

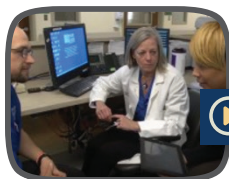
## Next Steps

Increase awareness of substance use as a health issue  
[www.ImprovingHealthColorado.org](http://www.ImprovingHealthColorado.org)

## Moving upstream to identify, reduce and prevent problematic substance use.

Purpose: SBIRT allows Colorado to "focus upstream" to help prevent substance use. Many individuals with risky substance use and substance use disorders appear in health care settings due to injuries and illnesses related to their use. SBIRT can identify, reduce and prevent problematic substance use.

## Building the future on a decade of progress



Reflecting on 10 Years  
[VIEW NOW](#)

## Start

### 2 consecutive 5-year federal grants

Since 2006, SBIRT Colorado has been funded through the Substance Abuse and Mental Health Services Administration. This funding is administered by the Colorado Office of Behavioral Health. Peer Assistance Services manages and implements SBIRT Colorado and OMNI Institute is the evaluator.

## Future Goals

### Areas for growth

- Establish substance use screening as a vital sign.
- Focus on effective screening and brief intervention for adolescents.
- Ensure SBIRT is included in health care delivery and payment reform initiatives.
- Promote inclusion of SBIRT in health professional education.
- Demonstrate effect of screening and brief intervention on health outcomes and health care costs.

## Impact

**173,000+ Patients Screened**

**83%** agree that everyone should talk with a health care professional about substance use.

**88%** were very or extremely satisfied with SBIRT.

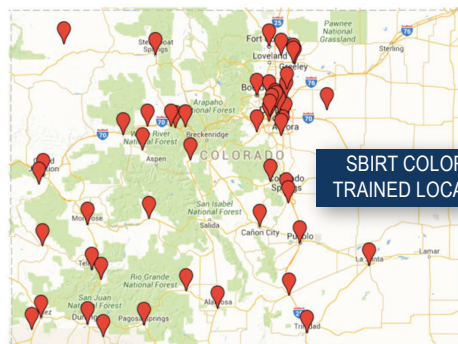
There are benefits identified for those patients screened, including:

**39.5% ↓** decrease in number of days using alcohol and

**21.7% ↓** decrease in number of days using cannabis in the past 30 days.

## Tools and Resources for Health Care Providers

SBIRT Colorado has reached more than 15,000 health professionals through trainings and presentations.

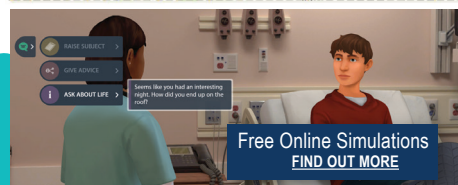


SBIRT COLORADO  
TRAINED LOCATIONS

## Statewide Screening and Brief Intervention

Over 10 years health educators funded through the grant screened patients at 23 sites. Clinics and hospitals not funded through SBIRT Colorado also are implementing SBIRT.

SBIRT COLORADO FUNDED SITES



Free Online Simulations  
[FIND OUT MORE](#)

# SBIRT Colorado: Building the Future on a Decade of Progress

## Event Summary

### Background:

Screening, Brief Intervention, Referral to Treatment (SBIRT) is an evidence-based practice used in health care settings to identify, reduce and prevent problematic substance use. SBIRT creates patient and provider awareness about the preventable health issue of risky substance use and encourages patient-directed solutions to behavior change. Research has demonstrated that SBIRT provides a high return on investment, both in saving dollars and improving overall health.

Since 2006, SBIRT Colorado has been funded through the Substance Abuse and Mental Health Services Administration (SAMHSA). This funding is administered by the Colorado Office of Behavioral Health. Peer Assistance Services manages and implements SBIRT Colorado and OMNI Institute is the evaluator.

On June 7, 2016, SBIRT Colorado hosted an event at the Denver Art Museum. Nearly 80 representatives from government agencies, academic institutions, private foundations, non-profit organizations, health insurers, hospitals, primary care practices, school-based health centers and mental health and substance use treatment providers participated in the two-hour event. The participants learned about the successes and challenges related to implementing SBIRT over the past 10 years and identified specific areas of focus to make SBIRT a standard of care in Colorado.

