CareOregon

Alcohol and drug misuse: Screening, brief intervention and referral to treatment

OHA technical specifications[1]

Who: All patients aged 12 and older before the beginning of the measurement period, with at least one eligible encounter during the year.

Why: Screening for alcohol and drug misuse is important for early detection and prevention of substance use disorder.

What: Percent of all patients aged 12 years and older who are screened for alcohol and drug misuse using an age-appropriate screening tool, and received appropriate follow-up as clinically indicated.

How: Two rates are reported for this measure using EHR-based data:

1. Screening Rate
    a. Denominator – Patients ages 12 years or older who had a primary health visit during the year (including telehealth) during the measurement year.
    b. Numerator – Patients screened up to 14 calendar days prior to the date of the qualifying encounter using an age-appropriate SBIRT screening tool (see OHA-approved tools here) and had either a brief screen with a negative result or a completed full screen with any result.

    Note: The denominator for rate 1 uses the same denominator criteria as the depression screening and follow-up measure (CMS2v11), with slightly different exclusions.
2. Follow-up/Brief Intervention Rate
    a. Denominator – Patients in the rate 1 denominator who had a positive result in a completed full screen.
    b. Numerator – Of the patients who had a positive result on their completed full screen, how many had a document. Note: The denominator for rate 2 includes those patients in the rate 1 numerator who had a positive full screen (i.e., subset of rate 1 numerator).

How (Continued) – some ideas to help improve SBIRT performance

- Standardized, age appropriate, annual screening tools should be used for screening patients at least once per measurement period; ideally integrated in EHR workflows and alerts/flags.
- Workflows that include front desk staff, MAs, and providers are necessary to ensure each patient receives the appropriate screening, correct scoring, review, and documentation during at least one encounter per year.
- Consider bundling your relevant screenings as part of an annual workflow (e.g., SBIRT, depression, etc.)
- Assure that staff understand the workflows for documentation. Most staff are screening and having the important follow up conversations with their patients, however, documenting and placing information in the correct place for it to be counted continues to be an area for improvement.

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- Create collaborative appointments, such as the behavioral health clinician (BHC) sees patients who score positive on the screening phase, which allows the BHC to perform the brief intervention phase of the metric. BHC can inform PCP of the plan during warm hand off, which allows PCP to address additional issues during visit.
- Develop a process for documenting patient refusal and at each point in the workflow (brief screen, full screen, intervention) to ensure that you are then able to exclude patients from the measure. Examples of ways to document: EHR check box next to survey documentation, within a dot phrase or using z-codes.
- Create missed opportunity reports. Follow up with those who were not screened or did not receive a follow up conversation. Behavioral health clinicians (BHCs) or other support staff (e.g., THWs) can follow up with patients within the 14-day timeframe to provide follow up.
- Please reach out to your Quality Improvement Analyst or Innovation Specialist for additional support or technical assistance. Additionally, you can access www.sbirtoregon.org for additional resources.

Exclusions

Any of the following criteria remove people from the denominator:

- SBIRT services received in an emergency department or hospital setting;
- Patients with an active diagnosis of alcohol or drug dependency, engagement in treatment, dementia or mental degeneration;
- Patients with limited life expectancy, in palliative care (including comfort care) or hospice;
- Situations where the patient's functional capacity or motivation to improve impact the accuracy of results of standardized assessment tools;
- Patient refuses to participate;
- Patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status.Workflows & Reporting Logic diagram: Refer to diagram at end of document or visit the OCHIN website.

Exceptions: Members who decline to be screened (Patient Declined 1: 2.16.840.1.113883.3.526.3.1582) or members with medical reasons preventing screening (Medical Reason 1: 2.16.840.1.113883.3.526.3.1007) are considered exceptions and may be removed from the screening denominator (rate 1).

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The following table describes if a member would be included in the denominator (denom) or numerator (num), given specific refusal scenarios.

