SBIRT Success: Clinical and patient success coexist

Joseph A Hurley
MediCenter Executive Director
President of Primary Care National
WARNING

Medical billing and/or clinical acronyms might be used during this presentation.
SBIRT stands for screening, brief intervention, and referral to treatment.

Visit OHSU Family Medicine Oregon SBIRT webpage at http://www.sbirtoregon.org/

Our SBIRT approach was centered in outpatient primary care then expanded to include hospitals services and emergency departments.
Project Objectives:

- Improve the individual well being of each resident within YOUR STATE challenged with alcohol or drug addiction misuse or abuse.

- Reducing the overall cost of healthcare within YOUR STATE by performing your SBIRT initiative

- Create an initiative that is self-funded with an ROI of improved patient health and reducing healthcare costs.

- Build greater provider advocacy

- Improve private payer partnership

- Create private payer reimbursement

- Create a trainable platform that is efficient, integrates payer and state support, and reduces barriers to treatment.
What is OHSU

- Oregon Health & Science University is a leading health and research university that strives for excellence in patient care, education, research and community service.

- Beyond providing critical health care services, quality health care education, and cutting-edge research, OHSU also is a key economic and social force in the Northwest. With an annual budget of $1.4 billion and more than 13,600 employees.
Visit

http://www.ohsu.edu/xd/health/index.cfm
What is OHSU Family Medicine

- U.S. News & World Report ranks our department among the nation's best academic family medicine departments, and we're very proud of the programs that have led to this national reputation.

- In the last 40 years, we’ve gone from a tiny two-doctor clinic to a nationally-ranked major department in the medical school.

- We are a true integrated primary care location with a hospital structure.
  
  ◦ Meaning if we can do it, so can you.....
What is OHSU Family Medicine

- Today we have four clinics, three hospital services at OHSU Hospital, residency programs in Portland and in Klamath Falls

- We have more than 50 residents, a required third-year medical school clerkship and a faculty of 95 clinicians, educators, and researchers

- In addition, we have over 250 volunteer faculty located throughout Oregon

  - Again if we can do it, so can you....
What is OHSU Family Medicine

We have five Oregon State Tier 3 Primary Care Model Homes.

We have integrated our primary care model home care teams into In-Patient teams.

We are also a complex health organization with various ways of billing and performing services.

Yes again, if we can do it, so can you.
Usual Approach to SBIRT

"First we'll find out if your insurance covers the magic wand treatment."
Let providers do what they do best,
TREAT PATIENTS!!

Create a system that maximizes your Electronical Medical Record (EMR) or Health Information Technology (HIT)
Many enlightened states have taken the torch to improving the well-being of it’s population.

- Primary care centers, hospital emergency rooms, trauma centers, safety-net clinics, state payers, and other community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur.
  
  - Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment.
  
  - Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
  
  - Referral to treatment provides those identified as needing more extensive treatment with access to specialty care.
Following other states in successful SBIRT integration.

- Colorado
- Oregon
- Wisconsin
- HRSA Grantee’s
SBIRT Colorado:

- An initiative of the Office of the Governor, began in 2006 with federal grant assistance from the Substance Abuse and Mental Health Services Administration.

- Through the initiative, SBIRT was implemented in 22 settings in 12 different sites throughout Colorado.

- Screens more than 3,000 people each month.

- Six-month follow-up interviews of those patients screened indicate that alcohol use fell by 51 percent and overall illegal drug use fell by 36 percent—results consistent with national data.
Benefits of SBIRT

SBIRT reduces healthcare costs:

Multiple studies have shown that investing in SBIRT can result in healthcare cost savings that range from $3.81 to $5.60 for each ONLY $1.00 spent.

People who received screening and brief intervention in an emergency department, hospital or primary care office experienced 20% fewer emergency department visits, 33% fewer nonfatal injuries, 37% fewer hospitalizations, 46% fewer arrests and 50% fewer motor vehicle crashes.

Studies on brief intervention in trauma centers and emergency departments have documented positive effects such as reductions in alcohol consumption, successful referral to and participation in alcohol treatment programs, and reduction in repeat injuries and injury hospitalizations.
What is SBIRT in your state?

