Screening, Brief Intervention & Referral to Treatment (SBIRT): Applications in Pain Management & Opioid Addiction

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Objectives

Participants will be able to discuss and critically appraise:

- Brief overview of SBIRT as an evidence-based practice in primary care and emergency settings.
- SBIRT CPT and ICD-9 Codes for billable services.
- Modified SBIRT in chronic pain management
- Additional screening and monitoring tools for patients with chronic pain: SOAPP, ORT, PADT, COMM
- Case study of chronic pain patient (time permitting)

SBIRT

- Initially developed for ETOH screening and brief intervention in primary care settings
- Expanded to include routine screening for ETOH, tobacco, illicit & prescription drug abuse
- Targets adult primary care with a key goal of increasing screening for illicit drug abuse
- Provides a clinician-friendly guide to support screening and brief intervention
- Strengthens clinicians' ability to discuss screening results with patients

SBIRT

Comprehensive, integrated, public-health approach to screening, early intervention and treatment for people with full spectrum of unhealthy substance use.

- Stages of Change (Prochaska & DiClemente)
- Motivational Interviewing
- FRAMES
  - **F**eedback
  - **R**esponsibility
  - **A**dvice
  - **M**enu of change options
  - **E**mpathy
  - **S**elf efficacy

NIDA NATIONAL INSTITUTE ON DRUG ABUSE
The Science of Drug Abuse & Addiction

Screening and Brief Intervention (SBI) for Drug Use in Primary Care Settings:

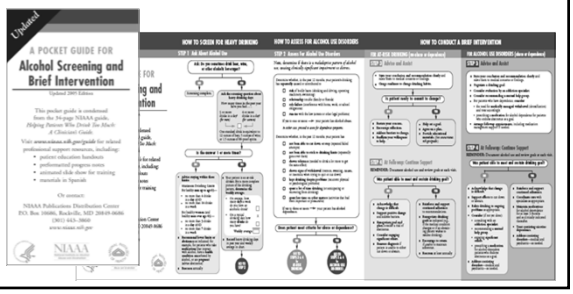
Resource Guide for Providers

Introduction
Before You Begin
Screening and brief intervention for drug use
Step 1: *Ask about drug use*
Step 2: *Screen for substance use disorders*
Step 3: *Discuss results & conduct brief intervention*
Step 4: *Offer continuing care at follow-up visits*
Appendices
Support Materials
Frequently Asked Questions
Glossary of Terms

http://m.drugabuse.gov/sites/default/files/resourceguide.pdf

NIDA Screening Resource *Pocket* Guide

Pocket Guide provides a step-by-step format & supporting material



Evidence of SBIRT Efficacy in ED Settings

Evidence suggest that acute subcritical injury may be an important motivator for patients to disclose drinking habits and reduce drinking –thus the time of the ED visit may be a valuable teachable moment.

- Reduced alcohol consumption
- 47% reduction in injuries requiring ED visits
- 48% reduction in injuries requiring hospital admission
- Reduced health care costs

Evidence of SBIRT Efficacy in PC Settings

- A meta-analysis suggests an overall reduction of 56% in number of drinks
- The effect size for motivational intervention of *all types* ranged from 0.25 to 0.57, with participants followed from 3 to 24 months

Burke et. al., 2003

SAMHSA Demonstration Program for SBIRT: Comparison of intake and 6 month follow up

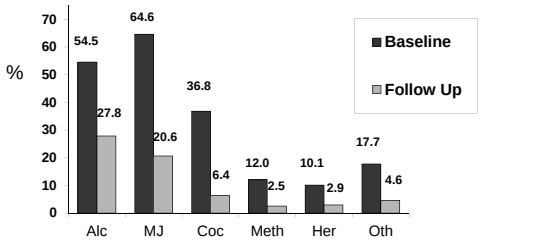
Madras, et al. Drug and Alcohol Dependence 99 (2009) 280–295

- Federally SBIRT programs in six states across a range of medical settings
  - Emergency/trauma departments, primary care centers, hospital inpatient/outpatient settings
- Patients screened and offered interventions
  - Brief intervention, brief treatment, referral to specialty treatment
- Six months follow-up on those screening positive at baseline

Program Data, Six SAMHSA SBIRT Sites, Baseline and F/U Substance Use

Among Those Screening Positive for Drugs At Baseline (N = 6,262)

