

# Alcohol and Drug SBIRT Services – A Good Deal for Healthcare Payers

*A Policy Brief from the Wisconsin Initiative to Promote Healthy Lifestyles*

**What are SBIRT services?** “SBIRT” stands for Screening, Brief Intervention, Referral, and Treatment. SBIRT services include several components:

- **Brief Screening (BS)** involves asking a few questions,<sup>1,2</sup> either orally or by questionnaire, to identify patients who are likely either to have alcohol or drug problems (abuse or dependence) or to be at risk for related health and social consequences. Brief Screening is intended for all patients and would not be reimbursed.
- **Full Screening (FS) or Brief Assessment** involves asking dozens of additional questions<sup>3</sup> to ascertain a patient’s likely category of drinking or drug use (*percentages show the approximate prevalence among Wisconsin primary care patients*<sup>4</sup>):



*Low risk* – Abstinence or drinking that very rarely leads to health or social consequences (75%)

*At-risk use* – Drinking that poses risk for consequences (see table) OR use of illicit drugs OR non-medical use of potentially addictive prescription drugs (10%)

*Abuse* – Drinking or drug use that continues despite repeated negative health or social consequences (9%)

*Dependence* – Drinking or drug use that is motivated by cravings and compulsions, causes negative consequences, and is difficult for individuals to control; synonymous with alcoholism and addiction; a disease of the brain’s pleasure-reward system (6%)

At-risk Drinking<sup>5</sup>  
(in standard drinks)

	Per Week	In Any Occasion
≥ 65	>7	>1
 <65	>7	>3
 <65	>14	>4

1 std drink = 12 oz beer or 5 oz wine or 1.5 oz 80-proof liquor

- Patients with at-risk use or mild to moderate abuse receive **brief intervention (BI)**.<sup>6</sup> BI consists of 1 or 2 initial sessions of providing feedback and education on risks and consequences, making a recommendation, identifying the maximal behavior change to which a patient will commit, and helping the patient set specific substance use targets. In a follow-up session, the patient’s progress is assessed, and further recommendations may be issued.
- Patients with severe abuse receive up to 4 sessions of **brief treatment (BT)**.<sup>6</sup> In addition to the steps of Brief Intervention, patients consider the pros and cons of decreasing their substance use in light of their goals, and they design detailed change plans. Motivational interviewing and cognitive behavioral techniques are used.<sup>7,8</sup>
- Patients with dependence are referred to treatment (RT). RT includes providing feedback and education on risks and consequences, and making a recommendation to seek treatment. Patients who initially decline are offered the opportunity to consider the pros and cons of decreasing their substance abuse and obtaining treatment in light of their goals. Patients who agree to treatment are assessed for severity, special needs, and constraints, and directed to the most appropriate treatment resource.

**How does WIPHL assure quality in SBIRT services?** WIPHL uses well validated, brief and full screening questions. Health educators, who provide FS, BI, BT, and RT services, receive 2 weeks of intensive training in the use of evidence-based, culturally competent protocols, which they administer with guidance from a custom computer tablet system. They pass a written final examination and demonstrate competence with simulated patients. A clinical supervisor conducts monthly reviews of audiotaped sessions with patients, hosts weekly conference calls, and provides emergency consultation. Data on patient satisfaction and changes in substances use are reviewed monthly.

**What are the harms of risky and problem substance use?**<sup>9</sup> Wisconsin usually leads the nation in risky and heavy drinking. Wisconsin women of reproductive age and pregnant women drink more than women elsewhere, posing risk to their developing babies. Alcohol and drug use are the fourth most common cause of

death and hospitalization in Wisconsin. Most serious injuries involve drinking, which is the leading cause of disability among men. Drinking and illicit drug use contribute to many medical problems, including heart disease, stroke, various cancers, hypertension, high cholesterol, liver disease, neurologic problems, dementia, depression, viral hepatitis, and HIV/AIDS. It also interferes with the treatment of these and other chronic conditions, including diabetes. Drinking and drug use take a toll on children and families through contributions to mental illness, intimate partner violence, child abuse or neglect, and other emotional strain and suffering. Further impact occurs through crime, motor vehicle crashes, housing, education, and the workplace. Drinking and drug use create a substantial drag on Wisconsin's economy, costing the State over \$5 billion annually.

