



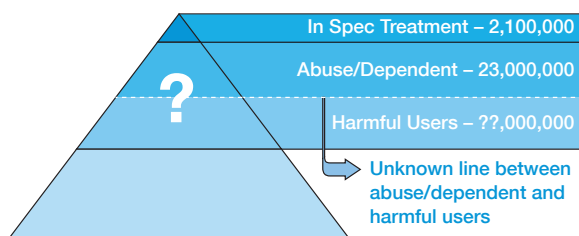
## Early Screening Saves Lives and Money: Screening, Brief Intervention, and Referral to Treatment (SBIRT)

Today only 1 in 8 Rhode Islanders with an alcohol or drug addiction are getting the treatment and care they need to successfully fight their disease. The health care, prison, and governmental costs related to the tens of thousands of Rhode Islanders with untreated addiction are growing. Treatment works—expanding access to addiction treatment will produce significant societal and other savings.

National survey results demonstrate there is a culture of drinking in Rhode Island. In 2007, nearly two-thirds (63.1%) of persons aged 12 and older reported past month alcohol use – the highest rate in the nation. Since the inception of the National Survey on Drug Use and Health (NSDUH) report, Rhode Island has consistently placed at or near the top in past month alcohol use and past month binge alcohol use. In total, 677,000 Rhode Islanders reported past month alcohol or drug use in a state of only 1,005,000 people. While many of these individuals will continue to drink and/or use illicit drugs without becoming addicted, for some, continued use will lead to abuse or addiction.

### Substance Use Pyramid

The Office of National Drug Control Policy (ONDCP) Substance Use Pyramid for the U.S. population illustrates the potential to halt the progression from use to abuse BEFORE it becomes addiction. The vast majority of the population falls in the lowest tier of the ONDCP use pyramid. The question mark in the pyramid is the unknown number of individuals in the United States that are drinking or using drugs at a level that is likely to become a threat to their health and well-being. If these individuals could be identified through an SBIRT screen and brief intervention by medical personnel, we could dramatically reduce the progression to substance abuse and dependence.



SBIRT is a public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. A tool for identifying possible substance use disorders at an early stage, SBIRT is ideal for widespread use through annual well visits with primary care physicians and in hospital Emergency Departments. Under an expanded SBIRT use scenario,

individuals identified through their primary care provider are likely to have insurance coverage for necessary treatment either through employer provided health insurance or Medicaid. With insurance funding available, the system will likely expand capacity to meet the anticipated expanding need.

SBIRT can be used in primary care centers, hospitals and other community settings to improve early intervention with at-risk substance users before more severe consequences occur.

### There are three steps involved:

- Screening – Quickly assesses for the presence of risky substance use, follows positive screens with further assessment of problem 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.

A 2008 Substance Abuse and Mental Health Services Administration (SAMHSA) report concludes that SBIRT programs decrease illicit-drug use rates by 67.7 percent and heavy alcohol use rates by 38.6 percent.<sup>1</sup> 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
- Increase the percentage of patients who enter specialized substance abuse treatment
- Reduce hospital stays and emergency department visits

The National Center for Prevention Priorities (NCPP) has studied preventive services for medical conditions and made recommendations for utilizing the most effective ones. SBIRT services were ranked 4th of 25 services – behind advising appropriate patients to take aspirin to prevent cardiovascular disease, administering childhood immunizations, and conducting smoking cessation counseling. The NCPP 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 health care settings.<sup>2</sup>