All are P < 0.001



Madras, et al. *Drug Alcohol Dependence,* 2009

Summary of NIDA's SBIRT Efforts in General Medical Settings

- SBIRT is efficacious for alcohol and tobacco; evidence for illicit drugs is *promising* but not yet sufficient
- NIDA has numerous initiatives to enhance the evidence base in next few years, and to disseminate SBIRT training to medical professionals

SBIRT – CPT Codes

- CPT Codes for SBIRT approved in 2008
- Reimbursement in 13 state Medicare and Medicaid programs and counting (NIDA, 2009)
- Reimbursement by 71 commercial carriers (NIDA, 2010)
- http://www.samhsa.gov/prevention/sbirt/coding.aspx

Coding for SBI Reimbursement

Reimbursement for screening and brief intervention is available through commercial insurance CPT codes, Medicare G codes, and Medicaid HCPCS codes. Information regarding these codes can be found in the table below.

Important Medicare Information

SAMHSA is working with the Centers for Medicare and Medicaid Services (CMS) to educate practitioners about the importance of SBIRT coverage and the Medicare billing rules around these services. In the case of Medicare, SBIRT services are defined as alcohol and/or substance (other than tobacco) abuse **structured assessment** (e.g., AUDIT, DAST) and brief intervention. Medicare may not pay for screening services unless specifically required by statute.

More information can be found at the Medicare Learning Network: http://www.cms.gov/MLNgeninfo/

Payer	Code	Description	Fee Schedule
Commercial Insurance	CPT 99408	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes	$33.41
	CPT 99409	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes	$65.51
Medicare	G0396	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30 minutes	$29.42
	G0397	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30 minutes	$57.69
Medicaid	H0049	Alcohol and/or drug screening	$24.00
	H0050	Alcohol and/or drug service, brief intervention, per 15 minutes	$48.00

http://www.samhsa.gov/prevention/SBIRT/coding.aspx 7/31/2011

SBIRT Applications in Pain Management

Definition &Prevalence of Chronic Pain

Chronic pain is defined as "pain without apparent biological value that has persisted beyond normal tissue healing time (usually taken to be 3 months)."[1]

(International Association for the Study of Pain, 2003)

- 35% or 105 million people in U.S.[2]
- One of every two people over 50 yrs/age[3]
- Higher prevalence in women (15%) than men (7%)[1]
- Musculoskeletal origin of pain predominant[1]
- $150 billion spent on healthcare & disability annually for chronic pain in U.S.[2]

Barriers to CP Management

- Providers concerns of CP patients' misuse or addiction to benzodiazepines (used as muscle relaxants) and opioids (pain).
- Providers limited knowledge of assessment or screening for alcohol or controlled substance abuse.
- Providers limited knowledge of managing risk associated with controlled substance use for pain.

Who is at risk for opioid dependence / addiction?

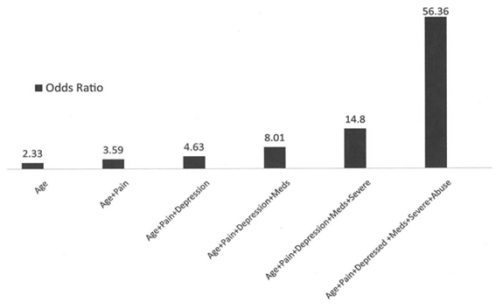
Multivariate Logistic Regressions Predicting Life-time and Current Prescription Opioid Dependence Based on DSM-IV Criteria (*n* = 705).[a]

	Model 1: life-time dependence*			***Model 2: current dependence****		
Predictor variables	*OR*	*95% CI*	*P-value*	*OR*	*95% CI*	*P-value*
Less than 65 years old	**2.80**	1.83–4.28	<0.001	**2.33**	1.55–3.53	0.001
Pain interferes-life/work	**1.94**	1.21–3.10	0.010	**1.54**	0.94–2.50	0.079
History of opioid abuse	**3.95**	2.39–6.53	<0.001	**3.81**	2.56–5.67	<0.001
Hx high dependence	**3.00**	1.58–5.69	0.003	**1.85**	1.38–2.46	0.001
Opioid orders past 3 yrs	**1.75**	1.18–2.58	0.009	-	-	-
+ screen antisocial PDO	**1.44**	1.09–1.91	0.015	-	-	-
Hx major depression	-	-	-	**1.29**	1.05–1.60	0.022
Current use psych Rx	-	-	-	**1.73**	1.21–2.47	0.006

[a]All results adjusted/weighted for response bias and data clustering. *Area under ROC curve = 0.79; Hosmer–Lemeshowc2 = 4.3; *P* = 0.75. **Area under ROC curve = 0.77; Hosmer–Lemeshow c2 test = 13.1; *P* = 0.11. CI: confidence interval; OR: odds ratio.

