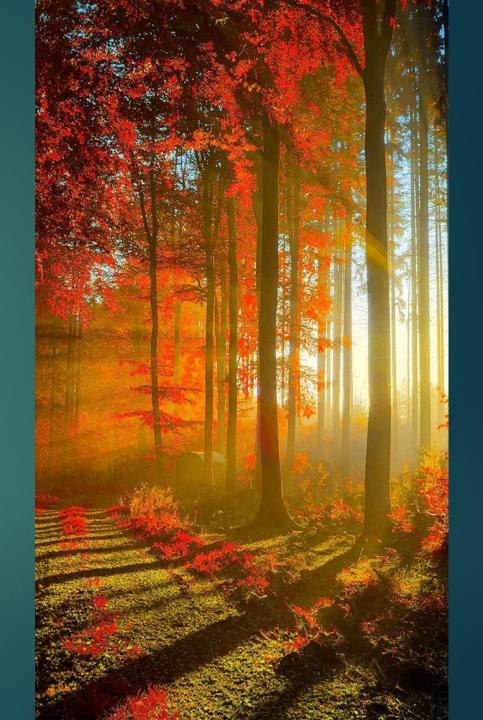
Core Competency Concepts SBIRT & Naloxone

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Disclosure

The speakers of this presentation have no disclosures or conflicts of interest to disclose.

Learning Objectives

- Discuss the process of Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- Apply documentation best practices to improve GPRA screening rates

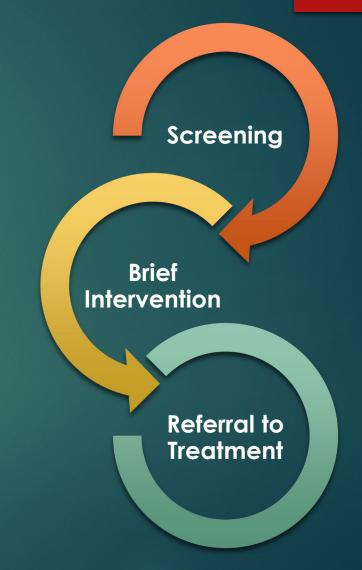
Describe the use of naloxone as a harm reduction strategy



What is SBIRT?

Screening to identify patients at-risk for substance use disorders

- Brief Intervention to engage a patient showing risky substance use behaviors in a short conversation, providing feedback and advice
- Referral to Treatment to facilitate access to brief therapy or additional treatment to patients with highest risk



Screening

Universal screening

Positive responses prompt additional screening with validated tools

> ► E.g. <u>AUDIT</u>, <u>DAST</u>, NMASSIST, TAPS

Please answer the questions below to assist us in serving you today. Thank you!

Do you use nicotine products?	Yes	No	
(smoking, chewing, vaping, Juuling, e-cigarette use)			
If yes, are you interested in quitting?	Yes	No	
Have you used drugs other than those needed for medical reasons?	Yes	No	
If yes, how often do you use them?	Monthly	Weekly	Daily
Do you feel safe at home?	Yes	No	

How often do you have a drink containing alcohol? (Please check the frequency that applies.)

🔲 Never	Monthly or less	🔲 2-4 times a month	🔲 2-3 times a week	4 or more times a week
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How many drinks containing alcohol do you have on a typical day when you are drinking?

1 or 2]3 or 4	5 or 6	🔲 7 to 9	🔲 10 or more
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How often do you have six or more drinks on one occasion?



Weekly Daily or almost daily

Over the past 2 weeks, how often have you been bothered by any of the following problems? (Please check the frequency that applies.)

Little interest or pleasure in doing things:

Not at all Several Davs More than half the days

Nearly every day

Feeling down, depressed, or hopeless:

0

Not at all Several Days More than half the days

1

Nearly every day

5+

4

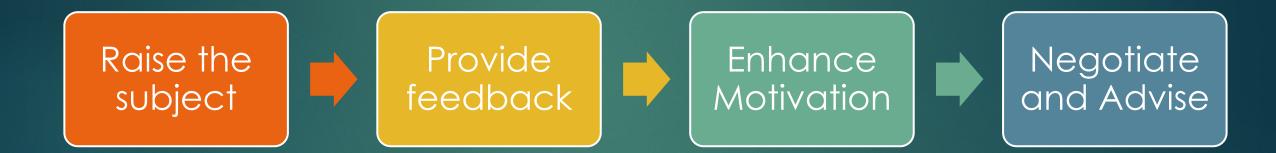
On average, how many times per week do you forget to take your medications? (Please circle one): 2

