The Importance of SBIRT Screening with Pregnant Women and Practical Tips on How to Implement Into Your Workflow

Snuggle ME Webinar Series
Improving Care and Coordination for Women and Children Affected by Substance Use During Pregnancy

October 9, 2013 (12PM - 1PM)

Don’t forget to dial in to hear the audio!
866.740.1260, Access Code: 6223332#
Daisy Goodman, CNM, WHNP, DNP, recently worked at Franklin Memorial Hospital in Farmington providing a full range of obstetric services and is currently a nurse-midwife at Dartmouth Hitchcock Medical Center. She is a state leader on perinatal substance abuse and a founding member of the Maine Snuggle ME Initiative. She is currently enrolled in the Dartmouth Institute for Health Policy and Clinical Practice Masters in Public Health program as part of the Veterans Administration Quality Scholars Fellowship.

Her area of research interest is the improvement of obstetrical care for pregnant women in northern New England, using evidence based strategies to integrate treatment for post-traumatic stress and substance dependence.
Disclosure

Daisy Goodman has no relevant financial relationships with the manufacturers(s) of any commercial products(s) and/or provider(s) of commercial services discussed in this CME activity.
SBIRT: Screening, Brief Intervention and Referral for Treatment for Substance Use in Maternity Care

Daisy Goodman, CNM, WHNP-BC, DNP
Snuggle ME Project
October 9, 2013
Why is this a Crisis?
Rising Numbers of Newborns Statewide Affected by Perinatal Substance Use

Maine DHHS
Division of Child Welfare
Goals of The Snuggle ME Project: Embracing Drug Affected Babies and their Families in the First Year of Life To Improve Medical Care and Outcomes in Maine

- Improve care and coordination for families
- Outline recommendations for prenatal, labor, and postpartum care of pregnant women with substance abuse issues: Snuggle ME
- Identify Screening Tools and Treatment Services Available- including 4P+
Snuggle ME Workgroup

- MMC
- CMMC
- EMMC
- MaineGeneral
- Penobscot Bay Medical Center
- Franklin Memorial
- Mayo Regional
- Maine CDC, Office of Substance Abuse, WIC, Lactation Consultants
- Maine Chapter of the AAP
- Maine ACOG
Snuggle ME Care Recommendations

- Screening for Substance Use in Pregnancy
- Checklist for Care
- Chapters on:
  - Antepartum Care by Trimester
  - Intrapartum Care
  - Postpartum Care
  - Newborn Care
  - 2 Family Educational Materials: Trifold and Longer Family Packet
  - Resource Lists for Providers

Recommendations are online at http://www.maine.gov/dhhs/mecdc/population-health/cshn/
Objectives for Today

- Describe framework for substance abuse screening as a public health initiative
- Describe components of SBIRT
- Describe implementation strategies and challenges
- Discuss billing for SBIRT services
Alcohol and drug use during pregnancy is widely recognized as a serious public health problem

- An estimated 11% of women continue to use alcohol during pregnancy and approximately 5% use drugs.

- Healthy People 2020 Objectives: “Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women” (MICH11)

- New provisions under the Affordable Care Act
  - Reimbursement for drug and alcohol screening
  - Mandates coverage of substance abuse treatment services
Strategies to Detect Substance use by Pregnant Women

- Serendipity (no screening)
  - Commonly utilized and ineffective method
- “Red flags”
  - Low detection rate/often ignored by busy provider
  - Often unfairly applied to women of color and low income women
- Closed questions- “you don’t use alcohol or drugs, do you?”
- Validated screening instruments
- SBIRT
What about Urine Drug Testing?

- Price
- Short detection window
- Easily faked
- Does not detect intermittent/binge use
- Infrequently detects alcohol use
- Issues of trust: may discourage women from seeking care
- Issues of trust- what if she refuses testing?
- Ethical concerns about drug testing in states which prosecute women for drug use during pregnancy.
What is SBIRT?

Screening
Brief Intervention
Referral for Treatment

- An evidence-based, public health approach for identifying people with or at risk for developing substance use disorders
- Provides a structure for early intervention and referral

How do we accomplish this?
Definitions: Addiction as Chronic Disease

**Substance-Use Disorder:**
“A maladaptive pattern of substance use leading to clinically significant impairment or distress” (DSM-V)

- During pregnancy, does our definition of “maladaptive” change?

