Screening, Brief Intervention and Referral to Treatment (SBIRT)

Primary Care Practice Toolkit

mosaic GROUP

Maryland DEPARTMENT OF HEALTH

Bringing all the pieces together for a healthier community

ACKNOWLEDGMENTS

This toolkit was developed by Mosaic Group with support from the Maryland Department of Health.

DEVELOPMENT TEAM

Marla Oros, RN, MS, FAAN
Chief Executive Officer

Heather Raley, LCPC
Senior Behavioral Health Consultant

Ajuga, Inc., Graphic Design

ABOUT MOSAIC GROUP

Mosaic Group is nationally recognized for effectively implementing community health and human services strategies to advance health equity. Our primary focuses are:

- Community Solutions for Health Equity
- Complex Planning for Sustainable Change
- Behavioral Health Integration
- Overdose Prevention and Response

Mosaic Group
1122 Kenilworth Drive, Suite 313
Towson, MD 21204
410-852-4263
groupmosaic.com

CONTENTS

Screening, Brief Intervention and Referral to Treatment (SBIRT) in Primary Care

mosaic GROUP

Background

Alcohol and substance use is increasingly common in the United States. According to the 2023 National Survey on Drug Use and Health (NSDUH), **47.5%** of individuals aged 12 and older reported alcohol use in the past month, and 6.3% reported binge drinking on five or more days in the past 30 days—a measure of heavy alcohol use. Additionally, **24.9%** of this group reported illicit drug use in the past year.[1]

A 2016 study published in the *Journal of Addictive Diseases* found that while general internists frequently care for patients with substance use disorder (SUD), **the majority did not feel well-prepared to screen, intervene, or treat** these patients—including just 20% feeling very prepared to screen, and fewer than 10% to provide interventions or discuss treatment options.[2]

SBIRT is a comprehensive, integrated, public health approach to deliver early intervention and treatment services for patients with substance use disorders, or those simply looking to make a change to their alcohol or substance use routines to live a healthier life.

The development and implementation of SBIRT in primary care settings reflects a shift toward proactive, evidence-based approaches in addressing alcohol and substance use, emphasizing early intervention and the integration of behavioral health into routine medical care.

Mosaic Group has been working within primary care settings since 2014 integrating consistent substance use screening using validated screening tools, training providers on effective and concise brief interventions, and ensuring a process for warm-handoffs for alcohol and substance use resources.

Purpose

Mosaic Group's "Screening, Brief Intervention, and Referral to Treatment (SBIRT) Primary Care Practice Toolkit" was created in collaboration with the Maryland Primary Care Program Management Office at the Maryland Department of Health. SBIRT is widely recommended by health organizations including the American Medical Association, the American Academy of Pediatrics, Bright Futures, the U.S. Surgeon General, the World Health Organization, National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA). This toolkit supports primary care practices in implementing and improving SBIRT in routine patient care, with practical, step-by-step guidance that makes adoption clear and achievable.

Definitions

- **Screening:** A quick, standardized way to identify patients who may be using alcohol at a risky level or illicit substances, using a validated screening tool.
- **Brief Intervention:** A short, structured conversation (5-15 minutes) that aims to raise awareness, provide feedback, and motivate the patient to make a change.
- **Referral to Treatment:** Connecting patients with higher-risk use to specialized treatment or recovery resources. This can include behavioral health providers, peer support, or formal treatment programs.

1 Substance Abuse and Mental Health Services Administration. (2024). *2023 National Survey on Drug Use and Health: Detailed Tables*. U.S. Department of Health and Human Services. https://www.samhsa.gov/data/report/2023-nsduh-annual-national-report

2 Wakeman, S. E., Pham-Kanter, G., & Donelan, K. (2016). Attitudes, practices, and preparedness to care for patients with substance use disorder: Results from a survey of general internists. *Journal of Addictive Diseases*, 35(1), 58–65. https://doi.org/10.1080/08897077.2016.1187240

Toolkit Overview

This toolkit provides practical, ready-to-use resources for providers, staff, and patients to support effective SBIRT implementation in primary care. Each tool is designed to make SBIRT easier to understand, integrate, and sustain.

Tools are designed for use by providers, staff, and/or patients as indicated. The table below identifies the intended audience for each resource and summarizes its purpose.

SECTION	TOOL	AUDIENCE	PURPOSE
Foundational Materials This section includes resources that support implementation and sustainability of SBIRT in primary care. These tools help practices integrate SBIRT into daily workflows and maintain a consistent, team-based approach.	What is SBIRT?	Provider & Staff	This tool gives a brief overview of the Screening, Brief Intervention, and Referral to Treatment workflow, the evidence supporting its use, and how it can be incorporated as part of a whole-health, patient-centered approach.
	Getting Started	Provider & Staff	"Getting Started" is a step-by-step guide introducing the basics of SBIRT implementation, offering practical strategies to help your team make SBIRT a natural part of everyday care without feeling overwhelmed.
	Integrating SBIRT Into Primary Care: A Whole Health Approach	Provider & Staff	This quick reference is designed to help practices tailor SBIRT to their staff and practice size. By fostering a whole-health approach, this tool reduces barriers, improves patient outcomes, and creates a more connected care experience.
	Optimizing Your EMR	Provider & Staff	This guide outlines how to access existing or easily create templates to support SBIRT workflows within your current EMRs.
	Creating an SBIRT Workflow in eClinicalWorks (eCW)	Provider & Staff	This tool expands on "Optimizing Your EMR" with suggested approaches for supporting SBIRT workflows specifically within eClinicalWorks (eCW).
Validated Screening Tools This section provides validated, evidence-based screening instruments that support accurate and consistent clinical practice.	Alcohol Use Disorders Identification Test (AUDIT)	Provider, Staff & Patient	A validated 10-question tool developed by the World Health Organization to identify risky or harmful alcohol use.
	Alcohol Use Disorders Identification Test – Consumption (AUDIT-C)	Provider, Staff & Patient	A brief, three-question screening tool to identify individuals who engage in hazardous or risky drinking.
	Drug Abuse Screening Test (DAST)	Provider, Staff & Patient	A validated self-report tool that identifies patterns of drug use and potential drug-related problems or use disorders.
	CRAFFT 2.1 Adolescent Screening Form	Provider, Staff & Patient	The CRAFFT 2.1 form is validated for patients ages 12–17 and is used to screen for risky behaviors and consequences of substance use. It helps identify adolescents who may need further assessment.
	Screening To Brief Intervention (S2BI) Adolescent Screening Form	Provider, Staff & Patient	The S2BI is validated for patients ages 12–17 and is designed to screen for frequency of substance use and guide providers in determining when to transition into a brief intervention.
	Short Michigan Alcoholism Test, Geriatric Version (SMAST-G)	Provider, Staff & Patient	The SMAST-G is commonly used screening form in outpatient settings to detect "at-risk" alcohol use or possible alcohol use disorder among older adults. It is ideally used as a secondary screen for patients already identified as moderate- or high-risk alcohol users.
	Cannabis Use Disorders Identification Test (CUDIT-R)	Provider, Staff & Patient	The CUDIT-R is a self-report screening tool that identifies problematic or hazardous cannabis use and assesses symptoms of cannabis use disorder over the past six months. This form is best used as a secondary screen following a patient's disclosure of marijuana use.

SECTION	TOOL	AUDIENCE	PURPOSE
Putting SBIRT Into Practice This section equips practices with tools and techniques to deliver effective brief interventions, facilitate referrals, and leverage data for continuous SBIRT improvement.	Tips for Effective Brief Interventions	Provider & Staff	This reference outlines ways that even a few minutes can make a meaningful impact on patient health and safety while maximizing provider time.
	Brief Interventions for Alcohol Use	Provider & Staff	This tool supports stigma-free, productive conversations with patients about alcohol use, even when patients do not intend to stop drinking.
	Brief Interventions for Marijuana Use	Provider & Staff	This tool supports stigma-free, productive conversations with patients about marijuana use, helping to build trust and promote informed decision-making.
	Brief Interventions for Illicit Substances	Provider & Staff	This tool supports stigma-free, productive conversations with patients to minimize harm related to illicit substance use.
	Effective Communication Guidelines for Primary Care Staff	Provider & Staff	"Effective Communications Guidelines" provides practical examples of supportive language for patient and team discussions about alcohol or substance use. By modeling respectful communication, providers foster a culture of compassionate, effective care.
	Referrals to Treatment	Provider & Staff	This tool guides providers and staff through the levels of care and referral resources for substance use treatment, building confidence in discussing and connecting patients to appropriate options.
	Using Data to Enhance SBIRT	Provider & Staff	This reference tool shows how practices can collect data points and apply them for quality improvement.
	Keeping Your SBIRT Workflow Fresh and Effective	Provider & Staff	This tool provides strategies to help you keep SBIRT practices responsive to change, aligned with quality goals, and sustainable over the long term.
Supplemental Tools This section contains reference materials and implementation aids to support the day-to-day use of SBIRT.	Standard Drink Chart & Readiness Ruler	Provider, Staff & Patient	This pocket-sized tool is designed to support conversations with your patients on alcohol consumption and facilitate brief interventions on behavior change.
	Release of Information	Provider & Patient	This form allows you to obtain patient authorization so your practice can exchange information about medical and substance use care with community resources.
	Billing and Coding Reference Guide	Provider & Staff	The "Billing and Coding Reference Guide" defines the general requirements for screenings and brief interventions and details applicable ICD-10 codes by payer. It should be used alongside your organization's other billing resources.
	SBIRT Monthly Data Reporting Form	Provider & Staff	This customizable Excel spreadsheet is for tracking SBIRT implementation in your practice.

Foundational Materials

This section includes resources that support implementation and sustainability of SBIRT in primary care. These tools help practices integrate SBIRT into daily workflows and maintain a consistent, team-based approach.

What is SBIRT?

SBIRT, which stands for **Screening, Brief Intervention, and Referral to Treatment**, is an evidence-based approach used in primary care settings to identify, reduce, and prevent problematic use of alcohol and other substances.

It begins with utilization of validated alcohol and drug use **screening** tools for all patients at identified visits or as needed, to quickly assess the level of risk associated with a patient's substance use. If a patient screens positive, a **brief intervention** follows—this is a short, structured conversation focused on raising awareness, enhancing motivation, and supporting behavior change. For patients who may need more intensive treatment, SBIRT includes a **referral to appropriate specialty care**.

SBIRT is designed to fit within the flow of a typical primary care visit and is proven to improve health outcomes by addressing substance use early, before it becomes a more serious problem.

SBIRT is designed to fit within the flow of a typical primary care visit and is proven to improve health outcomes.

The Case for SBIRT in Primary Care

For many primary care providers, SBIRT can initially feel like just one more task added to an already packed visit schedule. However, many practices are surprised to learn they may already be completing key SBIRT components—such as standardized screening tools and brief conversations around substance use—without formally labeling them as such. Once the core elements of SBIRT are understood, the perceived burden often feels far more manageable.

In practice, SBIRT is efficient:

SCREENING

Typically takes under 1 minute when there's no substance use disclosed, and just 2-3 minutes when use is reported.

BRIEF INTERVENTION

Usually range from 5–8 minutes, rarely exceeding 10.

REFERRAL TO TREATMENT

Importantly, **fewer than 1% of positive screens lead to a referral for specialty treatment**.

A Whole Health Approach

INTEGRATING SCREENING INTO PRIMARY CARE

Screening for alcohol and substance use in primary care is a critical component of a ***whole-health approach*** to patient care. Substance use, whether moderately risky or indicative of a disorder, can have a significant impact on both physical and mental health. By integrating routine screening into primary care visits, providers can identify patterns of use early, often before more severe consequences develop. This proactive approach allows for timely interventions that support both prevention and treatment, aligning with the goals of comprehensive, patient-centered care.

Screening becomes not just a tool for early detection, but a gateway to more integrated and effective care that treats the whole person.

IMPACT ON CHRONIC DISEASE MANAGEMENT

Substance use is closely linked to the development, exacerbation, and poor management of many chronic medical conditions, including hypertension, diabetes, liver disease, and mental health disorders. When substance use goes unaddressed, it often undermines the effectiveness of chronic disease management strategies. Screening helps bring these factors into the clinical conversation, offering a clearer picture of the barriers to health improvement and creating opportunities for comprehensive care planning.

REDUCING STIGMA AND BUILDING TRUST

Moreover, addressing substance use in primary care reduces stigma by normalizing the conversation as part of routine health assessment. This builds trust and strengthens the therapeutic alliance between patients and providers. When patients feel safe discussing their substance use, providers are better positioned to coordinate care, make appropriate referrals, and support behavior change. In this way, screening becomes not just a tool for early detection, but a gateway to more integrated and effective care that treats the whole person—not just their substance use symptoms.

THE EVIDENCE BASE FOR SBIRT

The evidence is compelling among a large body of research including:

- Two recent studies showed a significant reduction in drinks/day and diastolic blood pressure at 18 months (Chi et al, 2023) and 2 years (Sterling et al, 2025).[1]
- A 2021 study by Leong, et al., showed that people with alcohol use disorder (AUD) have higher rates of adverse health outcomes in the year before AUD recognition, and death at the time of AUD recognition.[2]

1 Chi et al. (2023). Associations between alcohol brief intervention in primary care and drinking and health outcomes in adults with hypertension and type 2 diabetes: a population-based observational study. *BMJ Open*, 13 (1) e066085; Sterling et al. (2024). Blood Pressure Control among Primary Care Patients with Hypertension and Unhealthy Alcohol Use: The Role of Alcohol Brief Intervention. *Journal of Studies on Alcohol and Drugs*

2 Leong et al. (2022). Association of alcohol use disorder on alcohol-related cancers, diabetes, ischemic heart disease and death: a population-based, matched cohort study, *Addiction*, 117(2), 368–381.