**How would SBIRT services help?** There have been about 50 published randomized controlled trials of alcohol SBIRT services. The US Preventive Services Task Force, the National Quality Forum, and others have concluded that alcohol SBIRT services are effective in reducing risky and problem drinking.<sup>10,11</sup> Three studies have found that brief interventions are effective for heroin, cocaine, and marijuana users.<sup>12-14</sup> Brief treatment is effective for marijuana dependence.<sup>15</sup>

In addition to decreasing substance use, SBIRT services reduce total healthcare costs. One study, performed on primary care patients in southeastern and south central Wisconsin, found that for every patient screened and, if appropriate, intervened upon for risky or problem drinking, nearly \$1000 was saved in reduced hospitalizations, emergency room visits, criminal justice system involvement, and car crashes.<sup>16</sup> Savings persisted through 48 months.<sup>17</sup> Another study, performed on patients who sought care in emergency or trauma settings for alcohol-related injuries, found nearly 50% reduction in recurrent alcohol-related injuries and related emergency visits and hospitalizations. For every \$1,000 invested in SBIRT services, almost \$4,000 was saved.<sup>18</sup>

Washington State has compared Medicaid expenditures before and after SBIRT services were delivered to disabled Medicaid patients in emergency departments. The reduction in total Medicaid costs after brief interventions was \$185 per member per month ( $p < .05$ ). Most of the cost reduction was due to a reduction of \$238 per member per month in costs of inpatient services ( $p < .01$ ).<sup>19</sup>

Recognizing that most primary care clinicians lack the time, staff, and systems to deliver all recommended preventive services,<sup>20</sup> the National Center for Prevention Priorities has studied which preventive services should receive priority. For each preventive service, they considered (1) how much death and disease would be prevented and (2) likely return on investment. SBIRT services were ranked 4<sup>th</sup> of 25 services – behind advising appropriate patients to take aspirin to prevent cardiovascular disease, administering childhood immunizations, and conducting smoking cessation counseling, and ahead of administering adult immunizations and screening for hypertension, high cholesterol, diabetes, obesity, and cancers of the breast, cervix, and colon.<sup>21,22</sup>

### **How would SBIRT services fit with other efforts to address alcohol and drug problems?**

SBIRT services would fill the gap between community and school-based prevention programs and alcoholism and addiction treatment. No other services target the 19% of Wisconsin adults in the at-risk and abuse categories, who as a group generate more harms and economic costs than the 6% of dependent individuals.<sup>4</sup>

**What's the bottom line?** Risky and problem drinking and drug use in Wisconsin are prevalent and costly to individuals, families, communities, and the State. The best available research suggests that SBIRT services decrease substance use and reduce overall costs of healthcare, largely because they reduce utilization of expensive inpatient services. The National Commission on Prevention Priorities has concluded that SBIRT services are more effective at averting deaths, preventing illness, and saving health care dollars than most other preventive services that are more frequently provided and reimbursed in healthcare settings. Paying for SBIRT services would likely help improve health outcomes in a cost-effective manner.

<sup>1</sup>Vinson D, *Ann Fam Med*, 2004. <sup>2</sup>Brown RL, *J Amer Board Fam Prac*, 2001. <sup>3</sup>Humeniuk R, *Validation of the ASSIST ...*, WHO, 2006. <sup>4</sup>Manwell LB, *J Addict Dis*, 1998. <sup>5</sup>NIAAA, *The Physician's Guide ...*, 1995. <sup>6</sup>Barry KL, Tip 34, SAMHSA, 1999. <sup>7</sup>Miller WR. *Motivational Interviewing* (2<sup>nd</sup> ed). New York: Guilford, 2002. <sup>8</sup>Longabaugh R. *Alcohol Res Health*, 1999. <sup>9</sup>*Healthiest Wisconsin 2010*, WI DHFS, 2000. <sup>10</sup>USPSTF, *Screening for Alcohol Misuse*, 2004. <sup>11</sup>National Quality Forum, *National Voluntary Consensus Standards ...*, 2006. <sup>12</sup>Bernstein J, *Drug Alcohol Depend*, 2005. <sup>13</sup>Saunders B, *Addiction*, 1995. <sup>14</sup>Stephens RS, *J Consult Clin Psychol*, 2000. <sup>15</sup>Copeland J, *J Subst Abuse Treat*, 2001. <sup>16</sup>Fleming MF, *Med Care*, 2000. <sup>17</sup>Fleming MF, *Alcohol Clin Exp Res*, 2002. <sup>18</sup>Gentilello LM, *Ann Surg*, 1999. <sup>19</sup>Estee S, *Medicaid Cost Outcomes*, Interim Report 4.61.1.2007.2, Washington State Department of Social and Health Services. <sup>20</sup>Yarnall KSH, *Am J Public Health*, 2003. <sup>21</sup>Solberg LI, *Am J Prev Med*, 2008. <sup>22</sup>National Committee on Prevention Priorities, <http://www.prevent.org/content/view/full/43/71/>.