

Comparison of SBIRT and alcohol screening and follow-up measures

	Claims-based CCO SBIRT Measure	EHR-based CCO SBIRT Measure <i>(draft as of 5/15/17)</i>	NQF 2152 – Unhealthy Alcohol Use Screening and Brief Counseling	Draft HEDIS – Unhealthy Alcohol Use Screening and Follow-Up
<i>Measure description</i>	Percentage of members age 12 years or older with one or more screening, brief intervention, and referral to treatment services	Percentage of patients 12 or older who received an age-appropriate screening and, if they had a positive full screen, received a brief intervention or referral to treatment. Two rates are reported: (1) screening and (2) brief intervention and referral.	Percentage of patients 18 and older who were screened at least once within the last 24 months for unhealthy alcohol use using a systematic screening method AND who received brief counseling if identified as an unhealthy alcohol user. One rate is reported.	Percentage of members 18 and older who were screened for unhealthy alcohol use using a standardized tool and received appropriate follow-up care if they screened positive. Two rates are reported: (1) screening and (2) counseling or other follow-up.
<i>Data source</i>	Claims	EHR	EHR; Registry	Electronic Clinical Data Systems
<i>Denominator</i>	Unique count of members age 12 years as of Dec 31 of the measurement year who received an outpatient service between Jan 1 - Dec 31 of the measurement year	D1: All patients aged 12 years and older before the beginning of the measurement period with at least one eligible encounter during the measurement period (same as depression screening denominator) D2: Patients in IPP who had a positive full screen during the measurement period	All patients aged 18 years and older who were seen twice for any visits or who had at least one preventive care visit during the two-year measurement period	D1: Members 18 years and older as of November 1 of the year prior to the measurement year. (No requirement for visit in measurement period) D2: Members from D1 who had a positive screen
<i>Denominator exclusions and exceptions</i>	none	Exceptions (same as depression screening): <ul style="list-style-type: none"> • Patient refuses • Emergent situation • Patient functional capacity or motivation Exclusions: <ul style="list-style-type: none"> • Active diagnosis of alcohol or drug dependency • Engagement in treatment • Dementia or mental degeneration • Limited life expectancy • Palliative care 	Documentation of medical reason(s) for not screening for unhealthy alcohol use (e.g., limited life expectancy, other medical reasons)	Diagnosed alcohol use disorder Jan 1 of the year prior to the measurement year to Dec 31 of the measurement year Dementia In hospice

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<i>Numerator</i>	Unique counts of members age 12 years as of December 31 of the measurement year with one or more screening, brief intervention, and referral to treatment (SBIRT) services. Alcohol and substance use Use any OHA-approved SBIRT screening tool	N1: Patients who received an age-appropriate screening, using an SBIRT screening tool approved by OHA, during the measurement period, and had either a brief screen with a negative result or a full screen N2: Patients who received a brief intervention, a referral to treatment, or both within 2 months of a positive full screen	Patients who were screened at least once within the last 24 months for unhealthy alcohol use using a systematic screening method AND who received brief counseling if identified as an unhealthy alcohol user Must use one of these screenings <ul style="list-style-type: none"> • AUDIT • AUDIT-C • Single Question Screening 	N1: Members who were screened for unhealthy alcohol use N2: Members who received follow-up counseling within 2 months of the initial positive screen Must use one of these screenings: <ul style="list-style-type: none"> • AUDIT • AUDIT-C • Single question screening
<i>Numerator exclusions</i>	SBIRT screening and/or brief intervention services provided in ED	SBIRT screening and/or brief intervention services provided in ED or hospital setting	None	None
<i>Use in other programs</i>			MIPS Physician Feedback/Quality Resource Use Report (QRUR) Note: Currently in MIPS / PQRS as a <u>registry measure</u> only. EHR and registry versions are listed in CMS's Measures Under Development list, but are not on the 2016 Measures Under Consideration / pre-rule-making list.	DRAFT under consideration for HEDIS. Note: NCQA was seeking feedback on interval for screening (annual or biennial) and on timeframe for follow-up care (1 month or 2 months)
<i>Pros</i>		<ul style="list-style-type: none"> • Captures both drug and alcohol screening and follow-up • Includes adolescents • Separate rates for screening and follow-up to enable better identification of problem areas 	<ul style="list-style-type: none"> • National, standard measure with NQF endorsement and ongoing measure stewardship • Registry specs use new, specific 2017 HCPCS G9621-G9624 codes (but these would have to be set up and used) 	<ul style="list-style-type: none"> • Potentially a national, standard measure • Separate rates for alcohol screening and follow-up to enable better identification of problem areas

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<i>Cons</i>		<ul style="list-style-type: none"> • “Home grown” measure so providers will have to build in EHR or pay for development • No benchmarking to other states or regions 	<ul style="list-style-type: none"> • EHR version is NQF endorsed, but not in use in CMS programs – may not be widely available • Single rate • Adults only • Alcohol only • Allows for fewer screening tools 	<ul style="list-style-type: none"> • Currently under review by NCQA • ECDS approach is still fairly new • Adults only • Alcohol only • Allows for fewer screening tools

Full materials from NQF 2152 update (January 2017): <http://www.qualityforum.org/ProjectTemplateDownload.aspx?SubmissionID=2152>