Cost Savings

As a result of improved health, primary care practices integrating SBIRT workflows show cost savings per patient:

- SAMHSA reports a $4 return for every $1 invested, due to fewer emergency department and inpatient visits (SAMHSA.gov).
- In primary care settings, SBIRT has been shown to save $1,200–$1,800 per patient annually by reducing hospital and emergency room utilization (Masi et al., 2015).

By incorporating SBIRT into routine care, providers aren't adding complexity—they're strengthening the foundation of preventative, patient-centered care while contributing to long-term savings for their practice and the broader healthcare system.

Getting Started

mosaic GROUP

Starting a SBIRT (**Screening, Brief Intervention, and Referral to Treatment**) workflow in your practice may feel like a big step, but it doesn't have to be complicated.

SBIRT is a **simple, team-based approach** to identify patients at risk from alcohol or drug use, start supportive conversations, and connect them with the right care.

By making SBIRT part of routine visits, practices can catch concerns earlier, build patient trust, and support long-term health.

This tool introduces the basics of getting started so your team can take practical steps toward making SBIRT a natural part of everyday care.

Key Components of SBIRT

S — Screening

- **Use validated tools.** Many effective tools are built into EMRs at no cost. These tools often include:
  - AUDIT-C
  - AUDIT
  - DAST-10
  - CRAFFT 2.1
- **Make screening routine.** Ask every patient at least once a year and build it into visits such as annual checkups, new patient intakes, or chronic disease follow-ups.

BI — Brief Intervention

- **Keep it short.** A 3–5 minute conversation can help raise awareness, provide education, deliver feedback, and set goals.
- **Use motivational interviewing techniques:**
  - Ask open-ended questions.
  - Affirm past or current successes.
  - Reflect what you hear to show understanding.
  - Summarize the key points and goals.
- **Document the encounter.** Most EMRs have templates for brief interventions, and some can automate billing under "alcohol counseling" or something similar.

RT — Referral to Treatment

- **Connect patients to higher-level care:**
  - Build a referral network—identify local behavioral health providers, treatment programs, and free or reduced-cost resources. If you don't know what's available locally, use the SAMHSA treatment locator at findtreatment.gov.
  - Utilize to a collaborative care coordinator, counselor or integrated behavioral health clinician (if part of their practice) for additional assessment before sending the patient to a community resource.
  - Work within your care team to make the referral and use a warm handoff when possible.
- **Arrange follow-up.** Confirm the patient connected with services and offer support if needed.

Implementation Tips

- **Start small.** Begin with one provider or team, then expand.
- **Train your team.** Cross train your team so that multiple team members can do various SBIRT components. For example, while medical assistants most often complete the screening, providers or care coordinators can also complete this task.
- **Use your EHR.** Create templates, flags, and workflows to make documentation simple.
- **Track and celebrate progress.** Review screening rates and outcomes at team meetings.
- **Make it routine.** Incorporate screening questions and brief interventions into everyday patient conversations—you're probably already having them!

SBIRT doesn't have to be an extra task. With a few small steps, it can become a natural part of the way your team delivers care.

Sample SBIRT Workflow: Integrating Care Across the Team

SBIRT works best when each team member participates in this process—screening, brief intervention, and referral to treatment become part of routine care.

Step 1: Intake Screening

The front desk or MA asks screening questions during intake or reviews the SBIRT screen on a pre-visit questionnaire.

Step 2: Provider Review

The provider reviews results and conducts a brief intervention if needed.

Step 3: Care Coordination

The nurse or care coordinator offers resources or referrals for patients ready to make a change.

Step 4: Documentation

All staff document screening results and interventions in the EMR.

Integrating SBIRT into Primary Care: Whole-Health Approach

mosaic GROUP

SBIRT is a proven method to identify and address risky alcohol and substance use in primary care settings. Integrating SBIRT into existing workflows not only supports early intervention but also strengthens a collaborative approach to patient care.

By tailoring staffing models to your practice size and fostering a whole-health approach, you can reduce barriers, improve patient outcomes, and create a more connected care experience.

Principles of Collaborative, Whole-Health Care

Team-Based Care

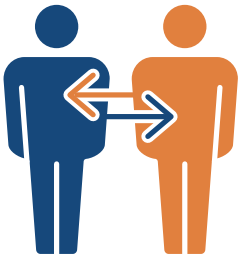
Every member of the care team contributes to screening and follow-up, ensuring no single staff member carries full responsibility.

Patient-Centeredness

Substance use conversations are framed as part of the patient's overall health and well-being, not a siloed topic.

Data-Driven Practice

EMR tools, templates, and documentation support consistent screening, brief interventions, and referrals, while also generating data for quality improvement.



Community Integration

Practices partner with behavioral health and community resources to support patients beyond the clinic walls.

Optional Staffing Models for SBIRT Integration

Small Practices (1–3 Providers)

- **Medical Assistants:** Administer validated screening tools (e.g., AUDIT-C, DAST, CRAFFT) during rooming or intake annual physicals, Medicare Annual Wellness visits and/or New Patient appointments. If screening is completed on a pre-visit questionnaire, patient portal or on-site kiosk, the MA should check to ensure proper completion.
- **Providers:** Review screening and if not complete, administer to patient. Next, deliver brief interventions and document in the EMR for the patients screening positively. Often the provider makes a referral for patients interested in a community-based substance use treatment program.
- **Office Manager/Referral Coordinator:** Track referrals to behavioral health providers and community resources, ensuring follow-up.

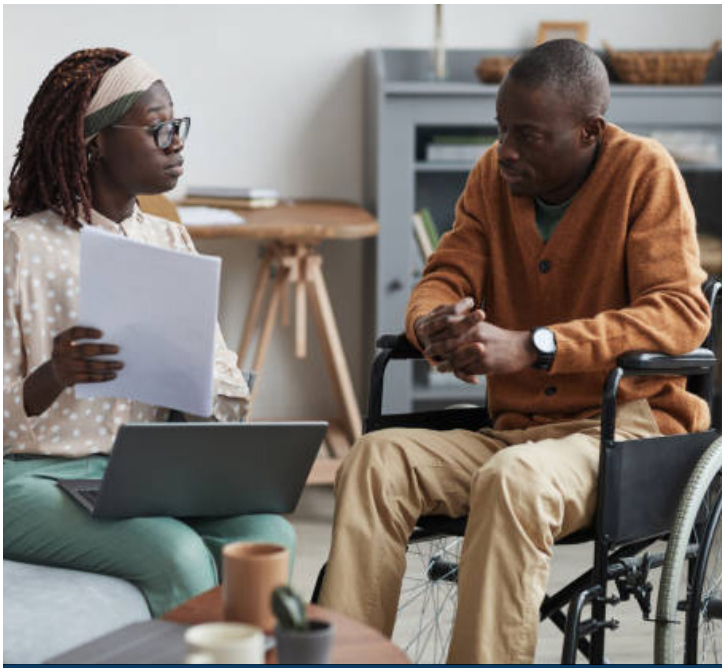
Even in small practices, SBIRT can be embedded as part of whole-patient care by integrating screening into routine or preventive visits and coordinating with local behavioral health services for referrals.

There are a variety of ways your current staff can integrate SBIRT, whether your practice is small, large, or somewhere in between.

Larger Practices (4 or More Providers or Health System-Affiliated)

- **Medical Assistants:** Conduct universal screenings as part of annual visits or to those who have not had screening in past year.
- **Providers:** Review screening and if not complete, administer to the patient. Next, deliver brief interventions and document in the EMR for the patients screening positively. Discuss medication options for initiation or continuation.
- **Behavioral Health Specialists (embedded or co-located, if included):** Provide same-day warm handoffs for patients needing more intensive assessment or counseling.
- **Care Managers/Population Health Staff:** Monitor EMR consults for substance use resources, follow up on referrals, and connect patients with community-based treatment programs.

Larger practices may implement integrated care models where Behavioral Health specialists, Care Managers, or Population Health staff are embedded in the primary care setting, creating seamless collaboration and reducing stigma for patients.



Integrated care teams in larger practices work together to screen, intervene, and connect patients to treatment.

SBIRT IN PRIMARY CARE

Optimizing Your EMR

Integrating Screening, Brief Intervention, and Referral to Treatment (SBIRT) into primary care is most effective when it fits seamlessly into existing workflows. This tool is designed to help practices make the most of their electronic medical record (EMR) system to streamline SBIRT processes.

By utilizing or embedding screening tools, documentation templates, and referral pathways directly into the EMR, practices can improve efficiency, ensure consistent delivery of care, and capture valuable data that supports both clinical decision-making and quality improvement.

Screening

Practices are often already asking questions about alcohol and substance use at certain visit types, sometimes all visits! Within the Social History section of your template, general questions about alcohol intake and substance use history may be included. However, these are often not validated screening measures. It's important to utilize a tool within your EMR vendor library to follow best practice guidelines—one is likely available! Before submitting a ticket or calling your EMR, quickly search through your screening tools as you likely have an existing tool that is or can be leveraged.

- Many EMRs include a validated tool to screen for alcohol use or, one listed below can often be requested. *(Epic, Athena, EcW, Cerner)*
- If a tool is not available within the EMR, often the EMR has the capacity for the practice to build a template within the EMR and add it to visit templates. *(Practice Fusion, Amazing Charts, NextGen)*
- If neither option is available or paper screening is preferred, please see options for downloadable or printable tools including the AUDIT, AUDIT-C, DAST, and others within this toolkit.

Selecting a Screening Tool

ALCOHOL USE

There are many validated screening tools for alcohol use risk stratification. Below are the most commonly used tools available within EMRs.

- **AUDIT (Alcohol Use Disorders Identification Test):** The World Health Organization's Alcohol Use Disorders Identification Test (AUDIT) is the most widely tested instrument for screening in primary health care and is designed to assist in the early identification of patients who drink in ways that are potentially or currently harmful to health. This tool includes 10 questions and is often utilized when a patient already admits alcohol use in the AUDIT-C (below) or social history questions.
- **AUDIT-C (Alcohol Use Disorders Identification Test – Consumption):** This brief version of the AUDIT includes 3 questions regarding alcohol use, stratifying risk. This is ideal for a primary care setting due to its abbreviated nature.
- **NIAAA SASQ (Single Alcohol Screening Question):** This validated question may be used as a pre-screen to determine if additional screening is needed. If a "Yes" response is given to the question "How many times in the past year have you had (4 for women, 5 for men) or more drinks in a day?", additional screening is recommended.
- **CAGE:** This is used to identify whether a problem may exist for patients using alcohol. This is often recommended as a secondary screening for patients using alcohol at some frequency.

DRUG USE

EMRs often contain a validated drug use screening tool, however, if not, one may be integrated by creating a custom Drug Use question within the Social History section to mirror the NIDA quick drug use screen if your system allows.

- **DAST (Drug Abuse Screening Test):** This tool consists of 10 questions that focus on drug use and its consequences and is designed to be used in various settings.
- **NIDA Single-Question Drug Screen:** This question may be embedded into a social history form or can often be added to a social history form. "How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?" Responses of 1 or more should be followed by a full screen.

ADOLESCENT SUBSTANCE USE SCREENING

- **CRAFFT 2.1:** This screening tool is validated for patients ages 12-17 years old. It is available within many EMRs *(Epic, Cerner, Athena)* by building a template. If a template is not available or able to be created, a paper screening form can be used.

Brief Interventions

There are various ways to document that a brief intervention was completed regarding a patient's alcohol/substance use using resources available within your EMR. These may be done independently or in combination.

- **Narrative Notation:** Free-text documentation within a narrative note on alcohol/substance use interventions is helpful, however, it limits the ability to pull data associated with documentation. This is likely how providers are documenting such conversations and therefore, would not require a shift in the workflow. Conversely, it may not meet criteria for insurance reimbursement for 'alcohol/substance use counseling.'
- **SmartText or Shortcut:** Many EMRs have the capacity to create a SmartText/Dot phrase for SBIRT Brief Interventions. An example of how you may create a SmartText/Dot phrase to save documentation time and allow for searchable documentation is shown here:

  Create an ".SBIRTBI" dot phrase to populate the following text, "Counseled patient on the risks associated with alcohol and/or substance use."

Referrals to Treatment

Similar to Brief Interventions, there are various ways to document that a referral to substance use treatment or counseling was initiated using resources available within your EMR. These may be done independently or in combination.

- **Free-texting:** Free-text documentation of referrals is helpful; however, it limits the ability to pull data associated with documentation. This is likely how those making referrals to specialty providers are documenting such conversations.
- **Referral Tab.** Within many EMRs is a Referral section where providers are already documenting patient referrals to various specialists. This often contains a Behavioral Health or "Addictions" referral that can be utilized for the purposes of documentation. Practices may also have embedded or associated care managers or referral coordinators who may support behavioral health referrals. Within the EMR, there is often a consult order, or similar, to ensure these patients are referred efficiently to the care manager and/or referral coordinator.
- **SmartText or Shortcut.** Many EMRs have the capacity to create a SmartText/Dot phrase for SBIRT Brief Interventions. An example of how you may create a SmartText/Dot phrase to save documentation time and allow for searchable documentation is shown here:

  Create a ".SBIRTRT" dot phrase to populate the following text, "Referred patient to community-based substance use treatment counselor/facility."

Optimizing your EMR for SBIRT helps streamline workflows, improve consistency, and ensure patients receive the right care at the right time. With screening, brief interventions, and referrals built into daily practice, SBIRT becomes a seamless part of whole-patient care.

