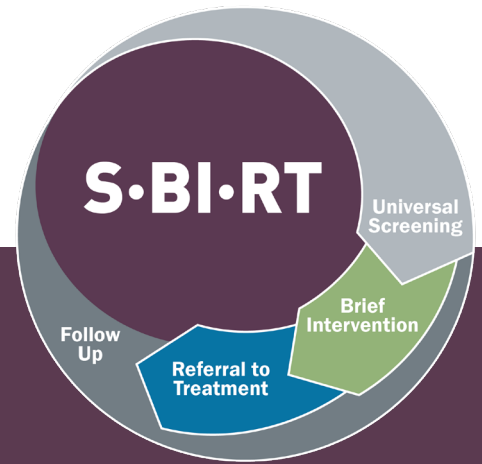


SCREEN & INTERVENE

NEW HAMPSHIRE SBIRT



WHAT IS S-BI-RT?

S-BI-RT – Screening, Brief Intervention and Referral to Treatment – is a simple, cost effective evidence-based approach to systematic universal screening for problematic alcohol and drug use and the routine steps taken to address screening results. S-BI-RT is recognized as a best practice to address substance misuse for a wide range of populations, and S-BI-RT services are reimbursed by both private and public health insurance.

S-BI-RT a standardized public health approach to early identification and intervention for persons with substance use disorders, as well as those who are at risk of developing them, particularly for those who are not seeking help for substance misuse. S-BI-RT represents a process of discrete components that build on the previous ones, as needed. ^{1, 2}

MAJOR COMPONENTS OF S-BI-RT

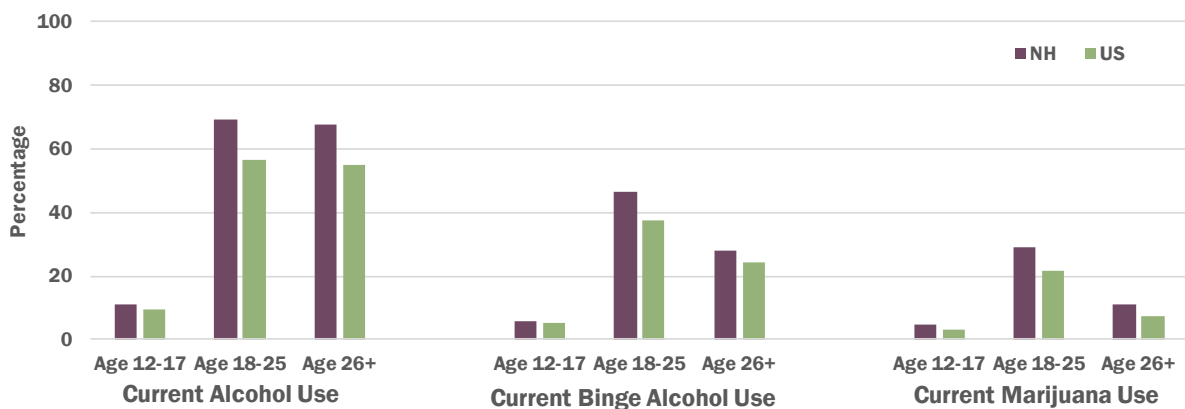
- 1. SCREENING:** Universal, using a standardized and valid screening tool to assess patient’s level of risk
- 2. BRIEF INTERVENTION:** Brief clinical conversation about risk and motivational change using Motivational Interviewing techniques and tools
- 3. REFERRAL TO TREATMENT:** Further assessment for those with a probable diagnosis and high risk current use and behavior, and link to appropriate services

***FOLLOW UP:** An essential component that includes any contact with a patient that closes the loop with the primary care provider regarding screening results, BI, or referral for further assessment.

WHY DOES NH NEED S-BI-RT?

New Hampshire has some of the highest substance misuse rates in the US, significantly higher ($p < 0.05$) than the US across all age groups in past 30-day use of alcohol, binge alcohol, and marijuana use. ³

Current Alcohol Use, Binge Alcohol Use, and Current Marijuana Use by Age Group: NH - US ³

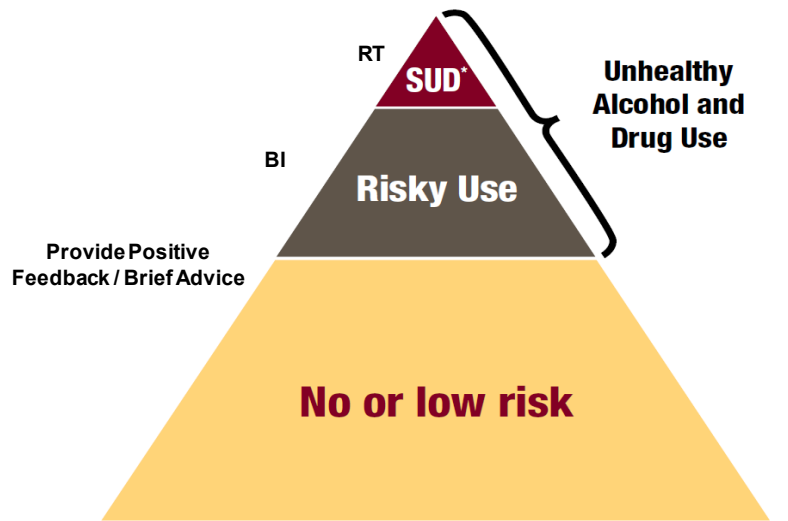


S-BI-RT WORKS!

S-BI-RT ...

