PA SBIRT Pennsylvania Screening, Brief Intervention, and Referral to Treatment

SBIRT: CURBING Healthcare Costs & IMPROVING Patient Lives

The Call to Action

Substance use disorders (SUDs) and harmful drug and alcohol use are increasing problems in the United States.[1] The 2018 National Survey on Drug Use and Health estimated that 20.3 million individuals (7.4% of the population) meet criteria for a DSM-IV SUD.[1] Prevalence estimates for alcohol use disorder alone are at 14.7 million; 4.3 million individuals meet criteria for a diagnostic drug use disorder; while 2.6 million individuals meet criteria for both. In addition to the individual and population health risks, patients with SUDs and those who engage in harmful drug and alcohol use also pose a significant toll on utilization of the healthcare system.[2] The annual total estimated social cost of substance misuse in United States is $510.8 billion.[3] Despite these enormous costs, only 10% of patients with SUD receive treatment.[4]

7.4% of the population meets criteria for SUD.[1]

Substance misuse has an annual societal cost of $510.8 billion.[3]

Only 1 in 10 people in need of treatment services receive them.[4]

What is SBIRT?

Screening, brief intervention, and referral to treatment (SBIRT) is a comprehensive and integrated public health approach to the delivery of early intervention and treatment services through universal screening for persons with SUD and those at risk of developing these disorders.[5] Research has demonstrated SBIRT's many benefits, including reductions in healthcare costs, severity of substance use, and trauma.[7-14]

Universal Screening

The use of validated procedures to quickly assess patient substance use risk and select appropriate care.[6]

Brief Intervention

A 5-15 minute discussion that aims to increase patient understanding of the risks and build toward behavior change.[6]

Referral to Treatment

A linking of appropriate patients to appropriate SUD treatment (specialty care).[6]

Given SBIRT's demonstrated cost and health savings, federal agencies such as SAMHSA, Veterans Administration, Department of Defense, and the White House Office of National Drug Control Policy have recommended SBIRT's routine use.

SBIRT Decreases Healthcare Costs

- Multiple studies have shown that investing in SBIRT can result in healthcare cost savings that range from $3.81 to $5.60 for each $1.00 spent.[7]
- Washington SBIRT reported that patients who received a brief intervention experienced a $185-192 reduction in Medicaid costs per month. Further, participants admitted as hospital inpatients after emergency department visits saw $238-269 reductions in costs per month.[9]
- Pringle et al. demonstrated a 21% reduction in healthcare costs when implementing SBIRT in emergency departments.[8]
- Gentiello et al. found net cost savings to be $89 per patient screened and $330 for each patient offered an intervention in emergency departments.[11,12]
- Quanbeck et al. conducted a cost-benefit analysis from the employer's perspective. The results indicated that when absenteeism and impaired presenteeism costs were considered, the net present value of SBIRT adoption was $771 per employee.[10]

SBIRT Decreases Severity of Substance Use

- Miller and Wilborne analyzed 360 controlled trials on substance use treatments and found that screening and brief intervention was the single most effective method to decrease substance use, of the more than 40 treatment approaches studied, particularly among groups of people not actively seeking treatment.[13]
- Data from SAMHSA grant programs has demonstrated a reduction in substance use 6 months after receiving intervention: 41% of respondents reported abstinence from drugs and/or alcohol, compared to 16% at baseline.[14]
- Data from SAMHSA grant programs has demonstrated a reduction in injection drug use: decreased from 3.2% at baseline to 1.5% at follow-up. [14]
- Washington SBIRT's 6-month follow-up data reveals a 40% decrease in alcohol use in the past 30 days and 45% decrease in drug use in the past 30 days for patients who received a brief intervention. Further, data revealed a 70% decrease in alcohol use and 65% decrease in drug use for patients who received brief treatment or a referral to treatment.[9]

SBIRT Decreases Physical Trauma

- Gentiello et al. found that patients who received a brief intervention in a trauma center setting were 50% less likely to be re-hospitalized in the following three years and 48% were less likely to be re-injured in the following 18 months.[11,12]
- Pringle et al. demonstrated that SBIRT in an emergency department was associated with a statistically significant reduction (7.1%) in 1-year return visit rates.[8]
- Data from SAMHSA grant programs demonstrated 33% fewer nonfatal injuries, 37% fewer hospitalizations, 46% fewer arrests, and 50% fewer motor vehicle crashes.[14]
- Data from SAMHSA grant programs demonstrated improvement in quality-of-life measures, including employment/education status, housing stability, and 30-day past arrest rates (95% of respondents reported no arrests in the past 30 days at follow-up, compared to 88% at baseline).[14]

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