Boscarino, JA, et al., (2010). Risk factors for drug dependence among out-patients on opioid therapy in a large U.S. health-care system. *Addiction, 105,* 1776-1782.

Odds Ratios for Opioid Dependence by Risk Factors among OPTs on Opioid Therapy (Boscarino et al., 2010)



The CAGE Questions Adapted to Include Drugs
CAGE-AID

1. Have you ever felt you ought to **C**ut down on your drinking or drug use?
2. Have people **A**nnoyed you by criticizing your drinking or drug use?
3. Have you ever felt bad or **G**uilty about your drinking or drug use?
4. Have you ever had a drink or used drugs first thing in the morning as an **E**ye opener to steady your nerves or to get rid of a hangover?

Adapted with permission from Brown RL, Rounds LA. Conjoint screening questionnaires for alcohol and other drug abuse: criterion validity in a primary care practice. Wisconsin Medical Journal 1995;94:135-40.

The CAGE Questions Adapted to Pain Medication Use
CAGE-AID-Pain Rx

1. Have you ever felt you ought to **C**ut down on your pain medication use?
2. Have people **A**nnoyed you by criticizing your pain medication use?
3. Have you ever felt bad or **G**uilty about your pain medication use?
4. Have you ever had to **Exceed** the recommended 24 hour limit of pain medication or use **Extra** or **Other** medication to manage your pain?

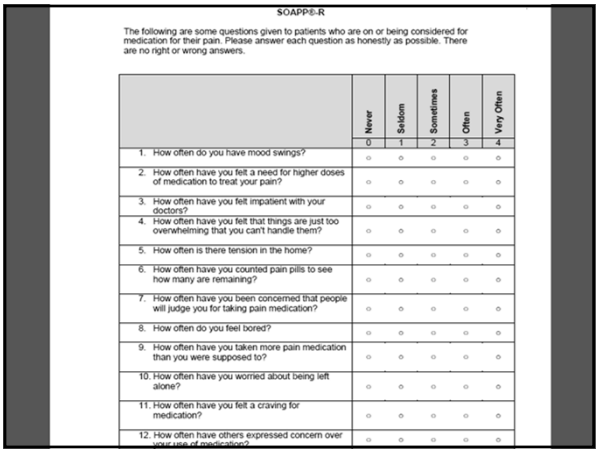
Modified by S. Adams, PhD, PMHNP in clinical setting. This modified tool has not yet been psychometrically tested for validity & reliability (2011).

Practice Guidelines for Use of Chronic Opioid Therapy for Pain Management

- Balancing Clinical and Risk Management Considerations for Chronic Pain Patients on Opioid Therapy (CME Monograph)
  http://www.aafp.org/online/etc/medialib/aafp_org/documents/news_pubs/mono/painmono/chronicpain.Par.0001.File.tmp/painmono.pdf
- Clinical Guidelines for the Use of Chronic Opioid Therapy in Chronic Non-cancer Pain.
  (Chou, Fanciullo, Fine et al. *Journal of Pain*, 2009;10(2):113-130.)

Additional Risk Assessment Tools

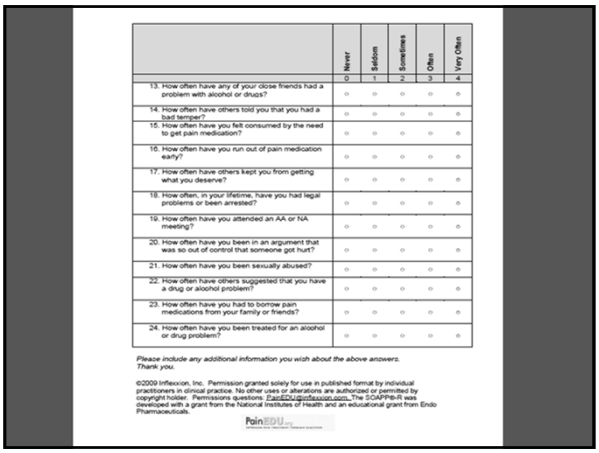
- Pain Education Information
  http://www.painedu.org/index.asp
- SOAPP-R
  Screener and Opioid Assessment for Patients with Pain – Revised[7]
  http://www.painedu.org/load_doc.asp?file=SOAPP-R.pdf
- ORT
  Opioid Risk Tool[8]
  http://www.painknowledge.org/physiciantools/ORT/ORT%20Physician%20Form.pdf



SOAPP®-R

The following are some questions given to patients who are on or being considered for medication for their pain. Please answer each question as honestly as possible. There are no right or wrong answers.