Screening, Brief Intervention and Referral to Treatment (SBIRT) is an evidence-based approach to identifying patients who use alcohol and other drugs at risky levels.

SBIRT initiative’s goal is in reducing and preventing related health consequences, disease, accidents and injuries.
Oregon Approach to SBIRT

- EHR Integration
- Epic Smart Phrases
- Epic Smart Sets
Billing Requirements: PAYER INTERACTION

Imbed SBIRT billing logic with our OHSU Epic EHR/Practice Management System.

Create documentation that flows with Clinicians responses.

Focus on front-end training and use follow-up to teach clinicians/staff.

Clinical Champion.
The SBIRT method

Annual screen + Full screen + Brief Intervention or BI plus referral
The SBIRT method
Reasons behind method

- Clinicians more likely to intervene:
  - Burden of assessment removed
  - Evidence behind model

- Reinforces team approach of Medical Home model.

Seale et al., Subst Abus., 2005; Seale, et al., 2005
Clinic pipeline

Annual screen → Full screen → Brief Intervention or BI plus referral → EMR
Installing the pipeline

- Screening forms
- Training
  - Residents
  - Reception and MAs
  - Faculty
- Clinic champions
- Clinic tools
- EMR tools
- Evaluation
Screening forms

- Chose validated questionnaires
- Formatted for clinic use
- Translated into six languages
Example:

Brief intervention given? □ Raised subject □ Not given □ Referral recommended
□ Provided feedback □ Enhanced motivation □ Negotiated plan

Referral phone number: 1-800-923-4357
Training clinicians in SBIRT

Faculty
- About 30% trained
- 20 – 30 min. training

Residents
- 3-hour training
- More than 90% trained
- Training sometimes months after begin seeing pts
## Clinician training curriculum

<table>
<thead>
<tr>
<th>Sections</th>
<th>Module I Goals (1 hour)</th>
<th>Method</th>
</tr>
</thead>
</table>
| **Why SBIRT?**      | • Describe the prevalence and morbidity of drug and alcohol misuse  
• Understand that SBIRT is efficacious and cost-effective.  
• Recognize the missed opportunities of primary care practices to address substance misuse with patients.                                                      | Lecture, discussion                                                   |
| **Overcoming barriers** | • List barriers to addressing substance misuse in primary care, as well as strategies to overcome them.                                                                                                                | Lecture, discussion                                                   |
| **Screening**       | • Describe the role of clinic personnel in carrying out the SBIRT clinic method under the Medical Home model of primary care.  
• Score the annual screen and full screens, as well as understand how each is administered in the clinic.  
• Define the low-risk, risky, harmful, and dependent zones of use and correlate screening scores | Lecture, discussion, Exercise, Video demonstration                    |
<table>
<thead>
<tr>
<th>Sections</th>
<th>Module II Goals (2 hours)</th>
<th>Method</th>
</tr>
</thead>
</table>
| Communication styles   | • Understand the limits of the directive style of communication on eliciting behavior change.   
• Recognize how the guiding style of communication and principles of motivational interviewing apply to eliciting behavior change with patients. | Lecture, Discussion, Exercise, Video        |
| Brief intervention     | • Perform the four steps of the brief intervention.   
• Understand the Stages of Change model.   
• Use the readiness ruler to assess patient’s readiness to change. | Lecture, Discussion, Role play, Exercise, Video |
| Referral to treatment  | • List different levels of substance abuse treatment.   
• Recommend a referral for further assessment and treatment.   
• Recognize medications used for substance dependence. | Lecture, Discussion                         |
Training clinicians in SBIRT

- How long?
- How often?
- Fidelity?
- Lone Ranger, team-based approach, or warm handoff?
Training clinic staff

Reception and Medical Assistants:
- 30-minute training, annually
- EMR data entry
- Administering screening forms

Barriers:
- Turnover
- Full staff meetings
- Teaching new roles
Clinic tools: clipboards

Clipboards

- Allow pt privacy
- Act as flags to staff and clinicians
- About $6.50 each
Clinic tools: Readiness Rulers

