Screening, Brief Intervention, and Referral to Treatment

Pilot Project Review:

Mercy Hospital

and

Oklahoma Dept of Mental Health and

Substance Abuse Services

What is SBIRT?

SBIRT stands for Screening, Brief Intervention, Referral, and (Referral to) Treatment

Evidence-based early intervention strategy

Designed to identify and intervene with at-risk and high-risk users in the healthcare/hospital settings

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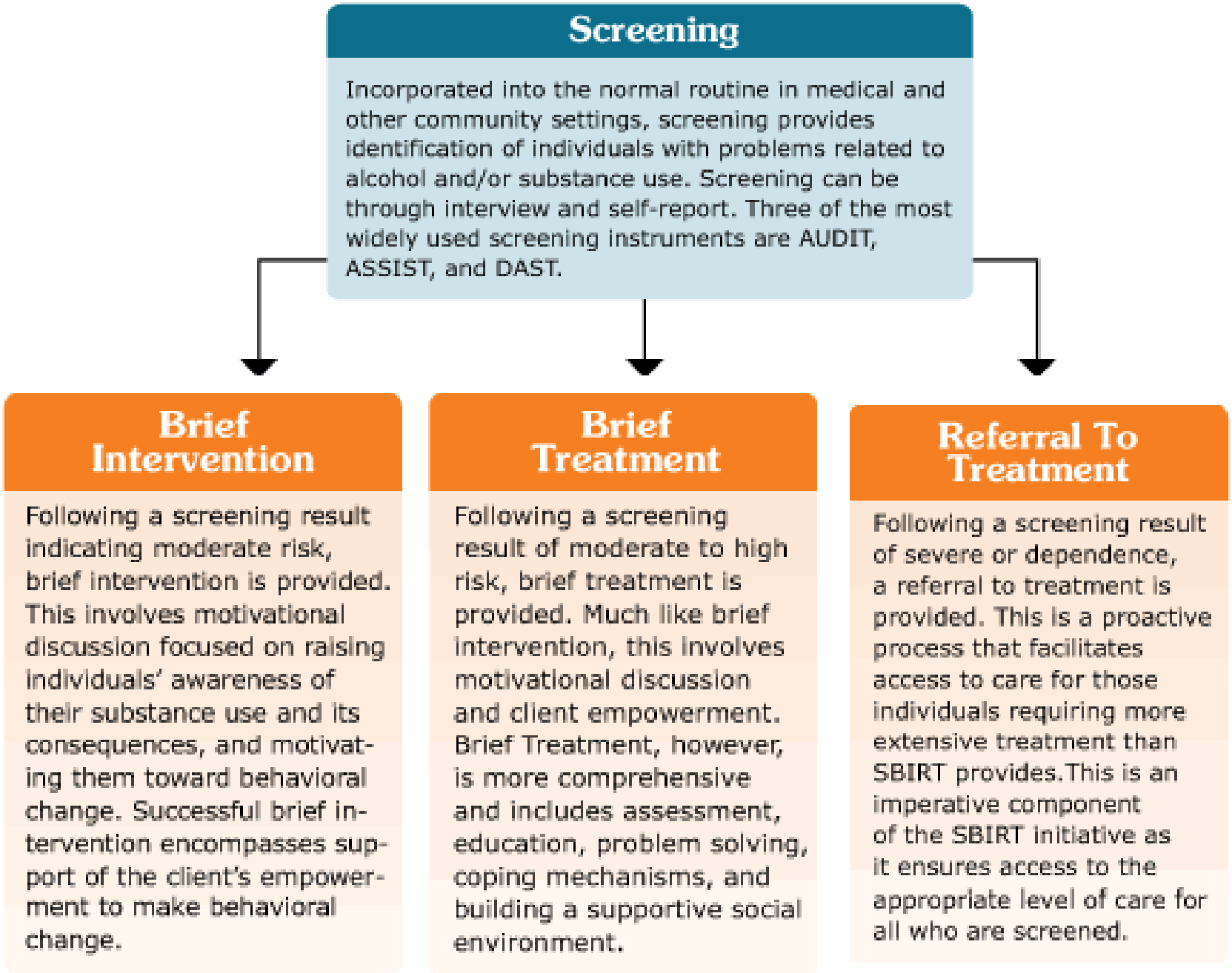
http://sbirt.samhsa.gov/index.htm



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Who is Screened?

Screening is universal (everyone) for patients in primary care, emergency room/trauma, and other healthcare settings.