	Never	Seldom	Sometimes	Often	Very Often
	0	1	2	3	4
1. How often do you have mood swings?	○	○	○	○	○
2. How often have you felt a need for higher doses of medication to treat your pain?	○	○	○	○	○
3. How often have you felt impatient with your doctors?	○	○	○	○	○
4. How often have you felt that things are just too overwhelming that you can't handle them?	○	○	○	○	○
5. How often is there tension in the home?	○	○	○	○	○
6. How often have you counted pain pills to see how many are remaining?	○	○	○	○	○
7. How often have you been concerned that people will judge you for taking pain medication?	○	○	○	○	○
8. How often do you feel bored?	○	○	○	○	○
9. How often have you taken more pain medication than you were supposed to?	○	○	○	○	○
10. How often have you worried about being left alone?	○	○	○	○	○
11. How often have you felt a craving for medication?	○	○	○	○	○
12. How often have others expressed concern over your use of medication?	○	○	○	○	○



	0 Never	1 Seldom	2 Sometimes	3 Often	4 Very Often
13. How often have any of your close friends had a problem with alcohol or drugs?	○	○	○	○	○
14. How often have others told you that you had a bad temper?	○	○	○	○	○
15. How often have you felt consumed by the need to get pain medication?	○	○	○	○	○
16. How often have you run out of pain medication early?	○	○	○	○	○
17. How often have others kept you from getting what you deserve?	○	○	○	○	○
18. How often, in your lifetime, have you had legal problems or been arrested?	○	○	○	○	○
19. How often have you attended an AA or NA meeting?	○	○	○	○	○
20. How often have you been in an argument that was so out of control that someone got hurt?	○	○	○	○	○
21. How often have you been sexually abused?	○	○	○	○	○
22. How often have others suggested that you have a drug or alcohol problem?	○	○	○	○	○
23. How often have you had to borrow pain medications from your family or friends?	○	○	○	○	○
24. How often have you been treated for an alcohol or drug problem?	○	○	○	○	○

Please include any additional information you wish about the above answers. Thank you.

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Scoring for the SOAPP-R

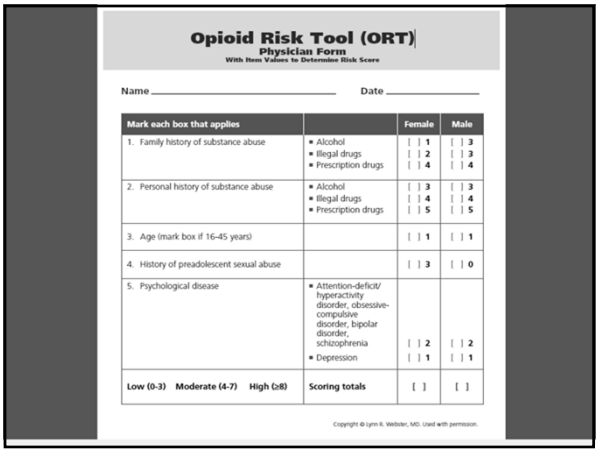
Sum of Questions

≥ 18 is Positive screen

< 18 is Negative screen

Sensitivity .81

Specificity .68



Opioid Risk Tool (ORT)

Physician Form

With Item Values to Determine Risk Score

Name _____ Date _____

Mark each box that applies		Female	Male
1. Family history of substance abuse	▪ Alcohol ▪ Illegal drugs ▪ Prescription drugs	[ ] **1** [ ] **2** [ ] **4**	[ ] **3** [ ] **3** [ ] **4**
2. Personal history of substance abuse	▪ Alcohol ▪ Illegal drugs ▪ Prescription drugs	[ ] **3** [ ] **4** [ ] **5**	[ ] **3** [ ] **4** [ ] **5**
3. Age (mark box if 16–45 years)		[ ] **1**	[ ] **1**
4. History of preadolescent sexual abuse		[ ] **3**	[ ] **0**
5. Psychological disease	▪ Attention-deficit/ hyperactivity disorder, obsessive-compulsive disorder, bipolar disorder, schizophrenia ▪ Depression	[ ] **2** [ ] **1**	[ ] **2** [ ] **1**
Low (0-3) Moderate (4-7) High (≥8)	**Scoring totals**	[ ]	[ ]

