

Memorandum

To: Providers who facilitate annual screening through Screening, Brief Intervention, and Referral to Treatment (SBIRT) processes

From: Michael Oyster, Intensive Services Unit, SBIRT Coordinator

Date: 3/25/22

Subject: Gender References in Annual Alcohol Use Screening

Health Systems and Health Policy & Analytics has been made aware of gender narrowing practices in the Screening, Brief Intervention, and Referral to Treatment (SBIRT) processes. During annual screening for alcohol misuse, there are references to only male and female patients, leaving those who don't identify within a binary gendered system to be discounted. Non-binary, intersex and transgender patients who are not welcomed through inclusive language and clinical practices avoid health services until conditions are much worse, leading to higher risk levels and poorer outcomes. In respect for both this high-risk population and the very purpose of SBIRT processes, changing language so that all populations are welcomed is critical.

It should be noted that binary gendered norms of screening tools have favored male and female categories for participants. Because of this bias, there is little research in substance use screening for gender diverse populations, which could be less or more sensitive to alcohol use with a variety of influences on physical and behavioral health. The recognition of gender bias perspectives in the national healthcare system that sets standards for such screenings has been avoidant and silent over this crisis. So even though there are no national guidelines to follow as a state, it is critical that decisions are made to welcome and better serve underrepresented populations now.

After reviewing SBIRT processes with managers within Health Systems in program and consumer units, as well as Subject Matter Specialists in Health Policy and Analytics, we have enough information to:

- Support immediate changes in the annual screening questions. These changes should include using non-gendered references in the wording of questions and base the threshold on the lower limit that would result in further screening and potential services and supports. Such changes would help to reduce stigma in gender diverse populations and be more welcoming for those needing physical and behavioral health services.
- Although this decision to make such changes are clearly supported by principals of inclusivity and clinical practice, payment systems will still need to analyze the ramifications of these decisions. This process will take time and as of now, the outcome of how the payment system will match needed practice change is unknown.
- There will be ongoing need to explore how to address the gendered biasedness of tools for full screening such as the Alcohol Use Disorders Identification test (AUDIT) and to make them inclusive of gender diversity.
- In the near term, the changes to the annual screening questions will be reflected in OHA's list of [approved SBIRT screening tools](#). That list is cited in the SBIRT CCO quality incentive metric specifications, so clinics that use the brief screen should switch to the updated version to continue receiving credit on the metric. To allow time for clinics to make the change, a grace period of 6 months will be allowed; up to October 1, 2022, clinics can count use of either version of the brief screen for numerator credit on Rate 1. After that date, clinics that use the brief screen tool will need to use the updated version. This change will be highlighted for the CCO Metrics Technical Advisory Group (TAG) and other interested parties.

If you have any questions about SBIRT processes or screening tools, please contact Michael Oyster at Michael.W.Oyster@dhsoha.state.or.us or (503) 945-9813.