

Screening for Addiction in a 20 Minute Appointment

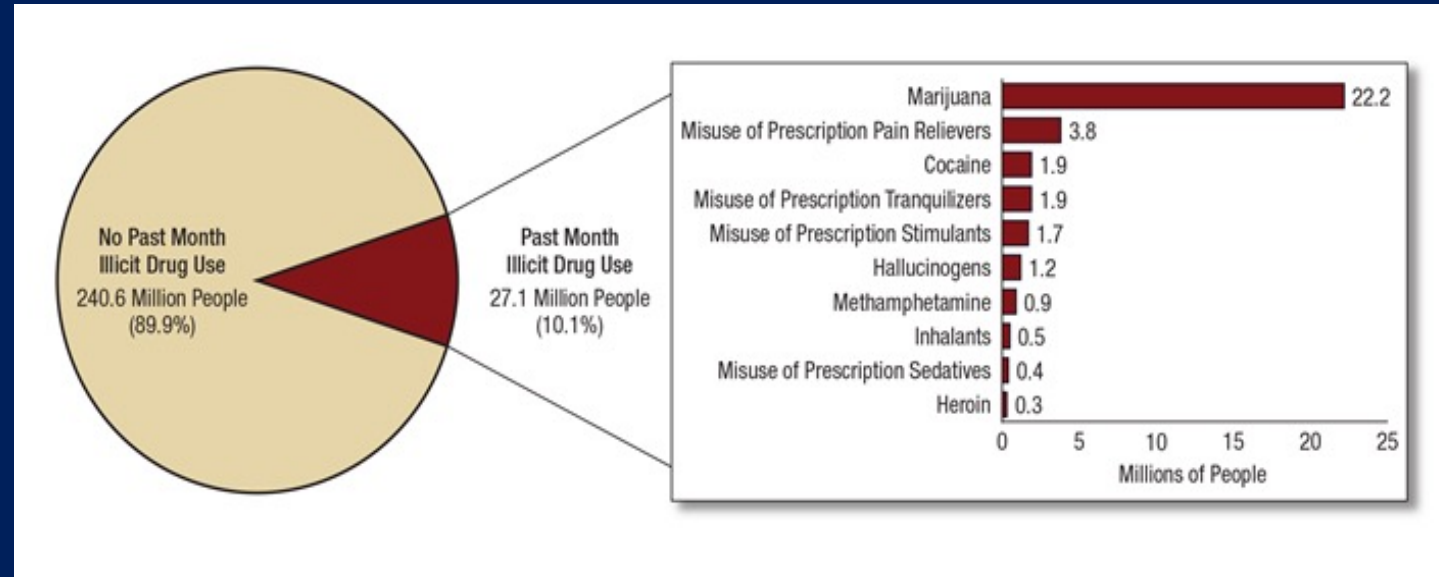
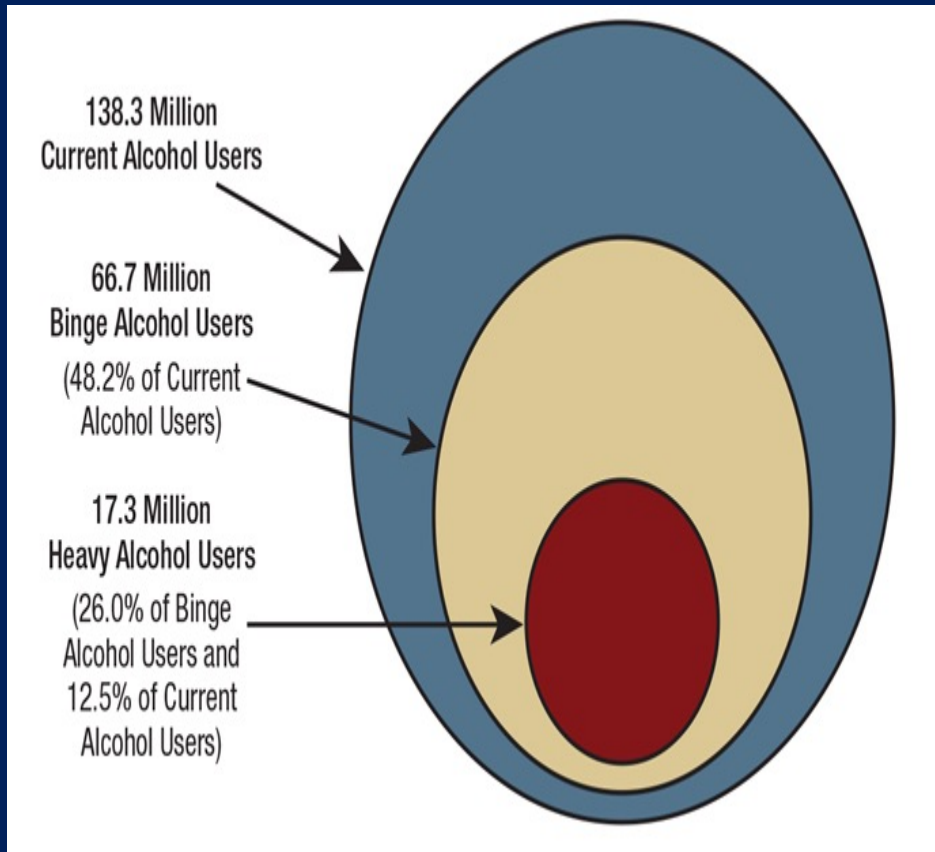
Elisa Gumm DO

