



# SBIRT in New Hampshire

*What it is and why it's here to stay*



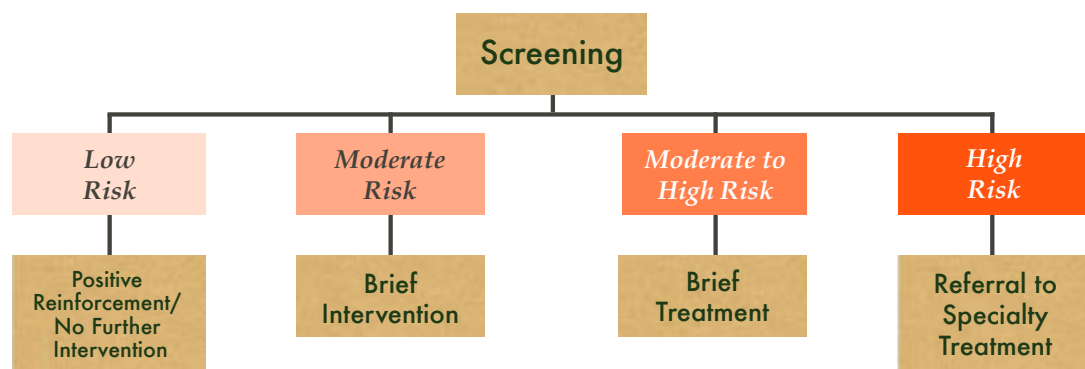
## What is SBIRT?

SBIRT is a public health approach to reducing alcohol and other drug-related problems through annual screenings in community-based settings. Routinely including questions about alcohol and other drug use in regular health screenings provides opportunities for discussion and education about the potential health and safety risks posed by alcohol and drug use. Screenings within health care settings can also help reduce the stigma that often prevents adolescents and adults from seeking help for problem alcohol or drug use.

The term SBIRT – Screening, Brief Intervention and Referral to Treatment – represents the progressive steps that a health professional takes to assess alcohol and drug use behaviors and reduce risks to the individual’s health and well being. The U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) defines the SBIRT steps as follows:

- **Screening** is provided universally to assess substance use and identify people with substance use problems.
- **Brief Intervention** is provided when a screening indicates moderate risk. Brief intervention utilizes motivational interviewing techniques focused on raising patients’ awareness of substance use and its consequences and motivating them toward positive behavioral change.
- **Brief therapy** continues motivational discussion for persons needing more than a brief intervention. Brief therapy is more comprehensive and includes further assessment, education, problem solving, coping mechanisms, and building a supportive social environment.
- **Referral to treatment** to specialty care is provided for persons deemed a high risk for a substance abuse disorder.

## SBIRT Treatment Recommendations



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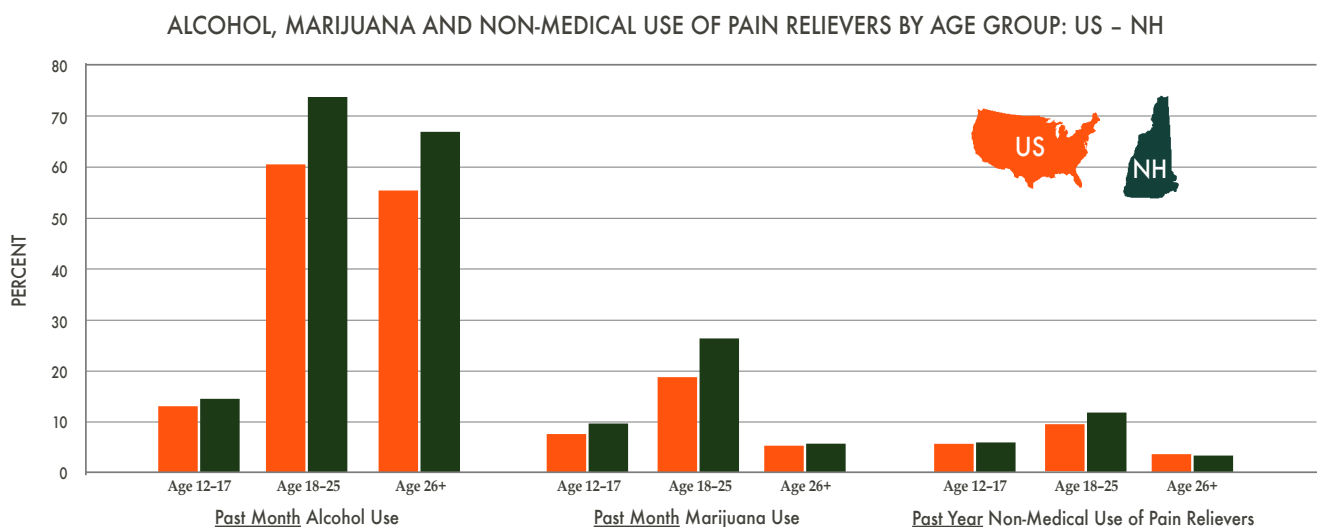
Health care settings establish their own unique work flows to accommodate a screening process that supports the fundamental features of SBIRT:

