

Motivational Interviewing and SBIRT to Address Substance Misuse

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Credits

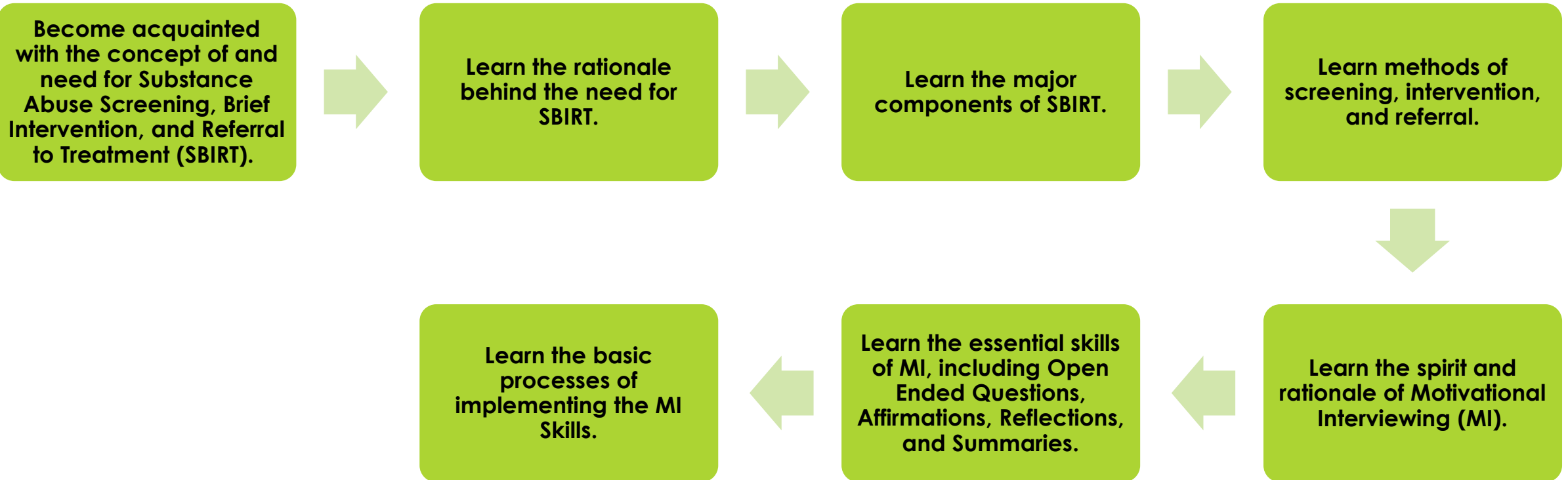
- ▶ Slides originally developed by Stephen H. O'Neill, M.A.
 - ▶ ClearLight Training and Consulting

Objective

- ▶ This webinar will describe and demonstrate how motivational interviewing can provide techniques for encouraging patient-driven outcomes.

WORKSHOP OBJECTIVES

► During this webinar participants will:



What is SBIRT?

SBIRT is a comprehensive, integrated, evidence-based approach to the delivery of early intervention and treatment services for individuals who have substance use problems or at risk for them.

