilitation:



Section 1: Unhealthy Alcohol Use

Unhealthy Alcohol Use (UAA) defined



United States Preventive Services Task Force (USPSTF):

A spectrum of alcohol use behaviors resulting in increased risk for health consequences, or that meets diagnostic criteria for an alcohol use disorder that may be mild-moderate or severe.

Different organizations use different terms to describe UAA

Other commonly used terms for unhealthy alcohol use:

Risky, hazardous or harmful drinking; excessive alcohol use; alcohol abuse or dependence; alcohol misuse

UAU includes:

- 1. Heavy drinking:** Exceeding weekly alcohol limits in adults
- 2. Heavy episodic drinking (also known as binge drinking):**
Consuming the amount of alcohol in about a 2-hour time period that typically results in intoxication
- 3. Any drinking under age 21:** Increases the risk for an alcohol use disorder
- 4. Any alcohol use during pregnancy:**
May result in a Fetal Alcohol Spectrum Disorder (FASD) in the offspring
- 5. Alcohol Use Disorder (mild, moderate or severe - DSM-5 criteria)**
Patients with any of the first four patterns of drinking may have an AUD

Alcohol and Public Health

National

- **3rd** leading *preventable* cause of death
 - #1: Tobacco use
 - #2: Unhealthy diet/lack of physical activity
- **Almost 10% of deaths per year** attributed to unhealthy alcohol use
- **67 million adults** report past-month binge alcohol use
- **\$249 billion** in economic costs
 - \$28 billion in health care costs

Colorado (2018)

- **5 deaths** each day due to unhealthy alcohol use
- **1 in 5** adults binge drink
- **\$5 billion** in economic costs
 - Lost work productivity
 - Healthcare costs
 - Criminal justice
 - Vehicle crashes
 - Property damage

≥4 drinks per occasion for women and ≥5 for men

54% of the deaths due to excessive drinking



66% of the Years of Potential Life Lost (YPLL)

77% of economic costs

CDC. Vital Signs: Binge Drinking Prevalence, Frequency and Intensity Among Adults—United States, 2010 . NIAAA. NIAAA Scientific Advisory Council Approves Binge Drinking Definition Newsletter. 2004;3(3)

Key Point: Reframe alcohol as a risk factor

- Chronic medical conditions and medication interactions
- Mental health, sleep and suicide prevention
- Injury prevention including falls in older adults
- Prevention of STIs, unwanted sexual encounters, unintended pregnancy
- Prevention of fetal alcohol spectrum disorders (FASD)
- Specific considerations in older adults
- Other considerations: family and relationships, employment, legal and financial concerns, anger and violence

SBIRT: For prevention and early intervention

Screening: Ask validated questions to identify UAU

Brief Intervention: A brief conversation to enhance a motivation to change alcohol use

Referral to Treatment: Initiate and coordinate services for an alcohol use disorder

CDC Vital Signs: Alcohol Screening and Counseling



CDC Vital Signs™
January 2014

Alcohol Screening and Counseling

An effective but underused health service

38 Million
At least 38 million adults in the US drink too much.

1 in 6
Only 1 in 6 adults talk with their doctor, nurse, or other health professional about their drinking.

25%
Alcohol screening and brief counseling can reduce the amount consumed on an occasion by 25% in those who drink too much.

At least 38 million adults drink too much and most are not alcoholics. Drinking too much includes binge drinking, high weekly use, and any alcohol use by pregnant women or those under age 21. It causes about 88,000 deaths in the US each year, and costs the economy about \$224 billion. Alcohol screening and brief counseling can reduce drinking on an occasion by 25% in people who drink too much, but only 1 in 6 people has ever talked with their doctor or other health professional about alcohol use. Talking with a patient about their drinking is the first step of screening and brief counseling, which involves:

- ◊ Using a set of questions to screen all patients for how much and how often they drink.
- ◊ Counseling patients about the health dangers of drinking too much, including women who are (or could be) pregnant.
- ◊ Referring only those few patients who need specialized treatment for alcohol dependence.

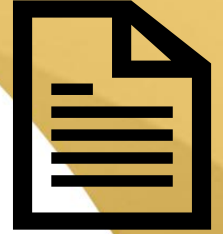
Doctors and other health professionals can use alcohol screening and brief counseling to help people who are drinking too much to drink less. The Affordable Care Act requires new health insurance plans to cover this service without a co-payment.