### Event Themes:

**Engagement:** Cultural change is an important factor to successfully implement SBIRT in a health care setting. It is not just about a clinic team or one physician acknowledging substance use is a health issue, but about organizational change and a strong commitment to prevention and early intervention throughout the health care system. Substance use is often talked about in regards to engaging a patient or individual to change his or her behavior, whereas SBIRT Colorado has acknowledged that it is about patient engagement as well as engagement of the entire health care team.

**Standard of Care:** Screening for substance use should be considered a vital sign. It should be as routine as taking a patient's blood pressure. Like hypertension or tobacco screening, screening and brief intervention for substance use is a preventive service. SBIRT is an approach to care that is used for other health conditions. Routinely screen using a validated tool to identify an individual's level of risk. Engage in a brief conversation with the patient about the health issue. Together, identify ways to reduce risk. For those with a more serious problem, arrange for an additional assessment and services.

**New Partners:** SBIRT is one important component of substance use prevention that is provided at the individual patient level. SBIRT can be better integrated into an overall prevention strategy to substance use problems along with public policy changes and community-based interventions. SBIRT increases provider and patient awareness of substance use as a health issue. This message needs to be shared and amplified in the broader community through partnerships with schools, workplaces, community-based organizations, and public health and social service agencies.

Welcome and Overview, Cassidy Smith, MPH, Director, SBIRT Colorado, Peer Assistance Services, Inc.

- We cannot ignore the substance use challenges begging our attention. A growing field of research confirms that substance use conditions are comprised of a complex relationship between genes and the environment, including adverse childhood experiences. The state's alcohol-related and marijuana-related industries are booming and influencing community attitudes and norms related to substance use. Colorado residents use alcohol and other substances at a higher rate than the national average, and they also perceive that use as less risky than does the average American.<sup>1</sup>
- SBIRT is one important component of substance use prevention, provided at the individual patient level. SBIRT needs to be a part of an overall prevention approach to substance use problems along with public policy changes and community-based interventions.
- SBIRT allows Colorado to "focus upstream" on substance use prevention. Many individuals with risky substance use and substance use disorders appear in health care settings due to injuries and illnesses related to their use. SBIRT can identify, reduce and prevent problematic substance use.
- SBIRT Colorado has facilitated the screening of more than 170,000 patients across the state and reached more than 15,000 health professionals through trainings and presentations. SBIRT CO partnered with the state Medicaid office to activate SBIRT billing codes, allowing for provider reimbursement.
- Though there is momentum in Colorado and nationally, screening is not yet an established standard of care. Like hypertension or tobacco screening, screening and brief intervention for substance use is a preventive service that should be offered routinely.
- Screening involves identifying unhealthy or risky use of alcohol and other drugs. Although there has been a lot of attention given to opioid and marijuana use, alcohol remains the most common substance use problem and the biggest missed opportunity when it comes to prevention and early intervention in a health care setting.
- Screening and brief intervention is considered an appropriate approach for raising the issue and potentially helping to reduce harm associated with substance use. The Partnership for Prevention ranks alcohol screening and brief intervention as one of the four most effective preventive services for prevention of death, injury and disease AND one of the most cost effective services to deliver. Alcohol screening and brief counseling can reduce alcohol consumption by 25% in those who drink too much.<sup>2</sup> One dollar spent on alcohol screening and brief intervention can save close to \$4 in overall healthcare costs.<sup>3</sup>
- Only 1 in 6 adults ever talk with a doctor or other health professional about their alcohol use.<sup>2</sup>
- Click [here](#) to view presentation slides.
- Click [here](#) to view SBIRT Colorado 10-Year Video.

---

<sup>1</sup>The National Survey on Drug Use and Health (NSDUH), SAMHSA, 2014/15.

<sup>2</sup> CDC Vital Signs report 2014.

<sup>3</sup> Kraemer, K.L. (2007). The Cost-Effectiveness and Cost-Benefit of Screening and Brief Intervention for Unhealthy Alcohol Use in Medical Settings. Substance Abuse, 67-77.