Readiness Rulers

- Assists clinicians when performing BI
- Pocket-sized
- Front for pts, back for clinicians
- About $2 each for 500
Clinic tools: exam room sheet

- Larger versions of RR
- Stocked in exam room
- List morbidity associated with alcohol
Clinic tools: billing notes

Billing sticky notes

- Small signs placed on monitors
- Reminders about billing codes and EMR tools

Use the SBIRT SmartSet

<table>
<thead>
<tr>
<th>Time</th>
<th>15–30 min</th>
<th>&gt;30 min</th>
</tr>
</thead>
<tbody>
<tr>
<td>Procedure code</td>
<td>99408</td>
<td>99409</td>
</tr>
<tr>
<td>Additional RVU</td>
<td>.65</td>
<td>1.30</td>
</tr>
</tbody>
</table>

www.sbirt.org
Clinic pipeline leaks

**Performance:** Individual fails to perform step

**Tracking:** Step performed, but not recorded in the EMR
Challenges to implementation, in general

- Accountability of staff and clinicians
- Advocacy vs. imposition
- Limited power to change EMR
- Small things can have consequences
- Reimbursement is complicated
- Preventative services vs. clinic revenue
Who’s using what?
  ◦ EMR?
  ◦ Which one?
  ◦ Happy with it?
Successful implementation of SBIRT first requires defining the workflows that will best allow adaptation of the core SBIRT principles into your clinical setting.
First Principles

- The EMR must be changed in ways that will facilitate, not hinder this workflow.
SBIRT Core Innovation

- Regular and universal screening in a medical setting
- Validated screening tools
- Alcohol use as a continuum
- Patient-centered change talk
- Transition between primary care and treatment services
<table>
<thead>
<tr>
<th>SBIRT Innovation</th>
<th>Clinic Workflow</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular and universal screening in a medical setting</td>
<td>Annual tickler for all patients who come for care, leading to</td>
</tr>
<tr>
<td>Validated screening tools</td>
<td>Collection of patient screening data leading to</td>
</tr>
<tr>
<td>Alcohol use as a continuum</td>
<td>A risk stratification process that will automatically lead to</td>
</tr>
<tr>
<td>Patient-centered change talk</td>
<td>A clinician intervention that combines risk level with patient readiness for change that might lead to</td>
</tr>
<tr>
<td>Transition between primary care and treatment services</td>
<td>A more intensive intervention from clinic behavioral health personnel OR referral into the AOD treatment system</td>
</tr>
<tr>
<td>SBIRT Innovation</td>
<td>Clinic Workflow</td>
</tr>
<tr>
<td>--------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Regular and universal screening in a medical setting</td>
<td>Annual tickler for all patients who come for care, leading to</td>
</tr>
<tr>
<td>Validated screening tools</td>
<td>Patient direct data input leading to</td>
</tr>
<tr>
<td>Alcohol use as a continuum</td>
<td>A risk stratification process that will automatically lead to</td>
</tr>
<tr>
<td>Patient-centered change talk</td>
<td>A clinician intervention that combines risk level with patient readiness for change that might lead to</td>
</tr>
<tr>
<td>Transition between primary care and treatment services</td>
<td>A more intensive intervention from clinic behavioral health personnel OR referral into the AOD treatment system</td>
</tr>
</tbody>
</table>

Automated tracking and reporting using screening results and clinician progress notes.
Functions of the EMR Interface

- Tickler for a periodic process
- Input of patient risk (history)
- Messaging between steps
- Teaching & promoting best practices
- Recording the medical encounter
- Facilitating efficient/effective billing
- Tracking and report writing
  (administrative requirements like M.U., UDS, JCAHO)
Who Can Adapt the EMR?

