Appendix B: Step By Step Guide[128]

I. Step One: Champions Needed

A. Find a Champion. There must be a Leader, an individual who has the inspiration and enthusiasm to take the initiative to start the SBIRT program in the service unit or clinic.

1. This person can be a physician, nurse, administrator or other health provider. His or her background is not what matters, but rather, it is the dedication, passion, and ability to gather support and guide others that is critical.
2. Leadership is an on-going process, not a one time spurt of energy or interest. The Champion should be committed to implementing SBIRT and have the endurance to take the program from starting concept to a detailed and finished product.

B. Form a Leadership Group/Committee. Developing a health service program is not a one person job. Implementing a program requires broad collaboration of all service unit personnel.

1. The first task of the Champion is to get others on-board. This is a group process. He or she needs to energize key personnel in the Emergency Department, Primary Care Clinics, Behavioral Health Clinics, and Surgery and Pediatric Divisions.
2. Of these individuals, a select group should be chosen to work long-term on developing and implementing the SBIRT Program. This group will conceptualize how the program can best fit the service unit or clinic given its specific resources.

C. Perform a stakeholder analysis. This means take a look at anyone who has the power to affect the implementation of the program both positively and negatively and determine a plan to engage that person. Remember these stakeholders are health care providers, administrators, other staff members, other alcohol treatment providers, community members, patients, and others. The goal is to motivate as many people as possible to sponsor the program.

1. Identify and rally key supporters: In every organization and environment, there are certain key people who hold the power of persuasion and influence, without whose support, no program will succeed.
    a. Identify which of these individuals support SBIRT and enliven their enthusiasm. Unite them towards the goal of accomplishing the SBIRT Program.
    b. Visit them individually; bring them information about the program and how it will benefit them. Answer any questions they may have and listen to their suggestions.
    c. Make a specific "ask" for support; formally get their commitment. Do not be afraid to request a specific action, such as talking to a detractor about the program or making a public statement.
    d. Do not forget to check in frequently with the supporters, providing them with updates on how the program implementation is proceeding and the successes along the way.

2. Identify and minimize critical detractors: It is important to know who has the power to block the program, at what stage in program development this may occur, and what may be the cause of this interruption. The goal is to prevent or minimize any roadblocks.

a. Identify who objects to the program and potential reasons for their opposition. Brainstorm how to respond to these reasons in a manner that answers, diminishes or eliminates them.
b. Meet with these individuals to discuss their concerns and identify potential adjustments that can be made to the program to gain their support.
c. Reinforce to the individuals the background of the program and the multitude of benefits it will provide.
d. Attempt to minimize the power with which these people will object so that the program may proceed.

3. Motivate the disinterested into action: Perhaps the largest number of people will simply show neither support nor objection to the program. The goal with this group is to sway them into action so that they become supporters and not detractors.
    a. Talk up the benefits of the SBIRT Program to everyone. Educate all personnel on the magnitude of the alcohol-injury problem and the effect that this program could have.
    b. Get community support. Go outside the health care system to garner enthusiasm and interest in the program.

D. Present the program and process for implementation to the medical staff. Authorization to proceed with full approval by the medical leadership and administration provides the backbone for the program.

1. Have a meeting with full staff, present the program, explain the process that will need to occur, and get full empowerment to implement the program.

2. Discuss with medical staff the complex issues involving implementing a program that focuses on the needs of the alcohol-misusing patient such as addressing the attitudes and beliefs that health care providers might have towards this population.
    a. Suggest that this may require the difficult step of overhauling status quo as many providers may not recognize the target population of this program is not the Dependent Drinker but rather the At-risk Hazardous/Harmful drinker, a different population than they are used to thinking about in regards to alcohol.
    b. Remind them that for the program to be successful this must be a full fledged effort.

II. Step Two: Create a Time Line

A. Outline a time frame for implementation of each stage of the SBIRT Program. Successful deployment of any new process requires both big picture planning and managing the details. By breaking the project into smaller tasks, it becomes more achievable. Implementation is never trouble free. Corrections can be made along the way.

1. Consideration can be given to staged or incremental implementation.

B. Stick to these Deadlines. Staying on target for smaller objectives gives a sense of accomplishment to supporters and demonstrates effectiveness to detractors. Small cycles of change that build on each other are often more effective than one major push. It will build momentum and may even attract manpower.

C. Remember other potential applications. The technique of screening and brief negotiated interviewing will prove invaluable and application to other agents of abuse and "dys-behaviors" will evolve. Allow flexibility in program design for future changes but do not try to force too much at once.

