Washington State Screening, Brief Intervention, Referral, and Treatment Project

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Historically

- Substance use services have been focused in two areas:
  - Primary Prevention – Delaying onset of substance use.
  - Treatment – Providing time, cost, and labor intensive services to patients who are acutely or chronically ill.

Learning from Health Care

- The health care system routinely screens for potential medical problems (cancer, diabetes, hypertension), provides preventative services prior to the onset of acute symptoms, and delays or precludes the development of chronic conditions.

The SBIRT Concept

- SBIRT uses a health care model approach to universal screening for substance use problems.
  - SBIRT provides:
    - Immediate rule out of non-problem users;
    - Identification of levels of risk;
    - Identification of patients who would benefit from brief advise, and;
    - Identification of patients who would benefit from higher levels of care.

Our SBIRT Model

- Conduct universal substance use screenings using validated and reliable screening tools (AUDIT/DAST 10)
- Use specialty providers (CDP's) to conduct SBI in hospital emergency rooms for trauma and medical complaint patients or those patients referred directly by medical staff.

Our SBIRT Model

- Chemical Dependency Professionals currently provide services in nine area hospitals in six counties:
  - Southwest Washington Medical Center - Clark
  - Providence St. Peter Hospital - Thurston
  - Tacoma General and Allenmore Hospitals - Pierce
  - Harborview Medical Center - King
  - Providence Everett Medical Center - Snohomish
  - Yakima Valley Memorial Hospital - Yakima
  - Yakima Regional Medical and Cardiac Center - Yakima
  - Toppenish Community Hospital- Yakima

Our SBIRT Model

- Patients needing higher levels of care are referred directly to community agencies with staff trained in conducting brief therapy:
  - Not necessarily abstinence based but consistent with WAC.
  - Variable length of stay.
  - Focused on strategies for change in quantity/frequency choices.

The Impact of SBIRT

- Since April 2004:
  - 97,538 total patients
    - 46,801 screen only (48%)
    - 47,371 screen + brief intervention (49%)
    - 3,366 engaged in higher levels of care (3%)

What Have We Found

- 46% of the patients drank alcohol at levels that represented potentially harmful use patterns such as binge drinking or a possible alcohol use disorder
- 27% of the patients used some form of illegal drug in the prior 12 months
- Marijuana was the most frequently used illegal drug, reported by 20%
- Cocaine was used by 11% of the patients
- Methamphetamine was used by 9% of the patients
- Use of other types of drugs ranged from 1% for inhalants to 5% for heroin and 6% for opiates other than heroin

Declines in Substance Use

- 80% of 1,398 patients who drank alcohol reduced the number of days of drinking in the past 30 days, with the overall average declining from 10.4 to 5.3 days ($p<.05$).
- The percent of patients reporting abstinence from alcohol in the past 30 days increased from 28% to 47% ($p<.05$).
- 87% of 857 patients who reported bingeing in the last 30 days reduced the number of heavy drinking days, with the average declining from 10.1 to 2.9 days ($p<.05$).
- 84% of 878 patients who reported drug use in the past 30 days reduced the number of days of use, with the overall average declining from 13.7 to 6.5 days ($p<.05$).
- The percent of patients reporting abstinence from illegal drugs in the past 30 days increased from 55% to 71% ($p<.05$).

Declines in Substance Use

- Among patients with a high risk for substance use disorders, declines in alcohol use and in illegal drug use were significantly greater for those who also received brief therapy or CD treatment than for those who only received a brief intervention, with demographic characteristics and risk scores held constant ($p<.05$).
- Illegal drug use declined among high risk patients who used various kinds of drugs, including marijuana, cocaine, methamphetamines, heroin, and other opiates ($p<.05$)
- Among high risk patients who used marijuana, cocaine, or methamphetamines, declines in overall drug use were greater for those who also received brief therapy or CD treatment than for those who only received a brief intervention ($p<.05$).

Increases in Abstinence

- Abstinence increased significantly:
  - From 55% to 71% of 1,943 patients at all risk levels
  - From 65% to 75% of 638 moderate risk patients who got a brief intervention (+15% increase)
  - From 50% to 68% of 977 high risk patients who got a brief intervention (+35% increase),
  - From 47% to 73% of 324 high risk patients who also got brief therapy, CD treatment, or both(+56% increase),

Is SBIRT Required

- The American College of Surgeons Committee on Trauma is requiring level 1 and 2 trauma centers to provide SBIRT.
- The Joint Commission is currently developing standards for SBI.
- The Washington State DOH is considering adopting the recommendations of the ACS-COT.

The Future of SBIRT

- Federal funding for the SBIRT Project ends on September 30, 2008.
- CMS has authorized the use of two new HCPCS codes to reimburse for SBI.
  - States may choose not to activate these codes.
- CMS has authorized the use of two new G codes to reimburse for SBI.
  - These codes can be billed beginning January 08.
- The AMA has authorized the use of two new CPT codes to reimburse for SBI.
  - Insurance carriers may choose not to reimburse these codes.

A New Initiative

- SBIRT is an evidenced based practice that has led to:
  - Reduced alcohol and other drug use in moderate and high risk patients.
  - Increased abstinence from alcohol and other drugs among moderate and high risk patients.
  - Increased access to treatment for those patients needing higher levels of care.
  - Reduced inpatient hospital costs for Medicaid recipients.

Sustaining the Project

- We have developed the knowledge, infrastructure, and standards to ensure a viable program that can be expanded to additional sites.
- The CMS and AMA reimbursement options, if approved, will provide some incentive to providers but will not cover the cost of services.
- Additional resources are needed.

Conclusions

- SBIRT changes the way we address substance use issues by incorporating a health care model.
- SBIRT has changed substance use behavior and lowered medical costs.
- SBIRT has a well developed infrastructure and viable programmatic model.
- The future of SBIRT is unclear.

For Additional Information

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