Substance Use Disorder Treatment Program Medical Director
University of Arizona Addiction Medicine Program Director
Addiction Medicine Psychiatrist

Assessment for Addiction

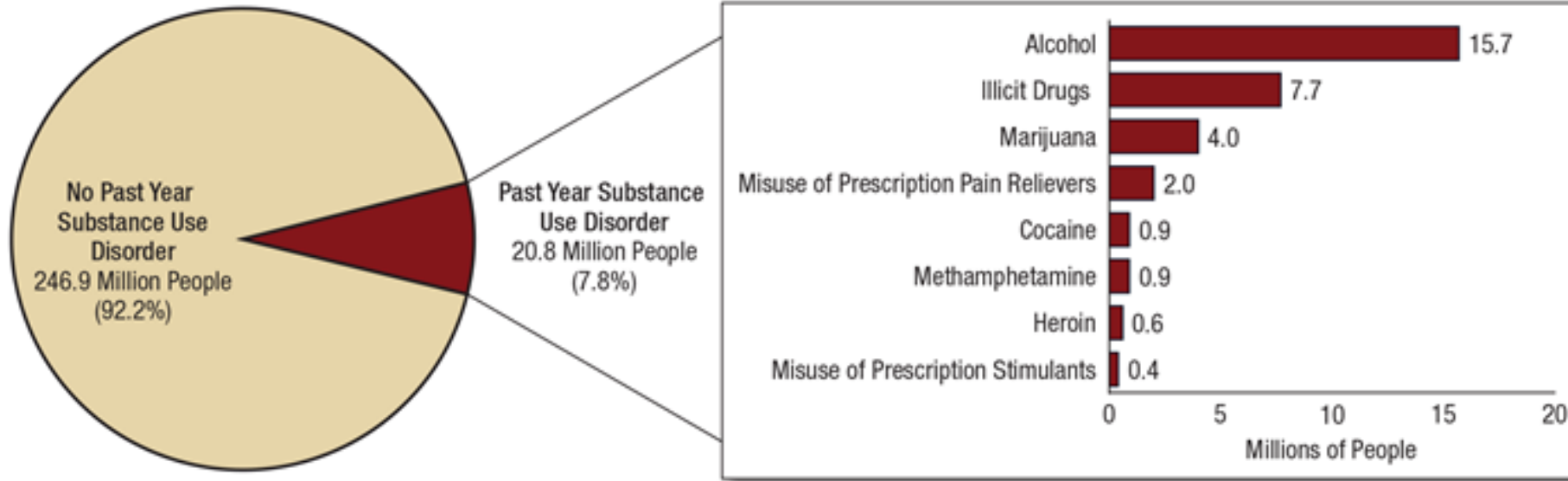
1. Identify high risk behaviors with quick screeners
2. Retain options charting and coding to capture workload for screening and treatment in primary care setting
3. Be able to recall the overall definition of Addiction and how to assess the 11 Substance Use Disorder criteria

Substance Use Statistics



<https://www.samhsa.gov/data/sites/default/files/reports/rpt29393/2019NSDUHFFRPDFWHTML/2019NSDUHFFR090120.htm#illicit>