D. Sell the goals. Enthusiasm is contagious!

III. Step Three: Determine the Alcohol Screening Process

A. Determine Where and When SBIRT is to be offered.

1. Who should be screened – which patients and when and who will do it
2. Exactly what physical location and at what time during the clinical encounter screening occurs should be determined by the leadership group based on the individual nature of the service unit.
3. Screening should be performed in a clinically appropriate manner with assured confidentiality.

B. Decide who will provide Alcohol Screening.

1. Alcohol Screening can be performed by any trained medical provider. It can be offered by doctors, nurses, other allied health providers, trained health educators or others.
2. The decision as to who will perform screening should be guided by time availability, knowledge and experience, willingness to perform, understanding of change, and interpersonal skills.

C. Choose how Alcohol Screening is to be performed. Upon initiating screening, it is recommended that the health care provider offer an explanation to the patient regarding the content of the upcoming questions and that they are asked of all injured patients.

1. The leadership group may wish to settle on a standardized introductory statement to screening that all providers are required to use.

2. The following are two suggested introductions from the World Health Organization:
    a. "Now I am going to ask you some questions about your use of alcoholic beverages during the past year. Because alcohol use can affect many areas of health (and may interfere with certain medications), it is important for us to know how much you usually drink and whether you have experienced any problems with your drinking. Please try to be as honest and accurate as you can be."[1]
    b. "As part of our health service, it is important to examine lifestyle issues likely to affect the health of our patients. This information will assist in giving you the best treatment and highest possible standard of care. Therefore, we ask that you complete this questionnaire that asks about your use of alcoholic beverages during the past year. Please answer as accurately and honestly as possible. Your health worker will discuss this issue with you. All information will be treated in strict confidence."[1]

3. If a provider, other than the one screening, is to perform the Brief Negotiated Interview, it will be useful to explain to patients that an additional provider may be speaking to them.

D. Select the method for Alcohol Screening. The ***highly*** advised alcohol screening method is the AUDIT-C. It is a brief, three question screening tool that has been demonstrated to have high specificity and sensitivity in identifying patients with hazardous or harmful drinking patterns.[2, 3]

The AUDIT-C can be offered in either written or verbal format.

1. Health care providers performing the AUDIT-C should be given pocket cue cards with the screening tool printed on them to help assist them.
2. It is important for providers to clarify what is meant by a standard drink: one 12-oz.can of beer, one 5-oz.glass of wine, one shot of spirits (1.5oz).

E. Teach how the AUDIT-C is to be Scored.

1. If a woman's score is ≥ 4 or a man's score is ≥ 5 than the AUDITC is considered positive for hazardous drinking and the patient should receive a Brief Negotiated Interview.
2. If any patient's score is greater than 8, that person should receive both a Brief Negotiated Interview and a referral to treatment.
3. Patient's whose scores are below these levels should receive very brief feedback about the results of their screening tests that reminds them to continue to monitor their drinking levels to remain at low-risk.
4. It is important to remember that not all patients who have alcohol misuse problems will present intoxicated; for this, and other reasons described, blood alcohol levels are NOT required.

F. Formalize the required documentation for Alcohol Screening. Keeping a record that Alcohol Screening has occurred is a critical step in the SBIRT program because it both allows for coordination of follow-up, so that the patient can proceed to the Brief Negotiated Interview and receive appropriate medical care, and it assists with future evaluation of the SBIRT program.

1. Alcohol screening and the results of screening can be captured using various codes available in the Resource and Patient Management System (RPMS) Electronic Health Record.
2. If paper records are being used screening activities and screening results should be documented by providers in a consistent manner and Data Entry staff should be trained to recognize and enter these elements into RPMS.
3. Proper documentation of screening activities and screening results will help ensure that Brief Negotiated Interviews are done when indicated.
4. There are new CPT/HCPCS that allow for billing of Alcohol Screening and Brief Intervention; however they require that both components be documented in the clinical record. In addition, the duration of the screening and intervention must take at least 15 minute
5. After removing patient identification information, documentation within the electronic health record may also be used via RPMS to evaluate the success of the program.
6. The leadership group may also wish to create other pathways for documentation that facilitate the progress of the patient through the SBIRT Program.

IV. Step Four: Determine the Process for the Brief Negotiated Interview

A. Ensure appropriate patients receive the Brief Negotiated Interview. Because the Brief Negotiated Interview may occur in a variety of settings, often distinct from the location at which the initial alcohol screening occurred, the leadership group must determine a process by which patients are clearly identified and offered the intervention.

1. The method chosen for documenting alcohol screening and those results should take into account the need for information transfer to providers who will be performing the Brief Negotiated Interview.
2. The leadership group may need to develop a method to schedule patients for follow-up appointments and/or to track their progress in the program to ensure no attrition from the program.
3. The patient must be alert at the time of the intervention.