Creating an SBIRT Workflow in eClinicalWorks (eCW)

mosaic GROUP

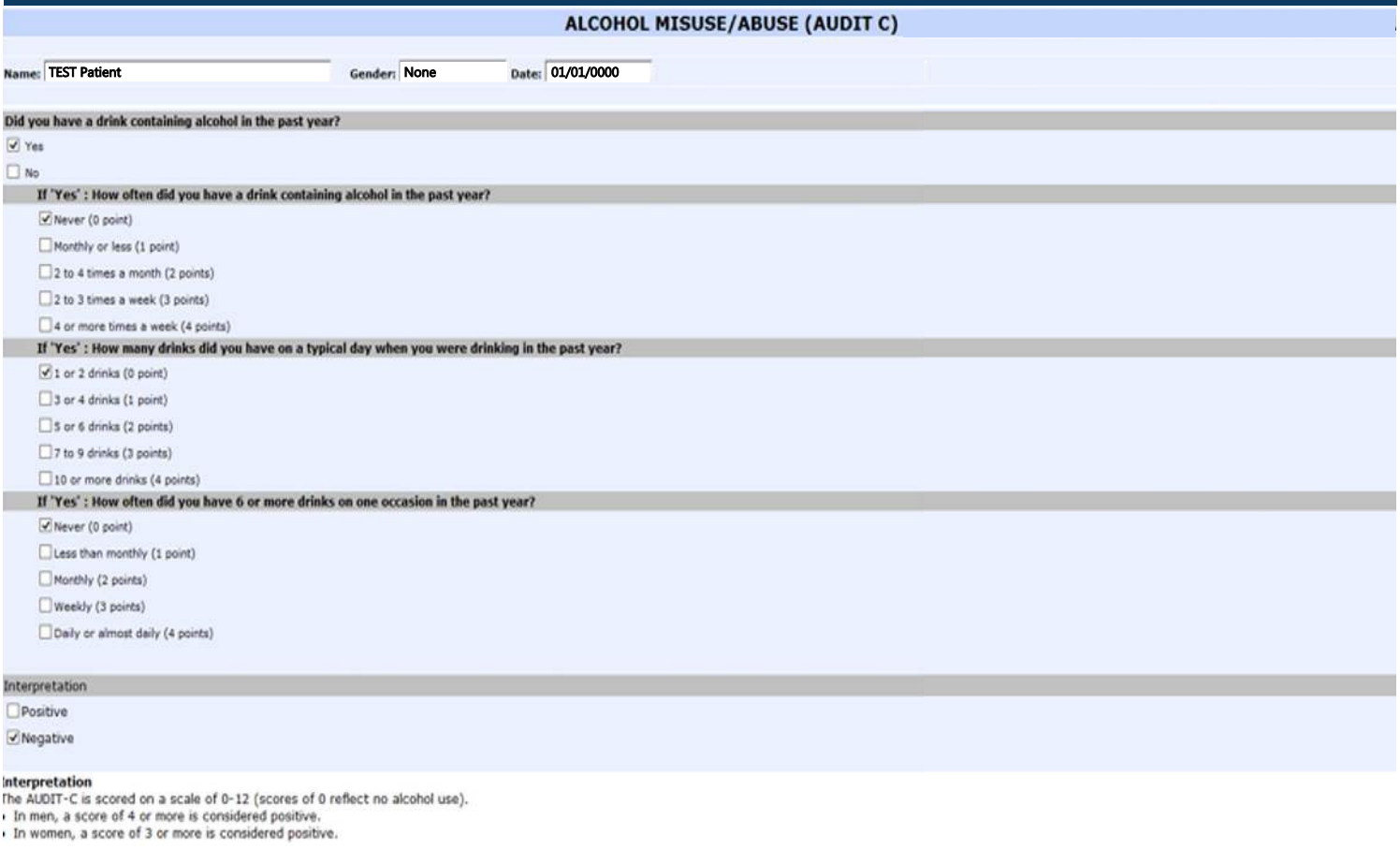
eClinicalWorks (eCW), a widely used electronic medical record (EMR) platform in primary care, offers SmartForms and templates that support clinical workflows like SBIRT. It includes validated screening tools, structured documentation fields, and reporting options that help practices implement SBIRT and meet billing requirements.

The following guide outlines how to access and use these templates to support SBIRT workflows within eCW. If the forms aren't currently visible in your system, you can request access by submitting a support ticket with eClinicalWorks.

Screening

Validated screening tools are available within eCW as SmartForms. These include AUDIT-C (Alcohol Use Disorders Identification Test—Consumption), SBIRT (2018), and CRAFFT 2.1. **AUDIT-C (Alcohol Use Disorders Identification Test—Consumption)** is a three-question alcohol screening tool for patients ages 18 and older that helps stratify risk (Figure 1).

FIGURE 1. AUDIT-C SMARTFORM IN ECW



SBIRT (2018) Combines the AUDIT-C with the NIDA Quick Drug Screening Questionnaire to assess substance use (Figure 2).

FIGURE 2. SBIRT (2018) SMARTFORM IN ECW

SBIRT (2018 Edition)

Patient Name : TEST Patient Date: 01/01/0000

Patient refused/declined SBIRT screening at this time?

☐ Yes

☑ No

ALCOHOL USE	0	1	2	3	4
1. How often do you have a drink containing alcohol?	☑ Never	☐ Monthly or less	☐ 2-4 times a month	☐ 2-3 times a week	☐ 4 or more times a week
2. 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 or 9	☐ 10 or more
3. How often do you have five or more drinks on one occasion?	☑ Never	☐ Less than monthly	☐ Monthly	☐ Weekly	☐ Daily or almost daily
				SCORE	0
				Interpretation	Negative

DRUG USE

How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons? DISP8288	☑ 0	☐ 1 or more
	Total Count	0
	Interpretation	Negative

Alcohol Interpretation	Drug Interpretation
3 or greater for women OR 4 or greater for men would be Positive; anything less would be negative	0 --> Negative 1 or more --> Positive

CRAFFT 2.1 is a validated screening tool for patients ages 12–17 that assesses substance use risk in adolescents (Figure 3).

FIGURE 3. CRAFFT 2.1 SMARTFORM IN ECW

The CRAFFT Screening Interview

Patient Name : TEST Patient Phone # : 508-410-5888 Date: 01/01/0000

Date Of Birth : 01/01/0000 Sex : None

	No	Yes
Part A		
During the PAST 12 MONTHS, did you:		
Drink any alcohol (more than a few sips)? (Do not count sips of alcohol taken during family or religious events.)	☐	☑
Smoke any marijuana or hashish?	☐	☐
Use anything else to get high? ("anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff")	☐	☐
Part B		
Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	☐	☐
Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?	☐	☐
Do you ever use alcohol or drugs while you are by yourself, or ALONE?	☐	☐
Do you ever FORGET things you did while using alcohol or drugs?	☐	☐
Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?	☐	☐
Have you ever gotten into TROUBLE while you were using alcohol or drugs?	☐	☑
Did the patient need any additional assistance?	☐	☑
Was a brief intervention done in the office?	☐	☑
Was a referral to the school suggested?	☐	☑
Was the referral made?	☐	☑
Please specify:		
Was an outside refferal to a drug treatment program suggested?	☐	☑
Which?		

Brief Interventions

There are several ways to document that a brief intervention was completed in eCW, but the two most commonly used are free-text documentation and structured data response.

Free-text Documentation

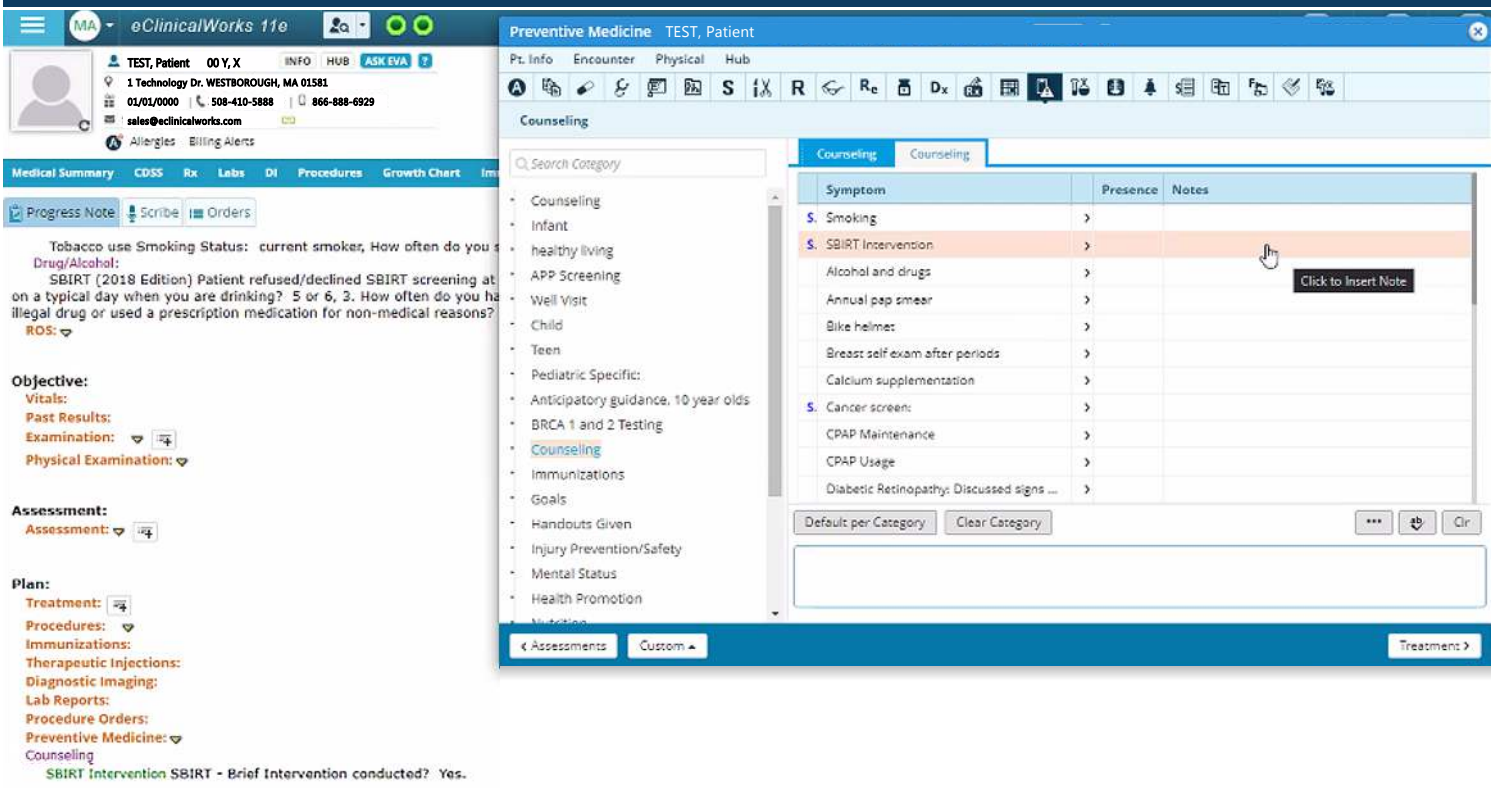
Many providers document interventions using free text, which often fits naturally into existing workflows. However, this method limits the ability to extract data and may not meet insurance requirements for alcohol or substance use counseling.

Structured Data Response

A structured data response allows providers to indicate whether a brief intervention was completed (e.g., Yes/No). This data can be pulled from the Reporting tab in eCW and supports billing requirements.

To create this response, use a TEST patient and add the options where providers already document similar interventions—such as smoking cessation or weight counseling. A common location is the **PLAN** section under **Preventative Medicine > Counseling**, though placement may vary by practice (see Figure 4).

FIGURE 4. COUNSELING SECTION IN ECW WITH SBIRT INTERVENTION ENTRY LOCATION



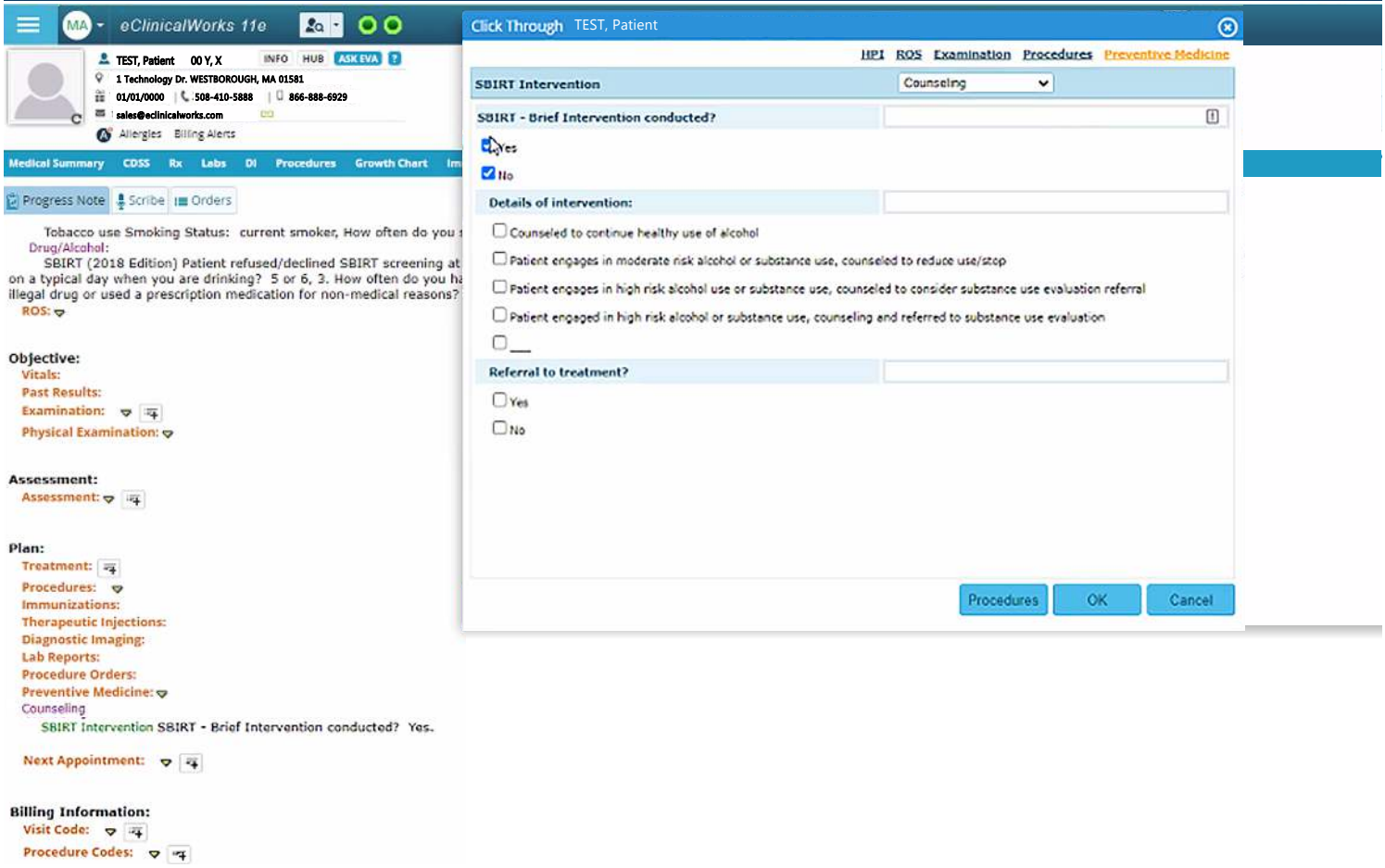
By clicking the blank Notes field in the Counseling section, you can add structured options for providers to select (see Figure 5). Recommended choices include:

- Brief Intervention Complete
- Brief Intervention and Referral to Treatment Complete
- Patient Refused Brief Intervention

FIGURE 5. STRUCTURED DATA RESPONSE OPTIONS FOR DOCUMENTING SBIRT INTERVENTIONS

An alternative SmartForm interface may also be created for capturing intervention details and referral decisions (Figure 6).

