

Screening, Brief Intervention, and Referral to Treatment with eSBIRT ('ēz'birt)

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Why is SBIRT Important to Us?

- Substance misuse is common, deadly, and treatable.
- The attention we give to substance misuse is not proportional to its prevalence, relevance to general health and our ability to intervene effectively.

Trauma is the leading cause of death (between 1 and 40)

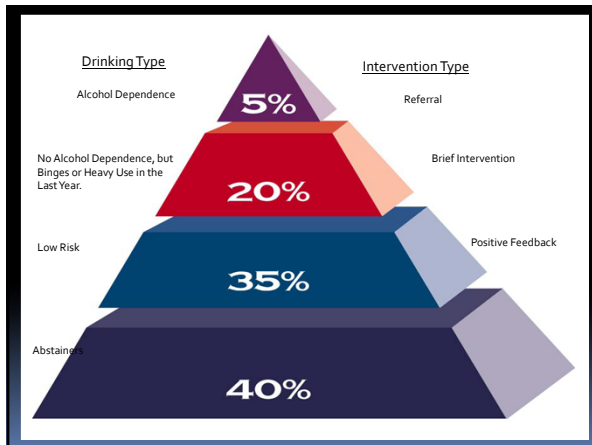
- 40% of motor vehicle crash deaths involve alcohol
- 40% of pedestrians killed had been drinking
- Trauma center patients with positive blood alcohol concentrations:
 - 50% of men
 - 40% of women

Leading Causes of Preventable Death in the United States

Table 2. Actual Causes of Death in the United States in 1990 and 2000

Actual Cause	No. (%) in 1990*	No. (%) in 2000
Tobacco	400 000 (19)	435 000 (18.1)
Poor diet and physical inactivity	300 000 (14)	400 000 (16.6)
Alcohol consumption	100 000 (5)	85 000 (3.5)
Microbial agents	90 000 (4)	75 000 (3.1)
Toxic agents	60 000 (3)	55 000 (2.3)
Motor vehicle	25 000 (1)	43 000 (1.8)
Firearms	35 000 (2)	29 000 (1.2)
Sexual behavior	30 000 (1)	20 000 (0.8)
Illicit drug use	20 000 (<1)	17 000 (0.7)
Total	1 060 000 (50)	1 159 000 (48.2)

*Data are from McGinnis and Foege.¹ The percentages are for all deaths.



Partnership for Prevention Ranking Ten Most Effective Prevention Services

1. Discuss daily aspirin use
2. Childhood immunizations
3. Smoking cessation advice and help to quit
4. **Alcohol screening and brief counseling**
5. Colorectal screening
6. Hypertension screening and treatment
7. Influenza immunization
8. Vision screening
9. Cervical cancer screening
10. Pneumococcal immunizations

<http://www.prevent.org>

What is SBIRT?

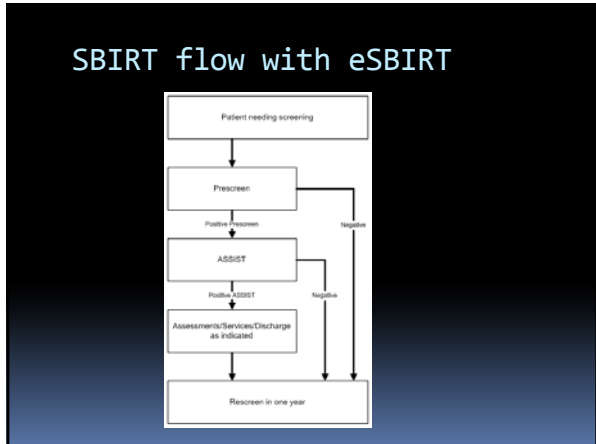
- Evidenced based indicative primary prevention program for addressing risky substance use
- Integrated into general medical and other community settings
- Key elements:
 - Screen everyone
 - Brief Intervention when indicated
 - Referral for Treatment as needed
- Uses a public health model incorporating population screening and brief interventions into routine practice
- As part of a continuum of care its primary focus is on the more common risky drinking and drug use rather than alcohol or drug dependence.

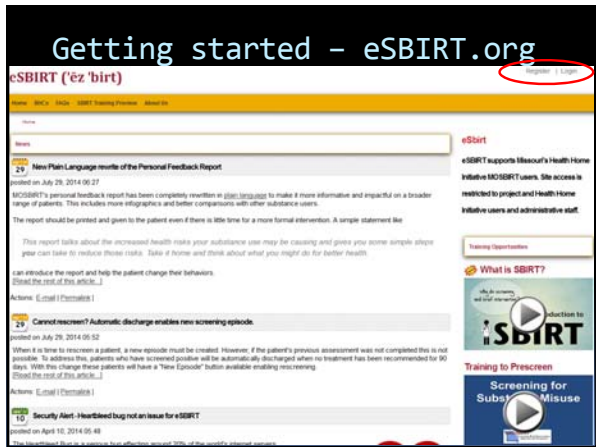
Why SBIRT in Medical Settings?

- Health care providers are key gatekeepers
- Most patients with substance misuse are not detected by physicians
- Medical setting offers a "teachable moment"
- Provides the opportunity to reinforce low risk substance use
- Can help with medical management of individual cases
- Earlier intervention
 - Reduces future medical cost
 - Reduces time in more intensive care
 - Prevents health problems
 - Prevents progression to substance abuse

eSBIRT

A performance support system
to help *you* provide
evidence based
Screening,
Brief Intervention, and
Referral to Treatment
(SBIRT)





Registration Process

- Register
 - Immediate access to certification training.
- Verification
 - Check your name and email address against the health home list.
 - Agency's Health Home Director contacted if you are not on the list.
 - Email is sent when you have been verified and access to the clinical data has been authorized.