B. Determine Where and When the Brief Negotiated Interview will occur. At this time there are four recommended pathways for a patient after presenting to an acute care setting with an alcohol-related injury and screening positive for hazardous or harmful alcohol use.

1. The patient screens positive and receives the Brief Negotiated Interview while still in the acute care setting of initial presentation.
2. The patient screens positive in the acute care setting and receives the Brief Negotiated Interview at a follow-up visit in the Primary Care or Surgical Clinic within ***seven*** days of the initial presentation.
3. The patient screens positive in the acute care setting and has been admitted to the hospital due to the injury. He receives the Brief Negotiated Interview while an inpatient, up to several days after admission but still prior to discharge from the hospital.
4. The patient screens positive in the acute care setting but is transferred to an outside trauma center due to the severity of injuries. In this pathway, the patient ideally will participate in a Brief Negotiated Interview while an inpatient at the outside trauma center; however, he will also be referred back to either Behavioral Health Clinics immediately upon return to the area for a Brief Negotiated Interview and follow-up.

C. Decide who should provide it? It will be necessary to institute a protocol for who will perform the Brief Negotiated Interview.

1. There may be a different provider type in each setting: Emergency Department, acute care visit at the Primary Care Clinic, Hospital Ward, follow-up visit to the Surgical/Primary Care Clinic, or referral to Behavioral Health Clinic.
2. As with alcohol screening, the same key characteristics of willingness to offer the intervention, excellent interpersonal skills, nonjudgmental attitude, and understanding of the process of change are required in the provider.

D. Explain the method to be used for the Brief Negotiated Interview. Provision of the Brief Negotiated Interview *must* occur at a clinically appropriate time and location.

1. Both privacy and confidentiality *must* be assured.

2. The four key steps to the Brief Negotiated Interview are: raise the subject, provide feedback, enhance motivation, and negotiate and advise.

3. Because the Brief Negotiated Interview *may* entail assisting a patient in outlining a plan for change, providers need to be aware of local treatment options, support groups, traditional healers and other community resources which are available for patients. Leadership groups should make this information easily available for providers in case they should need it.

4. It is recommended that providers have cue cards to assist them in offering the intervention and patient handouts readily available..

E. Formalize the required documentation for the Brief Negotiated Interview. As with alcohol screening, documentation that a Brief Negotiated Interview has occurred is vital to ensure quality health care treatment, continuity of care in the SBIRT program, billing, and evaluation of the program itself.

1. As with Alcohol Screening, follow the recording method for the Electronic Health Record or paper chart to document that a Brief Negotiated Interview has been provided
2. The leadership group will need to create additional documentation pathways to ensure transfer of more detailed information in the patient's record.
3. Having a clear indication of a patient's status allows for better communication between health care providers and improves the quality of care offered. If it is clear in a patient's chart that he or she has received SBIRT and what the patient's drinking goals are, future health care providers will be able to monitor the patient for alcohol-related problems and provide boosters as needed.
4. Proper documentation will also allow for billing. Alcohol Screening and Brief Intervention has recently received approval for HCPCS codes that result in reimbursement from Medicaid and CPT codes for private insurance.

V. Step Five: Set Up a Process for Booster Sessions

A. Indicate who will receive booster sessions. Because research demonstrates greater effectiveness of SBIRT in patients who receive a booster session, the program strongly recommends that all patients be given a booster.

1. The leadership group should establish a process to schedule outpatient follow-ups specifically for SBIRT boosters for all patients receiving the intervention. Included in this procedure should be a method to encourage and monitor attendance at these appointments as well as the protocol regarding who will provide the booster.

B. Create the process for a formal boosters session

1. A formal booster session should include a review of the patient's negotiated drinking goals, the patient's progress towards these goals since the previous visit, any challenges faced, and a motivational discussion as to what the patient plans to do for future change. Additional information regarding alcohol consumption may be offered. Some sessions could be a repeat of the entire SBIRT intervention.
2. At minimal, these formal booster sessions should occur at the first return post-injury medical visit as well as thirty days and six months after the initial alcohol-related injury that brought the patient to medical attention.
3. It is critical that these sessions maintain the same compassionate approach towards the patient and his or her stage of change as the initial Brief Interview.

C. Set up a system for subsequent booster sessions.

There should be an obvious notation in the chart to serve as a reminder for all health care providers that this patient has screened positive and received a Brief Negotiated Interview. As with smoking cessation, every subsequent medical encounter will thus turn into an opportunity for health care providers to discuss the patient's drinking patterns and health consequences. All providers should perform boosters on an as-needed basis and review the patient's drinking goals.