- Epic Headquarters
- ITG
- Individual Clinicians Group
- Me
SBIRT WRVU: Clinic Setting

Code: 99408, Work RVU: .65 (in addition to E&M code)
Clinician must spend at least 15 min
(Compare to .97 for a Work RVU 99213)

Code: 99409, Work RVU: 1.30 (in addition to E&M code)
Clinician must spend at least 30 min
(Compare to 1.42 for a Work RVU 99214)

Code: 99420 no W/RVU paid at $7.23 - $18.00
SBIRT WRVU: Professional In-Patient

Code: 99408, Work RVU: .65 (in addition to E&M code)
Clinician must spend at least 15 min
(Compare to a low-level 99231 for a work RVU of .76)

Code: 99409, Work RVU: 1.30 (in addition to E&M code)
Clinician must spend at least 30 min
(Compare to a mid-level 99232 for a work RVU of 1.39)

Code: 99420 no W/RVU paid at $7.23 - $18.00
SBIRT WRVU: Facility In-Patient

Widely accepted method of using DRG’s to increase or provided added reimbursement for in-patient substance or alcohol abuse services.

Revenue can vary from $50- greater than $350 respectively.
The Twist

There are various other ways to bill for SBIRT:

Current literature focused in a Primary Care Private Practice Model.

Out-Patient:
Provider Bases Billing
Facility Billing
Home HealthCare
Residency Program
Urgent Care Facility
FQHC/RHC/TRIBAL/IMM

In-Patient:
ED/ER/Observation
Hospital Admissions
Coding: Documentation for Billing

Who can bill?

DO; MD; PA; NP; RN; LPN:

- Some states reimburse non-physicians at 85% physician payment schedule.

- Ancillary staff, including health educators, behavioral health councilors, licensed clinical social workers, may perform SBIRT services under the supervision of a credentialed provider. The services should relate to a plan of care and will require billing under the supervising physician.

- Other screening tools eligible for 99420 include the AUDIT-C, ASSIST, CAGE-4, TWEAK and T-ACE, DAST, CRAFT, DUDIT, and GAIN.

- Reimbursement rates vary depending on payer contracts.
If we code it wrong....
## Epic Smart-Phrase/Smart-Set

<table>
<thead>
<tr>
<th>Payer</th>
<th>Code</th>
<th>Description</th>
<th>Fee Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial Insurance</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>
</tr>
<tr>
<td></td>
<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>
</tr>
<tr>
<td>Medicare</td>
<td>G0396</td>
<td>Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes</td>
<td>$29.42</td>
</tr>
<tr>
<td></td>
<td>G0397</td>
<td>Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes</td>
<td>$57.69</td>
</tr>
<tr>
<td>Medicaid</td>
<td>H0049</td>
<td>Alcohol and/or drug screening</td>
<td>$24.00</td>
</tr>
<tr>
<td></td>
<td>H0050</td>
<td>Alcohol and/or drug service, brief intervention, per 15 minutes</td>
<td>$48.00</td>
</tr>
</tbody>
</table>
SmartPhrase demonstration

http://www.youtube.com/watch?v=xExf47cpCUo&feature=channel&list=UL
Tracking the Annual screen

Message text:
Annual Screening next due on 7/9/10
Tracking the brief intervention

- Brief intervention given? □ Raised subject □ Not given □ Referral recommended
- Provided feedback
- Enhanced motivation
- Negotiated plan

Referral phone number: 1-800-923-4357

AUDIT or DAST

1. How often do you have a drink containing alcohol?
   - Never
   - Less than monthly
   - Monthly
   - Weekly
   - Daily or almost daily

2. How many drinks containing alcohol do you have on a typical day when you are drinking?
   - 5 or less
   - 6 to 9
   - 10 to 15
   - 15 or more

3. How often do you have three or more drinks on one occasion?
   - Never
   - Less than monthly
   - Monthly
   - Weekly
   - Daily or almost daily

4. How often during the last year have you found that you were not able to stop drinking once you had started?
   - Never
   - Less than monthly
   - Monthly
   - Weekly
   - Daily or almost daily

5. How often during the last year have you felt so downhearted that you were normally expected to do something about it because of drinking?
   - Never
   - Less than monthly
   - Monthly
   - Weekly
   - Daily or almost daily

6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking weekend?
   - Never
   - Less than monthly
   - Monthly
   - Weekly
   - Daily or almost daily

7. How often during the last year have you had a feeling of guilt or remorse after drinking?
   - Never
   - Less than monthly
   - Monthly
   - Weekly
   - Daily or almost daily

8. How often during the last year have you been unable to remember what happened the night before because of your drinking?
   - Never
   - Less than monthly
   - Monthly
   - Weekly
   - Daily or almost daily

