

SBIRT in Practice

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SBIRT IN PRACTICE

Goal

Providers will be able to apply the SBIRT approach to substance abuse problems by individualizing screening, brief interventions, and referral for different patients.

After completing this activity participants will be able to:

- Apply screening, brief interventions, and referral skills with patients.
- Modify screening, brief interventions, and referrals for substance use problems according to an individual patient's needs.
- Modify screening, brief interventions, and referrals for substance use problems according to the focus patient sub-population and address other limitations.

Professional Practice Gaps

Screening and brief interventions have been shown to reduce substance use problems¹⁻³. Unfortunately, few PCPs are routinely providing screening or brief interventions⁴⁻⁶. Few providers make a referral after identifying a substance abuse problem. And many providers perceive communications from the other professional groups about patient substance use to be inadequate⁷. Additionally, primary care providers need to understand the different types of specialty treatment so that they can make appropriate referrals for their substance abuse patients^{2,8}.

INTRODUCTION: SBIRT IN PRACTICE

Meet Your Patients:

MS. COSGROVE



Ms. Cosgrove has been feeling fatigued for the past four months and has been experiencing insomnia. She reports no emotional or other health problems. How can SBIRT be applied during her office visit?

MS. ARMANSKY



Ms. Armansky says she has been extremely anxious lately and is requesting lorazepam. Her screening results suggest drug abuse. What is the next step?

MR. WILLIAMS



Mr. Williams is currently in the hospital recovering from emergency gall bladder surgery. Should his substance use problem be addressed at this time?

Note that in each case, there is a section in which you can choose from a list of screening tools or interview questions/statements and view how the patient responds to each choice. You will be given the option of trying each choice to see how the patient's response differs or continuing with the case.

MEET YOUR PATIENT: MS. JOANNE COSGROVE

Case Info



Patient Name: Joanne Cosgrove **Age:** 44 y/o

Height: 5' 4" **Weight:** 144 lbs

BP: 124/84 **Pulse:** 93 **Respiration:** 14/min

Chief Complaint: Fatigue, low energy, insomnia

History of Present Illness: Onset of fatigue about 4 months ago, insomnia for the past 2 months. Nothing has changed in her life, so she is not sure what caused these symptoms "out of nowhere." Reports no pain, no depression or anxiety symptoms, no other health problems or changes.

Medical History: Placenta previa resulting in healthy live birth (1999), cholecystectomy, rhinoplasty, childhood asthma. Family history of lung cancer, skin cancer, high blood pressure, and osteoarthritis.

Medications: No prescription medication. Vitamin D 500 IU, fish oil 1000mg bid, women's multivitamin, loratadine (as needed for seasonal allergies), diphenhydramine (as needed for insomnia).

Laboratory Results: There are currently no laboratory results available.

Case Objectives

The goals for this case are to apply the following skills learned earlier in the activity:

1. Select an appropriate screening/assessment tool
2. Screen Ms. Cosgrove for substance use problems
3. Interpret the screening results from a widely used screening tool for alcohol use
4. Discuss screening results and concerns with Ms. Cosgrove
5. Determine if brief intervention or other treatment is warranted

CHOOSE A SCREENING TOOL FOR MS. COSGROVE

A good set of pre-screening questions would ask about lifetime use of tobacco, alcohol, illicit drugs or misuse of prescription drugs.

Provider: *Have you ever used tobacco, alcohol, or illicit drugs or misused prescription drugs?*



Ms. Cosgrove: *I do drink alcohol, but have not smoked since experimenting with it when I was in my teens. I haven't used any drugs.*

Provider: *Thank you for letting me know.*

**What assessment tool would you like to use next?
(Choose all that apply)**

1. NIAAA (National Institute on Alcohol Abuse and Alcoholism Questions)
 - Feedback: You give Ms. Cosgrove the National Institute on Alcohol Abuse and Alcoholism (NIAAA) Questionnaire and her answers are as follows:

Provider: *Do you sometimes drink beer, wine, or other alcoholic beverages now?*

Ms. Cosgrove: *Yes.*

Provider: *How many times in the past year have you had 4 or more drinks in a day, if by "drink" I mean 12 oz of beer, 5 oz of wine, or 1.5 oz of 80-proof liquor?*

Ms. Cosgrove: *Only on special occasions, like holidays or when I get together with my girlfriends.*

Provider: *So about how many times per year would that be that you had 4 drinks or more in a single day?*

Ms. Cosgrove: *Maybe something like 10 or 15.*

How to interpret Ms. Cosgrove's NIAAA Questionnaire:

A positive response is one or more heavy drinking days, *defined for women as 4 or more drinks in a day* in the past year and Ms. Cosgrove has had at least 10 to 15 of them. Further assessment is indicated.

2. CAGE (Cut down, Annoyed, Guilty, Eye Opener)

Feedback: You give Ms. Cosgrove the CAGE Questionnaire and her answers are as follows:

Provider: *Have you ever felt you should cut down on your drinking?*

Ms. Cosgrove: *Yes, a little.*

Provider: Have people annoyed you by criticizing your drinking?