► Adapted from Burge, et al, 2009

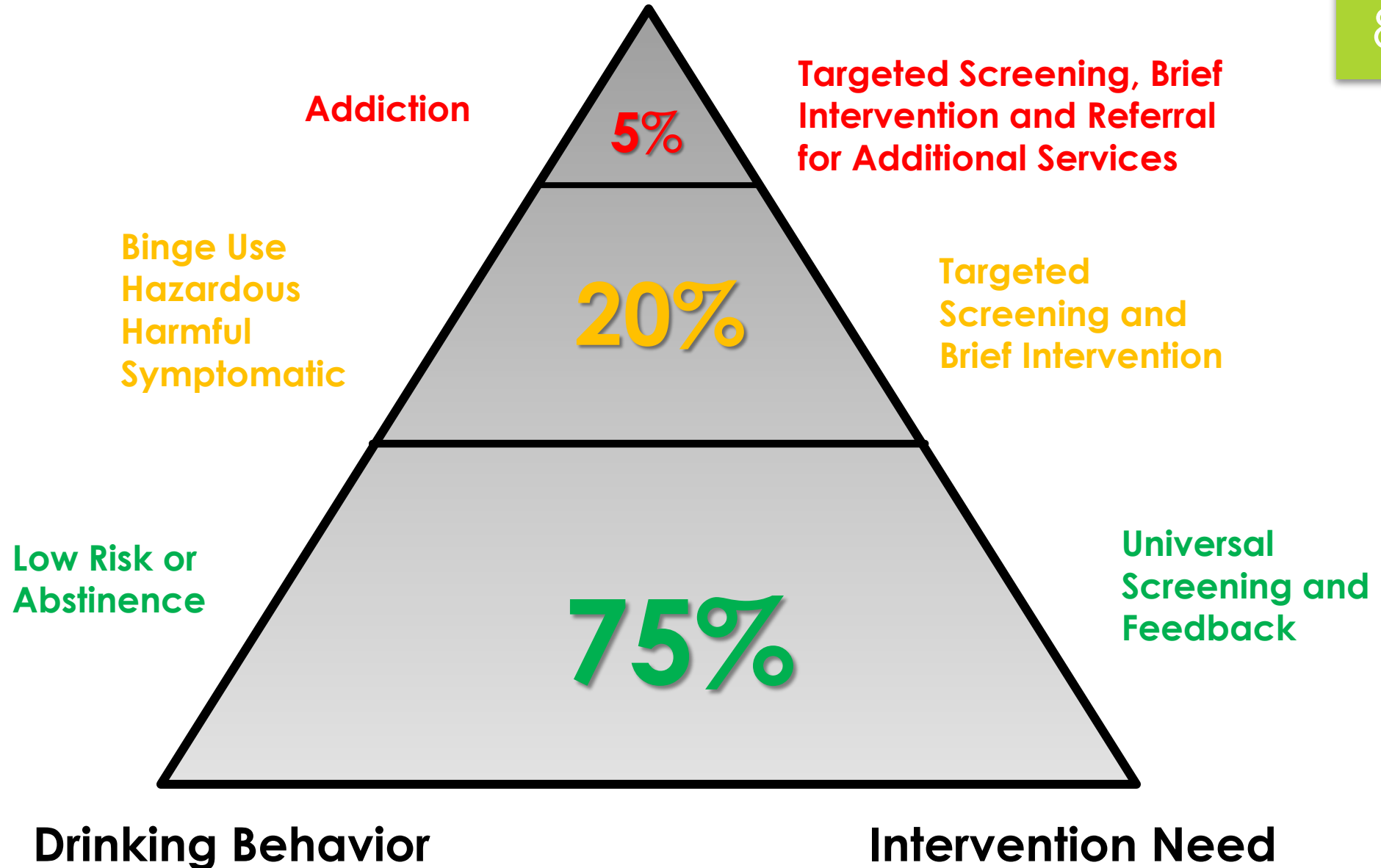
Why SBIRT?

- ▶ At-risk drinking is common.
- ▶ At-risk drinking increases risk for trauma and other health problems.
- ▶ At-risk drinking exacerbates chronic health problems.
- ▶ At-risk drinking often goes undetected.
- ▶ Patients are more open to change than you might expect.
- ▶ You can make a difference!

▶ Adapted from Burge, et al, 2009

Concept

**SBIRT REQUIRES US TO
RE-CONCEPTUALIZE OUR
UNDERSTANDING OF
SUBSTANCE USE PROBLEMS.**



Research

**RESEARCH INDICATES THAT SBIRT
REDUCES SUBSTANCE USE,
INCREASES ABSTINENCE,
IMPROVES OUTCOMES, AND
REDUCES COSTS.**

Reductions in Cost

- ▶ Cost savings for Medicaid Aged, Blind, and Disabled Patients of \$271, per patient, per month (Estee, et al, 2008).
- ▶ Cost savings of \$89 for every patient screened and \$330 for every patient who received a brief intervention (Gentilello, et al, 2005).
- ▶ Health savings were \$3.81 for every \$1.00 expended (Gentilello, et al, 2005).