**Addiction:**
“A primary, chronic disease of brain reward, motivation, memory and related circuitry....like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.

http://www.asam.org/for-the-public/definition-of-addiction
The Public Health Framework

Addiction is a chronic, relapsing disease with increasing morbidity and mortality over time.

SBIRT provides a structure for identifying pregnant women at risk and determining the appropriate level of care

- **Primary prevention:** Screening
  - Promotes healthy behavior
  - Universal and/or targeted

- **Secondary prevention:** Brief Intervention
  - Case finding → Early disease
  - Early intervention/Brief treatment

- **Tertiary prevention:** Referral for Treatment
  - Established disease
  - Treatment designed to prevent complications
Screening

- The goal of screening is to identify members of a population who are at risk

- Early intervention has the best chance of preventing complications

- This is especially true during pregnancy!

- Criteria for choosing a screening tool:
  - Reliable - consistent results
  - Accurate - true results
  - Sensitive - high probability of identifying a problem
  - Specific - high probability of identifying there is no problem

http://www.integration.samhsa.gov/sbirt/Reimbursement_for_SBIRT.pdf
## Validated Screening Tools

<table>
<thead>
<tr>
<th>Tool</th>
<th>Description/Time it takes to Complete</th>
<th>Sensitivity</th>
<th>Screens For</th>
<th>Validation</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASSIST</td>
<td>8 initial questions with follow up / lengthy Discriminates between casual use / abuse / dependence</td>
<td>54-97% sensitive 50-96% specific</td>
<td>Specific drugs of abuse, ETOH and tobacco</td>
<td>Cross-nationally/WHO screening tool. Not validated for prenatal patients</td>
<td>Free</td>
</tr>
<tr>
<td>AUDIT-C</td>
<td>3 questions/ approx. 1-2 minutes 67-95% sensitive 85% specificity</td>
<td>67-95% sensitive 85% specificity</td>
<td>ETOH use</td>
<td>For prenatal patients Sensitivity varies widely in different studies</td>
<td>Free</td>
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<tr>
<td>CRAFFT</td>
<td>Validated for use for ages 15-24 6 questions / approx.2-3mins</td>
<td>76% sensitivity 94% specificity</td>
<td>ETOH and drug use</td>
<td>Recently for prenatal patients</td>
<td>Free</td>
</tr>
<tr>
<td>DAST</td>
<td>10 Questions Approx. 5 mins</td>
<td>41-95% sensitivity 68-99% specificity</td>
<td>Drug use</td>
<td>Not validated for prenatal patients</td>
<td>Free</td>
</tr>
<tr>
<td>4 Ps Plus</td>
<td>5 Initial questions Follow up if + 2-5 mins</td>
<td>87% sensitivity 76% specificity</td>
<td>All substances</td>
<td>For prenatal patients</td>
<td>Proprietary</td>
</tr>
<tr>
<td>T-ACE</td>
<td>4 questions / approx. 1-2 mins 69-88% sensitivity 71-89% specificity</td>
<td>ETOH only – for heavy use</td>
<td>For prenatal patients</td>
<td>Free</td>
<td></td>
</tr>
<tr>
<td>TICS</td>
<td>2 questions / &lt; 1 min 80% sensitivity 80% specificity</td>
<td>ETOH and drug use</td>
<td>Easy to implement in primary care setting</td>
<td>Free</td>
<td></td>
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</tbody>
</table>
Brief Intervention/Brief Treatment

- Motivational talk by health care provider
- In non-pregnant population, around 25% of people screened will require a brief intervention
- 4% will require referral for further treatment
- Billable according to time spent face to face with patient in counseling
  - Must be > 50% of visit
  - Appropriate documentation
Referral for Treatment

- Requires seamless handoff
- Multiple logistical challenges
- Multiple barriers for patients
- Coordination of care after referral is crucial
  - Appropriate consent forms
  - Collaborative approach
  - OB provider must have central role
Steps in the Change Process when Implementing SBIRT

- Define goals carefully
- Make sure you have buy-in from stakeholders!
- Create a change team
- Map your current process
- Choose screening tool(s)
- Line up resources for treatment & referral
- Plan: who will do what/ when/where?
- Implement
- Evaluate
- Re-design