Scoring for the ORT

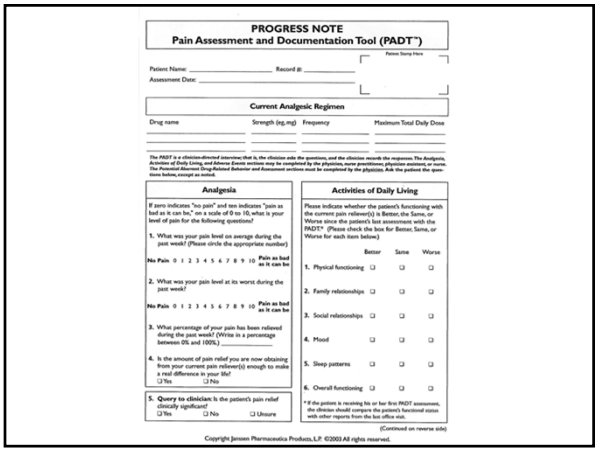
Sum of Questions

0 - 3 is Low Risk

4 - 7 is Moderate Risk

≥ 8 is High Risk

No available Sensitivity & Specificity



PROGRESS NOTE
Pain Assessment and Documentation Tool (PADT™)

Patient Name: _____ Record #: _____
Assessment Date: _____

Patient Stamp Here

Current Analgesic Regimen

Drug name	Strength (eg, mg)	Frequency	Maximum Total Daily Dose

The PADT is a clinician-directed interview; that is, the clinician asks the questions, and the clinician records the responses. The Analgesia, Activities of Daily Living, and Adverse Events sections may be completed by the physician, nurse practitioner, physician assistant, or nurse. The Potential Aberrant Drug-Related Behavior and Assessment sections must be completed by the physician. Ask the patient the questions below, except as noted.

Analgesia

If zero indicates "no pain" and ten indicates "pain as bad as it can be," on a scale of 0 to 10, what is your level of pain for the following questions?

1. What was your pain level on average during the past week? (Please circle the appropriate number)

No Pain 0 1 2 3 4 5 6 7 8 9 10 Pain as bad as it can be

2. What was your pain level at its worst during the past week?

No Pain 0 1 2 3 4 5 6 7 8 9 10 Pain as bad as it can be

3. What percentage of your pain has been relieved during the past week? (Write in a percentage between 0% and 100%.) _____

4. Is the amount of pain relief you are now obtaining from your current pain reliever(s) enough to make a real difference in your life?
❑ Yes ❑ No

5. **Query to clinician:** Is the patient's pain relief clinically significant?
❑ Yes ❑ No ❑ Unsure

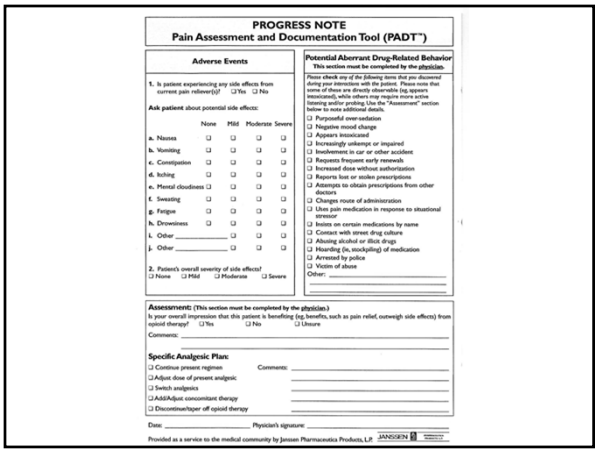
Activities of Daily Living

Please indicate whether the patient's functioning with the current pain reliever(s) is Better, the Same, or Worse since the patient's last assessment with the PADT.* (Please check the box for Better, Same, or Worse for each item below.)

