



Screening, brief intervention and referral to treatment (SBIRT) for your pregnant patients

January 2023

Humana Healthy Horizons® in Florida

Introducing SBIRT



SBIRT: Screening, brief intervention and referral to treatment

SBIRT:

- Is a **comprehensive, integrated, public health approach** to delivery of early intervention and treatment service for individuals with or at risk of developing substance use disorders
- Is a **research-based framework** to enhance behavior-change discussion skills with patients
- Is **cost-effective** (An estimated range of between \$3.81 to \$5.60 is saved for every \$1 spent, per SBIRT studies of healthcare cost saving results.)

¹SBIRT: Screening, Brief Intervention, and Referral to Treatment: Opportunities for Implementation and Points for Consideration. SAMHSA-HRSA. https://www.integration.samhsa.gov/SBIRT_Issue_Brief.pdf. Last accessed on April 14, 2020.

Introducing SBIRT (Con't)

An Office of National Drug Control Policy study estimated that substance use in 2011 accrued a societal cost of \$193 billion

Research has shown:

- Use of tobacco, alcohol or illicit drugs or misuse of prescription drugs by pregnant women can have severe health consequences for fetuses and infants
- SBIRT, when used appropriately, can reduce healthcare costs, severity of drug and alcohol use and risk of trauma

SBIRT is a great screening tool for:

- Substance misuse and abuse
- Activities that can result in poor health outcomes and substantial healthcare costs related to illness, hospitalization, motor vehicle injuries and premature deaths.
- Pregnant women using drugs, including tobacco and alcohol
- Drugs that can be passed to and harm developing fetuses
- New mothers using drugs, including tobacco and alcohol
- Drugs that can be passed via breast milk to and harm babies



NIH...Turning Discovery Into Health®

Introducing SBIRT (Con't)

SBIRT:

- Is reimbursed as part of the global fee by Medicaid
- Is particularly effective at motivating individuals to change harmful substance use behaviors
- Creates excellent opportunities for providing early intervention and treatment services for individuals with or at risk of developing substance use disorders

Introducing SBIRT (Con't)

Codes

- According to the American College Health Association, the codes can only be used once per day, as medically necessary. This includes the following provider types:
 - 25 – medical doctor (M.D.)
 - 26 – doctor of osteopathic medicine (DO)
 - 29 – physician assistant (PA)
 - 30 – advanced practice registered nurse (APRN)
- Procedure codes:
 - **H0049** – Alcohol and/or drug screening \$17.08
 - **H0050** – Alcohol and/or drug screening, brief intervention, per 15 minutes \$28

SBIRT: Screening

The S in SBIRT stands for “screening” and utilizes **the 5Ps*** — an [effective screening tool](#) to use with pregnant women who may use alcohol or drugs. Questions include:

- Did any of your parents have problems with alcohol or drug use? Yes/No
- Do any of your friends (peers) have problems with alcohol or drug use? Yes/No
- Does your partner have a problem with alcohol or drug use? Yes/No
- Before you were pregnant, did you have problems with alcohol or drug use? (Past) Yes/No
- In the past month, did you drink beer, wine, liquor *or* use other drugs? (Pregnancy) Yes/No

5Ps are women's **parents, **p**eers, **p**artner, during **p**regnancy and in the **p**ast*

This screening tool uses non-confrontational questions to elicit genuine responses and evaluate the need for a more complete assessment and possible substance abuse treatment.

Patients who currently use or have used non-prescribed opioids during their pregnancy or currently use or have used prescribed opioids for longer than one month, need the referral protocol to link them to services and medication-assisted treatment (MAT) if indicated.

