

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 the ages of 1 and 40)

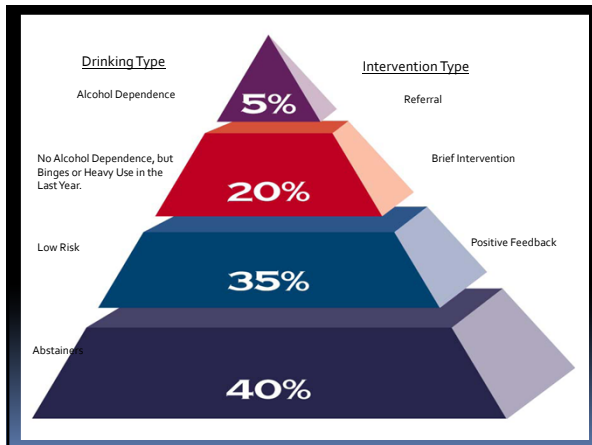
- 40% of motor vehicle crash deaths involve alcohol
- 40% of pedestrians killed had been drinking
- Trauma center patients with positive blood alcohol concentrations:
 - 50% of men
 - 40% of women

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.

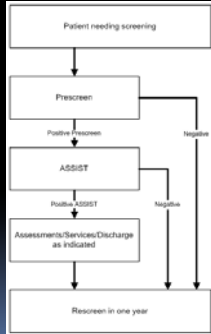
Why SBIRT in Medical Settings?

- 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)

SBIRT flow with eSBIRT



Medical Health Homes collect prescreen in their EMRs.

Staff do not use eSBIRT for negative prescreens. Negative prescreens are uploaded to Azara who sends it to MIMH to be imported into eSBIRT.

eSBIRT is used only for those who are more likely to need intervention.

Prescreen

Recommendation

Your Health Report

Is your substance use hurting your health?

Joan

If the small screen you face is full of responsibilities and decisions every day. These include how you take care of yourself and your future. From Dr. Oz to 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 problem do I face?
- How do I compare to others?
- What can I do to improve my health and lower my chances of getting hurt?

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 different choices and no single choice is right for everyone. The choice is up to you.

This report covers health risks and problems from your:

- Alcohol use
- Cannabis use

Your Substance Use Risk Levels

Here is where you fall on a scale from Low to Very high risk.

Compare your drinking to others

Category	Average Drinks Each Day
Missouri	2
US	2
Your Estimate	5

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? I try these things again.

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

Sessions

Text Sheet (1203201)

Brief Education (Instructions)

FRAMES: Feedback, Responsible for own behavior, give clear Advice, provide Menu of change options, Empathetic style, support Self-efficacy).

1. Orientation: welcome and rational
2. Administer screening tools
3. Report building – focus on strengths (use empathy, support self-efficacy)
4. Print & Review Personal Feedback Form
5. Feedback screening results – focus on concerns
6. Give clear advice (with permission) that the best way to reduce the risk is to cut down or stop use of substance causing risk.
7. Provide and/or elicit a menu of alternatives for change
8. Summarize session
9. Emphasize that the individual is responsible for their own behavior

----- QUESTIONS TO ASK THE PATIENT -----

1. How effective do you think you will be making some changes:

2. How motivated are you to make changes:

3. Next Service Date:

Next Location:

----- QUESTIONS TO ASK YOURSELF -----

4. Current Service Type:

5. Current Service Date:

6. Staff:

7. Attendance:

8. Location:

9. Participation:

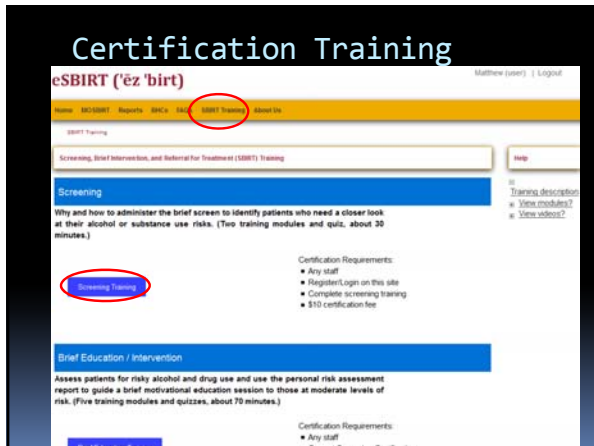
10. Homework Completed:

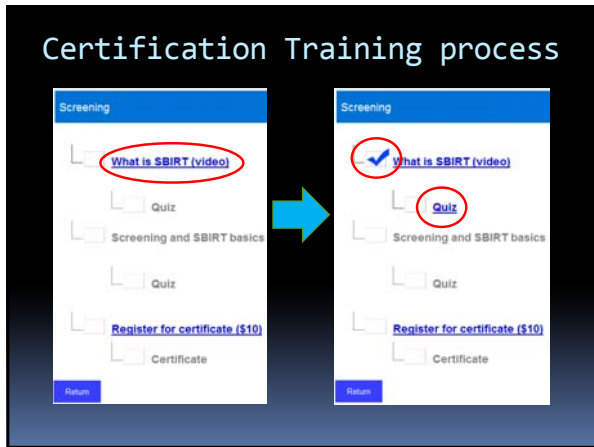
11. Since the last meeting have they made changes in their drug or alcohol use:

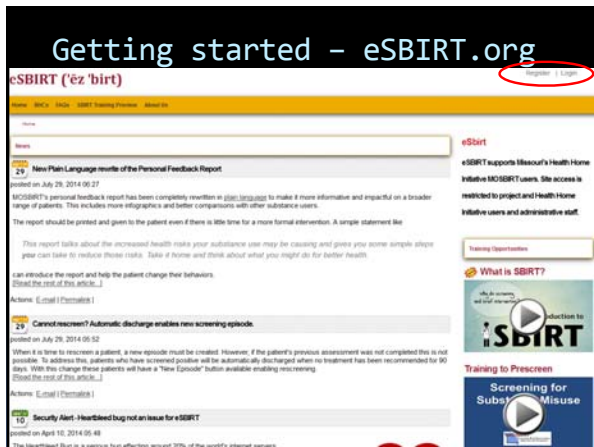
12. Next Service Type:

Certification Training

- Screening
 - Why and how to administer the brief screen to identify patients who need a closer look at their alcohol or substance use risks. (Two training modules and quiz, about 30 minutes.)
- Brief Education/Intervention
 - Assess patients for risky alcohol and drug use and use the personal risk assessment report to guide a brief motivational education session to those at moderate levels of risk. (Five training modules and quizzes, about 70 minutes.)
- Brief Coaching
 - Coach patients with significant alcohol and drug use risks in a 6 session manualized process using motivational enhancement and cognitive behavioral therapy techniques. (Training modules, quiz, sample recording and phone/Skype feedback session, about 4 hours.)







Staff Registration Process

- Register
 - User selected ID/PW
 - Verification of email address
 - Immediate access to certification training
- Site Data Access
 - Check name and email address against the health home list
 - Agency's Health Home Director contacted if not on the list
 - Email is sent when access to the clinical data has been authorized

Questions?

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

This has been an
MIMH production