Scenario	Rate 1		Rate 2	
	Denom	Num	Denom	Num
Patient refuses screening any point before required screening is completed.	No	No	No	No
Patient completes brief screen that is positive but refuses to complete full screen.	No	No	No	No
Patient completes brief screen that is negative.	Yes	Yes	No	No
Patient completes brief screen that is positive and completes full screen that is also positive. Results are discussed, and brief intervention or referral is completed.	Yes	Yes	Yes	Yes
Patient completes full screen that is positive but refuses brief intervention or referral to treatment.	Yes	Yes	Yes	No

Reporting: This is an EHR-based measure and does not require billing codes or claims data. CareOregon must receive data pulled from each clinic's EHR for this measure; the data is then aggregated across all clinics in the CCO region and submitted to OHA. Please note the following reporting requirements:

- Patient-level detail for CareOregon members only is preferred.
- Final reporting must be for the full 2022 calendar year; mid-year reports preferred in a rolling 12-month timeframe

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Frequently asked questions

Q: Does a brief screen count toward the measure?

A: Although a negative brief screen is numerator compliant, a positive brief screen, by itself, is not numerator compliant. This measure leaves flexibility for clinical preferences on whether to do a brief screen before a full screen. If a patient has a positive brief screen, then a full screen must be completed for numerator compliance on Rate 1. A full screen is numerator compliant for Rate 1, regardless of the result.

Q: What score counts as a "positive" screening result?

A: The clinician should interpret the age-appropriate screening tool to determine if the result is positive or negative. Where the screening tool includes guidance on interpreting scores, the clinician should consult that guidance. This is the same approach used to identify positive or negative results for depression screening in CMS2v11. There may be instances in which it is appropriate for clinicians to use their discretion in interpreting whether a result is positive or negative, such as for patients reporting use of topical medicinal marijuana.

Q: What counts as a brief intervention? Is there a time requirement?

A: Brief interventions are interactions with patients that are intended to induce a change in a health- related behavior. They are short, one-on-one counseling sessions ideally suited for people who use substances or drink in ways that are harmful or abusive. Examples of brief interventions include assessment of the patient's commitment to quit and offer of pharmacological or behavioral support, provision of self-help material, or referral to other supportive resources. There is no required time limit for a brief intervention – a brief intervention of less than 15 minutes can count towards this measure.

Q: How can an integrated behavioral health clinician support SBIRT?

A: Yes, behavioral health clinic (BHC) visits are qualifying visits for the SBIRT metric. BHC's can provide the SBIRT screening and brief intervention in their daily appointments. By making it part of their workflow, they can provide high quality patient care and contribute to the metric. Support your BHCs in understanding where/how to document SBIRT so as to assure it is properly captured in your data.

Q: Does the referral to treatment need to be completed?

A: No, a referral to treatment is counted when the referral is made and documented in the EHR. Given the challenges of documenting whether a referral was completed (that is, whether the patient actually saw the provider to whom the patient was referred), numerator compliance is not dependent on referral completion.

Q: What screening tools are recommended?

A: Approved Evidence-Based Screening Resources/Tool are located here: https://www.oregon.gov/oha/HSD/AMH/Pages/EB-Tools.aspx

We recommend that you check this list to ensure your screening tool is OHA-approved.

Q: Do I need to screen patients at every visit?

A: Screening in an ambulatory setting is required once per measurement year. This measure does not require screening to occur at all encounters.

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Performance Measure Set:
☒ CCO Incentive Metric ☐ Medicare Star Measure
Quality Measurement Type:
☐ Structure ☒ Process ☐ Outcome ☐ Patient Experience Data
Data Type:
☐ Claims ☐ Chart Documentation ☒ eCQM/EHR ☐ Survey ☐ Other
State Benchmark:
- **Screening** (Rate 1): 66.6% *(CCO MY2021 75th Percentile)*
- **Brief Intervention/Referral to Treatment** (Rate 2): 28.7% *(CCO MY2021 75th Percentile)*

**Note that in 2019-2021, SBIRT was a reporting only measure.*

[1]*https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/Final-2023-SBIRT-Specifications.pdf*