Nursing Involvement

- ▶ Clinicians were 12x more likely to intervene if nurses screened for at-risk drinking as part of vital signs.
- ▶ Clinicians were 3x more likely to intervene with at-risk drinkers if given alcohol assessment results by the nurse.
 - ▶ Seale, et al, 2005; Seale, et al, 2010

Support

**THERE IS INCREASING
SUPPORT FOR SBIRT
AS A
STANDARD OF PRACTICE.**

On the Record

- ▶ American Medical Association.
- ▶ American College of Surgeons-Committee on Trauma.
- ▶ White House Office of National Drug Control Policy.
- ▶ Joint Commission.
- ▶ National Highway Traffic Safety Administration.
- ▶ American Academy of Family Physicians.
- ▶ World Health Organization.
- ▶ United States Preventative Services Task Force.
- ▶ American Psychiatric Association.
- ▶ Emergency Nurses Association.
- ▶ Department of Health and Human Services/HRSA/SAMHSA.
- ▶ National Institute on Drug Abuse.
- ▶ National Institute on Alcohol Abuse and Alcoholism.
- ▶ American Academy of Pediatrics.

Screening

**SCREENING
IS A VALID AND RELIABLE WAY
TO IDENTIFY
AT RISK SUBSTANCE USE.**

Learning from Public Health

- ▶ The public health system of care routinely screens for potential medical problems (cancer, diabetes, hypertension, tuberculosis, vitamin deficiencies, renal function), provides preventative services prior to the onset of acute symptoms, and delays or precludes the development of chronic conditions.

Screening Does Not Provide

A Diagnosis

Screening Does Provide

- ▶ Immediate rule out of no risk/low risk users.
- ▶ Immediate identification of levels of risk.
- ▶ A context for discussion.
- ▶ Information on involvement.
- ▶ Insight into areas where substance use is problematic.
- ▶ Identification of patients who would likely benefit from a brief intervention.
- ▶ Identification of patients who are most likely in need of a higher level of care.

Two Levels of Screening

Universal:

- Provided to all adult patients.
- Serves to rule-out patients who are at low or no-risk.
- Can (should) be done at intake or triage.
- Positive universal screen = proceed with full screen.

Targeted:

- Provided to specific patients (alcohol on breath, positive BAL, suspected alcohol/drug related health problems).
- Provided to patients who score positive on the universal screen.

Universal Screening

- ▶ The NIAAA single question screen:

In the past year how many times have you had 5 or more drinks (men under 65) or 4 or more drinks (men over 65 and woman) in a day?

In the past year how many times have you used recreational drugs or prescription drugs other than how they were prescribed by your physician?

Recommended Screening Tools

- ▶ Alcohol Use Disorders Identification Test (AUDIT).
- ▶ Drug Abuse Screening Test -10 (DAST).

Full Screen - AUDIT

- ▶ Created by the World Health Organization.
- ▶ Comprised of 10 multiple choice questions.
- ▶ Simple scoring and interpretation.
- ▶ Provides 4 zones of risk and intervention based on score.
- ▶ Valid and reliable across different cultures.
- ▶ Available in numerous languages.
- ▶ Public Domain.

Full Screen DAST-10

- ▶ Comprised of 10 multiple choice questions.
- ▶ Simple scoring and interpretation.
- ▶ Provides 4 levels of risk and intervention based on score.

Intervention

**AN INTERVENTION
CAN BE COMPLETED IN
LESS THAN 5 MINUTES.**

Three Types of Intervention

- ▶ **Feedback only**

- ▶ Provided to abstinent and low risk patients.

- ▶ **Brief Intervention**

- ▶ Provided to moderate and high patients.

- ▶ **Referral to a higher level of care**

- ▶ Provided to patients who are likely dependent.

Referral

**COMMUNITY RESOURCES
ARE AVAILABLE
TO PROVIDE
HIGHER LEVELS OF CARE
TO THOSE IN NEED.**

Referral to Treatment

Based on your score I would like to refer you to a specialist for further screening to ensure we do everything possible to help you resolve this issue.

Implementation

**SBIRT CAN BE
IMPLEMENTED IN ANY
SIZE PRACTICE.**

A Numbers Game

- ▶ For every 100 patients you screen:
 - ▶ 80 will be negative on the universal screen.
 - ▶ 20 will be at risk.
 - ▶ 6 will be low risk (screening and feedback)
 - ▶ 10 will be moderate or high risk (brief intervention).
 - ▶ 4 will be likely be dependent (referral).