	Better	Same	Worse
1. Physical functioning	❑	❑	❑
2. Family relationships	❑	❑	❑
3. Social relationships	❑	❑	❑
4. Mood	❑	❑	❑
5. Sleep patterns	❑	❑	❑
6. Overall functioning	❑	❑	❑

* If the patient is receiving his or her first PADT assessment, the clinician should compare the patient's functional status with other reports from the last office visit.

(Continued on reverse side)



PROGRESS NOTE
Pain Assessment and Documentation Tool (PADT™)

Adverse Events

1. Is patient experiencing any side effects from current pain reliever(s)? ❑ Yes ❑ No

Ask patient about potential side effects:

	None	Mild	Moderate	Severe
a. Nausea	❑	❑	❑	❑
b. Vomiting	❑	❑	❑	❑
c. Constipation	❑	❑	❑	❑
d. Itching	❑	❑	❑	❑
e. Mental cloudiness	❑	❑	❑	❑
f. Sweating	❑	❑	❑	❑
g. Fatigue	❑	❑	❑	❑
h. Drowsiness	❑	❑	❑	❑
i. Other _____	❑	❑	❑	❑
j. Other _____	❑	❑	❑	❑

2. Patient's overall severity of side effects?
❑ None ❑ Mild ❑ Moderate ❑ Severe

Potential Aberrant Drug-Related Behavior
This section must be completed by the physician.

Please check any of the following items that you discovered during your interaction with the patient. Please note that some of these are directly observable (eg, appears intoxicated), while others may require more active listening and/or probing. Use the "Assessment" section below to note additional details.

❑ Purposeful over-sedation
❑ Negative mood change
❑ Appears intoxicated
❑ Increasingly unkempt or impaired
❑ Involvement in car or other accident
❑ Requests frequent early renewals
❑ Increased dose without authorization
❑ Reports lost or stolen prescriptions
❑ Attempts to obtain prescriptions from other doctors
❑ Changes route of administration
❑ Uses pain medication in response to situational stressor
❑ Insists on certain medications by name
❑ Contact with street drug culture
❑ Abusing alcohol or illicit drugs
❑ Hoarding (ie, stockpiling) of medication
❑ Arrested by police
❑ Victim of abuse
Other: _____

Assessment: (This section must be completed by the physician.)
Is your overall impression that this patient is benefiting (eg, benefits, such as pain relief, outweigh side effects) from opioid therapy? ❑ Yes ❑ No ❑ Unsure
Comments: _____

Specific Analgesic Plan:
❑ Continue present regimen
❑ Adjust dose of present analgesic
❑ Switch analgesics
❑ Add/Adjust concomitant therapy
❑ Discontinue/taper off opioid therapy
Comments: _____

Date: _____ Physician's signature: _____

Provided as a service to the medical community by Janssen Pharmaceutica Products, L.P. JANSSEN

COMM™

Please answer each question as honestly as possible. Keep in mind that we are only asking about the **past 30 days**. There are no right or wrong answers. If you are unsure about how to answer the question, please give the best answer you can.

Please answer the questions using the following scale:	Never	Seldom	Sometimes	Often	Very Often
	0	1	2	3	4
1. In the past 30 days, how often have you had trouble with thinking clearly or had memory problems?	o	o	o	o	o
2. In the past 30 days, how often do people complain that you are not completing necessary tasks? (i.e., doing things that need to be done, such as going to class, work or appointments)	o	o	o	o	o
3. In the past 30 days, how often have you had to go to someone other than your prescribing physician to get sufficient pain relief from medications? (i.e., another doctor, the Emergency Room, friends, street sources)	o	o	o	o	o
4. In the past 30 days, how often have you taken your medications differently from how they are prescribed?	o	o	o	o	o
5. In the past 30 days, how often have you seriously thought about hurting yourself?	o	o	o	o	o
6. In the past 30 days, how much of your time was spent thinking about opioid medications (having enough, taking them, dosing schedule, etc.)?	o	o	o	o	o

COMM™

Please answer each question as honestly as possible. Keep in mind that we are only asking about the **past 30 days**. There are no right or wrong answers. If you are unsure about how to answer the question, please give the best answer you can.