FIGURE 6. SBIRT STRUCTURED DATA RESPONSE FOR DOCUMENTING INTERVENTION AND REFERRAL DETAILS



Referral to Treatment

When using the structured data response for documenting brief interventions, referral to treatment can also be captured within the same field—specifically by selecting the option **"Brief intervention and referral to treatment complete"** (see Figure 7). This allows the referral to be documented and reported through eCW's reporting tools.

Alternatively, providers may use the standard Referrals function in eCW and select a specific referral type such as **"Substance use/abuse/treatment."** These entries can also be pulled from the reporting portal for tracking and billing purposes.

FIGURE 7. STRUCTURED DATA RESPONSE OPTIONS FOR DOCUMENTING REFERRAL TO TREATMENT

Validated Screening Tools

This section provides validated, evidence-based screening instruments that support accurate and consistent clinical practice.

Alcohol Use Disorders Identification Test (AUDIT)

mosaic GROUP

Patient Information

Patient's Name:_____ Today's Date: _____

Date of Birth (DOB): _____ MRN: _____

Drinking alcohol can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

QUESTION	SCORING SYSTEM					YOUR SCORE
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many drinks of alcohol do you drink on a typical day when you are drinking?	1 to 2	3 to 4	5 to 6	7 to 9	10 or more	
How often have you had the following on a single occasion in the last year? ▪ 6 or more units if female ▪ 8 or more units if male	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
During the past year, how often have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly		
During the past year, how often have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly		
During the past year, how often have you needed a drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly		
During the past year, how often have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly		
During the past year, have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly		
Have you or someone else been injured as a result of your drinking?	No		Yes, but not within the past year		Yes, within the past year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested you cut down?	No		Yes, but not within the past year		Yes, within the past year	
					Total Score:	

World Health Organization, Department of Mental Health and Substance Dependence. (1993)

STOP HERE—END OF SCREENING

Alcohol Use Disorders Identification Test – Consumption (AUDIT-C)

mosaic GROUP

Patient Information

Patient's Name:_____ Today's Date: _____

Date of Birth (DOB): _____ MRN: _____

Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential, so please be honest. For each question in the chart below, place an X in one box that best describes your answer.

QUESTION	SCORING SYSTEM					YOUR SCORE
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many drinks of alcohol do you drink on a typical day when you are drinking?	1 to 2	3 to 4	5 to 6	7 to 9	10 or more	
How often have you had the following on a single occasion in the last year? ▪ 6 or more units if female ▪ 8 or more units if male	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
					Total Score:	

What is "A Drink"

12 fl oz of Regular Beer
(about 5% alcohol)

8-9 fl oz of Malt Liquor
(shown in a 12-oz glass)
(about 7% alcohol)

5 fl oz of Table Wine
(about 12% alcohol)

3-4 fl oz of Fortified Wine
(such as sherry or port; 3.5 oz shown)
(about 17% alcohol)

2-3 fl oz of Cordial, Liqueur, or Aperitif
(2.5 oz shown)
(about 24% alcohol)

1.5 fl oz of Brandy
(a single jigger or shot)
(about 40% alcohol)

1.5 fl oz Shot of 80-proof Spirits
(hard liquor)
(about 40% alcohol)

World Health Organization. (2001). *The Alcohol Use Disorders Identification Test: Guidelines for Use in Primary Care* (2nd Ed). Author.

STOP HERE—END OF SCREENING

Drug Abuse Screening Test (DAST)

mosaic GROUP

Patient Information

Patient's Name:_____ Today's Date: _____

Date of Birth (DOB): _____ MRN: _____

The following questions concern information about your possible involvement with drugs not including alcoholic beverages during the past 12 months.

"Drug abuse" refers to (1) the use of prescribed or over-the-counter drugs in excess of the directions, and (2) any nonmedical use of drugs. The various classes of drugs may include cannabis (marijuana, hashish), solvents (e.g., paint thinner), tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., heroin). Remember that the questions do not include alcoholic beverages.

Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right.

IN THE PAST 12 MONTHS...		PLEASE CIRCLE	
1.	Have you used drugs other than those required for medical reasons?	Yes	No
2.	Do you abuse more than one drug at a time?	Yes	No
3.	Are you unable to stop abusing drugs when you want to?	Yes	No
4.	Have you ever had blackouts or flashbacks as a result of drug use?	Yes	No
5.	Do you ever feel bad or guilty about your drug use?	Yes	No
6.	Does your spouse (or parents) ever complain about your involvement with drugs?	Yes	No
7.	Have you neglected your family because of your use of drugs?	Yes	No
8.	Have you engaged in illegal activities in order to obtain drugs?	Yes	No
9.	Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	Yes	No
10.	Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?	Yes	No
	Scoring: Score 1 point for each question answered "Yes," except for question 3 for which a "No" receives 1 point.		

STOP HERE—END OF SCREENING

SBIRT IN PRIMARY CARE

CRAFFT 2.1: Alcohol & Drug Use (Ages 12–17)

mosaic GROUP

Patient Information

Patient's Name:_____ Today's Date: _____

Date of Birth (DOB): _____ MRN: _____

Exclusion Criteria: ☐ Non-Verbal ☐ Critically Ill ☐ Patient Refusal

Part A: Substance Use in the Past Year

This section screens for recent alcohol and drug use. Record the number of days for each. Answer "0" if none.

DURING THE PAST 12 MONTHS, ON HOW MANY DAYS DID YOU:	NO. OF DAYS
1. Drink more than a few sips of beer, wine, or any drink containing alcohol?	
2. Use any marijuana (weed, oil, or hash by smoking, vaping, or in food) or "synthetic marijuana" (like "K2," "Spice")?	
3. Use anything else to get high (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff, huff, or vape)?	
Total Number of Days:	

Part B: CRAFFT 2.1 Risk Assessment Questions

This section assesses potential risks and consequences of substance use. The term CRAFFT refers to key components of the questions below. Indicate "1" for "YES" or "0" for "NO."

	INDICATE 1 FOR YES OR 0 FOR NO
Car: Have you ever ridden in a car driven by someone (including yourself) who was high or had been using alcohol or drugs?	
Note: If ALL answers in Part A are "0" AND this answer is "NO," STOP here. If ANY answers in Part A are "1" OR this answer is "YES," please continue.	
Relax: Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?	
Alone: Do you ever use alcohol or drugs while you are alone?	
Forget: Do you ever forget things you did while using alcohol or drugs?	
Family/Friends: Do your family and friends tell you that you should cut down on drinking or drug use?	
Trouble: Have you ever gotten into trouble while using alcohol or drugs?	
Total CRAFFT Score:	

STOP HERE—END OF SCREENING

(For office use only)

- ☐ Negative CRAFFT screen (scored 0 or 1): Discussed benefits of abstinence and avoidance of risky behavior.
- ☐ Positive CRAFFT screen (scored 2 or above):
- ☐ Brief intervention complete. No referral to treatment.
- ☐ Brief intervention complete. Referral to substance use treatment
- ☐ Patient refused brief intervention.

NOTICE TO CLINIC STAFF AND MEDICAL RECORDS

Screening to Brief Intervention (S2BI) (Ages 12–17)

mosaic GROUP

Patient Information

Patient's Name:_____ Today's Date: _____

Date of Birth (DOB): _____ MRN: _____

Exclusion Criteria: ☐ Non-Verbal ☐ Critically Ill ☐ Patient Refusal

Substance Use Consumption

Place a checkmark to indicate how often you've used each substance listed during the past 12 months.

IN THE PAST YEAR (12 MONTHS), HOW MANY TIMES HAVE YOU USED:	NEVER	ONCE OR TWICE	MONTHLY	WEEKLY OR MORE
Tobacco				
Alcohol				
Marijuana				
STOP HERE if you checked "NEVER" for all of the substances listed above. Otherwise, CONTINUE.				
Prescription drugs that were not prescribed for you (such as pain medication or Adderall)?				
Illegal drugs (such as cocaine or Ecstasy)?				
Inhalants (such as nitrous oxide)?				
Herbs or synthetic drugs (such as salvia, "K2", or bath salts)?				

STOP HERE—END OF SCREENING

Short Michigan Alcoholism Test Geriatric Version (SMAST-G)

Source: University of Michigan Alcohol Researtch Center. Reprinted with permission.

QUESTION	YES	NO
1. When talking with others, do you ever underestimate how much do you drink?		
2. After a few drinks, have you sometimes not eaten or been able to skip a meal because you didn't feel hungry?		
3. Does having a few drinks help decrease your shakiness or tremors?		
4. Does alcohol sometimes make it hard for you to remember parts of the day or night?		
5. Do you usually take a drink to relax or calm your nerves?		
6. Do you drink to take your mind off problems?		
7. Have you ever increased your drinking after experiencing a loss in your life?		
8. Has a doctor or nurse ever said they were worried or concerned about your drinking?		
9. Have you ever made rules to manage your drinking?		
10. When you feel lonely, does having a drink help?		
Total SMAST-G Score (0-10):		

Scoring 2 or more "YES" responses is indicative of an alcohol problem.

For further information, contact Frederic C. Blow, PhD, Director, Serious Mental Illness Treatment Research and Evaluation Center (SMITREC), Department of Veterans Affairs, Senior Associate Research Scientist, Associate Professor, Department of Psychiatry, University of Michigan.

The Cannabis Use Disorder Identification Test—Revised (CUDIT-R)

mosaic GROUP

Have you used any cannabis over the past six months? ☐ Yes ☐ No

If you answered "Yes" to the previous question, please answer the following questions about your cannabis use. Circle the response that is most correct for you in relation to your cannabis use over the past six months.

QUESTION	FREQUENCY (SELECT ONE)					TOTAL
1. How often do you use cannabis?	Never	Monthly or less	2-4 times a month	2-3 times a week	4+ times a week	
	0	1	2	3	4	
2. How many hours were you "stoned" on a typical day when you had been using cannabis?	Less than 1 hour	1 or 2 hours	3 or 4 hours	5 or 6 hours	7 or more hours	
	0	1	2	3	4	
3. How often during the past 6 months did you find that you were not able to stop using cannabis once you had started?	Never	Less than monthly	Monthly	Weekly	Daily/almost daily	
	0	1	2	3	4	
4. How often during the past 6 months did you fail to do what was normally expected from you because of using cannabis?	Never	Less than monthly	Monthly	Weekly	Daily/almost daily	
	0	1	2	3	4	
5. How often in the past 6 months have you devoted a great deal of your time to getting, using, or recovering from cannabis?	Never	Less than monthly	Monthly	Weekly	Daily/almost daily	
	0	1	2	3	4	
6. How often in the past 6 months have you had a problem with your memory or concentration after using cannabis?	Never	Less than monthly	Monthly	Weekly	Daily/almost daily	
	0	1	2	3	4	
7. How often do you use cannabis in situations that could be physically hazardous, such as driving, operating machinery, or caring for children?	Never	Less than monthly	Monthly	Weekly	Daily/almost daily	
	0	1	2	3	4	
8. Have you ever thought about cutting down, or stopping, your use of cannabis?	Never	Yes, but not in the past 6 months		Yes, during the past 6 months		
	0	2		4		
					Score:	

This questionnaire was designed for self-administration and is scored by adding each of the 8 items:

- Question 1-7 are scored on a 0-4 scale
- Question 8 is scored 0, 2, or 4

Scores of 8 or more indicate hazardous cannabis use, while scores of 12 or more indicate a possible cannabis use disorder for which further intervention may be required.

Adamson SJ, Kay-Lambkin FJ, Baker AL, Lewin TJ, Thornton L, Kelly BJ, and Sellman JD. (2010). An Improved Brief Measure of Cannabis Misuse: The Cannabis Use Disorders Identification Test – Revised (CUDIT-R). *Drug and Alcohol Dependence* 110:137-143.

Putting SBIRT Into Practice

This section equips practices with tools and techniques to deliver effective brief interventions, facilitate referrals, and leverage data for continuous SBIRT improvement.

SBIRT IN PRIMARY CARE

Tips for Effective Brief Interventions

mosaic GROUP

Brief interventions are short, focused conversations that help patients reflect on their overall health and motivate change. Alcohol and substance use conversations should be integrated into the broader discussion of the patient's overall health, rather than treated as a separate issue, to support a whole-person approach to care.