Ms. Cosgrove: Yes, my mother does all the time.

Provider: Have you ever felt bad or guilty about your drinking?

Ms. Cosgrove: Maybe a little.

Provider: Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (eye-opener)?

Ms. Cosgrove: No, I'm not that bad off! I just drink lots of water and take an ibuprofen.

Note: Ms. Cosgrove's response to the CAGE Questionnaire is positive, with 2 to 3 out of 4 questions positive. Further assessment is indicated.

3. DAST (Drug Abuse Screening Test)

- Feedback: DAST stands for "Drug Abuse Screening Test." Ms. Cosgrove already said she does not use drugs. The CAGE, AUDIT, or NIAAA questions would have been more suitable.

QUIZ: MS. COSGROVE – ASSESS ALCOHOL USE

Read the following case information and answer the question at the bottom.



Patient: Ms. Joanne Cosgrove

Age: 44 years old

Scenario: Onset of fatigue about 4 months ago, insomnia for the past 2 months. Nothing has changed in her life so she is not sure what caused these symptoms "out of nowhere." Reports no pain, no depression or anxiety symptoms, no other health problems or changes.

Question: Which of the following could be used to further assess Ms. Cosgrove's level of alcohol use problem? (Choose all that apply.)

Choose all that apply

1. **CAGE-AID**

- Feedback: This would provide a little more information than the CAGE because it includes screening for both alcohol use problems and use of illicit drugs.

2. **AUDIT**

- Feedback: The Alcohol Use Disorders Identification Test (AUDIT) will help you detect at-risk or hazardous drinking and help you determine the level of intervention needed.

3. **NIDA-Modified ASSIST**

- Feedback: The NIDA-Modified ASSIST will help you assess illicit drug use and misuse of prescription drugs. Ms. Cosgrove's AUDIT

ASSESSING MS. COSGROVE USING THE AUDIT



You further assess Ms. Cosgrove's alcohol use by using the AUDIT. A nurse provides Ms. Cosgrove with a tablet computer, and Ms. Cosgrove fills out an electronic version of the AUDIT. This takes her about 4 minutes to complete.

Ms. Cosgrove's AUDIT Responses

Q1: How often do you have a drink containing alcohol?

- Never (0 points)
- Monthly or less (1 point)
- 2 to 4 times a month (2 points)
- 2 to 3 times a week (3 points)
- 4 or more times a week (4 points)

Q2: How many drinks containing alcohol do you have on a typical day when you are drinking?

- 1 or 2 (*this is actually an underestimate – she does not “count” the middle-of-night drinks*) (0 points)
- 3 or 4 (1 point)
- 5 or 6 (2 points)
- 7 to 9 (3 points)
- 10 or more (4 points)

Q3: How often do you have six or more drinks on one occasion?

- Never (0 points)
- Less than monthly (1 point)
- Monthly (2 points)
- Weekly (3 points)
- Daily or almost daily (4 points)

Q4: How often during the last year have you found that you were not able to stop drinking once you had started?

- Never (0 points)
- Less than monthly (1 point)
- Monthly (2 points)
- Weekly (3 points)
- Daily or almost daily (4 points)

Q5: How often during the last year have you failed to do what was normally expected of you because of drinking?

- Never (0 points)

- Less than monthly (1 point)
- Monthly (2 points)
- Weekly (3 points)
- Daily or almost daily (4 points)

Q6: How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

- Never (0 points)
- Less than monthly (1 point)
- Monthly (2 points)
- Weekly (3 points)
- Daily or almost daily (4 points)

Q7: How often during the last year have you had a feeling of guilt or remorse after drinking?

- Never (0 points)
- Less than monthly (1 point)
- Monthly (2 points)
- Weekly (*She feels bad when she has trouble getting up with the kids in the morning*) (3 points)
- Daily or almost daily (4 points)

Q8: How often during the last year have you been unable to remember what happened the night before because of your drinking?

- Never (0 points)
- Less than monthly (1 point)
- Monthly (2 points)
- Weekly (3 points)
- Daily or almost daily (4 points)

Q9: Have you or someone else been injured because of your drinking?

- No (0 points)
- Yes, but not in the last year (2 points)
- Yes, during the last year (4 points)

Q10: Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down? No (0 points) Yes, but not in the last year (2 points) Yes, during the last year (Her mom mentioned a few times that drinking wine was not a cure for insomnia, and that's part of what prompted her to come to the doctor today) (4 points)

Add total points:

Interpreting the AUDIT

Questions 1 through 8 = 0, 1, 2, 3, or 4 points. Questions 9 and 10 are scored as 0, 2, or 4.

Using the total points you calculated above, interpret Ms. Cosgrove's AUDIT responses. Remember your interpretation because we will ask you in a poll on the next page.