Please answer the questions using the following scale:	Never	Seldom	Sometimes	Often	Very Often
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2. In the past 30 days, how often do people complain that you are not completing necessary tasks? (i.e., doing things that need to be done, such as going to class, work or appointments)	o	o	o	o	o
3. In the past 30 days, how often have you had to go to someone other than your prescribing physician to get sufficient pain relief from medications? (i.e., another doctor, the Emergency Room, friends, street sources)	o	o	o	o	o
4. In the past 30 days, how often have you taken your medications differently from how they are prescribed?	o	o	o	o	o
5. In the past 30 days, how often have you seriously thought about hurting yourself?	o	o	o	o	o
6. In the past 30 days, how much of your time was spent thinking about opioid medications (having enough, taking them, dosing schedule, etc.)?	o	o	o	o	o

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PainEDU

Scoring for the COMM

Sum of Questions

≥ 9 is Positive screen

< 9 is Negative screen

Sensitivity .77

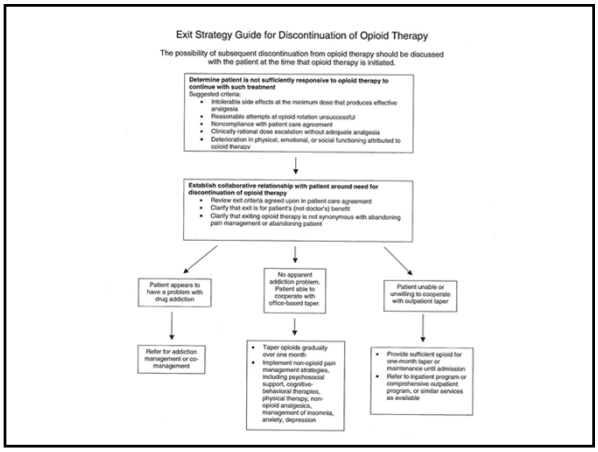
Specificity .66

Positive Predictive Value .66

Negative Predictive Value .95

Exit Strategy Guide for Discontinuation of Opioid Therapy

http://www.painknowledge.org/physiciantools/opioid_toolkit/components/Exit_Strategy.pdf



Opioid Withdrawal Protocols

When referral for opioid detox is indicated:

NIDA/SAMHSA Short-Term Opioid Withdrawal Using Buprenorphine: Findings and Strategies from Clinical Trials Network
http://www.nida.nih.gov/blending/shortterm.html

Mental Health & Addictions Services: Brief Social/Detox Unit
http://www.quadrant.net/cpss/pdf/Opioid_Withdrawal_Protocol.pdf

Clinical Opioid Withdrawal Scale (COWS)
www.pcssmentor.org/pcss/resources_clinicaltools.php

Mike

- 38 y/o MWM construction supervisor who sustained crushing injury to lower back on the job in 2007.
- Spinal fusion of L1-L4 within 2 months of injury left him with residual chronic pain, inability to return to his former employment role, depression, strained marital and family relations.
- Changed medical providers 6 times since injury trying to find "someone with an answer to my back pain."
- Pending workman's compensation hearing for final settlement.

You are Mike's new PCP or asked by PCP for Psych NP consult:

- What other information do you want?
- What lab tests would you order?
- What screening tools would you use?
- What treatment goals do you explore with Mike?

Additional Information

- Current meds:
  - Fentanyl patch 75 mcg/hr every 3 days
  - Cymbalta 60 mg every morning
- Urine drug screen:
  - Positive for opioids, marijuana, ETOH

Complementary & Alternative Interventions

National Center for Complementary & Alternative Medicine
http://nccam.nih.gov/
http://nccam.nih.gov/health/pain/chronic.htm

NCCAM Site reviews the latest research on efficacy of various CAM interventions that demonstrate efficacy.

General Practice Guidelines for Chronic Pain Management

- Practice Guidelines for Chronic Pain Management (*Anesthesiology*, 2010;112(4):1-24)
  Link to pdf from this webpage:
  http://nccam.nih.gov/health/providers/digest/chronicpain.htm
- Diagnosis & Treatment of Low Back Pain (*Annals of Internal Medicine*, 2007;147(7):478-491)
  http://www.annals.org/content/147/7/478.full.pdf+html
- Pain Management Task Force Final Report
  (Office of The Army Surgeon General, 2010)
  http://www.armymedicine.army.mil/reports/Pain_Management_Task_Force.pdf

Key Points

- Risk factors for opioid / substance abuse in chronic pain patients
- Modify basic SBIRT screen for chronic pain patients
- Add the SOAPP-R, ORT, PADT, COMM when indicated
- Consult & collaborate with addiction specialist when needed (e.g. Opioid Detox)

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