→ See page 4
Want to learn more? Visit www.cdc.gov/vitalsigns

National Center for Chronic Disease Prevention and Health Promotion
Division of Population Health

Section 2: Screening

Key points: Screening



- Ask validated screening questions
- Brief screening (1-3 questions) is efficient and identifies most UAU.
- *Self-administered or staff administered are both acceptable.
- How often?
 - Annually or at every visit (like a vital sign)
- Positive brief screen often followed by further assessment.
 - Like screening for depression with PHQ-2/9
- Encourage use of screening questions that ask about frequency and quantity of alcohol use.
- Patients are likely to be truthful when assured that the information helps the team provide good care.

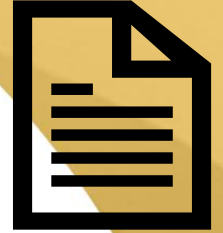
Key Point: What is one standard drink?



Each contains ~14 grams of alcohol

Some craft beers and other types of alcohol contain a higher percentage of alcohol

Key Point: What is lower risk drinking?



Lower-Risk Drink Limits

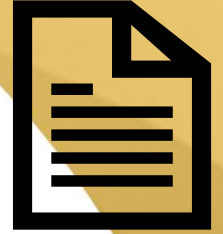
| | Per Day | Per Week |
|---------|---------|----------|
| WOMEN | 3 | 7 |
| MEN | 4 | 14 |
| OVER 65 | 4 | 7 |

LESS IS BETTER

Compared to males, females produce lower levels of alcohol dehydrogenase (ADH) to metabolize alcohol and have less body water to dilute alcohol in the bloodstream

Less is better because alcohol is a toxin

Brief Screening Option 1: Single Alcohol Screening Question



“How many times in the past year have you had 5 [for men] or 4 [for women and men older than 65 years] drinks in one day?”

Positive= 1+ times

Brief Screening Option 2: AUDIT-C/3



| QUESTIONS | 0 | 1 | 2 | 3 | 4 | 5 | 6 | Score |
|---|---------|-------------------|----------|----------|------------------|------------------|-------------------|-------|
| 1. How often do you have a drink containing alcohol? | Never | Less than Monthly | Monthly | Weekly | 2-3 times a week | 4-6 times a week | Daily | |
| 2. How many drinks containing alcohol do you have on a typical day you are drinking? | 1 drink | 2 drinks | 3 drinks | 4 drinks | 5-6 drinks | 7-9 drinks | 10 or more drinks | |
| 3. How often do you have X (5 for men; 4 for women & men over age 65) or more drinks on one occasion? | Never | Less than monthly | Monthly | Weekly | 2-3 times a week | 4-6 times a week | Daily | |
| Total | | | | | | | | |