Risk Level	Intervention	AUDIT Score
Zone I	Alcohol Education	0-7

Risk Level	Intervention	AUDIT Score
Zone II	Simple Advice	8-15
Zone III	Simple Advice plus Brief Intervention and Follow-up (Continued Monitoring, if possible)	16-19
Zone IV	Referral to Specialist for Diagnostic Evaluation and Treatment	20-40

POLL: HOW WOULD YOU INTERPRET MS. COSGROVE'S AUDIT RESPONSES?

1. Zone 1 Provide Alcohol Education (AUDIT Score 0-7)
 - 2% (50 votes)
2. Zone 2 Provide Simple Advice (AUDIT Score 8-15)
 - 10% (255 votes)
3. Zone 3 Provide Simple Advice plus Brief Intervention and Follow-up (Continued Monitoring, if possible) (AUDIT Score 16-19)
 - 85% (2267 votes)
4. Zone 4 Refer to Specialist for Diagnostic Evaluation and Treatment (AUDIT Score 19-40)
 - 3% (82 votes)

CHOOSE AN INITIAL BRIEF INTERVENTION FOR MS COSGROVE



Provider: Ms. Cosgrove, based on our discussions, it sounds like you are drinking above the recommended amount of no more than 3 drinks per day/7 drinks per week for women. On a scale of 0 to 10, how ready are you to cut back on your drinking?

Ms. Cosgrove: Probably a 3.

Which of the following would be best to ask next?

Choose one

1. Do you think you drink too much?

Feedback:

Provider: Do you think you drink too much?

Ms. Cosgrove: No.

Discussion: Asking the patient's view is a good approach. This was step 2 in the 7 steps we presented in the module on brief interventions. But asking it as a "closed" ended question, that is, one that can be answered "yes" or "no," didn't get Joanne to say very much. An open-ended question, for example, one that starts with "How" or "What" would elicit detail or information that may be important

to your brief intervention. Be careful with questions that start with "Why," however, because they may make patients defensive.

2. Why not higher than a 3?

Feedback:

Provider: *Why not higher than a 3?*

Ms. Cosgrove: *I thought I was doing pretty good by even thinking about it.*

Provider: *You are. But why isn't it an 8 or a 9?*

Ms. Cosgrove: *I'm just not there yet. I feel like you're pushing me too fast.*

Discussion: This patient got defensive when pushed to consider being more ready to quit drinking.

3. Why not lower than a 3?

Feedback:

Provider: *Why not lower than a 3?*

Ms. Cosgrove: *Lower?*

Provider: *Yes, you rated how ready you are to quit drinking at a 3 on a scale of 1 to 10. But why did you pick 3 and not lower, like 1 or 2?*

Ms. Cosgrove: *Well... it would be nice to have my mom stop nagging me about it.*

Provider: *That can be difficult! Any other reason it's not lower than 3?*

Ms. Cosgrove: *I suppose I've driven sometimes when I shouldn't. I'm just lucky nothing happened.*

Provider: *That is certainly an important problem to consider. How often has that happened?*

Ms. Cosgrove: *Oh, maybe just once or twice.....well maybe more, lately.*

Provider: *So you notice you've been drinking and driving more often lately?*

Ms. Cosgrove: *Yes. Now that I'm thinking about it, I'd like to change how ready I am to quit from a 3 to a 5.*

Provider: *Great! I admire how honest you are being with yourself.*

Discussion: Notice how asking, "Why not lower?" got Ms. Cosgrove to focus on the negative effects of her drinking and did not make her defensive. In this case, it even led her to become more motivated to quit drinking.

MORE BRIEF INTERVENTIONS



Next...

Continue the dialogue using techniques from motivational interviewing (MI), plus the 7 steps taught in the module on brief interventions.

Counseling techniques are labeled in parentheses in the following sample dialogue:

Provider: *You became more ready to quit drinking after thinking about drinking while driving. How responsible would you be if you did have an accident while drinking and someone got hurt? (Step 2: Ask the patient's view of the situation. Step 3: Discuss personal responsibility.)*

Ms. Cosgrove: *It would be all me – I get that. It's just that when I'm drinking I don't care as much or I think I can get away with it just this once.*

Provider: *It sounds like you sometimes drink enough to impair your judgment about this important issue and possibly others (Step 3 Discuss personal responsibility). As your medical provider, I recommend you never drink and drive and that you reduce your drinking to within the guidelines we discussed so that you can count on yourself to make sound decisions (Step 4: Non-judgmental advice).*

Ms. Cosgrove: *I would like to do that. It might be hard, though, because I might lose some friends.*

Provider: *That may be. You may lose some friends (MI: Roll with the resistance) On the one hand you want to keep drinking to excess so you can keep your friends, even those who want you to drink too much, and on the other hand, you want to reduce your drinking so you know that you'll be making responsible decisions (MI: Resolving ambivalence). Can we talk about the importance of each one for you? (MI: Asking rather than telling.)*

Ms. Cosgrove: *When you put it that way, not very important. I do have other friends who don't drink too much.*

MORE BRIEF INTERVENTIONS (PART 2)

Continue the dialogue using techniques from motivational interviewing (MI), plus the 7 steps taught in the module on brief interventions.