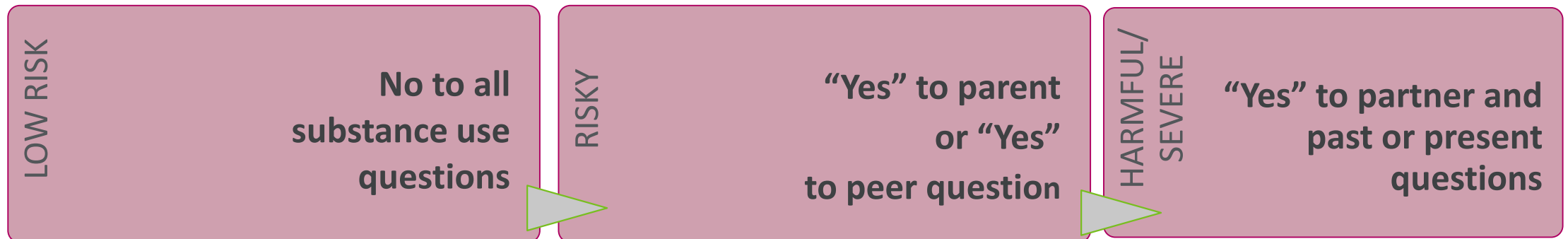
SBIRT screening should not be substituted for drug testing and the American College of Obstetricians and Gynecologists (ACOG) recommendations on drug screening.

SBIRT: Screening (Con't)

Risk-level assessment

- Women who screen high-risk for substance use should be assessed for opioid use. Questions include:
 - Have you used opioids, narcotics or pain medication in the last year?
 - If so, were they prescribed or unprescribed?
 - Have you used any other drugs or unprescribed medications in the last year?
- Patients with positive answers who have used unprescribed opioids in pregnancy or unprescribed opioids for longer than one month need the referral protocol to link them to services and MAT if indicated
- For positive responses to 5Ps, also document that the pain management program (PMP) look-up has been reviewed

Use the scale below to help determine risk level:



SBIRT: Screening (Con't)

The National Institute on Alcohol Abuse and Alcoholism*, or NIAAA (N-I-triple A) conducted extensive, nationally represented studies and developed low-risk drinking limits (guidelines).

The studies determined that exceeding these drinking limits can increase alcohol-related health problems.

Limit Guidelines	
Men 18-55	No more than four drinks**/day AND no more than 14 drinks/week
Women 18-65	No more than three drinks**/day AND no more than seven drinks/week
Men and women 66+	No more than three drinks**/day AND no more than seven drinks/week

Women who are pregnant or breastfeeding should not drink.

* Source: National Institutes of Health

** One drink is a 12-ounce can of beer, 5-ounce glass of wine, or 1.5 ounces (typical shot) of hard liquor.

SBIRT: Screening (Con't)

The NIAAA based its recommended low-risk drinking limits on a large number of epidemiologic studies. It defines risky drug use as recreational drug or prescription medication use for a non-medical reason.

Drug and medication examples include:

- Cannabis (marijuana/pot)
- Methamphetamines (speed/crystal)
- Cocaine
- Narcotics/Opioids (heroin, prescription opioid pain relievers, oxycodone)
- Inhalants (paint thinner, aerosol, glue)
- Hallucinogens (LSD, mushrooms)
- Tranquilizers (Valium)

SBIRT: Screening (Con't)

For more information on high-risk drug and alcohol use and the effects of engaging in high-risk drug and alcohol use, please see these resources:

- Drugs of Abuse:

<https://www.drugabuse.gov/drugs-abuse>

- Fetal Alcohol Exposure:

<https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/fetal-alcohol-exposure>

- Drinking and Your Pregnancy:

<https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/drinking-and-your-pregnancy>

SBIRT: Screening (Con't)

As a healthcare provider, you can:

- Raise the subject
 - Explain your role
 - Ask permission to discuss alcohol and/or drug use
 - Ask about alcohol and/or drug use patterns (e.g., “What does your alcohol and/or drug use look like in a typical week?”)
 - Listen carefully
 - Use reflections to demonstrate understanding
- Provide feedback
 - Share the 5Ps Screening Tool results and description once screening is done
 - Review low-risk drinking limits
 - Explore patient reaction (e.g., “Your score puts you in the ____ zone, which means _____. The low-risk limits are _____. What do you think about that?”)
 - Explore connection to health/social/work issues (e.g., “What connection might there be?”)

