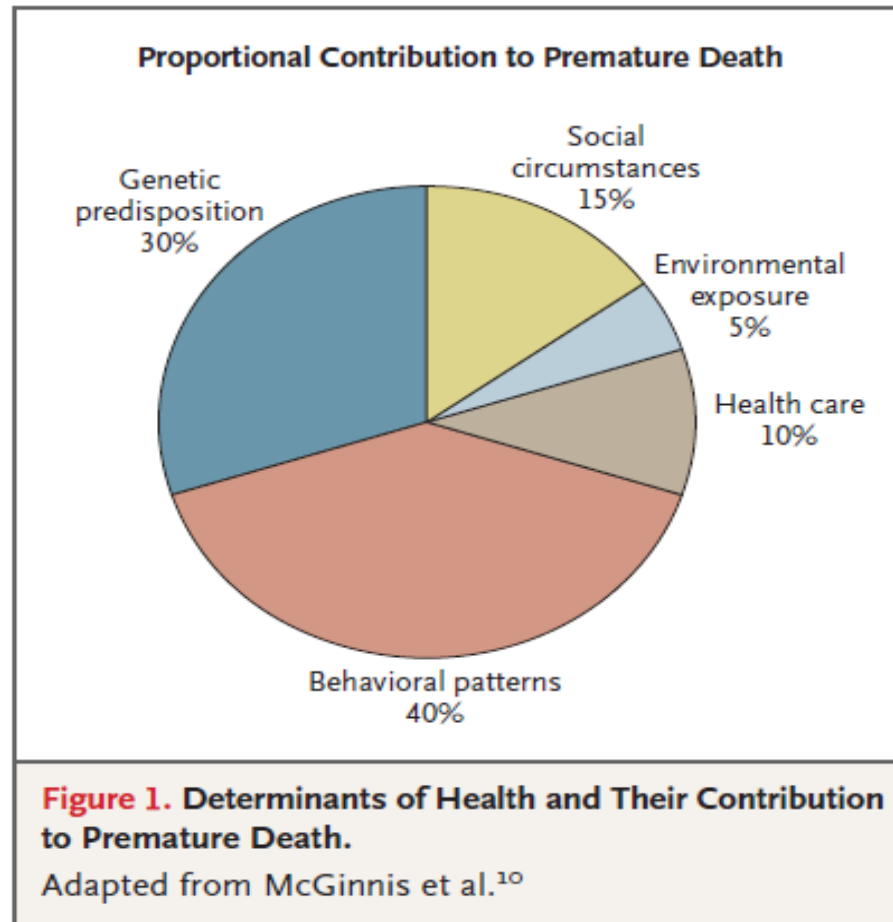


Vermont SBIRT

Outcomes & Lessons

Special Focus: Suicide Risk Screening
Opportunities & Challenges
2/14 – 2/18

Why Do We Need SBIRT?



Schroeder, S (2007) We can do better – improving the health of the American people. *N Eng J Med* 357(12):1221-1228

On average 60% of patients with Chronic Disease have Comorbid Behavioral Health Risks.

10% of Vermonters screen + for Depression Risk in Medical Settings

33% of those patients (+ for depression) who receive the full screen endorse suicide ideation

Why Do We Need SBIRT?

- Because most people with substance use problems do not seek formal treatment. But they **DO** visit their general practitioner.
- Yet screenings and brief interventions for substance use are rarely performed in primary care.

Two-Thirds
of individuals with substance
use problems visit their
general practitioner each year

Why Do We Need SBIRT?

- Because Psychosocial *Vital Signs* are recommended for universal screening measures:
 - ✓ Race/Ethnicity
 - ✓ Alcohol Use (+ drug use, including opiate misuse)
 - ✓ Educational Attainment
 - ✓ Stress
 - ✓ Physical Activity
 - ✓ Intimate Partner Violence
 - ✓ Tobacco Use
 - ✓ Residential Address
 - ✓ Financial Resource Strain
 - ✓ Depression/Suicide Risk
 - ✓ Social Isolation
 - ✓ Neighborhood Median-Household Income

Why Do We Need SBIRT?