- **It is brief.** The initial screening is accomplished quickly and the intervention and treatment components indicated by the screening results are completed in significantly less time than traditional substance abuse specialty care.
- **The screening is universal.** The patients, clients, students, or other target populations are all screened as part of the standard intake process.
- **One or more specific behaviors are targeted.** The screening tool addresses a specific behavioral characteristic deemed to be problematic, or pre-conditional to substance dependence or other diagnoses.
- **The services occur in a public health, or other non-substance abuse treatment setting.** This may be an emergency department, primary care physician's office, school, or other community setting.
- **It is comprehensive.** The program includes a seamless transition between brief universal screening, a brief intervention and/or brief treatment, and referral to specialty substance abuse care.
- **Strong research or substantial experiential evidence supports the model.** At a minimum, programmatic outcomes demonstrate a successful approach.



## Why Does NH Need SBIRT?

New Hampshire's rates of alcohol and other drug misuse, particularly among adolescents, are some of the very highest in the country. Below are New Hampshire's rates of regular alcohol use, regular marijuana use, and past-year non-medical pain reliever abuse and how they compare to national averages according to the 2012 National Survey on Drug Use and Health.



Source: 2012 National Survey on Drug Use and Health

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These data only begin to tell the story of New Hampshire's challenges with preventing and reducing the misuse of alcohol or other drugs and the progression of substance use disorders.

The positive news is that recent research indicates that 90% of adults addicted to alcohol, tobacco or other drugs began using these substances before the age of 18, suggesting that professional screening in primary care settings provides great possibilities for changing the paradigm, reducing stigma, and significantly reducing the threat that substance misuse poses to individual and population health and well being.<sup>1</sup>



## SBIRT Works

SBIRT, identified by SAMHSA as a best practice to address substance misuse for a wide range of populations, is endorsed by multiple professional organizations\* and recognized by the health insurance industry and the federal government through established health provider reimbursement for SBIRT practices.

SBIRT is also recommended by the state's five-year plan to prevent and reduce alcohol and other drug problems and to promote recovery (**Collective Action - Collective Impact**) and by the state's Children's Behavioral Health Plan (**Transforming Children's Behavioral Health Care**).

These endorsements are based on demonstrated patient and practice outcomes:

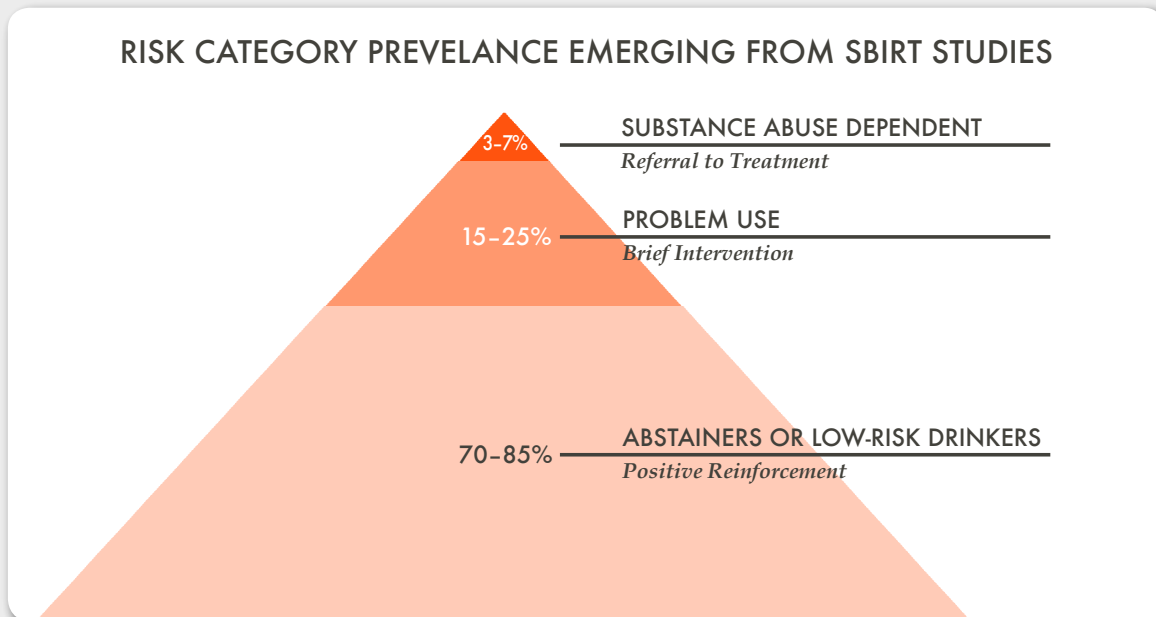
- There is substantial evidence from research studies and meta-analyses of randomized clinical trials in primary and other health care settings that shows SBIRT effective in reducing hazardous drinking<sup>2</sup>.
- Implementation of screening, and brief intervention for problem drinkers can generate positive net benefits for individual patients. Estimated benefits are based on the average cost of brief intervention at \$205 per patient while savings related to reduced emergency room visits, hospital days, legal events and motor vehicle accidents estimated at \$1,151 per person continuing to abuse alcohol.<sup>3</sup>
- States implementing SBIRT through SAMHSA funding have documented significant reductions in both risk behavior and health-related costs, including reductions in alcohol and drug use six months after receiving intervention (41% of respondents reported abstinence from drugs and/or alcohol at follow-up, compared to just 16% at baseline); improvements in self-reported quality-of-life measures such as employment or education status; and lower rates of legal problems.<sup>4</sup>
- Federally funded SBIRT initiatives reduced the time and resources needed to treat conditions caused or worsened by substance use. One state reported reductions in total Medicaid costs ranging from \$185-\$192 per patient per month.<sup>5</sup>

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\*American Medical Association, American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, American Psychiatric Association, American College of Emergency Physicians, American College of Surgeons Committee on Trauma, American College of Obstetricians and Gynecologists, American Society of Addiction Medicine, and the World Health Organization

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Research studies and federal evaluations of universal screening<sup>6,7</sup> report that approximately 70-85% of screened individuals have no problem alcohol or substance use, 15 to 25% have low to moderate risk that may require a brief intervention within the primary care setting, and only 3 to 7% are using at a level that requires referral to addiction treatment.



<sup>1</sup> National Center on Addiction and Substance Abuse at Columbia University, 2011

<sup>2</sup> Kaner, Eileen, et al. Screening and brief interventions for hazardous and harmful alcohol use in primary care: a cluster randomised controlled trial protocol. BioMed Central, August 2009. As cited in Screening, Brief Intervention and Referral to Treatment (SBIRT) in Behavioral Healthcare. SAMHSA report, April 2011, available at <http://www.samhsa.gov/prevention/sbirt/SBIRTwhitepaper.pdf>

<sup>3</sup> Fleming, M. F., Mundt, M. P., French, M. T., Manwell, L. B., Stauffacher, E. A., & Barry, K. L. (2000). Benefit-cost analysis of brief physician advice with problem drinkers in primary care settings. Medical Care, 38, 7-18.

<sup>4</sup> Unpublished data from SAMHSA's Services Accountability Improvement System, July 2012, as cited in Screening, Brief Intervention and Referral to Treatment (SBIRT) Fact Sheet, U.S. Office of National Drug Control Policy (July 2012) accessed at [http://www.whitehouse.gov/sites/default/files/page/files/sbirt\\_fact\\_sheet\\_ondcp-samhsa\\_7-25-111.pdf](http://www.whitehouse.gov/sites/default/files/page/files/sbirt_fact_sheet_ondcp-samhsa_7-25-111.pdf)

