Teaching Medical Learners about Substance Abuse Screening, Brief Intervention, and Referral to Treatment

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Training Grant

• Georgia Regents University Interprofessional Substance Abuse Training (GRISAT)
  – Funded by Substance Abuse and Mental Health Services Administration (SAMHSA) – Sept 2015
  – SBIRT Training grant program started in 2008
  – 60+ Training grants funded in 3rd round
  – 13 more funded in 2016
Participating Augusta University programs

- Psychology Masters Program
- Psychology Postdocs, Interns, Fellows
- Psychiatry Residency
- Advanced Practice Nursing Programs
- Family Medicine Residency
- Medical Students (throughout curriculum)

- Recently added the Physician Assistant Program
- Possible future additions - Emergency Medicine and Internal Medicine residencies
Aims

• To integrate existing SBIRT curriculum into the didactic and clinical practice experiences of participating programs
• To train students in each of these programs the skills needed to provide SBIRT services to patients
• To implement SBIRT in one or more clinical training sites utilized by each of the participating programs
• To ensure the successful continuation of SBIRT by promoting its use in clinical practices throughout the state
  – inter-professional regional trainings
  – online continuing education opportunities
  – ongoing advocacy at the state and local level
Why is this important?

- Alcohol and drug misuse are common
- Alcohol and drug misuse are serious
- Alcohol and drug misuse are expensive
Alcohol and drug misuse are common

- Alcohol use:
  - Accounts for 4% of the global burden of disease.
  - Is 8th among global risk factors for death.
  - In the U.S. it is the 3rd leading cause of death and disability.
  - For those age 15 – 59 it is the leading cause of death and disability.
  - Cancer accounts for 21.6% of all alcohol attributable deaths.

Source: WHO (2011)
Low Risk Alcohol Use

Current Binge and Heavy Alcohol Use:
Persons Aged Twelve or over by age group 2012

Source: National Survey on Drug Use and Health 2012
US Drug Use Prevalence 2012

Source: National Survey on Drug Use and Health (2013)
National Overdose Deaths
Number of Deaths from Prescription Opioid Pain Relievers

Source: National Center for Health Statistics, CDC Wonder
National Overdose Deaths

Number of Deaths from Heroin

Source: National Center for Health Statistics, CDC Wonder
Alcohol and drug misuse are serious

• Increased risk for—
  • Injury/trauma
  • Criminal justice involvement
  • Social problems (date rape, DUI, STIs, unintended pregnancies)
  • Mental health consequences (e.g., anxiety, depression)
  • Increased absenteeism and accidents in the workplace


• > 65 diseases/conditions associated with or caused by harmful use of alcohol. (Warren & Murray, 2013)
• More than 100,000 deaths/year attributable to alcohol/drug misuse.

Source: WHO (2011)
Medical and Psychiatric Harm of High-Risk Drinking

The Evidence Indicates That Moderate-Risk Account for More Problems than High-Risk Drinkers
Alcohol and drug misuse are expensive

- Economic cost alcohol and drug misuse in US estimate at $373 Billion annually.
- Less than 5% of cost related to Prevention and Treatment.
- Majority of costs are societal burden (lost productivity, crime, destruction of property, etc.)

Source: US DOJ (2011) Economic Impact of Illicit Drug Use on American Society;
NIAAA (2000) 10th Special Report to US Congress on Alcohol and Health
Historic Response to Substance Use

• Previously, substance use intervention and treatment focused primarily on substance abuse universal prevention strategies and on specialized treatment services for those who met the abuse and dependence criteria.

• There was a significant gap in service systems for at-risk populations.
Shifting the Paradigm

- From detection of alcohol use disorders to identification of health risk.
What is SBIRT?

An evidence-based intervention based on “motivational interviewing” strategies

- **Screening** quickly assesses the severity of substance use

- **Brief Intervention** focuses on increasing motivation toward behavioral change.

- **Referral to Treatment** provides referral to those identified as needing more extensive treatment
Basis for Implementation of SBIRT into Healthcare settings

- Most people who misuse alcohol do not seek treatment at addiction treatment programs

- Most people who misuse alcohol do require care for other health issues
  - Alcohol-related health issues may be chronic or acute

- When properly implemented in healthcare settings, SBIRT identifies both abuse/dependence (4-5% of population) and at-risk use (occasional binge drinking or high levels of daily drinking) (20-25% of population)

- At-risk users respond best to SBIRT services
  - Can prevent future long-term health consequences
Example of an SBIRT intervention

https://www.youtube.com/watch?v=ONPlsxurlJg
Brief Intervention Works!