We understand your time with each patient is limited, but know that even a few minutes can make a meaningful impact on your patient's health and safety and encourage patients to think differently about their well-being.

Create a Comfortable, Supportive Environment

- **Use a nonjudgmental and empathetic tone** to build trust.
- **Ensure privacy** to help patients feel comfortable discussing sensitive topics.
- **Avoid stigmatizing or assuming language:** Instead of "I have some patients who are alcoholics," say "I work with patients who want to make changes in their alcohol use."

Ask Permission and Invite Dialogue

- **Begin with a collaborative approach:** "Would it be okay if we talked about your alcohol use today?"
- **Encourage patients to share their perspective:** "What are your thoughts on your current substance use?"

Use Motivational Interviewing Techniques

- **Ask open-ended questions:** "What do you enjoy about drinking? What concerns do you have?"
- **Affirm strengths:** Highlight past successes or healthy decisions.
- **Reflect back** what the patient says to show understanding.
- **Summarize points** to guide next steps.

Collaboratively Set Next Steps

- **Encourage small, achievable goals** (e.g., reducing drinks per week).
- **Offer educational resources**, apps (SunnySide), or handouts.
- **If appropriate, discuss community referral options** or additional support.

Focus on Impact

Remember: Brief interventions are about planting a seed of change. Even a short, empathetic conversation can encourage patients to take steps toward healthier choices.

SBIRT IN PRIMARY CARE

Brief Interventions for Alcohol Use

Brief Interventions for Adults

In primary care, most "positive screens" aren't for hard drugs—they're for patients who are drinking more than they should… and sometimes a lot more. So, what do you do when someone isn't ready to quit drinking but is still facing real health consequences?

This quick-reference tool helps you start insightful, productive, stigma-free conversations with patients on a journey to minimizing risks associated with alcohol.

Building trust through open, judgment-free discussions helps adults explore how alcohol use affects their overall well-being.

Conversation Prompts

- "Would it be ok if we talked for a minute about your alcohol use? I noticed you let the medical assistant know you were drinking about 3-4 times each week."
- "Drinking alcohol is so common. So I like to check in with my patients about their drinking habits. What does your current relationship with alcohol look like?"
- "A lot of people are surprised to hear what counts as 'moderate-risk drinking.' Drinking 2-3 times a week or having more than one each time can put someone in that category. My role is to help you look at how it fits into your overall health picture."
- "Many people don't realize how even moderate drinking can affect things like blood pressure or sleep. Have you noticed any potential impact on your health at all?"

Risks to Discuss

- Even moderate alcohol can increase the risk of several cancers, impair immune function, and increase susceptibility to illness.
- Alcohol is calorie-dense and can contribute to weight gain and metabolic issues.
- Regular alcohol use can raise blood pressure and increase cardiovascular risk.
- Any level of alcohol use can worsen anxiety, depression, and sleep over time.
- Any alcohol use can impair coordination, reaction time, and cognition.

COMMON MISCONCEPTIONS	HOW TO RESPOND
My friends drink a lot more than I do, so I don't have a problem.	I hear you. A lot of people compare themselves to others, but what matters most is how alcohol is affecting you—your health, mood, sleep, or relationships. A lot of people drink at levels that put their own health at risk, without realizing it.
I don't drink every day. You have to drink every day for it to be a problem.	Drinking every day isn't the only concern. Binge drinking or drinking despite negative consequences can also cause problems—even if it's not daily.
I've been drinking for X years, so there's no point in stopping now.	It's never too late to make a positive change and even small changes now can lead to real improvements. Research shows that people who cut back or stop drinking, even later in life, often see improvements in sleep, memory, blood pressure, and reduced risk of certain cancers.
Alcohol isn't a drug.	It might not seem like one, but alcohol is a drug—it affects your brain and body and has both short and long-term health impacts (see Risks).

Supporting Safer Choices

Including options for healthier choices in a brief intervention about alcohol use allows providers to meet patients where they are, especially those who may not be ready or willing to stop drinking. By offering practical guidance, providers can help minimize potential harm while maintaining a trusting, nonjudgmental relationship.

This approach encourages honest dialogue, supports informed decision-making, and prioritizes patient safety, even when abstinence isn't the goal.

MINIMIZING RISKS ASSOCIATED WITH ALCOHOL USE

- Avoid pushing abstinence or AA. Discuss cutting back/using less frequently or a smaller amount when quitting is not the goal of the patient.
- Recommend not drinking on an empty stomach and suggest alternating with a non-alcoholic beverage—water, soda, or a non-alcoholic 'beer'.
- Endorse using an app or calendar to track drinks over days/weeks.
- Discuss the risk of alcohol with any prescription medications the patient is prescribed or using.
- Caution the risk of driving or operating machinery while/after drinking.

Brief Interventions for Adolescents

When conducting brief interventions with adolescents about alcohol use, it's important to create a safe, supportive and nonjudgmental environment where they feel heard and respected. Focus on understanding the teen's perspective, exploring their motivations, and gently guiding them toward reflection and considering healthier choices rather than lecturing or warning. Brief interventions should emphasize autonomy—helping teens see that they are in control of their decisions—and should connect any risks associated with alcohol use to their personal goals, such as sports, academics, or relationships. If the adolescent is open to discussion, offer follow-up but let them set the pace. Even small expressions of readiness or curiosity are meaningful steps toward change.

With adolescents, focus on listening, supporting autonomy, and connecting choices about alcohol use to personal goals.

Conversation Prompts

- "A lot of teens are around alcohol at some point. Would it be okay if we talk a bit about how drinking can affect your health and goals?"
- "What have you noticed about alcohol use among your friends? How do you feel about it for yourself?"
- "Thanks for being open about your alcohol use. My role isn't to tell you what to do—it's to make sure you have good information and support. What do you think might help you handle situations where alcohol is around?"

Risks to Discuss

- Affects brain development, memory, and learning while the brain is still growing.
- Increases risk of anxiety, depression, and other mental health problems.
- Impairs judgment, coordination, and reaction time, making driving and other activities more dangerous.
- Can make it harder to concentrate and stay motivated toward personal, academic, or work goals.
- Increases risk of injury, alcohol poisoning, and unsafe decisions.

SBIRT IN PRIMARY CARE

Brief Interventions for Marijuana Use

Brief Interventions for Adults

As both recreational and medical marijuana become increasingly available and more common, primary care providers are in a key position to engage patients in open, nonjudgmental brief interventions about their use.

This quick-reference tool is designed to support productive, stigma-free conversations that promote patient trust, safety, and informed decision-making.

Brief interventions can motivate positive change—even when quitting isn't the patient's goal.

Conversation Prompts

- "With marijuana becoming more available, I like to check in with my patients about their use. What does your current relationship with it look like?"
- "I see you mentioned using marijuana. Can you tell me a bit more about how and why you use it?"
- "What does that look like day to day—where do you get it, and what do you use it for?"
- "What do you like about using it? Have you noticed any downsides or concerns?"
- "Some people find cannabis helps with things like pain or sleep, but it's not risk-free. Would it help to review what we know so far?"

Risks to Discuss

- Memory, attention and learning impairments.
- Onset or exacerbation of anxiety, depression, psychosis.
- Breathing and lung problems are more common when smoking marijuana.
- Increased heart rate and blood pressure, as well as other heart problems that may develop or exacerbate.
- Impairment in reaction time, coordination and attention when driving.
- May interact negatively with other medications metabolized by the liver.

COMMON MISCONCEPTIONS	HOW TO RESPOND
Marijuana is legal now, it's not harmful.	Legal does not equal safe. Alcohol is also legal but may have harmful effects. Legalization means adults have the right to use it but doesn't guarantee it's safe or without health risks. My job is to help you make choices that support your health, whether something is legal or not.
Marijuana comes from a plant. It's natural, so it's safe.	Marijuana bought on 'the street' can carry greater risk since it might be mixed with other substances. Even though it's natural, like tobacco or opium, cannabis can still affect your heart, lungs, and brain—especially with regular use.
You can't get addicted to marijuana.	Not everyone becomes dependent, but we do know that about 1 in 10 people using cannabis will develop a use disorder. That risk goes up with daily use or if you start young.
Marijuana is safer than alcohol or tobacco.	Each substance has its own risks. While it may not cause liver damage like alcohol or cancer like tobacco, it can still impair memory, motivation, mental and physical health.

Supporting Safer Choices

Including safer and healthier options in a brief intervention about marijuana use allows providers to meet patients where they are— especially those who may not be ready or willing to stop using. By offering practical guidance, providers can help minimize potential harm while maintaining a trusting, nonjudgmental relationship.

This approach encourages honest dialogue, supports informed decision-making, and prioritizes patient safety, even when abstinence isn't the goal.

MINIMIZING RISKS ASSOCIATED WITH MARIJUANA USE

- Cut back/use less frequently or a smaller amount when quitting is not the goal of the patient.
- Use a lower potency or balanced THC/CBD products.
- Purchase from a dispensary rather than a friend or someone 'on the street.'
- Choose edible marijuana products rather than vaping or smoking.
- Don't mix marijuana with other substances.
- Avoid driving or operating machinery while/after using marijuana.
- Store safely and keep out of reach of children.

Brief Interventions for Adolescents

When discussing marijuana use with adolescents, it's important to approach the topic with openness, curiosity, and respect for the teen's autonomy. Adolescents may view marijuana as harmless or socially acceptable, so rather than correcting or lecturing, providers should focus on exploring the teen's beliefs and experiences while offering accurate, age-appropriate information. Brief interventions should highlight how marijuana use can affect areas meaningful to teens—such as memory, motivation, school performance, sports, or mood—and help them weigh short- and long-term impacts. The goal is to build trust, encourage reflection, and support healthy decision-making rather than demand change.

Creating a safe, judgment-free space helps teens reflect on how marijuana use may impact their goals and well-being.

Conversation Prompts

- "A lot of teens are hearing different things about marijuana these days—what have you heard or noticed about it?"
- "Thanks for being honest about trying marijuana. Do you mind sharing how it makes you feel when you use it?"
- "If you ever wanted to cut back or stop, what kind of support do you think would make that easier?"

Risks to Discuss

- Affects memory, learning, and motivation while the brain is still developing.
- Can worsen anxiety, depression, or other mental health issues.
- Smoking increases the risk of coughing, wheezing, and lung problems.
- Raises heart rate and blood pressure, which may cause dizziness or strain.
- Slows coordination and reaction time, increasing risk while driving or doing other activities.
- Can lower focus and motivation, making it harder to stay engaged with school, work, or personal goals.

Brief Interventions for Illicit Substance Use

Brief Interventions for Adults

In primary care settings, some positive screenings may uncover patients whose substance use poses risks to their health or safety—even if their use is infrequent. So, how can providers approach these discussions about illicit substance use while preserving trust and support?

This tool offers strategies for starting compassionate, stigma-free conversations with patients about minimizing harm related to illicit substance use. It's designed to help clinicians deliver practical, respectful interventions that encourage change and promote ongoing engagement in care.

Talking about how substance use affects sleep, mood, and goals supports whole-person care.

Conversation Prompts

- "Many people use substances for different reasons—stress, pain, sleep, or just to cope. Can you tell me a bit about what your use looks like?"
- "Many people notice changes in energy, sleep, or mood with substance use. Have you experienced anything like that?"
- "I'm noticing [mention medical or behavioral health symptom]. Sometimes that can be linked to substance use. Have you noticed any connection?"
- "Would it be okay if I shared a few ideas that have helped others cut back or stay safer?"

Risks to Discuss

- Cardiovascular complications (e.g., arrhythmias, heart attack, stroke)
- Respiratory issues (e.g., lung damage from smoking/inhalation, respiratory depression from opioids)
- Neurological damage (e.g., cognitive decline, memory problems, seizures)
- Gastrointestinal and liver issues, particularly with long-term stimulant or inhalant use
- Sleep disturbance, appetite changes, and malnutrition.

COMMON MISCONCEPTIONS	HOW TO RESPOND
I only use to manage stress/pain so it's not an issue for me.	It makes sense that you'd want relief—stress and pain can be really tough to manage. Substances help short term but often make things harder later. Can we explore safer options?
I don't use every day, so it's not "a problem."	It's good that you feel you have control over your use. Even occasional or binge use can also cause problems—even if it's not daily. Especially with today's drug supply being unpredictable.
It's a natural drug, it's safer.	That's a common belief. Some natural substances can still have strong effects on your heart, liver, or mental health, and because they're unregulated, doses and purity can vary a lot. Would you like to review what to look for to use more safely?
Quitting is pointless, I'll just relapse anyway.	It's understandable to feel discouraged—many people try several times before finding what works. Each attempt actually builds skills and insight. Would you like to talk about what helped you most the last time you tried to cut back?

Supporting Safer Choices

Incorporating healthier options into brief interventions about substance use enables providers to meet patients at their current stage of readiness. By offering realistic and supportive guidance, clinicians can help reduce potential risks while preserving a foundation of trust and understanding.

This approach fosters open communication, promotes informed choices, and keeps patient safety at the forefront—regardless of whether abstinence is the immediate objective.