- Because **screenings and brief interventions work**—
across settings and across populations.
 - **Even a 5-minute intervention reduces risky substance use.**
 - **SBIRT in medical settings reduces costs, improves health-related diseases & consequences related to risky substance use.**

What is SBIRT?

A systematic & evidence based public health approach toward integrating medical and behavioral care in order to identify and intervene for Vermonters with substance, mood, and other behavioral risks affecting their lives.

The heart and soul of all SBIRT interactions is to generate motivation toward seeking wellness.

SBIRT Offers a Systematized Approach

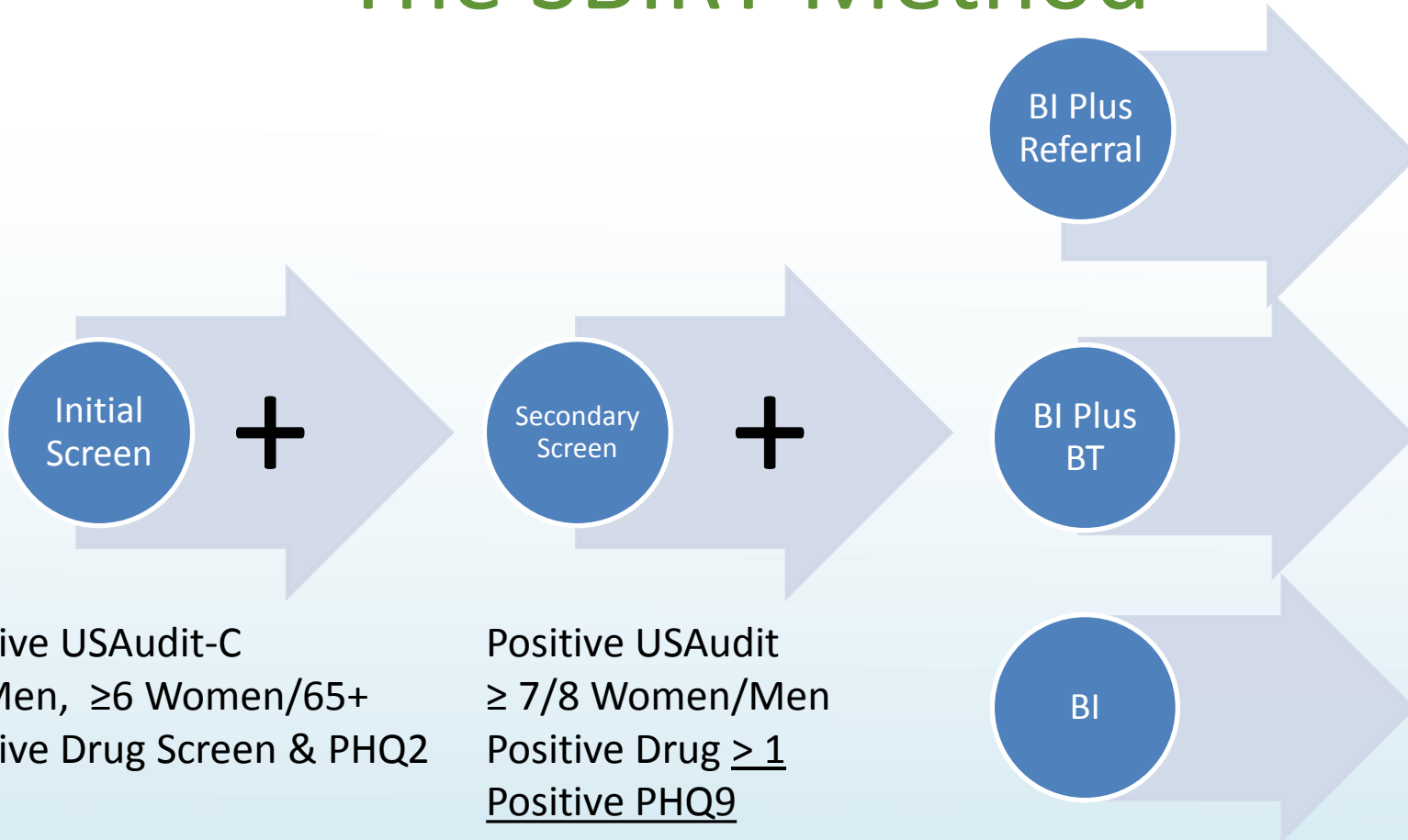
Removes:

- Subjectivity
- Inconsistency

Introduces:

- + Predictability
- + Efficiency

The SBIRT Method



Positive USAudit-C
≥ 7 Men, ≥6 Women/65+
Positive Drug Screen & PHQ2

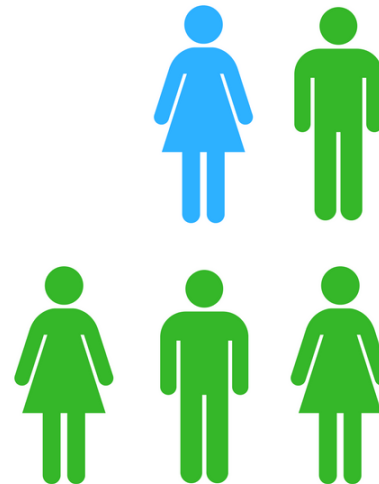
Positive USAudit
≥ 7/8 Women/Men
Positive Drug ≥ 1
Positive PHQ9

Vermont SBIRT Outcomes

- Over 107,000 screens completed
- Over 7000 interventions completed
- 18 Medical settings involved since 2014
- Primary care clinics, Emergency Departments, Pediatric Clinics, Free Clinics, Student Health Services T

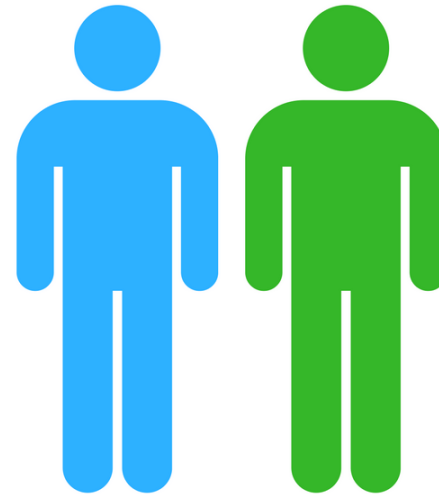
1 out of 5

individuals who received intervention were abstinent from drugs or had significantly reduced their marijuana use at the 6-month followup.