Password

- Requirements
 - Nine characters
 - Upper case (at least one)
 - Lower case (at least one)
 - Number (at least one)
 - Special character (at least one)

NOTE: These requirements are included on the site's registration page.

Searching & Entering Patient

Name	ID	Sex	DOB	Screen	Activity	Rx	Notes
Test, Raj	1201260	F	05-02-75	09/27/12	Discharged	BC	
Test, Test	020338	F	12-17-67	10/11/12	Discharged	RT	

Person

1. What is your gender?

2. Are you Hispanic or Latino? Yes No REFUSED

What ethnic group do you consider yourself? Please answer yes or no for each of the following.

Central American Yes No REFUSED

Cuban Yes No REFUSED

Dominican Yes No REFUSED

Mexican Yes No REFUSED

Prescreen

Recommendation

Your Health Report

Is your substance use hurting your health?

Dear,
Like most women you face a lot of responsibilities and decisions every day. I hope include how you take care of yourself and your future. I am in for your mother, it seems like everyone has an opinion or advice about how to be healthy.

In this report, we want to help you learn how your current substance use might be hurting your health.

Based on what you told us, this report will answer these questions:

- What health problems do I face?
- How do I compare to others?
- What can I do to improve my health and lower my chances of getting hurt?

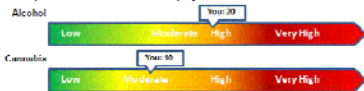
This report covers health risks and problems from your:

- Alcohol use
- Cannabis use

We will offer you many ways to change. If you decide to make some changes, you will be taking better care of yourself and your future. Change requires you to make difficult choices - and no single choice is right for everyone. The choice is up to you.

Your Substance Use Risk Levels

How we assess your health on a scale from Low to Very high risk



Compare your drinking to others

The chart compares your drinking with women your age in Missouri and the US.

Joan, each day you drink more than most people who drink in Missouri and the US.

Based on what you have told us, you fall into the **Binge group (more than 3 drinks a day)**. In the last three months you report binge drinking weekly.

Your estimates

On average, do people really drink as much as you think they do? The chart also shows how much you think other people drink. Let's look:

- Drinks per day** - On days that you drink, you have 4 drinks and your estimate is that others have 5 drinks. Your estimate is too high, in the US, the average female your age drinks less than 2 drinks on days that they drink.
- Drinking days a week** - You said that you drink 6 days a week and you think that others drink 6 days a week. Your estimate is too high, in the US, the average female between the ages of 51 and 66 drinks less than 3 days a week.

So women your age drink fewer days a week and, when they do drink, they drink fewer drinks than you think they do.

Change tips for each drug

Joan's tips for safer alcohol use:

- Pace and space.** When you do drink, pace yourself. Sip slowly. Have no more than one standard drink with alcohol per hour. Have "drink spacers"—make every other drink a non-alcoholic one, such as water, soda, or juice.
- Keep track** of how much you drink. Note each drink right before you drink it—this may help you slow down. Find a way that works for you: carry drinking tracker cards in your wallet; make check marks on a kitchen calendar; or enter notes in a mobile phone notepad or personal digital assistant.
- Set goals.** Decide how many days a week you want to drink and how many drinks you'll have on those days. It's a good idea to have some days when you don't drink.
- Know your "no."** You're likely to be offered a drink at times when you don't want one. Have a polite "no, thanks" ready. The faster you can say no to these offers, the less likely you are to give in. If you hesitate, it allows you time to think of excuses to go along.

Readiness To Change based advice

How can I start to change my alcohol use?

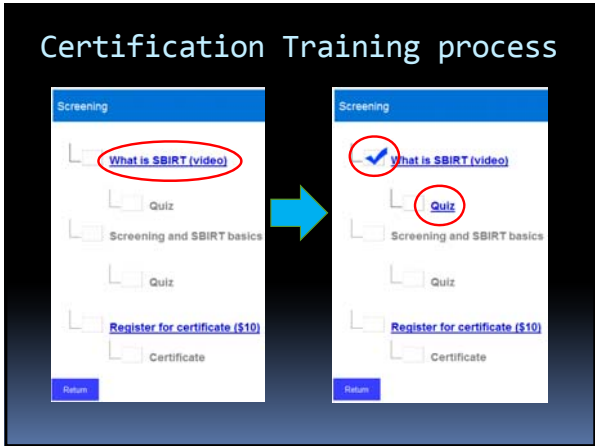
You may already be taking action to change your alcohol use.

It takes time and energy to make your vision a reality. As you make changes, here are some questions that might help:

- On what date will I start to make a change? Share that date with others.
- How do I measure my success? Set small goals.
- What are the warning signs that a setback might happen?
- What plans do I have for situations that make me want to drink as I used to?
- What has worked to help lower or stop my drinking? Try these things again.

How can I keep up with the changes I already made to my drink use behavior?

Certification Training process



Questions?

- eSBIRT.org
 - FAQs
 - BHC specific information and links
- webmaster@mimh.edu
- matthew.hile@mimh.edu

This has been an
MIMH production