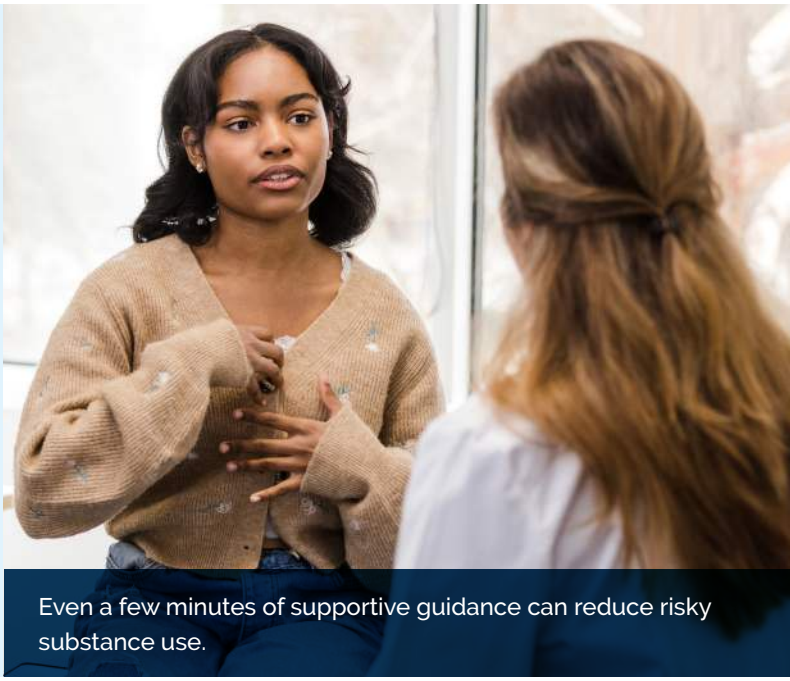
MINIMIZING RISKS ASSOCIATED WITH SUBSTANCE USE

- Avoid pushing abstinence or NA if the patient isn't ready. Instead, explore cutting back—using less and less often.
- Recommend safer-use strategies, such as:
  - Not using alone
  - Starting with a small "test dose"
  - Avoid mixing substances
  - Use clean supplies
  - Staying fed and hydrated
- Discuss the risks related to the specific substance, including interactions with any prescribed medications.
- Encourage keeping Narcan available at home and on-hand, even if opioids are not typically used.

Brief Interventions for Adolescents

When talking with adolescents about substance use, create a safe, respectful space where they feel heard. Focus on their reasons for using—like stress, curiosity, or social pressure—and encourage reflection rather than debate.

Support their independence by reinforcing that choices are theirs and explore how substance use may affect what they care about most. If they are open, offer to continue the conversation and provide encouragement—small shifts in thinking can be meaningful progress.



Even a few minutes of supportive guidance can reduce risky substance use.

Conversation Prompts

- "Many teens experiment or try things for different reasons—what's been your experience?"
- "If you think about your life right now, how does using help—and how does it get in the way?"
- "Thanks for being open about your substance use. My role isn't to tell you what to do—it's to support you with good information. What do you think might help you handle situations where drugs are around?"

Risks to Discuss

- Early and frequent use increases risk of long-term dependence or mental health problems.
- Affects brain development, memory, judgment and learning while the brain is still growing.
- Increased risk of trying or unknowingly mixing other substances, which raises overdose risk.
- Increased risk of injury, accidents, and unsafe decisions.

Effective Communication Guidelines for Primary Care Staff

mosaic GROUP

As a primary care provider, you play a pivotal role in supporting and motivating individuals on their journey toward change. Effective communication is key. How you speak can shape how people feel—about themselves, the care they receive, and their ability to make a change—and can directly impact the outcomes they achieve.

This guide offers practical examples of what to say (and what to avoid) when discussing alcohol or substance use. It supports stigma-free communication not only with patients, but across the care team. By modeling respectful, supportive language, you help create a culture of compassionate, effective care.

TIP 1

Use respectful language.

Words matter. They can either reinforce stigma or help reduce it. Choosing respectful, nonjudgmental language—even outside of the patient's earshot—creates a more supportive and welcoming environment for care.

Say This	Not That
"How is your recovery going?"	"How long have you been clean?"
"Patient is using non-prescribed pain medication daily."	"Patient is an addict."

TIP 2

Use person-first language.

Refer to the patient as a person, not by their condition. This helps reduce stigma; demonstrates respect; and fosters a safe, inclusive environment for care and conversation.

Say This	Not That
"Mr. Smith is in Room 4. He shared that he is drinking alcohol daily."	"The guy in Room 4 is an alcoholic."
"Ms. Jones stated she is experiencing pain despite taking 10 mg of oxycontin daily."	"She's an addict and probably just drug-seeking."

		Say This	Not That
TIP 3	**Avoid leading questions.** Stick to what the patient tells you and what you observe. Let them tell their own story. Avoid inserting your opinions or making assumptions.	"How often do you drink alcohol?"	"You're not drinking every day, are you?"
		"Sometimes people find it hard to cut back on drinking, or they notice it starting to affect their work, relationships, or daily life. Have you noticed anything like that for yourself?"	"You don't think you have a problem with alcohol though, right?"
TIP 4	**Be the patient's cheerleader.** Encourage patients to think about both the pros and cons of change. Give them agency—remind them they know themselves best and can decide what they want to do and how to get there. Invite collaboration to help them believe they can succeed.	"What support do you need to help you change your alcohol or substance use?"	"It sounds like you need to go to treatment."
		"It sounds like you've had some tough experiences with change before. Let's talk about what worked and what didn't. Your past efforts can help guide the plan we build together. You're not alone in this."	"You've tried before and failed. Maybe this time will be different if you just give it your all."
TIP 5	**Encourage teamwork.** Work with the patient and care team to support meaningful change. Always make sure the patient agrees to a referral before moving forward—collaboration builds trust and improves outcomes.	"It sounds like you're facing some challenges. How are you managing?"	"You told me you would stop drinking—why haven't you been following the plan?"
		"How do you feel about me putting in a referral to a care manager to explore some options and resources that may be helpful?"	"You have to talk to a counselor about that."

Be the Change

Change starts with you. When you lead by example, others are likely to follow. Here are a few ways you can help lead change in your practice:

- **Listen without judgment.** Give patients space to share their experience.
- **Stay informed.** Learn about substance use and share evidence-based knowledge with your team.
- **Speak up.** Address stigmatizing language or mistreatment when you hear it.
- **Promote facts over fear.** Replace negative assumptions with compassion and credible information.

SBIRT IN PRIMARY CARE

Referrals to Treatment

mosaic GROUP

This informational tool is meant to guide providers and additional practice staff assisting with referrals to substance use treatment and resources. By better understanding of the various levels of care, health care providers gain confidence in discussing appropriate options with patients.

The appropriate level of care should ultimately be determined by the patient, following a collaborative and informed discussion. While clinicians may feel that a higher level of care is warranted, it is essential to respect the patient's autonomy and support their ability to make informed decisions based on accurate information and clinical guidance.

Key Considerations

When evaluating a patient's suitability for substance use treatment, several critical factors should be assessed to ensure an appropriate and effective referral:

1. Substance Use Profile

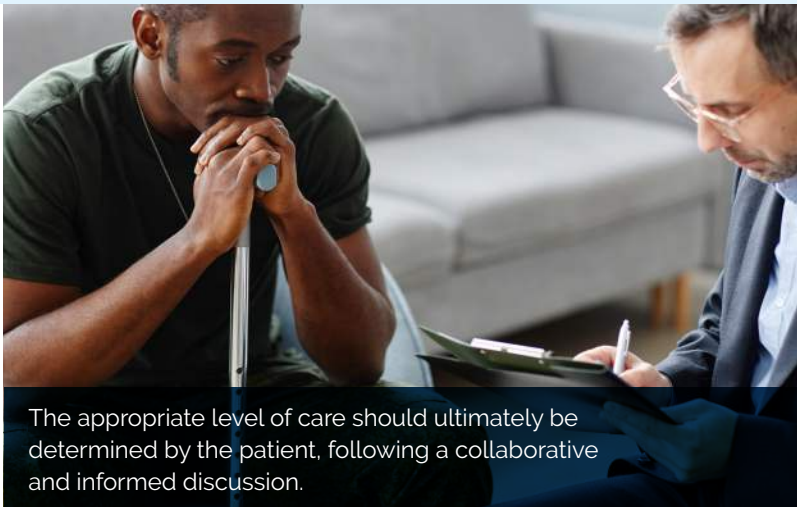
Assess the patient's pattern of substance use, including frequency, quantity, and the substances involved. The severity of use and associated consequences inform the appropriate level of care. For instance, substances like alcohol and benzodiazepines may require medical supervision during withdrawal due to potential health risks.

2. Co-occurring Medical and Mental Health Conditions

Identify any concurrent physical or mental health disorders that may impact treatment. Some facilities specialize in dual diagnosis and are better equipped to manage patients with co-occurring conditions. Ensuring the chosen treatment center can accommodate these needs is essential for comprehensive care.

3. Living Situation and Support System

Evaluate the patient's housing stability and available support network. A stable living environment and strong support system may allow for outpatient treatment options. Conversely, patients who are unhoused or lack social support might benefit more from residential programs that provide structured environments.



The appropriate level of care should ultimately be determined by the patient, following a collaborative and informed discussion.

4. Obligations and Accessibility

Consider the patient's responsibilities, such as employment or caregiving duties, which may affect their ability to participate in certain treatment programs. Additionally, assess logistical factors like transportation availability, which can influence the feasibility of attending outpatient services.

5. Motivation and Treatment History

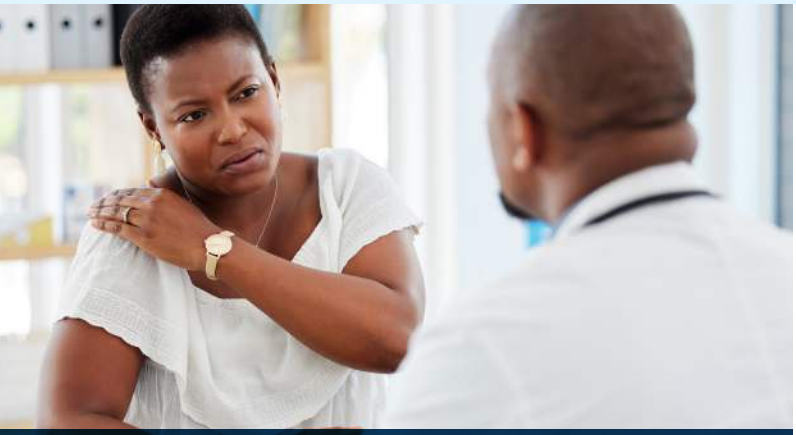
Gauge the patient's readiness and willingness to engage in treatment. Collaborative decision-making enhances treatment adherence and outcomes. Reviewing previous treatment experiences can provide insights into what approaches have been effective or ineffective, guiding the selection of suitable programs.

By identifying and addressing these factors, healthcare providers can facilitate referrals that align with the patient's specific needs, thereby enhancing the likelihood of successful treatment outcomes.

Levels of Care

The American Society of Addiction Medicine (ASAM) Levels of Care assigns treatment settings ranging from 0.5 to 4, with 4 being the most intensive.

Let's review these levels of care and consider appropriate patient populations for each of the levels. (See Figure 1 for a graphic representation of criteria rating.)



The ASAM criteria for treatment settings can help you and your patient select the most effective program together.

Recovery Residence (Level 0.5)

Patients often reside here for several months to years, while maintaining recovery. In this structured environment, residents often share living spaces, participate in house meetings, an adhere to the rules designed to maintain a sobor and safe environment.

Appropriate Patients: Patients who have completed another treatment program but do not have a sober living environment and are concerned their sobriety may be affected by living with others who are not in recovery. Patients may visit their PCP following a residential treatment program and initially decline follow-up care but soon realize they may need additional support to maintain abstinence..

Outpatient (Level 1)

Involvement in outpatient treatment may vary from multiple times each week to monthly, depending on the patient's preference and severity of condition. Patients may directly admit to outpatient treatment or may have used it as a step-down from a higher level of care.

Appropriate Patients: Patients who have a stable, supportive living environment. Often, patients scoring 8 or higher on the AUDIT-C and/or using illicit drugs less than daily can maintain an effective treatment plan in an outpatient setting if they do not have unmanaged co-morbid severe physical or mental health conditions.

Intensive Outpatient/High-Intensity Outpatient (Level 2)

Patient may enter directly from the community or a higher level of care, and have a stable, supportive living environment. This often includes a combination of individual and group counseling sessions and require 9 hours of treatment per week or more.

Note: Opioid Treatment Programs (OTPs) and other programs administering medication for opioid use disorders are considered "Intensive Outpatient" though may not meet the '9 hour' requirement.

Appropriate Patients: Patients who don't feel they need constant supervision and are motivated for recovery. Often, patients using illicit drugs and/or have untreated co-occurring mental health disorders are able to maintain an effective treatment plan in an intensive outpatient setting.

Residential (Level 3)

Patients reside in a facility and may temporarily need nursing care around the clock. The care may decrease in intensity as the patient stabilizes, and includes 1:1 and group counseling and recovery-oriented activities most of the day.

