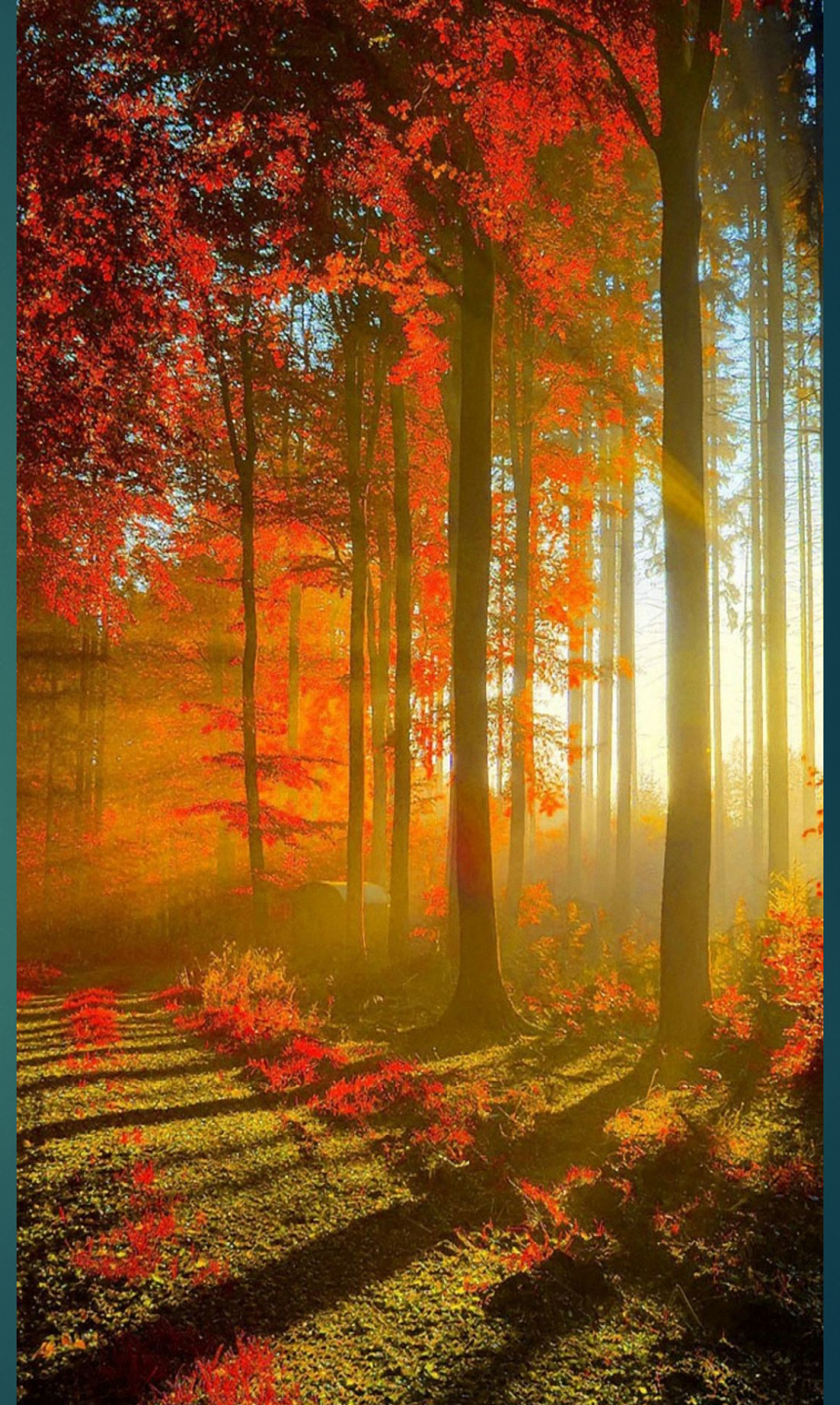


Core Competency Concepts SBIRT & Naloxone

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Disclosure

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

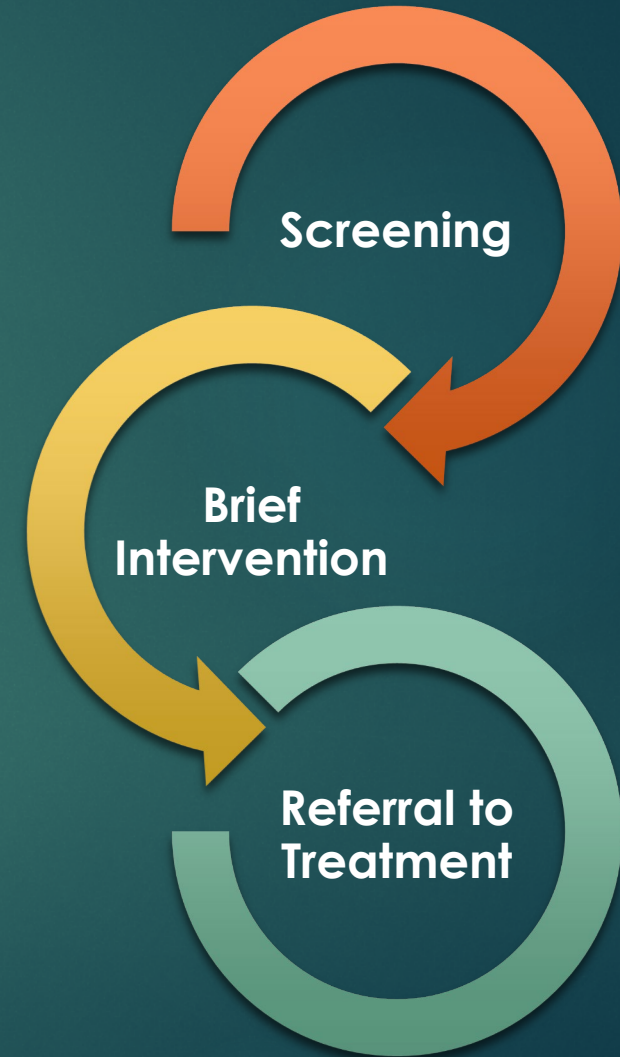
Learning Objectives

- ▶ 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?

- ▶ **S**creening to identify patients at-risk for substance use disorders
- ▶ **B**rief I**n**tervention to engage a patient showing risky substance use behaviors in a short conversation, providing feedback and advice
- ▶ **R**eferral to T**reatment** 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. [AUDIT](#), [DAST](#), [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

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

How often do you have six or more drinks on one occasion?

Never Less than monthly Monthly 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 Days More than half the days Nearly every day

Feeling down, depressed, or hopeless:

Not at all Several Days More than half the days Nearly every day

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

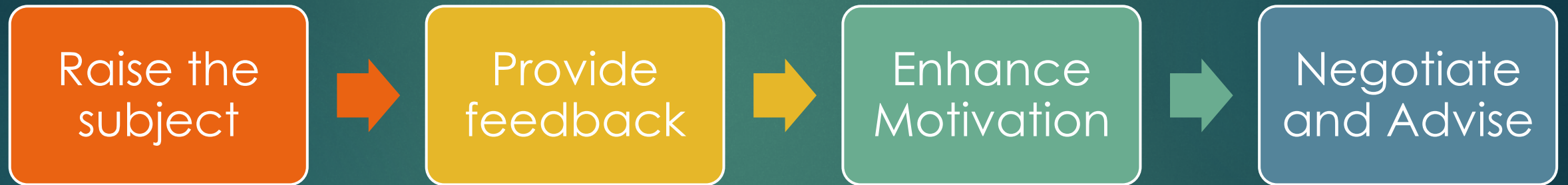
0 1 2 3 4 5+

Do you have insurance coverage (such as Medicaid, Medicare, BCBS, etc.)? Yes No

Are you interested in gaining access to your medical records online? Yes No

Any foreign travel in past 3 months? Yes No

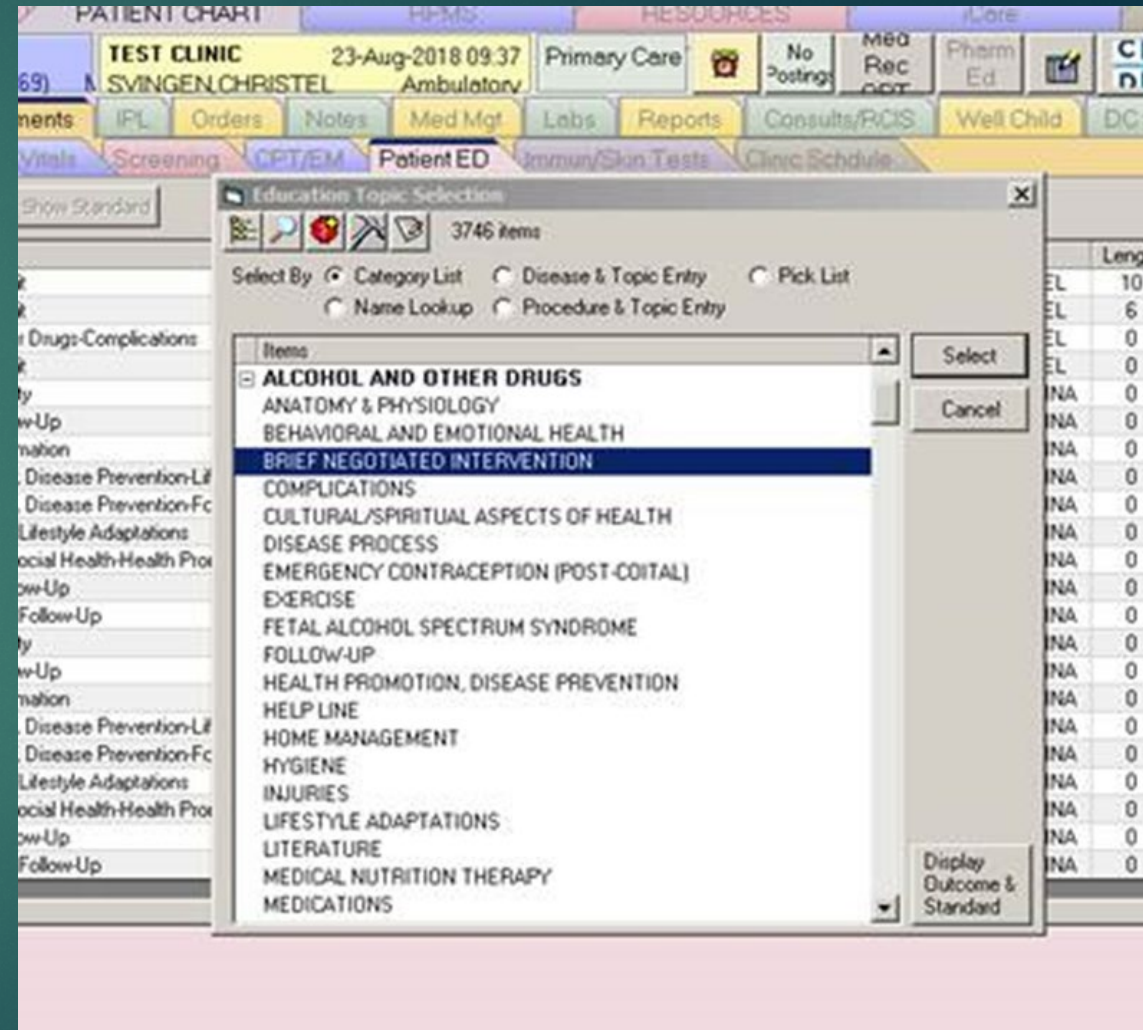
Brief Intervention



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



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:

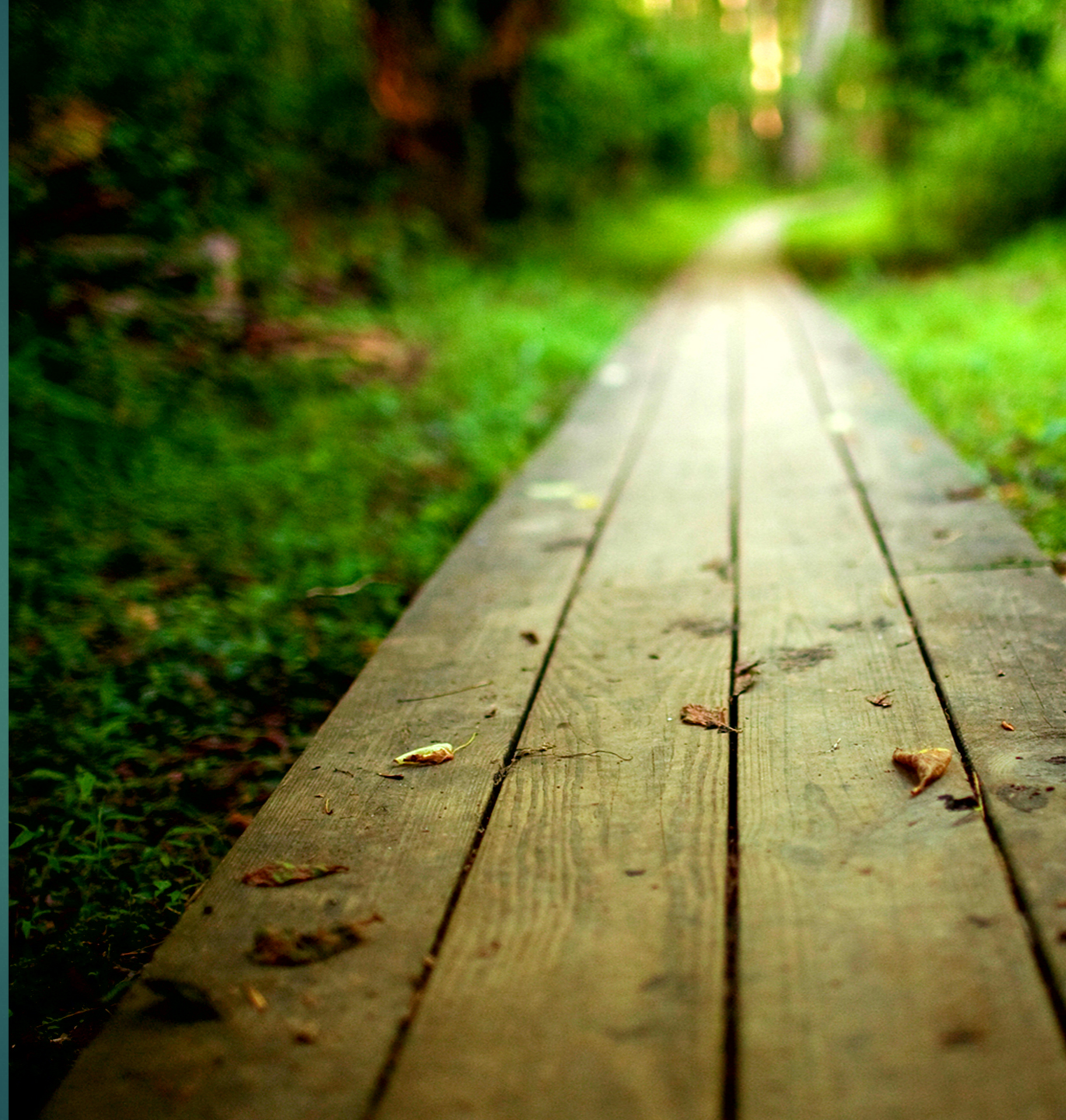
[CLICK HERE](#)

OR COPY AND PASTE TO YOUR WEB
BROWSER

[HTTPS://WWW.DROPBOX.COM/S/X6XA3
ADYRL69OZ6/ONLINE%20TRAINING%20C
URRICULUM%20VIDEO.MP4?DL=0](https://www.dropbox.com/s/x6xa3adyrl69oz6/online%20training%20curriculum%20video.mp4?dl=0)

ADDITIONAL OHSU SBIRT RESOURCES:

[HTTP://WWW.SBIRTOREGON.ORG/TRAINING-
CURRICULUM/](http://www.sbirtoregon.org/training-curriculum/)





Why should you consider applying
SBIRT in your practice setting?



Treatment Works. Recovery is Possible.