9. Have you or someone else been injured as a result of your drinking?
   - Yes
   - No
   - Sometimes

10. Have you or someone else been arrested because of your drinking?
    - Yes
    - No
    - Sometimes
### Office Visit

**Test Pt Zzz (MRN 650000011)**

**CEFMC FAMILY MEDICINE**
2301 DAGGETT AVE
KLAMATH FALLS OR 97601-1106
541-274-2000

<table>
<thead>
<tr>
<th><strong>Encounter Information</strong></th>
<th><strong>Date &amp; Time</strong></th>
<th><strong>Provider</strong></th>
<th><strong>Department</strong></th>
<th><strong>Encounter #</strong></th>
<th><strong>Center</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>8/24/2011 9:44 AM</td>
<td>TEST CEFMC, RESIDENT</td>
<td>Cefmc Family Medicine</td>
<td>24671288</td>
<td>None</td>
</tr>
</tbody>
</table>

**Encounter Status**
Closed by TEST CEFMC, RESIDENT on 8/24/11 at 9:59 AM
SBIRT DocFlow sheet in EPIC
<table>
<thead>
<tr>
<th></th>
<th>11/20/09</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1300</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Annual screen</strong></td>
<td></td>
</tr>
<tr>
<td>Alcohol annual screen result</td>
<td></td>
</tr>
<tr>
<td>Drug annual screen result</td>
<td></td>
</tr>
<tr>
<td><strong>Full screen</strong></td>
<td></td>
</tr>
<tr>
<td>AUDIT full alcohol screen score</td>
<td></td>
</tr>
<tr>
<td>DAST full drug screen score</td>
<td></td>
</tr>
<tr>
<td><strong>Brief intervention</strong></td>
<td></td>
</tr>
<tr>
<td>Brief intervention performed?</td>
<td>yes</td>
</tr>
<tr>
<td>If yes, which steps?</td>
<td></td>
</tr>
<tr>
<td>Raised subject</td>
<td>yes</td>
</tr>
<tr>
<td>Provided feedback</td>
<td>yes</td>
</tr>
<tr>
<td>Enhanced motivation</td>
<td>no</td>
</tr>
<tr>
<td>Negotiated plan</td>
<td>no</td>
</tr>
<tr>
<td>Referral recommended</td>
<td>yes</td>
</tr>
</tbody>
</table>
# Epic Smart-Set

## SBIRT

### Progress Note
- SBIRT Progress Note

### Diagnoses
- Counseling on substance use and abuse [V65.42]
- Screening for alcoholism [V79.1]
- Other specified counseling (i.e. drug) [V65.49]
- Counseling NOS [V65.45]

### Medication Orders
- Acamprosate (CAMPRAL) 333 mg Oral Tablet, Delayed Release (E.G.) [37383]
- Acamprosate (CAMPRAL DOSE PACK) 333 mg Oral Tablets, Dose Pack [38304]
- Chlordiazoxide 10 mg Oral Capsule [15896]
- Diazepam 10 mg Oral Tablet [17724]
- Diazepam 5 mg Oral Tablet [20092]
- Thiamine 100 mg Oral Tablet [6275]
- Disulfiram (ANTABUSE) 250 mg Oral Tablet [7528]
- Disulfiram (ANTABUSE) 500 mg Oral Tablet [64156]

### Lab Orders
- COMPLETE METABOLIC SET (NA,K,CL,CO2,BUN,CREAT,GLUC,CA,AST,ALT,BILI TOTAL,ALK PHOS,ALB,PROT TOTAL) [LAB00309]
- LIVER SET (AST,ALT,BILI TOTAL,BILI DIRECT,ALK PHOS,ALB,PROT TOTAL) [LAB00431]
- CBC ONLY [LAB0247]
- LIPASE, PLASMA [LAB00447]
- DRUG SCREEN PROFILE 5, URINE [LAB00593]

### Patient Instructions
Refer to Patient Handouts for additional information to add to the AVS
- OREGON ALCOHOL & DRUG REFERRAL HELP LINE

### Referrals for Consult
- CONSULT TO FAMILY MEDICINE AT SOUTH WATERFRONT - Behavioral Health Professional
- CONSULT TO GABRIEL PARK - Behavioral Health Professional

### Level of Service
- ALCOHOL AND/OR SUBSTANCE STRUCTURE SCREENING 15 MIN [99408]
- ALCOHOL AND/OR SUBSTANCE STRUCTURE SCREENING 20 MINUTES [99409]
Mr. Epic was given a {SBIRT: 311984}. Mr. Epic’s score placed him into {RISK:311983}.