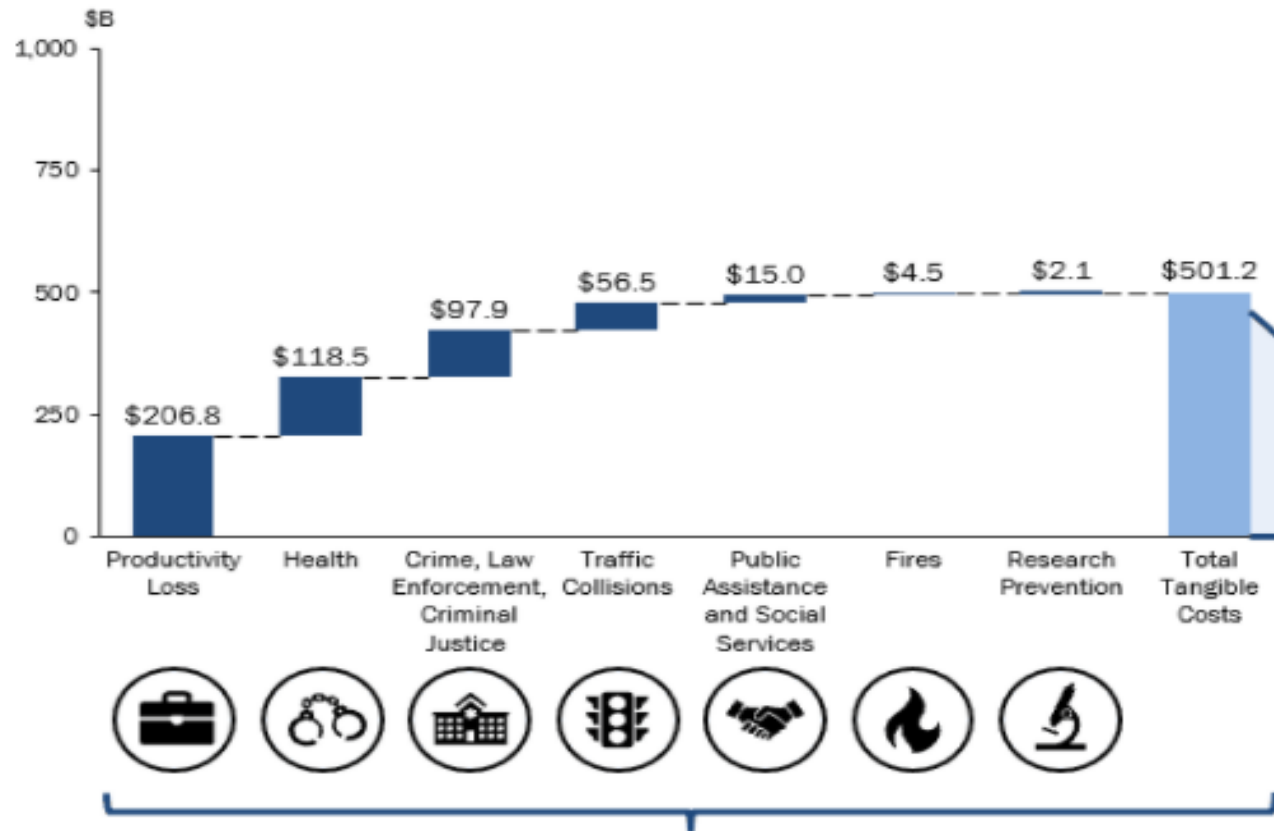
Substance Use Disorder Statistics



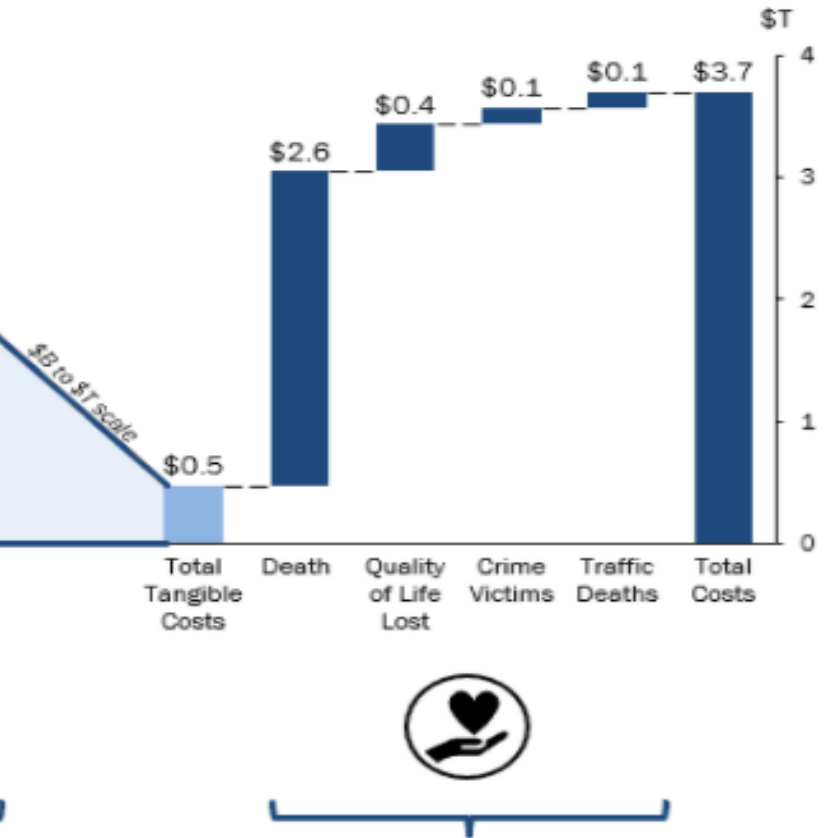
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Economic Cost of Substance Use Disorders (2019)