Counseling techniques are labeled in parentheses in the following sample dialogue:

Provider: *Another thing I'd like to make you aware of is the very likely possibility that your sleeping problems are related to your alcohol use. In fact, the first treatment I'd like to recommend to address your sleeping problems is addressing your alcohol use. (Step 7: Patient education.)*

Ms. Cosgrove: *Is that right? I suppose I really should think about drinking less.*

Provider: *Since you've agreed that you think you should cut down on your drinking, what step are you ready to take toward that goal? (Step 5: Mention goals. MI: Plan for change)*

Ms. Cosgrove: *I'll try really hard to stay within the limits. And I'll ask my friends who don't drink too much to do the driving until I get this under control.*

Provider: *I think that's great! When would you start? (Step 6. Encourage and support the patient, including eliciting commitment to a clear goal.)*

Ms. Cosgrove: *I could start today while I'm inspired! I hope I can do it.*

Provider: We will support you in this. Mrs. Green will give you a list of 12 step programs in the area. I highly recommend you consider going to them. Getting support from others who have been through the same thing can make a big difference. We've also got an educational brochure she'll give you to read over that offers tips to help you be successful. We'll give you a call next week to see how it's going if that's OK (Step 7: Provide patient education and resources and plan for follow-up.)

Ms. Cosgrove: Thank you.

MEET YOUR PATIENT: MS. ALEXANDRA ARMANSKY

Case Info



Patient Name: Alexandra Armansky **Age:** 27 y/o

Height: 5' 7" **Weight:** 122 lbs

BP: 124/84 **Pulse:** 98 **Respiration:** 15/min

Chief Complaint: Feels anxious "all the time." Requests lorazepam.

History of Present Illness: Has always been an anxious person, but feeling "on edge" lately, for the past 6 weeks for no specific reason. No history of tobacco use.

Medical History: Eating disorder (bulimia) during adolescence. Spent 2 weeks in inpatient psychiatric unit for eating disorder at age 15; visited ER 3 months ago for severe nosebleed.

Medications: Rizatriptan (as needed for a migraine headache), Ibuprofen for headaches and cramps.

Laboratory Results: From an ER visit 3 months ago, the only abnormal laboratory result was a blood alcohol content of 12.4 mmol/L (normal <11 mmol/L). Urine tox screen was normal.

Case Objectives

The goals for this case are to apply the following skills learned earlier in the program:

1. Interpret substance use screening results
2. Discuss screening results and concerns with Ms. Armansky
3. Provide brief interventions
4. Determine if referral is warranted and make an appropriate referral

MS. ARMANSKY'S NIDA QUICK SCREEN RESULTS

NIDA Quick Screen



Ms. Armansky was asked the NIDA Quick Screen questions from the online quiz with the following results:

NIDA Quick Screen Question:

In the past year, how many times have you used, or done, the following?

Drug Type	Frequency
Alcohol 5 drinks or more in a day for men, 4 drinks or more in a day for women	Never
Tobacco products	Never
Misused prescription drugs	Weekly
Illegal drugs	Never

Profile Based on Results: The NIDA QuickScreen is positive and *further assessment is indicated, even with one positive response*. The online program automatically generated the following profile based on these results:

Prescription and Illegal Drug Use

Patient is at-risk for illegal/prescription drugs.

The computer then automatically directed Ms. Armansky to continue to take the full NM ASSIST, with questions regarding lifetime misuse prescription drugs for more information on risk level.

QUIZ: MS. ARMANSKY- SCREENING RESULTS

Read the following case information and answer the question at the bottom.



Patient: Ms. Alexandra Armansky

Age: 27 years old

Scenario: Always an anxious person, she's been feeling "on edge" for the past 6 weeks for no specific reason. Ms. Armansky has no history of tobacco use, but her response on the NIDA Quick Screen about past-year substance use revealed that she had misused prescription opioids. The computer screen directed her to the next series of questions of the NIDA-Modified ASSIST, with the following results.

NIDA-MODIFIED ASSIST QUESTIONS

- In the past 3 months, how often have you used prescription opioids?
Never Once or Twice Monthly **Weekly** Daily or Almost Daily
- During the past 3 months, how often have you had a strong desire or urge to use this substance?
Never Once or Twice **Monthly** Weekly Daily or Almost Daily
- During the past 3 months, how often has your use of this substance led to health, social, legal, or financial problems?

Never Once or Twice Monthly **Weekly** Daily or Almost Daily

4. During the past 3 months, how often have you failed to do what was normally expected of you because of your use of this substance?

Never Once or Twice Monthly Weekly Daily or Almost Daily

5. Has a friend or relative or anyone else ever expressed concern about your use of this substance?

No, never Yes, but not in the past 3 months **Yes, in the past 3 months**

6. Have you ever tried and failed to control, cut down, or stop using this substance?

No, never Yes, but not in the past 3 months Yes, in the past 3 months

Question: The computer automatically added up her score on the NIDA Quick Screen and gave an interpretation, which is revealed at the end of the quiz. Predict the score that Ms. Armansky will receive.