Positive = A score of 7 or more for women and men over age 65

A score of 8 or more for men up to age 65

Further assessment: Alcohol/Drug Symptom Checklist



Note: based on the DSM-5 criteria for Alcohol Use Disorder

| Alcohol Symptom Checklist | | | Other Drugs Symptom Checklist | | |
|---|---|---|---|---|---|
| In the past three months, have you: | | | In the past three months, have you: | | |
| 1. Had times when you ended up drinking more, or for longer than you intended? | Y | N | 1. Had times when you ended up using drugs more, or for longer than you intended? | Y | N |
| 2. More than once, wanted to cut down or stop drinking, or tried to, but couldn't? | Y | N | 2. More than once, wanted to cut down or stop using drugs, or tried to, but couldn't? | Y | N |
| 3. Spent a lot of time drinking, being sick after drinking, or getting over the after-effects? | Y | N | 3. Spent a lot of time using drugs, being sick after use, or getting over the after-effects? | Y | N |
| 4. Experienced craving — a strong need, or urge, to drink? | Y | N | 4. Experienced craving — a strong need, or urge, to use drugs? | Y | N |
| 5. Found that drinking — or being sick from drinking — often interfered with taking care of your home or family, caused job troubles or school problems? | Y | N | 5. Found that using drugs — or being sick from using drugs — often interfered with taking care of your home or family, caused job troubles or school problems? | Y | N |
| 6. Continued to drink even though it was causing trouble with your family or friends? | Y | N | 6. Continued to use drugs even though it was causing trouble with your family or friends? | Y | N |
| 7. Given up or cut back on activities that were important or interesting to you, or gave you pleasure, in order to drink? | Y | N | 7. Given up or cut back on activities that were important or interesting to you, or gave you pleasure, in order to use drugs? | Y | N |
| 8. More than once, gotten into situations while or after drinking that increased your chances of getting hurt (such as driving, swimming, using machinery, walking in a dangerous area or having unsafe sex)? | Y | N | 8. More than once, gotten into situations while or after using drugs that increased your chances of getting hurt (such as driving, swimming, using machinery, walking in a dangerous area or having unsafe sex)? | Y | N |
| 9. Continued to drink even though it was making you feel depressed or anxious or adding to another health problem, or after having had a memory blackout? | Y | N | 9. Continued to use drugs even though it was making you feel depressed or anxious or adding to another health problem, or after having had a memory blackout? | Y | N |
| 10. Had to drink much more than you once did to get the effect you want, or found that your usual number of drinks had much less effect than before? | Y | N | 10. Had to use drugs much more than you once did to get the effect you want, or found that your usual number of drinks had much less effect than before? | Y | N |
| 11. Found that when the effects of alcohol were wearing off, you had withdrawal symptoms, such as trouble sleeping, shakiness, irritability, anxiety, depression, restlessness, nausea or sweating, or sensed things that were not there? | Y | N | 11. Found that when the effects of drugs were wearing off, you had withdrawal symptoms, such as trouble sleeping, shakiness, irritability, anxiety, depression, restlessness, nausea or sweating, or sensed things that were not there? | Y | N |
| TOTAL: | | | TOTAL: | | |