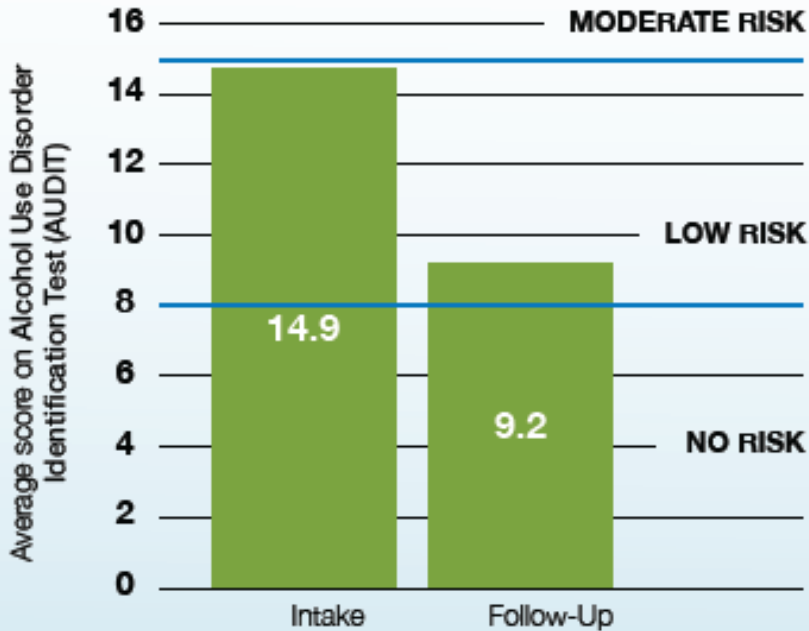


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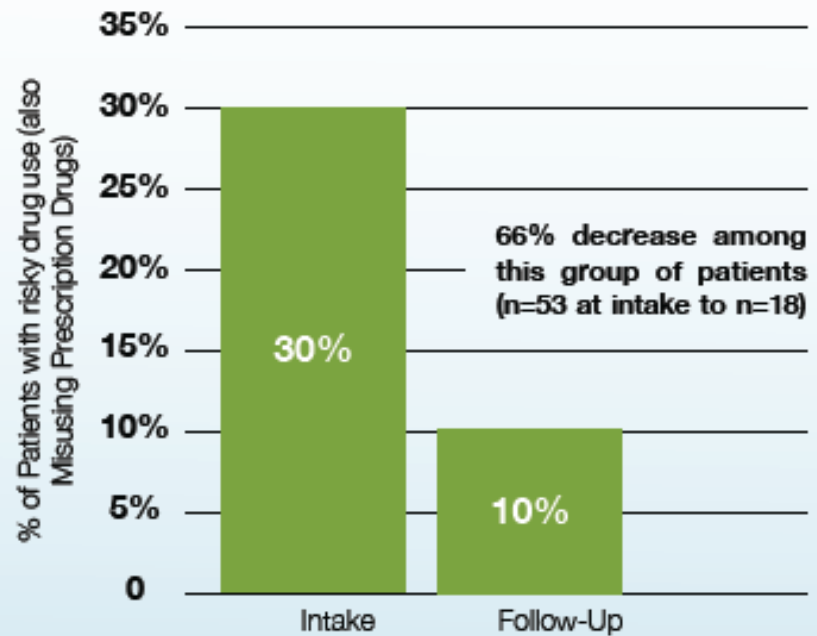
individuals who received intervention were abstinent from alcohol or within recommended drinking limits at the 6-month follow-up