Little attention has been paid to the large group of individuals who use drugs but are not, or not yet, dependent and who could successfully reduce their drug use through "early intervention" (Klitzner et al., 1992; Fleming, 2002).

The primary focus of specialized treatment has been persons with more severe substance use or those who have met the criteria for a Substance Use Disorder. The SBIRT Initiative targets those with nondependent substance use and provides effective strategies for intervention prior to the need for more extensive or specialized treatment.

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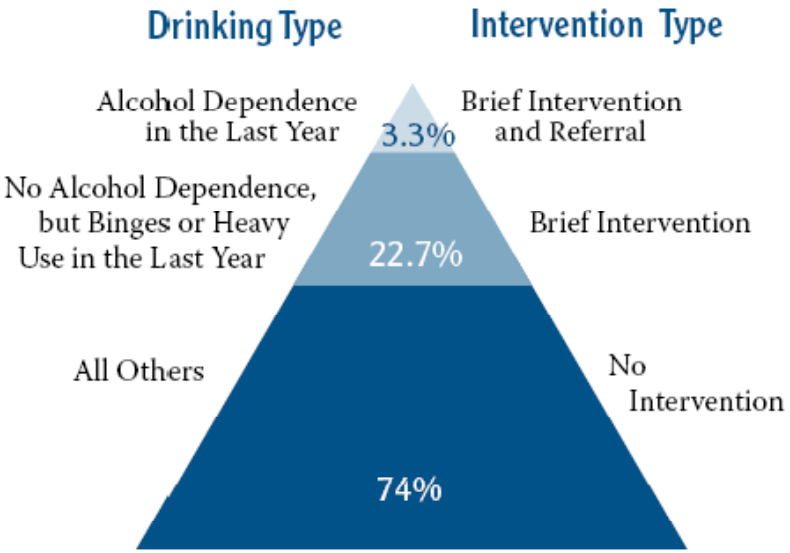
Alcohol Users, For Example

The triangle on the right shows that even if we were able to effectively treat the 3.3% who are dependent, we would not have addressed the largest portion of the U.S. alcohol problem: the 22.7% who are not dependent but have experienced problems or have significant risks related to their drinking.

Figure 1: Pyramid of Alcohol Problems[1]



Note: The prevalence estimates in this figure are for non-institutionalized U.S. population, not trauma patients.

Why is SBIRT Important?

The impact of hazardous alcohol and substance abuse is far-reaching and can exacerbate medical, mental, and social problems resulting in significant cost to the public.

Federal estimates place the national annual economic cost of alcohol and drug abuse to society at $375 billion (NIDA and NIAAA, 1998).

The SBIRT Initiative represents a paradigm shift in the provision of treatment for substance use and abuse. The services are different from, but designed to work in concert with, specialized or traditional treatment.

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What is the Impact of SBIRT?

SBIRT research has shown that large numbers of individuals at risk of developing serious alcohol or other drug problems may be identified through primary care screening. Interventions such as SBIRT have been found to:

Decrease the frequency and severity of drug and alcohol use,

Reduce the risk of trauma, and

Increase the percentage of patients who enter specialized substance abuse treatment.

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What is the Impact of SBIRT?

Screening and brief interventions have also been associated with fewer hospital days and fewer emergency department visits.

Cost-benefit analyses and cost-effectiveness analyses have demonstrated net-cost savings from these interventions.

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SBIRT Pilot Project

Funded six month implementation pilot program at Mercy Emergency Center.

Goals include:

(1) Increase the number of emergency room patients receiving alcohol and other drug screening;

(2) Increase the number of emergency room patients receiving alcohol and other drug education;

(3) Increase the number of at-risk alcohol and other drug users receiving brief interventions;

(4) Increase the number of high-risk alcohol and other drug users receiving referral services;

(5) Decrease the number of initial and repeat emergency room visits for alcohol and other drug related injuries/deaths; and

(6) Institutionalize effective alcohol and other drug prevention and early intervention policies, protocols, and practices within Mercy Hospital.