SBIRT: Screening (Con't)

As a healthcare provider, you can:

Enhance motivation

- Ask about pros/cons (What do/don't you like about your alcohol and/or drug use?)
- Explore readiness to change (e.g., “On a scale from 0-10, how ready are you to change your alcohol and/or drug use? How would your alcohol and/or drug use have to affect your life for you to think about changing (if readiness is 0-2)? Why that number and not ____ (a lower number) (if readiness is 3-10)?”

Negotiate plan

- Summarize the conversation (risk limit, pros/cons, readiness)
- Ask patient what steps he or she is willing to take
- Explore patient's goal for change and offer options (if needed)
- Write down steps for achieving goal
- Assess confidence and negotiate follow-up visit
- Thank patient

If patient is not ready to plan

- End intervention
- Offer patient education materials
- Thank patient

SBIRT: Screening (Con't)

Key points to screening:

- Screen every pregnant patient, regardless of age
- Normalize screening and set context (e.g., “We ask everyone these questions to help us provide them with the best care.”)
- Ask permission (e.g., “Can I ask you some other health-related questions?”)
- Screen privately without family or friends present
- Ask parents to leave room, if patient is a minor

Remember that screening:

- Is a prevention service
- Is a conversation and does not mean you are diagnosing your patient
- Opens the door for further assessment, conversation and insights into your patient’s health and background

SBIRT: Brief intervention

The BI in SBIRT stands for “brief intervention,” which:

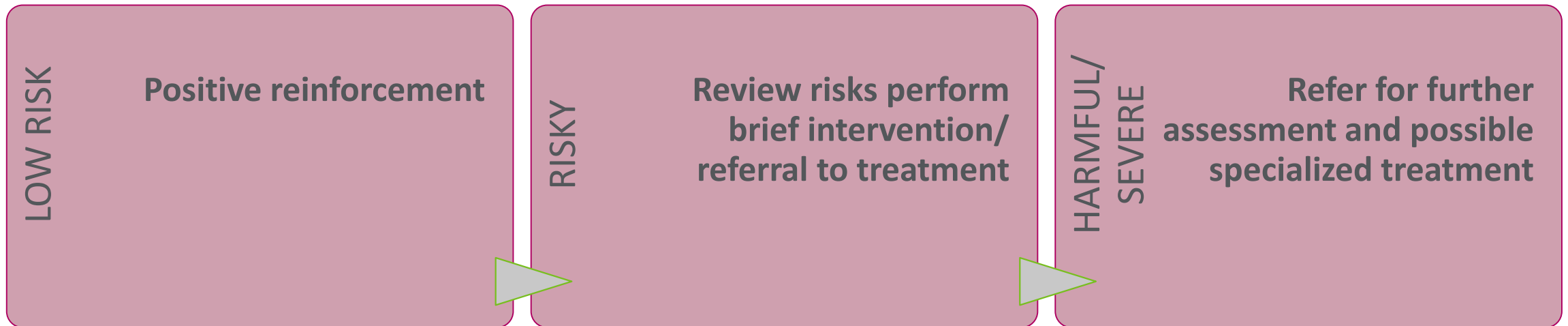
- Helps increase a patient's awareness of health risks related to his or her substance use and to motivate behavior change
- Includes a five- to 15-minute patient-centered conversation to determine if further screening is needed
- Is provided to all patients scoring positive during the 5Ps screening
- Encourages patients to stay on track

If a woman discontinues substance use due to pregnancy:

- Congratulate her
- Provide positive reinforcement
- Advise against returning to risky use after baby is born

SBIRT: Brief intervention (Con't)

- Indicated actions:



SBIRT: Brief intervention (Con't)

Indicated actions:

Raise the subject

- Explain your role, ask permission to discuss alcohol/drug use screen forms
- Ask about alcohol/drug use pattern
- What does your alcohol/drug use look like in a typical week?
- Listen carefully, use reflections to demonstrate understanding

Provide feedback

- Share the AUDIT/DAST results – review the low-risk drinking, watch for the patient reactions
- Your score puts you at a high risk. What do you think about this?
- I recommend to all my pregnant patients not to use any amount of alcohol or drugs because of the associated risks.

