



**New York State Screening, Brief Intervention, and Referral to Treatment:  
A STANDARD OF PRACTICE RESULTING IN BETTER HEALTH**

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# New York State Screening, Brief Intervention, and Referral to Treatment A Standard of Practice Resulting in Better Health Care

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Addressing Substance Use  
for Better Patient Care.  
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THE NATIONAL SURVEY ON DRUG USE AND HEALTH estimates that of the 22.6 million people who harbor a substance use disorder, 10-11% are treated. Of those who are untreated, 96% did not seek out treatment. The population of at-risk users\* far exceeds those with substance use disorders. Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based approach to identify people along a spectrum of substance use through universal screening in general medical settings and community programs where people with substance use problems are more likely to be encountered, and to effectively provide the indicated level of intervention based on each patient's screening score.

*\* NIAAA defines at-risk users as men who have more than 4 drinks on any day and more than 14 drinks per week. For women, at-risk users have more than 3 drinks on any day and more than 7 drinks per week. Both men and women over 65 are advised to have no more than 3 drinks on any day and 7 per week.*



# The Components of SBIRT:

About 25% of patients screened will require a brief intervention, while 4% will need a referral to specialty treatment. The remaining 70% includes abstainers and low risk alcohol users who will simply require positive reinforcement for continuing to abstain, or reduce use to lower-risk levels.

**1 Screening:** Universal screening using a brief, validated questionnaire to determine use and severity of alcohol, illicit drugs and prescription drug abuse and inform the level of appropriate intervention. No blood or urine test is administered.

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**2 Brief Intervention:** Brief motivational and awareness-raising intervention given to those whose substance use is putting their health and well-being at risk (5-30 minutes). The intervention is performed on-site following the screening.

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**3 Referral to Treatment:** Referral to specialty care for patients with high-risk substance use (and/or patients with diagnosed substance use disorders).

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**Where can SBIRT be implemented?** Primary care centers, physicians' offices, hospitals, emergency departments (ED), trauma centers, colleges, and schools.

**Who can perform SBIRT?** Physicians, nurse practitioners, physician assistants, nurses, health or substance use counselors, prevention specialists, and other health or behavioral health staff.



# The Difference SBIRT Can Make in New York State

One interaction can make a difference, influencing a person's substance use and improving his or her overall health.

- SBIRT expands the continuum of care, focusing on prevention before alcohol and other drug use escalates to abuse or addiction.
- SBIRT can result in a measurable reduction in emergency and inpatient services related to alcohol and other drug use.

## A Proven Approach for Better Health

- 1. SBIRT is effective.** As stated in the *Drug and Alcohol Dependence* (Madras, 2009), SBIRT has been shown to decrease harmful alcohol use by 39% and illicit drug use rates by 68%. SBIRT can also decrease costly healthcare events, such as visits to the ED and inpatient admissions.<sup>1</sup>

Also from the same article, those receiving SBIRT report fewer arrests, less homelessness, increased employment, self-reported improvements in general health, and fewer mental health problems

Research has also shown that among those requiring specialty treatment, brief interventions have increased the percent of people who show up for their first alcohol abuse clinic appointment from 5% among controls to between 55% and 65% among those receiving SBIRT services, 90% to 95% of whom continue to be involved in some kind of alcohol abuse treatment or 12-step meeting on follow-up.<sup>2</sup>

- 2. Identification of otherwise overlooked patients.** Unhealthy and unsafe alcohol and drug use are major preventable public health problems that are costly to society and are a major cause of death in the U.S. Hazardous substance users may not be identified and treated unless screened, as at-risk use is not clinically obvious and does not meet diagnostic criteria for a substance use disorder. SBIRT detects alcohol and substance use patterns that can lead to future injury or illness.
- 3. Prevention of future problems.** Drinking and drug use increases risk for future substance abuse disorders and other health problems. It also puts people at risk for motor vehicle accidents, unwanted pregnancy, trauma, violence, and contraction of STDs. SBIRT detects risky behavior and current health problems related to substance use at an early stage before more serious problems occur, making it an important part of wellness and prevention programs.



## Better Health, continued

- 4. Better patient outcomes.** SBIRT enhances patient care, improves treatment outcomes, and increases provider and patient satisfaction. During provider visits, the “teachable moments” are estimated to save 176,000 Quality-Adjusted Life Years (QALYs) based on current utilization rates.<sup>3</sup> Healthcare visits are often related to risky substance use in particular settings. For example, hundreds of thousands of ED visits each year involve substance misuse; 20,000 people enter EDs each day for alcohol related injuries<sup>4</sup>; 40% of ED trauma cases are alcohol related<sup>5</sup>; and 20% of patients being tested in STD clinics screen positive for substance use disorders.<sup>6</sup> SBIRT gives providers the opportunity to educate patients about the connection between their visit and their substance use.
- 5. SBIRT is widely endorsed.** The World Health Organization, United States Prevention Services Task Force (USPSTF), the American Medical Association, the American College of Surgeons, and the American Academy of Pediatrics have all endorsed SBIRT in healthcare settings. In fact, of 21 preventative services recommended by the USPSTF, screening and brief intervention ranks among the top five based on benefit and cost-effectiveness – higher than screening for high blood pressure, high cholesterol, breast, colon or cervical cancer, and osteoporosis<sup>7</sup> – providing a net savings of \$254 per person screened.<sup>3</sup>

# A Small Investment for Large Returns

**1. SBIRT is reimbursable.** SBIRT is billable to commercial health plans as well as Medicare and Medicaid. Depending on the payer, provider of service and additional variables (e.g., length of service, setting), there are different codes used to report SBIRT services for reimbursement as well as different rates of reimbursement.

**2. SBIRT is cost saving and cost-effective.** Research has shown the following:

**Primary Care Settings:** A net benefit of \$546 per patient who receive a brief intervention leads to a return on investment of over \$4 for each dollar spent on brief intervention.<sup>8</sup>

**ED/Trauma Centers:** A net cost savings of \$89 per patient screened and \$330 per patient offered an intervention leads to nearly a \$4 return on investment for each dollar spent on screening and intervention.<sup>9</sup>

**Medicaid savings for disabled patients:** Estimates show reductions of \$366 in Medicaid costs for all screened patients per member per month (PMPM) and reductions of \$542 PMPM for those receiving brief interventions.<sup>10</sup>

**Employer savings:** Estimate show \$771 net savings per employee through reductions in employee absenteeism and lost productivity due to inebriation or hangover.<sup>12</sup>

**3. SBIRT reduces costly healthcare utilization.** Those receiving SBIRT show decreased utilization of services, particularly ED visits and inpatient hospitalizations.

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For more information about SBIRT, including how it can work within your health-care setting, visit [www.oasas.ny.gov/AdMed/sbirt/index.cfm](http://www.oasas.ny.gov/AdMed/sbirt/index.cfm) or contact OASAS at [SBIRT NY@oasas.ny.gov](mailto:SBIRT NY@oasas.ny.gov)

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