
Hospital Transformation Performance Program (HTPP): Technical Assistance Webinar

Alcohol and Drug Misuse:
Screening, Brief Intervention, and Referral to Treatment
(SBIRT) in the Emergency Department (ED)

21 October 2014



Welcome & Housekeeping

- Overview of today's webinar
- Presenters
 - Diane Waldo, OAHHS, Associate Vice President of Quality & Clinical Operations
 - Lori Coyner, OHA, Director of Health Analytics
 - Sara Kleinschmit, OHA, Policy Advisor
 - Michael Oyster, OHA, SBIRT Specialist
- A recording of the HTPP kick-off webinar from 7 October is now available at the HTPP website:
<http://www.oregon.gov/oha/Pages/Hospital-Baseline-Data.aspx>

DISCLAIMER

Note that the services provided as part of this measure may or may not be eligible for reimbursement. It is the responsibility of each provider to select the most appropriate diagnosis and procedure codes when billing for services. It is the providers' responsibility to comply with payers' prior authorization requirements or other policies necessary for reimbursement, before providing services to any patient. It is the providers' responsibility to be compliant with federal and state laws (see OAR 410-120-1160).

SBIRT in the ED Measure Overview (1)

- Why include this measure?
 - Research shows that the ED can be an effective place to screen and refer patients for substance use services.
 - One study found that 26% of patients screened in the ED exceeded the low-risk limits set by the National Institute of Alcohol Abuse and Alcoholism (<http://www.bu.edu/bniart/files/2011/02/SBIRT-emergency-alcohol.pdf>).
 - This measure will help inform the statewide quality improvement focus area of integrating behavioral and physical health.

SBIRT in the ED Measure Overview (2)

- Part of the behavioral health HTPP domain, and is one of the three hospital-CCO collaboration measures
- Worth 6.25% of the total available quality pool (after allocation of floor payments)

SBIRT in the ED Specifications (1)

- Detailed Measure specifications (revised 20 October 2014) available online at:
<http://www.oregon.gov/oha/Pages/Hospital-Baseline-Data.aspx>
 - Developed by OHA and OAHHS based on recommendations from SAMHSA and CMS. Draw from Joint Commission specifications on SBIRT for inpatients and learnings from the BIG Hospital SBIRT Initiative (<http://hospitalsbirt.webs.com/>) and the Boston University BNI-ART Institute (<http://www.bu.edu/bniart/>).
- Two Parts
 - Screening rate
 - Brief intervention rate (referral to treatment after brief intervention is best practice but is not monitored here)
- Benchmark: Alignment with CCO benchmark, currently ~~13%~~ 12%; benchmark is for screening rate, as brief intervention rate is reporting only
- Improvement Target: Minnesota method with 3 percentage point floor

SBIRT in the ED Specifications (2)

- Population
 - **Unique** individuals age 12+
 - Who had an ED visit
 - Who received an SBIRT screening or brief intervention (as appropriate)
- Exclusions
 - Those refusing to participate
 - Anyone in urgent or emergent situations where time is of the essence and delay in treatment could jeopardize the person's health
 - If patient's functional capacity or ability to communicate might impact the accuracy of the screening tool results

Important Notes: Unduplicated Count of Patients

- Measure is a unique count of individuals age 12+ in the ED; each person is counted only once in the measurement period
- A patient need only be screened once in the measurement year for the hospital to receive credit. For example:
 - If a patient visits the ED twice in the measurement period but is only screened during the second visit, the patient is only counted once in the final, unduplicated data submission. The hospital receives credit since the patient was screened (at least) once in the measurement period.

Important Notes: Admissions

- If a patient who was previously admitted and screened while an inpatient is later seen in the ED, the hospital may **not** count the screening that occurred while the patient was admitted towards the HTPP SBIRT measure. The patient must be screened again as part of the ED visit.
- Regarding the Joint Commission Inpatient SBIRT measure:
 - Though the HTPP SBIRT in the ED measure only requires one screen during the entire performance year, the Joint Commission inpatient measure requires a screen for each admission.
 - However, as long as any SBIRT screening that takes place in the ED becomes a permanent part of the inpatient medical record for an admission, the ED screen can be counted for the Joint Commission inpatient screening **for that admission**.
 - Subsequent admissions require additional screening.

SBIRT Definitions and Processes

Screening: Brief Screen

- First step of the SBIRT process is the Brief Screen
 - Screens out about 78% of patients who do not have significant substance use issues
- An age-appropriate, validated screening tool must be used
- May be facilitated by front desk staff
 - If any question is positive, then a full screening should be given to the patient
 - Nurse scores the full screen

Screening: Full Screen

- Evidence-based alcohol or drug screening tools include
 - AUDIT for screening alcohol in adults
 - DAST for screening drug use (medication misuse) in adults
 - CRAFT for screening both alcohol & drugs in adolescents 12 years and older
- The full list of OHA's Addictions and Mental Health Services (AMH) approved, evidence-based screening tools is available online at <http://www.oregon.gov/oha/amh/Pages/eb-tools.aspx>

Brief Intervention

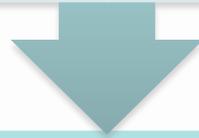
- Second step of the SBIRT process
- Goal is to educate patients and increase their motivation to
 - continue healthy choices
 - reduce risky behavior
- Motivation is increased through matching
 - patient goals for change
 - with resources that support self-determination