SBIRT Components

Universal Screening

- For all patients (NIAAA single question).

Targeted Screening

- AUDIT/DAST-10 (For all patients who are positive on the single question screen).

Feedback

- For all patients who are no or low risk.

Brief Intervention

Referral

- For all patients needing or wanting more help.

Follow-up

- Re-assessment and reinforcement at follow-up visits.

Reimbursement

**SBIRT SERVICES
CAN BE BILLED TO
MEDICAID, MEDICARE,
AND, PRIVATE CARRIERS.**

Commercial and Medicare

Payer	Code	Description	Fee
Commercial Insurance	CPT 99408	Alcohol and/or substance abuse screening and brief intervention services 15 to 30 minutes.	\$33.41
Commercial Insurance	CPT 99409	Alcohol and/or substance abuse screening and brief intervention services greater than 30 minutes.	\$65.51
Medicare	G396	Alcohol and/or substance abuse screening and brief intervention services 15 to 30 minutes.	\$29.42
Medicare	G397	Alcohol and/or substance abuse screening and brief intervention services greater than 30 minutes.	\$57.69

Conclusions

**SBIRT
IS A VALID
STANDARD OF PRACTICE
FOR ALL PHYSICIANS.**

Remember!

- ▶ SBIRT is evidence-based with significant supporting research.
- ▶ At risk drinking is common and often goes un-detected.
- ▶ Alcohol use is the 3rd leading cause of preventable death in the U.S.
- ▶ Numerous stakeholders are on record supporting SBIRT.
- ▶ SBIRT is reimbursable.
- ▶ Less than ½ of all problem drinkers are identified by their PC physician.
- ▶ Universal screening can be conducted in under 30 seconds.
- ▶ Full screening can be conducted in 1-3 minutes.
- ▶ You provide screening, brief intervention, and referral for multiple other health conditions.

Resources

SAMHSA

Substance Abuse and Mental Health Service Administration

www.samsha.gov

SBIRT resources and Samples

Review grantee websites

Also many private and non profit resources listed on web

Introduction to Motivational Interviewing

Training Objectives:

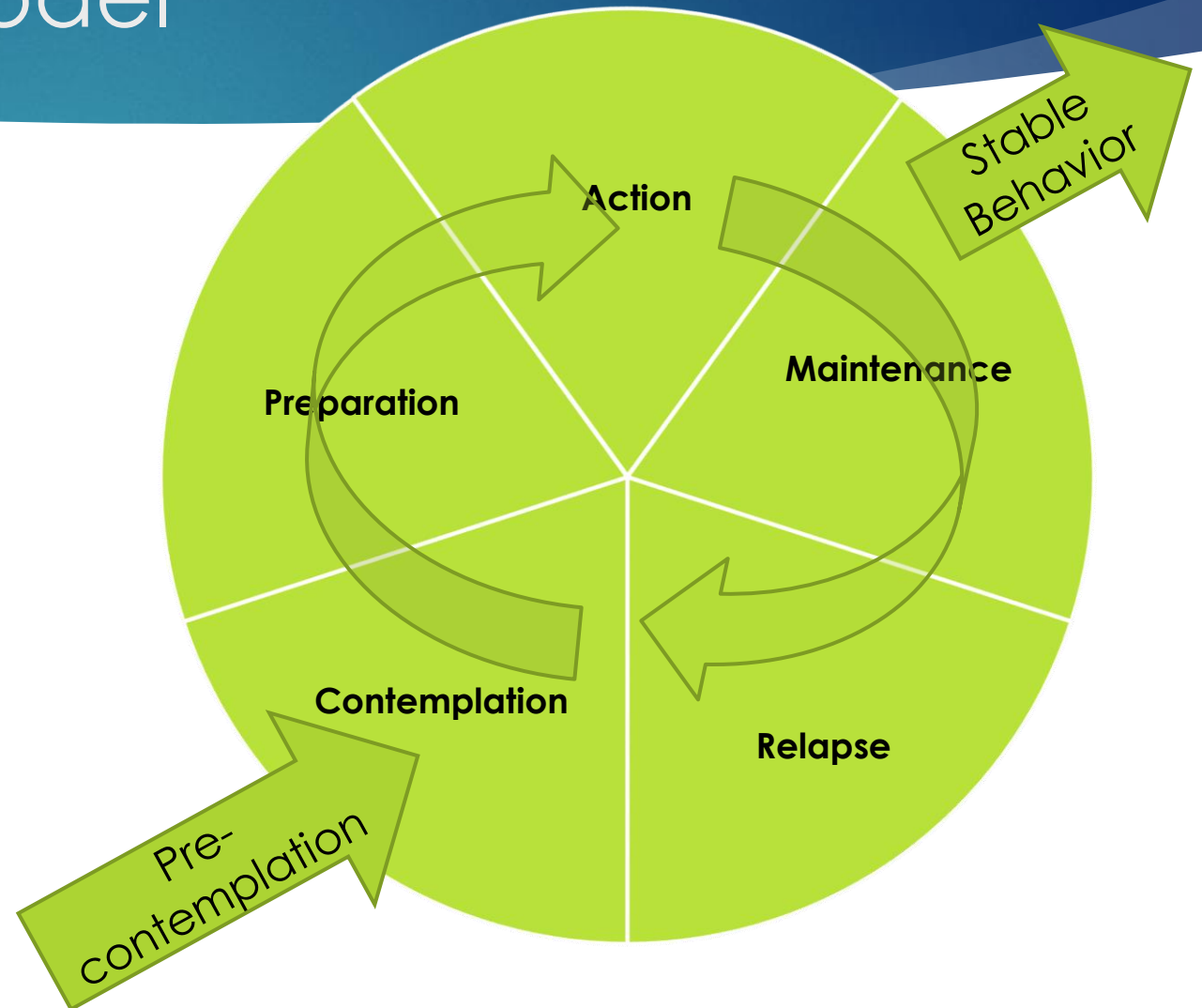
Learn the spirit and rationale of Motivational Interviewing (MI)