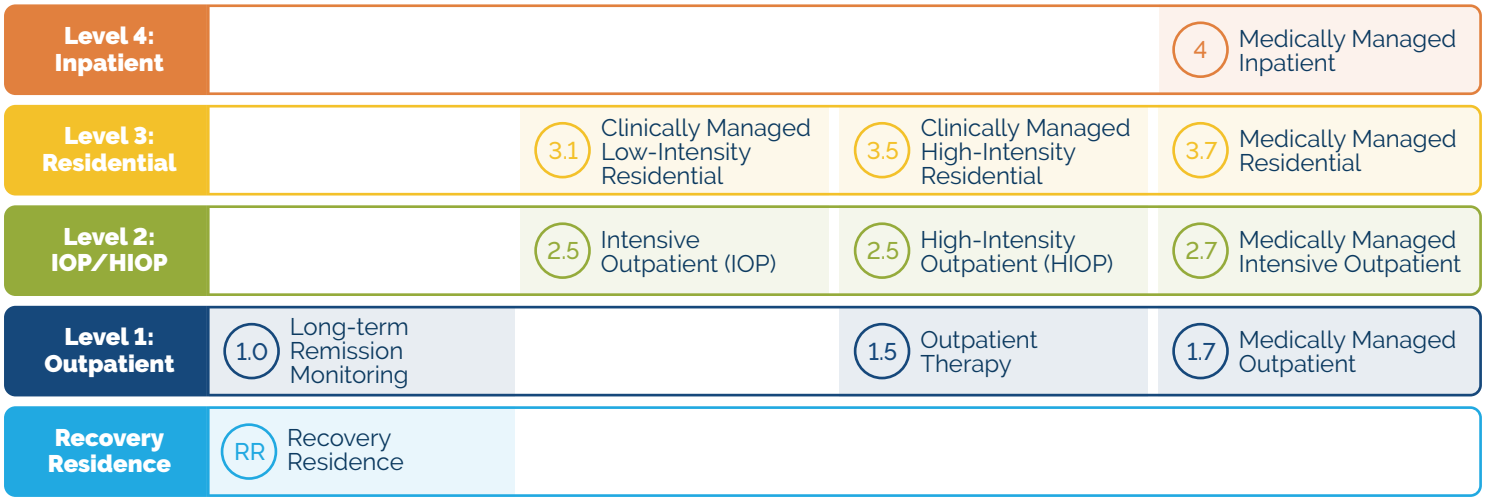
Appropriate Patients: Patients with a desire for high structure and supportive environment to address daily or near daily alcohol/substance use or co-occurring disorders and/or patients who have chronically returned to use following a lower level of care.

Inpatient (Level 4)

Patients reside in a facility under 24/7 supervision and treatment length varies based on patient need, insurance coverage and ability to pay. Care is focused on stabilizing patients and preparing them for a lower level of care.

Appropriate Patients: Patients needing withdrawal management from alcohol or benzodiazepines. Patients with a desire for high structure and supportive environment to address daily alcohol and/or drug use and may have co-occurring disorders and/or patients who have chronically returned to use following a lower level of care.

FIGURE 1. THE ASAM CRITERIA CONTINUUM OF CARE FOR ADULT ADDICTION TREATMENT



American Society of Addiction Medicine (ASAM). Recreated by Mosaic Group.

Self-Help Groups

Self-Help Groups (e.g., AA, NA, SMART Recovery, Celebrate Recovery, etc.; many also known as '12 Step groups') are not listed as part of the formal ASAM Continuum of Care model, as they are neither clinically driven nor professionally directed. While they may be an invaluable resource for many, they are recommended to complement, rather than be part of, the formal ASAM levels of care. It is recommended that any form of self-help group is not presented as the sole option, as these are often faith-based programs that many patients may struggle to find relatable.

Substance Use Treatment Intake and Assessment Process

Overview

The intake and assessment process is a critical first step in delivering effective, individualized care for patients with substance use disorders. This process ensures accurate diagnosis, appropriate placement, and the development of a comprehensive treatment plan. It's helpful to review this with a patient ahead of time so they have accurate expectations and can plan accordingly.

1. Initial Consultation and Information Gathering

Upon initial contact, the patient engages in a structured interview with clinical staff to discuss their substance use history, treatment goals, and any immediate concerns. This session also includes an overview of the program's levels of care, treatment expectations, and patient rights.

2. Insurance Verification and Financial Planning

Administrative personnel verify the patient's insurance coverage or discuss alternative payment options to ensure that financial considerations do not impede access to necessary care.

3. Comprehensive Biopsychosocial Assessment

Once a patient presents at the treatment facility, a thorough assessment is conducted. This often includes a review of medical and psychiatric needs, substance use history and social factors. Medical records are often necessary for higher levels of care for facility to ensure they may meet the physical and mental health needs of the patient.

4. Determination of Treatment Level and Admission Planning

Based on the assessment findings, clinicians determine the most suitable level of care—ranging from outpatient services to residential treatment. Admission scheduling considers patient preferences, facility availability, and logistical factors such as transportation.

This structured approach ensures that patients receive personalized, evidence-based care tailored to their unique needs, facilitating better treatment outcomes.

Provider Checklist to Determine Appropriate Level of Care[1]

By reviewing the below options with your patient and selecting those applying to your patient, you can determine which level of care may be most appropriate. Levels where all or most options are selected may indicate a suitable option.

Recovery Residence

- ☐ Patient was enrolled in a higher level of care and desires continued support and shared housing
- ☐ Patient has experienced a return to use (relapse) after maintained abstinence
- ☐ Patient lives with others who are drinking/using drugs or is currently unhoused
- ☐ Controlled or minimal/no co-occurring physical or mental health conditions
- ☐ Patient aims to maintain steady employment while engaging in treatment
- ☐ Patient does not have primary caregiving responsibilities or is able to delegate when needed

Outpatient Treatment (Level 1)

- ☐ Patient's use is having a moderate impact on their daily life
- ☐ Controlled or minimal/no co-occurring physical or mental health conditions
- ☐ Patient was involved in a higher level of care and desires continued support
- ☐ Patient aims to maintain steady employment while engaging in treatment

OR

- ☐ Patient is interested in reducing their use but not necessarily abstinence

Intensive Outpatient Treatment (Level 2)

- ☐ Patient's use is having a moderate to severe impact on their daily life
- ☐ Patient was involved in a higher level of care and desires continued support
- ☐ Patient has flexible employment schedule/leave or not currently employed

Residential Treatment (Level 3)

- ☐ Controlled or minimal/no co-occurring physical or mental health conditions
- ☐ Patient lives with others who are drinking/using drugs or is currently unhoused
- ☐ Patient's use is having a severe impact on their daily life
- ☐ Patient has returned to use in the past following a lower level of care
- ☐ Patient has flexible employment leave or not currently employed
- ☐ Patient does not have primary caregiving responsibilities or is able to delegate when needed

Inpatient Treatment (Level 4)

- ☐ Patient is using alcohol and/or benzodiazepines regularly and at risk for physical withdrawal
- ☐ Patient's use is having a severe impact on their daily life
- ☐ Patient lives with others who are drinking/using drugs or is currently unhoused
- ☐ Patient has a co-occurring medical condition that requires medical monitoring
- ☐ Patient aims for a highly structured environment
- ☐ Patient has returned to use in the past following a lower level of care
- ☐ Patient has flexible employment leave or not currently employed
- ☐ Patient does not have primary caregiving responsibilities or is able to delegate when needed

---

This tool is intended to provide general guidance and should not be used as a comprehensive or definitive determination of the appropriate level of care.

From Numbers to Impact: Using Data to Enhance SBIRT Practice

mosaic GROUP

Collecting and reviewing SBIRT data is essential for improving patient outcomes and advancing whole-person care. Regular monthly reviews allow practice leadership to monitor workflow adherence, identify patterns in substance use, track patient progress, and evaluate the effectiveness of interventions. It also supports practices in making informed decisions about resource allocation, better meeting patient needs, and achieving quality improvement goals.

Data Collection and Review

Depending on your Electronic Medical Record (EMR), there are several ways to capture SBIRT-related data that can strengthen care delivery. While each practice should focus on the measures most relevant and accessible in their setting, the following suggestions are offered as a starting point for meaningful data collection. This data can help ensure workflows are implemented as intended and guide practices toward high-quality, patient-centered care.

DATA POINT	WHAT IS THIS?	WHY IS IT IMPORTANT?
Eligible Patients	The total number of patients who should receive an SBIRT screening. For example, if screening is done at annual visits, this would be the number of patients attending Medicare Annual Wellness Visits (AWVs) and/or annual physicals.	This provides a baseline for the number of SBIRT screens expected, allowing comparison with the number of complete screenings.
SBIRT Screens	The total number of SBIRT screens. For example, the number of completed AUDIT-C questionnaires.	When reviewed alongside the "Eligible Patients" count, this reflects the consistency of SBIRT screening across the practice.
Positive Screens	The number of patients who screened positive for moderate or risky alcohol use. For example, if using the AUDIT-C, a score of 4 or higher is considered a positive screen for alcohol use.	Understanding how many patients are engaging in risky alcohol or substance use helps guide care planning and resource allocation. If many patients screen positive, consider additional staff training, behavioral health resources, or patient education materials.
Brief Interventions	The number of patients with a positive SBIRT screen who received a documented brief intervention or counseling session with a provider about their alcohol or substance use.	Tracking this ensures patients who screen positive are receiving appropriate education and intervention. Discrepancies between positive screens and interventions can highlight workflow gaps and opportunities for quality improvement.
Referrals to Treatment	The number of patients who expressed interest in seeking treatment or counseling for alcohol or substance use and were referred to a community provider through a warm handoff (excludes patients already engaged in treatment).	Monitoring referrals over time can highlight growing needs for behavioral health support. If referral numbers increase, practices may consider adding care team resources or strengthening partnerships with community treatment providers.

Making Sense of the Data

When reviewing SBIRT data, it can be useful to compare your results with established benchmarks. Significant differences—whether your numbers are higher or lower—may highlight opportunities to better understand your patient population and strengthen the care and support your practice provides.

Remember, your SBIRT approach should be flexible. Use the data as a tool to guide team discussions. If the numbers show that something isn't working as intended, review the data with your team to uncover barriers and point to adjustments. By using data to refine your process, you can better meet patients' needs and ensure they continue to receive the highest quality care and support.

Eligible Patients

It's important to ensure that all patients are being screened at least annually. This may either be at certain visit types (Annual Wellness Visits, Annual Physicals, new patient appointments, etc.) or if the screen has not been completed within the past 12 months.

SBIRT Screens

Target Benchmark: 80-90%

High screening rates indicate proactive efforts to identify alcohol and substance use and patients who may benefit from a health-related discussion including their alcohol/substance use.

Low screening rates may uncover missed opportunities to support patients and/or improper documentation of completed screens.

Positive Screens

Positivity range may vary from 5-27% depending on the location of the PCP.[1,2]

High positivity rates may reflect a higher-risk patient population. Use this as a reminder to provide patients with clear education in the After Visit Summary (AVS) on the effects of alcohol and/or drugs, along with community resources.

Low positivity rates may signal missed opportunities to identify at-risk patients. This could be due to inconsistent screening, reliance on prior information, or documenting based on perception instead of validated scores (e.g., an AUDIT-C score of 4+ should always be recorded as "Positive").

Brief Interventions

Best Practice: all positive screens should receive a BI

High intervention rates indicate adherence to best practices and delivering of early intervention for moderate and risky substance use.

Low intervention rates may uncover missed opportunities, often of 'moderate' risk alcohol use or improper/lack of documentation of intervention.

Referrals to Treatment

Typical Practice: 0–2 per month

High referral numbers indicate a higher-risk population or incorrect documentation by provider. This is an opportunity to ensure you're maintaining updated information on community-based treatment to ensure referral discussions identify the best fit for the patient.

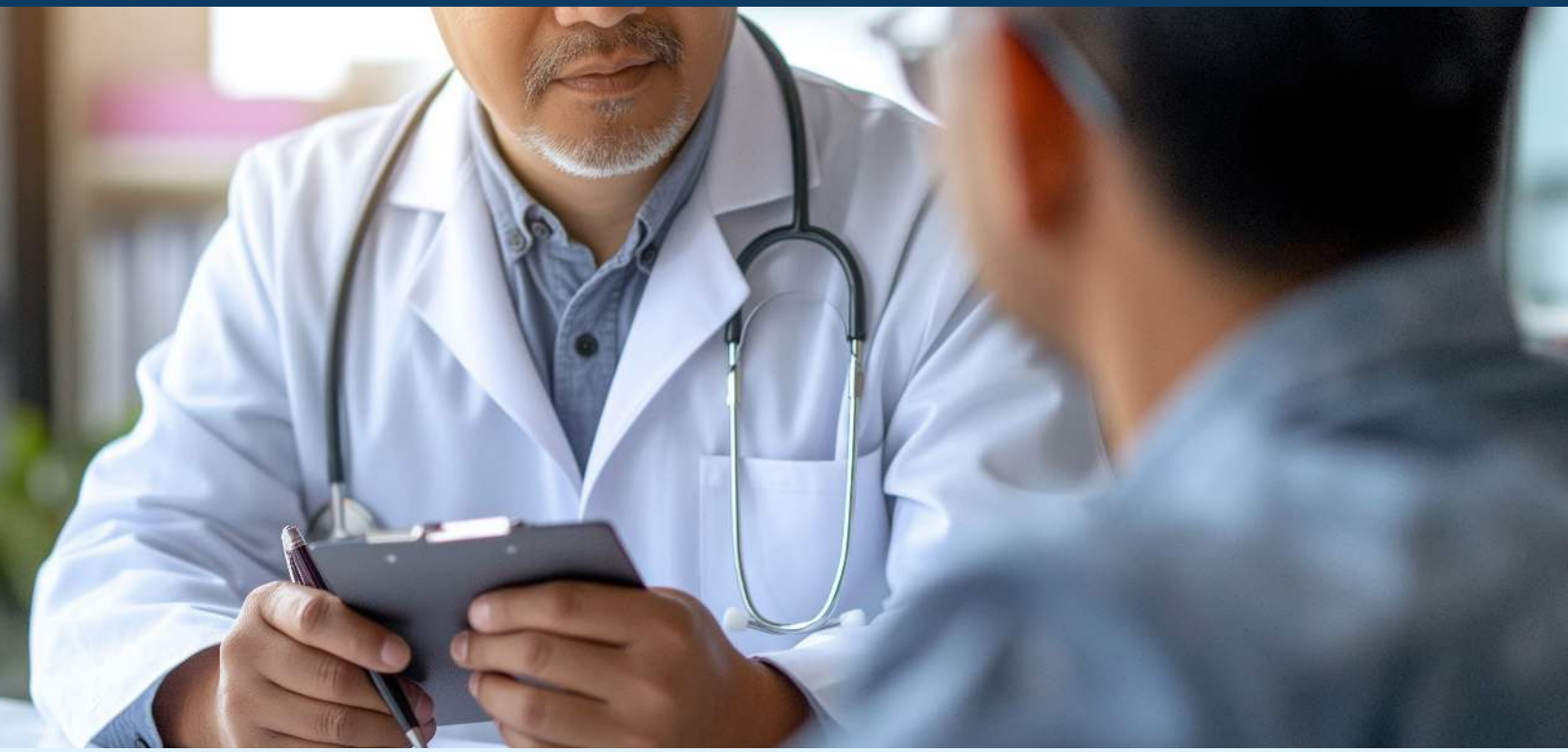
Low referral numbers are often normal—most practices see 0, 1 or 2 referrals to treatment a month. However, if you consistently have 0 referrals to treatment, it may be helpful to consider the barriers patients may be facing or reasons behind hesitancy to accept help.