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SBIRT at Mercy

Done in conjunction with a grant from ODHSMS

Participants in the SBIRT Project

- Gary Parker, PhD, MS, BSN
- Jessica Hawkins, BA
- Linda Fanning, MSN, BSN
- Rhonda Hanan, MS, BSN
- Mark Johnson, MD
- Cathy Dirickson, BSN

Where we work

Getting started

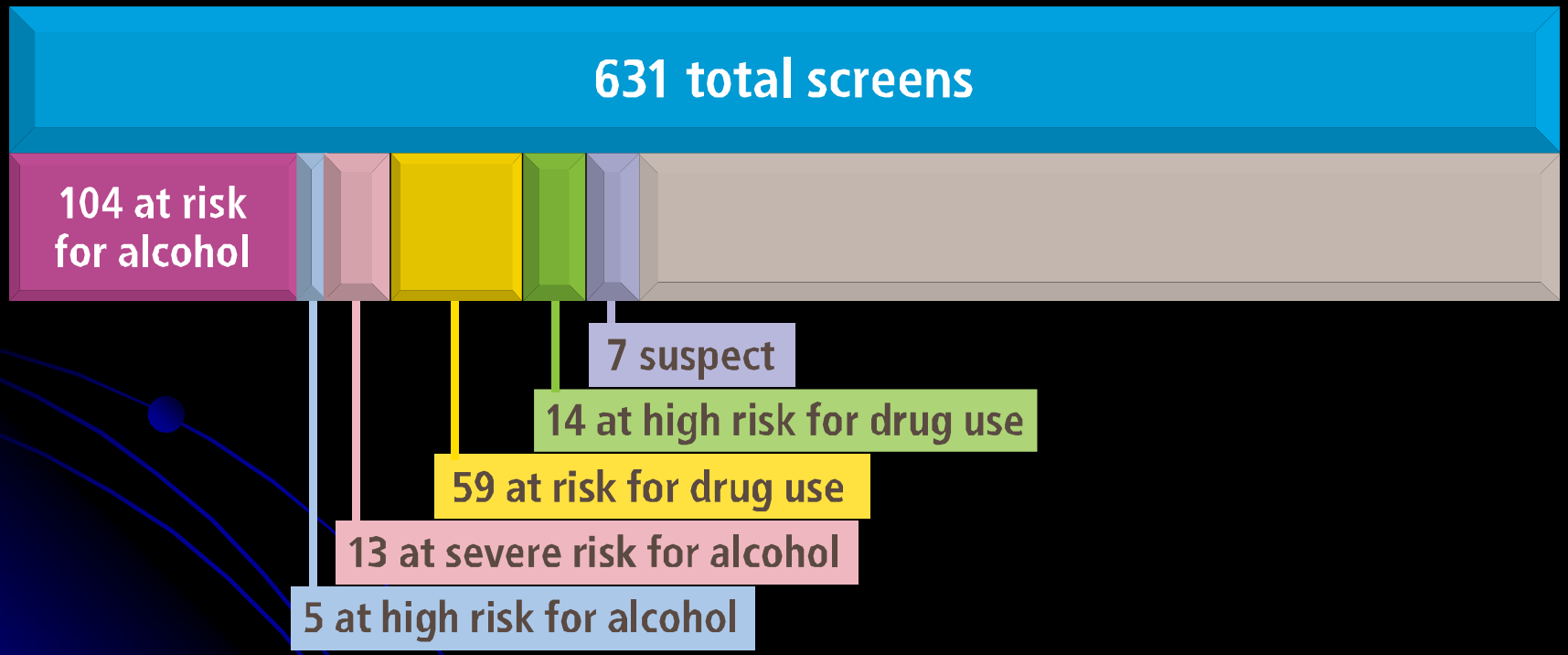
- After grant was approved, several meetings were held with Jessica and Steven Buck to help develop study design and flow.
- Based on feedback from ER physicians, we decided to focus on the 3pm – 12am shift.
- We met with ER staff on the best way to incorporate SBIRT into their busy world.

Getting started

- Many interviews were held to find our five screeners
- Training was provided by JR Ayala, recognized nationally as an expert in SBIRT
- We went live on October 7, 2008
- What we have seen so far:

SBIRT Stats

October 7, 2008–January 5, 2009
Total screening days = 69
3–11 pm shift



SBIRT Stats

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Services provided	
Brief advice / booster	24
Brief intervention	133
Referrals	17
Under 21	16
Pregnant	8

The future

- We hope to procure more funding so we can keep the SBIRT program going within our ER
- Looking at adding SBIRT into our community clinics
- At the end of this study we will be writing an article about our experiences with SBIRT in the ER. Our goal is to teach other ERs so they may replicate what we are doing in Oklahoma.

Thank you

- Thanks to **ODMHSAS** for providing us with the project funds
- Thanks to **Mercy Health Center** for allowing this to happen in our ER
- Thanks to **Jessica Hawkins** and **Steven Buck** for all of their help
- Thank you to **this group** for allowing us to make a difference in our community

Questions?

For more information, contact Gary Parker:

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