• Strongest evidence in Primary Care Settings

• SBIRT meta-analyses & reviews:
  – More than 34 randomized controlled trials
  – Focused primarily on at risk and problem drinkers
  – Result in 10-30% reduction in alcohol consumption at 12 months

Moyer et al, 2002; Whitlock et al, 2004; Bertholet et al, 2005; Kaner et al, 2007; Sullivan et al. 2011
Other Benefits of BI in At-Risk Drinkers – Healthcare and Societal Costs

Decreases risk of major trauma, ER visits, recurrent hospitalization, and future DUI’s

Gentilello et al, 1999; Fleming et al, 2002; Schermer et al, 2006

US Preventive Services Task Force: SBIRT Recommended for All Adult PC Patients

- **Class B recommendation**
  - Flu shots
  - Cholesterol screening
  - SBIRT

- “**good evidence** that screening in primary care can accurately identify patients whose levels of alcohol consumption…place them at risk for increased morbidity and mortality”

- “**good evidence** that brief behavioral counseling interventions…produce small to moderate reductions in alcohol consumption”

http://www.ahrq.gov/clinic/uspstf/uspsdrin.htm; USPSTF, 2004
# Most Useful Preventive Services

<table>
<thead>
<tr>
<th>Ranking</th>
<th>Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aspirin (Men 40+; Women 50+)</td>
</tr>
<tr>
<td>2</td>
<td>Childhood immunizations</td>
</tr>
<tr>
<td>3</td>
<td>Smoking cessation</td>
</tr>
<tr>
<td>4</td>
<td>Alcohol Screening &amp; intervention</td>
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<tr>
<td>5</td>
<td>Colorectal cancer screening &amp; treatment</td>
</tr>
<tr>
<td>6</td>
<td>Hypertension screening &amp; treatment</td>
</tr>
<tr>
<td>7</td>
<td>Influenza Vaccination</td>
</tr>
<tr>
<td>9</td>
<td>Cervical cancer screening</td>
</tr>
<tr>
<td>10</td>
<td>Cholesterol screening (men 35+: women 45+)</td>
</tr>
<tr>
<td>12</td>
<td>Breast cancer screening</td>
</tr>
<tr>
<td>18</td>
<td>Depression screening</td>
</tr>
<tr>
<td>21</td>
<td>Osteoporosis screening</td>
</tr>
<tr>
<td>23</td>
<td>Diabetes screening - adults</td>
</tr>
</tbody>
</table>

For rankings: 1=highest

SBIRT is endorsed by Important Payers and Policymakers
Most adults have not talked with a doctor, nurse, or other health professional about how much they drink.

At least 38 million adults drink too much and most are not alcoholics. Drinking too much includes binge drinking, high weekly use, and any

1 in 6

Only 1 in 6 adults talk with their doctor, nurse, or other health professional about their drinking.
Where are medical students learning SBIRT?

• Year 1 students
  – Didactic training in Physical Diagnosis using online video modules
  – Live Brief Intervention practice with standardized patient exhibiting at-risk drinking
  – PBL case with patient exhibiting possibly dependent drinking

• Year 2 students
  – Brief intervention refresher using computer-based simulated patient
  – PBL case – patient with cirrhosis

• Year 3 students
  – Clinical practice in clerkship rotations
  – Module on prescribing/monitoring chronic pain patients
What we’ve learned from years of teaching SBIRT

• One time didactic training is necessary but not sufficient for learning SBIRT
  – Students need opportunity to develop skills through simulated patients as well as clinical practice
  – As preceptors and group facilitators your assistance is critical
• Some students will, understandably, express ambivalence
  – Most common reasons for ambivalence
    • Their own alcohol use behavior
    • Concern about time (common in residents)
    • Cost
Resident Binge Drinking

Past 12 months:
- All adults: 26.5%
- Adults 26-35: 35.7%
- Residents: 49.7%

Past month:
- Residents: 17.6%
Comparing female residents and APRN students

Past Year and Past Month At-risk Drinking – Females

- Past Year: 44.8% (APRN Students), 44.4% (Residents)
- Past Month*: 25.7% (APRN Students), 11.1% (Residents)
Addressing the issue of time

• Every BI doesn’t have to be perfect
• Think of it as “planting a seed” by raising awareness

• [https://adept.missouri.edu/Resources.aspx](https://adept.missouri.edu/Resources.aspx)
Coding & Billing

• SBIRT services are reimbursable
• Though not all codes are billable in all states
<table>
<thead>
<tr>
<th>Payer</th>
<th>Code</th>
<th>Description</th>
<th>Fee Schedule</th>
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<tbody>
<tr>
<td><strong>Commercial Insurance</strong></td>
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<tr>
<td></td>
<td>CPT 99408</td>
<td>Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes</td>
<td>$33.41</td>
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<td>CPT 99409</td>
<td>Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes</td>
<td>$65.51</td>
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<td><strong>Medicare</strong></td>
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<td></td>
<td>H0049</td>
<td>Alcohol and/or drug screening</td>
<td>$24.00</td>
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<tr>
<td></td>
<td>H0050</td>
<td>Alcohol and/or drug service, brief intervention, per 15 minutes</td>
<td>$48.00</td>
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http://sbirt.samhsa.gov/coding.htm
What can we do?

• Be supportive of our efforts – encourage development of these skills in students across the health professions
• Be familiar with SBIRT – if precepting or leading PBL group know the terminology, know what a good BI should look like
• Complete an online training – abbreviated and free CME
• Attend an in-person training – full-day for CME credit
• Join the team – the more the merrier
• Implement SBIRT in your clinical setting – We’ll be glad to help
Questions