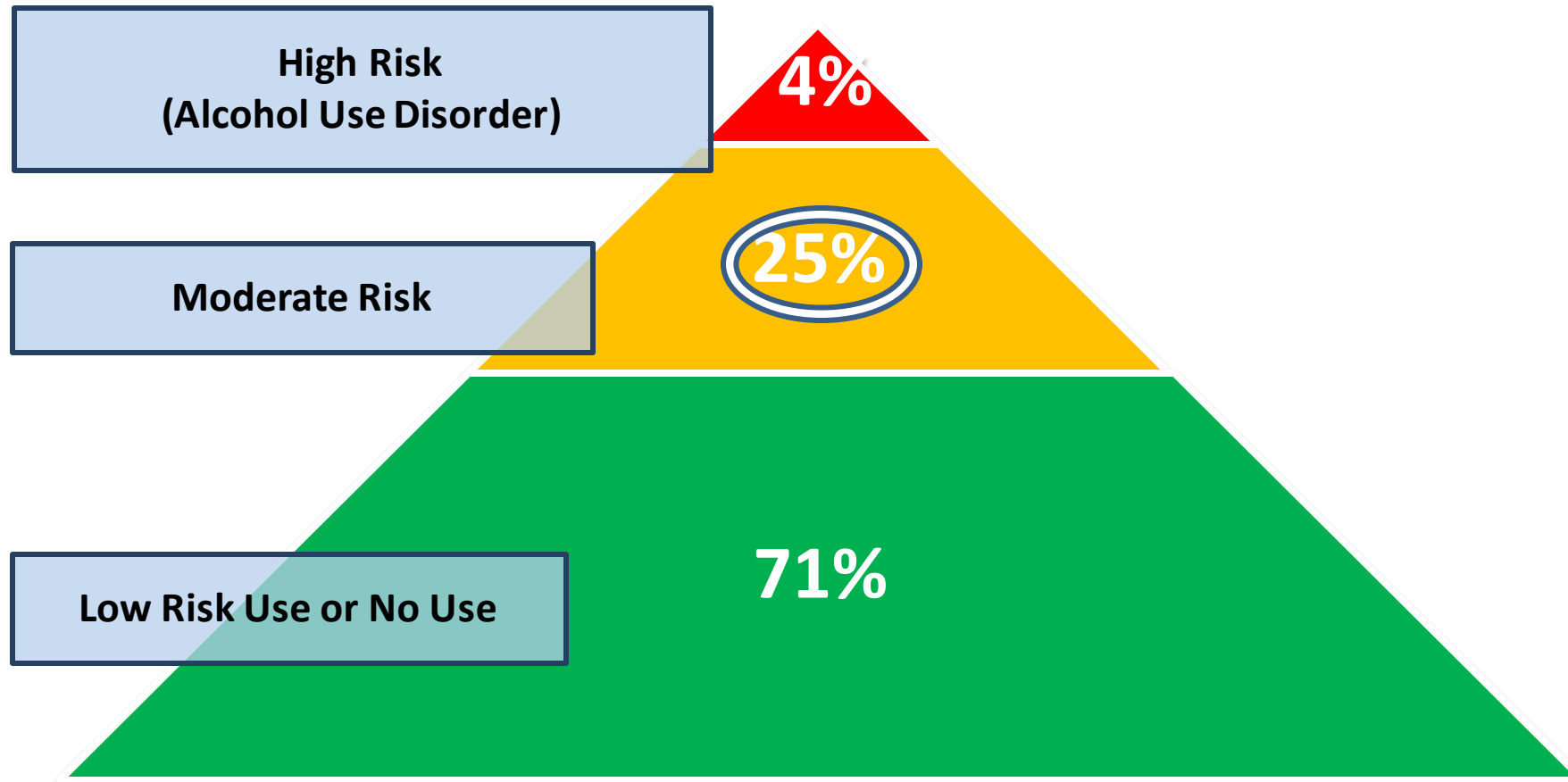
Interpreting Symptom Checklist Results

2-3 symptoms indicate mild alcohol and/or other drug use disorder.

4-5 symptoms indicate moderate alcohol and/or other drug use disorder.

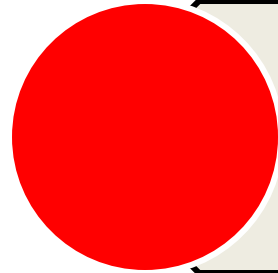
6+ symptoms indicate severe alcohol and/or other drug use disorder.

Anticipated Risk Levels



Alcohol use in the U.S. general population of adults age ≥ 21 years (SAMHSA)

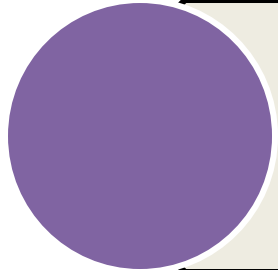
Risk stratification



ALCOHOL USE DISORDER (AUD):

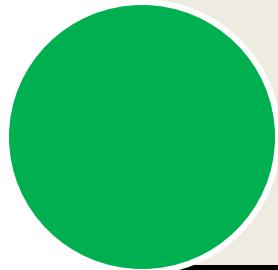
Brief Intervention + Referral to Treatment

Clinically significant impairment or distress related to alcohol use
Meets DSM-5 criteria for mild, moderate or severe AUD



MODERATE RISK ALCOHOL USE: Brief Intervention

Exceeds weekly and/or daily limits; or any use underage or during pregnancy
May have experienced health or other consequences of alcohol use
Does not meet DSM-5 criteria for Alcohol Use Disorder



LOW-RISK ALCOHOL USE: Positive Reinforcement

Within lower-risk weekly *and* daily limits
Not pregnant or trying to get pregnant, not under age 21 *and*
no health reasons to avoid alcohol
No drinking in hazardous situations (driving , etc.)

Section 3: Brief Intervention

Brief Intervention defined

A brief conversation to provide feedback about alcohol and health, enhance motivation to change by helping the patient identify their own best reasons and approaches to change and negotiate next steps *with* the patient.

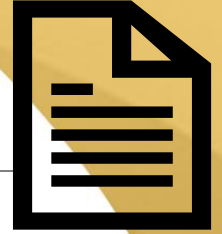
Multiple brief interventions may increase readiness to change.

Note: Brief Intervention is sometimes called “brief counseling”

Brief Interventions use Motivational Interviewing

- **Use empathy** to try to understand how the patient views their alcohol use.
- **Elicit** self-motivational statements and reasons to change.
- **Reinforce autonomy** – the patient’s choice to change (or not change).
- **Support self-efficacy** – convey that change is possible.
- **Collaborate** *with* the patient to determine next steps.
- **Avoid** confronting, giving advice without permission, persuading and prescribing specific approaches to change.

Listen and Summarize Activity



Speaker: Pick a real-life change issue

Listener: Actively listen and try to understand - *do not give any advice!*

Use these four questions:

1. Why would you want to make this change?
2. How would you go about changing?
3. What are the best reasons to change?
4. How will your life be better if you make this change?

Listener: Reflect back and summarize what you heard.
Then ask: “So, what do you think you’ll do?”