State Priorities for Substance Use Prevention, Liza Tupa, PhD, Director Community Behavioral Health Division, Colorado Office of Behavioral Health

The Office of Behavioral Health is implementing various strategies to make SBIRT "a routine piece of health care." Approaches include:

- Leveraging existing opportunities in the state, including the State Innovation Model (SIM) demonstration grant, where OBH is training primary care professionals and others on substance use screening and issues. A focus of the training is to help health care professionals be comfortable with asking and talking about substance use with their patients.
- Investigating the development of an up-to-date referral directory that is easy to use by health care professionals when in need of a referral to treatment.
- Helping providers understand and utilize SBIRT billing codes.
- Prioritizing federal block grant dollars to support more prevention and recovery services.
- Providing statewide technical assistance to community coalitions working on substance use issues on how best to implement and evaluate their programs.

SBIRT Colorado Program Evaluation, Melissa Richmond, PhD, Director, Evaluation and Research, OMNI Institute

- Over 10 years, health educators funded through the grant screened more than 173,000 patients at 23 clinic and hospital sites. This doesn't include patients screened in non-grant funded sites trained by SBIRT Colorado.
- SBIRT Colorado has rich data to draw upon to learn from our efforts to implement screening and brief intervention as a standard of care in Colorado.
  - Published results in scientific journals such as Substance Abuse and presented findings at conferences.
  - Click [here](#) to view the SBIRT Colorado data dashboard.
- Overall, most patients screen no/low risk for substance use. More people screened "at risk" of negative effects from substance use in the emergency department than in primary care.
- Substances identified during screenings for those patients at risk are largely alcohol and cannabis in primary care and emergency department. Opioid problems are often identified in the emergency department. In primary care about 13%, 11%, and 1% screen at risk for alcohol, cannabis and opioid use, respectively. In emergency care about 33%, 26% and 5% screen at risk for alcohol, cannabis, and opioid use, respectively.
- There are benefits identified for patients in the SBIRT Colorado follow-up study, including 39.5% decrease in number of days using alcohol and 21.7% decrease in number of days using cannabis in the past 30 days
- 83% of patients agree that every patient should talk with a health care professional about alcohol, tobacco and other drug use.
- 88% of patients were very or extremely satisfied with SBIRT services.
- Keeping SBIRT simple is the key to sustainability of SBIRT in a health care setting. However, even a simple process requires careful planning and change in practice to be effective.
- Get staff buy-in by making the case at all levels using information that resonates with each audience.
- Fully integrate simple screening tools into forms and electronic systems.
- Use a team-based approach with specified roles and responsibilities.

- Plan for ongoing, strategic trainings to allow staff to practice motivational interviewing.
- Establish referral systems with internal staff or build relationships with external providers.
- Monitor and review data to identify trends in use, and identify whether patients are being missed.
- Click [here](#) to view presentation slides.

#### SBIRT Cost Analysis, Steve Melek, FSA, MAAA, Principal, Consulting Actuary, Milliman (*in absentia*)

- SBIRT Colorado has contracted with Milliman to conduct an analysis of the effect of screening and brief intervention on total health care utilization and costs for clinics and hospitals that have implemented SBIRT in Colorado. The analysis and accompanying report is scheduled to be completed in August 2016.
- One example of the kind of work that has been done in other states to demonstrate cost effectiveness includes a study out of Wisconsin titled "Substance Use Screening, Brief Intervention, and Referral to Treatment Among Medicaid Patients in Wisconsin: Impacts on Healthcare Utilization and Costs."<sup>4</sup> SBIRT was associated with significantly greater outpatient visits and significant reductions in inpatient days among working-age Medicaid beneficiaries in Wisconsin and estimated a net annual savings of \$381 per adult Medicaid beneficiary.

#### Panel Discussion

##### Kerry Broderick, BSN, MD, Attending Physician, Emergency Department, Denver Health Medical Center

- Denver Health is working to change the culture of how providers talk with patients about substance use. Denver Health uses SBIRT in the emergency department and has reached more than 400,000 patients with the brief screen. The Denver Health SBIRT team emphasizes only one question about alcohol use is an intervention in itself that can reduce drinking.
- Denver Health has rolled out SBIRT in various sites, including a women's care clinic, sexually transmitted disease clinic, surgery/outpatient clinics and primary care.
- At the conclusion of their first SBIRT grant, the hospital said they could not do without SBIRT in the emergency department. The health educators were found to be very valuable, so the hospital has picked up the salaries of the health educators. They are now considering how to expand the health educator role to other Denver clinics, as well as to other issues such as diabetes management and obesity. The motivational interviewing techniques used with SBIRT can be applied to other health conditions that can be improved with behavior change.