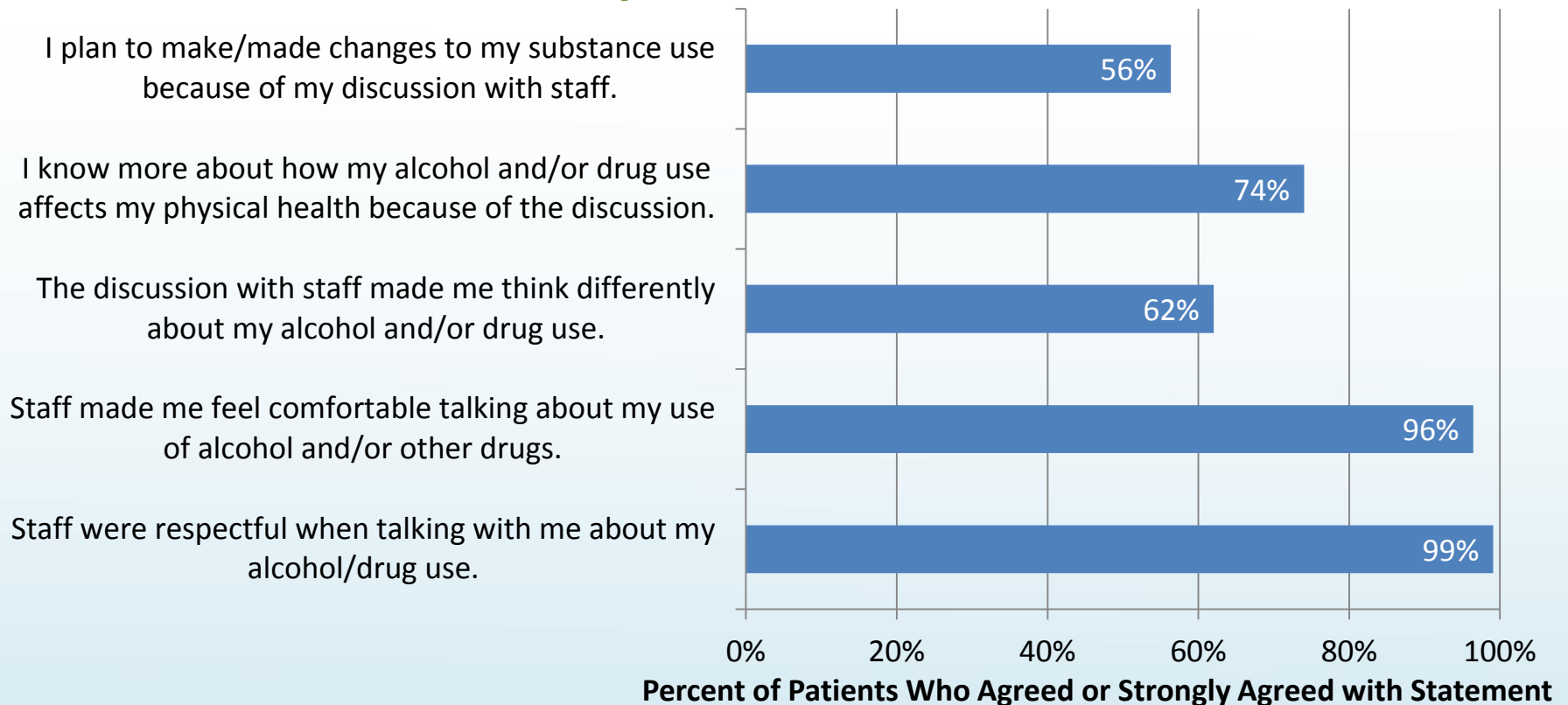
Decreases in Risky Alcohol Use



Decreases in Prescription Drug Misuse



Patient ratings of initial discussion at 6 month follow up interview



Suicide Risk Screening: Question

- What are the opportunities & Challenges?
- What are the recommendations?

Suicide Risk Screening

- Q1. Depression Risk as per PHQ
- Q2. If positive for Depression Risk - how many patients receive and/or answer Q9
- Q3. How many endorse Suicide Ideation based on PHQ- Question 9

Answer:

- **13,000** patients at participating sites completed an initial screening for depression.
- **10%** were positive for possible risk of depressive symptoms.
- **33%** of those receiving the **full screening and responding to the question** endorsed suicidal thoughts.
- **But Only 30% get the secondary screen**

Type	Patients screened with PHQ2 as part of SBIRT	PHQ Depression Risk	If on PHQ2 Who received secondary screen	Positive for Suicide Ideation risk for depression
ED (1)	6854 1/16-1/18	4% = 274 patients	96% = 263 patients	39% = 107 patients
PCP (1)	1474 10/16-1/18	6% = 88 patients	40% = 35 patients	11% = 4 patients
PCP (2)	8628 5/14-7/16	8% = 690 patients	12% = 82 patients	7% = 6 patients

Question:

What are the critical lessons learned about caring for our patients & integrating services for physical & mental health ?

Essential Elements of Integrated Care

- Committed Medical Culture
- Champions (Admin + Providers)
- Screening for Psychosocial Vital Signs
- Training in EBPs for SA/MH/Suicide Risk
- Automated Screening (EHR integration)
- Staffing resources

Motivational Interviewing Skills are essential to address the growing need for behavioral health integration to achieve Triple Aim:

- improved outcomes
- decreased cost
- enhanced patient experience

Regional Networks of Health
Stakeholders can become empowered to
effectively create systems of care for
comorbid patients

Estimated Savings

\$547 to \$806
per person*



*A major limitation includes differences in costs of healthcare and social services across states and even counties. Additional research on the cost savings of SBIRT are summarized here: https://www.icsi.org/_asset/2g3rnr/SBIRT-Reduces-Costs.pdf