3

Do you have insurance coverage (such as Medicaid, Medicare, BCBS, etc.)? No Yes Are you interested in gaining access to your medical records online? Yes No



Brief Intervention



Referral to Treatment

Determine the patients willingness to make a change attempt

 If patient is ready for referral, make referral

Thinking About Change

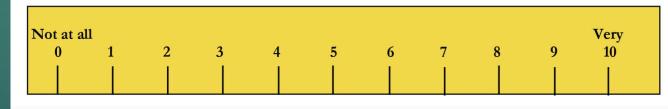
What change(s) are you considering?

How important is it that you make this change?

How confident are you that you are able to make this change?

How ready are you to make this change?

Readiness Ruler



Documenting SBIRT

- Record Health Factor Results
 AUDIT C; AUDIT
 DAST-10
- Patient Education Code: AOD-BNI

CPT Code:
 99408 (<30min)
 99409 (>30min)

Service	Payer	Code	Description
Full screen	Med & Com.	CPT 99408	 15-30 minutes spent administrating and interpreting
+	Medicare	G0396	a full screen, plus performing a brief intervention.
brief	Med & Com.	CPT 99409	 Same as above, only ≥ 30
intervention	Medicare	G0397	minutes.

PATIENT CH	ART HEMS PESODECES		ALOre .		
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nents IPL Or	ders Notes Med Mgt Labs Reports Consults/	RCIS	Well C	hild	DC
Vitale Screening	CETTEM Patient ED Ummun/Skin Tests China Schol	in.	0	v	
-	Lducation Topic Selection		×		
Show Standard	E > Ø > 3746 items			3	
					Leng
k	Select By @ Category List C Disease & Topic Entry C Pick List			1	10
2	C Name Lookup C Procedure & Topic Entry			EL	6
Drugs-Complications	Remo		Select	EL	0
6	ALCOHOL AND OTHER DRUGS ALCOHOL AND OTHER DRUGS	1		EL	0
w-Up	ANATOMY & PHYSIOLOGY		Cancel	INA	0
mation	BEHAVIORAL AND EMOTIONAL HEALTH			NA	
Disease Prevention-Lif	BRIEF NEGOTIATED INTERVENTION			INA	0
Disease Prevention-Fc	COMPLICATIONS CULTURAL/SPIRITUAL ASPECTS OF HEALTH			INA	0
Lifestyle Adaptations	DISEASE PROCESS			INA	0
ocial Health-Health Pror	EMERGENCY CONTRACEPTION (POST-COITAL)			NA	0
ow-Up	DERCISE			NA	0
Follow-Up	FETAL ALCOHOL SPECTRUM SYNDROME			INA	0
ly	FOLLOW-UP			INA.	0
w-Up	HEALTH PROMOTION, DISEASE PREVENTION			INA	0
nation Disease Prevention-Lif	HELP LINE			NA	0
Disease Prevention Fc	HOME MANAGEMENT			INA	
Lifestyle Adaptations	HYGIENE			INA	0
ocial Health-Health Pror	INJURIES			INA	0
ow-Up	LIFESTYLE ADAPTATIONS LITERATURE			INA	0
Follow-Up	MEDICAL NUTRITION THERAPY		Display	INA	0
	MEDICATIONS	-1	Dutcome & Standard		

Who can implement SBIRT?

► Everyone!

- Intended for healthcare professionals or staff
 - Do NOT need to specialize in substance use disorder
- Can be used in any practice setting (i.e. Emergency Dept, Outpatient, Pharmacy, Community Programs, etc.)

SBIRT Training

SBIRT OREGON TRAINING VIDEO:

CLICK HERE

OR COPY AND PASTE TO YOUR WEB BROWSER

HTTPS://WWW.DROPBOX.COM/S/X6XA3 ADYRL69OZ6/ONLINE%20TRAINING%20C URRICULUM%20VIDEO.MP4?DL=0

ADDITIONAL OHSU SBIRT RESOURCES:

HTTP://WWW.SBIRTOREGON.ORG/TRAINING-CURRICULUM/



Why should you consider applying SBIRT in your practice setting?



