

# SBIRT COLORADO

## A change in thinking. FOR BETTER HEALTH. FOR BETTER HEALTHCARE.

### IMPLEMENTING SBIRT IN VARIOUS CLINICAL SETTINGS

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### PRESENTATION OBJECTIVES

- Describe Screening, Brief Intervention and Referral to Treatment (SBIRT) and the evidence supporting SBIRT, including data and outcomes collected through the SBIRT initiatives in the states of Massachusetts, and Colorado
- Formulate practical methods for implementing SBIRT into practice in emergency departments, inpatient, primary care, and HIV/AIDS clinical and community-based settings
- Examine solutions to common perceived barriers
- Devise methods for sustaining SBIRT in a variety of settings

### WHY SBIRT?

More than 72 medical conditions have risk factors related to substance use. In the US, tobacco is the leading cause of preventable death, and alcohol is the third leading cause. Approximately 30% of adults in the US use too much alcohol at least one time per year; and 5% of adults are alcohol dependent.

While most of the attention given to alcohol and drug issues in the US has been focused on alcohol and illicit drug users who meet the clinical criteria for substance dependence, risky users incur more adverse consequences and costs at the population level. Even if they are not dependent on alcohol, people who drink above the recommended guidelines—up to one drink per day for women and up to two drinks per day for men—face a number of health risks. A risky drinker is someone who is not dependent on alcohol, but who has a drinking pattern that can lead to a variety of health consequences, alcohol-related traffic and other accidents, and alcohol-involved violence. Risky drinkers, though individually less likely to experience alcohol-related problems than those who are alcohol-dependent, make up the greater portion of the general population; thus more harm is caused by the population of risky drinkers. SBIRT provides the opportunity to intervene with this group to prevent serious consequences.



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## WHO WE ARE

### Our process

Our goal is to provide universal screening of patients age 18 and older using four to five prescreen questions. For those who score positive on the prescreen, the World Health Organization's Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST) is administered. The ASSIST score determines who receives a brief intervention and who receives a referral for further assessment from a specialized treatment provider.

### SBIRT Colorado

- Clinical sites: seven hospitals; three community health centers; one urgent care clinic; one Sexually Transmitted Disease clinic; one dental practice; eight HIV treatment and care settings
- Development and dissemination of a clinical guideline and quality improvement activities
- Since 2006, 90,000 patients screened: 61% no or low risk; 23% tobacco only; 11% brief intervention for alcohol and drug use; 2% referred to brief therapy; 3% referred to specialty treatment

### MASBIRT

- Clinical sites: three hospitals; five community health centers; three urgent care clinics; two emergency departments; three dental practices, two eye clinics; one renal transplant unit; two adolescent clinics, serving ages 12 and up
- HPA model well accepted and being considered for sustainable models. Technology-enhanced models tested
- Since 2006, 98,000 patients screened: 71% no or low risk; 11% tobacco only; 15% brief intervention only for alcohol and drug use; 1% referred to brief therapy; 2% referred to specialty treatment

## LESSONS LEARNED

### Preparation

- Know your population
- Build buy-in/sell the concept
- Provide education to staff
- Identify the champion
- Dispute common misperceptions
- Anticipate barriers for each setting

### Training

- Identify roles for staff
- Tailor for setting
- Utilize incentives
- Address confidentiality/privacy concerns
- Identify script for introducing SBIRT to patients

## Implementation

- Establish clear protocols for workflow
- Document SBIRT in electronic health record systems
- Establish referral networks
- Capitalize on key facilitators for each setting

## Monitoring

- Develop protocol for ongoing monitoring of fidelity to and adherence to protocols
- Utilize quality improvement activities
- Comply with mandates from regulatory organizations

## Sustainability

- Develop policies that encourage sustainable practice
- Share results with stakeholders
- Maintain effective referral networks
- Utilize billing codes
- Engage state and federal agencies
- Develop plan for ongoing training due to staff turnover
- Link to patient safety and patient satisfaction
- Outreach healthcare professional training programs

## Future Directions

- Identify funding for ongoing training and technical assistance
- Engage employers and employee assistance programs
- Build partnerships with nontraditional partners, including social service agencies, local public health departments, and community-based prevention organizations

## CONTACT US

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