Key Point: Common motivations for changing UAU

- To prevent a future health problem (e.g., cancer, dementia)
- To improve a chronic disease (e.g., hypertension, atrial fibrillation)
- To improve sleep
- To improve a mental health condition (e.g., depression, anxiety)
- To improve a relationship
- To improve family life and be a good parent/grandparent
- To improve a troubled work situation
- To save money
- To reach an important personal goal (e.g., higher education)
- To prevent legal problems

Key point: Brief Intervention Approaches

Brief Negotiated Interview (BNI)

5 A's: Ask-Advise-Assess-Assist-Arrange

Elicit-Provide-Elicit

Brief Negotiated Interview (BNI)



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

How many times in the past year have you had x or more drinks in one day? Men x = 5 · Women x = 4 · Positive = 1 or more times

Tips for Giving Feedback

A Standard Drink

Any Drink Containing About 14 Grams Of Alcohol

12 fl oz beer = 5 fl oz table wine = 1.5 fl oz liquor

Lower Risk Drink Limits*

| | Per Day | Per Week |
|---------|---------|----------|
| WOMEN | 3 | 7 |
| MEN | 4 | 14 |
| OVER 65 | 3 | 7 |

LESS IS BETTER

HOW IMPORTANT IS IT TO YOU? | HOW READY ARE YOU? | HOW CONFIDENT ARE YOU?

01 RAISE THE SUBJECT Ask permission: "Would you mind taking a few minutes to discuss your screening results?"

02 PROVIDE FEEDBACK

- Review reported alcohol use and refer to lower risk alcohol guidelines.
- Discuss possible health and other consequences of use; link to purpose of visit, if applicable.
- Express concern.
- Elicit the person's response: "What do you think about this information?"

03 ENHANCE MOTIVATION

- "On a scale of 0-10, how important is it to you to decrease (or quit) your drinking?"
- "On a scale of 0-10, how confident are you that you will be able to make this change?"
- "How does your current level of drinking fit with what matters most to you?"
- When readiness is low, ask, "What do you enjoy about drinking? What do you not enjoy about drinking?" Then summarize both sides.

04 NEGOTIATE AND ADVISE

- Elicit response: "What are your thoughts about our conversation?"
- Negotiate a goal: "What steps are you interested in taking to make a change?"
- Assist in developing a plan: "What could help you accomplish your goal? What will be challenging?"
- Summarize the conversation. Arrange follow-up.
- Thank the person for having the conversation.

Options for more help: Medication • Referral • www.colorado.gov/ladders

SBIRT in Colorado | 303.369.0039 ext. 245 | www.SBIRTColorado.org

BNI Step 1: Raise the subject

“Would it be ok to discuss your responses to the alcohol screening questions?”

Could also add: *“We ask all patients about alcohol use to help us provide good care.”*