Enhance motivation

- Ask about the pros/cons
- What are your thoughts about this recommendation?
- Use a readiness scale: Explore readiness to change
- How ready are you to make any kind of changes to your alcohol/drug use?
- Why that number and not (the lower number)?

Negotiate a plan

- Summarize the conversation; ask questions
- “What steps would you be willing to take?”
- If not ready to plan, stop intervention; offer patient education and thank the patient
- Explore patient's goal for change-offer options, write down steps to achieve goal, assess confidence
- Negotiate follow up visit
- Thank the patient

SBIRT: Brief intervention (Con't)

- Indicated actions:

Use brief intervention to build patient confidence and willingness to see a specialty provider before making referral.

- “You recognize you need to stop drinking and you are unsure about getting treatment. What do you know about treatment for substance use? What are your concerns?”*

Prepare the patient ask to look ahead for potential obstacles or roadblocks and ways to address those issues.

- “Sounds like you are ready to address your substance use. What, if any, roadblocks might get in the way of your going to treatment?”*

Enlist support from family or friends, if appropriate and with releases in place.

- “Would it be OK if we ask your spouse or partner to join us for a few minutes to talk about this plan and how he/she might best support you?”*

SBIRT: Brief intervention (Con't)

Key points to brief intervention:

- Provides healthcare professional a better picture of patient's whole health
- Introduces conversation about patient substance use
- Reduces stigma
- Provides information about health risks
- Sets stage for subsequent conversation
- Provides a nonjudgmental and caring position
- Plants seed for behavior change

SBIRT: Referral to treatment

The RT in SBIRT stands for “referral to treatment,” which:

- Helps patients showing signs of substance use disorders access specialty care
- Provides additional help to patients who need more than brief intervention
- Provides additional help (e.g., access to specialty addiction treatment and recovery support services) to patients experiencing serious medical, social, legal or interpersonal problems associated with substance use
- Uses brief intervention to motivate patients to access a referral to treatment
- Connects patients with behavioral health and community services providers who can help address the substance use disorder

SBIRT: Referral to treatment (Con't)

Be prepared and know the community resources.

- Know the treatment providers (e.g., who to call, what form to use, who on the team can set an appointment, etc.)
- Maintain a current list of community resources
 - Beacon and Access
 - HumanaBeginnings™ care management program
 - SAMHSA's National Treatment Referral Hotline: 800-662-4357
 - Florida Department of Children and Families mental health and substance use information, resources and treatment service [website](#)
 - National Institutes of Health (NIH) resource guide

SBIRT: Referral to treatment (Con't)

Use a warm handoff when possible, to help make sure the patient doesn't fall through the cracks in the system.

- Help patient make appointment (e.g., via call)
- Help patient call company or local authority that oversees access (or call on patient's behalf)
- Obtain consent to share information with treatment providers