##### Perry Dickinson, MD, University of Colorado, Department of Family Medicine

- Dr. Dickinson shared the focus of SBIRT Colorado's initial work was how best to identify patients who are at risk of alcohol and substance use problems via the development of lower risk drinking guidelines for primary care providers, and then work to prevent the problems from occurring.
- It is important to incorporate SBIRT training into the formal education of health care professionals.
- An issue that needs to be addressed includes how to effectively respond to a positive screen and connect patients to more specialized services.

---

<sup>4</sup> Paltzer, J., Brown, R., Burns, M., Moberg, P., Mullahy, J., Sethi, A., & Weimer, D. (2016, May). Substance Use Screening, Brief Intervention, and Referral to Treatment Among Medicaid Patients in Wisconsin: Impacts on Healthcare Utilization and Costs. *The Journal of Behavioral Health Services & Research*, p. 1-11. Available at <http://link.springer.com/article/10.1007/s11414-016-9510-2>

Dylan Ross, PhD, LMFT, LPCC, Senior Manager, Department of Behavioral Health, Kaiser Permanente Colorado

- Kaiser Permanente's delivery system is requiring SBIRT as a component of their accountability plan.
- Kaiser Permanente recently conducted a trial to compare different approaches to delivering substance use and mental health screening in primary care for adolescents and found training for physicians and embedding behavioral health clinicians produced better results than usual care. Click [here](#) to learn about the results published November 2015.
- Kaiser has expanded SBIRT to 54 medical facilities throughout California, screening millions of members.
- In Colorado, approximately 30 medical office buildings have implemented SBIRT.
- In an effort to make alcohol a vital sign, Kaiser is working to leverage technology to improve the reliability of screening during routine visits. As of today, 88% of eligible members are screened during routine visits.

Cassidy Smith, MPH, Director, SBIRT Colorado, Peer Assistance Services, Inc.

- At the start of the SBIRT grant 10 years ago, SBIRT Colorado worked hard to convince providers that substance use is a health issue and shared evidence to support SBIRT as an effective, preventive service. This has shifted. There is now an interest in the topic and a demand for SBIRT training and technical assistance. A remaining challenge is communicating the "upstream message" of the value of prevention and that SBIRT is a preventive health service that works.
- SBIRT Colorado's trainings for health professionals have evolved considerably with streamlined content and content and exercises tailored for specific health settings.
- SBIRT Colorado has embraced innovative use of technology, including partnering with HeartSmartKids to embed screening questions into iPads for adult and adolescent patients to complete. The screening information connects to the electronic health record and generates a script for the provider and resources for the patient.
- SBIRT Colorado has partnered with a company called Kognito which offers online simulations to allow providers to practice motivational interviewing skills with virtual patients in a safe place (at their own computer) and assess their skills. Click [here](#) to learn more about the simulations.
- The newer SBIRT tools do a much better job of recognizing that substance use isn't a standalone issue – they address alcohol and drug use, mental health, trauma, chronic pain, suicide risk assessment and related issues.
- SBIRT Colorado continues to refine and develop new educational materials, including clinical tools for adolescent patients, female patients and patients who use marijuana.

Audrey Reich Loy, LCSW, LAC, Behavioral Health Program Manager, San Luis Valley Health (*in absentia*)

- San Luis Valley has the unique challenge of implementing substance use prevention and early intervention strategies in rural areas. In rural communities, everyone knows everyone, and this is important to consider when thinking through how services are provided and reduction of stigma.
- The primary care clinics are working on a plan to implement SBIRT in a busy office environment, including involving leadership in discussions about alcohol use as a "vital sign."
- San Luis Valley Health has started to bill all types of health insurance for SBIRT services, but is experiencing challenges from operating in a fee-for-service environment.