VI. Step Six: Build Communication Pathways between Physical and Behavioral Health

A. Improve communication between health care divisions.

1. Ensure Behavioral Health providers in the service unit fully understand the motivation, mission, and methods of the SBIRT Program and support the procedures determined above.
2. Create a system to communicate regularly between divisions. Input will be useful as the SBIRT Program expands.

B. Ensure connections for patient care. It is critical that relationships between these entities are established.

1. Set up a system of communications between Behavioral Health Clinics and community resources
2. Create linkages for referral to such community based alcohol treatment programs.
3. Investigate other resources available including costs, availability, and services offered.

VII. Step Seven: Training

A. Decide who will be trained in SBIRT. A variety of health care providers can perform SBIRT and the decision as to who will offer it and in what setting will depend upon time, availability and each service unit's structure. Nonetheless, to both maximize support for the program and allow for flexibility, it is recommended that all primary care providers and support staff be trained in the procedure.

B. Use all available SBIRT training modalities.

C. Educate Medical Staff on the Electronic Health Record and SBIRT.

1. Provide hands-on or webex based trainings demonstrating appropriate tracking and documentation procedures.
2. Orient new providers routinely.

D. Educate Medical Coders on the new CPT/HCPCS codes.

1. Providing the service of SBIRT to a patient is considered separate and distinct from all other services provided during that same visit thus the effort should not be considered when selecting the level of Evaluation and Management service provided at that session.

2. Instead, an additional CPT code is added, recording the work effort that was offered. The codes are:
   a. 99408 Alcohol and/or substance (other than tobacco) abuse structured screening (i.e. AUDIT)and brief intervention (SBI) services; 15-30 minutes in duration
   b. 99409 SBI service greater than 30 minutes in duration
   c. If an intervention is not required based on the results of the screening, *then* the work effort ought to be included in selection of the appropriate Evaluation and Management service for the session.

3. In addition there are two CPT HCPC Codes:
   a. H0049 Alcohol and/or Drug Screening
   b. H0050 Alcohol and/or Drug Services, Brief Intervention, Per 15

4. CMS has created G-codes for reporting comparable services for Medicare FFS clients:
   a. G0396 Alcohol and/or substance (other than tobacco) abuse structured assessment and brief intervention services; 15-30 minutes
   b. G0397 Assessment greater than 30 minutes

VIII. Step Eight: Full Time Roll-Out

A. Document the agreed upon procedures. After decisions are finalized, create a formal document for the service unit official SBIRT Program Policy. Have it authorized and signed by the Chief Medical Officer, Service Unit Administrator and attendant staff members.

B. Implement the program. When ready, get the program started. It's show-time! There are always minor adjustments that need to be made duringthe first few weeks. The SBIRT Champion should be prepared to provide significant on-site support for the first week.

IX. Step Nine: Evaluation and Modifications

A. Responsibility for the Program. The Champion will help lead the program and ensure functionality as a "chief sponsor" for the Service Unit's Clinical Director. The Leadership Group may wish to appoint individuals responsibility for various aspects of the program; however, ultimate accountability follows the usual chain of authority.

B. Set up a method to evaluate the process and make improvements. As with all new programs, it will be useful to assess various aspects along the way and make adjustments. Suggested items to monitor include:

1. The progression of patients through the program from initial presentation during the acute injury to follow-up for booster sessions. The number of patients involved in the program through time.
2. The quality of care provided and how well it is standardized.
3. How well communications are functioning across the program.
4. The effectiveness of record keeping: documentation of screening, results, provision of Brief Negotiated Interview.
5. Whether or not billing is performed, and if so, is it done correctly?

6. The satisfaction levels of patients and staff.

C. Set up a method to evaluate the outcome of the program. The long-term success of the SBIRT Program depends upon both quality of program implementation and ability to achieve the goal of decreasing alcohol misuse and related injuries. After the program becomes operational, evaluating movement towards goal becomes important. A system should be designed to correctly measure:

1. Are there increases over time in the number of patients screened for alcohol misuse?
2. Are there increases in the number of those who screen positive who receive an intervention?
3. Other choices of items to evaluate should be added as desired.
4. In addition, items for research to evaluate program effectiveness may include:
    a. Are there decreases in alcohol consumption?
    b. Are there decreases in alcohol-related injuries and illnesses?

X. Step Ten: Sharing Success

A. Publicize your program. We want to hear about your success. Tell others what works well and what challenges you have faced. Attend local and national SBIRT conferences.
B. Assist Others. Again, other areas are undergoing similar processes to yours. Although each area is unique, we can benefit from the experience and success of each other. Talk about it.

References

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