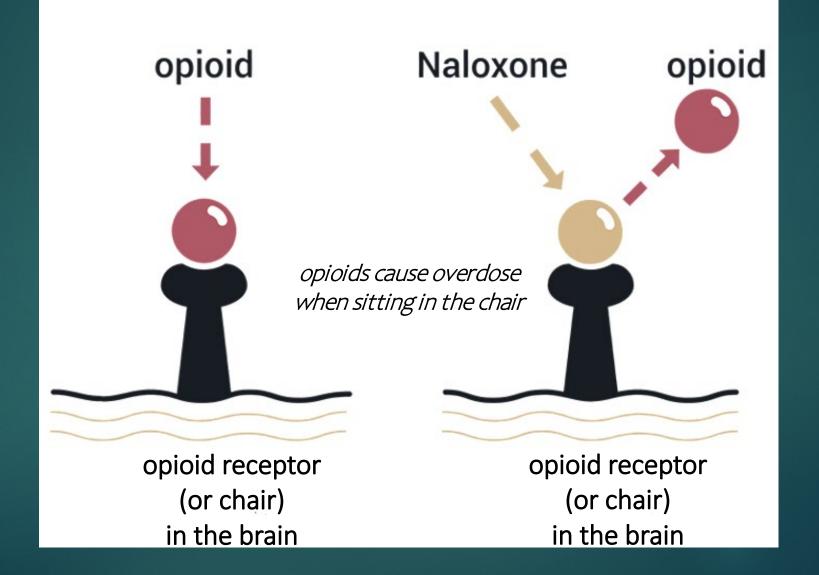
Naloxone giving a tomorrow



Naloxone

- Reverses opioid overdose
- 'Knocks' the opioid off its chair in the brain
 - Won't hurt someone not taking opioids
 - Always better to give naloxone, if you are able
- Can be given in nose, muscle, or IV
- Starts to work in <u>1-3 minutes</u>, lasts <u>30-90 minutes</u>
 - May need more than one dose
- CANNOT be abused to get high
- Repeated use does NOT cause tolerance
 - Amount needed depends on what and how much of a substance has been taken

Naloxone In Action

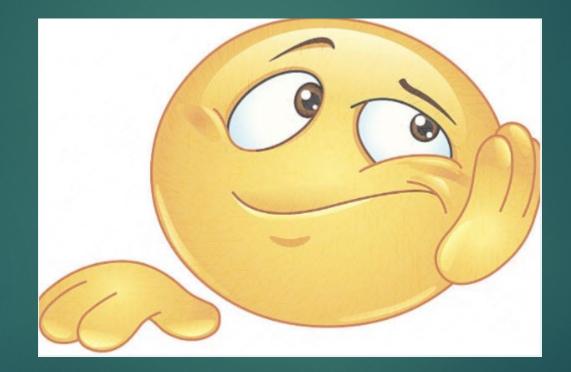


What Does Naloxone Reverse?

<u>Does Reverse:</u> Opioids Heroin

Does NOT Reverse: Cocaine Methamphetamines Benzodiazepines Alcohol

So what else is new?!



Naloxone in the Pandemic

- Data shows DECREASED naloxone prescriptions during the pandemic in the United States
 - Survey included pharmacy dispensing, not private programs
- Overdose deaths surged, likely due to substances laced with fentanyl
- Decreased access in many areas due to closures/shelter-at-home orders
- First responder administration updates for nasal administration



First Responders Can Safely Administer Naloxone during the COVID-19 Pandemic



Naloxone is a highly effective opioid overdose-reversing drug that saves thousands of lives in the United States. By taking universal safety precautions, all law enforcement, firefighters, and EMS providers can safely administer <u>naloxone for overdose reversal</u>, even during the COVID-19 pandemic.

Steps to respond to a suspected opioid overdose while reducing risk of COVID-19 exposure:

https://jamanetwork.com/journals/jama-health-forum/fullarticle/2779948 https://www.ama-assn.org/system/files/2020-12/issue-brief-increases-in-opioid-related-overdose.pdf https://www.hhs.gov/opioids/sites/default/files/2020-09/opioids-naloxone-one-pager.pdf

Opportunities to Expand Access

Mail out programs

Drive-up/through trainings

Train-the-Trainer expansion

- Consider new opportunities for collaboration to bring the naloxone to the community
 - Meet people where they're at!
- Standing Orders in medical facilities





NALOXONE Saves lives

BE KIND — for — **EVERYONE** YOU MEET is FIGHTING a HARD BATTLE

https://fordcountyphd.org/services/category/2/profile/naloxone https://www.redbubble.com/i/sticker/you-can-do-it-by-dundermuff/53912842.EJUG5

Questions?