Questions to Ask:

- How will we manage privacy issues?
- Who will ask the initial screening questions?
- Who will ask the follow up screening questions?
- Who will provide the brief intervention?
- What if they need brief treatment?
- Who will refer the patient?
- Can we bill for the encounter?
- How do we know that it’s working?
Case Study 1: Rural Community Hospital

- 4 Ps Plus screening tool
- Initial screen by RN at first PN visit
- If positive, follow up screening done by provider (CNM/APRN/MD)
- Brief intervention by provider
- Screen completed on paper and scanned into EHR
- If indicated, referral for drug and alcohol counseling and community-based addiction treatment is made
- Challenges: provider and administrative buy-in, data collection
Case Study 2: Academic Medical Center

- AUDIT-C/DAST screening tools
- Initial screen done by RN at first PN visit
- If +, follow up questions also done by RN
- Screening tools incorporated in EHR
- Brief intervention by provider (CNM/MD)
- If indicated, referred for Brief treatment in OB office by Behavioral Health specialist
- If indicated, referred to Perinatal treatment program (Department of Psychiatry and Addiction Medicine)
- Challenges: change in workflow; coordination/consistency across large department; multiple competing projects
Evaluation

- Potential outcome measures:
  - Number successfully screened/number missed
  - Number receiving follow up screening
  - Number identified for and receiving brief intervention
  - Number referred for treatment
- Perinatal outcomes
  - Birth weight
  - Length of gestation
  - Pregnancy complications
  - NICU admissions
  - Neonatal LOS
Getting paid for SBIRT

- Who can bill for SBIRT?
  - In Obstetrical/Primary care setting:
    - MD
    - APRN
    - PA
    - LCSW
    - CNS

- The instrument used and the nature of the intervention must be recorded in the clinical documentation of the encounter

- Must use a validated screening instrument
  - AUDIT & DAST are specifically mentioned in CMS language]

## Getting Paid for SBIRT (cont’d)

<table>
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<tr>
<th>Payor</th>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>Commercial insurance</td>
<td>CPT 99408</td>
<td>Alcohol and/or substance abuse structured screening and brief intervention 15 - 30 minutes minutes</td>
</tr>
<tr>
<td></td>
<td>CPT 99408</td>
<td>&gt; 30 minutes</td>
</tr>
<tr>
<td>Medicare</td>
<td>G0396</td>
<td>Alcohol and/or substance abuse structured screening and brief intervention 15 to 30 minutes</td>
</tr>
<tr>
<td></td>
<td>G0397</td>
<td>&gt; 30 minutes</td>
</tr>
<tr>
<td>Medicaid</td>
<td>H0049</td>
<td>Alcohol and/or substance abuse structured screening and brief intervention 15 to 30 minutes</td>
</tr>
<tr>
<td></td>
<td>H0050</td>
<td>&gt; 30 minutes</td>
</tr>
</tbody>
</table>

http://www.integration.samhsa.gov/SBIRT_Toolkit_for_working_with_FQHCs.pdf
Getting Paid for SBIRT

- If an intervention is not required (based on the result of the screening), the work of screening is included in the appropriate E/M or preventive medicine service:
  - E/M: 99420 or
  - Medicare alcohol screening code: G0442.

- If an intervention is required on the basis of the screening result:
  - E/M 99408 is the most likely service level for the majority of patients
  - May also use E/M codes for office services (99210-99215)
  - Billed on time spent face to face with patient
  - Documentation of intervention is required
  - > 50% of visit spent in counseling and developing plan of care

Screening Algorithm

Screen for Substance Use:
First Prenatal Visit/Intake:
Tools: 4P+, CRAFFT, TACE, or TWEAK
Women should be screened privately
*Assess and address psychiatric co-morbidities
*Assess social risk factors: Domestic violence/homelessness

Positive Screen for Substance Use

Brief Intervention (should be done privately)

Willing to accept treatment
Yes
Signs of Acute withdrawal*
No
Go to Emergency Department

Probable Physiologic Dependence

- Consider in-patient stabilization or referral to experienced outpatient addiction provider
- Alcohol (detox required if physically dependent)
- Opiates/benzodiazepines (management may vary based on level and type of use)
- Amphetamines (residential treatment recommended)

