Alcohol and drug misuse, screening, brief intervention, and referral for treatment (SBIRT) in the Emergency Department (ED)

Measure Basic Information

Research shows that the ED can be an effective place to screen and refer patients for substance use services: One study found that 26% of patients screened in the ED exceeded the low-risk limits set by the National Institute of Alcohol Abuse and Alcoholism. This measure will help inform the statewide quality improvement focus area of integrating behavioral and physical health.

As such, this measure tracks SBIRT in the ED. It is in two parts: The first tracks ED patients age 12+ who are screened for alcohol or other substance use and the second tracks whether those who screen positive receive a brief intervention.

Name and date of specifications used: This is a non-standard measure the Oregon Health Authority (OHA) developed in collaboration with the Oregon Association of Hospitals and Health Systems (OAHHS), based on recommendations from SAMHSA and CMS. The measure specifications draw from the Joint Commission specifications and learnings from the BIG Hospital SBIRT Initiative and the Boston University BNI-ART Institute.

Additional details are available online at:

- http://hospitalsbirt.webs.com/
- http://www.bu.edu/bniart/

SBIRT resources include:

- OHSU’s SBIRT page, which includes SBIRT tools, training curriculum, and videos on implementing SBIRT: http://www.sbirtoregon.org/

Emergency Nurses Association SBIRT online education modules.
OHA’s SBIRT resource page: http://www.oregon.gov/oha/amh/Pages/SBIRT.aspx

Measure Type:
HEDIS □ Joint Commission □ Survey □ Other ■ Specify: OHA-developed

Data Source²: Hospitals will track these data internally (through electronic health records, chart abstractions, or another manual process). OAHHS will collect these data from DRG hospitals via its online reporting tool and report to OHA.

Measurement Period: Year One: October 1, 2013 – September 30, 2014 (baseline)
Year Two: October 1, 2014 – September 30, 2015 (performance year)

Benchmark: 12% (screening rate only; brief intervention rate is a reporting requirement, but there is no benchmark which must be achieved)

Note: This benchmark is aligned with the benchmark for the CCO SBIRT measure. The CCO SBIRT benchmark is under review for 2015 (to reflect the new inclusion of adolescents in the CCO measure). The hospital benchmark will change in accordance with any changes made to the CCO benchmark, and this specification sheet will be updated accordingly.

The equation for the screening rate is the number screened / number of patients age 12+ in the ER * 100.

The equation for the brief intervention is the number receiving a brief intervention / number of patents age 12+ screening positive for unhealthy alcohol or drug use * 100.

Improvement Target: Minnesota method with 3 percentage point floor³.

Overview
The Joint Commission measure specifications break down the SBIRT measure into a cascading rate, incorporating a screening rate, followed by brief intervention rate for those who screen

² OHA reserves the right to contact hospitals directly or through OAHHS with additional questions about data submitted as part of the program. Hospitals must be able to provide documentation of data submitted should it be requested.
³ Information on improvement target calculations can be found in the ‘Hospital Improvement Target Brief’, here: http://www.oregon.gov/oha/Pages/Hospital-Baseline-Data.aspx.
positive, and a treatment provided or offered at discharge rate for those who received a brief intervention.

The Oregon Health Authority (OHA), in partnership with the Oregon Association of Hospital and Health Systems (OAHHS), have developed a measure to address screening and brief interventions provided in Emergency Departments, utilizing the cascading rate approach. **Note that while OHA/OAHHS will collect and report data on both the screening and brief intervention rate, only hospital performance on the screening rate is tied to the quality pool payment (“incentivized”) for this measure.**

Note also: the Joint Commission specifications focused on alcohol use screening and brief interventions. To align with the CCO SBIRT incentive measure, the OHA/OAHHS developed measure will address both alcohol and other drug use.

**Data elements required denominator:**

**Screening Rate**
Unique count of individuals age 12 years and older with a qualifying emergency department visit during the measurement period. The individual must be at least age 12 on the date of the emergency department visit to be included in the denominator.