- has a high return on investment with a low burden of time and resources on providers.^{4,5}
- has been adapted for use in primary care practices, hospital emergency settings, WIC clinics, dental practices and schools.^{6, 7, 8}
- decreases the frequency and severity of drug and alcohol use.^{4, 9, 10}
- reduces outpatient and emergency department visits.^{4, 9, 10, 11}
- reduces health care costs and yields net cost savings – Multiple studies have shown that investing in S-BI-RT can result in healthcare cost savings that range from \$3.81 to \$5.60 for each \$1.00 spent.^{4, 5, 7, 11, 12, 13}

Brief Interventions reduce injuries, ED visits, hospitalizations, arrests, and motor vehicle accidents.^{11, 14}



*Substance Use Disorders

Studies of universal screening 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 for further assessment.¹⁵

SBIRT Resources

Centers for Disease Control and Prevention, National Center on Birth Defects and Developmental Disabilities. (2014). Planning and Implementing Screening and Brief Intervention for Risky Alcohol Use: A Step-by-Step Guide for Primary Care Practices. Atlanta, Georgia. Available at: <https://www.cdc.gov/ncbddd/fasd/documents/alcoholsbiiimplementationguide.pdf>

NH Center for Excellence (2018). Preventing Youth Substance Misuse through Integrated Primary Care: Strategies for SBIRT Implementation. Available at: http://sbirtnh.org/wp-content/uploads/2018/06/NH-Youth-SBIRT-Implementation-Strategies_6.1.18-1.pdf

NH Center for Excellence (2017). Screen and Intervene: NH SBIRT Playbook. Available at: http://sbirtnh.org/wp-content/uploads/2017/10/S.BL_RT-Playbook_2.1_FB_8.15.17-1.pdf

SAMHSA-HRSA Center for Integrated Health Solutions – <https://www.integration.samhsa.gov/clinical-practice/sbirt>

Substance Abuse and Mental Health Services Administration (2017). Coding for Screening and Brief Intervention Reimbursement. Available at: <https://www.samhsa.gov/sbirt/coding-reimbursement>

Centers for Medicare and Medicaid Services (2019). Medicare Learning Network: Screening, Brief Intervention, and Referral to Treatment Services. Available at: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-NetworkMLN/MLNProducts/Downloads/SBIRT_Factsheet_ICN904084.pdf

Endnotes

1. Including the 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, World Health Organization, US Preventative Services Task Force
2. https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/SBIRT_Factsheet_ICN904084.pdf
3. Source of data: 2016-2017 National Survey on Drug Use and Health
4. Babor TF, Del Boca F, Bray JW (2017) Screening, Brief Intervention and Referral to Treatment: implications of SAMHSA's SBIRT initiative for substance abuse policy and practice. *Addiction* 112 (S2):110-117. doi:10.1111/add.13675
5. Barbosa C, Cowell A, Dowd W, Landwehr J, Aldridge A, Bray J (2017) The cost-effectiveness of brief intervention versus brief treatment of Screening, Brief Intervention and Referral to Treatment (SBIRT) in the United States. *Addiction* 112 (S2):73-81. doi:10.1111/add.13658
6. Agerwala SM, McCance-Katz EF (2012) Integrating Screening, Brief Intervention, and Referral to Treatment (SBIRT) into clinical practice settings: A brief review. *Journal of Psychoactive Drugs* 44 (4):307-317. doi:10.1080/02791072.2012.720169
7. Cowell AJ, Dowd WN, Mills MJ, Hinde JM, Bray JW (2017) Sustaining SBIRT in the wild: Simulating revenues and costs for Screening, Brief Intervention and Referral to Treatment programs. *Addiction* 112:101-109
8. LaFave LR, Bradley M, Murray AR, Pepin AL, Sprangers KS, Thies, KM (2018) Lessons learned from implementing Screening, Brief Intervention, and Referral to Treatment (SBIRT) for youth and young adults in primary care settings. *Integrative Pediatrics and Child Care* 1 (1):8-13
9. Aldridge A, Linford R, Bray J (2017) Substance use outcomes of patients served by a large US implementation of Screening, Brief Intervention and Referral to Treatment (SBIRT). *Addiction* 112 (S2):43-53. doi:10.1111/add.13651
10. Sterling S, Kline-Simon AH, Jones A, Hartman L, Saba K, Weisner C, Parthasarathy S (2019) Health care use over 3 years after Adolescent SBIRT. *Pediatrics* 143 (5):e20182803
11. Fleming MF, Mundt MP, French MT, Manwell LB, Stauffacher EA, Barry KL (2000) Benefit-cost analysis of brief physician advice with problem drinkers in primary care settings. *Medical care* 38 (1):7-18
12. Soderstrom CA, DiClemente CC, Dischinger PC, Hebel JR, McDuff DR, Auman KM, Kufera JA (2007) A controlled trial of brief intervention versus brief advice for at-risk drinking trauma center patients. *Journal of Trauma and Acute Care Surgery* 62 (5):1102-1112
13. Paltzer J, Brown RL, Burns M, Moberg DP, Mullahy J, Sethi AK, Weimer D (2016) Substance use Screening, Brief Intervention, and Referral to Treatment among Medicaid patients in Wisconsin: Impacts on healthcare utilization and costs. *The Journal of Behavioral Health Services & Research*:1-11. doi:10.1007/s11414-016-9510-2
14. Gentilello LM (2007) Alcohol and injury: American College of Surgeons Committee on trauma requirements for trauma center intervention. *Journal of Trauma and Acute Care Surgery* 62 (6):S44-S45
15. Indiana SBIRT (2019) Available at: <https://www.indianasbirt.org/administrators-research>