Estimated US Tangible Costs of Substance Abuse, 2019



Estimated US Total Costs of Substance Abuse, 2019

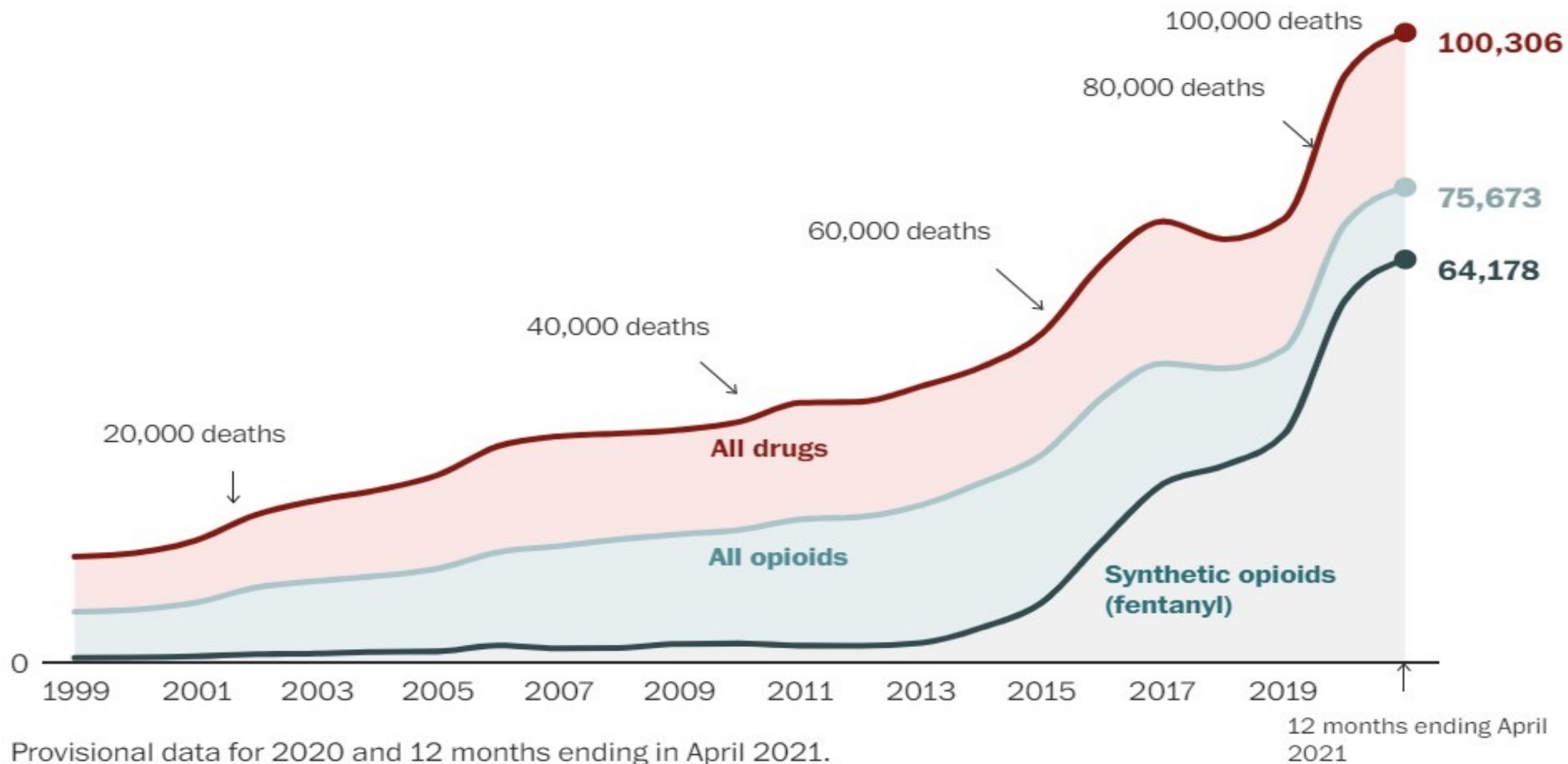


Economic Loss (Direct & Indirect) = \$501.3 B*

Societal Harm (Intangible Costs) = \$3,229 B

*Values reflect rounding

U.S. drug overdose deaths per year



Provisional data for 2020 and 12 months ending in April 2021.

12 months ending April 2021



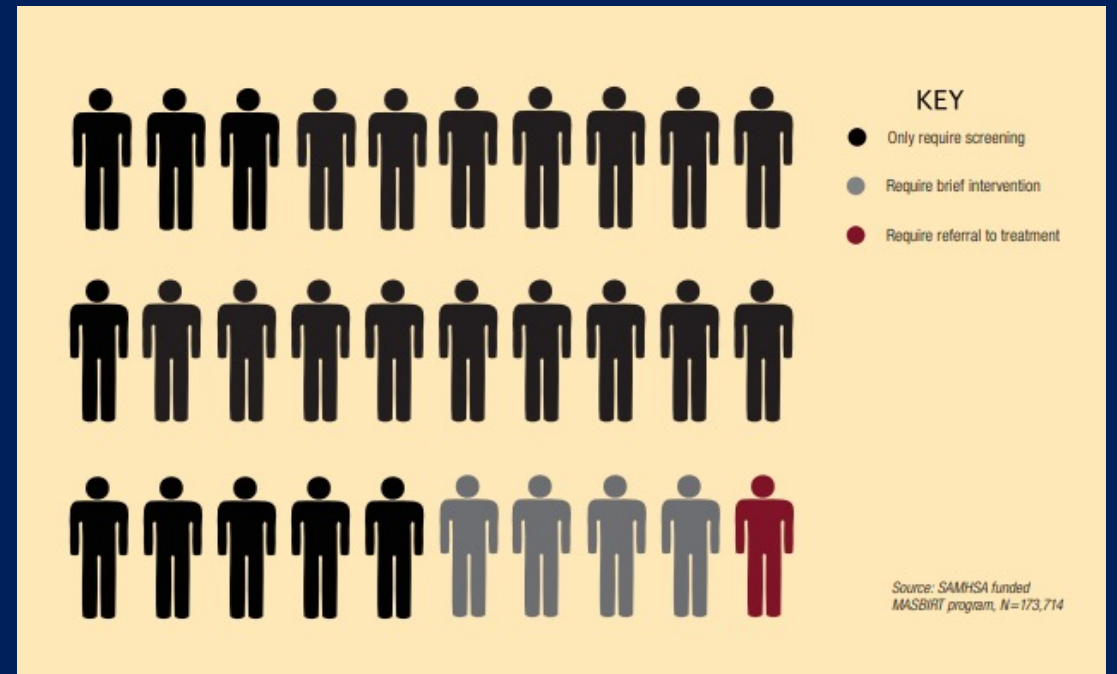
18 minutes

What is SBIRT?

Screening — a healthcare professional assesses a patient for risky substance use behaviors using standardized screening tools.

Brief **I**ntervention — short discussion, providing feedback and advice.

Referral to **T**reatment — referral to therapy or additional treatment



[SBIRT TK-SA3522_SinglePage.pdf \(masbirt.org\)](#)

Pre-screening Options:

1) Independent Pre-screeners:

“How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?”

