SBIRT IN PRIMARY CARE

Optimizing Your EMR

mosaic GROUP

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.