Referral to residential or intensive outpatient treatment
Or
Step down to office-based buprenorphine or methadone program
And
Weekly counseling by substance abuse counselor
And
Sign consents to coordinate substance abuse treatment plans with OB provider

Negative Screen
Re-screen at 24 to 28 weeks

Denies need for treatment

Provide information about perinatal risks
- Assess/address psychiatric co-morbidities
- Assess/address social risks including domestic violence and homelessness
- Close interval follow-up appointments including motivational interviewing

Unclear or unlikely physiologic dependence

Refer to counselor trained in addiction treatment

Withdrawal Symptoms May Include:
Maternal:
- Dilated pupils
- Anxiety
- Hypertension, tachycardia
- Hypertension, tachycardia
- Diarrhea
- Muscle spasm, tremors
- Sweating chills, flushing

Fetal:
- Fetal distress
- Fetal tachycardia
- Late decelerations (via trace)
- Fetal distress, tachycardia
- Fetal tachycardia
- Sweating, shivering

*Withdrawal Symptoms May Include:
- Dilated pupils
- Anxiety
- Hypertension, tachycardia
- Diarrhea
- Muscle spasm, tremors
- Sweating chills, flushing
Does it work?

- Kaiser Permanente study: Integrating structured substance abuse screening and treatment in the obstetrical setting significantly improves perinatal outcomes
  - Women who screened positive and were treated for substance use had significantly lower rates of fetal demise, preterm labor, and low birth weight than those who screened positive but were not treated
  - The odds of placental abruption was 6.8 times higher for women who screened positive but were not treated, compared to women who were treated

It’s not just substance abuse....

The “Triad”
- substance abuse
- domestic violence
- depression

Create safe space
- Insist on privacy during screening
- Maintain confidentiality
- Ask about other factors affecting access to care - i.e. housing, childcare, transportation
- Assess safety

Provide timely referral to services
Concluding Thoughts: Goals for a Screening Program

- Open the discussion about substance use during pregnancy
- Reinforce our common goal of a healthy pregnancy
- Convey sensitivity to multiple stressors impacting women
- Reduce harm to mother and fetus—abstinence from substances may be the ultimate goal but reducing exposure also represents success
- Help women develop capacity for healthy parenting
Mom and baby are one

- Be aware of your own feelings

- Don’t be judgmental: asking about substance use should convey the message “We care about you and your baby”

- Recognize that mother and fetus are one unit and our goal is to protect them as they move along the recovery continuum

- Complete abstinence from substance use during pregnancy is a goal which may or may not be attainable. Every step towards abstinence is a positive.
Take Home Points

- SBIRT is an evidence based approach to identifying pregnant women with or risk for substance use disorders
- Can be implemented in an obstetrical practice of any size
- Is billable
- Is successful when we use it to establish an alliance with the women we care for
- Can significantly improve outcomes for women and infants
Resources

CME

- CME will be available for participants who have signed into the webinar
- A CME evaluation survey will be sent after the webinar
- Please complete the survey via Survey Monkey within 1 week
- A CME certificate will be emailed within 1 month of completion of the survey
Future Snuggle ME Webinars

- **November 13, 2013:** Screening for PTSD in Women's Health and How It Relates to Substance Use in Pregnancy and the Childbirth Experience
  
  Speakers: Cheryl Tatano Beck, DNSc, CNM, FAAN, Lisa M. Najavits, PhD

- **December 11, 2013:** Urine and Meconium Toxicology Testing in Maternity and Newborn Care
  
  Speaker: Alane O'Connor, DNP
Conference: Tuesday, October 29, 2013

TOPICS and SPEAKERS
Addiction in Maine: State-of-the-State - Tracy Weymouth, LADC
Women and Addiction: The Untold Story - Lisa Najavits, PhD
Trauma-Informed Care - Lisa Najavits, PhD
What about the Children?  Ellen Gellerstedt, MD
Perinatal Substance Abuse: Law, Medicine, & Ethics  Panel discussion
Location: MaineHealth, Portland
Registration link:http://www.cvent.com/m-events/Info/Summary?e=e7c66cdd-b33c-44da-9a05-877282f4b85c
For more information please e-mail: mhes@mainehealth.org