The patient’s low risk did not warrant further discussion.
The patient expressed an unwillingness to do so.
We ran out of time and scheduled a follow-up visit for further assessment.

Optional: {NO FURTHER DISCUSS: 311986}

abstain
- cut back to no more than 4 drinks in one day and nor more than 14 drinks per week
- cut back to no more than 3 drinks in one day and nor more than 7 drinks per week

In discussing this issue, my medical advice was that Mr. Epic {SBIRT MED ADVICE: 311987}. Patient’s readiness to change was {1-10:310033} on a scale of 0-10. We explored why it was not a lower number and discussed the patient’s own motivation for change. Patient agreed that he should {SBIRT PT RESPONSE: 311988}. We agreed that Mr. Epic would benefit from {SBIRT PT BENEFIT: 311989}.

- participation in a 12-step program
- referral to ***
- calling the Oregon helpline to explore further assessment and treatment (1-800-923-4357)

Patient will return in *** to discuss how he is doing with this plan.

In total, *** minutes of personal time was spent administering and interpreting the screen, plus performing a brief intervention.
**Progress note for SBIRT reimbursement**

Mr. Davis was given a __________ screen today.

a) AUDIT  
   b) DAST  
   c) AUDIT and DAST

His score placed him into the __________ zone.

a) Low risk  
   b) Risky  
   c) Harmful  
   d) Dependent

We did not discuss this further because ____________

a) the patient’s low risk did not warrant further discussion  
   b) the patient expressed an unwillingness to do so  
   c) we ran out of time and scheduled a follow-up visit for further assessment

In discussing this issue, my medical advice was that he __________

a) abstain  
   b) cut back to no more than 4 drinks in one day and no more than 14 per week (men)  
   c) cut back to no more than 3 drinks in one day and no more than 7 per week (women or >65)

His readiness to change was _____ on a scale of 0 - 10. We explored why it was not a lower number and discussed the patient’s own motivation for change.

He agreed that he should ____________ AND/OR ____________ We agreed that he would benefit from ____________

a) participation in a 12-step program  
   b) referral to X  
   c) calling the Oregon helpline to explore further assessment and treatment options (1-800-923-4357)

He will return in X to discuss how he is doing with this plan. In total, ____________ minutes of aggregate clinic personnel time was spent administering and interpreting the screen, plus performing a brief intervention.

a) 15 - 30  
   b) >30
See the Big Picture
Tracking the Annual screen

Message text:
Annual Screening next due on 7/9/10
SBIRT DocFlow sheet in EPIC
<table>
<thead>
<tr>
<th>Zone I</th>
<th>Zone II</th>
<th>Zone III</th>
<th>Zone IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative</td>
<td>Positive</td>
<td>Declined</td>
<td></td>
</tr>
</tbody>
</table>

### SBIRT DocFlow sheet

<table>
<thead>
<tr>
<th>Date</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/20/09</td>
<td>1300</td>
</tr>
</tbody>
</table>

#### Annual screen

<table>
<thead>
<tr>
<th>Alcohol annual screen result</th>
<th>Full screen</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Brief intervention

<table>
<thead>
<tr>
<th>Brief intervention performed?</th>
<th>If yes, which steps?</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>yes</td>
</tr>
</tbody>
</table>

#### Referral recommended

<table>
<thead>
<tr>
<th>Provided feedback</th>
<th>Enhanced motivation</th>
<th>Negotiated plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>yes</td>
<td>no</td>
</tr>
</tbody>
</table>