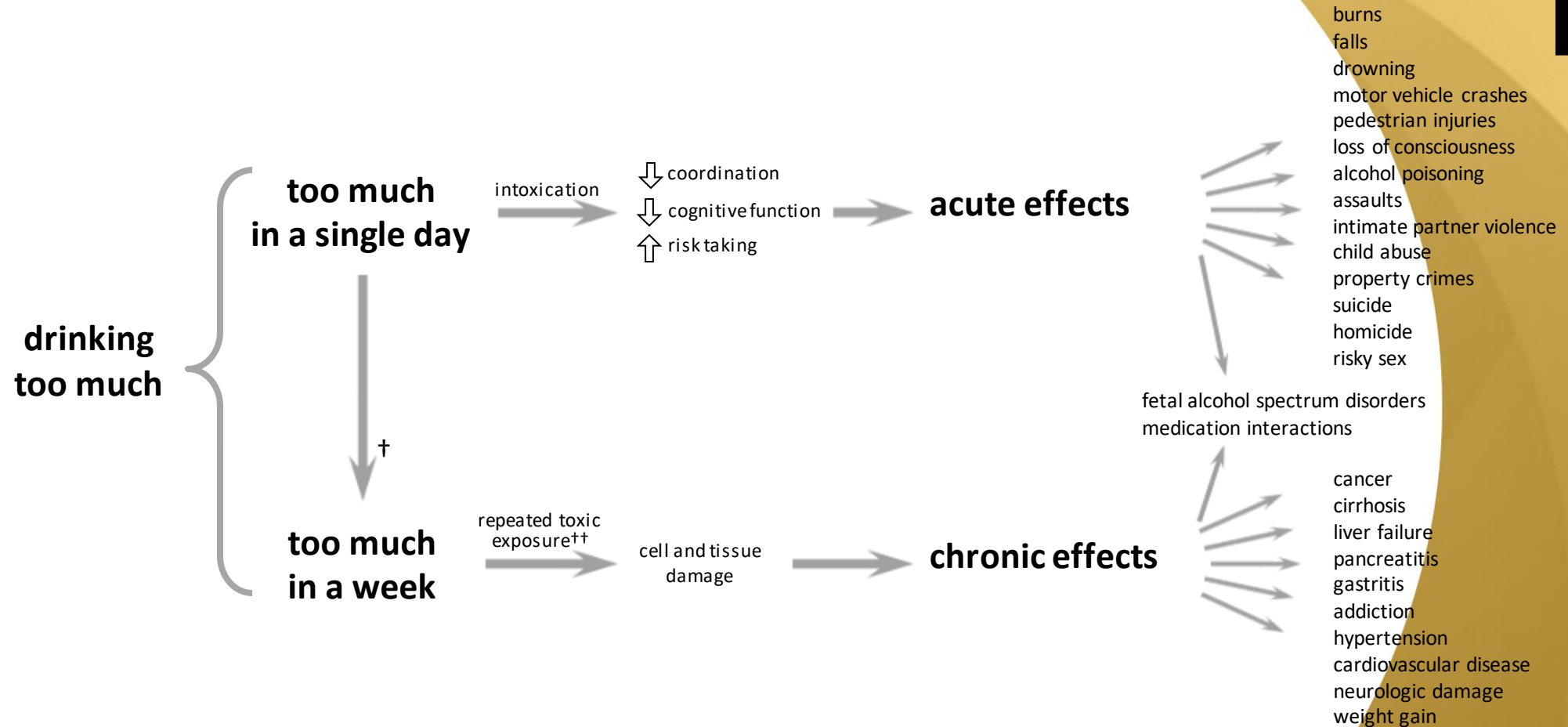
Key MI points: Ask permission to have the conversation and respect autonomy

BNI Step 2: Provide feedback

- Review screening results and compare to lower-risk limits
- Connect alcohol use to current or future health concerns
- Recommend lower-risk limits (general health recommendation)
- Provide normative feedback (compare to population patterns)
- Express concern
- Elicit the patient's response:
“What do you think about this information? How might it apply to you?”

Key MI points: Collaborate with the patient; ask open-ended questions.

Drinking Too Much: Acute and Chronic Health Effects



† People regularly drinking over the daily limit may experience both acute and chronic effects.

†† Alcohol is toxic to human cells at relatively low levels.



BNI Step 3: Enhance motivation

Assess readiness (and/or importance and/or confidence):

“On a scale from 0-10, where 0 is not at all ready and 10 is very ready, how ready are you to change how much alcohol you drink?”

Then respond:

“What made you choose a 4 and not a lower number?”

Key MI points: Ask open-ended questions; elicit change talk

BNI Step 3: Enhance motivation

Ask about the pros and cons of current alcohol use (especially when readiness to change is low):

“What do you like about your current level of drinking?”

Then ask:

“What are some not-so-good things about your current drinking?”

Then summarize both sides:

“So, on the one hand..., and on the other hand...”

Key MI points: Ask open-ended questions; highlight ambivalence

BNI Step 3: Enhance motivation

Other examples of self-motivational questions:

“How does your current level of drinking fit with your goals [or the things that matter most to you in your life]?”

“What are some of the best reasons you can think of to cut back?”

“How would you know if alcohol was becoming a problem for you?”

Key MI points: Ask open-ended questions; elicit change talk

BNI Step 4: Negotiate and advise

- Affirm autonomy.
- Ask the patient what next steps they would like to take.
- Offer input and share ideas (with permission).
- Affirm self-efficacy (a belief that change is possible).
- Discuss concrete next steps.
- Identify barriers and challenges.
- Ask what assistance may be helpful.
- Discuss a follow-up plan (depends on level of risk)>
- Thank them for having the conversation.

Case scenarios: Resource coming soon



Example:

48 yr-old female with h/o depression, hypertension, pre-diabetes. Working on weight loss. Reports trouble sleeping. Recently divorced. Single mom of 3.

Alcohol use screening:

14 drinks/wk on average/More than 3 drinks in one day 24x in past yr.

Question prompts:

How could alcohol be related to this patient's health and chief complaints?