“How often in the past year have you drunk alcohol?”

2) Two-Item Conjoint Screening:

“In the last year, have you ever drunk or used drugs more than you meant to?”

“Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?”

AUDIT - C

AUDIT C	0	1	2	3	4	Score
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4 or more times per week	
2. How many drinks containing alcohol do you have on a typical day of drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 +	
3. How often do you have five or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
A standard drink in the US is any drink that contains about 14 grams of pure alcohol. One drink=12oz. beer, 5oz. wine, 1.5 oz. liquor			AUDIT-C Score (add items 1-3)			

POSITIVE SCREEN ≥ 4 for men/ 3 for women - Inform client that they screen positive for hazardous alcohol use and are at risk for health and other problems.

AUDIT: full alcohol screener

1. How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times a month	2 - 3 times a week	4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	0 - 2	3 or 4	5 or 6	7 - 9	10 or more
3. How often do you have five or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, in the last year
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, in the last year
	0	1	2	3	4

Have you ever been in treatment for an alcohol problem? Never Currently In the past

Score	Zone	Explanation	Action
0-3	I – Low Risk	“Someone using alcohol at this level is at low risk for health or social complications.”	Positive Health Message – describe low risk drinking guidelines
4-9	II – Risky	“Someone using alcohol at this level may develop health problems or existing problems may worsen.”	Brief intervention to reduce use
10-13	III – Harmful	“Someone using alcohol at this level has experienced negative effects from alcohol use.”	Brief Intervention to reduce or abstain and specific follow-up appointment (Brief Treatment if available)
14+	IV – Severe	“Someone using alcohol at this level could benefit from more assessment and assistance.”	Brief Intervention to accept referral to specialty treatment for a full assessment

DAST 10: full drug use screener

Drug Abuse Screening Test (DAST-10)

Using drugs can affect your health and may interact with medications you take. Please help us provide you with the best medical care by answering the questions below.

Which recreational drugs have you used in the past year?

Methamphetamines (speed, crystal) Cocaine
 Cannabis (marijuana, pot) Narcotics (heroin, oxycodone, methadone)
 Inhalants (paint thinner, aerosol, glue) Hallucinogens (LSD, mushrooms)
 Tranquillizers (valium) Other _____

1. Have you used drugs other than those required for medical reasons?	No	Yes
2. Do you abuse more than one drug at a time?	No	Yes
3. Are you unable to stop using drugs when you want to?	No	Yes
4. Have you ever had blackouts or flashbacks as a result of drug use?	No	Yes
5. Do you ever feel bad or guilty about your drug use?	No	Yes
6. Does your spouse (or parents) ever complain about your involvement with drugs?	No	Yes
7. Have you neglected your family because of your use of drugs?	No	Yes
8. Have you engaged in illegal activities in order to obtain drugs?	No	Yes
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	No	Yes
10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?	No	Yes

0 1

Score*	Zone	Explanation	Action
0	I – Low Risk	“Someone at this level is not currently using drugs and is at low risk for health or social complications.”	Reinforce positive choices and educate about risks of drug use
1 - 2	II – Risky	“Someone using drugs at this level may develop health problems or existing problems may worsen.”	Brief Intervention to reduce or abstain from use
3 - 5	III – Harmful	“Someone using drugs at this level has experienced negative effects from drug use.”	Brief Intervention to reduce use and specific follow-up appointment (Brief Treatment if available)
6-10	IV – Severe	“Someone using drugs at this level could benefit from more assessment and assistance.”	Brief Intervention to accept referral to specialty treatment for a full assessment



SBIRT
+ Depression Screening App



LAUNCH APP ▶

<http://www.sbirtoregon.org/screening-app/>



*Coding &
Charting*

Coding

Payer	Code	Description	Fee Schedule
Commercial Insurance	CPT 96160	Administration and interpretation of a health risk assessment instrument. 4 times per year, up to 2 units per visit.	\$3
	CPT 99408	Alcohol and/or substance use structured screening and brief intervention services; 15 to 30 minutes	\$33.41
	CPT 99409	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes	\$65.51
Medicare	G0396	Alcohol and/or substance use structured screening and brief intervention services; 15 to 30 minutes	\$29.42
	G0397	Alcohol and/or substance use structured screening and brief intervention services; greater than 30 minutes	\$57.69
Medicaid	H0049	Alcohol and/or drug screening	\$24.00
	H0050	Alcohol and/or drug screening, brief intervention, per 15 minutes	\$48.00

