



Massachusetts SBIRT News



Fall 2009, Issue 1

Screening, Brief Intervention, Referral and Treatment (SBIRT)

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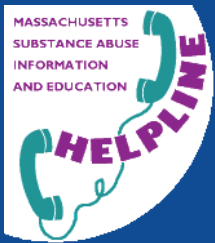
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SBIRT Web Page on
Mass.gov



Helpline # (Toll Free):

1-800-327-5050

TTY (Toll Free):

1-888-448-8321

www.helpline-online.com

Free, confidential information and referrals for alcohol and other drug abuse problems and related concerns.

Use its website 24/7 or speak with a Referral Specialist

Monday - Friday:

8:00 am to 11:00 pm

Saturday and Sunday:

9:00 am to 5:00 pm

Language interpreters are always available.

Welcome to the first issue of the BSAS SBIRT Newsletter which will bring you news about SBI projects around the state. This publication will incorporate updates about the MASBIRT project, as previously done by the "In the Loop" newsletter. This first issue focuses on established projects.

The Joint Commission and SBIRT

The Joint Commission - formerly known as JCAHO or Joint Commission on the Accreditation of Healthcare Organizations - recently released a request for public comment on proposed new hospital performance measures.

If adopted, the proposed SBIRT Joint Commission measures would require that:

- All admitted patients are screened for excessive alcohol use, use of illicit drugs, misuse of prescription drugs, and tobacco use.
- All patients with a positive screen receive a brief intervention.
- All patients with a positive screen who are found to have alcohol or drug dependence or tobacco dependence will have treatment initiated in the hospital or be referred to treatment at discharge.
- All patients be contacted within two weeks post hospital discharge and offered additional help as needed.

This proposal recognizes the growing body of evidence that supports SBIRT as a public health approach to identify risky substance use, intervene early, and prevent consequences related to substance abuse. SBIRT performance measures will greatly assist in sustaining SBIRT as a standard of care.

The public comment period ends September 30, 2009.

The Joint Commission accredits nearly 16,000 hospitals in the country – about 95% of US hospitals beds.

Click here to provide comment or

enter the following in your web browser:

http://www.surveymonkey.com/s.aspx?sm=1TBtOYyNkkAJYVQIb6jG8g_3d_3d

MASBIRT

Multiple settings

Sixteen trained Health Promotion Advocates (HPAs) perform screenings at:

Boston Medical Center
Emergency room
At bedside on 7 Inpatient Services
At annual visits in 11 Outpatient Clinics

Quincy Medical Center
Emergency Room
At bedside in 2 Inpatient Services

Community Health Centers

Codman Square Health Center

Dorchester House Multi-Service Center

East Boston Neighborhood Health Center

South Boston Community Health Center

Whittier Street Health Center

Funded through a five-year \$14 million Federal grant from SAMSHA, Massachusetts SBIRT (MASBIRT) is administered by the Massachusetts Department of Public Health Bureau of Substance Abuse Services.



The MASBIRT (MAssachusetts Screening, Brief Intervention, Referral and Treatment) Program is a clinical service that employs specially trained Health Promotion Advocates (HPAs) at Boston Medical Center (BMC), Quincy Medical Center, and at five greater Boston Community Health Centers. HPAs universally screen and help patients with risky or unhealthy drug and alcohol use through brief intervention counseling and facilitated referrals to specialty addiction treatment. To date nearly 70,000 patients have been screened and over 11,000 brief interventions have been conducted since the program rolled out in March 2007.

MASBIRT is pleased to welcome two new Spanish-speaking HPAs this month, bringing the total to 16.

The project's automated calling system known as Telephone-Linked Care (TLC) asks patients health questions, including the MASBIRT pre-screening questions about tobacco, alcohol and drug use as part of an appointment reminder call. TLC has successfully called BMC Primary Care Clinics' patients since August 2008. To date, over 750 patients have been screened via automated programs!

Since September 2007, MASBIRT's Medical Directors and Clinical Supervisors have taught an SBIRT Addiction Medicine elective to pre-clinical medical students at Boston University School of Medicine to educate students on detecting and addressing unhealthy substance use. Post-elective surveys indicate that students increased their confidence and self-efficacy in counseling patients with substance use issues. The next session of the elective will begin this month.

MASBIRT's collaboration with the Boston Center for Treatment Development and Training produced the Comprehensive Addiction Treatment Manual for therapists and counselors interested in Brief Treatment certification. Brief Treatment is a manualized, patient-centered approach focused on specific skill areas vital to advancing client change. The project's Brief Treatment sessions are provided at the Boston Public Health Commission. An "exposure training" is planned for treatment supervisors and managers later this fall and a full course should be available in Spring 2010.