1 Evans, B., Kamon, J., & Turner, W. C. (2023). Lessons in implementation from a 5-year SBIRT effort using a mixed-methods approach. *Journal of Behavioral Health Services & Research*, 50(4), 431–451. https://doi.org/10.1007/s11414-023-09845-x

2 Agley, J., Crabb, D. W., Harris, L. E., Gassman, R. A., & Gerke, S. P. (2015). An assessment of SBIRT prescreening and screening outcomes by medical setting and administration methodology. *Health Services Research and Managerial Epidemiology*, 2, 1–9. https://doi.org/10.1177/2333392815613592

SBIRT IN PRIMARY CARE

Keeping Your SBIRT Workflow Fresh and Effective



SBIRT has been shown time and again to improve outcomes by identifying and addressing risky substance use early in primary care. But implementing SBIRT isn't a "set it and forget it" process. Like any clinical workflow, it requires regular reflection and adjustment to remain effective, sustainable, and valuable for both patients and providers.

This tool offers practical tips to help your team keep SBIRT practices energized, responsive to changing needs, and aligned with your quality goals. By revisiting and refreshing your workflow, you can maintain momentum, address challenges before they grow, and ensure SBIRT continues to be a meaningful part of everyday care.

1. Review Your Workflow Regularly

- **Schedule check-ins** (quarterly or bi-annually at pre-scheduled staff meetings) with staff to discuss what's working and where challenges arise. Making SBIRT a regular agenda item in quality improvement or performance review meetings helps reinforce its role as a key component of the practice's care delivery.
- **Track data trends:** Look at rates of screening completion, positivity, and follow-through on brief interventions or referrals. Develop strategies to improve areas of SBIRT performance that may not be optimized.
- **Adjust roles and responsibilities** as needed to improve efficiency and clarity.

2. Keep Patient-Centered Care at the Core

- **Frame substance use screening and conversations as part of whole-person health**; normalize the discussion as you would any other screening question or discussion about other areas of the patient's overall health.
- **Integrate SBIRT conversations into broader health discussions; try not to silo them.** A patient's substance use is often related to other areas of their care that you are talking to the patient about addressing.
- **Make sure referrals are warm handoffs, when possible,** with clear follow-up steps. Avoid giving the patient the name of a program or list of treatment options with phone numbers and hope that the patient is able to navigate their way to services. Offer help in making the appointment and then task a team member to follow-up with the patient.

3. Keep Staff Engaged and Confident

- **Offer 'boosters' or refreshers annually** so staff remain comfortable with screening tools and brief intervention techniques. Ask staff about topics that they are interested in receiving booster training or offer training to respond to data trends that are concerning.
- **Embed SBIRT training as part of new staff onboarding** and annual competency evaluations. Provide positive reinforcement to staff that deliver quality SBIRT screening and interventions.
- **Celebrate successes** by sharing patient stories or highlighting data improvements.

4. Use Data to Drive Improvements

- **Compare your screening positivity rates to expected community or population benchmarks.**
- **Look for patterns:** Low rates may point to inaccurate, incomplete or reduced levels of screening, while high rates may indicate a higher-risk population.
- **Share findings at staff meetings** to build a culture of data-informed patient care.

5. Update Resources and Connections

- **Refresh your list of community resources every 6-12 months** to ensure referrals are accurate and accessible.
- **Provide patients with updated educational materials** for both alcohol and drug use that are both relatable and understandable.

Think of SBIRT as a living part of your practice, not a one-time project. When you revisit it often, invite staff ideas, lean on your data, and keep patients at the heart of the process, SBIRT stays strong and continues to make a real difference.

Supplemental Tools

This section contains reference materials and implementation aids to support the day-to-day use of SBIRT.

Standard Drink Chart & Readiness Ruler

The Standard Drink Chart & Readiness Ruler tool (shown below) is a pocket-sized aid to support conversations with your patients on alcohol consumption and facilitate brief interventions on behavior change.

Download a press-ready PDF from the Mosaic Group website to print and laminate:

Standard Drink Chart & Readiness Rule

What Is "A Drink"

12 fl oz of Regular Beer	8-9 fl oz of Malt Liquor *(shown in a 12-oz glass)*	5 fl oz of Table Wine	3-4 fl oz of Fortified Wine *(such as sherry or port; 3.5 oz shown)*	2-3 fl oz of Cordial, Liqueur, or Aperitif *(2.5 oz shown)*	1.5 fl oz of Brandy *(a single jigger or shot)*	1.5 fl oz Shot of 80-proof Spirits *(hard liquor)*
(about 5% alcohol)	(about 7% alcohol)	(about 12% alcohol)	(about 17% alcohol)	(about 24% alcohol)	(about 40% alcohol)	(about 40% alcohol)

How ready are you to change?

Substance Use Behavior Scale

Your Risk Level for Alcohol or Drug Use

No Use or Safe Use
"I don't use"
"It's not causing problems"

Starting to Have Some Problems
"Sometimes I worry"
"It's affecting school, work, or relationships"

Use That Feels Out of Control
"I can't stop"
"It's hurting my health or life"

Release of Information

I, (print name) _____ authorize

(referring agency) _____ to disclose:

Any information needed to coordinate a referral to treatment/recovery support services including health information related to my office visit. They are also authorized to discuss information about my drug and alcohol use and treatment engagement and retention.

To: _____, the provider to which I am being referred for services and care.

The purpose of this disclosure is to coordinate care.

I also ☐ **do authorize** or ☐ **do not authorize** _____ to request information about the above-named patient from the above-named organization for service coordination, collaboration, continuity of care, and case management activity. Please write any exceptions to this request for information:

Date:_____ Signature of Patient:_____

This consent will expire one year (365 days) after the signature date unless the patient requests verbally or in written form that consent be denied sooner than that date.

This information has been disclosed to you from records protected by Federal confidentiality rules (Title 42, Part 2, Code of Federal Regulations [42 C.F.R. Part 2]). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the individual to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose.

SBIRT IN PRIMARY CARE

Billing and Coding Reference Guide

mosaic GROUP

Accurate documentation and billing are essential to sustain SBIRT as a routine part of care. This tool provides guidance to help your practice capture reimbursement for screening and brief intervention services across payer types. It outlines general requirements for eligible services, defines appropriate CPT and ICD-10 codes, and highlights key considerations for billing and documentation. Use this reference alongside your organization's existing billing policies and payer-specific resources to ensure compliance and maximize reimbursement.

SBIRT Screening

SBIRT screening may be billed for each patient up to once a year. These codes are appropriate for use in the state of Maryland.

Tips to ensure screening is completed in a billable manner:

- Use a validated tool (AUDIT, AUDIT-C, CRAFFT, DAST, etc.).
- Have results of the screening available in the medical record.
- Screening can be administered by the provider, self-administered by the patient, or conducted by a trained member of the clinical team (e.g., a medical assistant) on the provider's behalf.

INSURANCE TYPE	SCREEN TYPE	CODE	ADDITONAL CODE(S)	DESCRIPTION	NOTES
Private Insurance	Negative Screening	96160 *Modifier 59 or Modifier XU*	Z13.89	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument.	
	Positive Screening	Refer to brief intervention section			Use the appropriate commercial insurance code, based on time, listed below in the Brief Intervention section.
Medicaid	Negative or Positive Screening	96160		Provider-administered or self-administered screening.	
		96160 *Modifier 59 or Modifier XU*			
		H0049		Alcohol and/or drug screening.	This may be used in place of the 96160 code, based on practice discretion.
Medicare	Alcohol Screening	G0442 *Modifier 59 or Modifier XU*		Prevention: Screening for alcohol misuse in adults including pregnant women once per year.	Confirm, prior to visit, if this code has already been billed during the year.

SBIRT Brief Intervention

Brief Interventions may be billed when a provider engages a patient with feedback, education, or change talk regarding substance use behavior up to 4 times a year.

Tips to ensure the brief intervention is completed in a billable manner:

- Document the completion of the brief intervention using the developed brief intervention checklist, progress notes, or other approved section of the patients' medical record.
- Document the duration of the brief intervention as many of the codes are linked to an amount of time.

INSURANCE TYPE	SCREEN TYPE	CODE	ADDITIONAL CODE(S)	DESCRIPTION	NOTES
Medicaid	Brief Intervention	W7020		Alcohol and/or substance (other than tobacco) use disorder intervention; **greater than 3 minutes up to 10 minutes.**	
		W7021		Alcohol and/or substance (other than tobacco) use disorder intervention; **greater than 10 minutes up to 20 minutes.**	
		W7022		Alcohol and/or substance (other than tobacco) use disorder intervention; **greater than 20 minutes.**	
	Screening & Brief Intervention	H0050		Alcohol and/or drug screening and brief intervention; per 15 minutes.	Can be used in place of the "W" codes, based on practice discretion. This would only be used when there was a positive SBIRT screening and a brief intervention completed.
Medicare	Screening & Brief Intervention	G0396		Alcohol and/or substance abuse structured screening and brief intervention; **15-30 minutes.**	Confirm, prior to visit, if this code has already been billed during the year.
		G0397		Alcohol and/or substance abuse structured screening and brief intervention; **greater than 30 minutes.**	Confirm, prior to visit, if this code has already been billed during the year.
	Prevention	G0443		Up to four (4) 15-minute, brief face-to-face behavioral counseling interventions per year for individuals, including pregnant women, who screen positive for alcohol misuse.	Confirm, prior to billing, if any of the 4 eligible encounters have been billed for the year.
Private Insurance	Screening & Brief Intervention	99408	Z71.41 or Z71.51	1. Alcohol and/or substance abuse structured screening and brief intervention; **15-30 minutes.** 2. Alcohol abuse counseling and surveillance or Drug abuse counseling and surveillance.	Use modifier 25 "Significant, separately identifiable E/M service by the same physician or other qualified health care professional on the same day of the procedure or other service," or modifier 59, "Distinct procedural service" for non-E/M services.
		99409	Z71.41 or Z71.51	1. Alcohol and/or substance abuse structured screening and brief intervention; **greater than 30 minutes**. 2. Alcohol abuse counseling and surveillance or Drug abuse counseling and surveillance	Use modifier 25 "Significant, separately identifiable E/M service by the same physician or other qualified health care professional on the same day of the procedure or other service," or modifier 59, "Distinct procedural service" for non-E/M services.

REFERENCES

American Academy of Pediatrics (2019). Coding for Pediatric Preventive Care, 2019. Retrieved October 31, 2019, from https://www.aap.org/en-us/documents/coding_preventive_care.pdf.

AAP Division of Health Care Finance (2017). Update on use of, payment for new health risk assessment codes. Retrieved October 31, 2019, from https://www.aappublications.org/news/aapnewsmag/2017/05/24/Coding052317.full.pdf.

Hughes, C. (2017, December 1). Getting Paid for Screening and Assessment Services. Retrieved October 31, 2019, from https://www.aafp.org/fpm/2017/1100/p25.pdf.

Substance Use/Abuse Coding Fact Sheet for Primary Care Pediatrics. Retrieved October 31, 2019, from https://www.aap.org/en-us/Documents/coding_factsheet_substance_use.pdf.

MLN Booklet: Screening, Brief Intervention, and Referral to Treatment (SBIRT) services. Retrieved December 10, 2020 from https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/sbirt_factsheet_icn904084.pdf

Zoorob, R., R. John Grubb, I., Gonzalez, S., & Kowalchuk, A. (2017, June 01). Using Alcohol Screening and Brief Intervention to Address Patients' Risky Drinking. Retrieved January 08, 2021, from https://www.aafp.org/fpm/2017/0500/p12.html#:~:text=Report%20CPT%20codes%2099408%2C%2099409,or%20modifier%2059%2C%20%E2%80%9CDistinct%20procedural

SBIRT Monthly Data Reporting Form

The SBIRT Monthly Data Reporting Form (example shown below) is a customizable Excel spreadsheet for tracking SBIRT implementation in your practice.

Download the template from the Mosaic Group website:

SBIRT Monthly Data Reporting Form

SBIRT Monthly Data Report Form

Institution Name:	
Site Name and/or Location:	
Month and Year:	
Completed By:	

Adult Patients (18+)

CATEGORY	TOTAL	DESCRIPTION
No. of Unique Patients Seen this Month		Total number of individual (non-duplicate) patients seen the past month.
No. of Patient Encounters this Month		Total number of patient visits/encounters the past month.
No. of SBIRT-Eligible Patients this Month		Total number of visits that qualify for SBIRT (Medicare AWV, annual physical, or new-patient visit).
No. of SBIRT Screens Completed this Month		Total number of SBIRT screening forms completed fully (all alcohol and drug questions answered).
No. of Positive SBIRT Screens		Total number of patients who screened positive — AUDIT-C ≥ 4 or any drug-use question marked "YES."
No. of Brief Interventions		Total number of brief interventions completed and documented (SBIRT form shows "Brief Intervention Complete = YES").
No. of Referrals to Treatment		Total Number of referrals made to a community substance-use treatment provider ("Referral to Treatment = YES").
No. of Linkages to Treatment (If Tracking)		Total number of referred patients who attended their first appointment with the treatment provider.

Notes

mosaic
GROUP

1122 Kenilworth Drive, Suite 313
Towson, MD 21204
410-852-4263
groupmosaic.com