#### Referral recommended

<table>
<thead>
<tr>
<th>yes</th>
</tr>
</thead>
</table>
**Medication Orders**
- acamprosate (CAMPRAL) 333 mg Oral Tablet, Delayed Release (E.C.) [37383]
  - eRx
- Acamprosate (CAMPRAL DOSEPAK) 333 mg Oral Tablets, Dose Pack [38304]
  - eRx
- chloroquine POXIDE 10 mg Oral Capsule [15899]
  - eRx
- diazepam 10 mg Oral Tablet [17724]
  - eRx
- diazepam 5 mg Oral Tablet [20692]
  - eRx
- thiamine 100 mg Oral Tablet [6275]
  - eRx
- disulfiram (ANTABUSE) 250 mg Oral Tablet [7628]
  - eRx
- Disulfiram (ANTABUSE) 500 mg Oral Tablet [84156]
  - eRx

**Lab Orders**
- COMPLETE METABOLIC SET (NA,K,CL,CO2,BUN,CREAT,GLUC,CA,AST,ALT,BILI TOTAL,ALK PHOS,ALB,PROT TOTAL) [LAB00369]
  - Routine, Clinic Collect
- LIVER SET (AST,ALT,BILI TOTAL,BILI DIRECT,ALK PHOS,ALB,PROT TOTAL) [LAB00431]
  - Routine, Clinic Collect
- CBC ONLY [LAB0247]
  - Routine, Clinic Collect
- LIPASE, PLASMA [LAB00047]
  - Routine, Clinic Collect
- DRUG SCREEN PROFILE 5, URINE [LAB00593]
  - Routine, Clinic Collect
Patient Instructions
Refer to Patient Handouts for additional information to add to the AVS
☐ OREGON ALCOHOL & DRUG REFERRAL HELP LINE

Referrals for Consult
☐ CONSULT TO FAMILY MEDICINE AT SOUTH WATERFRONT - Behavioral Health Professional
Routine
☐ CONSULT TO GABRIEL PARK - Behavioral Health Professional
Routine
**AUDIT alcohol screening questionnaire**

Because drinking alcohol can affect your health and interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. If you are uncomfortable filling out this form, please let your health care provider know.

One standard drink equals:
- 1.5 oz. of liquor (e.g. one shot of whiskey)
- 12 oz. Beer
- 5 oz. Wine

<table>
<thead>
<tr>
<th>Questions</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How often do you have a drink containing alcohol?</td>
<td>Never</td>
<td>Monthly or less</td>
<td>2-4 times a month</td>
<td>2-3 times a week</td>
<td>4 or more times a week</td>
</tr>
<tr>
<td>2. How many drinks containing alcohol do you have on a typical day when you are drinking?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1 or 2</td>
<td>3 or 4</td>
<td>5 or 6</td>
<td>7 to 9</td>
<td>10 or more</td>
</tr>
<tr>
<td>3. How often do you have six or more drinks on one occasion?</td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>4. How often during the last year have you found that you were not able to stop drinking once you had started?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>5. How often during the last year have you failed to do what was normally expected of you because of drinking?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>7. How often during the last year have you had a feeling of guilt or remorse after drinking?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>8. How often during the last year have you been unable to remember what happened the night before because of your drinking?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Never</td>
<td>Less than monthly</td>
<td>Monthly</td>
<td>Weekly</td>
<td>Daily or almost daily</td>
</tr>
<tr>
<td>9. Have you or someone else been injured because of your drinking?</td>
<td>No</td>
<td>Yes, but not in the last year</td>
<td>Yes, during the last year</td>
<td>Yes, during the last year</td>
<td></td>
</tr>
<tr>
<td>10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>Yes, but not in the last year</td>
<td>Yes, during the last year</td>
<td>Yes, during the last year</td>
<td></td>
</tr>
</tbody>
</table>
DAST  Drug Screening Questionnaire

Because drug use can affect your health, we need to ask some questions about your drug use. If you feel uncomfortable completing this form, please let your health provider know.

In the following statements "drug abuse" refers to:
- Using prescribed or over-the-counter drugs in excess of the directions, and
- Any nonmedical use of drugs.

