SBIRT IN PRIMARY CARE

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.