## Looking Ahead

### Where should Colorado focus its future efforts?

- Kaiser Permanente Colorado is working towards applying population management strategies by leveraging electronic medical records to identify key characteristics of at-risk groups, and then directing certain interventions towards key groups. They are building evidence on health outcomes for those who have received a brief intervention. For example, investigating whether an association exists between receiving a brief intervention and improvement in hypertension.
- Denver Health is working to integrate more closely with behavioral health colleagues. Denver Health received a grant to outreach and improve access to Medication Assisted Treatment (MAT) for patients with opioid addictions. The grant supports the development of a risk assessment tool for patients receiving pain medicines who may be at risk of addiction.
- University of Colorado is interested in investigating marijuana use to better distinguish what is considered high risk use and how to effectively screen for that use.
- SBIRT Colorado is working to expand SBIRT into new settings and is developing a public policy approach and opportunities to:
  - Promote SBIRT as a routine prevention service;
  - Use inter-professional team approach to service delivery;
  - Focus more on adolescents;
  - Ensure availability of effective referral to treatment options; and
  - Clarify provider reimbursement for SBIRT.
- San Luis Valley Health is working on framing the time within the visit talking about substance use as “value” and hopes health plans will rethink how they reimburse for SBIRT services.

### Can you provide specific next steps to help prevent substance use in Colorado?

- SBIRT will be a vital sign - a universal approach to substance use prevention and early intervention.
- Expand roles of current SBIRT health educators beyond substance use to include other health issues, such as obesity, asthma, diabetes, and medication compliance. This can help reduce stigma by including SBIRT among other prevention and early intervention services. Expand SBIRT beyond hospitals and primary care into other systems of care, such as dental.
- Primary care will integrate a population health focus into its practice as result of the growing recognition of: the importance of holistic and trauma-informed care; the need for a team-based approach to health care, including substance use; and the development of payment models that reimburse providers for population health.
- Focus on addressing health information exchange issues to permit broader system integration.
- Identify effective messages to better educate Coloradans about the continuum of risk for health problems associated with substance use.

## Questions and Answers:

Question: Why do these kinds of changes take so long? What other strategies or initiatives could be an example of this kind of change?

Answer: Dr. Perry Dickinson cited a study that found evidence-based practices take, on average, 17 years to show impact.<sup>5</sup> Substance use requires a slightly more sophisticated intervention than other

---

<sup>5</sup> Balas EA. From appropriate care to evidence-based medicine. *Pediatr Ann.* 1998; 27:581–4.

preventive services. In the context of this study, the progress made with SBIRT in 10 years in Colorado is substantial.

Dylan Ross referred to smoking cessation strategies. In the late 1980s, physicians picketed the request to discuss these issues and ask patients about smoking. Today, physicians cannot imagine not asking about tobacco use.

**Question:** How do you recommend promoting more of a public health or population health approach for substance use screening?

**Answer:** Dylan Ross responded that we will start to see a move towards a more proactive model in health care. We will start to see health care delivered outside of the clinic's four walls. For example, community health workers or promotoras could have a role with screening and brief intervention and connecting people to resources. Adapting and adopting models that best meet needs outside of the health care setting are important. We need to start to rethink the boundaries of the health care system and also the team, remembering to keep the patient at the center of the team.

**Question:** When a service is provided in the emergency department, there is the barrier or challenge with linking back to the patient's primary care provider. Even with electronic medical records, there is difficulty in making this connection. How is Denver Health working to overcome this challenge?

**Answer:** Dr. Broderick responded that Denver Health uses the EPIC electronic medical record system, which does permit communications between primary care and the emergency department, but there is still a lot of work that needs to be done to make it routine and effective. Denver Health was the first health system to embed SBIRT into EPIC. Denver Health currently uses confidential notes that physicians share that include details on SBIRT.

#### **Call to Action:**

Meeting participants were asked to identify a specific way to help advance SBIRT as a standard of care. Options included increase public awareness, increase provider knowledge and adoption, and support policy changes. Examples of selected activities include:

- Highlight SBIRT in organizational communications such as newsletters, email communications, staff meetings, etc.
- Participate in a [free online SBIRT simulation](#).
- Ensure SBIRT is included in health care delivery and payment reform initiatives.

For more information, contact SBIRT Colorado at (303) 369-0039 ext. 245,  
[sbirtinfo@peerassist.org](mailto:sbirtinfo@peerassist.org) or visit the SBIRT Colorado website:  
[www.improvinghealthcolorado.org](http://www.improvinghealthcolorado.org).