Choose one

1. 0-3 Lower Risk
 - Feedback: At a total score of 20 on her NIDA-Modified ASSIST, Ms. Armansky is at the high end of the "Moderate Risk" category.
2. 4-26 Moderate Risk
 - Feedback: At a total score of 20 on her NIDA-Modified ASSIST, Ms. Armansky is at the high end of the "Moderate Risk" category.
3. 27+ High Risk
 - Feedback: At a total score of 20 on her NIDA-Modified ASSIST, Ms. Armansky is at the high end of the "Moderate Risk" category.

CHOOSE AN INITIAL BRIEF INTERVENTION FOR MS. ARMANSKY

Which of the following questions will be most effective to ask Ms. Armansky as part of the brief intervention at this point? Choose the best possible response:

Choose one

1. Why do you use drugs when it is so harmful?

Feedback:

Provider: *Why do you use drugs when it is so harmful?*

Ms. Armansky: *How do you know that?*

Provider: *Well, using drugs can...*

Ms. Armansky: *I'm not really interested. Can we just focus on the reason I came here?*

Discussion: Starting questions with the word "Why" can sound judgmental and make people feel defensive. When they are defensive, they are less likely to open up to you and be receptive to brief interventions.

2. Does using drugs affect your life?

Feedback:

Provider: Does using drugs affect your life?

Ms. Armansky: No (Impatiently)

Provider: I see, um...

Discussion: Ms. Armansky already answered a similar question in the NIDA-Modified ASSIST negatively, so she may be frustrated to be asked again. Also, asking a yes-no question is not as effective at opening up the conversation as asking an open-ended question.

3. How might using drugs affect your life?

Feedback:

Provider: How might using these drugs affect your life?

Ms. Armansky: I suppose it might be starting to a little. It felt great at first, but now it's just hard.

Provider: What is the hardest part?

Ms. Armansky: The money, really. They cost so much and I almost don't have enough to live on some months.

Provider: So if you were able to quit using drugs, you'd have more money to live on. Anything else?

Ms. Armansky: My relationship has gone downhill. My boyfriend doesn't seem to love me anymore. He says I'm too obsessed about getting drugs.

Provider: Enough money to live on, love... Those sound like some pretty powerful motivators. Would you be willing to talk about what could be done to help you if you decided to quit?

Ms. Armansky: (shrugs) We could talk about it...

Discussion: Using questions that begin with "How" and "What" invite the patient to reflect on what you asked them with relatively low level of threat because they get to decide how much or how little to reveal. Notice how Ms. Armansky opened up in response to this question.

QUIZ: NEXT BRIEF INTERVENTION FOR ALEXANDRA ARMANSKY



Read the following case information and dialogue and answer the question at the bottom.

Patient: Ms. Alexandra Armansky

Age: 27 years old

Scenario: Has always been an anxious person, but feeling "on edge" lately, for the past 6 weeks for no specific reason. No history of tobacco use.

The provider continues the brief intervention:

Provider: There are medications that can help you with withdrawal symptoms, and being in counseling and support groups can make a big difference in helping you quit.

Ms. Armansky: I could quit any time on my own. I've done it before. I just go back because that's what I choose.

Provider: How important is being on the drugs to you, on a scale of 1 to 10? (Exploring both sides of ambiguity)

Ms. Armansky: Uh, maybe a 6.

Provider: And how important are your relationships and having enough money to live on?

Ms. Armansky: Well, those are 10s. Hmmm...

Of the following, pick the next step in this discussion that is likely to be most effective and patient-centered:

Choose one

1. I know of a good substance abuse treatment center I'd like you to call.
 - Feedback: Incorrect. Patient-centered approach involves the patient in making decisions regarding her own care. This question is more directive.
2. How would you feel about hearing about your options for help in quitting using these drugs?
 - Feedback: Correct. Patient-centered approach involves the patient in making decisions regarding her own care. This question comes closest to achieving that goal while providing sufficient structure and guidance.
3. What do you want to do?
 - Feedback: Incorrect. Patient-centered approach involves the patient in making decisions regarding her own care, however, some structure and guidance is helpful in supporting the patient and this question does not provide much guidance.

POLL: WHICH LEVEL OF TREATMENT SHOULD YOU DESCRIBE FOR MS. ARMANSKY IF SHE IS INTERESTED?

Choices

1. Residential or Inpatient or Specialty Treatment
 - 5% (131 votes)
2. Intensive Outpatient Specialty Treatment
 - 48% (1260 votes)
3. Outpatient Treatment/Aftercare
 - 26% (682 votes)
4. Local support groups
 - 3% (86 votes)
5. Try a brief intervention in primary care first and see if she responds
 - 18% (467 votes)

BILLING AND FOLLOW UP FOR MS. ARMANSKY

Billing for Ms. Armansky



The entire process of screening, further assessment ("structured screening", brief interventions, and referral to treatment for Alexandra ended up taking 40 minutes so the CPT code 99409 was used to bill her insurance. CPT 99409 is *Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes*

Follow-up for Ms. Armansky

Follow-up is essential when making a referral for substance abuse problems. Ms. Armansky could have trouble with insurance or not like the facility for many possible reasons or discover that they have a waiting list. She may never think about asking for another referral. Also, her motivation may wane once she is away from the office; another brief intervention may be needed to motivate her to follow through on the referral.