**Brief Intervention Rate**
Unique count of individuals age 12 years and older with a qualifying emergency department visit during the measurement period, who were screened for alcohol and other drug use at their visit, who screened positive. The individual must be at least age 12 on the date of the emergency department visit to be included in the denominator.

**Required exclusions for denominator:** Measure set broken down as follows:

**Screening Rate:**
Any of the following criteria removes individuals from the denominator:

- Individual refuses to participate
- Medical stabilization is the primary function of the ED and treatment must be delivered to obtain that outcome. Therefore, the denominator should exclude individuals in urgent or emergent situations where time is of the essence and to delay treatment would jeopardize the individual’s health status.

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4 The CCO incentive measure specifications for SBIRT are available online at: [http://www.oregon.gov/oha/Pages/CCO-Baseline-Data.aspx](http://www.oregon.gov/oha/Pages/CCO-Baseline-Data.aspx)

5 Note that, these individuals may be candidates for screening and brief intervention once they are stabilized, but that contact would occur outside the boundaries of this incentive measure (i.e., these individuals should not be counted in the numerator or denominator).
• Situations where the individual’s functional capacity or ability to communicate may impact the accuracy of results of standardized alcohol or drug use screening tools.

**Brief Intervention Rate:**
No additional exclusions, but note that only individuals who qualified for the screening rate denominator, were screened, and screened positive would end up in the brief intervention denominator.

**Deviations from cited specifications for denominator:**
None.

**Data elements required numerator:** Note the individual’s medical record must provide documentation that these services (screening and brief intervention) were provided. This information must include, at a minimum, the date, the screening tool used, the score, and, as appropriate, the brief intervention provided and any referral to treatment offered.

The measure set is broken down as follows:

**Screening Rate**
Unique count of individuals age 12 years and older with a qualifying emergency department visit during the measurement period, with one or more alcohol or drug use screenings using an age-appropriate, validated screening tool. The individual must be at least age 12 on the date of the emergency department visit to be included in the denominator.

Evidence-based alcohol or drug use screening tools include the SBIRT “brief” annual screen, the CRAFFT, the AUDIT, and the DAST. Experts recommend using the “brief” screening tool to eliminate abstainers who rarely or never consume alcohol or use drugs; individuals who screen positive on the “brief” screening tool should receive additional screening to determine those who are at-risk and may require further intervention. However, note that the HTPP metric only requires a brief screen in order to be counted in the numerator. As part of best clinical practice, hospitals are encouraged to conduct the full screen on anyone initially screening positive on the brief screen, but it is not required for the numerator. If a patient receives both a brief screen and a full screen, only one should be counted in the numerator (as it is a unique count per person during the measurement year).

The full list of Addictions and Mental Health Services (AMH)-approved, evidence-based SBIRT screening tools is available online at [http://www.oregon.gov/oha/amh/Pages/eb-tools.aspx](http://www.oregon.gov/oha/amh/Pages/eb-tools.aspx).

**Brief Intervention Rate**
Unique count of individuals age 12 years and older with a qualifying emergency department visit during the measurement period, who were screened for alcohol and other drug use at

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6 Note the CRAFFT is a full, rather than “brief” screening tool. If the CRAFFT is used as the first line of screening for an adolescent, a follow-up screening is not needed as part of the SBIRT process required; practitioners would proceed directly to the brief intervention for those screening positive for substance abuse.
their visit, who screened positive, who received a brief intervention. The individual must be at least age 12 on the date of the emergency department visit to be included in the denominator.

The goal of a brief intervention is to educate patients and increase their motivation to reduce risky behavior. A brief intervention as defined by the SAMHSA SBIRT program involves 1-5 sessions lasting a few minutes to an hour. Examples of brief interventions include assessment of the patients’ commitment to quit and offer of pharmacological or behavioral support, provision of self-help material, or referral to other supportive resources.

**Required exclusions for numerator:** None.

**Deviations from cited specifications for numerator:** None.

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### Explanation of Exclusions and Deviations

List other required exclusions and or deviations from cited specifications not already indicated:
None.