Charting

The patient completed _____ screening tool today
with a score suggestion _____

- No risk or low risk of health problems related to substance use
- An increased risk of health problems related to substance use
- A severe risk and needs assessment for substance use disorder

We did not discuss this further because _____

- the patient did not warrant further discussion
- the patient expressed unwillingness
- the patient scheduled a follow-up appointment to discuss further

CPT Code: 96160

Diagnosis Code: Z71.41 for alcohol screening

Z71.51 for drug or substance screening

Charting

The patient completed _____ screening tool today

A score suggesting _____

- No risk or low risk of health problems related to substance use
- An increased risk of health problems related to substance use
- A severe risk needs and assessment for substance use disorder

We discussed options to reduce the patient's health problems related to substance use. The plan includes:

- Reduce frequency and / or quantity
- Start medications for substance use
- Accept a referral to _____
- Talk with office social worker, or peer support

Total clinic time administering and interpreting the screening form, plus performing face-to-face brief intervention with the patient was _____ minutes.

- 5-14 minutes (G2011)
- 15- 30 minutes (CPT 99408 or G0396 or H0049)
- > 30 minutes (CPT 99409 or G0397 or H0050)



Addiction

Complex chronic disease manifested by compulsive substance use despite harmful consequence.

Substance Use Disorder Criteria (DSM-5)

Impaired Control

1. Substance is taken in larger amounts or over a longer period than intended.
2. There is a persistent desire or unsuccessful efforts to cut down or control use.
3. A great deal of time is spent in activities to obtain, use, or recover from the use
4. Cravings.

Social Impairment

5. Recurrent substance use resulting in a failure to fulfill major role obligations.
6. Cont use despite having persistent or recurrent social or interpersonal problems.
7. Important social, occupational, or recreational activities are given up or reduced.

Substance Use Disorder Criteria (DSM-5)

Risky Use

8. Recurrent substance use in situations in which it is physically hazardous.
9. Cont use despite having a persistent or recurrent physical or psychological problem.

*Pharmacological

10. Tolerance:

- a. A need for markedly ↑ amts to achieve intoxication/desired effect.
- b. A ↓ effect with continued use of the same amount of the substance.

11. Withdrawal:

- a. Substance withdrawal syndrome.
- b. The substance is taken to relieve or avoid withdrawal symptoms.

Substance Use Disorders: Spectrum

- Mild 2-3 symptoms
- Moderate 4-5 symptoms
- Severe 6+ symptoms

CASE:


Patient: Smith, Jill


DOB: 4/11/1964


At her 6-month follow-up appointment for Hypertension, she is screened with the AUDIT.

She is screening for high risk, so you assess further.

One drink equals:

 12 oz. beer

 5 oz. wine

 1.5 oz. liquor (one shot)

1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	0 - 2	3 or 4	5 or 6	7 to 9	10 or more
3. How often do you have four or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
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CASE:

Patient: Smith, Jill

DOB: 4/11/1964

Medical History: Hypertension, Recent Fall without LOC

Medications: Lisinopril 20mg daily

PDMP is negative for additional prescriptions.

Interview:

[Dr] “Hi Jill, I am reviewing some of the papers we had you fill out with the nurse. You circled that you occasionally have up to 6 drinks in a night, can you tell me more about that?”

[Pt] “Well, I am new to the city, and don’t have many friends. Sometimes, I feel sad and lonely, so I go to the bar after work to avoid being alone. The time can slip away, and I can end having more than I intended.”

[Dr] “I see, and is this how you are someone else was injured?”

[Pt] “Yes, one night, I fell walking up my front steps causing me to fracture my arm. My son is worried and says he won’t let me talk to my grandkids if I have been drinking. I am not sure it’s that big of a deal.”

[Dr] “You can see how drinking is impacting your life. “

[Pt] “Yes, but I think if I just cut down then things will be fine.”

