SBIRT IN PRIMARY 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