MEET YOUR PATIENT: MR. WILLIAMS

Case Info



Patient Name: Clarence Williams **Age:** 70 y/o

Height: 5' 11" **Weight:** 170 lbs

BP: 120/80 **Pulse:** 76 **Respiration:** 14/min

Chief Complaint: Gallbladder surgery

History of Present Illness: Mr. Williams is in the hospital recovering from emergency gall bladder surgery.

Medical History: Long history of cholecystitis, elevated cholesterol treated since 2002, hypertension responded to weight loss, frequent bronchitis and upper respiratory tract infections, appendectomy age 23, fractured right tibia in motor vehicle accident age 40, influenza and pneumonia age 60.

Medications: Atorvastatin for elevated cholesterol, Ibuprofen prn for osteoarthritis and work-related muscle aches.

Substance Use: Drinks two to three alcoholic beverages a day only on weekends, smokes 1 and a half packs per day with a 60 pack-year history of smoking.

Laboratory Results: Cholesterol levels measure at 260 mg/dL (normal 120-240 mg/dL) and HDL levels measure at 30 mg/dL (normal 35-135 mg/dL).

Case Objectives

The goals for this case are to apply the following skills learned earlier in the activity:

1. Provide screening and assessment for tobacco use in a hospital setting
2. Provide brief interventions for tobacco use in a hospital setting for a patient who is ready to quit
3. Select an appropriate medication to support a tobacco quit attempt individualized to the patient's needs and preference
4. Plan for appropriate follow-up for related to substance use for a patient being discharged from the hospital

QUIZ: MR. WILLIAMS – ASSESSING TOBACCO USE

Read the following case information and dialogue and answer the question at the bottom.



Patient: Mr. Clarence Williams

Age: 70 years old

Scenario:

Did you notice that Mr. Williams was a smoker when you reviewed his history?

At intake, Mr. Williams admitted to smoking 1.5 packs per day and the interviewer noted that Mr. Williams has smoked for 60 pack-years. He has not been able to smoke since coming into the hospital for his cholecystectomy. This presents a great opportunity for him to quit smoking by continuing to remain abstinent, as long as he receives plenty of support. After recovery, while Mr. Williams was still in the hospital, the nurse began by discussing the screening question response regarding smoking:

Nurse: *I saw on your intake form that you said you smoked, a pack and a half a day. Is that right?*

Patient: *Yes ma'am.*

Nurse: *How long have you been smoking?*

Question: What does it mean that Mr. Williams has smoked 60 pack-years?

Choose one

1. He has smoked at least a pack a day for 60 years.
 - Feedback: Incorrect. "Pack years" refers to the number of packs per day smoked times the number of years of smoking and gives an idea of the amount of tobacco exposure.
2. His life expectancy was 60 years based on the number of packs of cigarettes he has smoked.
 - Feedback: Incorrect. "Pack years" refers to the number of packs per day smoked times the number of years of smoking and gives an idea of the amount of tobacco exposure.
3. The number of packs per day that he smoked times the number of years that he smoked equals 60
 - Feedback: Correct! "Pack years" refers to the number of packs per day smoked times the number of years of smoking and gives an idea of the amount of tobacco exposure.
4. He has averaged 60 packs per year.
 - Feedback: Incorrect. "Pack years" refers to the number of packs per day smoked times the number of years of smoking and gives an idea of the amount of tobacco exposure.

WHAT TO INCLUDE IN BRIEF INTERVENTIONS: THE 4 R MNEMONIC

Reminder: Thinking in terms of 4 Rs can help you remember some brief interventions:

- Relevance: How is quitting *relevant* in the patient's life?
- Risks: What are the *risks* of continuing to use the substance?
- Rewards: What are the *rewards* of quitting?
- Roadblocks: What *roadblocks* will get in the way of quitting?

A quick resource for clinicians on how to help smokers quit is AHRQ's *Helping Smokers Quit*, a guide for clinicians.

PLAN A BRIEF INTERVENTION FOR MR. WILLIAMS

Question: Describe a brief intervention objective you would like to cover in talking to Mr. Williams today about his smoking.

Potential Response: Potential intervention objectives to discuss with Mr. Williams could include an assessment of his readiness to change, how quitting would be relevant to his life, or the rewards of quitting.