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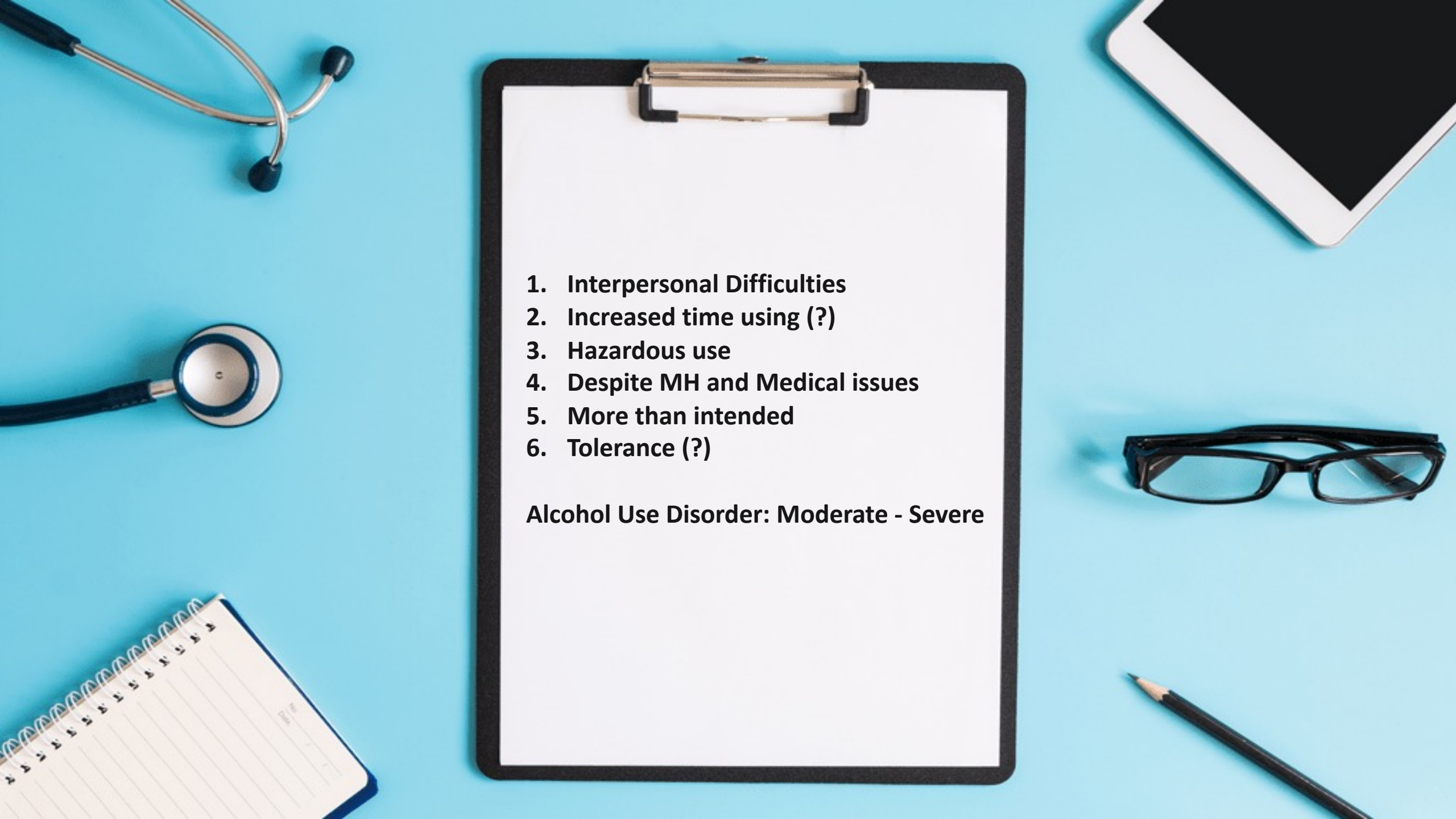
[Pt] “Well, I am new to the city, and don’t have many friends. Sometimes, I **feel sad and lonely**, so I go to the bar after work to avoid being alone. The time can slip away, and I can end having **more than I intended.**”

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- 
- 1. Interpersonal Difficulties**
 - 2. Increased time using (?)**
 - 3. Hazardous use**
 - 4. Despite MH and Medical issues**
 - 5. More than intended**
 - 6. Tolerance (?)**

Alcohol Use Disorder: Moderate - Severe

Resources (ctrl click)

Screening App:
[Screening app – SBIRT Oregon](#)

PDFS:
[Clinician Tools - SBIRT for Substance Abuse](#)

[Patient Education - SBIRT for Substance Abuse](#)

Thank you.

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