Naloxone

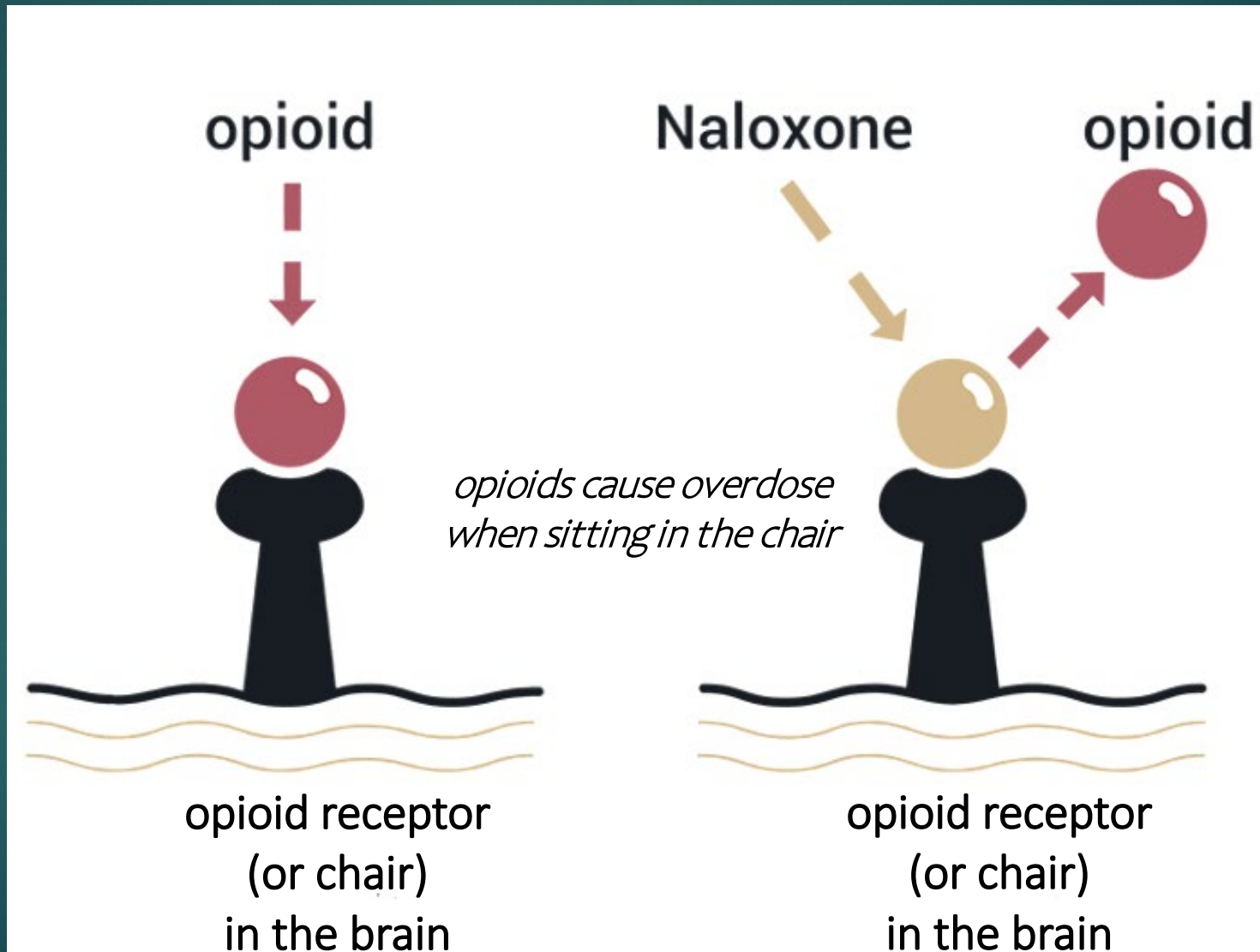
giving a tomorrow



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 1-3 minutes, lasts 30-90 minutes
 - ▶ 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?