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### Additional Notes

**Additional Notes to Ensure Distinct Counts:** Note that the measure is a unique count of individuals seen in a hospital’s ED over the measurement period, and that a patient need only be screened once in the measurement year in order for the hospital to get credit. Since it is an unduplicated count, patients visiting the ED more than once in the measurement period will only be counted once in the data submitted. Hospitals will receive credit if the patient is screened (and offered a brief intervention, if appropriate) at any visit made to the ED during the measurement period. For example:

- A patient visits Hospital A’s ED twice in the measurement period, but is only screened during the second visit. When data for the measurement period are submitted, the data are unduplicated by patient. So, this patient is only counted once, and the hospital receives credit since the patient was screened at least once during the measurement period (i.e., this patient is counted once in the denominator and once in the numerator).

- Another patient visits Hospital B’s ED three times in the measurement period, but is never screened. When data for the measurement period are submitted, the data are unduplicated by patient. So, this patient is only counted once, but the hospital will not receive credit since the patient was never screened (i.e., the patient is counted once in the denominator, but does not appear in the numerator since she was never screened).

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7 See SAMHSA’s SBIRT white paper, ‘Screening, Brief Intervention and Referral to Treatment (SBIRT) in Behavioral Health’, here: [http://beta.samhsa.gov/sites/default/files/sbirtwhitepaper_0.pdf](http://beta.samhsa.gov/sites/default/files/sbirtwhitepaper_0.pdf).
Patients Screened When Admitted: Many hospitals also conduct SBIRT screenings for patients who are admitted to the hospital. Such screenings will be treated as follows:

- If a patient who was previously admitted and screened while an inpatient is later seen in the ED, the hospital may **not** count the screening that occurred while the patient was admitted towards the HTPP SBIRT measure. The patient must be screened again as part of the ED visit. For example: Patient A is admitted to the hospital for surgery and stays for five days. During that five day stay, Patient A is screened as part of the hospital’s inpatient SBIRT process. Patient A is then discharged. Four months later, Patient A breaks her arm and is seen in the ED. In order for the hospital to receive credit for the HTPP SBIRT measure, Patient A must again be screened as part of her ED visit.

- OHA has also consulted with the Joint Commission regarding how screening in the ED will impact the Joint Commission inpatient metric. Though the HTPP SBIRT in the ED measure only requires one screen during the entire performance year, the Joint Commission inpatient measure requires a screen for each admission. However, as long as any SBIRT screening that takes place in the ED becomes a permanent part of the inpatient medical record for an admission, the ED screen can be counted for the Joint Commission inpatient screening **for that admission**.
  - For example: Patient B goes to the ED with respiratory issues and is screened. At that time, Patient B is found to have pneumonia and is admitted. In this instance, the hospital would receive credit for the HTPP SBIRT measure since the patient was seen in the ED and was screened. In addition, the hospital would **not** need to rescreen Patient B for the Joint Commission inpatient measure so long as the SBIRT screening that took place in the ED is a permanent part of the inpatient medical record **for that admission**.
  - If Patient B is seen in the ED a month later and is admitted as part of the ED visit, Patient B would not need to be rescreened to receive credit for the HTPP SBIRT measure; however, the Joint Commission inpatient measure would require a separate screening.
  - In addition, if Patient B is later admitted to the hospital (without going through the ED), the Joint Commission inpatient measure requires a separate screening.

**Version Control**

- This specification was updated on 11 December 2014 to make clear that a full screen is **NOT** required for the numerator in the screening rate (a brief screen can be counted). However, if a patient screens positive using the brief screen, hospitals are encouraged to conduct a full screen as part of best practice.
- This specification was updated on 21 October 2014. The benchmark was updated to align with a change to the CCO benchmark and an additional SBIRT resource was added (OHSU has a helpful SBIRT page that may help hospitals implement SBIRT in the ED). On 17 October 2014 the Metrics and Scoring Committee made the decision to revise the
CCO SBIRT benchmark from 13% to 12%. The HTPP SBIRT benchmark was therefore revised to 12% to align with that for the CCOs.

- This specification was updated on 17 October 2014 to provide clarification on screening for patients who visit the ED multiple times, how those admitted to the hospital are counted, and to provide a direct link to accepted screening tools.