Learn the essential skills of MI, including Open Ended Questions, Affirmations, Reflections, and Summaries (OARS)

Learn the basic processes of implementing the MI Skills

The Stages of Change: Transtheoretical Model

- ▶ Pre-contemplation
- ▶ Contemplation
- ▶ Preparation
- ▶ Action
- ▶ Maintenance
- ▶ Relapse



The “Spirit” of Motivational Interviewing

COLLABORATION, EVOCATION,
COMPASSION AND ACCEPTANCE

M.I. Spirit: Collaboration

M.I. Spirit: Acceptance

M.I. Spirit: Compassion

M.I. Spirit: Evocation

The Righting Reflex

Newton's Third Law of Motion:

For every action there is an equal and opposite reaction

- ▶ Newton's Three Laws of Motion

Four Guiding Principles: R.U.L.E.

R

Resist the Righting Reflex

U

Understand your patient's motivation

L

Listen to your patient

E

Empower your patient

The process of Motivational Interviewing?

- ▶ Engaging
- ▶ Focusing
- ▶ Evoking
- ▶ Planning

Engaging:

How comfortable
is this person in
talking to me?

How supportive
and helpful am I
being?

Do I understand
this person's
perspective and
concerns?

Focusing:

What goals for change does this person really have?

Do I have different aspirations for change for this person?

Are we working together with a common purpose?

Evoking:

What are this person's own reasons for change?

Is the reluctance more about confidence or importance of change?

What change talk am I hearing?

Planning:

What would be a reasonable next step towards change?

What would help this person to move forward?

Am I remembering to evoke rather than prescribe a plan?

Basic Motivational Interviewing Skills: O.A.R.S.

The O.A.R.S.

OPEN ENDED QUESTIONS

The O.A.R.S.

AFFIRMATIONS

The O.A.R.S.

REFLECTIONS

The O.A.R.S.

SUMMARY

<https://www.youtube.com/watch?v=k1yFfjYevf4>

Role Play: Process and OARS

Summary

Alcohol use is the 3rd leading cause of preventable death in the U.S

SBIRT is evidence-based with significant supporting research

Universal screening can be conducted in under 30 seconds

Full screening can be conducted in 1-3 minutes

SBIRT is reimbursable

Remember the spirit of MI and use as much as possible

Use the OARS when you can and as often as you can

Contact

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