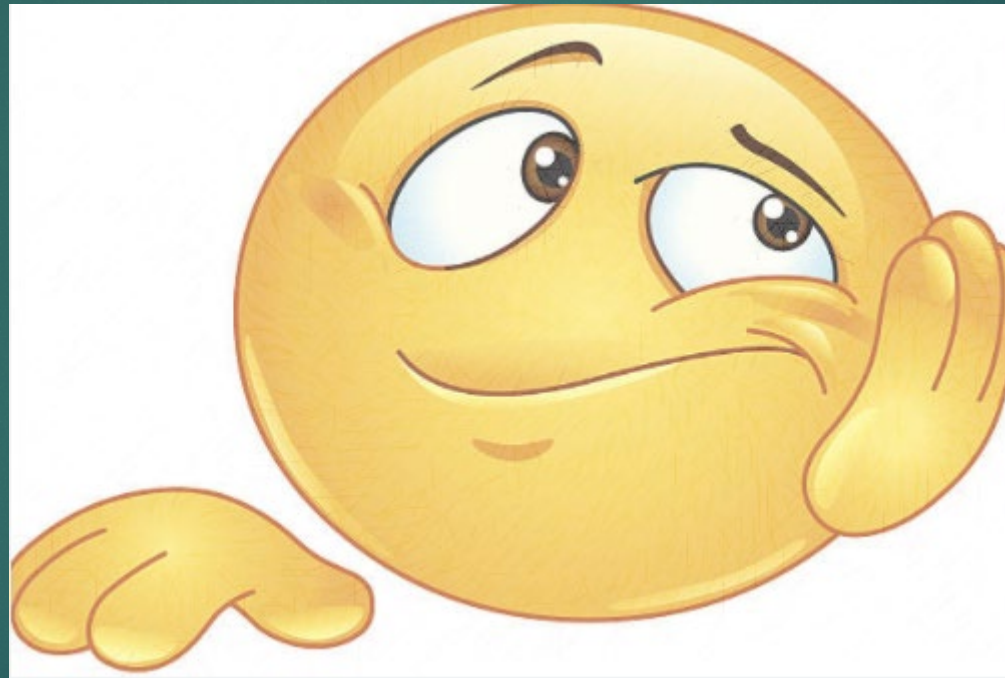
Does Reverse:

Opioids
Heroin

Does NOT Reverse:

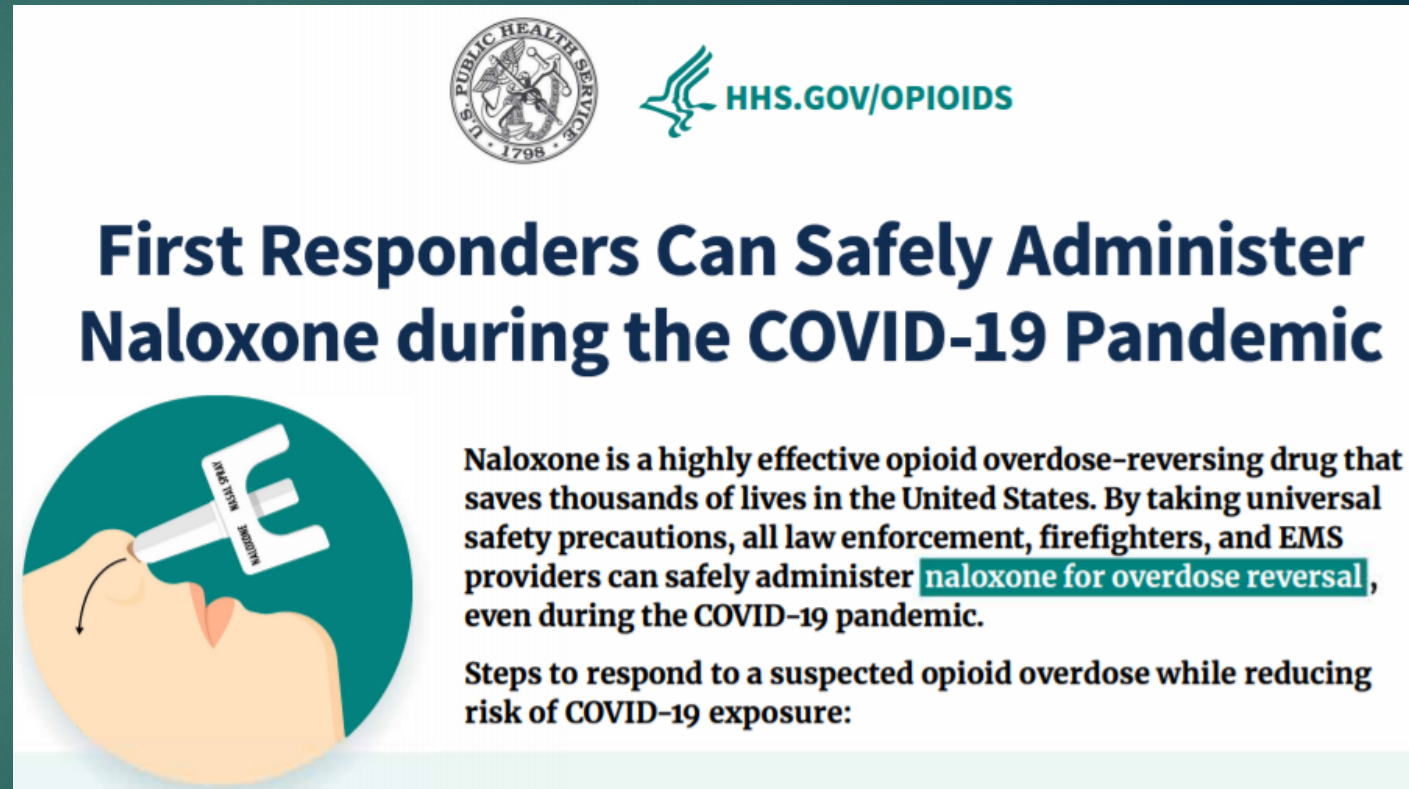
Cocaine
Methamphetamines
Benzodiazepines
Alcohol