What types of feedback on alcohol could the medical provider offer?

What may motivate this patient to make a change in alcohol use?

Section 4: Referral to Treatment

Key points: Indications and the meaning of “treatment”

A patient who is experiencing serious functional impairment due to UAU, and/or significant distress related to alcohol.

Treatment may include:

- Addressing childhood and/or ongoing trauma
- Identifying and addressing co-occurring mental health conditions
- Address social determinants of health
- Counseling
- Medications
- Community and/or peer support (in-person or online options)

Note: Referral to Treatment still begins with one or more brief interventions!

Addiction defined



Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.

Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases.

American Society of Addiction Medicine (2019)

Alcohol/Drug Symptom Checklist (DSM-5 criteria)



| Alcohol Symptom Checklist | | | Other Drugs Symptom Checklist | | |
|---|---|---|---|---|---|
| In the past three months, have you: | | | In the past three months, have you: | | |
| 1. Had times when you ended up drinking more, or for longer than you intended? | Y | N | 1. Had times when you ended up using drugs more, or for longer than you intended? | Y | N |
| 2. More than once, wanted to cut down or stop drinking, or tried to, but couldn't? | Y | N | 2. More than once, wanted to cut down or stop using drugs, or tried to, but couldn't? | Y | N |
| 3. Spent a lot of time drinking, being sick after drinking, or getting over the after-effects? | Y | N | 3. Spent a lot of time using drugs, being sick after use, or getting over the after-effects? | Y | N |
| 4. Experienced craving – a strong need, or urge, to drink? | Y | N | 4. Experienced craving – a strong need, or urge, to use drugs? | Y | N |
| 5. Found that drinking – or being sick from drinking – often interfered with taking care of your home or family, caused job troubles or school problems? | Y | N | 5. Found that using drugs – or being sick from using drugs – often interfered with taking care of your home or family, caused job troubles or school problems? | Y | N |
| 6. Continued to drink even though it was causing trouble with your family or friends? | Y | N | 6. Continued to use drugs even though it was causing trouble with your family or friends? | Y | N |
| 7. Given up or cut back on activities that were important or interesting to you, or gave you pleasure, in order to drink? | Y | N | 7. Given up or cut back on activities that were important or interesting to you, or gave you pleasure, in order to use drugs? | Y | N |
| 8. More than once, gotten into situations while or after drinking that increased your chances of getting hurt (such as driving, swimming, using machinery, walking in a dangerous area or having unsafe sex)? | Y | N | 8. More than once, gotten into situations while or after using drugs that increased your chances of getting hurt (such as driving, swimming, using machinery, walking in a dangerous area or having unsafe sex)? | Y | N |
| 9. Continued to drink even though it was making you feel depressed or anxious or adding to another health problem, or after having had a memory blackout? | Y | N | 9. Continued to use drugs even though it was making you feel depressed or anxious or adding to another health problem, or after having had a memory blackout? | Y | N |
| 10. Had to drink much more than you once did to get the effect you want, or found that your usual number of drinks had much less effect than before? | Y | N | 10. Had to use drugs much more than you once did to get the effect you want, or found that your usual number of drinks had much less effect than before? | Y | N |
| 11. Found that when the effects of alcohol were wearing off, you had withdrawal symptoms, such as trouble sleeping, shakiness, irritability, anxiety, depression, restlessness, nausea or sweating, or sensed things that were not there? | Y | N | 11. Found that when the effects of drugs were wearing off, you had withdrawal symptoms, such as trouble sleeping, shakiness, irritability, anxiety, depression, restlessness, nausea or sweating, or sensed things that were not there? | Y | N |
| TOTAL: | | | TOTAL: | | |

Interpreting Symptom Checklist Results

2-3 symptoms indicate mild alcohol and/or other drug use disorder.

4-5 symptoms indicate moderate alcohol and/or other drug use disorder.

6+ symptoms indicate severe alcohol and/or other drug use disorder.

