

Hospital SBIRT: THE REASONS

Rules

Some hospitals are required to do SBIRT

To retain accreditation, Level I and Level II trauma centers are now required to have a mechanism to identify patients whose drinking is unhealthy. Level I centers must have the capacity to help these patients.¹

The VA mandates routine screening for risky alcohol use system-wide.

The Joint Commission, the accrediting body for 95% of the hospital beds in America, has approved four measures of SBIRT in its core set of measures. Hospitals may select to report the SBIRT measures as part of their accreditation.²

Reimbursement

You can get paid to do SBIRT

Hospitals have been reimbursed for SBIRT since 2007. There are commercial, Medicare, and Medicaid codes for SBIRT services (check to see if they are turned on your state).³

For psychiatric hospitals and psychiatric units of general hospitals, CMS will start a Medicare incentive payment process in January 2014.⁴

Reform

The Affordable Care Act creates carrots (and sticks) for the use of SBIRT

SBIRT helps meet 14 CMS Accountable Care Organization quality measures.⁵

SBIRT helps fulfill dozens of patient-centered medical home recognition criteria.⁶

SBIRT helps hospitals address ACA-required community health needs assessments, which often find high rates of community binge drinking and prescription drug misuse.

The ACA's CMS Hospital Readmissions Reduction Program⁷ reduces payments to IPPS hospitals with excess readmissions; SBIRT can play a role in reducing readmissions.⁸

The ACA's move toward bundled payments creates a strong incentive to reduce costly episodes of care; SBIRT can play a role in reducing these costs.

Under the ACA, hospitals must provide US Preventive Health Task Force recommended screens (including SBIRT) with no co-pays.⁹

Results

Patient outcomes are better when substance use is addressed using SBIRT.¹⁰

In 2012, the USPSTF found adequate evidence that brief counseling interventions in adults with screening-detected risky or hazardous drinking positively affect several unhealthy drinking behaviors, including heavy episodic (binge) drinking, high average weekly intake of alcohol, and consumption above recommended intake limits.¹¹

Washington state ER data showed 1.2 days reduction in hospital days with the use of SBIRT.¹²

Patients who need SBIRT show up in hospital ERs. Among SAMHSA's SBIRT grantees, around 20% of adult patients in EDs screen positive for substance use disorders.¹³

Retention

Staff express satisfaction with the use of SBIRT¹⁴

"Before we started using SBIRT, we didn't know what to do with certain patients. We knew some were drug-seeking... and they just kept coming back."

— Tami Slain, RN (Nurse Educator, Allegheny General Hospital, Pittsburgh, PA)

Resources

The federal government in particular has thrown a lot of support behind SBIRT.

A wealth of information exists for SBIRT implementation in hospitals.

Here are two ways to get started:

Join BIG Hospital Initiative by visiting <http://hospitalsbirt.webs.com> and selecting "Get Involved"

Connect with the National SBIRT ATTC by subscribing to The SBIRT Alert, our monthly(ish) newsletter:

<http://ireta.org/enewsletter-subscribe>



SBIRT

Screening, Brief Intervention
and Referral to Treatment



National Screening, Brief Intervention & Referral to Treatment

ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

www.attcnetwork.org/sbirt

References

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