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



  **HHS.GOV/OPIOIDS**

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 **naloxone for overdose reversal**, 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>

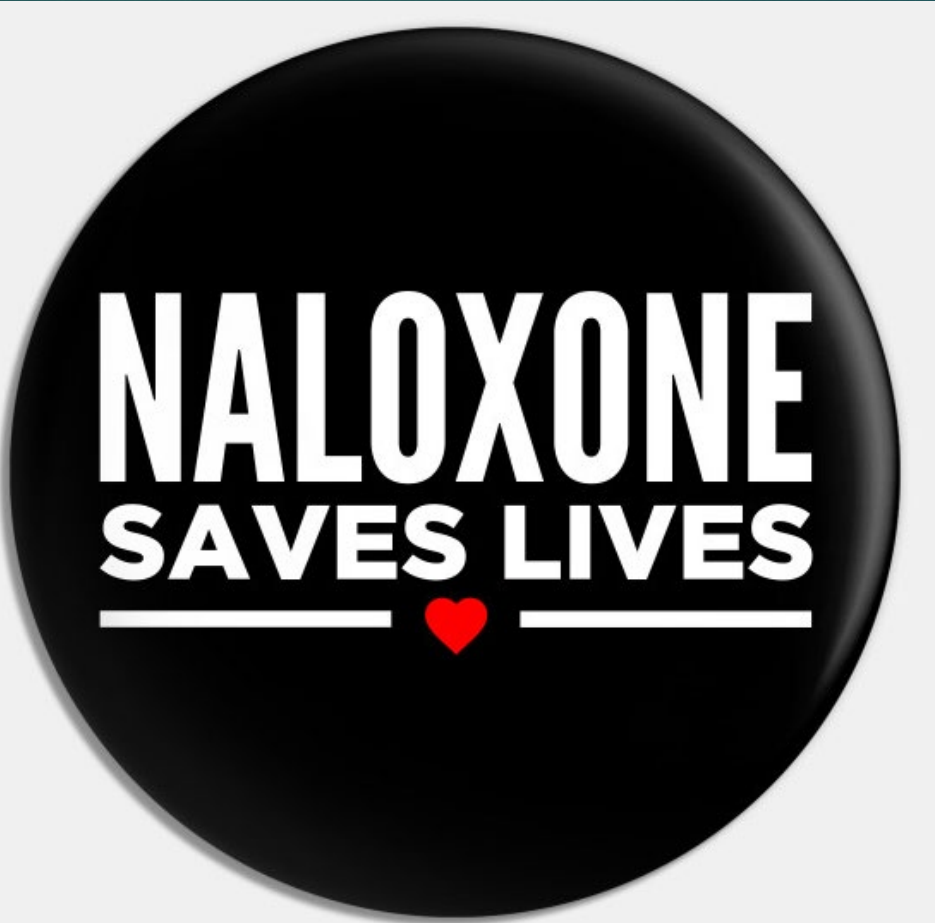
<https://www.ama-assn.org/system/files/2020-12/issue-brief-increases-in-opioid-related-overdose.pdf>

<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





Questions?