Community support and self-help



| Tool or Program | Description | How to access |
|---|--|---|
| Patient wallet card | Handout for patients on lower-risk drinking | Provided by Peer Assistance Services |
| Rethinking Drinking (NIAAA) | Website and print booklets to support self-management | https://www.rethinkingdrinking.niaaa.nih.gov/ |
| Women's Health and Alcohol | Interactive online tool to educate and empower women; Developed by the SBIRT Program in CO | http://www.sbirtcolorado.org/womens-health-alcohol |
| Harmful Alcohol- Medication Interactions (NIAAA) | For patients and health providers | https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/harmful-interactions-mixing-alcohol-with-medicines |
| Alcoholics Anonymous | Find meetings in Colorado | https://www.aa.org/pages/en_US/find-aa-resources |
| Smart Management and Recovery Training (Smart Recovery) | Abstinence-oriented, not-for-profit; offers free local and online mutual support meetings; Avoids stigmatizing labels like "addict" or "alcoholic" | https://www.smartrecovery.org/ |
| SHE RECOVERS | International online movement of self-identified women in or seeking recovery from a wide variety of issues, including substance use | https://sherecovers.co/ |
| Women for Sobriety New Life Program | Abstinence-based self-help program for women facing alcohol or drug use disorders | https://womenforsobriety.org/ |
| Secular Organizations for Sobriety (SOS) | Helps individuals or groups find and keep sobriety or abstinence; offers a variety of recovery tools | http://www.sossobriety.org/ |
| Moderation Management | Lay-led non-profit dedicated to reducing the harm caused by the abuse of alcohol | https://www.moderation.org/ |

Section 5: Team-Based Care

SBIRT: It takes a whole team



| Type of Staff | Screening | Brief Intervention | Referral to Treatment* | | Billing |
|--------------------------------|-----------|--------------------|------------------------|------------|---------|
| | | | Initiate | Coordinate | |
| Front Desk | √ | | | | |
| Medical Assistant | √ | √ | | √ | |
| Nurse | √ | √ | | √ | |
| Health Educator | √ | √ | | √ | |
| Behavioral Health Professional | √ | √ | √ | √ | |
| Medical Provider | √ | √ | √ | √ | |
| Billing/ Back Office | | | | | **√ |

Key point: Addressing stigma

A common reason patients do not seek treatment

SBIRT helps address stigma:

- Normalizes conversations about alcohol
- Frames UAU as a health issue
- Introduces the topic of alcohol with all patients (so the patient does not have to bring it up)

A good topic for team conversation!

<https://www.recoveryanswers.org/addiction-ary/>

Section 6: Sustaining SBIRT

Key point and discussion: Common challenges

- Lack of training
- Time
- Competing issues
- Discomfort with the topic
- Personal or family experiences with UAU
- Reimbursement (+/-)
- Lack of leadership support

All-payer overview



Reimbursement for SBIRT

The American Medical Association (AMA) has approved several billing codes that will allow you to be reimbursed for providing screening and brief intervention services. Medical procedures are coded using Common Procedure and Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes. Screening and brief intervention may be provided in an office, emergency department or inpatient visit for both new and established patients. Virtually all payers use AMA's Evaluation and Management (E & M) CPT codes to pay physicians' services. Many payers reimburse for independent licensed health practitioners such as advance practice nurses, psychologists, and masters-level social workers. A few will pay for service provided by health professionals under the supervision of a physician.

Several CPT codes can be used. The chart below shows the most commonly used codes.

| Payer | Code | Description | Fee Schedule |
|--------------------------------|-------|--|--------------|
| Commercial Insurance, Medicaid | 99408 | Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30min | \$33.41 |
| Commercial Insurance, Medicaid | 99409 | Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30min | \$65.51 |
| Medicare | G0396 | Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30min | \$29.42 |
| Medicare | G0397 | Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30min | \$57.69 |
| Medicare | G0442 | Prevention: Screening for alcohol misuse in adults including pregnant women once per year. No coinsurance; no deductible for patient http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Reduce-Alcohol-Misuse-ICN907798.pdf | \$17.33 |
| Medicare | G0443 | Prevention: Up to four, 15 minute, brief face-to-face behavioral counseling interventions per year for individuals, including pregnant women, who screen positive for alcohol misuse; No coinsurance; no deductible for patient http://www.cms.hhs.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=249 | \$25.14 |
| Medicaid | H0049 | Alcohol and/or drug screening (code not widely used) | \$24.00 |
| Medicaid | H0050 | Alcohol and/or drug service, brief intervention, per 15 min (code not widely used) | \$48.00 |

February 2017

Health First Colorado (Medicaid)
SBIRT benefit:

<https://www.colorado.gov/pacific/hcpf/sbirt-benefit>

Thank you very much!

QUESTIONS/COMMENTS?

Carolyn Swenson
cjswenson57@gmail.com