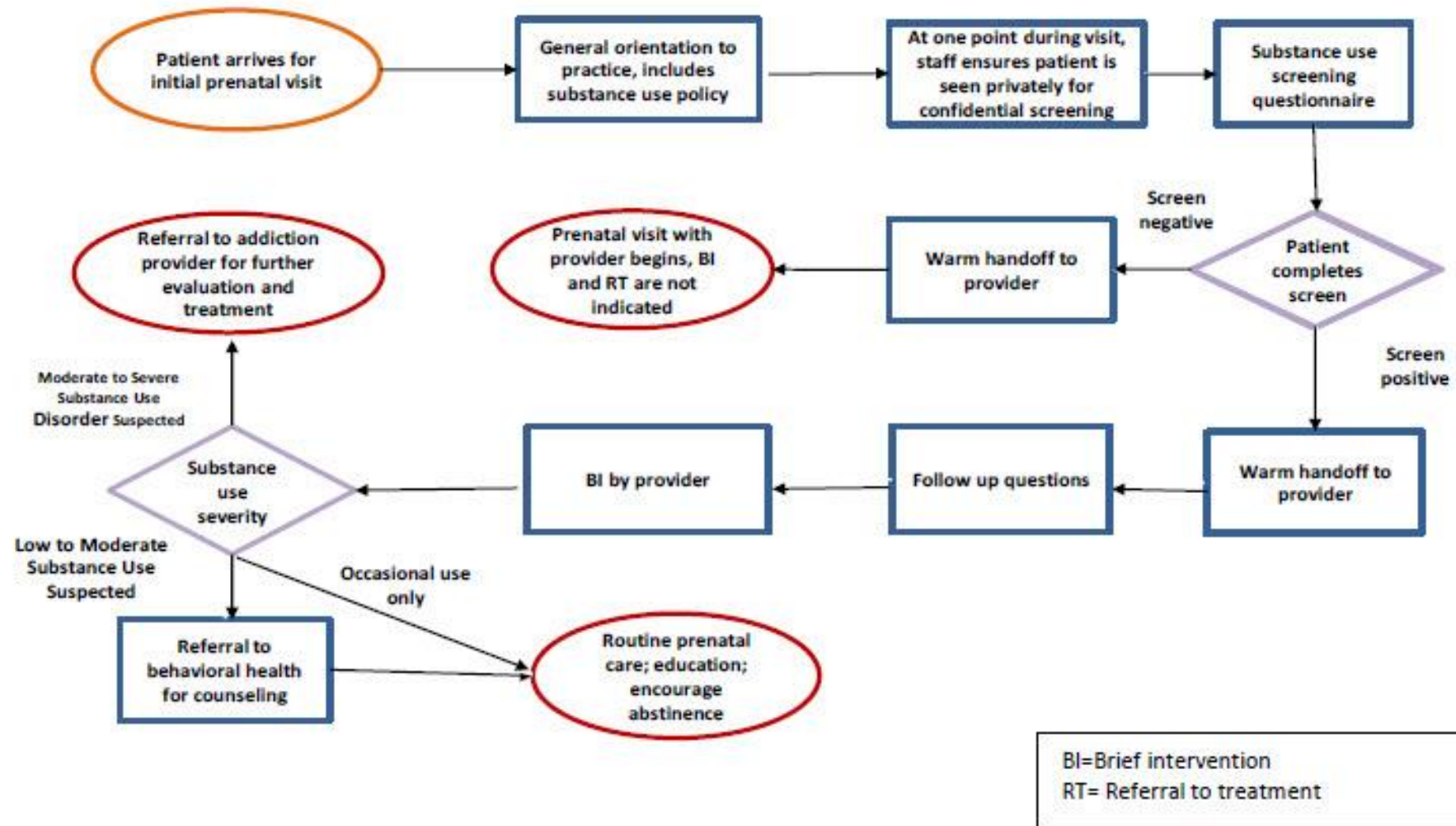
SBIRT: Referral to treatment (Con't)

Key points to referral for treatment:

- Referrals to specialty substance use disorder treatment are different from other referrals for specialty care
- Use more active linkages, and help patients sort through their fears and misconceptions about treatment and recovery support
- Patients often feel stigma regarding referral and are unfamiliar with treatment and how it works
- Providers often are not familiar with addiction services
- During brief intervention, build confidence and enhance motivation and willingness to make a first appointment

Implementing SBIRT

What triage could look like in your practice



Implementing SBIRT (Con't)

Key points to Implementing SBIRT:

- Determine staffing roles
 - Who will administer screening?
 - Who will discuss results with patient?
 - Who will intervene and/or refer when necessary?
- Train designated staff to screen, conduct brief intervention and refer to treatment
- Apply existing office procedures to screening practices
 - Include patient documentation, consent procedures, confidentiality and HIPAA guidelines, record storage and patient flow
- Understand and have available reimbursement information
- Know community resources
- Establish relationship with external services providers

Additional resources

- [ACOG District II Implementing SBIRT: An Effective Approach to Care](#)
- [National Institute on Drug Abuse for Teens](#)
- [Maternal and Neonatal Opioid Initiative Resources](#)



Thank you



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