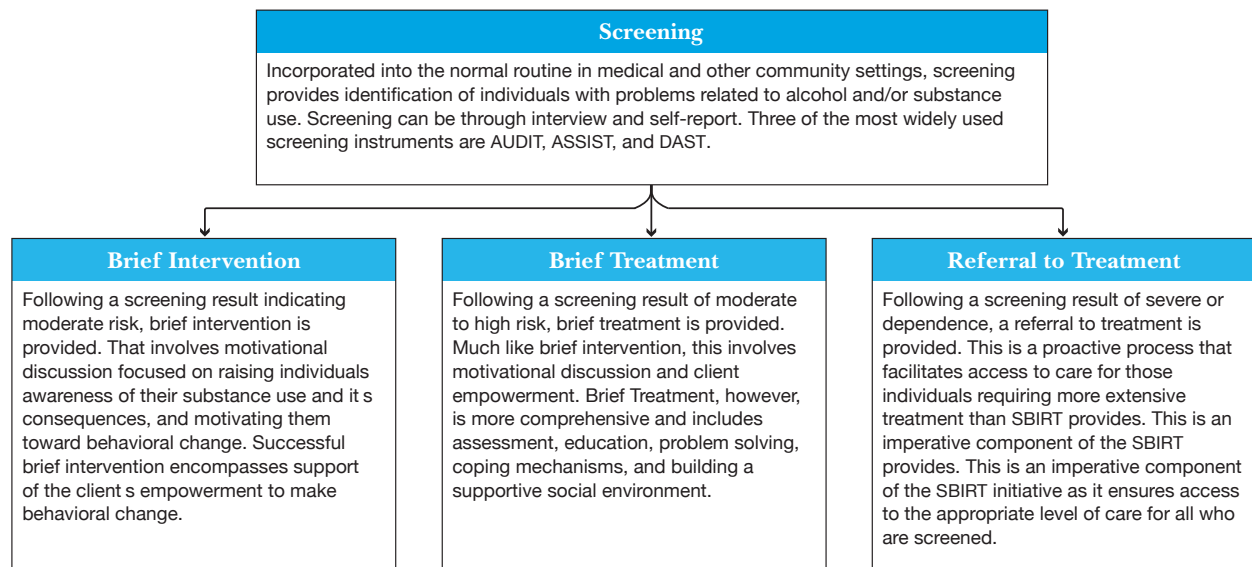
Currently in Rhode Island, SBIRT is used on a limited basis. A pilot program, sponsored by the Rhode Island Department of Mental Health, Retardation, and Hospitals (MHRH) in South County among primary care physicians shows considerable promise. In addition, researchers at the Rhode Island Hospital Emergency Department are participating in a joint SAMHSA/ National Institute on Drug Abuse (NIDA) funded initiative to evaluate the utility of SBIRT in the ED setting. The Rhode Island Department of Human Services (DHS) is considering the use of reimbursement funding codes for SBIRT in the Medicaid program, which insures over 180,000 low-income individuals in Rhode Island.

SBIRT can be used successfully as a statewide SUD prevention, diagnosis and linkage to treatment strategy identifying potential substance use issues at an early stage. The potential for cost

savings is also significant. Using a model developed by Solberg et al<sup>3</sup>, the Closing the Addiction Treatment Gap (CATG) Coalition developed cost savings estimates that project \$77.3 million in savings if adopted in all public and private insurance systems and \$9.1 million savings in Rite Care for the roughly 118,500 children and families covered under this part of the Medicaid program.\*

## Policy Recommendations

- 1 **The Rhode Island Medicaid Program should adopt SBIRT funding codes** to allow for reimbursement to physicians and physician assistants, and broadly promote its use in the Rite Care Program for mothers and children to ensure early identification of substance use disorders.
- 2 **Create a public-private partnership led by MHRH** to initiate and support SBIRT expansion in public and private insurance programs.
- 3 **Work with medical societies to create training opportunities and technical support** for doctors and medical personnel interested in implementing SBIRT.



[www.closesthegapri.org](http://www.closesthegapri.org)

<sup>1</sup> SAMHSA. [www.samhsa.gov/newsroom/advisories/0810310048.aspx](http://www.samhsa.gov/newsroom/advisories/0810310048.aspx)

<sup>2</sup> National Committee on Prevention Priorities, <http://www.prevent.org/content/view/43/71/>

<sup>3</sup> Solberg LI, Maciosek MV and Edwards NM. Primary Care Intervention to Reduce Alcohol Misuse: Ranking its Health Impact and Cost Effectiveness. *American Journal of Preventative Medicine*. 2008; 34(2): 143-152.

\* Calculated based on Solberg et al estimates of 176,000 QALYs saved from a birth cohort of 4,000,000. Assumes the population is a birth cohort with uniform exposure and risk (an assumption that is not valid for the RI population or Rite Care population estimates, as these populations include all age ranges.)