VIDEO: BRIEF INTERVENTION IN A HOSPITAL: TOBACCO

Hospital Patient Who Is "Ready to Quit" Tobacco

Video: The video "Brief Tobacco Intervention: Ready 2 Quit",⁹ which shows a nurse following up on a positive screening question with additional assessment and providing a brief intervention for a patient in the hospital, can be found here: https://www.youtube.com/watch?v=Z4B74E_8ncc

The nurse follows up after discovering from the patient's record that he uses tobacco, and learns that he is ready to quit smoking cigarettes. Steps that she takes include:

- Asking permission to talk about the patient's tobacco use and focusing on the topic
- Asking what type of tobacco the patient uses

The patient volunteers information that the nurse would otherwise ask:

- Amount that the patient smokes
- History of past quit attempts
- The patient's readiness to quit
- Acknowledges that it might be easier for the patient to quit while in the hospital, where he cannot smoke anyhow

The nurse next:

- Affirms that it is important for the patient to quit, and reminds him of the impact/potential impact on his health
- Responds to the patient's question about how to handle craving with a discussion of nicotine replacement (and provides it immediately)
- Provides patient education
- Makes a referral for follow-up counseling

SELECT A BRIEF INTERVENTION FOR MR. WILLIAMS



Dialogue with Mr. Williams:

Provider: *I have been wanting to talk to you about your smoking. Do you realize you have basically quit smoking for 72 hours already? How would you feel if we helped you extend that into quitting permanently?*

Mr. Williams: *I've tried to quit so many times! At least 5 times in the past 5 years. I've done a pretty good job of cutting back. I smoked 2 packs per day for a while there. But I never have been able to quit for long. I doubt I could do it.*

Provider: *You know you can learn a lot from those past attempts to quit. What do you think happened that you went back to smoking?*

Mr. Williams: *It was either some stress or hanging out with smokers and getting the urge to smoke, you know? I'll never get past that.*

Choose all that apply

1. Explore Mr. Williams' ambivalence about quitting (motivational interviewing technique)

Feedback:

Provider: *So what is it about failing to quit smoking when you tried in the past that makes you say you are not interested in trying to quit now?*

Mr. Williams: *It's too hard; I don't want to try to fail again.*

Provider: Well, if you tried to quit a number of times, it sounds like there is at least part of you that really would like to quit.

Mr. Williams: Yes, ma'am. I suppose there is...

Discussion: Exploring ambivalence may help mobilize someone who has been immobilized by fear, especially if you help them see the part of themselves that wants to be healthier, or have a longer life, or other things they value.

2. Discuss what Mr. Williams can do to deal with the urge to smoke around smokers and stress
Feedback:

Provider: What ideas do you have to deal with the urge to smoke when you're around smokers if you were to try to quit?

Mr. Williams: You know, I'd just have to avoid being around them while they smoked. That would be hard, but I suppose I could do it.

Provider: Perhaps you could enlist your friends' help and ask them not to smoke around you.

Mr. Williams: Why, I suppose I could.

Provider: And what could you do to prepare in advance to not start smoking when something stressful comes up?...

Discussion: Planning ahead to solve problems that might come up after quitting will help prepare Mr. Williams to handle these situations if he tries to quit again. Notice how he slowly moved closer to considering quitting, just by engaging in this problem-solving session.

3. "Roll with the resistance" (motivational interviewing technique)
Feedback:

Provider: It might be that if you tried to quit smoking again you might never be able to figure out how to avoid people in your life who smoke when they light up or how to handle your stresses.

Mr. Williams: Well, I suppose I could figure out something, but it wouldn't be easy or fun!

Provider: No, I don't suppose it would. What did you have in mind that would help?...

Discussion: Rolling with the resistance means agreeing with the patient's resistant statements in an attempt to lower their resistance. In this case, Mr. Williams had said, regarding starting to smoke again when around smokers or when stressed, "I'll never get past that." So the nurse rolled with his resistance by agreeing with him and it helped ease his resistance and they were able to continue their dialogue about quitting.

POLL: WHICH TOBACCO CESSATION MEDICATION WOULD YOU, AS A PCP, PRESCRIBE FOR MR. WILLIAMS?

Choices

1. Nicotine patch
 - 22% (566 votes)
2. Nicotine gum

- 4% (108 votes)
- 3. Nicotine lozenge
 - 1% (27 votes)
- 4. Nicotine inhaler
 - 1% (17 votes)
- 5. Nicotine nasal spray
 - 1% (17 votes)
- 6. Bupropion SR
 - 3% (87 votes)
- 7. Varenicline
 - 4% (105 votes)
- 8. Combination of 2 of the above
 - 64% (1661 votes)

FOLLOWUP FOR MR. WILLIAMS

Possible Prescriptions

In the poll on the previous page, did you choose one of the three possible prescriptions from the following list of first-line tobacco treatment medications?

First-line Medications for Tobacco Cessation

1. Nicotine replacement medications
 - Nicotine patch
 - Nicotine gum
 - Nicotine lozenge
 - Nicotine inhaler
 - Nicotine nasal spray
2. Non-nicotine replacement medications
 - Bupropion SR
 - Varenicline

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Billing



Mr. Williams's tobacco counseling and prescription happened in two sessions or around 10 minutes each and so Medicare was billed a CPT code of 99406 (Smoke/Tobacco counseling 3 to 10 minutes) two times.

Each quit attempt may have up to 4 screening and brief intervention sessions and up to two quit attempts may be reimbursed per year.