Length of Time

Screening: 30 seconds

Self guided through questionnaires

Scored by Nurse



Brief Intervention: 2-10 minutes

Longer when engaging high level patients

Facilitated by Nurse or Physician, sometimes Social Work staff



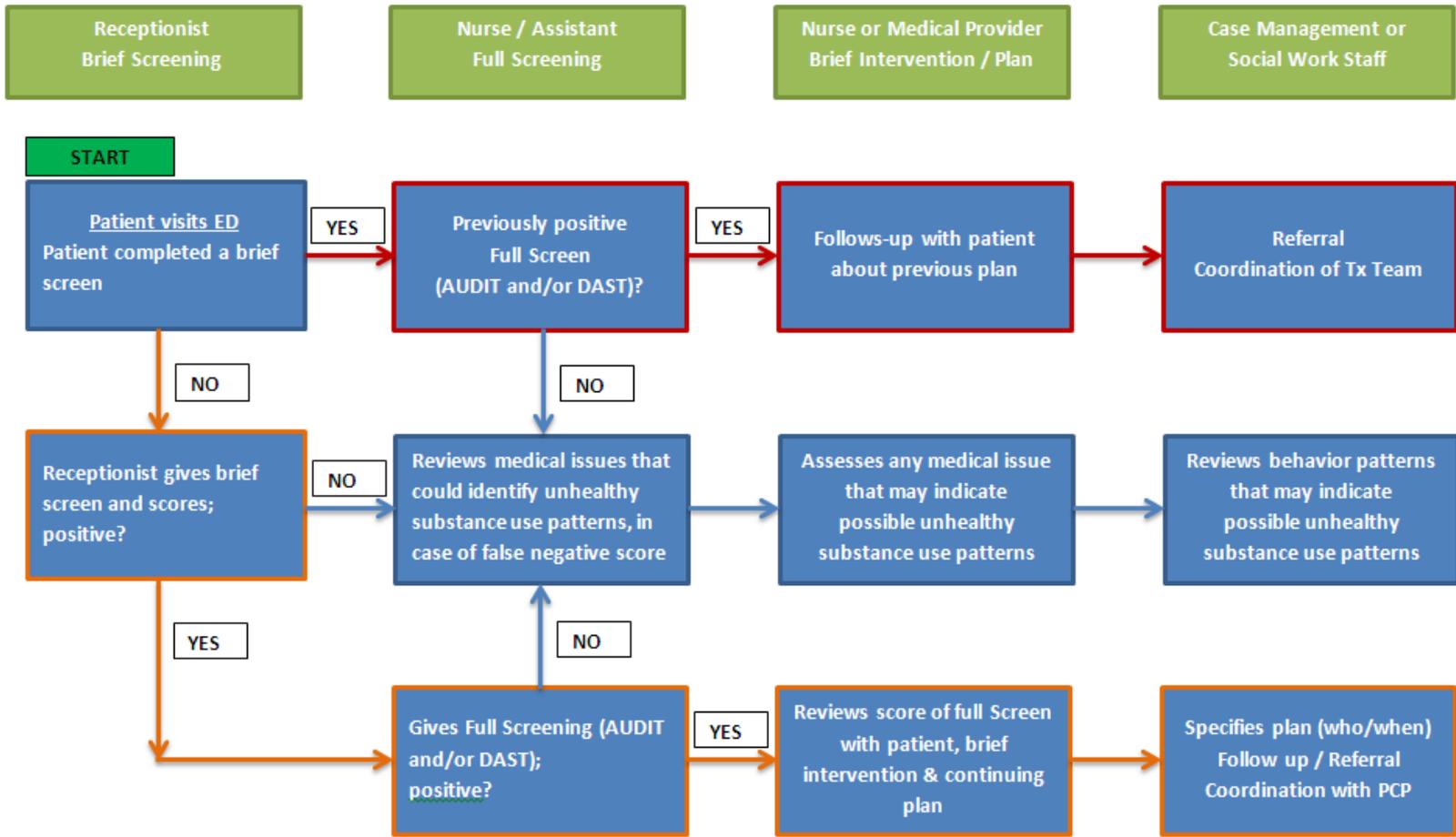
Referral to Treatment: 2 minutes

More complex when engaging high level patients

Warm handoff to community specialty care

General Workflow of SBIRT in Emergency Departments

Blue: Procedure
Green: Personnel
Orange: Initial Workflow
Red: Medical Stabilization



Resources

OHA's SBIRT Resource Page

<http://www.oregon.gov/oha/amh/Pages/SBIRT.aspx>

OHSU's helpful SBIRT Resource Page (includes workflows, tools, and training videos).

<http://www.sbirtoregon.org/>

Reducing Patient At-Risk Drinking: An SBIRT implementation toolkit for the Emergency Department setting http://www.integration.samhsa.gov/clinical-practice/reducing_patient_at_risk_drinking.pdf%20

SBIRT Manual, Institute for Research, Education and Training in Addictions.

<http://www.integration.samhsa.gov/clinical-practice/SBIRT.pdf>

Emergency Nurses Association SBIRT online education modules. <http://www.ena.org/practice-research/Practice/Safety/Injury%20Prevention/SBIRT/Pages/Default.aspx>

BIG Hospital SBIRT Initiative, University of Chicago and National SBIRT Addiction Technology Transfer Center Network: http://www.attcnetwork.org/regcenters/index_nfa_sbirt.asp?rcid=21

SBIRT Training, Program Assistance from the Boston University School of Public Health:

<http://www.bu.edu/bniart/>

Questions?

Contact Us

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