<sup>5</sup> Estee, S., He, L., Mancuso, D., & Felver, B. (2006). Medicaid cost outcomes. Department of Social and Health Services, Research and Data Analysis Division: Olympia, Washington as cited in Screening, Brief Intervention and Referral to Treatment (SBIRT) Fact Sheet, U.S. Office of National Drug Control Policy (July 2012) accessed at [http://www.whitehouse.gov/sites/default/files/page/files/sbirt\\_fact\\_sheet\\_ondcp-samhsa\\_7-25-111.pdf](http://www.whitehouse.gov/sites/default/files/page/files/sbirt_fact_sheet_ondcp-samhsa_7-25-111.pdf)

<sup>6</sup> Clay, Rebecca. Screening Brief Intervention and Referral to Treatment: New Populations, New Effectiveness Data. SAMHSA News. Nov/Dec 2009. Available at [http://www.samhsa.gov/samhsanewsletter/Volume\\_17\\_Number\\_6/SBIRT.aspx](http://www.samhsa.gov/samhsanewsletter/Volume_17_Number_6/SBIRT.aspx)

<sup>7</sup> Screening, Brief Intervention and Referral to Treatment (SBIRT) in Behavioral Healthcare. SAMHSA report, April 2011, available at <http://www.samhsa.gov/prevention/sbirt/SBIRTwhitepaper.pdf>

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## SBIRT Resources

Below are resources to find out more about the methods and benefits of SBIRT implementation.

### IMPLEMENTATION RESOURCES

The CRAFFT is a screening instrument developed at Children's Hospital Boston to detect alcohol or drug abuse risk in adolescents through age 21.

Information is available at <http://www.ceasar-boston.org/CRAFFT/>

National Center on Addiction and Substance Abuse (CASA) guide to implementing SBIRT is available at <http://www.casacolumbia.org/sites/default/files/files/An-SBIRT-implementation-and-process-change-manual-for-practitioners.pdf>

SAMHSA-HRSA Center for Integrated Health Solutions provides a summary of substance use and other behavioral health screening instruments at <http://www.integration.samhsa.gov/clinical-practice/screening-tools#drugs>

Resources and informational webinars on motivational techniques are available through SAMHSA-HRSA Integrated Health Solutions at <http://www.integration.samhsa.gov/clinical-practice/motivational-interviewing#webinars>

### REIMBURSEMENT RESOURCES

Additional information from SAMHSA for SBI reimbursement [www.sbirt.samhsa.gov/coding.htm](http://www.sbirt.samhsa.gov/coding.htm)

SAMHSA's downloadable coding chart [www.sbirt.samhsa.gov/SBIRT/documents/SBIRT\\_Coding\\_Chart2.pdf](http://www.sbirt.samhsa.gov/SBIRT/documents/SBIRT_Coding_Chart2.pdf)

Medicare/Medicaid Health and Behavior Assessment and Intervention Codes  
[www.dhfs.state.wi.us/Medicaid/updates/2007/2007-09att16d.htm](http://www.dhfs.state.wi.us/Medicaid/updates/2007/2007-09att16d.htm)

Smoking and Tobacco Use Cessation Counseling Billing Code Update to Medicare:  
[www.cms.hhs.gov/mlnmattersarticles/downloads/MM5878.pdf](http://www.cms.hhs.gov/mlnmattersarticles/downloads/MM5878.pdf) and [www.cms.hhs.gov/transmittals/downloads/R1433CP.pdf](http://www.cms.hhs.gov/transmittals/downloads/R1433CP.pdf)

Ensuring Solutions SBI Reimbursement Guide: Everything You Need to Know to Conduct SBI and Get Paid for It  
[www.ensuringsolutions.org/resources/resources\\_show.htm?doc\\_id=385233](http://www.ensuringsolutions.org/resources/resources_show.htm?doc_id=385233)

For private insurers, information about Current Procedural Terminology (CPT) codes for private insurance is available from SAMHSA at <http://www.samhsa.gov/prevention/SBIRT/index.aspx>

More information about Medicare and Medicaid G and H codes is available from SAMHSA at <http://www.samhsa.gov/prevention/SBIRT/index.aspx> and from the Centers for Medicare and Medicaid Services at <http://www.cms.gov/>

More information on Codes for Reimbursable SBIRT Services is available from the Medicare Learning Network at <http://www.cms.gov/MLNgeninfo/>