Follow-up

Upon discharge from the hospital, steps should include:

- Arranging for or recommending follow up with his primary care provider for support in his tobacco cessation attempt.
- The clinician who sees him at his post-surgical evaluations asking how the tobacco cessation attempt is going.
- Writing up the plan for followup in his discharge summary.
- Providing him a prescription for enough medication to last until he is likely to be seen in primary care.
- Providing him with the local quitline number or at least the national number, 1 800 QUIT NOW, which will connect him to the local number.

HOSPITAL JOINT COMMISSION MEASURES

Joint Commission Tobacco Treatment Measures and Substance Use Measures

Tobacco is included among the fourteen performance measures for hospitals accredited by the Joint Commission. Hospitals must choose four measure sets from the list of fourteen and may choose the one for tobacco but are not required to choose this one. The measures require that tobacco users receive treatment for tobacco use disorder during a hospitalization. A similar set of measures, the Substance Use Measures, address alcohol and other drug use. The measure set for tobacco has four components.

These TOB (stands for tobacco) measures were endorsed by the National Quality Forum (NQF) on February 18, 2014. A fourth measure that was proposed initially, a followup by phone call, was not endorsed.

Tobacco Measure ID#	Measure Name
TOB #1	Tobacco Use Screening details
TOB #2	Tobacco Use Treatment (Counseling + Medication) Provided or Offered (during hospitalization, within the first three days after admission) to patients who have used tobacco products within the past 30 days details
TOB #3	Tobacco Use Treatment Provided or Offered at Discharge details
TOB #4	Assessing Tobacco Use Status after Discharge details

Past measures only addressed tobacco use for patients in the hospital for heart failure, myocardial infarction, or pneumonia. So Clarence would not have been covered by these standards for his gall bladder surgery. As of January 2012, he would be covered in hospitals selecting to track the Tobacco Measures, because all patients in the hospital will be covered.

MODULE SUMMARY

After you review the Resources/References, you must return to the Activity Home Page and take the Post-Test and Post-Survey in order to request credit.

Here is a summary of the skills you practiced in this module, organized by case:

JOANNE SCREENING, BRIEF INTERVENTION, AND FOLLOWUP FOR HAZARDOUS ALCOHOL USE



- Choosing the right screening tool for the situation is important, for example, using an alcohol-related screening tool when a pre-screening question reveals only alcohol use is a problem.
- Recognizing that more than one screening tool might be appropriate. For example, for Joanne, both the NIAAA and CAGE yielded useful results.
- Providing a brief intervention when the screening test results reveal it is indicated.
- Using brief intervention skills from Motivational Interviewing such as resolving ambivalence, asking how interested they are in quitting on a scale of one to ten and then asking "Why not lower?" and providing support for quitting, such as asking the patient's view, discussing personal responsibility, providing non-judgmental advice, encouraging and supporting the patient, and providing patient education and resources.
- Always plan to follow up after a brief intervention.

ALEXANDRA: BRIEF INTERVENTION AND REFERRAL TO TREATMENT FOR DRUG-RELATED HAZARDOUS SUBSTANCE USE



- Using the NIDA-Modified Assist pre-screening assessment question quickly pre-screened Alexandra's alcohol, tobacco, and drug use.
- The NIDA-Modified Assist screened Alexandra's alcohol, tobacco, and drug use and then also helped assess the severity of her drug problem.
- Using techniques from Motivational Interviewing, such as exploring both sides of an ambiguity, being non-judgmental, and reflective listening helped open Alexandra up to considering a referral for treatment.

- It is important to strike a balance between providing enough structure to support the patient and involving them in their own care, ie providing patient-centered care.

CLARENCE: BRIEF INTERVENTION AND BRIEF TREATMENT WITH REFERRAL FOR FOLLOW-UP IN THE HOSPITAL FOR SMOKING



- Remember to review all hospital records for smoking history.
- Provide a brief intervention that takes advantage of the patient's non-smoking status while in the hospital.
- Using techniques from Motivational Interviewing such as rolling with the resistance, and providing support for quitting such as facilitating problem-solving.
- Provide a prescription to support tobacco cessation if indicated.
- Recommend follow-up with the primary care provider regarding the substance use problem, making the appointment for the patient if possible.

After you review the Resources/References, you must return to the Activity Home Page and take the Post-Test and Post-Survey in order to request credit.

EXTERNAL RESOURCES:

- [AUDIT](#)
AUDIT Questionnaire
- [Download Current Joint Commission Hospital Quality Measures](#)
The Joint Commission provides downloads and releases notes on the latest quality measures here, including measures for tobacco, alcohol, or drug use.
- [Helping Smokers Quit – A Guide for Clinicians](#)
A website that explains the 5 A's for tobacco cessation.
- [NIDA Quick Screen – Online](#)
The NIDA quick screen is an online screening tool for substance abuse filled out by the patient. Based on the patient's responses, it generates a substance involvement score that suggests the level of intervention needed. This is the short, online version of the longer screening tool, the NIDA Modified ASSIST.

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