Please check which substances you have used in the past 3 months:
- Methamphetamine (speed)
- Cocaine
- Cannabis (marijuana, pot)
- Narcotics (heroin, oxycodone, methadone, etc.)
- Solvents (paint thinner)
- Hallucinogens (LSD)
- Tranquilizers (Valium)
- Other

Remember that the questions do not include alcoholic beverages.

Please mark "Yes" or "No" to the following questions:

<table>
<thead>
<tr>
<th>Question</th>
<th>0</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you used drugs other than those required for medical reasons?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>2. Do you abuse more than one drug at a time?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>3. Are you unable to stop using drugs when you want to?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>4. Have you ever had blackouts or flashbacks as a result of drug use?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>5. Do you ever feel bad or guilty about your drug use?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>6. Does your spouse (or parents) ever complain about your involvement with drugs?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>7. Have you neglected your family because of your use of drugs?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>8. Have you engaged in illegal activities in order to obtain drugs?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

I II III IV 0 1-2 3-5 >5.
**ANNUAL SUBSTANCE USE**

- Annual Screen
- Full Screen
- Brief intervention
- If yes, which steps?

**Annual Screen**
- Alcohol annual screen score (if score > 0, give AUDIT) - Positive
- Drug annual screen score (If score > 0, give DAST) - Positive

**Full Screen**
- AUDIT full alcohol screen score
- DAST full drug screen score
  - 0-7, Zon...  
  - 3-5, Zon...

**Brief intervention**
- Brief intervention performed?

**If yes, which steps?**
- Raised subject
- Provided Feedback
- Enhanced Motivation
- Negotiated plan
- Advised to seek treatment
- Follow up arranged
Concerns Today Are:

Head/Neck Lump
Feels like a new lump on left of throat. Been feeling funny pain in back of head. Been feeling this for about a month or so. Discussed this with PCP who ordered an ultrasound with the following impression:

**IMPRESSION:** Palpable left neck mass is located in the subcutaneous tissues at posterior edge of sternocleidomastoid muscle, and has a nonspecific appearance. Its size and shape are similar to nearby lymph nodes, but it does not have ultrasound features that prove it is a lymph node. **Because of its firm texture, consider biopsy.**

There are mildly enlarged lymph nodes in level II bilaterally, at the same level as the mass. Elsewhere in the anterior neck, the nodes are not enlarged.

Previous PCP referred to Otolaryngology but patient never went because he could not afford. Wandering what to do to follow up now.

Smoking: Continues to smoke about 1/2 pack but has been working on cutting back, not ready to fully quit.

Drug/Alcohol dependence:
In treatment program for drug/alcohol: Sober for eight months, Drug Care Program—goes 4x/week; Alcohol: Drinking alcohol over 10-15 years.

Drugs: Cocaine was drug of choice for 10-15 years.

### Past Medical History

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Myocardial infarction</td>
<td>2/2012</td>
</tr>
<tr>
<td>Distal LAD stent placed at Good Sam</td>
<td></td>
</tr>
<tr>
<td>History of lumenectomy</td>
<td>1990</td>
</tr>
<tr>
<td>Behind ear</td>
<td></td>
</tr>
</tbody>
</table>

### History

#### Social History

- **Marital Status:** N/A
- **Spouse Name:** N/A
- **Number of Children:** 1
- **Years of Education:** N/A
Create front-end training that will carry forward to successful back-end billing.

See Demo:

Presentation Outcomes

Outcomes include:

- How SBIRT is imbedded and operates within hospital systems.

- Business/billing practices to maintain successful SBIRT integration.

- Use of electronic record integration to secure billing efficiency/training.
  - Making documentation/billing easier for your clinicians.

- How billing practices and workflows can be implemented.
SBIRT Outlooks

- SBIRT services imbedded within hospital systems have been shown to improve patient healthy outcomes.
- Any Health facility can run a successful SBIRT program with the right preparation and ongoing dedication.
- Use of electronic record integration (Epic, Centricity, NextGen, MediTech) can secure billing efficiency/training.
- SBIRT respectively does not add extraneous overhead to implement and provides revenue.
Comments or Questions?

Joseph Hurley
Joseph@kenaidoctor.com
hurleyj@pcnctoday.com
Tel (907)-283-9118

"Whoa! Watch where that thing lands - We’ll probably need it."