ED SBIRT Hospital Emergency Departments

Southeast Region:
St Anne's Hospital

Western Region:
Mercy Medical Center

Central Region:
Heywood Hospital
UMASS Memorial
Medical Center

Southeast Region:
South Shore Hospital

Boston Region:
Boston Medical Center
Pediatric ED

Funded through a BSAS contract
with the BNI-ART Institute,
Boston University School of
Public Health



The BNI - ART Institute

Brief Negotiated Interview and Active Referral to Treatment

For the past 15 years, Boston Medical Center's Project ASSERT has conducted screening, brief intervention and referral to treatment (SBIRT) in its Menino Pavilion Emergency Department and provided immeasurable service to the communities of Boston and its surrounding cities and towns. Project ASSERT has served more than 60,000 patients over these years. On Friday September 11th, the Boston Medical Center and the substance abuse treatment community of Massachusetts honored and celebrated Project ASSERT. BSAS director Michael Botticelli provided the day's keynote address and patients shared their stories. Leah Randolph received the Rhoda Creamer Award, Project ASSERT's highest honor given to a member of the community who has supported the program and provided staff mentorship over the years.

Project ASSERT began as a SAMHSA CSAT grant with six health promotion advocates hired from the community to work collaboratively with emergency department staff to motivate patients to change unhealthy behaviors and facilitate access to substance abuse treatment, primary care and other preventive services. Project ASSERT served as a model for the BSAS-funded ED SBIRT and SAMHSA-funded MASBIRT programs and over the years has trained and mentored several thousand clinicians and health promotion advocates.

The BSAS-funded ED SBIRT program in its fourth year continues in six hospital Emergency Departments (ED) throughout the state: Heywood Hospital in Gardner; Mercy Medical Center in Springfield; South Shore Hospital in Weymouth; St. Anne's Hospital in Fall River; Boston Medical Center Pediatric ED in Boston; and UMASS Memorial Medical Center in Worcester. Between July 2008 and June 2009, ED SBIRT health promotion advocates found 2,479 patients who screened positive and performed 2,217 brief negotiated interviews. Of these, 1,149 led to referrals to treatment. An article highlighting what was learned in the implementation of this program will appear in the November 2009 special issue of Academic Emergency Medicine addressing ED screening and brief intervention.

Project ASSERT is a key component of the BNI-ART Institute (Brief Negotiated Interview-Active Referral to Treatment).

<http://www.ed.bmc.org/sbirt/>



RESOURCES

Adolescent screening toolkit can help physicians incorporate the CRAFFT screening tool, brief advice and referrals, if needed, into routine adolescent visits.

www.mass.gov/dph/bsas



Physician training website funded by NIAAA includes video clips in primary care settings

www.mdalcoholtraining.org

ED curriculum developed as part of SAMHSA-funded SBIRT Medical Residency Program at Yale University

www.yale.edu/sbirt

"Tip 49: Incorporating Alcohol Pharmacotherapies into Medical Practice" is available at ncadi.samhsa.gov



For more info:

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Bureau of Substance Abuse Services
(617) 624-5189

www.mass.gov/dph/bsas



As of July 1, 2009, Pediatric and Child Psychiatry residents at Children's Hospital are being trained to screen adolescents for substance use, provide brief interventions and refer to treatment (SBIRT). The Center for Substance Abuse Treatment of the Substance Abuse and Mental Health Services Administration awarded this five year grant to Children's Hospital - Center for Adolescent Substance Abuse Research (CeASAR) - with Sharon Levy, MD, MPH as Project Director. The residents are being trained to use standardized screening tools, provide brief interventions using motivational interviewing skills, safely prescribe stimulants and opioids, and use appropriate drug testing procedures to monitor patients. SBIRT is now a routine component of adolescent well-care visits and is currently being expanded to sick visits. Pediatric Psychiatry Residents receive additional training in the use of buprenorphine replacement therapy. In the Pediatric Emergency Department, residents will use an exciting new computerized screening tool developed by CeASAR to deliver SBIRT.

Reimbursement Code Update

The Medicare Part B Carrier for Massachusetts (National Heritage Insurance Co – NHIC Corp.) recognizes and will reimburse for Medicare's G codes for Brief Interventions "only when appropriate, reasonable and necessary (i.e., when the service is provided to evaluate patients with signs/symptoms of illness or injury) as per section 1862(a)(1)(A) of the Act." Part B Medicare reimburses for inpatient and outpatient physician, and outpatient therapy services.

According to NHIC Corp. the codes allow for "appropriate Medicare reporting and payment for alcohol and substance abuse assessment and intervention services that are not provided as screening services, but that are performed in the context of the diagnosis or treatment of illness or injury." Medicare does not reimburse for any screening. It does reimburse for brief intervention, when appropriate, following use of structured screening tools. It does not look for a particular diagnosis code when these procedure codes are submitted for reimbursement.

- G0396 Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST) and brief intervention, 15 to 30 minutes.
- G0397 Alcohol and/or substance (other than tobacco) abuse structured assessment (e.g., AUDIT, DAST) and intervention greater than 30 minutes